CALIFORNIA DEPARTMENT OF
Mental Health

Laws and Regulations

2004 Edition

Selected Citations from the Business and Professions Code, Civil Code, Education Code, Evidence Code, Family Code, Government Code, Health and Safety Code, Insurance Code, Penal Code, Probate Code, Public Contract Code, and Welfare and Institutions Code,

And Selected Citations from the California Code of Regulations,
Title 2: Administration, Title 5: Education, Title 9: Rehabilitative and Developmental Services,
Title 15: Crime Prevention and Corrections,
Title 16: Professional and Vocational Regulations, and Title 22: Social Security

(Includes Law Changes through January 1, 2004
and Regulation Changes through March 5, 2004)

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SCOPE AND CONTENTS

Legislation

This pamphlet incorporates all pertinent enactments of the California legislature through Ch. 1 of 2003–04 Regular Session urgency legislation, Ch. 4 of 1st Extraordinary Session urgency legislation, & Ch. 1 of 2nd Extraordinary Session based upon the official classifications.

Regulations

The regulations in this pamphlet reflect all amendments to the Official California Code of Regulations through March 5, 2004.

Effective Dates of Legislation

All California legislative enactments in 2002 are effective January 1, 2004, unless indicated otherwise.

KEY

Presentation of Legislative Changes in Statutes

- Additions or changes in statutes effected by 2003 legislation are indicated by underlining. (Complete sections added by 2003 legislation are exempt from this presentation.)
- Deletions to statutes effected by 2002 legislature are indicated by asterisks ***.

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ABOUT THE CALIFORNIA DEPARTMENT OF MENTAL HEALTH

The California Department of Mental Health, entrusted with leadership of the California mental health system, ensures through partnerships the availability and accessibility of effective, efficient, culturally competent services. This is accomplished by advocacy, education, innovation, outreach, understanding, oversight, monitoring, quality improvement, and the provision of direct services.

PREFACE

The California Department of Mental Health is pleased to present the 2004 edition of the *California Department of Mental Health Laws and Regulations.* Its purpose is to provide a convenient resource for the government and private sectors, mental health professionals, attorneys, clients, advocates, and the general public to identify California's mental health statutes and regulations.

ACKNOWLEDGMENTS

I wish to acknowledge the staff at the Department of Mental Health for their assistance in preparation of this publication. In particular, I would like to recognize my predecessor: David Nishimura.

Steve Appel, Chief
Office of Regulations
Administrative Services

NOTES AND INSTRUCTIONS FOR ENCLOSED CD–ROM

Inside the back cover, a CD–ROM has been included for enhanced searching and use of the material found in this book. The CD contains all the features and contents from *California Department of Mental Health Laws and Regulations, 2004 Edition* in individual Adobe Acrobat files, as follows:

- Table of Contents, Statutes
- Table of Contents, Regulations
- Mental Health Statutes
- Mental Health Regulations

Adobe Acrobat (pdf) files are accessible by both Windows and Macintosh systems.

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For ease of use, the Table of Contents files not only contain the listings for the book, but also links to the appropriate chapter or article in the Statutes or Regulations file. As you move the cursor over the table of contents listings, a change from the hand to the pointing finger indicates a link to the text.

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CONTENTS

Statutes Table of Contents iii

Regulations Table of Contents lxiii

Statutes 1

Regulations 435

CALIFORNIA STATUTES
TABLE OF CONTENTS

BUSINESS AND PROFESSIONS CODE 1

DIVISION 2 HEALING ARTS 1

CHAPTER 1 GENERAL PROVISIONS 1

ARTICLE 7.5 HEALTH CARE PRACTITIONERS 1

§ 680. Name tags for health care practitioners; display

ARTICLE 11 PROFESSIONAL REPORTING 1

§ 800. Central files; creation; contents; complaint forms; confidentiality
§ 801. Settlement or arbitration award; report by insurer; consent of insured
§ 801.1. Settlement or arbitration award; reports by self–insuring governmental agencies
§ 802. Settlement or arbitration award; report by holder of authority, parties or counsel; public offense, fines
§ 802.1. Felony indictment or information; felony convictions; report to medical board by physician or surgeon
§ 802.3. Settlement reports; specification of specialty or subspecialty of physician and surgeon
§ 802.5. Receipt of information by coroner based on findings by board–certified or board–eligible pathologist of death due to gross negligence or incompetence of physician or podiatrist; initial report; subsequent submission of other information; confidentiality; immunity from liability
§ 803. Judgment against holder of license, certificate or other authority; reports to issuing agency and medical board; release of information to public
§ 803.1. Medical, osteopathic, and podiatry boards; disclosure of information to public
§ 803.2. Entry of judgment, settlement agreement or arbitration award against licensee; payment by employer; report to board
§ 803.3. Health care service plan contracts; arbitration awards; consideration as judgment for disclosure purposes
§ 803.5. Notification of filing against licensee
§ 803.6. Transmittal of felony preliminary hearing transcript or probation report to board
§ 804. Reports to agency; form and contents; copies
§ 804.5. Board requests for medical records and depositions
§ 805. Definitions; specified actions requiring report to relevant agency; timeliness and contents; confidentiality; liability; fine for failure to make or transmit report
§ 805.1. Documents from disciplinary proceeding resulting in loss of staff or membership privileges; inspection and copying by licensing or certificating agency; disclosure
§ 805.2. Peer review process; comprehensive study; legislative intent
§ 805.5. Grant or renewal of staff privileges for certain medical professionals; inquiries concerning 805 reports; exclusions; misdemeanor
§ 805.6. Electronic notification and access to Section 805 reports
§ 805.7. Pilot program concerning quality problems and resolution through informal educational intervention; recommendations and report
§ 806. Statistical report; presentation to legislature
§ 807. Notice of provisions of article
§ 808. Respiratory care practitioners; reports
§ 808.5. Reports affecting psychologists; filing with Board of Psychology of the Department of Consumer Affairs
§ 809. Legislative findings and declarations

CALIFORNIA STATUTES

TABLE OF CONTENTS

§ 809.05. Peer review; limitations; investigation and disciplinary action; direction from governing body; failure to follow direction
§ 809.1. Final proposed action of peer review body; written notice; content
§ 809.2. Hearing concerning final proposed action by peer review body; procedures; voir dire; inspection of documents; decision; witnesses; continuances; commencement
§ 809.3. Rights of parties at hearing concerning final proposed action
§ 809.4. Rights of parties upon completion of hearing concerning final proposed action
§ 809.5. Immediate suspension or restriction of clinical privileges; imminent danger
§ 809.6. Additional notice and hearing requirements; waiver
§ 809.7. Application of sections 809.1 to 809.4 and this section
§ 809.8. Judicial review
§ 809.9. Challenge of action taken or restriction imposed; cost of litigation; prevailing party

CHAPTER 5 MEDICINE 12

ARTICLE 12 ENFORCEMENT 12
§ 2225.5. Refusal to comply with court order or request for medical records; civil penalties
§ 2247. Licensee physical, emotional and mental condition; requirements

CHAPTER 6.6 PSYCHOLOGISTS 13

ARTICLE 1 GENERAL PROVISIONS 13
§ 2900. Legislative finding and declarations
§ 2901. Short title
§ 2902. Definitions
§ 2903. Necessity of license; practice of psychology; psychotherapy
§ 2903.1. Biofeedback instruments
§ 2904. Practice of psychology; excluded acts
§ 2904.5. Licensed psychologist; status as health care practitioner
§ 2905. Practice of psychology
§ 2907. Corporate practice
§ 2907.5. Psychological corporation
§ 2908. Psychological activities; members of other professional groups
§ 2909. Psychological activities; salaried employees of organization; operative date
§ 2910. Psychological activities; salaried employees of academic institutions, public schools or governmental agencies
§ 2911. Graduate students; psychological intern; psychological trainee
§ 2912. Out of state practitioners
§ 2913. Psychological assistants
§ 2914. Qualification of applicants for licensure
§ 2914.1. Continuing education; geriatric pharmacology
§ 2914.2. Continuing education in psychopharmacology and biological basis of behavior
§ 2914.3. Doctorate degree program curriculum; psychopharmacology courses
§ 2915. Renewal licenses, relicensure, reinstatement to active license status; proof of continuing education; false statements; policy for exceptions; approved courses
§ 2915.5. Graduate study coursework in aging and long–term care; contact hours; program contents
§ 2915.7. Continuing education coursework in aging and long–term care; minimum number of hours; program contents
§ 2916. Partial invalidity
§ 2918. Confidential relations and communications; privilege; law governing

CALIFORNIA STATUTES

TABLE OF CONTENTS

ARTICLE 2 ADMINISTRATION 17

§ 2920. Board of Psychology
§ 2920.1. Priority to protect the public
§ 2921. Tenure of members; limitation on number of terms
§ 2922. Appointment and qualifications of members
§ 2923. Qualifications of members
§ 2924. Removal from office; grounds
§ 2925. Election of officers
§ 2926. Meetings
§ 2927. Quorum
§ 2927.5. Notice of regular meetings; publication
§ 2928. Duties of board
§ 2929. Seal
§ 2930. Rules and regulations
§ 2930.5. Fictitious–name permits; issuance; revocation or suspension; delegation of authority
§ 2931. Examination of qualifications of applicants
§ 2933. Personnel; expenditures; contributions
§ 2934. Geographical directory of licensed psychologists
§ 2935. Compensation and expenses of board members
§ 2936. Consumer and professional education program; standards of ethical conduct; notice to consumers

ARTICLE 3 LICENSE 19

§ 2940. Application; form; manner; fee
§ 2941. Examination; time for payment of fee
§ 2942. Examination; method, time and place; passing grade; uniform system
§ 2943. Scope of examination
§ 2944. Grading examination; retention of papers; exception
§ 2945. Transcript or recording of oral examination
§ 2946. Licensees of other states; waiver of all or parts of examination
§ 2947. Commissioners on examination; occasional professional commissioners; appointment; duties
§ 2948. Issuance of license

ARTICLE 4 DENIAL, SUSPENSION AND REVOCATION 20

§ 2960. Grounds
§ 2960.05. Limitations period
§ 2960.1. Decision containing finding that licensee or registrant engaged in sexual contact with patient or former patient; order of revocation
§ 2960.2. Licensee physical, emotional and mental condition; requirements
§ 2960.5. Mental illness or chemical dependency; grounds
§ 2960.6. Disciplinary action by foreign state; disciplinary action by a healing arts board; grounds
§ 2961. Manner of discipline
§ 2962. Reinstatement; modification of penalty; petition; examination
§ 2963. Conviction; suspension, revocation or refusal to issue license; effect of probation
§ 2964. Reports of license revocations or restorations
§ 2964.3. Sex offender; eligibility
§ 2964.5. Additional training, examination, and fee following probation or license suspension
§ 2964.6. Probation terms; payment of monitoring costs
§ 2965. Conduct of proceedings
§ 2966. Felony conviction; incarceration; determination of suspension; hearing
§ 2969. Refusal to comply with request for medical records of patient; civil penalty; written authorization; court order

CALIFORNIA STATUTES

TABLE OF CONTENTS

ARTICLE 5 PENALTIES 23

§ 2970. Violation; offense; punishment
§ 2971. Injunction or order restraining violations

ARTICLE 7 REVENUE 23

§ 2980. Psychology Fund; reports; deposits
§ 2981. Appropriation
§ 2982. Expiration of licenses; renewal
§ 2983. Initial license fee; waiver
§ 2984. Time for renewal; renewal and delinquency fees; licenses under prior law
§ 2985. Renewal of suspended license; reinstatement of revoked license; fee
§ 2986. Renewal time limitation; requirements for new license; examination fee waiver or refund
§ 2987. Fee schedule
§ 2987.2. Additional fees
§ 2987.3. Fictitious–name permits; initial, renewal, and delinquency fees
§ 2987.5. Renewal fee; exemption from payment
§ 2988. Inactive status; application; fee; continuing education; placement on active status
§ 2989. Fixing fees by regulation

ARTICLE 9 PSYCHOLOGICAL CORPORATIONS 24

§ 2995. Corporate status; conditions; regulatory agency
§ 2996. Unprofessional conduct; violations
§ 2996.1. Unprofessional conduct; conduct of practice
§ 2996.2. Income; disqualified shareholder
§ 2997. Shareholders, directors and officers; license requirements
§ 2998. Name
§ 2999. Regulations

CHAPTER 9 PHARMACY 25

ARTICLE 7 PHARMACIES 25

§ 4115. Pharmacy technicians; nondiscretionary tasks; direct supervision of pharmacists; registration; ratios

CHAPTER 10 PSYCHIATRIC TECHNICIANS 26

ARTICLE 1 GENERALLY 26

§ 4500. Citation of chapter
§ 4501. Board defined
§ 4501.1. Priority to protect the public
§ 4502. Psychiatric technician defined
§ 4502.1. Psychiatric technicians; administration of medications by hypodermic injection
§ 4502.2. Psychiatric technicians; withdrawal of patient's blood; certification
§ 4502.3. Psychiatric technicians; performance of medical procedures; demonstration of competence
§ 4503. Administration by board
§ 4504. Rules and regulations
§ 4505. Employment of personnel
§ 4507. Nonapplicability of chapter
§ 4508. Services by tenets of church or denomination
§ 4509.5. Persons performing services of psychiatric technician for purposes of training

ARTICLE 2 LICENSURE 27

§ 4510. Issuance of license
§ 4510.1. Application; interim permits

CALIFORNIA STATUTES

TABLE OF CONTENTS

§ 4511. Qualifications
§ 4511.2. Schools; evaluation of and credit for prior experience and training; additional courses
§ 4512. Payment of fee
§ 4513. Examinations
§ 4515. Issuance of license without examination to out–of–state license or certificate holders; requirements
§ 4516. Use of letters "P.T."
§ 4517. Continuing education program; authority to provide; course hours
§ 4518. Continuing education program; fees
§ 4519. Continuing education courses; release from duty to attend; expenditure of state funds; memorandum of understanding

ARTICLE 3 DISCIPLINARY PROCEEDINGS 28
§ 4520. Conduct of proceedings
§ 4521. Grounds for suspension or revocation
§ 4521.1. License issued on probation
§ 4521.2. Report of § 4521 violation by others; obligation; failure to report; administrative fine
§ 4521.6. Denial of application; suspension or revocation of license or permit; grounds
§ 4523. Conviction defined; authority to suspend, revoke or refuse certificate
§ 4524. Petition for reinstatement or modification of penalty

ARTICLE 4 SCHOOLS FOR PREPARATION OF PSYCHIATRIC TECHNICIANS 30
§ 4530. List of accredited schools
§ 4531. Course of instruction; hours or semester units; subjects; clinical inpatient experience
§ 4532. Inspection; reports; notice of defects

ARTICLE 5 PENAL PROVISIONS 31
§ 4540. Necessity of license
§ 4541. Unlawful use of title or letters
§ 4542. Misrepresentation or impersonation
§ 4543. Violation; misdemeanor; punishment

ARTICLE 6 REVENUE 31
§ 4544. Licenses; expiration; renewal
§ 4544.5. Biennial renewal period
§ 4545. Renewal after expiration of license; forfeited certificates; expiration
§ 4545.1. Expiration of suspended license; renewal
§ 4545.2. Expiration of revoked certificate or license; renewal; reinstatement
§ 4545.3. Failure to renew certificate or license within four years; issuance of new license; conditions
§ 4546. Monthly revenue report; deposit of funds; reserve balances
§ 4547. Payment of expenses
§ 4548. Amount of fees

CHAPTER 13 MARRIAGE, FAMILY AND CHILD COUNSELORS 32

ARTICLE 1 REGULATION 32
§ 4980. Necessity of license
§ 4980.01. Construction with other laws; exemption of certain professionals and employees; status as health care practitioner
§ 4980.02. Practice of marriage and family therapy; application of principles and methods
§ 4980.03. Board; intern; trainee; applicant; advertise
§ 4980.07. Administration of chapter
§ 4980.08. Licensed marriage and family therapist; marriage and family therapist; name change; construction of section

CALIFORNIA STATUTES

TABLE OF CONTENTS

§ 4980.10. Engaging in practice
§ 4980.30. Application for license; payment of fee
§ 4980.31. Display of license in primary place of practice
§ 4980.34. Legislative intent
§ 4980.35. Obligation to provide complete and accurate application; duties of board
§ 4980.37. Degree program; course of study and professional training
§ 4980.38. Notification to students of design of degree program; certification of fulfillment of requirements
§ 4980.39. Graduate study coursework in aging and long–term care; program contents; minimum contact hours
§ 4980.395. Continuing education coursework in aging and long–term care; program contents; minimum number of hours
§ 4980.40. Qualifications
§ 4980.41. Eligibility to sit for licensing examinations; coursework or training
§ 4980.42. Trainees' services
§ 4980.43. Professional experience; interns or trainees
§ 4980.44. Unlicensed interns; qualifications; notice to clients or patients; registration status
§ 4980.45. Supervision, employment or termination of interns; ratio of interns to employees or shareholders of marriage and family therapy corporations
§ 4980.46. Fictitious business names
§ 4980.48. Trainees; notice to clients and patients of unlicensed status
§ 4980.50. Examination; issuance or denial of license
§ 4980.54. Continuing education requirements; hours; records; approved providers; subject matter; fees
§ 4980.55. Statements of experience, education, specialties, etc.
§ 4980.57. Licensees who began graduate study before January 1, 2004; required continuing education course
§ 4980.60. Rules and regulations
§ 4980.70. Additional personnel
§ 4980.80. Reciprocity; equivalent requirements; payment of fees; further conditions
§ 4980.90. Persons with education and experience gained outside California; requirements
§ 4981. Application of article

ARTICLE 2 DENIAL, SUSPENSION AND REVOCATION 41
§ 4982. Unprofessional conduct
§ 4982.05. Limitations period
§ 4982.1. Mental illness or chemical dependency; grounds for refusal to license or register
§ 4982.15. Placing of license or registration on probation; circumstances
§ 4982.2. Petition for reinstatement or modification of penalty; notice; content; hearing
§ 4982.25. Denial of application or suspension or revocation of license or registration; grounds
§ 4982.26. Decision containing finding that licensee or registrant engaged in sexual contact with patient or former patient; order of revocation
§ 4982.3. Procedure

ARTICLE 3 PENALTIES 43
§ 4983. Violation; misdemeanor; punishment
§ 4983.1. Injunction

ARTICLE 4 REVENUE 43
§ 4984. Expiration of licenses; renewal of unexpired licenses
§ 4984.1. Renewal of expired licenses
§ 4984.2. Renewal of suspended license; effect of renewal

CALIFORNIA STATUTES

TABLE OF CONTENTS

§ 4984.3. Revoked license; reinstatement after expiration
§ 4984.4. Time limit for renewal after expiration; new license
§ 4984.5. Report and payment of revenue
§ 4984.6. Board to be appropriated with funds; record; surpluses
§ 4984.7. Fee schedule
§ 4984.75. Additional fees
§ 4984.8. Inactive licenses
§ 4984.9. Written notice of name change; licensees or registrants

ARTICLE 5 LICENSED EDUCATIONAL PSYCHOLOGISTS 45
§ 4986. Practice by licensees
§ 4986.10. Professional functions authorized
§ 4986.20. Qualifications for license
§ 4986.21. Eligibility to take examination; destruction of examination materials; oral examination eligibility if written examination passed
§ 4986.30. Continuing education program
§ 4986.40. Issuance of license
§ 4986.41. Display of license
§ 4986.42. Expiration of licenses; renewal
§ 4986.43. Renewal of expired licenses; fees
§ 4986.44. Suspended licenses; expiration and renewal
§ 4986.45. Revoked licenses; expiration
§ 4986.46. Failure to renew license; application for new license
§ 4986.47. Written notice of name change
§ 4986.50. Use of title by persons not licensed; prohibition
§ 4986.70. Refusal to issue, or suspension or revocation of license; unprofessional conduct
§ 4986.71. Decision containing finding that licensee engaged in sexual contact with patient or former patient; order of revocation
§ 4986.75. Mental illness or chemical dependency; grounds for refusal to license
§ 4986.80. Fee schedule
§ 4986.81. Violations; misdemeanor
§ 4986.82. Inactive licenses
§ 4986.90. Injunction
§ 4987. Rules of professional conduct

ARTICLE 6 MARRIAGE, FAMILY, AND CHILD COUNSELING CORPORATIONS 47
§ 4987.5. Definition
§ 4987.6. Unprofessional conduct
§ 4987.7. Name
§ 4987.8. Directors, shareholders, and officers; necessity of license
§ 4988. Income for professional services not to accrue to disqualified shareholders
§ 4988.1. Scope of practice
§ 4988.2. Rules and regulations

ARTICLE 7 REVIEW 48
§ 4989. Powers and duties of board; date of review

CHAPTER 14 SOCIAL WORKERS 48

ARTICLE 4 CLINICAL SOCIAL WORKERS 48
§ 4996. Necessity of license; unauthorized representation as licensee; misdemeanor; status as health care practitioner
§ 4996.1. Issuance of license
§ 4996.2. Qualifications for license
§ 4996.3. Application and examination fees; deposit
§ 4996.4. Fee for reexamination
§ 4996.5. Scope, form and content of license
§ 4996.6. Fees; renewal; delinquency; replacement registration, license, or certificate; certificate or letter of good standing

CALIFORNIA STATUTES

TABLE OF CONTENTS

§ 4996.65. Additional fees
§ 4996.7. Display of license
§ 4996.8. Display of current renewal receipt
§ 4996.9. Clinical social work and psychotherapy defined
§ 4996.10. Application of article only to clinical social workers
§ 4996.11. Suspension or revocation of license; grounds; conduct of proceedings
§ 4996.12. Violations; penalties
§ 4996.13. Other professional groups; work of psychosocial nature; impermissible representations
§ 4996.14. Employees of certain organizations; activities of psychosocial nature or use of official title of position
§ 4996.15. Performance of psychosocial work by persons in academic institutions, government agencies or nonprofit organizations; social work intern
§ 4996.16. Persons from out of state; application of chapter
§ 4996.17. Experience gained outside California; use towards licensing requirements
§ 4996.18. Associate clinical social worker; registration; application; expiration and renewal; employment; notification of employment or termination; supervision; credit
§ 4996.19. Licensed clinical social workers' corporation; application of article
§ 4996.20. Supervised post–master's experience; criteria for registrants prior to December 31, 1998
§ 4996.21. Associates; post–master's degree experience
§ 4996.22. Continuing education requirements; hours; records; approved providers; subject matter; fees
§ 4996.23. Post–master's degree experience; criteria
§ 4996.25. Graduate study coursework in aging and long–term care; program contents; minimum contact hours
§ 4996.26. Continuing education coursework in aging and long–term care; program contents; minimum number of hours
§ 4997. Inactive licenses

ARTICLE 5 LICENSED CLINICAL SOCIAL WORKERS CORPORATIONS 54
§ 4998. Definition
§ 4998.1. Unprofessional conduct
§ 4998.2. Name
§ 4998.3. Directors, shareholders and officers; license
§ 4998.4. Income attributable to shareholder who is disqualified person
§ 4998.5. Unprofessional conduct
§ 4998.6. Rules and regulations

CIVIL CODE 57
DIVISION 1 PERSONS 57
PART 2 PERSONAL RIGHTS 57
§ 43. General personal rights
§ 43.1. Unborn child deemed existing person
§ 43.3. Breastfeeding; location
§ 43.4. Fraudulent promise to marry or cohabit not actionable
§ 43.5. Wrongs not actionable
§ 43.55. Arrest under warrant regular on face not actionable
§ 43.56. Foster parents; alienation of child's affection
§ 43.6. Immunity from liability; actions against parents on childbirth claims; defenses and damages in third party actions
§ 43.7. Immunity from liability; mental health professional quality assurance committees; professional societies, members or staff; peer review or insurance underwriting committees; hospital governing board
§ 43.8. Immunity from liability for communication on evaluation of practitioner of healing arts

CALIFORNIA STATUTES

TABLE OF CONTENTS

§ 43.9.	Immunity from liability; health care providers; unsolicited referrals from tests by multiphasic screening unit; notice
§ 43.91.	Immunity from liability; members of professional society of persons licensed under the Real Estate Law; peer review committees
§ 43.92.	Psychotherapists; duty to warn of threatened violent behavior of patient; immunity from monetary liability
§ 43.93.	Psychotherapists; patient's cause of action for sexual contact; definitions
§ 43.95.	Immunity of professional society for referral services or telephone information library; duty to disclose disciplinary actions
§ 43.96.	Information to be provided to a complainant; immunity
§ 43.97.	Medical staff or membership privilege denial or restriction; immunity from liability; unreported or intentional injury exceptions
§ 43.98.	Communications to consultants to director of department of managed care; health care services; monetary liability
§ 43.99.	Immunity from monetary liability; building and other inspectors; independent quality review of plans, specifications or work on residential buildings under the State Housing Law; exceptions
§ 44.	Defamation
§ 45.	Libel
§ 45a.	Libel on its face; other actionable defamatory language
§ 46.	Slander, false and unprivileged publications which constitute
§ 47.	Privileged publication or broadcast
§ 47.5.	Peace officers; defamation action against person filing false complaint alleging misconduct, criminal conduct, or incompetence
§ 48.	Privileged publication or broadcast; malice not inferred
§ 48a.	Libel in newspaper; slander by radio broadcast
§ 48.5.	Defamation by radio; non–liability of owner, licensee or operator of broadcasting station or network
§ 48.7.	Child abuse; prohibition against libel or slander action while charges pending; tolling of limitations; pleadings; demurrer; attorney fees and costs
§ 48.8.	Communications to school personnel regarding threats to commit violence on the school grounds involving deadly or dangerous weapons; liability for defamation
§ 48.9.	Anonymous witness program; immunity
§ 49.	Personal relations, acts forbidden by
§ 50.	Force, right to use
§ 51.	Unruh Civil Rights Act; equal rights; business establishments; violation
§ 51.1.	Mandatory service on State Solicitor General of each party's brief or petition and brief in causes of action based on violation of civil rights statutes
§ 51.2.	Age discrimination in housing prohibited; exception; intent
§ 51.3.	Housing; age limitations; necessity for senior citizen housing
§ 51.4.	Exemption from special design requirement
§ 51.5.	Discrimination, boycott, blacklist, etc.; business establishments; equal rights
§ 51.6.	Gender Tax Repeal Act of 1995
§ 51.7.	Freedom from violence or intimidation
§ 51.8.	Discrimination; franchises
§ 51.9.	Sexual harassment; business, service and professional relationships
§ 51.10.	Business establishments; sale or rental of housing; age discrimination; senior housing; intent and application of section
§ 51.11.	Riverside County; establishment or preservation of senior housing; legislative findings and declarations; definitions; requirements; qualification of development; application of section
§ 51.12.	Riverside County; senior housing; legislative findings and declarations; right of residency, occupancy, or use; application of section

CALIFORNIA STATUTES

TABLE OF CONTENTS

§ 52. Denial of civil rights or discrimination; damages; civil action by people or person aggrieved; intervention; unlawful practice complaint
§ 52.1. Civil actions for protection of rights; damages, injunctive and other equitable relief; violations of orders
§ 52.2. Court of competent jurisdiction; defined; actions
§ 52.3. Law enforcement officers; prohibitions against conduct depriving persons of Constitutional rights, privileges, or immunities; civil actions
§ 52.4. Civil action for damages arising from gender violence
§ 53. Restrictions upon transfer or use of realty because of sex, race, color, religion, ancestry, national origin, or disability

PART 2.6 CONFIDENTIALITY OF MEDICAL INFORMATION 71

CHAPTER 1 DEFINITIONS 71
§ 56. Short title
§ 56.05. Definitions
§ 56.06. Corporations organized for the primary purpose of maintaining medical information in order to supply information to patient or health care provider for purposes of diagnosis or treatment; provider of health care; confidentiality; penalties
§ 56.07. Medical profile, summary, or information provided; patient's written request; application

CHAPTER 2 DISCLOSURE OF MEDICAL INFORMATION BY PROVIDERS 72
§ 56.10. Authorization; necessity; exceptions
§ 56.101. Destruction of records
§ 56.102. Disclosure of medical information by pharmaceutical company; authorizations, releases, consents, or waivers; exceptions
§ 56.104. Patient's participation in outpatient treatment with psychotherapist; request; content; application
§ 56.105. Professional negligence actions; settlement or compromise; authorization to disclose medical records to persons or organizations defending professional liability
§ 56.11. Authorization; form and contents
§ 56.12. Copy of authorization to patient or signatory on demand
§ 56.13. Further disclosure by recipient of medical information
§ 56.14. Communication of limitations of authorization to recipient of medical information
§ 56.15. Cancellation or modification of authorization; written notice
§ 56.16. Release of limited information on specific patient; written request by patient to prohibit

CHAPTER 2.5 DISCLOSURE OF GENETIC TEST RESULTS BY A HEALTH CARE SERVICE PLAN 75
§ 56.17. Genetic test results; unlawful disclosure; written authorization; penalties

CHAPTER 3 USE AND DISCLOSURE OF MEDICAL INFORMATION BY EMPLOYERS 76
§ 56.20. Confidentiality; prohibition of discrimination due to refusal to sign authorization; prohibition of disclosure; exceptions
§ 56.21. Authorization for disclosure by employer
§ 56.22. Copy of authorization to patient or signatory
§ 56.23. Communication of limitations of authorization to person to whom disclosure made
§ 56.24. Cancellation or modification of authorization
§ 56.245. Further disclosure by recipient of medical information

CHAPTER 4 RELATIONSHIP OF CHAPTERS 2 AND 3 77
§ 56.25. Disclosure by employer who is provider of health care

CALIFORNIA STATUTES

TABLE OF CONTENTS

CHAPTER 5 USE AND DISCLOSURE OF MEDICAL AND OTHER INFORMATION BY THIRD PARTY ADMINISTRATORS AND OTHERS 77

§ 56.26. Prohibition; exceptions; inapplicability of section

§ 56.265. Annuity contracts; disclosure of individually identifiable information concerning health, medical or genetic history; prohibition

CHAPTER 6 RELATIONSHIP TO EXISTING LAW 77

§ 56.27. Employer that is insurance institution, agent or support organization; disclosure not in violation of § 56.20

§ 56.28. Patient's right to access

§ 56.29. Information Practices Act of 1977; applicability

§ 56.30. Exemptions from limitations of this part

§ 56.31. Disclosure or use of medical information under subdivision (f) of Section 56.30; HIV infection or exposure; employment incident

CHAPTER 7 VIOLATIONS 78

§ 56.35. Compensatory and punitive damages; attorneys' fees and costs

§ 56.36. Misdemeanors; violations; remedies

§ 56.37. Authorization, release, consent, or waiver; enforceability

DIVISION 3 OBLIGATIONS 79

PART 4 OBLIGATIONS ARISING FROM PARTICULAR TRANSACTIONS 79

TITLE 1.8 PERSONAL DATA 79

CHAPTER 1 INFORMATION PRACTICES ACT OF 1977 79

ARTICLE 1 GENERAL PROVISIONS AND LEGISLATIVE FINDINGS 79

§ 1798. Citation of chapter

§ 1798.1. Legislative declaration and findings

ARTICLE 2 DEFINITIONS 79

§ 1798.3. Definitions

ARTICLE 5 AGENCY REQUIREMENTS 80

§ 1798.14. Contents of records

§ 1798.15. Sources of information

§ 1798.16. Personal information; maintaining sources of information

§ 1798.17. Notice; periodic provision; contents

§ 1798.18. Maintenance of records; standards; transfers of records outside state government

§ 1798.19. Contracts for the operation or maintenance of records; requirements of chapter; employees of agency

§ 1798.20. Rules of conduct; instruction

§ 1798.21. Safeguards; administrative, technical and physical

§ 1798.22. Designation of employee responsible for agency compliance

§ 1798.23. Department of Justice; periodic review of personal information; exemption from access

ARTICLE 6 CONDITIONS OF DISCLOSURE 81

§ 1798.24. Personal information

§ 1798.24a. Exception; screening of prospective concessionaires

§ 1798.24b. Disclosure of information to protection and advocacy agency for rights of persons with disabilities

ARTICLE 7 ACCOUNTING OF DISCLOSURES 82

§ 1798.25. Accounting for disclosure to law enforcement or regulatory agency; contents; routine disclosures

§ 1798.26. Motor vehicles; sale of registration information or information from drivers' licenses files; administrative procedures

CALIFORNIA STATUTES

TABLE OF CONTENTS

§ 1798.27. Retention of accounting and original documents
§ 1798.28. Correction of errors; notation of disputes; notice

ARTICLE 8 ACCESS TO RECORDS AND ADMINISTRATIVE REMEDIES 83
§ 1798.30. Regulations or guidelines; procedure for implementation of article
§ 1798.32. Maintenance of records; rights of inquiry and notice; contents of notice; rules and regulations
§ 1798.33. Copies of records; fees
§ 1798.34. Inspection of personal information in records and accounting; time; copies; form; availability
§ 1798.35. Amendment of records; procedure; notice
§ 1798.36. Refusal to amend records; review; final determination; time; statement of individual's disagreement
§ 1798.37. Disputed records; statements of individual's disagreement and rationale of agency for refusal of amendment; notation of disputed portions; copies
§ 1798.38. Promises or understandings concerning confidentiality of source; specified information in possession of agencies; protection of identity
§ 1798.39. Records evidencing property rights
§ 1798.40. Nondisclosure of personal information to individual to whom information pertains; criteria
§ 1798.41. Finding that requested information is exempt from access; written notice; review; ex parte orders authorizing responses of no maintenance
§ 1798.42. Disclosure of personal information relating to others; deletions
§ 1798.43. Disclosure of personal information to individual to whom information pertains; deletion of exempt information
§ 1798.44. Application of article

ARTICLE 9 CIVIL REMEDIES 85
§ 1798.45. Civil actions against agencies; grounds
§ 1798.46. Actions for refusal to comply with requests for inspection; injunctions; proceedings de novo; in camera examination of records; attorney fees and costs
§ 1798.47. Injunctions; orders and judgments
§ 1798.48. Failure to maintain records properly; noncompliance with provisions of chapter and rules; actual damages; costs; attorney fees
§ 1798.49. Jurisdiction; limitation of actions; nonexclusive rights and remedies
§ 1798.50. Personnel actions; qualifications of individuals; subjective opinions; liability
§ 1798.51. Lapse of time; corrections to records
§ 1798.53. Invasion of privacy; intentional disclosure of personal information; state or federal records; exemplary damages; attorney fees and costs

ARTICLE 10 PENALTIES 86
§ 1798.55. Intentional violations; agency officers and employees; discipline; termination of employment
§ 1798.56. False pretenses; requesting or obtaining records; misdemeanor
§ 1798.57. Wrongful disclosure of medical, psychiatric, or psychological information; economic loss or personal injury; misdemeanor

ARTICLE 11 MISCELLANEOUS PROVISIONS 86
§ 1798.60. Names and addresses; distribution for commercial purposes, sale or rental
§ 1798.61. Release of licensees' and applicants' names and addresses
§ 1798.62. Mailing lists; agencies; removal of names and addresses
§ 1798.63. Construction of chapter
§ 1798.64. Director of General Services; storage, processing and servicing of records; state archives; maintenance
§ 1798.66. Access to records; time limitations; extension
§ 1798.67. Liens or encumbrances; state; disclosure of information relating to identity

CALIFORNIA STATUTES

TABLE OF CONTENTS

§ 1798.68. Disclosure of personal or confidential information to district attorney; petition to disclose
§ 1798.69. Release of names and addresses; State Board of Equalization

ARTICLE 12 CONSTRUCTION WITH OTHER LAWS 87
§ 1798.70. Superseding other provisions of state law
§ 1798.71. Discovery; rights of litigants
§ 1798.72. Personal information; disclosure of records to other than the subject; violation of other law
§ 1798.73. Privacy; constitutional rights
§ 1798.74. Student records
§ 1798.75. Inspection of public records
§ 1798.76. Law enforcement records; discovery in criminal or civil litigation
§ 1798.77. Modification, transfer, or destruction of records to avoid compliance with chapter prohibited; civil action; removal or destruction of requested information before access prohibited
§ 1798.78. Chapter deemed not to supersede Chapter 1299 of Statutes of 1976

EDUCATION CODE 89

TITLE 2 ELEMENTARY AND SECONDARY EDUCATION 89

DIVISION 4 INSTRUCTION AND SERVICES 89

PART 33 INSTRUCTIONAL MATERIALS AND TESTING 89

CHAPTER 2 ELEMENTARY SCHOOL MATERIALS 89

ARTICLE 2 DUTIES OF PUBLISHERS AND MANUFACTURERS 89
§ 60227. Followup adoptions; notice to publishers and manufacturers; specifications in notice; fee; legislative intent; definitions

EVIDENCE CODE 91

DIVISION 8 PRIVILEGES 91

CHAPTER 4 PARTICULAR PRIVILEGES 91

ARTICLE 6 PHYSICIAN–PATIENT PRIVILEGE 91
§ 990. Physician
§ 991. Patient
§ 992. Confidential communication between patient and physician
§ 993. Holder of the privilege
§ 994. Physician–patient privilege
§ 995. When physician required to claim privilege
§ 996. Patient–litigant exception
§ 997. Exception: crime or tort
§ 998. Criminal proceeding
§ 999. Communication relating to patient condition in proceeding to recover damages; good cause
§ 1000. Parties claiming through deceased patient
§ 1001. Breach of duty arising out of physician–patient relationship
§ 1002. Intention of deceased patient concerning writing affecting property interest
§ 1003. Validity of writing affecting property interest
§ 1004. Commitment or similar proceeding
§ 1005. Proceeding to establish competence
§ 1006. Required report
§ 1007. Proceeding to terminate right, license or privilege

CALIFORNIA STATUTES

TABLE OF CONTENTS

FAMILY CODE 93

DIVISION 11 MINORS 93

PART 4 MEDICAL TREATMENT 93

CHAPTER 3 CONSENT BY MINOR 93

§ 6924. Mental health treatment or counseling services; involvement of parents or guardians; liability of parents or guardians

DIVISION 12 PARENT AND CHILD RELATIONSHIP 94

PART 4 FREEDOM FROM PARENTAL CUSTODY AND CONTROL 94

CHAPTER 2 CIRCUMSTANCES WHERE PROCEEDING MAY BE BROUGHT 94

§ 7826. Parent declared developmentally disabled or mentally ill; right to action

PART 5 INTERSTATE COMPACT ON PLACEMENT OF CHILDREN 94

§ 7911.1. Out–of–state placements; investigation authority; inspections; assessment and placement recommendations; denial, suspension or discontinuance of certification

DIVISION 13 ADOPTION 95

PART 1 DEFINITIONS 95

§ 8545. Special–needs child

PART 2 ADOPTION OF UNMARRIED MINORS 95

CHAPTER 6 VACATION OF ADOPTION 95

§ 9100. Developmental disability or mental illness prior to adoption; setting aside decree or order of adoption; petition; limitation of action; notification of department

GOVERNMENT CODE 97

TITLE 1 GENERAL 97

DIVISION 4 PUBLIC OFFICERS AND EMPLOYEES 97

CHAPTER 1 GENERAL 97

ARTICLE 2 DISQUALIFICATION FOR OFFICE OR EMPLOYMENT 97

§ 1031. Public officers or employees having powers of peace officers; minimum standards

§ 1031. Public officers or employees having powers of peace officers; minimum standards

DIVISION 7 MISCELLANEOUS 98

CHAPTER 26.5 INTERAGENCY RESPONSIBILITIES FOR PROVIDING SERVICES TO CHILDREN WITH DISABILITIES 98

§ 7570. Maximum utilization of resources

§ 7571. Assumption of responsibilities; department and county agencies to be designated

§ 7572. Assessments; provision of related services or designated instruction and services

§ 7572.5. Seriously emotionally disturbed child; expanded individualized education program team; individualized education program

§ 7572.55. Seriously emotionally disturbed child with a disability; out–of–state residential placement

§ 7573. Special education and related services

CALIFORNIA STATUTES

TABLE OF CONTENTS

§ 7575. Occupational therapy and physical therapy
§ 7576. Mental health services; local education agencies; individualized education programs; referrals
§ 7576.5. Local educational agencies; authority to transfer appropriated funds
§ 7577. Client eligibility; assessment procedures; maintenance of services to secondary school pupils in project work ability
§ 7578. Disabled children and youth residing in state hospitals; special education programs and related services
§ 7579. Placement in residential facility outside child's home
§ 7579.1. Conditions of discharge for disabled children or youths with active individualized education programs
§ 7579.2. Discharge of special education recipient to closest community to home of parent or guardian
§ 7579.5. Surrogate parent; appointment; qualifications; liability
§ 7580. Community care facility licensing
§ 7581. Residential and noneducational costs; responsibility
§ 7582. Assessments and therapy treatment services; exemption from financial eligibility standards
§ 7584. Definitions
§ 7585. Failure to provide required services; written notification; resolution meeting; submission of issue to director of the office of administrative hearings; appeal; provision of services pending resolution; due process hearing; report
§ 7586. Procedural safeguards; hearing requests
§ 7586.5. Report on implementation of this chapter
§ 7586.6. Interagency agreements to implement chapter
§ 7586.7. Plan for in–service training of state and local personnel
§ 7587. Regulations
§ 7588. Operative date

TITLE 2 GOVERNMENT OF THE STATE OF CALIFORNIA 104
DIVISION 3 EXECUTIVE DEPARTMENT 104
PART 2 CONSTITUTIONAL OFFICERS 104
CHAPTER 1 GOVERNOR 104
ARTICLE 2 POWERS AND DUTIES 104
§ 12012.30. Ratification of tribal–state gaming compact entered into in accordance with Indian Gaming Regulatory Act of 1988

HEALTH AND SAFETY CODE 105
DIVISION 1.5 USE OF SECLUSION AND BEHAVIORAL RESTRAINTS IN FACILITIES 105
§ 1180. Reduction in use of seclusion and behavioral restraints in facilities; recommendations of California Health and Human Services Agency; training protocols and requirements; federal and private funding; staff injuries; implementation of section
§ 1180.1. Definitions
§ 1180.2. Application of section to certain state hospitals; technical assistance and training; avoidance of use of seclusion and behavioral restraints; exceptions; data collection; availability to public; reports of deaths or serious injuries to persons
§ 1180.3. Application of section to psychiatric units; technical assistance and training programs; avoidance of use of seclusion and behavioral restraints; publicly accessible data; Internet; uniform reporting; implementation of section
§ 1180.4. Initial assessment prior to placement decisions or upon admission to facility; contents of assessment; use of restraints for emergencies; prohibited restraints; use of prone containment techniques; monitoring

CALIFORNIA STATUTES

TABLE OF CONTENTS

§ 1180.5. Clinical and quality reviews for episodes of use of restraints; timing of review; debriefing; documentation
§ 1180.6. Annual report to Senate and Assembly budget committee hearings of progress made in implementation of division

DIVISION 2 LICENSING PROVISIONS 108

CHAPTER 2 HEALTH FACILITIES 108

ARTICLE 1 GENERAL 108
§ 1250. Definitions
§ 1250.2. Psychiatric health facility as § 1250 health facility; outpatient services; medicare participation
§ 1254. Health facilities; inspection and licensing; separate license for provision of basic services; exemptions
§ 1254.5. Eating disorders; legislative findings and declarations
§ 1262. Discharge of patient; distribution of written aftercare plan; components; applicable facilities

ARTICLE 3 REGULATIONS 111
§ 1275. Adoption, amendment, or repeal; procedure; continuation of prior regulations; health facility physical plant standards; outpatient services in freestanding physical plants; qualifications of professionals
§ 1275.1. Psychiatric health facilities; regulations; legislative findings, declarations and intent; certificates of exemption
§ 1276.4. Health facilities; licensed nurse–to–patient ratios by licensed nurse classification; application

ARTICLE 7 OTHER SERVICES 112
§ 1316.5. Clinical psychologists; health facility rules for medical staff membership and clinical privileges; report to legislature; appointments; use of facilities

CHAPTER 2.2 HEALTH CARE SERVICE PLANS 113

ARTICLE 5 STANDARDS 113
§ 1373. Plan contract; coverage group contract; arbitration; commencement of benefits

ARTICLE 5.6 POINT–OF–SERVICE HEALTH CARE SERVICE PLAN CONTRACTS 114
§ 1374.72. Severe mental illnesses; serious emotional disturbances of children

CHAPTER 3 CALIFORNIA COMMUNITY CARE FACILITIES ACT 115

ARTICLE 1 GENERAL PROVISIONS 115
§ 1502. Definitions

ARTICLE 2 ADMINISTRATION 116
§ 1522.41. Certification program; training of group home facilities administrators

ARTICLE 3 REGULATIONS 118
§ 1530. Rules and regulations
§ 1530.5. Regulations for homes
§ 1530.6. Persons providing residential foster care; authority to give same legal consent as parent; exceptions; rules and regulations
§ 1530.8. Licensed group homes; temporary shelter care facilities that care for children
§ 1530.9. Regulations for licensed community treatment facilities; program certification and standards enforcement
§ 1530.91. Orientation for school–aged children and their representatives by care provider that provides foster care; foster care facility with six or more children to post rights

CALIFORNIA STATUTES

TABLE OF CONTENTS

CHAPTER 3.2 RESIDENTIAL CARE FACILITIES FOR THE ELDERLY 119

ARTICLE 7 LEVELS OF CARE 119

§ 1569.725. Incidental medical care; residential care facility

DIVISION 104 ENVIRONMENTAL HEALTH 119

PART 5 SHERMAN FOOD, DRUG, AND COSMETIC LAWS 119

CHAPTER 6 DRUGS AND DEVICES 119

ARTICLE 4 EXPERIMENTAL USE OF DRUGS 119

§ 111515. Experimental drug
§ 111520. Prescription or administration of experimental drug in violation of article
§ 111525. Consent; method and manner of obtaining
§ 111530. Consent if subject is minor; drugs to which section applies
§ 111535. Revocation of consent
§ 111540. Review and approval of experimental activity by committee for protection of human subjects; copy of consent procedures; filing
§ 111545. Prescription by persons having ownership interest in nursing home facility or intermediate care facility prohibited

DIVISION 106 PERSONAL HEALTH CARE (INCLUDING MATERNAL, CHILD, AND ADOLESCENT) 120

PART 1 GENERAL ADMINISTRATION 120

CHAPTER 1 PATIENT ACCESS TO HEALTH RECORDS 120

§ 123100. Right to health information; legislative findings, declarations, and intent
§ 123105. Definitions
§ 123110. Inspection and copying of patient records and related material
§ 123111. Written addendum; inspection of records
§ 123115. Representative of minor; mental health records
§ 123120. Enforcement action; costs and attorney fees
§ 123125. Alcohol and drug abuse records; communicable disease carriers
§ 123130. Summary of record
§ 123135. Extent of access; application of confidentiality and information laws
§ 123140. Application of Information Practices Act; state agency records
§ 123145. Preservation of records by health services providers; damages actions for abandonment of records
§ 123148. Test results; recording and reporting to patient; Internet or other electronic posting; plain language
§ 123149. Electronic recordkeeping systems; additional requirements
§ 123149.5. Information transmitted during delivery of health care via telemedicine; incorporation into patient's medical record

DIVISION 107 STATEWIDE HEALTH PLANNING AND DEVELOPMENT 124

PART 3 HEALTH PROFESSIONS DEVELOPMENT 124

CHAPTER 5 HEALTH PROFESSIONS EDUCATION FOUNDATION PROGRAMS 124

ARTICLE 4 LICENSED MENTAL HEALTH SERVICE PROVIDER EDUCATION PROGRAM 124

§ 128454. Establishment of program; definitions; grant applicants; administration and requirements of program
§ 128456. Advice from representatives and organizations
§ 128458. Mental Health Practitioner Education Fund; expenditures

PART 7 FACILITIES DESIGN REVIEW AND CONSTRUCTION 125

CHAPTER 1 HEALTH FACILITIES 125

CALIFORNIA STATUTES

TABLE OF CONTENTS

ARTICLE 3 GENERAL REQUIREMENTS AND ADMINISTRATION 125
§ 129790. Correctional treatment centers; building standards
ARTICLE 4 SPECIAL REQUIREMENTS 125
§ 129905. Correctional hospital buildings and treatment centers; plans for construction or alteration; exemption; certification of conformance with applicable building standards; secondary review

INSURANCE CODE 127
DIVISION 1 GENERAL RULES GOVERNING INSURANCE 127
PART 2 THE BUSINESS OF INSURANCE 127
CHAPTER 1 GENERAL REGULATIONS 127
ARTICLE 6.6 INSURANCE INFORMATION AND PRIVACY PROTECTION ACT 127
§ 791. Purpose of article
§ 791.01. Scope of article
§ 791.02. Definitions
§ 791.03. Pretext interviews
§ 791.04. Notice of personal information practices; applicants or policyholders
§ 791.05. Questions designed solely for marketing or research purposes
§ 791.06. Disclosure authorization forms; requirements for forms or statements
§ 791.07. Investigative consumer reports; information concerning interview and copies of reports
§ 791.08. Response to request for access to recorded personal information; time; medical record information; fee
§ 791.09. Correction, amendment, or deletion of recorded personal information; notice; statement of individual
§ 791.10. Adverse underwriting decisions; specific reasons for decision
§ 791.11. Prohibited information concerning previous adverse underwriting decisions or previous insurance coverage
§ 791.12. Adverse underwriting decision; prohibited grounds
§ 791.13. Requisites to disclosure of personal or privileged information; authorization; persons to whom disclosure may be made
§ 791.14. Examination and investigation of insurance institutions, agents, or insurance–support organizations
§ 791.15. Violations of article; statement of charges; notice of hearing; conduct of hearing; service of process
§ 791.16. Service of process; insurance–support organizations transacting business outside state
§ 791.17. Findings; cease and desist orders; written reports; service of process; modification or setting aside of orders or reports
§ 791.18. Judicial review; finality of order or report
§ 791.19. Violation of cease and desist order; penalties
§ 791.20. Equitable relief; damages; costs; attorney's fees; limitation of actions
§ 791.21. Immunity from defamation, invasion of privacy or negligence actions; exception for malice or willful intent
§ 791.22. Obtaining information under false pretenses; penalties
§ 791.23. Effective date of rights under Sections 791.08, 791.09 and 791.13; effect upon Section 770.1
§ 791.26. Authorization granted to a nonprofit hospital service plan
§ 791.27. Release of information to employers; authorizations; exceptions
DIVISION 2 CLASSES OF INSURANCE 134
PART 2 LIFE AND DISABILITY INSURANCE 134
CHAPTER 1 THE CONTRACT 134
ARTICLE 2.5 DISCRIMINATORY PRACTICES 134

CALIFORNIA STATUTES

TABLE OF CONTENTS

§ 10144.5. Severe mental illnesses; serious emotional disturbances of children
§ 10144.6. Determining eligibility for claim reimbursement; utilizing information regarding whether an enrollee's psychiatric inpatient admission was made on a voluntary or involuntary basis

PENAL CODE 137

PART 1 OF CRIMES AND PUNISHMENTS 137

TITLE 9 OF CRIMES AGAINST THE PERSON INVOLVING SEXUAL ASSAULT, AND CRIMES AGAINST PUBLIC DECENCY AND GOOD MORALS 137

CHAPTER 5 BIGAMY, INCEST, AND THE CRIME AGAINST NATURE 137
§ 290. Registration of sex offenders

TITLE 16 GENERAL PROVISIONS 140
§ 667.9. Conviction of certain crimes against persons 65 years of age or older, blind, deaf, developmentally disabled, paraplegic, quadriplegic, or under the age of 14 years; prior conviction; sentence enhancements

PART 2 OF CRIMINAL PROCEDURE 141

TITLE 3 ADDITIONAL PROVISIONS REGARDING CRIMINAL PROCEDURE 141

CHAPTER 4.5 PEACE OFFICERS 141
§ 830.3. Peace officers; employing agencies; authority
§ 830.38. State hospital officer
§ 830.5. Parole and probation officers; correctional or medical facility employees; firearms
§ 832.05. Emotional and mental examinations for evaluation of recruits or officers; examiner qualifications

TITLE 6 PLEADINGS AND PROCEEDINGS BEFORE TRIAL 143

CHAPTER 2.65 CHILD ABUSE AND NEGLECT COUNSELING 143
§ 1000.12. Legislative intent; referral to counseling or psychological treatment in lieu of prosecution; deferral of judgment in lieu of trial; dismissal of charges; eligibility standards

CHAPTER 2.8 DIVERSION OF MENTALLY RETARDED DEFENDANTS 144
§ 1001.20. Definitions
§ 1001.21. Applicability of chapter
§ 1001.22. Consultation by court; appointment of counsel; reports of prosecutor, probation department, and regional center
§ 1001.23. Reinstitution of suspended criminal proceedings or implementation of diversion program; orders; dual or single agency supervision; report
§ 1001.24. Admissibility of statement or information procured from defendant during course of investigation
§ 1001.25. Admissibility of statement or information procured from defendant subsequent to granting diversion
§ 1001.26. Use of probation investigation, statements or information divulged by defendant in sentencing procedures
§ 1001.27. Exoneration of bail, bond, undertaking, or deposit
§ 1001.28. Time of diversion; progress reports
§ 1001.29. Modification of diversion order; reinstitution of criminal proceedings; hearing; notice; subsequent felony charge
§ 1001.30. Withdrawal of consent by defendant
§ 1001.31. Dismissal of criminal charges
§ 1001.32. Records to indicate disposition of cases
§ 1001.33. Successful completion of program; record; disclosure of arrest

CALIFORNIA STATUTES

TABLE OF CONTENTS

§ 1001.34. Implementation of diversion–related individual program plan

CHAPTER 4 PLEA 146

§ 1016. Kinds of pleas; entry of multiple plea; presumption of sanity; change of plea; admission by plea of not guilty by reason of insanity without pleading not guilty

§ 1016.5. Advisement concerning status as alien; reconsideration of plea; effect of noncompliance

§ 1017. Place, form, and entry of plea

§ 1018. Defendant to plead in person; refusal of certain pleas; change of plea; corporate defendants; construction of section

§ 1019. Plea of not guilty; issues

§ 1020. Plea of not guilty; evidence admissible; exceptions

§ 1021. Former acquittal not on the merits; not acquittal of same offense

§ 1022. Former acquittal on the merits; acquittal of same offense

§ 1023. Conviction, acquittal, or jeopardy; bar to subsequent prosecution

§ 1024. Plea of not guilty; entry on refusal to answer charge

§ 1025. Charge of prior conviction; answer; entry in minutes; refusal to answer; trial by jury or court; use of prior convictions at trial

§ 1026. Plea of insanity; separate trials; presumption of sanity; trial of sanity issue; verdict; sentence; confinement in state hospital or mental facility; outpatient status; restoration to sanity; transfers between facilities; reports by hospitals or facilities

§ 1026.1. Release; grounds

§ 1026.2. Restoration to sanity; application for release of person who has been committed to state hospital or other treatment facility; requisites for and conduct of hearing; conditional release program and placement

§ 1026.3. Outpatient status

§ 1026.4. Escape of one committed to mental health facility

§ 1026.5. Maximum term of commitment; facilities for temporary detention

§ 1026.6. Release of persons committed; persons to be notified

§ 1027. Plea of insanity; appointment and testimony of psychiatrists or psychologists; examination of defendant; additional expert evidence

TITLE 8 OF JUDGMENT AND EXECUTION 152

CHAPTER 1 THE JUDGMENT 152

§ 1191. Appointment of time for pronouncing judgment; reference to probation officer or placement in diagnostic facility; extension of time

§ 1201. Causes against pronouncement of judgment; insanity; trial; pronouncement of judgment or commitment to state hospital; judgment after recovery of sanity; cause in arrest of judgment or for new trial

§ 1203.1abc. Assistance for convicts to obtain 12th grade education or GED; participant qualification; pilot program

TITLE 10 MISCELLANEOUS PROCEEDINGS 153

CHAPTER 6 INQUIRY INTO THE COMPETENCE OF THE DEFENDANT BEFORE TRIAL OR AFTER CONVICTION 153

§ 1367. Mentally incompetent persons; trial or punishment prohibited; application of specified sections

§ 1367.1. Incompetency during pendency of action, prior to judgment; judge's conclusion; order for evaluation and treatment; suspension of proceedings; conclusion of evaluation and treatment

§ 1368. Doubt as to defendant's sanity; mental competence; hearing; stay of criminal proceedings; discharge or retention of jury

§ 1368.1. Proceedings on demurrer or motion pending competency determination

§ 1369. Trial of issue of mental competence; order of proceedings

§ 1370. Resolution of question of mental competence; procedure after commitment to hospital or other facility; dismissal; conservatorship

CALIFORNIA STATUTES

TABLE OF CONTENTS

§ 1370.01. Effect of mental competency finding on criminal process; treatment order; return to court; dismissal of action
§ 1370.1. Developmental disability of defendant; procedure
§ 1370.2. Dismissal of misdemeanor charges against one mentally incompetent
§ 1370.3. Placement on outpatient status from commitment
§ 1370.4. Conditions for order for outpatient treatment; law applicable
§ 1370.5. Escape of one committed to mental health facility
§ 1371. Commitment of defendant; exoneration of bail or return of deposit
§ 1372. Restoration of competency; return to court; notice; hearing; release of defendant or return to secure facility; payment of costs
§ 1373. Transportation of defendant to and from hospital; county charge; recovery from estate or relative
§ 1373.5. Rejected claim for transportation expense; interest
§ 1374. Outpatient's recovery of competence
§ 1375. Processing and payment of claims for amounts due from county to state
§ 1375.5. Credit on sentence for time spent in hospital or other facility
§ 1376. "Mentally retarded" defined; mental retardation hearing; decision of court or jury; presentation of evidence and arguments; death penalty

TITLE 12 SPECIAL PROCEEDINGS OF A CRIMINAL NATURE 161

CHAPTER 3.5 DISCLOSURE OF MEDICAL RECORDS TO LAW ENFORCEMENT AGENCIES 161

§ 1543. Health care facility patient records; procedure to obtain disclosure; exceptions

CHAPTER 4 PROCEEDINGS AGAINST FUGITIVES FROM JUSTICE 162

§ 1551.05. Mentally disordered and developmentally disabled offenders on outpatient status; departure from state without approval; application for extradition

TITLE 15 OUTPATIENT STATUS FOR MENTALLY DISORDERED AND DEVELOPMENTALLY DISABLED OFFENDERS 162

§ 1600. Eligibility
§ 1600.5. Actual custody and credit toward maximum term of commitment or term of extended commitment; time spent in locked facilities
§ 1601. Felonies of violence, required confinement; other offenses
§ 1602. Conditions; evaluation and treatment plan
§ 1603. Conditions; felonies of violence
§ 1604. Recommendations; hearing; determination; transmittal of record
§ 1605. Supervision; progress reports
§ 1606. Annual review; notice and hearing; powers of court
§ 1607. Supervisor's opinion as to recovery of competence; procedure
§ 1608. Request for revocation of outpatient status by treatment supervisor
§ 1609. Request for revocation of outpatient status by prosecutor
§ 1610. Confinement pending decision on request for revocation; review
§ 1611. Departure from state; approval from committing court; contents; notice of approval; hearing; penalty
§ 1612. Restrictions on release
§ 1614. Outpatients under former law
§ 1615. Treatment and supervision of judicially committed patients; availability of services; forensic conditional release program; contact of county mental health program; data gathering and program standards
§ 1616. Research agency study of the prevalence of severe mental disorder among state prison inmates and parolees; content; departments cooperating; design of study
§ 1617. Research and evaluation of forensic conditional release program

CALIFORNIA STATUTES

TABLE OF CONTENTS

§ 1618. Waiver of criminal and civil liability for criminal acts committed by persons on parole or judicial commitment status receiving supervision or treatment; administrators and supervision and treatment staff
§ 1619. Automation of criminal histories of persons treated in forensic conditional release program and mentally disordered offenders
§ 1620. Access to criminal histories of mentally ill offenders receiving treatment and supervision by agencies providing treatment; confidentiality

PART 3 OF IMPRISONMENT AND THE DEATH PENALTY 166

TITLE 1 IMPRISONMENT OF MALE PRISONERS IN STATE PRISONS 166

CHAPTER 4 TREATMENT OF PRISONERS 166

ARTICLE 3 DISPOSITION OF INSANE PRISONERS 166
§ 2684. Transfer to state hospital; mentally ill, mentally deficient, or insane prisoner; conviction of stalking; duration of treatment
§ 2685. Receipt of prisoner; administrative procedure; return to prison; time of hospitalization as part of sentence

ARTICLE 4 TEMPORARY REMOVAL OF PRISONERS 167
§ 2690. Order for removal; custody; duration; reimbursement of state

CHAPTER 7 EXECUTION OF SENTENCES OF IMPRISONMENT 167

ARTICLE 4 DISPOSITION OF MENTALLY DISORDERED PRISONERS UPON DISCHARGE 167
§ 2960. Legislative findings and declarations
§ 2962. Treatment by state department of mental health as condition of parole; criteria for prisoners
§ 2964. Inpatient or outpatient treatment; hearing; informing prisoner of right; burden of proof
§ 2966. Treatment as condition of parole; hearing by board to prove prisoner meets criteria; judicial review; petition; procedure; jury trial; application to continuation of parole
§ 2968. Remission of prisoner's severe mental disorder; notice; discontinuation of treatment
§ 2970. Evaluation on remission where severe mental disorder is not in, or cannot be kept in, remission
§ 2972. Hearing on petition for continued treatment; jury trial; order; petition for recommitment; rights of patient; modification by regulations
§ 2972.1. Outpatient status; continuation, termination, or confinement to treatment facility; procedure
§ 2974. Placement of certain inmates prior to release or parolees in state hospital; probable cause
§ 2976. Cost of treatment; state expense; inpatient treatment of person placed outside of department of corrections facility not deemed release from imprisonment or custody
§ 2978. Independent professionals appointed by board of prison terms; qualifications; list
§ 2980. Application of article
§ 2981. Proof of treatment within year prior to parole or release; certified prison or state hospital records or copies

TITLE 4 COUNTY JAILS, FARMS AND CAMPS 171

CHAPTER 1 COUNTY JAILS 171
§ 4011.6. Treatment and evaluation of prisoner; notice; confidential reports; remand to facility; effect on sentence
§ 4011.7. Removal of guard from hospitalized prisoner; escape

CALIFORNIA STATUTES

TABLE OF CONTENTS

§ 4011.8. Voluntary application for inpatient or outpatient mental health services; consent; notice; effect on sentence; denial of application

TITLE 5 OFFENSES RELATING TO PRISONS AND PRISONERS 172

CHAPTER 2 ESCAPES AND RESCUES 172

ARTICLE 1 ESCAPES 172

§ 4536. Mental health facility

§ 4536.5. Mental health facility; sexually violent predator; escape; notification

TITLE 7 ADMINISTRATION OF THE STATE CORRECTIONAL SYSTEM 172

CHAPTER 2 THE DIRECTOR OF CORRECTIONS 172

§ 5058.5. Physicians and surgeons; additional services which may be provided

§ 5068.5. Persons employed or under contract to provide mental health services, supervision or consultation on such services; qualifications; exemptions

CHAPTER 3 THE BOARD OF PRISON TERMS 172

§ 5079. Psychiatric and diagnostic clinic; facilities and personnel; administration; duties; recommendations

CHAPTER 5 THE BOARD OF CORRECTIONS 173

ARTICLE 4 MENTALLY ILL OFFENDER CRIME REDUCTION GRANTS 173

§ 6045. Administration and award of crime reduction grants

§ 6045.2. Strategy committee; development of comprehensive plan

§ 6045.4. Award of grants; duration and conditions of grant funding

§ 6045.6. Minimum standards, funding schedules and procedures for awarding grants

§ 6045.8. Program evaluation

§ 6045.9. Termination of article

§ 6046. Appropriations for grants

PART 4 PREVENTION OF CRIMES AND APPREHENSION OF CRIMINALS 174

TITLE 4 STANDARDS AND TRAINING OF LOCAL LAW ENFORCEMENT OFFICERS 174

CHAPTER 1 COMMISSION ON PEACE OFFICER STANDARDS AND TRAINING 174

ARTICLE 2 FIELD SERVICES AND STANDARDS FOR RECRUITMENT AND TRAINING 174

§ 13510.5. Rules of minimum standards; certain peace officers

§ 13515.25. Developmentally disabled and mentally ill persons; law enforcement interaction; training course

§ 13519.2. Persons with developmental disabilities or mental illness; training course and guidelines

PROBATE CODE 177

DIVISION 2 GENERAL PROVISIONS 177

PART 17 LEGAL MENTAL CAPACITY 177

§ 810. Findings and declarations; capabilities of persons with mental or physical disorders; judicial determination; evidence

§ 811. Deficits in mental functions

§ 812. Capacity to make decisions

§ 813. Capacity to give informed consent to proposed medical treatment; judicial determination

DIVISION 4 GUARDIANSHIP, CONSERVATORSHIP, AND OTHER PROTECTIVE PROCEEDINGS 178

PART 1 DEFINITIONS AND GENERAL PROVISIONS 178

CHAPTER 1 SHORT TITLE AND DEFINITIONS 178

§ 1400. Guardianship–conservatorship law

CALIFORNIA STATUTES

TABLE OF CONTENTS

§ 1401. Application of definitions
§ 1403. Absentee
§ 1418. Court
§ 1419. Court investigator
§ 1419.5. Custodial parent
§ 1420. Developmental disability
§ 1424. Interested person
§ 1430. Petition
§ 1431. Proceedings to establish a limited conservatorship
§ 1440. Secretary concerned
§ 1446. Single–premium deferred annuity

CHAPTER 3 NOTICES 178

§ 1460. Notice of time and place; mailing; posting; special notice; dispensation
§ 1460.1. Children under 12 years of age; exceptions to notice requirements
§ 1461. Notice to director; conditions; certificate; limitations
§ 1461.4. Regional center for developmentally disabled; notice of hearing and copy of petition; report and recommendation
§ 1461.5. Veterans Administration; notice of hearing on petition, report, account or inventory; time; conditions
§ 1461.7. Time and place of hearing on petition, report, or account; copies
§ 1467. Service by mail deemed complete
§ 1469. References to § 1220 deemed references to this chapter

PART 2 GUARDIANSHIP 180

CHAPTER 1 ESTABLISHMENT OF GUARDIANSHIP 180

ARTICLE 2 APPOINTMENT OF GUARDIAN GENERALLY 180

§ 1510. Petition for appointment; contents
§ 1511. Notice of hearing
§ 1512. Amendment of petition to disclose newly discovered proceeding affecting custody
§ 1513. Investigation; filing of report and recommendation concerning proposed guardianship; contents of report; confidentiality; application of section
§ 1513.1. Assessments
§ 1513.2. Status report; form; contents; confidentiality
§ 1514. Appointment of guardian
§ 1515. No guardian of person for married minor
§ 1516. Petitions for guardianship of the person; mailing of notice of hearing and copy of petition; screening of guardians; application of section
§ 1516.5. Proceeding to have child declared free from custody and control of one or both parents
§ 1517. Guardianships resulting from selection and implementation of a permanent plan; application of part

PART 3 CONSERVATORSHIP 182

CHAPTER 1 ESTABLISHMENT OF CONSERVATORSHIP 182

ARTICLE 1 PERSONS FOR WHOM CONSERVATOR MAY BE APPOINTED 182

§ 1800. Purpose of chapter
§ 1800.3. Conservatorship for adults, married minors, or nonresidents
§ 1801. Conservator of person or estate or person and estate; limited conservator; appointment; standard of proof
§ 1802. Appointment upon request of proposed conservatee; good cause
§ 1803. Conservator of estate of absentee; appointment
§ 1804. Missing persons; appointment of conservator of estate

CALIFORNIA STATUTES

TABLE OF CONTENTS

ARTICLE 3 ESTABLISHMENT OF CONSERVATORSHIP 183

§ 1820. Petition; filing; persons authorized
§ 1821. Contents of petition; supplemental information; form
§ 1822. Notice of hearing; mailing
§ 1823. Citation to proposed conservatee; contents
§ 1824. Service of citation and petition upon proposed conservatee
§ 1825. Attendance of proposed conservatee at hearing; exceptions; inability to attend; affidavit
§ 1826. Court investigator; duties; report; distribution; confidentiality
§ 1827. Law and procedure applicable to hearing
§ 1827.5. Assessment of proposed limited or general conservatee
§ 1828. Information to proposed conservatee by court
§ 1828.5. Limited conservator for developmentally disabled adult; appointment; hearing
§ 1829. Persons who may support or oppose petition
§ 1830. Order appointing conservator or limited conservator for developmentally disabled adult; contents
§ 1834. Acknowledgment of receipt by conservator; statement of duties and liabilities; conservatorship information
§ 1835. Conservator's rights, duties, limitations and responsibilities; dissemination of information by county; failure to provide information

CHAPTER 4 LEGAL CAPACITY OF CONSERVATEE 188

ARTICLE 2 CAPACITY TO GIVE INFORMED CONSENT FOR MEDICAL TREATMENT 188

§ 1880. Determination by court; order
§ 1881. Inability of conservatee to give informed medical consent; judicial determination; factors
§ 1890. Order; inclusion in order appointing conservator; limited conservatee; physician's declaration
§ 1891. Petition for order; modification or revocation; contents
§ 1892. Notice of hearing
§ 1893. Attendance of conservatee at hearing
§ 1894. Court investigator; duties; report
§ 1895. Hearing, appearances; information to conservatee
§ 1896. Order; termination
§ 1897. Duration of order
§ 1898. Modification or revocation of order

PART 4 PROVISIONS COMMON TO GUARDIANSHIP AND CONSERVATORSHIP 189

CHAPTER 5 POWERS AND DUTIES OF GUARDIAN OR CONSERVATOR OF THE PERSON 189

§ 2350. Definitions
§ 2351. Care, custody, control and education
§ 2351.5. Limited conservator; modification of powers; notice; hearing
§ 2352. Residence of ward or conservatee
§ 2353. Medical treatment of ward
§ 2354. Medical treatment of conservatee not adjudicated to lack capacity to give informed consent
§ 2355. Medical treatment of conservatee adjudicated to lack capacity to make health care decisions
§ 2356. Limitations on application of chapter
§ 2356.5. Dementia; placement in secured facility; administration of medication; procedures; application
§ 2357. Court ordered medical treatment
§ 2358. Additional conditions in order of appointment

CALIFORNIA STATUTES

TABLE OF CONTENTS

§ 2359. Petitions of guardian, conservator, ward or conservatee; approval of purchase, lease, or rental of property from estate; violations of section

CHAPTER 6 POWERS AND DUTIES OF GUARDIAN OR CONSERVATOR OF THE ESTATE 193

ARTICLE 2 SUPPORT AND MAINTENANCE OF WARD OR CONSERVATEE AND DEPENDENTS 193

§ 2420. Support, maintenance and education
§ 2421. Allowance for ward or conservatee
§ 2422. Order authorizing support notwithstanding third party liability
§ 2423. Payment of surplus income to relatives of conservatee

ARTICLE 7 SALES 194

§ 2540. Court supervision; exceptions; personal residence
§ 2541. Purpose
§ 2542. Terms of sales
§ 2543. Manner of sale
§ 2544. Sale of securities
§ 2544.5. Sale of mutual funds held without beneficiary designation
§ 2545. Sale or other disposition of tangible personal property
§ 2547. Disposition of proceeds of sale
§ 2548. Recovery of property sold; limitation of action

ARTICLE 10 SUBSTITUTED JUDGMENT 195

§ 2580. Petition to authorize proposed action
§ 2581. Notice of hearing of petition
§ 2582. Consent or lack of capacity of conservatee; adequate provision for conservatee and dependents
§ 2583. Proposed actions by court; relevant circumstances
§ 2584. Determination and order
§ 2585. No duty to propose action
§ 2586. Production of conservatee's will and other relevant estate plan documents; safekeeping of documents by custodian appointed by the court

CHAPTER 7 INVENTORY AND ACCOUNTS 196

ARTICLE 2 INVENTORY AND APPRAISAL OF ESTATE 196

§ 2610. Filing inventory and appraisal
§ 2611. Copy to directors of mental health or developmental services
§ 2612. Copy to county assessor
§ 2613. Subsequently discovered or acquired property; supplemental inventory and appraisement
§ 2614. Objections to appraisals
§ 2614.5. Failure to file inventory and appraisal; removal of guardian or conservator
§ 2615. Failure to file inventory; liability; damages; bond

ARTICLE 3 ACCOUNTS 197

§ 2620. Periodic accounting of guardian or conservator; final court accounting; filing of original account statements
§ 2620.2. Failure to file account; notice; citation; contempt; removal
§ 2621. Notice of hearing
§ 2622. Objections to account
§ 2622.5. Objections or opposition to objections without reasonable cause or in bad faith; payment of costs and expenses; personal liability
§ 2623. Compensation and expenses of guardian or conservator
§ 2625. Review of sales, purchases and other transactions
§ 2626. Termination of proceeding upon exhaustion of estate
§ 2627. Settlement of accounts and release by ward; discharge of guardian
§ 2628. Public benefit payments; procedure; conditions

CALIFORNIA STATUTES

TABLE OF CONTENTS

CHAPTER 9.5 APPOINTMENT OF SUCCESSOR GUARDIAN OR CONSERVATOR 199

ARTICLE 2 APPOINTMENT OF SUCCESSOR CONSERVATOR 199

§ 2680. Vacancy; appointment of successor
§ 2681. Petition; filing; persons or entities authorized
§ 2682. Petition; contents
§ 2683. Notice of hearing; time and place; mailing
§ 2684. Court investigator; duties
§ 2685. Presence of conservatee at hearing; duty of court
§ 2686. Absence of conservatee from hearing; continuance; duties of court investigator
§ 2687. Persons authorized to support or oppose petition
§ 2688. Appointment; determination; law governing
§ 2689. Absentee conservatee; applicable provisions

PART 5 PUBLIC GUARDIAN 200

CHAPTER 2 APPOINTMENT OF PUBLIC GUARDIAN 200

§ 2920. Application for appointment; court order; notice and hearing
§ 2920.5. Submission of fingerprints of, and information regarding, person being investigated as potential conservator; persons or entities authorized to make submissions; types of information
§ 2921. Persons under jurisdiction of department of mental health or department of developmental services; consent to application
§ 2922. Letters; bond and oath

PART 6 MANAGEMENT OR DISPOSITION OF COMMUNITY PROPERTY WHERE SPOUSE LACKS LEGAL CAPACITY 201

CHAPTER 2 MANAGEMENT, CONTROL, AND DISPOSITION 201

ARTICLE 3 ENFORCEMENT OF SUPPORT OF SPOUSE WHO HAS CONSERVATOR 201

§ 3080. Petition for order
§ 3081. Notice of hearing
§ 3082. Citation to and examination of spouse managing or controlling community property
§ 3083. Support pendente lite, effect of order; modification or revocation
§ 3084. Current income, expense and property declarations; service and filing; forms
§ 3085. Ex parte protective orders
§ 3086. Continuance; preparation for hearing
§ 3087. Character of property; determination
§ 3088. Application of income and principal for support and maintenance; circumstances; periodic payments; jurisdiction to modify or vacate; orders
§ 3089. Division of community property; transfer of property to conservator of estate; after–acquired property
§ 3090. Enforcement of orders
§ 3091. Rules for practice and procedure
§ 3092. Use of other procedures for enforcement of support obligation; authority

CHAPTER 3 PROCEEDING FOR PARTICULAR TRANSACTION 203

ARTICLE 3 PETITION 203

§ 3120. Permissible allegations
§ 3121. Required contents
§ 3122. Petition for court order authorizing transaction
§ 3123. Petition for court order declaring legal capacity for transaction

ARTICLE 5 HEARING AND ORDER 203

CALIFORNIA STATUTES

TABLE OF CONTENTS

§ 3140. Representation of spouse alleged to lack legal capacity; appointment of legal counsel
§ 3141. Presence of spouse at hearing
§ 3142. Information to be given spouse by court
§ 3143. Order declaring legal capacity
§ 3144. Order authorizing transaction
§ 3145. Effect of determination of lack of legal capacity

PART 7 CAPACITY DETERMINATIONS AND HEALTH CARE DECISIONS FOR ADULT WITHOUT CONSERVATOR 204
§ 3200. Definitions
§ 3201. Petition
§ 3202. Jurisdiction and venue
§ 3203. Persons authorized to file petition
§ 3204. Contents of petition
§ 3205. Appointment of legal counsel
§ 3206. Notice of hearing and copy of petition; service; exceptions; considerations by court
§ 3207. Submission for determination on medical declarations
§ 3208. Order authorizing health care
§ 3208.5. Patient with capacity to consent; court findings and orders
§ 3209. Continuing jurisdiction of court
§ 3210. Procedure supplemental and alternative
§ 3211. Prohibition against placement in mental health treatment facility; restrictions on treatment
§ 3212. Treatment by spiritual means

PART 8 OTHER PROTECTIVE PROCEEDINGS 206

CHAPTER 4 MONEY OR PROPERTY PAID OR DELIVERED PURSUANT TO COMPROMISE OR JUDGMENT FOR MINOR OR INCOMPETENT PERSON 206

ARTICLE 1 GENERAL PROVISIONS 206
§ 3600. Application of article
§ 3601. Order directing payment of expenses, costs and fees
§ 3602. Disposition of remaining balance
§ 3603. Reference to “incompetent person”
§ 3604. Payment to special needs trust; trust requirements; jurisdiction of court; court orders
§ 3605. Statutes of limitation; death of beneficiary; notice of death; payment of claims; application of section

ARTICLE 2 DISPOSITION OF MONEY OR OTHER PROPERTY WHERE NO GUARDIANSHIP OR CONSERVATORSHIP 208
§ 3610. Disposition of remaining balance
§ 3611. Order of court
§ 3612. Continuing jurisdiction until minor reaches majority

DIVISION 4.7 HEALTH CARE DECISIONS 208

PART 1 DEFINITIONS AND GENERAL 208

CHAPTER 1 SHORT TITLE AND DEFINITIONS 208
§ 4600. Short title
§ 4603. Definitions governing construction of this division
§ 4605. Advance health care directive
§ 4607. Agent
§ 4609. Capacity
§ 4611. Community care facility

CALIFORNIA STATUTES

TABLE OF CONTENTS

§ 4613. Conservator
§ 4615. Health care
§ 4617. Health care decision
§ 4619. Health care institution
§ 4621. Health care provider
§ 4623. Individual health care instruction
§ 4625. Patient
§ 4627. Physician
§ 4629. Power of attorney for health care
§ 4631. Primary physician
§ 4633. Principal
§ 4635. Reasonably available
§ 4637. Residential care facility for the elderly
§ 4639. Skilled nursing facility
§ 4641. Supervising health care provider
§ 4643. Surrogate

CHAPTER 2 GENERAL PROVISIONS 209
§ 4650. Legislative findings
§ 4651. Application; exemptions
§ 4652. Scope
§ 4653. Mercy killing, assisted suicide, or euthanasia
§ 4654. Health care contrary to generally accepted health care standards
§ 4655. Intention of patient
§ 4656. Effect of death resulting from withholding or withdrawing health care
§ 4657. Presumption of capacity
§ 4658. Determination regarding patient's capacity to be made by primary physician
§ 4659. Persons excluded from making decisions under this division
§ 4660. Copy of directive; effect

CHAPTER 3 TRANSITIONAL PROVISIONS 210
§ 4665. Application of division

PART 2 UNIFORM HEALTH CARE DECISIONS ACT 211

CHAPTER 1 ADVANCE HEALTH CARE DIRECTIVES 211

ARTICLE 1 GENERAL PROVISIONS 211
§ 4670. Persons entitled to give individual health care instruction; method; conditions
§ 4671. Persons entitled to execute power of attorney for health care; scope authority granted
§ 4672. Nomination of conservator
§ 4673. Sufficiency of directive
§ 4674. Requirements
§ 4675. Patients in skilled nursing facilities; witnesses
§ 4676. Instruments from another state or jurisdiction; validity
§ 4677. Requiring execution or revocation of directive as condition for providing health care
§ 4678. Examination and disclosure of medical information

ARTICLE 2 POWERS OF ATTORNEY FOR HEALTH CARE 212
§ 4680. Sufficiency of power of attorney
§ 4681. Limitations on statutory authority
§ 4682. Authority of agent
§ 4683. Scope of agent's authority
§ 4684. Decisions to be made in principal's best interests
§ 4685. Agent; priority in making health care decisions

CALIFORNIA STATUTES

TABLE OF CONTENTS

§ 4686. Lapse of time since execution of power of attorney; effect
§ 4687. Rights of agent apart from power of attorney
§ 4688. Law of agency; application
§ 4689. Objection to agent's health care decision by principal; effect
§ 4690. Incapacity of principal; determination

ARTICLE 3 REVOCATION OF ADVANCE DIRECTIVES 212
§ 4695. Persons entitled to revoke advance directives; method
§ 4696. Communication of fact of revocation
§ 4697. Dissolution of marriage; effect
§ 4698. Conflicting directives

CHAPTER 2 ADVANCE HEALTH CARE DIRECTIVE FORMS 213
§ 4700. Use of particular form not required; effect of form or other writing
§ 4701. Statutory form

CHAPTER 3 HEALTH CARE SURROGATES 217
§ 4711. Designation of surrogate for health care decisions; expiration; priority and revocation
§ 4714. Decisions based on patient's best interests
§ 4715. Disqualification of person from acting as surrogate
§ 4716. Authority to make health care decisions on behalf of patient who is unconscious or incapable of communication; duty of hospital to make reasonable efforts to contact patient's agent, surrogate or family member; exceptions
§ 4716. Domestic partner of patient

CHAPTER 4 DUTIES OF HEALTH CARE PROVIDERS 217
§ 4730. Communication to patient
§ 4731. Recording of information in patient's health care record; notification to agent or surrogate regarding revocation or disqualification
§ 4732. Primary physician; duty to record information regarding patient's capacity
§ 4733. Compliance with health care instructions and health care decisions
§ 4734. Declining to comply with health care instruction or decision due to reasons of conscience
§ 4735. Declining to comply with health care instruction or decision that is medically ineffective
§ 4736. Duties upon declining to comply with health care instruction or decision

CHAPTER 5 IMMUNITIES AND LIABILITIES 218
§ 4740. Health care provider or institution; immunity from civil or criminal liability
§ 4741. Agent or surrogate; immunity from civil or criminal liability
§ 4742. Intentional violations and acts; liability; damages
§ 4743. Altering or forging health care directive; criminal liability

PART 3 JUDICIAL PROCEEDINGS 218

CHAPTER 1 GENERAL PROVISIONS 218
§ 4750. Necessity of judicial intervention or approval
§ 4751. Cumulative nature of remedies
§ 4752. Ability to limit judicial intervention or authority
§ 4753. Limitation on ability of person to petition court; requirements; restrictions
§ 4754. Jury trial
§ 4755. Application of Division 3

CHAPTER 2 JURISDICTION AND VENUE 219
§ 4760. Superior court jurisdiction
§ 4761. Exercise of jurisdiction
§ 4762. Agent or surrogate subject to personal jurisdiction
§ 4763. Venue

CALIFORNIA STATUTES

TABLE OF CONTENTS

CHAPTER 3 PETITIONS AND ORDERS 219
§ 4765. Persons entitled to file petition
§ 4766. Purposes for filing petition
§ 4767. Commencement of proceeding
§ 4768. Dismissal of petition
§ 4769. Notice of time and place of hearing
§ 4770. Temporary order prescribing health care
§ 4771. Attorney's fees

PART 4 REQUEST TO FORGO RESUSCITATIVE MEASURES 220
§ 4780. Definitions
§ 4781. "Health care provider"
§ 4782. Immunity from criminal or civil liability or other sanction
§ 4783. Forms; contents
§ 4784. Presumption of validity or request
§ 4785. Persons within or outside of hospital; application of part
§ 4786. Effect on other laws

PART 5 ADVANCE HEALTH CARE DIRECTIVE REGISTRY 220
§ 4800. Registry system; establishment
§ 4801. Procedures to verify identities; fees
§ 4802. Procedures to advise registrants of certain matters
§ 4803. Failure to register; effect on validity of directive
§ 4804. Effect of registration on ability to revoke directive
§ 4805. Effect of chapter on duties of health care providers

DIVISION 6 WILLS AND INTESTATE SUCCESSION 221

PART 1 WILLS 221

CHAPTER 1 GENERAL PROVISIONS 221
§ 6100. Persons who may make will
§ 6100.5. Persons not mentally competent to make a will; specified circumstances
§ 6101. Property which may be disposed of by will
§ 6102. Persons to whom will may dispose of property
§ 6103. Application of certain chapters
§ 6104. Duress, menace, fraud, or undue influence; effect on execution or revocation
§ 6105. Conditional validity

PUBLIC CONTRACT CODE 223

DIVISION 2 GENERAL PROVISIONS 223

PART 2 CONTRACTING BY STATE AGENCIES 223

CHAPTER 2 STATE ACQUISITION OF GOODS AND SERVICES 223

ARTICLE 2 APPROVAL OF CONTRACTS 223
§ 10295.3. Contracts for acquisition of goods or services between state agency and contractor; discrimination against employees with domestic partners; definitions; application of section; conditions; confidentiality; waiver of section requirements; violation of section

WELFARE AND INSTITUTIONS CODE 225

DIVISION 2 CHILDREN 225

PART 1 DELINQUENTS AND WARDS OF THE JUVENILE COURT 225

CHAPTER 2 JUVENILE COURT LAW 225

ARTICLE 1 GENERAL PROVISIONS 225

CALIFORNIA STATUTES

TABLE OF CONTENTS

§ 208. Detention or sentence to adult institutions; contact with adults; adults committed for sex offenses

ARTICLE 3 PROBATION COMMISSION 225

§ 241.1. Minor who appears to be dependent child and ward of court; initial determination of status pursuant to jointly developed written protocol

ARTICLE 7 DEPENDENT CHILDREN TEMPORARY CUSTODY AND DETENTION 225

§ 319.1. Minors in need of specialized mental health treatment; notification of county mental health department

ARTICLE 9 DEPENDENT CHILDREN HEARINGS 226

§ 357. Holding minor in psychopathic ward of county hospital

ARTICLE 17 WARDS HEARINGS 226

§ 702.3. Insanity plea joined with general denial; hearings; treatment; period of commitment

§ 705. Holding minor in psychopathic ward of county hospital

DIVISION 4 MENTAL HEALTH 227

PART 1 GENERAL ADMINISTRATION, POWERS AND DUTIES OF THE DEPARTMENT 227

CHAPTER 1 GENERAL 227

§ 4000. Department

§ 4001. Definitions

§ 4004. Director as executive officer

§ 4005. Director; chief deputy; appointment; compensation; powers

§ 4005.1. Rules and regulations

§ 4005.4. Continuation of regulations

§ 4006. Grants and gifts

§ 4007. Expenditures

§ 4008. Travel expenses; official business

§ 4009. Employees

§ 4010. Applicable laws

§ 4011. Execution of laws by department

§ 4011.5. State hospitals; special education and related services for individuals with exceptional needs

§ 4012. Powers and duties of department

§ 4012.5. Aftercare services for patients on leave from state hospitals; contracts

§ 4015. Persons who have died while residing at state hospitals and developmental centers; inventory of materials and records to create record; location of gravesites; names of patients who donated remains for medical research; restoration of gravesites and cemeteries; protocol for future interment of patients who die while residing in state hospital or developmental center; creation of task force; status update on implementation

§ 4016. Right to examine copies of code

§ 4017. Resources and services

§ 4021. Investigatory powers; notice to attorney general

§ 4022. Complaints; verification; service; notice

§ 4024. Review and approval of proposed allocations for level–of–care staffing in state hospitals serving persons with mental disabilities; assumptions underlying estimates of state hospital mentally disabled population; comparison of actual and estimated population levels; analysis of causes of change and fiscal impact

§ 4024.5. Multiple diagnoses; treatment; combined funding; plan

§ 4025. Limit on charges; care; care treatment

§ 4026. Legislative findings and declarations; mentally disordered patients in need of long–term health care; extent of shortage of long–term health care services and programs; report to governor and legislature

CALIFORNIA STATUTES

TABLE OF CONTENTS

§ 4027. Regulations concerning inpatient rights of certain mentally ill offenders

CHAPTER 2 PLANNING, RESEARCH, EVALUATION AND QUALITY ASSURANCE 230

ARTICLE 1 PLANNING, RESEARCH, EVALUATION AND QUALITY ASSURANCE 230

§ 4030. Organization of staff to assure implementation
§ 4031. Duties of state department of mental health
§ 4032. Grants and contracts; giving and receipt
§ 4033. Federal planning requirements; compliance by state

ARTICLE 2 RESEARCH AND EVALUATION 231

§ 4040. Clinical research or evaluation studies
§ 4041. Clearinghouse for information; review and dissemination of results
§ 4042. Cooperation and coordination with other state and local agencies
§ 4043. Mental health research projects; intent; priorities
§ 4044. Research priorities; funding
§ 4045. County requests for funds

ARTICLE 3 TECHNICAL ASSISTANCE 231

§ 4050. Availability to county and other local mental health agencies
§ 4051. Guidelines, models and operational assistance
§ 4052. Training
§ 4060. Joint state–county decisionmaking process; implementation of § 4050
§ 4061. Joint state–county decisionmaking process; areas of use; inclusion of mental health board members; resources

ARTICLE 4 MEDI–CAL QUALITY ASSURANCE 232

§ 4070. Development of quality assurance program; standards and guidelines
§ 4071. Approval of each local program

CHAPTER 3 FACILITY LICENSING, PROGRAM CERTIFICATION, AND RATESETTING 232

ARTICLE 1 LICENSING AND RATESETTING ASSESSMENT 232

§ 4074. Assessment of need

ARTICLE 2 PRIVATE RESIDENTIAL CARE FACILITIES 232

§ 4075. Payment for special needs of mentally disordered persons; rates; eligibility criteria; establishment of standardized assessment tool and client monitoring system
§ 4076. Contracts for additional services; payment rate system
§ 4078. Licensing of facilities

ARTICLE 3 PSYCHIATRIC HEALTH FACILITIES 233

§ 4080. Licensing of facilities; review; standards; penalties

ARTICLE 4 SOCIAL REHABILITATION FACILITIES AND COMMUNITY RESIDENTIAL TREATMENT PROGRAMS 235

§ 4090. Standards for residential treatment programs and facilities
§ 4091. Evaluation and enforcement of standards; delegation

ARTICLE 5 PROGRAMS FOR SERIOUSLY EMOTIONALLY DISTURBED CHILDREN AND COURT WARDS AND DEPENDENTS 235

§ 4094. Program standards; compliance; delegation of certification and supervision; regulations; admission of minors
§ 4094.1. Joint protocols for oversight of community treatment facilities
§ 4094.2. Community treatment facility programs; payment rates; budgets; foster care rate; supplemental rate; documents to facilitate study; federal financial participation; emergency regulations
§ 4094.5. Regulations; admission of children; containment; use of secure facility programs; fire clearance approval; certification of child as seriously emotionally disturbed; costs to counties

CALIFORNIA STATUTES

TABLE OF CONTENTS

§ 4094.6. Children; patients' rights provisions; habeas corpus hearings; regulations
§ 4094.7. Community treatment facilities; secure and nonsecure beds; number of beds; location of facilities; criteria used to determine programs to be licensed; nonprofit status
§ 4095. Legislative intent; duties of department; eligibility requirements; information to be made available to legislature
§ 4096. Interagency collaboration; state–county contracts; allocation of funds; procedures for assessment of placed child
§ 4096.5. Classification of group home program at rate classification level 13 or 14; certification; termination of certification

CHAPTER 4 DUAL DIAGNOSIS PILOT PROJECT 239
§ 4096.7. Pilot project; proposals; evaluations; report to legislature; duration

CHAPTER 5 EARLY INTERVENTION MENTAL HEALTH PROGRAM 239
§ 4097. Establishment of program
§ 4097.1. Funding
§ 4097.2. Program services
§ 4097.3. Evaluation of program

CHAPTER 6 SUICIDE PREVENTION PROGRAMS 240
§ 4098. Legislative findings and declarations
§ 4098.1. Short title
§ 4098.2. Establishment and implementation of program
§ 4098.3. Public awareness and education campaigns
§ 4098.4. Assessment and prevention program
§ 4098.5. Suicide crisis line integrated network

PART 2 ADMINISTRATION OF STATE INSTITUTIONS FOR THE MENTALLY DISORDERED 240

CHAPTER 1 JURISDICTION AND GENERAL GOVERNMENT 240
§ 4100. Jurisdiction over institutions
§ 4100.5. Contract for services with department of developmental services
§ 4101. Uniform rules and regulations
§ 4102. Corporation
§ 4103. Acquisition of property
§ 4104. Eminent domain
§ 4105. Easements and rights–of–way for road purposes; Patton State Hospital
§ 4106. Right–of–way for road purposes; Napa State Hospital
§ 4107. Security of certain patients committed to Patton State Hospital; plan to transfer patients from Patton State Hospital; maximum patients committed to Patton State Hospital; Department of Corrections and State Department of Mental Health joint plan to ensure security; duration of section
§ 4107.1. Internal security for patients
§ 4109. Powers and duties of department
§ 4109.5. Closure of state hospitals; closure plans; submission to legislature; components; legislative approval; developmental centers
§ 4110. Estimates of supplies, expenses, buildings and improvements
§ 4111. Manufacture of supplies and materials
§ 4112. Disposition of money received; appropriation to cover premium for specified third–party Medicare coverage
§ 4112.1. Inapplicability of section 4112 to sheltered workshop funds
§ 4113. Financial statements
§ 4114. Reports to department
§ 4115. Buildings for religious services
§ 4116. Training schools and courses
§ 4117. Payment of costs of certain trials and hearings

CALIFORNIA STATUTES

TABLE OF CONTENTS

§ 4118. Cooperation in deportation of aliens
§ 4119. Return of confined nonresidents
§ 4120. Determination of residence
§ 4121. Expense of return
§ 4122. Transfer of patients
§ 4123. Transfer to federal institution
§ 4124. List of veterans
§ 4125. Deposit and investment of patients' funds; benefit fund; report to legislature
§ 4126. Unclaimed personalty of deceased patient
§ 4127. Unclaimed personalty of escaped or discharged patient
§ 4128. Notice of intended disposition
§ 4129. Schedule of property
§ 4130. Destroyed property; bar to action
§ 4131. Retroactive application
§ 4132. Mentally disordered persons to be regarded as patients and not as inmates
§ 4133. Day hospitals and rehabilitation centers; law governing
§ 4134. Sanitation, health and hygiene standards; compliance
§ 4135. Mentally abnormal sex offender; commitment; discharge; records; inspection
§ 4136. Patients in state hospitals for mentally disordered; aid for personal and incidental needs; letter–writing materials and postage
§ 4137. Death of patient by act of state employee; notice; inquiry; termination of employment; disciplinary action

CHAPTER 2 BOARDS OF TRUSTEES AND OTHER ADVISORY BOARDS 247
§ 4200. Hospital advisory boards; separate boards for mentally disordered and developmentally disordered; members; appointment; term; vacancy
§ 4201. Eligibility; vacancies
§ 4202. Advisory boards; powers; compensation; meetings; expenses
§ 4202.5. Annual meetings; expenses; development of annual regional meetings
§ 4203. Atascadero State Hospital; advisory board

CHAPTER 2.5 FAMILIES OF PERSONS WITH SERIOUS MENTAL DISORDERS 248
§ 4240. Legislative findings and declarations
§ 4241. Legislative intent
§ 4242. Definitions
§ 4243. Funds; request for proposal seeking applicants capable of supplying services
§ 4244. Contract to provide specified services
§ 4245. Contracts; annual period; annual report

CHAPTER 3 OFFICERS AND EMPLOYEES 248
§ 4300. Officers
§ 4301. Clinical director and hospital administrator; appointment; duties; program director
§ 4302. Determination of employee needs
§ 4303. Salaries and wages; inclusion in estimate; payment
§ 4304. Primary purpose of state hospital; duties of officers and employees
§ 4305. Planning, development, etc., of patient services and supervision of research and clinical training
§ 4306. Planning, development, etc., of administrative and supportive services
§ 4307. Chief executive officer; responsibilities
§ 4308. Clinical director, hospital administrator, hospital director and program directors; vacancies; appointments; salary; qualifications
§ 4309. Hospital director; responsibilities; substitutes
§ 4311. Hospital administrator; preservation of peace; arrests
§ 4312. Rules and regulations

CALIFORNIA STATUTES

TABLE OF CONTENTS

§ 4313. Police; powers of peace officers; compensation; duties
§ 4314. Stores and canteens
§ 4315. Meaning of "superintendent", "medical superintendent", "superintendent or medical director" or "medical director"
§ 4316. Sheltered workshop; establishment purpose; operation
§ 4317. Sheltered workshop fund; administration; use; insurance of goods and products; use of money
§ 4318. Written recommended aftercare plan; contents; transmittal
§ 4319. In–service training programs; state hospital treatment personnel
§ 4320. Psychiatric technicians; equivalency training program; state hospitals for mentally disordered

CHAPTER 4 COUNTY USE OF STATE HOSPITALS 250
§ 4330. Reimbursement for use of state hospital beds
§ 4331. Contracts for hospital beds
§ 4332. Contract provisions
§ 4333. Hospital net bed reductions; exempted counties; annual contracts for state hospital beds
§ 4333.5. Use of facilities; costs
§ 4334. Catalogue of state hospital services; county involvement in planning
§ 4335. Other arrangements for delivery of services

PART 3 DEPARTMENTAL PROGRAM INITIATIVES 252

CHAPTER 1 SELF–HELP PROGRAMS 252
§ 4340. Mental health prevention program; establishment of self–help groups

CHAPTER 2 HUMAN RESOURCE DEVELOPMENT 252
§ 4341. Human resources development program; implementation; areas of emphasis
§ 4341.1. Task force for staffing needs of health, human services, and criminal justice agencies; members; objectives of task force; progress report
§ 4341.5. Forensic skills; training programs

CHAPTER 4 PRIMARY INTERVENTION PROGRAM 253
§ 4343. Legislative intent; goals
§ 4344. Development of programs
§ 4345. Program guidelines
§ 4346. Program teams; responsibilities; training
§ 4347. Referrals
§ 4348. Grants; program financing
§ 4349. Selection criteria
§ 4349.5. Application of chapter to grants awarded prior to effective date of this section
§ 4349.7. Proposals submitted between April 1, 1992, and May 1, 1992, receiving passing score; funding
§ 4350. Program roles
§ 4350.5. School districts or county superintendents of schools; responsibilities
§ 4351. Training of personnel
§ 4352. Review of programs
§ 4352.5. Administrative costs

CHAPTER 5 PERSONS WITH ACQUIRED TRAUMATIC BRAIN INJURY 256
§ 4353. Legislative findings and declarations
§ 4354. Definitions
§ 4354.5. Traumatic brain injuries; legislative findings and intent
§ 4355. Project sites; postacute continuum–of–care models
§ 4356. Pilot sites; additional sites; evaluation; collection of data; report
§ 4357. Site requirements

CALIFORNIA STATUTES

TABLE OF CONTENTS

§ 4357.1. Working group; members; compensation; consultation with department; contracts
§ 4357.2. New sites; location; training, technical assistance, and mentoring; caregiver services
§ 4358. Traumatic brain injury fund
§ 4358.5. Traumatic brain injury fund; matching federal funds
§ 4359. Duration of chapter

CHAPTER 6 CONDITIONAL RELEASE PROGRAM 259
§ 4360. Establishment of program; care and services in community; exemptions for services

CHAPTER 7 COMPREHENSIVE ACT FOR FAMILIES AND CAREGIVERS OF BRAIN–IMPAIRED ADULTS 259
§ 4362. Legislative findings
§ 4362.5. Definitions
§ 4363. Administration; standards and procedures
§ 4363.5. Director's duties
§ 4364. Statewide resources consultant; duties
§ 4364.5. Statewide resources consultant; duties regarding respite care
§ 4365. Statewide resources consultant; criteria for selection
§ 4365.5. Progress reports; annual report
§ 4366. Resource centers; functions
§ 4366.5. Resource centers; governing or advisory boards; selection criteria
§ 4367. Programs and services; use of funds; direct services
§ 4367.5. Client eligibility
§ 4368. Client contributions
§ 4368.5. Funding

CHAPTER 8 STATE PROGRAM OF PROBLEM GAMBLING 262
§ 4369. Office of Problem and Pathological Gambling; creation
§ 4369.1. Definitions
§ 4369.2. Problem gambling prevention program; contents and requirements of program; treatment services for problem and pathological gamblers; information availability
§ 4369.3. Program design and development; office duties
§ 4369.4. State agency coordination; state program account of problem and pathological gamblers

PART 4 SCHOOL–BASED EARLY MENTAL HEALTH INTERVENTION AND PREVENTION SERVICES FOR CHILDREN ACT 263

CHAPTER 1 GENERAL PROVISIONS AND DEFINITIONS 263
§ 4370. Short title
§ 4371. Legislative findings and declaration
§ 4372. Definitions

CHAPTER 2 SCHOOL–BASED EARLY MENTAL HEALTH INTERVENTION AND PREVENTION SERVICES MATCHING GRANT PROGRAM 264
§ 4380. Award of matching grants; authorization; time; state and local shares; priority; supportive services; applications; use
§ 4381. Conditions for funding
§ 4383. Award of funds under this part and healthy start support services for children act; criteria

CHAPTER 3 SCHOOL–BASED EARLY MENTAL HEALTH INTERVENTION AND PREVENTION SERVICES MATCHING GRANT PROGRAM EVALUATIONS AND REPORTS 265
§ 4390. Reports of local education agencies and director; evaluation

CALIFORNIA STATUTES

TABLE OF CONTENTS

DIVISION 4.5 SERVICES FOR THE DEVELOPMENTALLY DISABLED 266

CHAPTER 1 GENERAL PROVISIONS 266

§ 4514. Confidential information and records; disclosure; consent
§ 4514.3. Disclosure of information and records to protection and advocacy agency for rights of persons with developmental disabilities
§ 4514.5. Information to patient's family or designee; patient authorization

DIVISION 4.7 PROTECTION AND ADVOCACY AGENCY 268

CHAPTER 1 DEFINITIONS 268

§ 4900. Definitions
§ 4901. Private nonprofit corporation; conformance with requirements of federal law by agency and by state officers and employees; authority of protection and advocacy systems; cooperation with state officers and employees; investigations of reports of adult abuse or neglect
§ 4902. Powers and duties
§ 4903. Access to information and records; confidentiality of records of agency
§ 4904. Immunity from liability
§ 4905. Reprisal or harassment, or directly or indirectly take or threaten to take any actions to prevent reports to agency of abuse, neglect or other violations; attempt to remove from facility or program or to deny rights as retaliation for complaint
§ 4906. Prohibition against use of force to obtain access to information

DIVISION 5 COMMUNITY MENTAL HEALTH SERVICES 272

PART 1 THE LANTERMAN–PETRIS–SHORT ACT 272

CHAPTER 1 GENERAL PROVISIONS 272

§ 5000. Short title
§ 5001. Legislative intent
§ 5002. Persons who may not be judicially committed; receipt of services
§ 5003. Voluntary applications for mental health services
§ 5004. Protection from criminal acts
§ 5004.5. Reports of crime; complaints
§ 5005. Rights of person complained against
§ 5006. Prayer treatment
§ 5007. Prospective application
§ 5008. Definitions
§ 5008.1. Judicially committed; defined
§ 5008.2. Applying definition of mental disorder; consideration of historical course of disorder
§ 5009. Choice of physician
§ 5010. Agency administering federal Developmental Disabilities Act; access to records
§ 5012. Determining eligibility for payment or reimbursement for mental health or other health care services; persons taken into custody under this part
§ 5020.1. Mentally ill minor; release from state hospital; aftercare plan for educational and training needs
§ 5110. Proceedings in superior court; costs
§ 5111. Compensation of appointed counsel
§ 5113. Exemptions from liability
§ 5114. Proceedings by district attorney or county counsel
§ 5115. Legislative intent
§ 5116. Property used for care of six or fewer handicapped persons or dependent or neglected children as residential use for zoning purposes
§ 5117. Plan for consolidation of facilities standard setting, licensure and ratesetting functions of departments

CALIFORNIA STATUTES

TABLE OF CONTENTS

§ 5118. Hearings; time and place; conduct; public; validation
§ 5119. Employment of state employees in county mental health program; retention of benefits; retraining programs
§ 5120. State policy; care and treatment of patients in local community; discrimination in zoning; prohibition

CHAPTER 2 INVOLUNTARY TREATMENT 275

ARTICLE 1 DETENTION OF MENTALLY DISORDERED PERSONS FOR EVALUATION AND TREATMENT 275

§ 5150. Dangerous or gravely disabled person; taking into custody; application; basis of probable cause; liability
§ 5150.05. Determination of probable cause to take person into custody or cause person to be taken into custody
§ 5150.1. Peace officer transporting person to designated facilities; prohibited activities by employees of facilities
§ 5150.2. Detaining peace officer; documentation; disposition procedures and guidelines for persons not admitted
§ 5150.3. Alternative services; persons not admitted to facility
§ 5150.4. Assessment
§ 5151. Detention for evaluation; individual assessments prior to admission to determine appropriateness of detention; services provided
§ 5152. Evaluation; treatment and care; written and oral information on effects of medication; release or other disposition
§ 5152.1. Notification to county mental health director, peace officer, or person designated by law enforcement agency employing peace officer; conditions
§ 5152.2. Methods for prompt notification to peace officers
§ 5153. Plain clothes officers; vehicles
§ 5154. Exemption from liability
§ 5155. Supplementary licenses; issuance by local entities
§ 5156. Personal property of person taken into custody; report; responsible relative defined
§ 5157. Information to be given person taken into custody; contents; record of advisement

ARTICLE 1.5 DETENTION OF INEBRIATES FOR EVALUATION AND TREATMENT 278

§ 5170. Dangerous or gravely disabled person; taking into civil protective custody
§ 5170.1. Treatment and evaluation facilities; inclusions
§ 5170.3. Evaluation facility; application
§ 5170.5. Right to make telephone calls
§ 5170.7. Release upon request; determination
§ 5171. Detention for evaluation; services provided
§ 5172. Evaluation; treatment and care; release or other disposition
§ 5172.1. Voluntary application by inebriate for admission
§ 5173. Exemption from liability
§ 5174. Funding
§ 5175. Evaluation and treatment of other persons
§ 5176. Counties to which article applicable; designation of facilities and capacities

ARTICLE 2 COURT–ORDERED EVALUATION FOR MENTALLY DISORDERED PERSONS 280

§ 5200. Persons who may be given evaluation; consideration of privacy and dignity
§ 5201. Petition by individual
§ 5202. Pre–petition screening; report of findings
§ 5203. False application for petition; offense; civil liability
§ 5204. Petition; contents

CALIFORNIA STATUTES

TABLE OF CONTENTS

§ 5205. Petition; form
§ 5206. Order for evaluation; issuance; service; presence of advisors; procedure on non–appearance; release or other disposition
§ 5207. Order for evaluation; form
§ 5208. Service of petition and order; notice of failure to appear
§ 5210. Precautions to preserve and safeguard personal property of patient; property report; responsible relative
§ 5211. Property report; form
§ 5212. Plain clothes officers; vehicles
§ 5213. Detention for treatment; duration; written and oral information on effects of medication

ARTICLE 3 COURT–ORDERED EVALUATION FOR PERSONS IMPAIRED BY CHRONIC ALCOHOLISM OR DRUG ABUSE 282
§ 5225. Order for evaluation; transfer from justice court
§ 5226. Advice as to rights and consequences; right of counsel
§ 5226.1. Dismissal or suspension of proceedings on order for evaluation; resumption or dismissal of criminal proceedings; conservatorship
§ 5227. Order for evaluation; form
§ 5228. Order of evaluation; service of copy
§ 5229. Precautions to preserve and safeguard personal property of patient; property report; responsible relative
§ 5230. Detention for treatment

ARTICLE 4 CERTIFICATION FOR INTENSIVE TREATMENT 284
§ 5250. Time limitation or certification for intensive treatment; grounds for certification
§ 5250.1. Unconditional release from intensive treatment; notice; destruction of records
§ 5251. Notice of certification; signatories
§ 5252. Necessity for, and form of, notice of certification
§ 5253. Delivery of copy of certification notice; designation of any other person to be informed
§ 5254. Certification review hearing; notice of entitlement; time; issues; rights of person certified
§ 5254.1. Judicial review by habeas corpus; notice of right; explanation of term; right to counsel
§ 5255. Discussion of commitment process with person certified; assistance
§ 5256. Necessity and time for certification review hearing
§ 5256.1. Conduct of hearing; commissioner, referee, or certification review hearing officer; qualifications; location of hearing
§ 5256.2. Evidence; presentation
§ 5256.3. Presence of certified person at certification review hearing; necessity; waiver
§ 5256.4. Rights of certified person at certification review hearing; manner of conducting hearing; notification of family members; admission and consideration of evidence
§ 5256.5. Termination of involuntary detention upon finding of lack of probable cause; certified person voluntarily remaining at facility
§ 5256.6. Detention of certified person for involuntary care, protection and treatment upon finding of probable cause
§ 5256.7. Notification of decision at conclusion of certification review hearing; request for release; right to fill; hearing
§ 5256.8. Limitation on certification review hearing requirement
§ 5257. Termination of involuntary commitment; remaining at facility on a voluntary basis; referral information; limitation on involuntary detainment
§ 5258. Limitation on total period of detention

CALIFORNIA STATUTES

TABLE OF CONTENTS

§ 5259. Permitting person certified for intensive treatment to leave facility for short periods during involuntary additional treatment
§ 5259.1. Detention in violation of this article; civil damages
§ 5259.2. Compliance with preference for one of two or more treatment facilities
§ 5259.3. Immunity from civil or criminal liability for release

ARTICLE 4.5 ADDITIONAL INTENSIVE TREATMENT OF SUICIDAL PERSONS 287
§ 5260. Confinement for further intensive treatment; conditions
§ 5261. Second notice of certification; necessity; signing
§ 5262. Form of second notice of certification
§ 5263. Copies of second notice of certification for imminently suicidal persons; filing; delivery; designation of person to be informed
§ 5264. Duration of certification; release; exceptions
§ 5265. Liability for excessive detention
§ 5266. Preference for treatment facility
§ 5267. Exemption from liability
§ 5268. Leaves of absence during confinement

ARTICLE 4.7 ADDITIONAL INTENSIVE TREATMENT 289
§ 5270.10. Legislative intent
§ 5270.12. Counties; application of article; monitoring of compliance
§ 5270.15. Certification for additional treatment; conditions
§ 5270.20. Second notice of certification; signature by professional person in charge of facility; requirements
§ 5270.25. Requirement of second notice for involuntary intensive treatment; form
§ 5270.30. Second notice of certification; filing; delivery; designation of recipient
§ 5270.35. Certification; length of intensive treatment; termination; release of patient
§ 5270.40. Knowing and willful detention of a person; civil damages
§ 5270.45. Preference for one facility
§ 5270.50. Release of person prior to end of 30 days; criminal and civil liability
§ 5270.55. Detention beyond 14–day period of intensive treatment; evaluation; appointment of conservator; additional certification; hearing
§ 5270.65. Permission for certified person to leave facility

ARTICLE 5 JUDICIAL REVIEW 290
§ 5275. Habeas corpus; request for release
§ 5276. Jurisdiction and venue; counsel; order for evidentiary hearing; findings; release
§ 5276.1. Waiver of presence of physician, licensed psychologist, or other professional person; reception of certification of records
§ 5276.2. Certification review hearing upon withdrawal of request for judicial review; procedures
§ 5277. Findings as evidence
§ 5278. Exemption from liability

ARTICLE 6 POSTCERTIFICATION PROCEDURES FOR IMMINENTLY DANGEROUS PERSONS 291
§ 5300. Additional confinement; grounds, duration; treatment, necessity, amenability
§ 5300.5. Custody, defined; commitment, conviction unnecessary; demonstrated danger; determination
§ 5301. Petition; time; contents; form; affidavits
§ 5302. Attorney for patient; appointment; jury trial
§ 5303. Time for hearing; due process; jury trial; continuation of treatment
§ 5303.1. Hearing or jury trial; appointment of forensic psychiatrist or psychologist; testimony; waiver of presence of professional or designee and physician; reception of documents
§ 5304. Remand for additional treatment; duration; new petition

CALIFORNIA STATUTES

TABLE OF CONTENTS

§ 5305. Outpatient status; qualifications; notice of outpatient treatment plan; effective date of plan; hearing; outpatient supervision; reports
§ 5306. Exemption from liability
§ 5306.5. Request for outpatient status revocation; copy of request; hearing; order for confinement and revocation
§ 5307. Petition for hearing to determine whether outpatient should be continued on such status; notice; body attachment order of confinement
§ 5308. Confinement of outpatient pending proceeding for revocation of outpatient status; taking into custody and transporting outpatient; notice; review; subsequent release
§ 5309. Release prior to expiration of commitment period; grounds; plan for unconditional release, notice, effective date, approval after hearing

ARTICLE 7 LEGAL AND CIVIL RIGHTS OF PERSONS INVOLUNTARILY DETAINED 294

§ 5325. List of rights; posting; waiver
§ 5325.1. Same rights and responsibilities guaranteed others; discrimination by programs or activities receiving public funds; additional rights
§ 5325.2. Persons subject to detention pursuant to §§ 5150, 5250, 5260, 5270.15; right to refuse antipsychotic medication
§ 5326. Denial of rights; cause; record
§ 5326.1. Reports; number of persons denied rights; availability of information
§ 5326.15. Reports; persons receiving treatment; categories
§ 5326.2. Voluntary informed consent; information constituting
§ 5326.3. Written consent form; contents
§ 5326.4. Supplemented written consent form; oral explanation by physician; entry on record
§ 5326.5. Written informed consent; definition; when given
§ 5326.55. Personal involvement in treatment; committee members; review of cases
§ 5326.6. Psychosurgery; conditions for performing; responsible relative; refusal to consent
§ 5326.7. Convulsive treatment; involuntary patients; conditions for administering
§ 5326.75. Convulsive treatment; other than involuntary patients; condition to administer
§ 5326.8. Convulsive treatment; minors; conditions to perform
§ 5326.85. Refusal of convulsive treatment; entry on record
§ 5326.9. Violations; investigation; notice; authorized actions; intentional violation by physician of §§ 5326.2 to 5326.8; knowing violations of §§ 5325, 5325.1
§ 5326.91. Committee reviewal of convulsive treatments; records; immunity of members
§ 5326.95. Regulations by director; standards for excessive use of convulsive treatment
§ 5327. Rights of involuntarily detained persons
§ 5328. Confidential information and records; disclosure; consent
§ 5328.01. Confidential information and records; disclosure to law enforcement agencies; consent; court orders
§ 5328.02. Confidential information and records; disclosure to youth authority and adult correctional agency
§ 5328.05. Confidential information and records; elder abuse or neglect; consent; staff requirements
§ 5328.06. Disclosure of information and records to protection and advocacy agency for rights of people with mental disabilities and mental illness
§ 5328.1. Information to patient's family; patient authorization; liability for damages
§ 5328.2. Criminal matters; information to department of justice
§ 5328.3. Notice of disappearance of patient

CALIFORNIA STATUTES

TABLE OF CONTENTS

§ 5328.35. Patient escape or walkaway; development of notification policies and procedures
§ 5328.4. Crimes against person by or upon patient; release of information
§ 5328.5. Confidential information and records; disclosure; elder abuse or dependent adult abuse
§ 5328.6. Record of disclosures
§ 5328.7. Consent forms; record of forms used; copy for patient
§ 5328.8. Death of patient in state mental hospital; release of information to coroner
§ 5328.9. Disclosure to employer; conditions; disclosure to patient; notice of nondisclosure to superior court
§ 5328.15. Authorized disclosure of confidential information and records
§ 5329. Statistical data
§ 5330. Action for damages
§ 5331. Evaluation on competency; effect; statement of California Law
§ 5332. Administration of antipsychotic medication to persons subject to detention; consideration of treatment alternatives; internal procedures at hospitals; acquisition of person's medication history; emergency procedures
§ 5333. Capacity hearings; representation by advocate or counsel; petition; notice
§ 5334. Capacity hearings; time for hearing; location; hearing officer; determination; notification; appeal; habeas corpus
§ 5336. Capacity hearings; effect of determination
§ 5337. Persons determined at certification review hearing to be danger to others; right to file petition for post certification

ARTICLE 8 COMMUNITY CONTROLLED SUBSTANCES TREATMENT SERVICES 304
§ 5340. Legislature intent
§ 5341. Controlled substances defined
§ 5342. Construction
§ 5343. Laws applicable
§ 5344. Expenditures

CHAPTER 3 CONSERVATORSHIP FOR GRAVELY DISABLED PERSONS 304
§ 5350. Appointment; procedure
§ 5350.1. Purpose
§ 5350.2. Notification of family members or other designated persons; time and place of hearing
§ 5351. Investigating agencies; provision of services
§ 5352. Recommendation; petition; temporary conservator; procedure
§ 5352.1. Temporary conservatorship
§ 5352.2. Public guardian; bond and oath
§ 5352.3. Additional detention pending filing petition; maximum involuntary detention for gravely disabled
§ 5352.4. Appeal of judgment establishing conservatorship; continuation of conservatorship; exception
§ 5352.5. Initiation of proceedings; reimbursement
§ 5352.6. Individualized treatment plan; development; goals; progress review; termination of conservatorship by court
§ 5353. Temporary conservator; arrangements pending determination of conservatorship; powers; residence of conservatee; sale or relinquishment of property
§ 5354. Investigation of alternatives to conservatorship; recommendations of conservatorship; report of investigation, necessity, contents, transmittal, use
§ 5354.5. Acceptance or rejection of position as conservator; recommendation of substitute; public guardian
§ 5355. Designation of conservator; conflicts of interest; public guardian
§ 5356. Investigation report; recommendations; agreement to serve as conservator

CALIFORNIA STATUTES

TABLE OF CONTENTS

§ 5357. Conservator; general and special powers; disability of conservatee
§ 5358. Placement of conservatee; treatment
§ 5358.1. Nonliability of conservator, public guardian or peace officer for action by conservatee
§ 5358.2. Medical treatment of conservatee; court order; emergencies
§ 5358.3. Petition to contest rights denied conservatee or powers granted conservator; subsequent petitions; voting rights
§ 5358.5. Conservatee leaving facility without approval; return to facility or removal to county designated treatment facility; request to peace officer
§ 5358.6. Outpatient treatment for conservatee; agreement of person in charge of facility; progress report
§ 5358.7. Challenge by conservatee of placement or conditions of confinement; place of judicial review; place of return upon release
§ 5359. Alternative placement
§ 5360. Recommendations of officer providing conservatorship investigation
§ 5361. Termination; power and authority over estate; reappointment; opinion of physicians or psychologists; release or detention of conservatee
§ 5362. Notice of impending termination; petition for reappointment; court hearing or jury trial; decree of termination
§ 5363. Ratification of acts beyond term
§ 5364. Petition for rehearing on status as conservatee; notice of voter registration right
§ 5365. Time for hearing petitions; attorney
§ 5365.1. Waiver of presence of professionals and physicians; reception of documents
§ 5366. Roster of gravely disabled patients; investigation of need for conservatorship
§ 5366.1. Detention for evaluation; persons detained under court commitment or upon application of local health officer; disposition
§ 5367. Effect of conservatorship on prior commitment
§ 5368. Effect of conservatorship on presumption of competence
§ 5369. Conservatee with criminal charges pending; recovery of competence
§ 5370. Conservatorship proceeding for one charged with offense
§ 5370.1. Appointment of counsel for private conservator with insufficient funds
§ 5370.2. Protection and advocacy agency; services to be provided under contract; coordination with the advocates; plan to provide patients' rights advocacy services; reviews and investigations
§ 5371. Conflict of interest in evaluation of conservatee; independent conduct of investigation and administration of conservatorship

CHAPTER 4 ADMINISTRATION 312
§ 5400. Director; administrative duties; rules and regulations
§ 5402. Report of operation of division
§ 5402.2. Master plan for utilization of state hospital facilities; levels of care
§ 5403. Regulations; approval by California Conference of Local Mental Health Directors
§ 5404. Designation of evaluation and treatment facilities; encouragement of use
§ 5405. Facilities licensed after January 1, 2003; criminal record checks; denial, suspension or revocation of license for certain criminal offenses; additional considerations; director review

CHAPTER 6.2 MENTAL HEALTH ADVOCACY 314

ARTICLE 1 GENERAL PROVISIONS 314
§ 5500. Definitions

ARTICLE 2 PATIENTS' RIGHTS OFFICE 314
§ 5510. Legislative findings and declarations; legislative intent

CALIFORNIA STATUTES

TABLE OF CONTENTS

§ 5511. Contracts with independent persons or agencies for services in state hospitals
§ 5512. Training for county patients' rights advocates
§ 5513. Liaison between county patients' rights advocates and state department of mental health
§ 5514. Patients' rights subcommittee of council on mental health

ARTICLE 3 COUNTY ADVOCATES 315
§ 5520. Appointments or contracts for services; duties
§ 5521. Legal representation
§ 5522. Investigations
§ 5523. Competency of recipients of mental health services to contract; investigations without request; agreements with clients; legal representation of recipients; cumulative remedies; investigations of past recipients' rights

ARTICLE 4 ACCESS TO CLIENTS 316
§ 5530. Time; appeal of denial of access; interviews; privacy of patients; educational materials and discussions

ARTICLE 5 ACCESS TO RECORDS 316
§ 5540. Confidential information
§ 5541. Authorization; revocation; inspection and copying of information and records
§ 5542. Inspection and copying of materials not subject to confidentiality
§ 5543. Communication to client concerning information contained in client records
§ 5544. Use and dissemination of written client information
§ 5545. Access to recipients for purposes of subdivision (b) of § 5520
§ 5546. Costs of records and materials

ARTICLE 6 PENALTIES 317
§ 5550. Immunity from liability; obstructing performance of advocate; discrimination or retaliation against patient or employee; client privacy; confidentiality of information

PART 1.5 CHILDREN'S CIVIL COMMITMENT AND MENTAL HEALTH TREATMENT ACT OF 1988 317

CHAPTER 1 GENERAL PROVISIONS 317
§ 5585. Title
§ 5585.10. Legislative intent and purposes
§ 5585.20. Application of part; conflicting provisions
§ 5585.21. Regulations
§ 5585.22. Educational materials and training curriculum
§ 5585.25. Gravely disabled minor

CHAPTER 2 CIVIL COMMITMENT OF MINORS 318
§ 5585.50. Custody and placement of minor in facility; notice to parent or legal guardian; probable cause application; civil liability for intentional false statement
§ 5585.52. Clinical evaluation; parent or legal guardian involvement
§ 5585.53. Additional treatment; treatment plan; least restrictive placement alternative; consultation and consent; involuntary treatment
§ 5585.55. Involuntary treatment; confinement with adults
§ 5585.57. Aftercare plan
§ 5585.58. Funding
§ 5585.59. Legally emancipated minors
§ 5587. Metropolitan State Hospital Youth Program; admission policy; documentation of prior placement attempts

CALIFORNIA STATUTES

TABLE OF CONTENTS

PART 2 THE BRONZAN–MCCORQUODALE ACT 318

CHAPTER 1 GENERAL PROVISIONS 318

§ 5600. Title and purpose
§ 5600.1. Mental health system; mission statement
§ 5600.2. Health care systems; target populations; factors
§ 5600.3. Mental health account funds; populations targeted for use
§ 5600.35. Statewide access to services
§ 5600.4. Treatment options
§ 5600.5. Children and youth in target population; minimum array of services
§ 5600.6. Adults in target population; minimum array of services
§ 5600.7. Older adults in target population; minimum array of services
§ 5600.8. Allocation of funds
§ 5600.9. Planning and delivery of services
§ 5601. Definitions
§ 5602. Establishment of community mental health service; provision of services
§ 5604. Mental health board
§ 5604.1. Meetings of advisory boards
§ 5604.2. Powers and duties of mental health board
§ 5604.3. Expenses of board members
§ 5604.5. Bylaws
§ 5607. Administration; qualifications of administrators
§ 5608. Powers and duties of administrator
§ 5610. Data and reporting requirements; client–based information system
§ 5611. Performance Outcome Committee
§ 5612. Evaluation of mental health services; performance measures
§ 5613. Performance measure reports
§ 5614. Protocol for meeting statutory and regulatory requirements
§ 5614.5. Indicators of access and quality
§ 5615. Maintenance of existing programs; state aid
§ 5616. Authority of city to own, finance and operate mental health program
§ 5618. Provision of information to clients, family members, and caregivers
§ 5622. Aftercare plan; requirements; refusal
§ 5623.5. Access to prescribed medication

CHAPTER 2 THE COUNTY PERFORMANCE CONTRACT 325

§ 5650. County mental health services contract; proposal
§ 5650.5. References to Short–Doyle plan
§ 5651. Performance contract; contents
§ 5651.2. Simplified performance contract; mandatory and discretionary provisions
§ 5652.5. Utilization of available resources and facilities
§ 5652.7. Time allowed for review
§ 5653. Use of appropriate local public and private organizations and state agencies, and public and private funds
§ 5653.1. Contracts with public or private agencies
§ 5654. Use of Short–Doyle funds; mental problems of minors; consultation and training
§ 5655. Cooperation with county officials; failure to comply with code or regulation; order to show cause; sanctions
§ 5657. Contractual suppliers of mental health services; invoices; penalty for nonpayment by county
§ 5664. Reports and data
§ 5664.5. Data to establish definitions and reporting time increments; duration of section
§ 5665. Changes in allocation of funds among mental health services; documentation of cost–effectiveness
§ 5666. Compliance review of performance contract
§ 5667. Community mental health centers

CALIFORNIA STATUTES

TABLE OF CONTENTS

CHAPTER 2.5 PROGRAM INITIATIVES 327

ARTICLE 1 COMMUNITY RESIDENTIAL TREATMENT SYSTEM 327

§ 5670. Legislative intent; residential treatment programs
§ 5670.5. Residential treatment system; program criteria
§ 5671. Residential treatment system; program elements
§ 5671.5. Programs to serve children and adolescents; legislative intent; criteria
§ 5672. Programs to serve children and adolescents; program types; criteria; licensure requirements
§ 5673. Napa and Riverside counties; community care facilities; pilot program; funds
§ 5675. Mental health rehabilitation center; pilot project
§ 5675.1. Civil sanctions
§ 5676. Evaluation and monitoring plan
§ 5676.5. Use of funds; required contents of applications

ARTICLE 2 COMMUNITY SUPPORT SYSTEM FOR HOMELESS MENTALLY DISABLED PERSONS 331

§ 5680. Establishment of support system
§ 5681. Legislative intent
§ 5682. Goal of community support system
§ 5683. Function of support system; services available
§ 5683.5. Temporary funds to homeless clients; amount; recoupment of payments
§ 5685. County provision of services; contracts with public or private agencies
§ 5685.5. Finances of mentally ill persons; management services by public guardian; records
§ 5686. Management of SSI/SSP funds
§ 5686.5. Use of existing resources; management by client of personal funds
§ 5688.6. Unexpended funds; transfers and appropriations

ARTICLE 2.5 OLDER ADULTS SYSTEM OF CARE MENTAL HEALTH DEMONSTRATION PROJECT 332

§ 5689. Older Adults System of Care Demonstration Project
§ 5689.1. Steering committee
§ 5689.2. Target population
§ 5689.3. Proposals and grants
§ 5689.4. Mental Health and Aging Advisory Coalition
§ 5689.5. Identification of collaborative efforts; project goals and outcome measurements
§ 5689.6. Common data elements
§ 5689.7. Evaluations
§ 5689.8. Project reports and recommendations
§ 5689.9. Additional progress reports

ARTICLE 3 COMMUNITY VOCATIONAL REHABILITATION SYSTEM 333

§ 5690. Legislative intent; establishment of services
§ 5691. Implementation; funds
§ 5692. Implementation and coordination of interagency agreements; role of department of mental health
§ 5692.5. Programs; types
§ 5693. Development principles
§ 5693.2. Advisory group
§ 5693.5. Technical assistance

ARTICLE 4 SELF–HELP 335

§ 5694. Self–help groups; peer counseling; individualized service plans
§ 5694.5. Funding of self–help projects

CALIFORNIA STATUTES

TABLE OF CONTENTS

ARTICLE 5 POLICY INITIATIVES FOR SERIOUSLY EMOTIONALLY DISTURBED CHILDREN 335

§ 5694.7. Notice of specific case to director; assignment of case for review and assessment to private provider; determination; time

ARTICLE 6 REGIONAL FACILITIES FOR SERIOUSLY EMOTIONALLY DISTURBED WARDS 335

§ 5695. Legislative findings and declaration
§ 5695.2. Regional facilities; maximum term of commitment
§ 5695.5. Board of directors
§ 5695.7. Composition of board; administration of facility
§ 5696. Admission criteria
§ 5696.2. Wards not eligible for admission
§ 5696.5. Program standards, policies and procedures; required elements
§ 5696.7. Admission referrals; screening
§ 5697. Public education programs
§ 5697.2. Reports
§ 5697.5. Rules and regulations

ARTICLE 7 SYSTEM OF CARE FOR SERIOUSLY EMOTIONALLY DISTURBED CHILDREN AND YOUTH 337

§ 5698. Legislative intent; principles for system of care

CHAPTER 2.7 CASE MANAGEMENT FOR CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE 337

§ 5699. Legislative findings and declaration
§ 5699.1. Definitions; construction of chapter
§ 5699.2. Seriously emotionally disturbed children; case management services
§ 5699.3. Individual treatment plan
§ 5699.4. Case management services
§ 5699.5. Use of state funds

CHAPTER 3 FINANCIAL PROVISIONS 338

§ 5700. Legislative findings; funding sources for mental health services
§ 5701. Equity of funding; requirements; exemptions; allocations
§ 5701.1. Use of funds for development of innovative programs
§ 5701.2. Transfer of funds or state hospital beds; allocation of state mental health moneys; records
§ 5701.3. Psychotherapy and other mental health services; funding responsibilities
§ 5701.4. Reimbursement of costs
§ 5701.5. Funding of city–operated programs
§ 5702. Maintenance of effort; definition
§ 5703. Additional appropriations
§ 5704. Deposit of funds; dedicated purposes
§ 5704.5. Children's services; special consideration
§ 5704.6. Allocation of funds for new or expanded programs; services to persons under 18
§ 5705. Negotiated net amounts or rates; use as cost of services; conditions
§ 5706. Performance contracts; exemption from public contract provisions
§ 5707. Expenditure of funds designated for local mental health services
§ 5708. Funding during transitional period
§ 5709. Fees for services
§ 5710. Charges for patient care; persons liable for charges; fee schedule
§ 5711. Federal audit exceptions; offset of county allocation
§ 5712. Cost of services; allocation between state and county funds
§ 5713. Advances for funding of services; payment method
§ 5714. Legal proceedings involving mentally disordered persons; payment of costs

CALIFORNIA STATUTES

TABLE OF CONTENTS

§ 5715. Unexpended funds; retention by county
§ 5716. Contracts with providers; negotiated rates; reimbursements
§ 5717. Expenditures eligible for funding; audits; repayments
§ 5718. Services to persons eligible for Medi–Cal
§ 5719. Admission to facility; certification of eligibility for assistance
§ 5719.5. Capitated, integrated service system of Medi–Cal mental health managed care; field tests
§ 5720. Reimbursement for services; eligible Medi–Cal persons; negotiated rate agreements
§ 5721. Fees paid by private resources; retention of unanticipated funds
§ 5722. Investigations and audits of claims
§ 5723. License requirements for reimbursement
§ 5723.5. Back claims; federal reimbursement
§ 5724. Ratesetting system; development; implementation

CHAPTER 3.5 MENTAL HEALTH MASTER PLAN DEVELOPMENT ACT 344
§ 5730. Short title
§ 5731. Legislative findings
§ 5732. Development and implementation of master plan; California planning council; duties; membership; time for completion
§ 5733. Elements of plan; analysis
§ 5734. Recommendations; review; report

CHAPTER 4 OPERATION AND ADMINISTRATION 344
§ 5750. Administrative duties; standards; rules and regulations; exception for psychiatric health facilities
§ 5750.1. Application of department or county standards, rules or policy
§ 5751. Directors of local health services; qualifications; regulations
§ 5751.1. Director of local mental health services; regulations
§ 5751.2. Professional licensure of personnel; exemption; waiver
§ 5751.7. Minors; admission with adults discouraged
§ 5755.1. State mental health plan; submission for review and recommendations
§ 5768. New programs; development and implementation; review; licensure requirements; program application and plan; approval; placement of license in suspense; evaluation of programs
§ 5768.5. Discharge of patient; distribution of written aftercare plan; components
§ 5770. Provision of services by department
§ 5770.5. Development and support of local programs assisting self–help groups
§ 5771. California Mental Health Planning Council; purpose; membership; officers; terms; modification in structure of council
§ 5771.3. Mental health planning council; staff from state mental health department
§ 5771.5. Executive officer for mental health planning council; appointment; other staff
§ 5772. Powers and duties of mental health planning council
§ 5772.5. Planning council; duties; legislative intent

PART 2.5 MENTAL HEALTH MANAGED CARE CONTRACTS 348
§ 5775. Implementation of managed mental health care for Medi–Cal beneficiaries through fee–for–service or capitated rate contracts with mental health plans
§ 5776. Department and mental health plan contractors; compliance with federal and state laws and regulations; intent
§ 5777. Mental health care contractor; financial risk for services; plan and county service protocols; plan duties; contract renewal and termination; oversight; obligations
§ 5777.5. Mental health plans providing Medi–Cal services; memorandum of understanding

CALIFORNIA STATUTES

TABLE OF CONTENTS

§ 5777.6. Local mental health plans; establishment of procedure for access to outpatient services
§ 5778. Mental health services; fee–for–service payment system; procedures
§ 5779. Mental health services; capitated rate payment system; procedures
§ 5780. Implementation of part; inoperative date

PART 3 ADULT AND OLDER ADULT MENTAL HEALTH SYSTEM OF CARE ACT 353
§ 5800. Short title

ARTICLE 1 LEGISLATIVE FINDINGS AND INTENT 353
§ 5801. Care system for older adults with severe mental illness; benefits; philosophy
§ 5802. Need for mental health system of care; models; goals

ARTICLE 2 ESTABLISHING NEW COUNTY SYSTEMS OF CARE 354
§ 5803. Request for proposals to develop system of care programs; ratings; funding of existing integrated service agencies or countywide systems of care
§ 5804. Integrated service agency component or countywide or regional system of care; inclusion of funding for development in performance contracts
§ 5805. Use of available state and matching funds
§ 5806. Service standards
§ 5807. Interagency collaboration; development; activities
§ 5808. Reimbursement; sources
§ 5809. Client and cost outcome and interagency collaboration goals

ARTICLE 3 STATE DEPARTMENT OF MENTAL HEALTH REQUIREMENTS 355
§ 5810. County contracts
§ 5811. Assistance provided by state department of mental health
§ 5811.2. Mental health care providers with geriatric training and experience to oversee, monitor and provide advice to participating counties

ARTICLE 4 FINANCIAL PARTICIPATION 356
§ 5813. Voluntary nature of participation
§ 5814. Contingent implementation; funds availability; grant awards; demonstration programs; law governing contracts; local matching funds
§ 5814.5. Appropriations schedule; county eligibility

PART 4 THE CHILDREN'S MENTAL HEALTH SERVICES ACT 358

CHAPTER 1 INTERAGENCY SYSTEM OF CARE 358

ARTICLE 1 LEGISLATIVE FINDINGS AND INTENT 358
§ 5850. Short title
§ 5851. Legislative findings, declarations and intent
§ 5851.5. System of care county

ARTICLE 2 COUNTY SYSTEMS OF CARE AND THEIR MISSION 359
§ 5852. Interagency system of care; establishment
§ 5852.5. Counties awarded funds; review; estimated cost avoidance
§ 5853. County participation
§ 5854. Contracts with counties with approved programs
§ 5855. Development of comprehensive, interagency systems of care; essential values
§ 5855.5. Existing projects; continuation of funding; evaluation measures; annual performance contracts

ARTICLE 3 TARGET CLIENT POPULATION 360
§ 5856. Seriously emotionally disturbed children
§ 5856.2. Eligible children; young children and adolescents in transition

CALIFORNIA STATUTES

TABLE OF CONTENTS

ARTICLE 4 COUNTY SELECTION 360
§ 5857. Request for applications for funding; submission of applications; review; letters of intent
§ 5859. Deficient applications; compliance and approval assistance
§ 5860. Final selection; use of funds; annual performance contracts

ARTICLE 5 COUNTY PROPOSAL COMPONENTS 360
§ 5861. Submission of proposals
§ 5862. Development of program proposals; components
§ 5863. Components of program proposals
§ 5864. Baseline data

ARTICLE 6 COUNTY SYSTEM OF CARE REQUIREMENTS 361
§ 5865. Services to be in place upon funding by state
§ 5865.1. Systems of care serving children 15 to 21 years old; required structures and services
§ 5865.3. Systems of care serving children 0 to 5 years old; required structures and services
§ 5866. Interagency collaboration; county interagency policy and planning committees; interagency case management council; interagency agreements or memoranda of understanding
§ 5867. Maintenance of effort; reduction of existing services
§ 5867.5. Mental health assessment and treatment services; children in group care

ARTICLE 7 COUNTY SERVICE STANDARDS 363
§ 5868. Establishment of standards; components; responsibilities of case managers

ARTICLE 8 STATE DEPARTMENT OF MENTAL HEALTH REQUIREMENTS 363
§ 5869. Services and contracts to be provided to participating counties
§ 5870. Advisory group; members; functions

ARTICLE 9 REQUIREMENT TO COLLECT REIMBURSEMENTS 363
§ 5872. Sources of reimbursements

ARTICLE 10 APPLICATION FOR STATE REGULATION WAIVERS 363
§ 5875. Development of administrative waiver process
§ 5877. Waiver requests; statement of reason
§ 5878. Waiver of regulatory obstacles to integration of public responsibilities and resources; federal waivers and changes to support interagency collaboration and coordination

CHAPTER 2 SYSTEM EVALUATION 364
§ 5879. Legislative intent
§ 5880. System performance goals; definition and establishment; negotiation of expected levels of attainment
§ 5881. Conduct of evaluation
§ 5882. Assignment of resources; cooperation with department
§ 5883. Access to relevant data; facilitation; funding and resources; duties of department

PART 5 INSTITUTIONS FOR MENTAL DISEASE 365

CHAPTER 1 GENERAL PROVISIONS 365

ARTICLE 1 LEGISLATIVE FINDINGS AND INTENT 365
§ 5900. Purpose of part
§ 5901. Issues to be resolved

ARTICLE 2 INTERIM CONTRACTING MECHANISM 365
§ 5902. County administration of institutions; transitional provisions

CALIFORNIA STATUTES

TABLE OF CONTENTS

§ 5903. SSI/SSP benefits; collection from clients and client payees by institution for mental disease providers; remission to department of collected funds until June 30, 1992; provider not deemed authorized representative; proration of benefits by days spent at facility; availability to Legislature of collections data
§ 5903.5. Liquidation of uncollectible accounts receivable

ARTICLE 3 PROCEDURES FOR THE TRANSFER OF RESPONSIBILITY FROM THE STATE TO THE COUNTIES 366
§ 5907. Uniform contract format
§ 5908. Services purchased by county; notice of modification of quantity to be purchased
§ 5909. Special treatment programs; authority of director
§ 5910. Intercounty agreements with facilities
§ 5911. Expansion of services
§ 5912. Reimbursement for basic services; conditions
§ 5914. Use of funds; report to legislature

DIVISION 6 ADMISSIONS AND JUDICIAL COMMITMENTS 367

PART 1 ADMISSIONS 367

CHAPTER 1 VOLUNTARY ADMISSIONS TO MENTAL HOSPITALS AND INSTITUTIONS 367
§ 6000. Requirements for admission
§ 6000.5. Admission of developmentally disabled person to hospital for developmentally disabled
§ 6001. Admissions to neuropsychiatric institutes
§ 6002. Persons eligible for admission; application; record; departure
§ 6002.10. Inpatient psychiatric treatment; admission procedures for minors; criteria
§ 6002.15. Explanation of treatment to parent or guardian; notification to minor of minor's rights
§ 6002.20. Minor's request for independent clinical review; notification of patients' rights advocate; advocate's responsibilities
§ 6002.25. Independent clinical review; neutral licensed psychiatrist; list of reviewers
§ 6002.30. Independent clinical review; information to be considered; timing and procedure
§ 6002.35. Record of review; decision
§ 6002.40. Treatment costs covered by private insurer or county; legislative intent; monitoring compliance; treatment guidelines
§ 6003. County psychiatric hospital
§ 6003.1. County psychiatric health facility
§ 6003.2. County psychiatric hospital interchangeable with psychiatric health facility
§ 6004. County psychiatric hospital; persons eligible for admission
§ 6005. Departure from county psychiatric hospital
§ 6006. Rights of voluntary patients
§ 6007. Detention in private institution after July 1, 1969; time; evaluation; release or further proceedings
§ 6008. Admission of conservatee to United States government hospital; departure

PART 2 JUDICIAL COMMITMENTS 370

CHAPTER 1 DEFINITIONS, CONSTRUCTION AND STANDARD FORMS 370
§ 6250. Persons subject to judicial commitment; effect on other laws; liberal construction
§ 6251. Petition; form
§ 6252. Order for examination or detention; form
§ 6253. Certificate of medical examiners; form
§ 6254. Order for care, hospitalization or commitment; form

CALIFORNIA STATUTES

TABLE OF CONTENTS

CHAPTER 2 COMMITMENT CLASSIFICATION 372

§ 6300. Definitions
§ 6300.1. Treatment by prayer
§ 6300.2. Patient rights
§ 6301. Application of article
§ 6302. Certification for hearing and examination after conviction
§ 6303. Service of notice; form
§ 6304. Certification; form
§ 6305. Advice as to allegation and rights; time and place of hearing; notice; attorney
§ 6306. Probation officer; reference; report
§ 6307. Appointment of psychologists or psychiatrists; contest of commitment
§ 6308. Psychiatrists and psychologists; report and testimony
§ 6309. Examination of psychiatrists or psychologists
§ 6310. Fees of psychiatrists or psychologists
§ 6311. Other expert evidence
§ 6312. Examination of other witnesses
§ 6313. Attendance of witnesses; fees and expenses
§ 6314. Presence at hearing; attorney; public defender
§ 6315. Hearing; findings; return to original court
§ 6316. Return to criminal court for further disposition or commitment to hospital or other facility for care and treatment
§ 6316.1. Maximum term of commitment; notice; hearing; statement
§ 6316.2. Commitment beyond maximum term; procedure
§ 6318. Demand for trial; date; finding or verdict
§ 6319. Stay of proceedings
§ 6320. Duties of district attorney
§ 6321. Trial; verdict; court order
§ 6322. Execution of writ; fees; expenses
§ 6323. Delivery of documents
§ 6324. Applicable laws
§ 6325. Certification as to recovery; return to court; probation; credit for hospitalization time
§ 6325.1. Authority to place committed person on outpatient status
§ 6325.2. Motion for new examination; time; hearing; court order
§ 6325.3. Authority to place committed person on outpatient status
§ 6325.5. Certification of no recovery and continued menace; release upon probation or other court disposition
§ 6327. Persons committed for indeterminate period; report; return to court; hearing; recommitment; subsequent hearings; recovery and return to criminal court
§ 6328. Privileges of persons confined
§ 6329. District attorney; appearance for people
§ 6330. Escape; punishment
§ 6331. Operative effect of article; application to persons already committed; amendment of section
§ 6332. Outpatient status; actual custody and credit toward maximum term of commitment or term of extended commitment; time spent in locked facilities

ARTICLE 2 MENTALLY RETARDED PERSONS 380

§ 6500. Commitment of persons dangerous to self or others; expiration of commitment order; counsel; duty of district attorney or county counsel
§ 6501. Persons charged with violent felonies; placement
§ 6502. Petition
§ 6503. Time and place of hearing

CALIFORNIA STATUTES

TABLE OF CONTENTS

§ 6504. Notice of hearing
§ 6504.5. Examination; report
§ 6505. Order for apprehension
§ 6506. Custody, care and treatment pending hearing; order of court; expiration
§ 6507. Witnesses
§ 6508. Fees and expenses of psychologist, physician and witnesses
§ 6509. Order of commitment; least restrictive placement; change of placement; hearings
§ 6510. Payment of expenses on dismissal of petition
§ 6511. Contriving to have person adjudged mentally retarded
§ 6512. Juvenile court proceedings
§ 6513. Payment of costs of judicial proceedings

ARTICLE 3 JUVENILE COURT WARDS 382

§ 6550. Doubt as to mental health or condition of minor; procedure under this article
§ 6551. Commitment to county facility
§ 6552. Voluntary application for mental health services; authority; reception at facility; return to court

ARTICLE 4 SEXUALLY VIOLENT PREDATORS 383

§ 6600. Definitions
§ 6600.05. Mental health facility; Atascadero State Hospital; alternate facilities; permanent facility
§ 6600.1. Victims under the age of 14; sexually violent offense; substantial sexual conduct
§ 6601. Persons in custody; determination as potential sexually violent predator; prerelease evaluations; petition for commitment; time limitations exclusion
§ 6601.3. Custodial evaluation; maximum time
§ 6601.5. Review of petition for likelihood of sexually violent predatory criminal behavior upon release
§ 6602. Probable cause hearing; right to counsel; custody requirements; continuances
§ 6602.5. State hospital placement; probable cause determination; identification of persons who have not had a probable cause hearing
§ 6603. Trial by jury; right to counsel; examination by expert or professional; access to records; unanimous verdict
§ 6604. Burden of proof; commitment for treatment; term; facilities
§ 6604.1. Commitment term
§ 6605. Post–commitment examinations; petition for conditional release; annual notice; hearing to show cause; burden of proof; term of commitment; request for review by Department of Mental Health
§ 6606. Program of treatment; standards; protocol
§ 6607. Determination that future predatory acts unlikely; report and recommendation of conditional release; judicial hearing
§ 6608. Petition for conditional release and discharge; concurrence of director; judicial hearing; subsequent petitions; forensic conditional release program; unconditional discharge; burden of proof
§ 6609. Conditional release program; requests for information on participants; time for compliance
§ 6609.1. Release or petition for release of sexually violent predators; written notice to local law enforcement officials
§ 6609.2. Notice of recommendation regarding disposition of sexually violent predator; immunity
§ 6609.3. Notice to witnesses, victims, or next of kin

CALIFORNIA STATUTES

TABLE OF CONTENTS

CHAPTER 3 EXPENSE OF DETENTION OR PROCEEDINGS CONCERNING COMMITMENTS 389

ARTICLE 4 MENTALLY RETARDED PERSONS 389

§ 6715. Order for payment of expenses
§ 6716. Authority to discharge probation officer from further accountability
§ 6717. Cost of determining fitness of person for admission to home
§ 6718. Claims for amounts due from county to state

CHAPTER 4 EXECUTION OF COMMITMENT ORDERS 390

ARTICLE 4 MENTALLY RETARDED PERSONS 390

§ 6740. Delivery of order, findings, conclusions and data
§ 6741. Persons authorized to execute order; compensation

ARTICLE 5 MEDICAL EXAMINERS 390

§ 6750. Medical examiners; certification; number; revocation of certificate
§ 6751. Medical examiners; record of certificates

CHAPTER 6 COUNSELORS IN MENTAL HEALTH 390

§ 6775. Creation of office; nomination and appointment
§ 6776. Number appointed; compensation
§ 6777. Term of office; full–time employment
§ 6778. Services; powers of peace officer
§ 6779. References to psychopathic probation officer; probation of incompetent persons

CHAPTER 7 DUTIES OF PEACE OFFICERS 390

§ 6800. Poor and indigent committed persons; care of patients; effect of delivery to hospital

CHAPTER 8 MENTALLY DISORDERED PERSONS CHARGED WITH CRIME 390

§ 6825. Procedures; law governing

DIVISION 7 MENTAL INSTITUTIONS 391

CHAPTER 1 COUNTY PSYCHIATRIC HOSPITALS 391

§ 7100. Facilities and hospital service; approval of department
§ 7101. County psychiatric hospital
§ 7102. Persons eligible for care and treatment; involuntary patients
§ 7103. Persons eligible for care and treatment; voluntary patients and conservatees
§ 7104. Reliance on faith healing; exemption from medical or psychiatric treatment
§ 7105. Discharge of patient
§ 7106. Charges; reimbursement of county
§ 7107. Immunity from criminal liability

CHAPTER 2 STATE HOSPITALS FOR THE MENTALLY DISORDERED 391

ARTICLE 1 ESTABLISHMENT AND GENERAL GOVERNMENT 391

§ 7200. State hospitals
§ 7200.05. Metropolitan State Hospital; patient placement under Penal Code provisions; legislative intent
§ 7200.06. Napa State Hospital; percentage of available licensed beds; security
§ 7200.07. Napa State Hospital; maximum number of patients placed pursuant to penal code; 1998–99 fiscal year
§ 7200.5. Camarillo State Hospital; Norbert I. Rieger Children's Treatment Center
§ 7201. Uniform rules and regulations; laws applicable
§ 7202. Napa State Hospital; proposed policy or structural modifications; consultation with task force
§ 7203. Rights of way for road purposes; Patton state hospital

CALIFORNIA STATUTES

TABLE OF CONTENTS

§ 7204. Patients placed pursuant to penal code; grounds privileges and passes; accompaniment off–grounds
§ 7205. Sale of certain property of Fairview state hospital to City of Costa Mesa
§ 7206. Rights of way for road purposes; Patton state hospital
§ 7207. Rights of way; Langley Porter Neuropsychiatric Institute

ARTICLE 2 ADMISSION 393
§ 7225. Patients
§ 7226. Soldiers or sailors
§ 7227. Mentally disordered prisoners
§ 7228. Treatment of patients in secure setting; evaluation; place
§ 7230. High security risk patients; treatment facilities
§ 7231. Patient escapes or walkaways; notification of law enforcement agencies; policies and procedures
§ 7232. Patients placed pursuant to penal code; identifiable clothing; administrative directive

ARTICLE 3 PATIENTS' CARE 394
§ 7250. Habeas corpus
§ 7251. Examinations of patient; reports on death or discharge
§ 7252. Donations of blood
§ 7253. Articles of handiwork
§ 7254. Criminal defendants, convicts and mentally disordered sex offenders; identifiable clothing

ARTICLE 4 PROPERTY AND SUPPORT OF PATIENTS 394
§ 7275. Liability for care
§ 7275.1. Delegation to counties of responsibility for payment of care; policies and procedures
§ 7276. Charge for care and treatment; determination; reduction or cancellation of amounts due; death, leaves of absence, or discharge of patient; delegated responsibilities
§ 7277. Collection of costs and charges
§ 7277.1. Claim for costs and charges
§ 7278. Investigation to determine existence of property, guardian and relatives
§ 7279. Payment for care
§ 7280. Payments for future personal needs
§ 7281. Patients' personal deposit fund
§ 7282. Action to enforce payment
§ 7282.1. Actions by individuals; notice to director; lien
§ 7283. Disposition of money collected for transportation costs; use of estimates or formula
§ 7284. Powers of department
§ 7285. Investment of funds
§ 7286. Common trusts
§ 7287. Death of patient; disposition of remains; payment from guardianship or conservatorship; final account
§ 7288. Disposition of patient's personal property
§ 7289. Collection of funds due client
§ 7289.1. Amount owed to client; cost–of–living adjustments
§ 7290. Cost of care
§ 7291. County payments for care of defective or psychopathic delinquents
§ 7292. Cost of care
§ 7293. Claims against county
§ 7294. Parole, leave of absence and discharge

ARTICLE 5 TRANSFER OF PATIENTS 398
§ 7300. Policy; transfer to different institution; inmate of correctional school; expense

CALIFORNIA STATUTES

TABLE OF CONTENTS

§ 7301. Transfer to institution under jurisdiction of department of corrections
§ 7302. Transfer to like institutions; request of relatives or friends; expense
§ 7303. New commitment on transfer absolving county from liability
§ 7304. Issuance of new commitment imposing liability on county

ARTICLE 6 ESCAPES 399
§ 7325. Apprehension and return; peace officer; notification; information
§ 7325.5. Information essential in aiding apprehension of escapee; release
§ 7326. Assisting escape; offense
§ 7327. Officers' fees and expenses for delivery of patient
§ 7328. Offense by patient; commitment to another institution; subsequent cost of care
§ 7329. Arrest of escapee; hearing; release; commitment

ARTICLE 7 LEAVE OF ABSENCE, DISCHARGE, AND RESTORATION TO CAPACITY OF PERSONS OTHER THAN THE MENTALLY DISORDERED CRIMINALS 400
§ 7350. Patients held in criminal proceeding
§ 7351. Parole defined; recall of patient on leave of absence; certificate of leave or discharge
§ 7352. Grant of leave; state hospital for the mentally disordered; continued services to patients
§ 7352.5. Grant of leave; state hospital for the developmentally disabled; continued services to patients
§ 7353. Medicare beneficiaries; payment of third–party health coverage
§ 7354. Grant of care in private facilities; mentally disordered persons; payments by state; conditions
§ 7354.5. Grant of care in private facilities; developmentally disabled persons; payments by state; conditions
§ 7355. Clothing and money
§ 7356. Liability for expense of keeping patients on leave of absence
§ 7357. Discharge of recovered patients
§ 7359. Discharge of unrecovered patient
§ 7360. Discharge of indigent patient
§ 7361. Court order for discharge of unrecovered patient
§ 7362. Discharge of patients by medical superintendent; return to county of residence; recommitment

ARTICLE 8 DISPOSITION OF MENTALLY DISORDERED CRIMINALS UPON RECOVERY 402
§ 7375. Progress reports; return to prison

CHAPTER 3 STATE HOSPITALS FOR THE DEVELOPMENTALLY DISABLED 402
§ 7500. Hospitals established; construction of terms
§ 7501. Ventura County; children's crisis care center; sale or lease of property within boundaries of Camarillo State Hospital; children eligible for placement
§ 7501.5. Ventura County; residential care program; lease to county of property within boundaries of Camarillo State Hospital; sublease; termination; persons eligible for placement
§ 7502. Porterville state hospital
§ 7503. Object of hospital
§ 7504. Applicable laws
§ 7506. Primary purpose of hospital
§ 7507. Patients admitted
§ 7509. Instructions and forms
§ 7513. Costs of care and treatment; persons responsible for payment

CALIFORNIA STATUTES

TABLE OF CONTENTS

§ 7513.1. Costs of care and treatment; determination; reduction, cancellation, or remittance upon proof of inability to pay; refunds upon death, etc.; claims against estate
§ 7513.2. Costs of care and treatment; collection responsibilities; developmentally disabled persons eligible for deportation
§ 7514. Transfer of patients
§ 7515. Peremptory discharge of patients
§ 7516. Life patients in Sonoma state hospital
§ 7518. Medical, dental and surgical treatment; consent

DIVISION 8 MISCELLANEOUS 405

CHAPTER 2 RESEARCH CONCERNING SEXUAL DEVIATION AND SEX CRIMES 405
§ 8050. Scope
§ 8051. Contracts with regents
§ 8052. Cooperation
§ 8053. Gifts and grants

CHAPTER 3 FIREARMS 405
§ 8100. Possession, purchase or receipt by person receiving inpatient treatment for a mental disorder or who has communicated a threat of physical violence to a psychotherapist; violation
§ 8101. Supplying, selling, giving, or allowing possession or control of firearms or deadly weapons; persons described in § 8100 or 8103; punishment; deadly weapon definition
§ 8102. Confiscation and custody of firearms or other deadly weapons; procedure for return of weapon; notice
§ 8103. Particular persons; weapons restrictions; violations; punishment
§ 8103. Particular persons; weapons restrictions; violations; punishment
§ 8104. Records necessary to identify persons coming within §§ 8100 or 8103; availability to Department of Justice
§ 8105. Submission of information identifying certain persons receiving inpatient treatment for mental disorders; reports by psychotherapists identifying certain persons who have communicated threats of physical violence; confidentiality requirements
§ 8107. Weapons unlawfully possessed pursuant to chapter; disposition by local officials
§ 8108. Civil liability of health professionals; immunity

DIVISION 9 PUBLIC SOCIAL SERVICES 412

PART 3 AID AND MEDICAL ASSISTANCE 412

CHAPTER 8.8 MEDI–CAL MANAGEMENT: ALTERNATIVE METHODS 412

ARTICLE 4 ACUTE PSYCHIATRIC HEALTH FACILITY ALLOCATIONS 412
§ 14640. Allocations of funds to certain counties for mental health services to Medi–Cal eligible persons over 20 years of age; restrictions

ARTICLE 5 MENTAL HEALTH MANAGED CARE 412
§ 14680. Mental health plans; findings, declarations and intent
§ 14681. Medi–Cal managed care contracts; content
§ 14682. Designated state agency; mental health plans for Medi–Cal beneficiaries; development and implementation; steering committee
§ 14683. Content of plans
§ 14684. Guidelines
§ 14684.1. Establishment of process for second level treatment authorization request appeals to review and resolve disputes between mental health plans and hospitals; review fees
§ 14685. Right of first refusal

CALIFORNIA STATUTES

TABLE OF CONTENTS

CHAPTER 11 ELDER ABUSE AND DEPENDENT ADULT CIVIL PROTECTION ACT 413

ARTICLE 3 MANDATORY AND NONMANDATORY REPORTS OF ABUSE 413

§ 15630. Mandated reporters; known or suspected abuse; telephone reports; failure to report; penalty

PART 4 SERVICES FOR THE CARE OF CHILDREN 415

CHAPTER 1 FOSTER CARE PLACEMENT 415

§ 16001.9. Rights of children in foster care

PART 5 COUNTY AID AND RELIEF TO INDIGENTS 415

CHAPTER 6 STATE AND LOCAL FUND ALLOCATIONS 415

ARTICLE 1 FUNDING ALLOCATIONS 415

§ 17600. Local Revenue Fund; accounts; appropriations
§ 17600.10. Local health and welfare trust funds; accounts
§ 17600.15. Allocation of deposits in Local Revenue Fund
§ 17600.20. Local health and welfare trust fund; accounts; reallocation of money

ARTICLE 2 MENTAL HEALTH ALLOCATIONS 417

§ 17601. Schedule of allocations; reimbursements
§ 17601.05. Mental Health Facilities Fund; accounts
§ 17601.10. Reimbursement delays; loans from general fund

ARTICLE 5 VEHICLE LICENSE FEE ALLOCATIONS 419

§ 17604. Deposit of revenues into vehicle license fee account; schedule of allocations
§ 17604.05. Deposits into specified accounts on county's request

ARTICLE 6 GROWTH ACCOUNT ALLOCATIONS DEPOSITS 420

§ 17605. Caseload subaccount; allocations; determination of caseload
§ 17605.05. Base restoration subaccount; allocation of unexpended and unreserved funds
§ 17605.07. County medical services subaccounts
§ 17605.08. Special equity subaccount
§ 17605.10. Deposit of remaining funds in specified subaccount; schedule

ARTICLE 7 ALLOCATION OF FUNDS FROM THE SALES TAX GROWTH ACCOUNT 422

§ 17606.05. Counties with poverty–population shortfall; schedule of allocations from specific subaccounts; calculations
§ 17606.10. Schedule of allocations; general growth subaccount
§ 17606.15. Local health and welfare trust fund accounts; allocation schedules for specified counties
§ 17606.20. Vehicle license fee growth account; allocations to local governments

ARTICLE 9 COUNTY MATCHING FUND REQUIREMENTS 426

§ 17608.05. County mental health account; schedule for matching fund deposits; reductions; elections not to apply funds for programs
§ 17608.10. County account; schedule for matching fund deposits
§ 17608.15. Growth account funds; matching fund requirements

ARTICLE 10 EXPENDITURE LIMITATIONS AND REPORTS 427

§ 17609. Purposes of funds
§ 17609.01. Exclusive purpose of funds
§ 17609.05. Periodic reports; verification
§ 17609.09. Remittance advice upon distributions
§ 17609.10. Administrative costs

PART 6 MISCELLANEOUS PROVISIONS 427

CALIFORNIA STATUTES

TABLE OF CONTENTS

CHAPTER 6 SERIOUSLY EMOTIONALLY DISTURBED CHILDREN: 24–HOUR OUT–OF–HOME CARE 427

§ 18350. Payments for twenty–four–hour out–of–home care; limitations
§ 18351. Issuance of warrants; authorization documents; reports
§ 18352. Agreements with other local agencies
§ 18353. Identification of facilities; placements
§ 18354. Review of determination of eligibility for payment
§ 18355. Funding
§ 18356. Out–of–state placements; reports

CHAPTER 12.8 INTERAGENCY CHILDREN'S SERVICES ACT 428

ARTICLE 1 GENERAL PROVISION AND DEFINITIONS 428

§ 18986. Short title
§ 18986.1. Legislative findings and declarations
§ 18986.2. Legislative intent; goal of collaborative delivery system of services
§ 18986.3. Definitions

ARTICLE 2 COUNTY INTERAGENCY COLLABORATION 429

§ 18986.10. Establishment of coordination council
§ 18986.11. Membership of coordination council
§ 18986.12. Meetings of coordination council
§ 18986.13. Existing interagency children's services coordinating body; designation as coordination council; modification
§ 18986.14. Duties of coordination council
§ 18986.15. Program by counties for phasing in coordinated children's services system; plan for coordinated children's services; proposal for development of system

ARTICLE 3 WAIVERS 430

§ 18986.20. Requests for waiver; state regulations hindering coordination of children's services; negotiated contracts; reallocation of existing resources
§ 18986.21. Grant of waivers; contents of requests
§ 18986.22. Negotiated contracts; award; definition; contents
§ 18986.23. Grant of waivers and negotiated contracts; entities with authority
§ 18986.24. Notice to legislature

ARTICLE 4 EVALUATION 431

§ 18986.30. Review and report to legislature; annual progress of councils; programs deemed successful

CHAPTER 12.9 INTEGRATED CHILDREN'S SERVICES PROGRAMS 431

§ 18986.40. Integrated children's services programs; children's multidisciplinary services team; crisis intervention services
§ 18986.46. Disclosure of information and records; children's multidisciplinary services teams; construction of section

CHAPTER 12.86 CHILDRENS SERVICES PROGRAM DEVELOPMENT 433

§ 18987.6. Legislative intent
§ 18987.61. Performance agreements with private, nonprofit agencies
§ 18987.62. Waiver of regulations governing foster care payments or operation of group homes; conditions

CHAPTER 12.95 SAN MATEO COUNTY CONSOLIDATED HUMAN SERVICES AGENCY 433

§ 18989. Waiver of existing state regulations; request by established agency; requirements
§ 18989.1. Request for waiver; contents
§ 18989.2. Request for waiver; approval; requirements
§ 18989.3. Legislative report

CALIFORNIA CODE OF REGULATIONS
TABLE OF CONTENTS

TITLE 2. ADMINISTRATION 435

DIVISION 9. JOINT REGULATIONS FOR PUPILS WITH DISABILITIES 435

CHAPTER 1. INTERAGENCY RESPONSIBILITIES FOR PROVIDING SERVICES TO PUPILS WITH DISABILITIES 435

ARTICLE 1. GENERAL PROVISIONS 435
§ 60000. Scope.
§ 60010. Education Definitions.
§ 60020. Mental Health Definitions.
§ 60025. Social Services Definitions.

ARTICLE 2. MENTAL HEALTH RELATED SERVICES 437
§ 60030. Local Mental Health and Education Interagency Agreement.
§ 60040. Referral to Community Mental Health Services for Related Services.
§ 60045. Assessment to Determine the Need for Mental Health Services.
§ 60050. Individualized Education Program for Mental Health Services.
§ 60055. Transfers and Interim Placements.

ARTICLE 3. RESIDENTIAL PLACEMENT 439
§ 60100. LEA Identification and Placement of a Seriously Emotionally Disturbed Pupil.
§ 60110. Case Management for a Pupil with a Disability Who Is Seriously Emotionally Disturbed and Is in a Residential Placement.

ARTICLE 4. FINANCIAL PROVISION FOR MENTAL HEALTH SERVICES, SPECIAL EDUCATION AND RESIDENTIAL PLACEMENT 440
§ 60200. Financial Responsibilities.

ARTICLE 5. OCCUPATIONAL THERAPY AND PHYSICAL THERAPY 441
§ 60300. California Children's Services (CCS) Medical Therapy Program Definitions.
§ 60310. Local Interagency Agreements Between CCS and Education Agencies.
§ 60320. Referral and Assessment.
§ 60323. Medical Therapy Program Responsibilities.
§ 60325. Individualized Education Program for Therapy Services.
§ 60330. Space and Equipment for Occupational Therapy and Physical Therapy.

ARTICLE 6. HOME HEALTH AIDE 443
§ 60400. Specialized Home Health Aide.

ARTICLE 7. EXCHANGE OF INFORMATION BETWEEN EDUCATION AND SOCIAL SERVICES 444
§ 60505. Community Care Facilities.
§ 60510. Prior Notification.

ARTICLE 8. PROCEDURAL SAFEGUARDS 444
§ 60550. Due Process Hearings.
§ 60560. Compliance Complaints.

ARTICLE 9. INTERAGENCY DISPUTE RESOLUTION 445
§ 60600. Application of Procedures.
§ 60610. Resolution Procedure.

CALIFORNIA CODE OF REGULATIONS

TABLE OF CONTENTS

TITLE 5. EDUCATION 447

DIVISION 1. STATE DEPARTMENT OF EDUCATION 447

CHAPTER 3. HANDICAPPED CHILDREN 447

SUBCHAPTER 1. SPECIAL EDUCATION 447

ARTICLE 3.1. INDIVIDUALS WITH EXCEPTIONAL NEEDS 447

§ 3030. Eligibility Criteria.
§ 3031. Additional Eligibility Criteria for Individuals with Exceptional Needs—Age Birth to Four Years and Nine Months.

TITLE 9. REHABILITATIVE AND DEVELOPMENTAL SERVICES 449

DIVISION 1. DEPARTMENT OF MENTAL HEALTH 449

CHAPTER 2. CONFLICT OF INTEREST CODE 449

§ 400. General Provisions.
Appendix A 449
Appendix B 449

CHAPTER 3. COMMUNITY MENTAL HEALTH SERVICES UNDER THE SHORT–DOYLE ACT 450

ARTICLE 1. APPLICATION 450

§ 500. Application of Subchapter.
§ 501. Section Headings.

ARTICLE 2. DEFINITIONS 450

§ 510. Act.
§ 511. Local Director.
§ 512. Local Mental Health Service.
§ 513. Department.
§ 514. May, Shall and Should.
§ 515. General Hospital.
§ 516. Psychiatric Hospital.
§ 517. County Plan.

ARTICLE 3. GENERAL PROVISIONS 450

§ 520. Establishment of Local Services.
§ 521. Supervision by Local Director.
§ 522. Medical Responsibility.
§ 523. Contracts for Service.
§ 524. Fee Schedules.
§ 525. Auxiliary Personnel.
§ 526. Admission Policies.
§ 527. Discriminatory Practices.
§ 529. Mental Health Advisory Board Composition.
§ 530. Mental Health Advisory Board Committee Composition.

ARTICLE 3.5. STANDARDS FOR THE CERTIFICATION OF SOCIAL REHABILITATION PROGRAMS 451

§ 531. Program Standards and Requirements.
§ 532. Service Requirements.
§ 532.1. Medical Requirements.
§ 532.2. Treatment/Rehabilitation Plan and Documentation Requirements.
§ 532.3. Admission/Discharge Criteria.
§ 532.4. Client Involvement Requirements.
§ 532.5. Physical Environmental Requirements.

CALIFORNIA CODE OF REGULATIONS

TABLE OF CONTENTS

§ 532.6. Staff Characteristics, Qualifications and Duty Requirements.
§ 533. Administrative Policies and Procedures.
§ 534. Program Certification.
§ 535. Review Procedures.
§ 536. Waivers and Exceptions.

ARTICLE 4. SERVICES SUBJECT TO STATE REIMBURSEMENT 455
§ 540. Reimbursement Conditions.
§ 541. 24–Hour Services.
§ 542. Day Services.
§ 543. Outpatient Services.
§ 544. Emergency Services.
§ 545. Outreach Services.
§ 546. Diagnostic Services.
§ 547. Rehabilitative Services.
§ 548. Continuing Care Services.
§ 549. Supplemental Residential Care Services.
§ 550. Training.
§ 551. Research and Evaluation.
§ 552. Equipment Expense.
§ 553. Remodeling Expense.
§ 554. 72–Hour Detoxification Treatment and Evaluation Service.

ARTICLE 5. LIMITATIONS ON REIMBURSEMENTS 458
§ 560. Inpatient Service.
§ 561. Other Mental Health Services.
§ 562. Non–State–Reimbursable Charges.
§ 563. Reimbursement for Services.
§ 565.5. Funding.

ARTICLE 5.5. MAXIMUM ALLOWABLE RATES 458
§ 570. Application of Article.
§ 571. Reimbursement.
§ 572. Maximum Allowable Rate Determination and Publication.
§ 573. Monitoring Compliance.
§ 574. County Augmentation.

ARTICLE 6. UTILIZATION REVIEW OF SHORT–DOYLE FUNDED ACUTE INPATIENT PSYCHIATRIC SERVICES 459
§ 590. Review Process.
§ 591. Administrative Days.
§ 592. Documentation and Reporting.
§ 593. Compliance.
§ 594. Enforcement.

ARTICLE 7. CLAIMS FOR REIMBURSEMENT 459
§ 600. Forms and Information.
§ 601. Approval of Reimbursements.

ARTICLE 8. PROFESSIONAL AND TECHNICAL PERSONNEL STANDARDS 459
§ 620. Director of Local Mental Health Services.
§ 620.1. Acting Director of Local Mental Health Services.
§ 621. Medical Program Responsibility.
§ 622. Requirements for Professional Personnel.
§ 623. Psychiatrist.
§ 624. Psychologist.
§ 625. Social Worker.
§ 626. Marriage, Family and Child Counselor.

CALIFORNIA CODE OF REGULATIONS

TABLE OF CONTENTS

§ 627. Nurses.
§ 628. Licensed Vocational Nurse.
§ 629. Psychiatric Technician.
§ 630. Mental Health Rehabilitation Specialist.
§ 631. Administrative Support Responsibility.
§ 632. Other Mental Health Personnel.

ARTICLE 9. ACCOUNTING AND RECORDS 461
§ 640. Financial Records.
§ 641. Patient Records.
§ 642. Statistical Data.

ARTICLE 10. REQUIREMENTS FOR INPATIENT SERVICES 461
§ 660. Admission Procedures.
§ 661. Medical–Surgical Services.
§ 662. Discharges and Transfers.
§ 663. Minimum Staff.

ARTICLE 11. REQUIREMENTS FOR OUTPATIENT SERVICES 461
§ 680. Basic Requirements.

ARTICLE 12. REQUIREMENTS FOR PARTIAL HOSPITALIZATION SERVICES 462
§ 690. Minimum Professional Staff.
§ 691. Medical Responsibility.

ARTICLE 13. REQUIREMENTS FOR EMERGENCY SERVICES 462
§ 700. Basic Requirement.

ARTICLE 14. PURPOSES, PROCESSES AND REQUIREMENTS OF CONSULTATION, EDUCATION AND INFORMATION SERVICES 462
§ 710. Purpose of Consultation Services.
§ 711. Process of Consultation Services.
§ 712. Purpose of Education Services.
§ 713. Process of Education Services.
§ 714. Purpose of Information Services.
§ 715. Process of Information Services.
§ 716. Direction and Supervision.

ARTICLE 15. REQUIREMENTS FOR DIAGNOSTIC SERVICES 462
§ 730. Basic Requirements.

ARTICLE 16. REQUIREMENTS FOR REHABILITATIVE SERVICES 462
§ 740. Psychiatric Direction and Supervision.
§ 741. Treatment Plan for Patients.
§ 742. Minimum Staff.

ARTICLE 17. REQUIREMENTS FOR PRECARE AND AFTERCARE SERVICES 463
§ 750. Referral to Provide Continuity of Care.

ARTICLE 18. REQUIREMENTS FOR TRAINING SERVICES 463
§ 760. Reimbursement for Training Services.
§ 761. Minimum Staff.

ARTICLE 19. REQUIREMENTS FOR RESEARCH AND EVALUATION SERVICES 463
§ 770. Standards for Research Personnel.
§ 771. Contracting for Services.
§ 772. Method of Program Evaluation.

CALIFORNIA CODE OF REGULATIONS

TABLE OF CONTENTS

§ 773. Local Mental Health Service Research Committee.
§ 774. Research Funds.
§ 775. Local Research Trust Fund.
§ 776. Application Review.
§ 777. Scientific Merit of Research Study.
§ 778. Personal Safety and Welfare of Research Subjects.
§ 779. Confidential Nature of Information and Records.
§ 780. Requirement of Oath of Confidentiality.

ARTICLE 20. REQUIREMENTS FOR 72–HOUR DETOXIFICATION, TREATMENT AND EVALUATION SERVICE FOR INEBRIATES 463

ARTICLE 21. INTENSIVE TREATMENT FOR CHRONIC ALCOHOLICS 463

ARTICLE 22. REQUIREMENTS FOR SOCIAL AND REHABILITATION SERVICES 463

CHAPTER 3.5. MENTAL HEALTH REHABILITATION CENTERS 463

ARTICLE 1. APPLICATION 463
§ 781.00. Application of Chapter.

ARTICLE 2. DEFINITIONS 463
§ 782.00. Application of Definitions.
§ 782.10. Meaning of Words.
§ 782.11. Activity Coordinator.
§ 782.12. Alteration.
§ 782.13. Art Therapist.
§ 782.14. Client.
§ 782.15. Client Record.
§ 782.16. Conservator.
§ 782.17. Controlled Drugs.
§ 782.18. Dance Therapist.
§ 782.19. Department.
§ 782.20. Dietitian.
§ 782.21. Director.
§ 782.22. Drug.
§ 782.23. Drug Administration.
§ 782.24. Drug Dispensing.
§ 782.25. Mental Health Rehabilitation Center Director.
§ 782.26. Licensed Mental Health Professional.
§ 782.27. Licensed Nursing Staff.
§ 782.28. Licensed Psychiatric Technician.
§ 782.29. Licensed Vocational Nurse.
§ 782.30. Licensee.
§ 782.31. Local Bank.
§ 782.32. Marriage, Family and Child Counselor.
§ 782.33. Medication.
§ 782.34. Mental Health Rehabilitation Center.
§ 782.35. Mental Health Rehabilitation Specialist.
§ 782.36. Music Therapist.
§ 782.37. Occupational Therapist.
§ 782.38. Pharmacist.
§ 782.39. Physician.
§ 782.40. Program Director.
§ 782.41. Postural Support.
§ 782.42. Psychologist.

CALIFORNIA CODE OF REGULATIONS

TABLE OF CONTENTS

§ 782.43. Recreation Therapist.
§ 782.44. Registered Nurse.
§ 782.45. Restraint.
§ 782.46. Seclusion.
§ 782.47. Self Administration of Medication.
§ 782.48. Social Worker.
§ 782.49. Standing Orders.
§ 782.50. Supervision.
§ 782.51. Therapeutic Diet.
§ 782.52. Unit Dose Medication System.
§ 782.53. Standing Orders.
§ 782.54. Supervision.
§ 782.55. Therapeutic Diet.
§ 782.56. Unit Dose Medication System.

ARTICLE 3. LICENSE 466
§ 783.00. Application Required.
§ 783.10. Application Requirements.
§ 783.11. Application Content.
§ 783.12. Application Process.
§ 783.13. Plan of Operation Requirements.
§ 783.14. Safety, Zoning and Building Clearance.
§ 783.15. Separate Licenses.
§ 783.16. Posting.
§ 783.17. Report of Changes.
§ 783.18. Program Flexibility and Monitoring.
§ 783.19. Conviction of Crime: Standards for Evaluating Rehabilitation.
§ 783.20. Bonds.

ARTICLE 4. GENERAL REQUIREMENTS 469
§ 784.00. Administration.
§ 784.10. Mental Health Rehabilitation Center Director and Staff.
§ 784.11. Employee Personnel Records.
§ 784.12. Employees' Health Examination and Health Records.
§ 784.13. Use of Outside Resources.
§ 784.14. Consumer Information to be Posted.
§ 784.15. Unusual Occurrences.
§ 784.16. Reporting of Communicable Diseases.
§ 784.17. Infectious Diseases.
§ 784.18. Storage and Disposal of Solid Waste.
§ 784.19. Solid Waste Containers.
§ 784.20. Infectious Waste.
§ 784.21. Cleaning, Disinfecting and Sterilizing.
§ 784.22. Soiled Linen.
§ 784.23. Clean Linen.
§ 784.24. Fire and Internal Disasters.
§ 784.25. External Disaster and Mass Casualty Program.
§ 784.26. Admission of Clients.
§ 784.27. Admission Records.
§ 784.28. Clients' Records.
§ 784.29. Informed Consent to Medical Treatment.
§ 784.30. Temporary Medical Client Transfer.
§ 784.31. Clients' Rights.
§ 784.32. Safeguards for Clients' Monies and Valuables.
§ 784.33. Liability for Rent and Return of Rental Advance.
§ 784.34. Abuse and Corporal Punishment.
§ 784.35. Restraint and Seclusion.
§ 784.36. Orders for Restraint and Seclusion.

CALIFORNIA CODE OF REGULATIONS

TABLE OF CONTENTS

§ 784.37. Restrictions on Applying Restraints and Utilizing Seclusion.
§ 784.38. Restraint and Seclusion—Documentation and Reporting Policies and Procedures.
§ 784.39. Client Capacity.
§ 784.40. Client Rooms.
§ 784.41. Client's Property Storage and Room Furnishings.
§ 784.42. Housekeeping.
§ 784.43. Laundry.
§ 784.44. Clean Linen.
§ 784.45. Soiled Linen.
§ 784.46. General Maintenance.
§ 784.47. Air Filters.
§ 784.48. Storage and Disposal of Solid Waste.
§ 784.49. Solid Waste Containers.
§ 784.50. Infectious Waste.
§ 784.51. Water Supply and Plumbing.
§ 784.52. Lighting and Power System.
§ 784.53. Maintenance Manual.
§ 784.54. Mechanical Systems.
§ 784.55. Space.
§ 784.56. Administrative Policies and Procedures.

ARTICLE 5. BASIC SERVICES 477

§ 785.00. Services—General.
§ 785.10. Medical Director.
§ 785.11. Physician Services—General.
§ 785.12. Nursing Service—General.
§ 785.13. Nursing Service—Administration of Medication and Treatment.
§ 785.14. Nursing Service—Director of Nursing Service.
§ 785.15. Nursing Service—Staff.
§ 785.16. Dietetic Service—General.
§ 785.17. Dietetic Service—Therapeutic Diets.
§ 785.18. Dietetic Service—Menus.
§ 785.19. Dietetic Service—Staff.
§ 785.20. Pharmaceutical Service—General.
§ 785.21. Pharmaceutical Service—Requirements.
§ 785.22. Pharmaceutical Service—Labeling and Storage of Drugs.
§ 785.23. Pharmaceutical Service—Stop Orders.
§ 785.24. Pharmaceutical Service—Orders for Drugs.
§ 785.25. Pharmaceutical Service—Drug Order Processing.
§ 785.26. Pharmaceutical Service—Personal Medications.
§ 785.27. Pharmaceutical Service—Controlled Drugs.
§ 785.28. Pharmaceutical Service—Disposition of Drugs.
§ 785.29. Pharmaceutical Service—Unit Dose Medication System.
§ 785.30. Pharmaceutical Service—Staff.
§ 785.31. Pharmaceutical Service—Equipment and Supplies.
§ 785.32. Pharmaceutical Service—Unit Dose Medication System.
§ 785.33. Pharmaceutical Service—Staff.
§ 785.34. Pharmaceutical Service—Equipment and Supplies.

ARTICLE 6. REQUIRED PROGRAMS 482

§ 786.00. Program Requirements—General.
§ 786.10. Rehabilitation Program—Services.
§ 786.11. Rehabilitation Program—Admission Requirements.
§ 786.12. Rehabilitation Program—Staff.
§ 786.13. Rehabilitation Program—Program Director.
§ 786.14. Rehabilitation Program—In–Service Education.

CALIFORNIA CODE OF REGULATIONS

TABLE OF CONTENTS

§ 786.15. Rehabilitation Program—Individual Service Plan and Documentation Requirements.
§ 786.16. Rehabilitation Program—Equipment.
§ 786.17. Activity Program—General.
§ 786.18. Activity Program—Requirements.
§ 786.19. Activity Program—Staff.
§ 786.20. Activity Program—Equipment and Supplies.
§ 786.21. Activity Program—Staff.
§ 786.22. Activity Program—Equipment and Supplies.
§ 786.23. Activity Program—Space.

ARTICLE 7. PHYSICAL PLANT 484
§ 787.00. Fire Safety.
§ 787.10. Alterations to Existing Buildings or New Construction.
§ 787.11. Space Conversion.
§ 787.12. Notice to Department.
§ 787.13. Housekeeping.
§ 787.14. Laundry.
§ 787.15. General Maintenance.
§ 787.16. Air Filters.
§ 787.17. Water Supply and Plumbing.
§ 787.18. Lighting and Power System.
§ 787.19. Mechanical Systems.
§ 787.20. Maintenance Manual.
§ 787.21. Space.
§ 787.22. Rehabilitation Program—Space.
§ 787.23. Nursing Service—Space.
§ 787.24. Activity Program—Space.
§ 787.25. Client Rooms.
§ 787.26. Client's Property Storage and Room Furnishings.
§ 787.27. Client Capacity.

ARTICLE 8. CITATIONS AND LICENSE REVOCATION 487
§ 788.00. Definitions.
§ 788.10. Filing of Names and Addresses.
§ 788.11. Issuance of Revocation and License Citations.
§ 788.12. Conditions of Revocation of License.
§ 788.13. Appeal of Revocation.
§ 788.14. License Revocation and Citation Review Conference.

CHAPTER 4. COMMUNITY MENTAL HEALTH SERVICES UNDER THE LANTERMAN–PETRIS–SHORT ACT 488

ARTICLE 1. APPLICATION 488
§ 800. Application of Subchapter.
§ 801. Section Headings.

ARTICLE 2. DEFINITIONS AND GENERAL PROVISIONS 488
§ 810. Act.
§ 811. Department.
§ 812. Shall and May.
§ 813. Mental Disorder.

ARTICLE 3. FACILITIES 488
§ 820. Designation by Board of Supervisors.
§ 821. Approval of Facilities.
§ 821.1. Approval of Persons or Agencies for Prepetition Screening.
§ 822. Professional Person in Charge of a Facility.
§ 823. Attending Staff.

CALIFORNIA CODE OF REGULATIONS

TABLE OF CONTENTS

§ 824. Facilities for Inebriates and Alcoholics.
§ 825. Calculation of Evaluation and Treatment Period.
§ 825.1. Exemption Requests.
§ 825.2. Exemption Request Requirements.
§ 825.3. Certification of Exemptions.
§ 825.4. Reapplication for or Revocation of Certification.
§ 829. Mental Health Treatment Facility.

ARTICLE 4. CONSERVATORSHIP 489
§ 830. Conservatorship.

ARTICLE 5. PATIENTS' RIGHTS: CONVULSIVE TREATMENT AND PSYCHOSURGERY 489
§ 835. General Provision.
§ 836. Types of Treatment: Definitions.
§ 836.1. Voluntary and Involuntary Patients: Definitions.
§ 836.2. Facility: Definition.
§ 837. Procedures for Insulin Coma and Prefrontal Sonic Treatment.
§ 838. Quarterly Reports on Convulsive, Insulin Coma, and Prefrontal Sonic Treatment—Application and Requirement.
§ 838.1. Quarterly Reports on Psychosurgery.
§ 838.2. Failure to Submit Quarterly Reports.
§ 838.3. Quarterly Reports to State.
§ 839. Informed Consent for Electroconvulsive Treatment.
§ 840. Capacity to Consent or Refuse Consent to Recommended Treatment or Surgery.
§ 841. Refusal to Consent to Recommended Treatment or Surgery.
§ 845. Minors.
§ 847. Post–Treatment Review Committees.
§ 849. Excessive Use of Convulsive Treatment.

ARTICLE 5.5. VOLUNTARY PATIENTS' RIGHT TO REFUSE ANTIPSYCHOTIC MEDICATIONS 491
§ 850. Refusal of Antipsychotic Medications.
§ 851. Informed Consent to Antipsychotic Medications.
§ 852. Maintenance of Records.
§ 853. Emergency.
§ 854. Withdrawal of Consent.
§ 855. Consequence of Refusal.
§ 856. Definition of Antipsychotic Medication.
§ 857. Reports of Violations.

ARTICLE 6. PATIENT RIGHTS: DENIAL FOR GOOD CAUSE 492
§ 860. Application of Article.
§ 861. List of Rights.
§ 862. Notification of Rights.
§ 863. Definitions.
§ 863.1. Assignment of Patients'/Residents' Advocate.
§ 863.2. Duties of Patients'/Residents' Advocate.
§ 864. Complaint Procedure.
§ 865. Authority for Denial of Rights.
§ 865.1. Denial of Rights in Community Care Facilities.
§ 865.2. Good Cause for Denial of Rights.
§ 865.3. Documentation of Denial of Rights.
§ 865.4. Seclusion and Restraints.
§ 865.5. Restoration of Rights.
§ 866. Quarterly Reports to the Director of Health.
§ 867. Access to Denial of Rights Information.
§ 868. Annual Review.

CALIFORNIA CODE OF REGULATIONS

TABLE OF CONTENTS

CHAPTER 4.5. PATIENTS' RIGHTS AND RELATED PROCEDURES FOR NON–LANTERMAN–PETRIS–SHORT ACT PATIENTS IN DEPARTMENT OF MENTAL HEALTH FACILITIES 494

ARTICLE 1. GENERAL PROVISIONS 494
§ 880. Application of Chapter.
§ 881. Definitions, Abbreviations and Program Terms.

ARTICLE 2. NON–LPS PATIENTS' RIGHTS 495
§ 882. Notification of Rights.
§ 883. Non–LPS Patients' Rights — Non–Deniable.
§ 884. Patients' Rights Subject to Denial for Good Cause.
§ 885. Complaint and Appeal Procedure.
§ 886. Quarterly Reports to the Office of Patients' Rights.

ARTICLE 3. GENERAL LIMITATIONS APPLICABLE TO NON–LPS PATIENTS. 496
§ 890. Clothing.
§ 891. Internet Usage.
§ 892. Operating Businesses from Within the Facility.

CHAPTER 5. CONDUCT OF RESEARCH AND PATIENT DATA INFORMATION REQUIREMENTS IN FACILITIES PROVIDING SERVICE UNDER DIVISIONS 5, 6, OR 7 OF THE WELFARE AND INSTITUTIONS CODE 496

ARTICLE 1. APPLICATION 496
§ 900. Application of Chapter.
§ 901. Section Headings.

ARTICLE 2. DEFINITIONS AND GENERAL PROVISIONS 496
§ 910. Department.
§ 911. Shall and May.
§ 912. Facilities.

ARTICLE 3. RESEARCH 497

ARTICLE 4. PATIENT DATA INFORMATION 497

CHAPTER 6. JOINT REGULATIONS FOR HANDICAPPED CHILDREN—INTERAGENCY RESPONSIBILITIES FOR PROVIDING SERVICES TO HANDICAPPED CHILDREN 497
§ 1000. Joint Regulations for Handicapped Children

CHAPTER 7. ACUTE AND NONACUTE LEVELS OF 24–HOUR MENTAL HEALTH CARE PROVIDED BY COUNTY MENTAL HEALTH AGENCIES IN CORRECTIONAL TREATMENT CENTERS 497
§ 1101. Application of Chapter.
§ 1102. Definitions.
§ 1103. Mental Health Treatment Program.
§ 1104. Mental Health Treatment Program—General Requirements.
§ 1105. Mental Health Treatment Program—Admission and Discharge Policies.
§ 1106. Mental Health Treatment Program—Multidisciplinary Treatment Team.
§ 1107. Mental Health Treatment Program—Individual Treatment Plan.
§ 1108. Mental Health Treatment Program—Services.
§ 1109. Acute Mental Health Care.
§ 1110. Nonacute 24–Hour Mental Health Care.
§ 1111. Mental Health Treatment Program Staffing—Basic Requirements.
§ 1112. Mental Health Treatment Program Staffing—Acute Care Requirements.
§ 1113. Mental Health Treatment Program Staffing—Nonacute Care Requirements.

CALIFORNIA CODE OF REGULATIONS

TABLE OF CONTENTS

§ 1114. Mental Health Treatment Program—Space.
§ 1115. Clinical Restraint, Treatment Restraint, and Clinical Seclusion.

CHAPTER 8. RECOVERY HOUSES 500

CHAPTER 9. AUDIT APPEALS OF COMMUNITY MENTAL HEALTH SERVICES UNDER THE SHORT–DOYLE ACT 500

ARTICLE 1. DEFINITIONS 500
§ 1550. Policy.
§ 1551. Definitions.

ARTICLE 2. INFORMAL CONFERENCE 501
§ 1555. Time for Filing Request.
§ 1556. Contents of Request.
§ 1557. Informal Conference.

ARTICLE 3. FILING OF APPEAL 501
§ 1560. Audit Appeal Hearing.
§ 1561. Time for Filing Appeal.
§ 1562. Denial of Late Appeal.
§ 1563. Form of Appeal.
§ 1564. Contents of Appeal.

ARTICLE 4. FORMAL APPEAL HEARING 501
§ 1565. Disqualification of Hearing Officer.
§ 1566. Joinder of Successive Appeals.
§ 1567. Scheduling of Hearings.
§ 1568. Witnesses and Subpoenas.
§ 1569. Consolidation of Proceedings.
§ 1570. Severance of Issues.
§ 1571. Preparation for Hearing.
§ 1572. Conduct of Hearing.
§ 1573. Official and Judicial Notice.
§ 1574. Department Records.
§ 1575. Continuance of Hearings; Further Hearing.
§ 1576. Continuance for Additional Evidence.
§ 1577. Representation at a Hearing.
§ 1578. Oral Argument and Briefs.
§ 1579. Decision.

ARTICLE 5. RECOVERY OF OVERPAYMENTS 503
§ 1585. Recovery of Overpayments to Local Mental Health Service.
§ 1586. Time of Recovery.

ARTICLE 6. PAYMENTS 503
§ 1590. Underpayments.

CHAPTER 10. MEDI–CAL PSYCHIATRIC INPATIENT HOSPITAL SERVICES 503

ARTICLE 1. DEFINITIONS, ABBREVIATIONS AND PROGRAM TERMS 503
§ 1700. Acute Psychiatric Inpatient Hospital Services.
§ 1701. Administrative Day Service.
§ 1702. Beneficiary.
§ 1703. Contract Hospital.
§ 1704. Culturally Competent Services.
§ 1705. Department.
§ 1706. Disproportionate Share Hospital (DSH).

CALIFORNIA CODE OF REGULATIONS

TABLE OF CONTENTS

§ 1707. Fee–for–Service/Medi–Cal Provider.
§ 1708. Fiscal Intermediary.
§ 1709. Hospital.
§ 1710. Hospital–Based Ancillary Services.
§ 1711. Implementation Plan for Psychiatric Inpatient Hospital Services.
§ 1712. Medi–Cal Managed Care Plan.
§ 1713. Mental Health Plan.
§ 1714. Mental Health Plan (MHP) of Beneficiary.
§ 1715. MHP Payment Authorization.
§ 1716. Non–contract Hospital.
§ 1717. Point of Authorization.
§ 1718. Provider.
§ 1719. Psychiatric Inpatient Hospital Services.
§ 1720. Receipt or Date of Receipt.
§ 1721. Routine Services.
§ 1722. Short–Doyle/Medi–Cal Provider.
§ 1723. Submit or Date of Submission.
§ 1724. Traditional Hospital Provider.

ARTICLE 2. ADMINISTRATION 505
§ 1725. Applicability of Laws and Regulations.
§ 1726. Designation of MHPs.
§ 1727. Implementation Plan for Psychiatric Inpatient Hospital Services.
§ 1728. Scope of Reimbursable Services.
§ 1729. Provider Selection Criteria.
§ 1730. Contracting for Service Availability.
§ 1731. State Oversight.

ARTICLE 3. FISCAL PROVISIONS 508
§ 1739. Allowable Psychiatric Accommodation Code.
§ 1740. Border Communities.
§ 1741. Located.
§ 1742. Per Diem Rate.
§ 1743. Rate Region.
§ 1744. Risk Reinsurance.
§ 1745. Small County.
§ 1746. Small County Reserve.
§ 1747. Third Party Liability.
§ 1748. Usual and Customary Charges.
§ 1749. Utilization Control and Operations Committee.
§ 1750. Small County Reserve.
§ 1751. Rate Setting for Psychiatric Inpatient Hospital Services for Negotiated Rate, Fee–for–Service/Medi–Cal Providers.
§ 1752. Rate Setting for Psychiatric Inpatient Hospital Services for Non–negotiated Rate, Fee–for–Service/Medi–Cal Providers.
§ 1753. Rate Setting for Psychiatric Inpatient Hospital Services for Short–Doyle/Medi–Cal Providers.
§ 1754. Rate Reporting.
§ 1755. Reporting Unexpended Balances.

ARTICLE 4. PROVISION OF SERVICES 510
§ 1765. Adverse Decision.
§ 1766. Continued Stay Services.
§ 1767. County Medical Services Program.
§ 1768. Emergency Admission.
§ 1769. Emergency Psychiatric Condition.
§ 1770. Licensed Mental Health Professional.
§ 1771. Planned Admission.

CALIFORNIA CODE OF REGULATIONS

TABLE OF CONTENTS

§ 1772. Prior Authorization.
§ 1773. Utilization Review Committee.
§ 1774. Medical Necessity Criteria for Reimbursement of Psychiatric Inpatient Hospital Services.
§ 1775. Provider Utilization Control.
§ 1776. MHP Payment Authorization – General Provisions.
§ 1777. MHP Payment Authorization by a Point of Authorization.
§ 1778. MHP Payment Authorization for Emergency Admissions by a Point of Authorization.
§ 1779. MHP Payment Authorization by a Utilization Review Committee.

ARTICLE 5. PROBLEM RESOLUTION PROCESSES 513
§ 1790. Complaint Resolution Process.
§ 1791. Denial.
§ 1792. Fair Hearing.
§ 1793. Grievance Process.
§ 1794. Terminated.
§ 1795. Beneficiary Problem Resolution Processes.
§ 1796. Fair Hearing and Notice of Action.
§ 1797. Medical Assistance for Beneficiary Pending Fair Hearing Decision.
§ 1798. Provider Appeal Process—Services.
§ 1799. Provider Appeal Process—Claims Processing.

CHAPTER 11. MEDI–CAL SPECIALTY MENTAL HEALTH SERVICES 515

SUBCHAPTER 1. GENERAL PROVISIONS 515

ARTICLE 1. GENERAL 515
§ 1810.100. General.
§ 1810.110. Applicability of Laws and Regulations and Program Flexibility.

ARTICLE 2. DEFINITIONS, ABBREVIATIONS AND PROGRAM TERMS 515
§ 1810.201. Acute Psychiatric Inpatient Hospital Services.
§ 1810.202. Administrative Day Service.
§ 1810.203. Adult Residential Treatment Service.
§ 1810.204. Assessment.
§ 1810.205. Beneficiary.
§ 1810.205.1. Border Community.
§ 1810.206. Collateral.
§ 1810.207. Contract Hospital.
§ 1810.208. Crisis Residential Treatment Service.
§ 1810.209. Crisis Intervention.
§ 1810.210. Crisis Stabilization.
§ 1810.211. Cultural Competence.
§ 1810.212. Day Rehabilitation.
§ 1810.213. Day Treatment Intensive.
§ 1810.214. Department.
§ 1810.214.1. Disproportionate Share Hospital (DSH).
§ 1810.215. Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Supplemental Specialty Mental Health Services.
§ 1810.216. Emergency Psychiatric Condition.
§ 1810.216.1. Fair Hearing.
§ 1810.216.2. Federal Financial Participation (FFP).
§ 1810.217. Fee–for–Service/Medi–Cal Hospital.
§ 1810.218. Fiscal Intermediary.
§ 1810.218.1. Grievance.
§ 1810.218.2. Group Provider.
§ 1810.219. Hospital.

CALIFORNIA CODE OF REGULATIONS

TABLE OF CONTENTS

§ 1810.220. Hospital–Based Ancillary Services.
§ 1810.221. Implementation Plan.
§ 1810.222. Individual Provider.
§ 1810.222.1. Institution for Mental Disease.
§ 1810.223. Licensed Mental Health Professional.
§ 1810.224. Medi–Cal Managed Care Plan.
§ 1810.225. Medication Support Services.
§ 1810.225.1. Memorandum of Understanding (MOU).
§ 1810.226. Mental Health Plan (MHP).
§ 1810.227. Mental Health Services.
§ 1810.228. MHP of Beneficiary.
§ 1810.229. MHP Payment Authorization.
§ 1810.230. Non–contract Hospital.
§ 1810.231. Organizational Provider.
§ 1810.232. Plan Development.
§ 1810.233. Point of Authorization.
§ 1810.234. Prior Authorization.
§ 1810.235. Provider.
§ 1810.236. Psychiatric Health Facility.
§ 1810.237. Psychiatric Health Facility Services.
§ 1810.237.1. Psychiatric Inpatient Hospital Professional Services.
§ 1810.238. Psychiatric Inpatient Hospital Services.
§ 1810.239. Psychiatric Nursing Facility Services.
§ 1810.240. Psychiatrist Services.
§ 1810.241. Psychologist Services.
§ 1810.242. Receipt or Date of Receipt.
§ 1810.243. Rehabilitation.
§ 1810.243.1. Risk Reinsurance.
§ 1810.244. Routine Hospital Services.
§ 1810.245. Service Activities.
§ 1810.246. Short–Doyle/Medi–Cal Hospital.
§ 1810.246.1. Significant Support Person.
§ 1810.246.2. Small County.
§ 1810.246.3. Small County Reserve.
§ 1810.247. Specialty Mental Health Services.
§ 1810.248. Submit or Date of Submission.
§ 1810.249. Targeted Case Management.
§ 1810.250. Therapy.
§ 1810.251. Third Party Liability.
§ 1810.252. Traditional Hospital.
§ 1810.253. Urgent Condition.
§ 1810.253.1. Usual and Customary Charges.
§ 1810.254. Waivered/Registered Professional.

ARTICLE 3. ADMINISTRATION 520

§ 1810.305. Designation of MHPs.
§ 1810.310. Implementation Plan.
§ 1810.315. Contracts Between the Department and the MHP.
§ 1810.320. Contract Renewal.
§ 1810.325. Contract Termination.
§ 1810.330. Allocation of State Funds to MHPs.
§ 1810.335. Renegotiation of the Allocation of State Funds to an MHP.
§ 1810.341. Small County Reserve Allocation.
§ 1810.345. Scope of Covered Specialty Mental Health Services.
§ 1810.350. Scope of Covered Psychiatric Inpatient Hospital Services.
§ 1810.355. Excluded Services.
§ 1810.360. Notification of Beneficiaries.

CALIFORNIA CODE OF REGULATIONS

TABLE OF CONTENTS

§ 1810.365. Beneficiary Billing.
§ 1810.370. MOUs with Medi–Cal Managed Care Plans.
§ 1810.375. MHP Reporting.
§ 1810.380. State Oversight.
§ 1810.385. Civil Penalties.

ARTICLE 4. STANDARDS 525
§ 1810.405. Access Standards for Specialty Mental Health Services.
§ 1810.410. Cultural and Linguistic Requirements.
§ 1810.415. Coordination of Physical and Mental Health Care.
§ 1810.425. Hospital Selection Criteria.
§ 1810.430. Contracting for Psychiatric Inpatient Hospital Service Availability.
§ 1810.435. MHP Individual, Group and Organizational Provider Selection Criteria.
§ 1810.436. MHP Individual, Group and Organizational Provider Contracting Requirements.
§ 1810.438. Alternative Contracts Between MHPs and Providers.
§ 1810.440. MHP Quality Management Programs.

SUBCHAPTER 2. MEDI–CAL PSYCHIATRIC INPATIENT HOSPITAL SERVICES 528

ARTICLE 1. FISCAL PROVISIONS 528
§ 1820.100. Definitions.
§ 1820.110. Rate Setting for Psychiatric Inpatient Hospital Services for Negotiated Rate, Fee–for–Service/Medi–Cal Hospitals.
§ 1820.115. Rate Setting for Psychiatric Inpatient Hospitals for Non–negotiated Rate, Fee–for–Service/Medi–Cal Hospitals.
§ 1820.120. Rate Setting for Psychiatric Inpatient Hospital Services for Short–Doyle/Medi–Cal Hospitals.

ARTICLE 2. PROVISION OF SERVICES 530
§ 1820.200. Definitions.
§ 1820.205. Medical Necessity Criteria for Reimbursement of Psychiatric Inpatient Hospital Services.
§ 1820.210. Hospital Utilization Control.
§ 1820.215. MHP Payment Authorization—General Provisions.
§ 1820.220. MHP Payment Authorization by a Point of Authorization.
§ 1820.225. MHP Payment Authorization for Emergency Admissions by a Point of Authorization.
§ 1820.230. MHP Payment Authorization by a Utilization Review Committee.

SUBCHAPTER 3. SPECIALTY MENTAL HEALTH SERVICES OTHER THAN PSYCHIATRIC INPATIENT HOSPITAL SERVICES 533
§ 1830.100. General Provisions.

ARTICLE 1. FISCAL PROVISIONS 533
§ 1830.105. Provider Rate Setting Standards and Requirements.
§ 1830.115. Psychiatric Nursing Facility Services Rates.

ARTICLE 2. PROVISION OF SERVICES 533
§ 1830.205. Medical Necessity Criteria for MHP Reimbursement of Speciality Mental Health Services.
§ 1830.210. Medical Necessity Criteria for MHP Reimbursement for Specialty Mental Health Services for Eligible Beneficiaries Under 21 Years of Age.
§ 1830.215. MHP Payment Authorization.
§ 1830.220. Authorization of Out–of–Plan Services.
§ 1830.225. Initial Selection and Change of Person Providing Services.
§ 1830.230. Psychiatric Inpatient Hospital Professional Services.
§ 1830.245. Psychiatric Health Facility Services.

CALIFORNIA CODE OF REGULATIONS

TABLE OF CONTENTS

§ 1830.250. MHP Payment Authorization for Psychiatric Nursing Facility Services.

SUBCHAPTER 4. FEDERAL FINANCIAL PARTICIPATION 536

ARTICLE 1. GENERAL 536

§ 1840.100. Definitions.
§ 1840.105. General.
§ 1840.110. Claims Submission.
§ 1840.112. MHP Claims Certification and Program Integrity.
§ 1840.115. Alternative Contract Provider Rates.

ARTICLE 2. PSYCHIATRIC INPATIENT HOSPITAL SERVICES 537

§ 1840.205. General.
§ 1840.210. Non–Reimbursable Psychiatric Inpatient Hospital Services.
§ 1840.215. Lockouts for Psychiatric Inpatient Hospital Services.

ARTICLE 3. SPECIALTY MENTAL HEALTH SERVICES OTHER THAN PSYCHIATRIC INPATIENT HOSPITAL SERVICES 537

§ 1840.302. Psychiatric Nursing Facility Services.
§ 1840.304. Crosswalk Between Service Functions and HCPCS Codes.
§ 1840.306. Psychiatrist, Psychologist, and EPSDT Supplemental Specialty Mental Health Services.
§ 1840.308. Service Functions.
§ 1840.312. Non–Reimbursable Services—General.
§ 1840.314. Claiming for Service Functions—General.
§ 1840.316. Claiming for Service Functions Based on Minutes of Time.
§ 1840.318. Claiming for Service Functions on Half Days or Full Days of Time.
§ 1840.320. Claiming for Service Functions Based on Calendar Days.
§ 1840.322. Claiming for Service Functions Based on Hours of Time.
§ 1840.324. Mental Health Services Contact and Site Requirements.
§ 1840.326. Medication Support Services Contact and Site Requirements.
§ 1840.328. Day Treatment Intensive Services Contact and Site Requirements.
§ 1840.330. Day Rehabilitation Services Contact and Site Requirements.
§ 1840.332. Adult Residential Treatment Services Contact and Site Requirements.
§ 1840.334. Crisis Residential Treatment Services Contact and Site Requirements.
§ 1840.336. Crisis Intervention Contact and Site Requirements.
§ 1840.338. Crisis Stabilization Contact and Site Requirements.
§ 1840.340. Psychiatric Health Facility Services Contact and Site Requirements.
§ 1840.342. Targeted Case Management Contact and Site Requirements.
§ 1840.344. Service Function Staffing Requirements–General.
§ 1840.346. Medication Support Services Staffing Requirements.
§ 1840.348. Crisis Stabilization Staffing Requirements.
§ 1840.350. Day Treatment Intensive Staffing Requirements.
§ 1840.352. Day Rehabilitation Staffing Requirements.
§ 1840.354. Adult Residential Treatment Services Staffing Requirements.
§ 1840.356. Crisis Residential Treatment Services Staffing Requirements.
§ 1840.358. Psychiatric Health Facility Staffing Requirements.
§ 1840.360. Lockouts for Day Rehabilitation and Day Treatment Intensive.
§ 1840.362. Lockouts for Adult Residential Treatment Services.
§ 1840.364. Lockouts for Crisis Residential Treatment Services.
§ 1840.366. Lockouts for Crisis Intervention.
§ 1840.368. Lockouts for Crisis Stabilization.
§ 1840.370. Lockouts for Psychiatric Health Facility Services.
§ 1840.372. Lockouts for Medication Support Services.
§ 1840.374. Lockouts for Targeted Case Management Services.

SUBCHAPTER 5. PROBLEM RESOLUTION PROCESSES 545

§ 1850.205. Beneficiary Problem Resolution Processes.

CALIFORNIA CODE OF REGULATIONS

TABLE OF CONTENTS

§ 1850.210. Fair Hearing and Notice of Action.
§ 1850.215. Medical Assistance for Beneficiary Pending Fair Hearing Decision.
§ 1850.305. Provider Problem Resolution and Appeal Processes.
§ 1850.310. Provider Appeal Process—Claims Processing.
§ 1850.405. Resolution of Disputes Between MHPs Regarding MHP of Beneficiary.
§ 1850.505. Resolution of Disputes Between MHPs and Medi–Cal Managed Care Plans.

CHAPTER 12. MENTAL HEALTH PROGRAM STANDARDS FOR THE COMMUNITY TREATMENT FACILITY 549

ARTICLE 1. GENERAL PROVISIONS 549
§ 1900. Application of Chapter.
§ 1901. Definitions and Terms.

ARTICLE 2. MENTAL HEALTH PROGRAM CERTIFICATION PROCEDURES 550
§ 1902. Application for Mental Health Program Certification.
§ 1903. Mental Health Program Certification of Separate Premises.
§ 1904. Application Review.
§ 1905. Mental Health Program Certification.
§ 1906. Application for Renewal of Mental Health Program Certification.
§ 1907. Submission of a New Application.

ARTICLE 3. ADMINISTRATIVE ACTIONS 551
§ 1908. Denial of Application for Mental Health Program Certification.
§ 1909. Revocation or Suspension of Mental Health Program Certification.

ARTICLE 4. OVERSIGHT AND ENFORCEMENT PROVISIONS 552
§ 1910. Department Oversight.
§ 1911. Inspection by Department.
§ 1912. Required Reporting.
§ 1913. Complaints.
§ 1914. Investigation Authority.
§ 1915. Notice of Noncompliance.
§ 1916. Determining Compliance.
§ 1917. Administrative Review.

ARTICLE 5. CONTINUING REQUIREMENTS 554
§ 1918. Facility Requirements.
§ 1919. Plan of Operation.
§ 1920. Mental Health Program Director Requirements and Responsibilities.
§ 1921. Licensed Mental Health Treatment Staffing.
§ 1922. Required Staff Training.
§ 1923. Admission Criteria.
§ 1924. Continuing Stay Criteria.
§ 1925. Discharge and Release Procedures.
§ 1926. Habeas Corpus Hearings.
§ 1927. Mental Health Program Components and Documentation Requirements.
§ 1928. Psychotropic Medication Control and Monitoring.
§ 1929. Restraint and Seclusion.
§ 1930. Discipline Practices.

ARTICLE 6. PERSONAL RIGHTS 559
§ 1931. Patient's Rights.
§ 1932. Notification of Rights.
§ 1933. Complaint Procedures.
§ 1934. Denial of Rights.
§ 1935. Good Cause for Denial of Rights.
§ 1936. Documentation of Denial of Rights.

CALIFORNIA CODE OF REGULATIONS

TABLE OF CONTENTS

§ 1937. Restoration of Rights.
§ 1938. Child and Family Involvement and Participation.

TITLE 15. CRIME PREVENTION AND CORRECTIONS 561

DIVISION 1. BOARD OF CORRECTIONS 561

CHAPTER 1. BOARD OF CORRECTIONS 561

SUBCHAPTER 4. MINIMUM STANDARDS FOR LOCAL DETENTION FACILITIES 561

ARTICLE 11. MEDICAL/MENTAL HEALTH SERVICES 561

§ 1200. Responsibility for Health Care Services.
§ 1201. Health Care Services—Type IV Facilities.
§ 1202. Health Service Audits.
§ 1203. Health Care Staff Qualifications.
§ 1204. Health Care Staff Procedure.
§ 1205. Medical/Mental Health Records.
§ 1206. Health Care Procedures Manual.
§ 1206.5. Management of Communicable Diseases in a Custody Setting.
§ 1207. Medical Receiving Screening.
§ 1207.5. Special Mental Disorder Assessment.
§ 1208. Access to Treatment.
§ 1209. Mental Heath Services and Transfer to Treatment Facility.
§ 1210. Individualized Treatment Plans.
§ 1211. Sick Call.
§ 1212. Vermin Control.
§ 1213. Detoxification Treatment.
§ 1214. Informed Consent.
§ 1215. Dental Care.
§ 1216. Pharmaceutical Management.
§ 1217. Psychotropic Medications.
§ 1218. Inmate Deaths.
§ 1219. Suicide Prevention Program.
§ 1220. First Aid Kit(s).
§ 1230. Food Handlers.

DIVISION 3. DEPARTMENT OF CORRECTIONS 565

CHAPTER 1. RULES AND REGULATIONS OF THE DIRECTOR OF CORRECTIONS 565

SUBCHAPTER 4. GENERAL INSTITUTION REGULATIONS 565

ARTICLE 9. MENTAL HEALTH SERVICES 565

§ 3360. Availability of Mental Health Services.
§ 3361. Responsibility.
§ 3362. Availability of Treatment.
§ 3363. Right to Refuse Treatment.
§ 3364. Involuntary Medication.
§ 3365. Suicide Prevention and Response.
§ 3366. Mental Health Advisory Board.
§ 3367. Psychosurgery.
§ 3368. Aversive Therapy.
§ 3369. Shock Therapy.
§ 3369.1. Inmate/Parolee Placements in Department of Mental Health Hospitals.

CALIFORNIA CODE OF REGULATIONS

TABLE OF CONTENTS

DIVISION 4. DEPARTMENT OF THE YOUTH AUTHORITY 569

CHAPTER 3. INSTITUTIONS AND CAMPS SERVICES 569

SUBCHAPTER 3. SERVICES TO WARDS 569

ARTICLE 1. MEDICAL AND DENTAL SERVICES 569

§ 4730. Medical and Dental Treatment.
§ 4731. Treatment Centers.
§ 4732. Medical and Dental Examination.
§ 4733. Consent for Medical or Dental Treatment.
§ 4734. Refusal of Medical or Dental Treatment.
§ 4735. Compulsory Medical or Dental Treatment.
§ 4739. Off–Site Medical and Dental Treatment.

ARTICLE 1.5. MENTAL HEALTH 570

§ 4742. Availability of Mental Health Services.
§ 4743. Mental Health Records.
§ 4744. Suicide Prevention, Assessment, and Response.
§ 4745. Youth Authority Global Assessment of Functioning (YA–GAF).
§ 4746. Psychotropic Medication.
§ 4746.5. Voluntary Psychotropic Medication to Minors.
§ 4747. Involuntary Psychotropic Medication.

TITLE 16. PROFESSIONAL AND VOCATIONAL REGULATIONS 573

DIVISION 13.1. BOARD OF PSYCHOLOGY 573

ARTICLE 1. GENERAL PROVISIONS 573

§ 1380. Citation and Authority.
§ 1380.1. Location of Principal Office.
§ 1380.2. Tenses, Gender and Number.
§ 1380.3. Definitions.
§ 1380.4. Delegation of Functions.
§ 1380.5. Filing of Address.
§ 1380.6. Display of License Number.
§ 1380.7. Declaratory Decisions.
§ 1380.10. Emergency Meetings and Additions to Meeting Agendas.

ARTICLE 1.5. PSYCHOLOGICAL ASSISTANTS 573

ARTICLE 2. APPLICATIONS 573

§ 1381. Applications
§ 1381.1. Abandonment of Applications.
§ 1381.2. Petition for Hearing.
§ 1381.3. Appearances Before the Committee.
§ 1381.4. Failure to Appear for Examination—Withdrawal of Application.
§ 1381.5. Failure to Pay Initial License Fee.
§ 1381.6. Permit Processing Times.

ARTICLE 3. EDUCATION AND EXPERIENCE 574

§ 1382. Human Sexuality Training.
§ 1382.1. Human Sexuality Training Required for Licensees.
§ 1382.2. Exemption from Human Sexuality Training Requirement.
§ 1382.3. Training in Alcoholism/Chemical Dependency Detection and Treatment.
§ 1382.4. Child Abuse Assessment Training Requirements.
§ 1382.5. Spousal or Partner Abuse Assessment, Detection, and Intervention Training Requirements.
§ 1383. Comparable Programs.

CALIFORNIA CODE OF REGULATIONS

TABLE OF CONTENTS

§ 1383.1. Criteria for Approval of Comparable Programs.
§ 1383.2. W.A.S.C. Accreditation.
§ 1384. Criteria for Evaluation of Equivalent Education.
§ 1384.5. Effect of Revised Criteria for Evaluation of Equivalent Education.
§ 1384.6. Revised Criteria for Evaluation of Education.
§ 1384.7. Original Research Dissertation Requirement Defined.
§ 1385. Foreign Graduates.
§ 1386. Revised Criteria for Evaluation of Education.
§ 1386.5. Effect of Revised Criteria for Evaluation of Experience.
§ 1387. Supervised Professional Experience.
§ 1387.1. Qualifications and Responsibilities of Primary Supervisors.
§ 1387.2. Qualifications and Responsibilities of Delegated Supervisors.
§ 1387.3. SPE for Trainees Preparing for Practice in Non–Mental Health Delivery Services.
§ 1387.4. Out of State Experience.
§ 1387.5. SPE Log.
§ 1387.6. Training in Alcoholism/Chemical Dependency Detection and Treatment.
§ 1387.7. Child Abuse Assessment Training Requirements.
§ 1387.8. Spousal or Partner Abuse Assessment, Detection, and Intervention Training Requirements.

ARTICLE 4. EXAMINATION 578
§ 1388. Examinations.
§ 1388.5. Oral Examinations.
§ 1388.6. License Requirements and Waiver of Examination.
§ 1389. Reconsideration of Examinations.
§ 1390. Inspection of Examinations.

ARTICLE 5. PSYCHOLOGICAL ASSISTANTS 579
§ 1391. Citation.
§ 1391.1. Registration.
§ 1391.2. Withdrawal of Applications.
§ 1391.3. Required Training.
§ 1391.4. Limited Psychological Functions.
§ 1391.5. Statement of Purpose; Supervision Required.
§ 1391.6. Supervisor's Responsibility.
§ 1391.7. Supervised Professional Experience.
§ 1391.8. Employer–Employee Business Relationship.
§ 1391.9. Continuing Education.
§ 1391.10. Annual Reports.
§ 1391.11. Notification of Termination.
§ 1391.12. Psychological Assistant Renewals.
§ 1391.13. Effect of Violation, Psychological Assistant.
§ 1391.14. Effect of Violation, Employer.

ARTICLE 5.5. PSYCHOLOGICAL CORPORATIONS 580

ARTICLE 6. FEES 580
§ 1392. Psychologist Fees.
§ 1392.1. Psychological Assistant Fees.
§ 1392.2. Professional Corporation Fees.

ARTICLE 7. RESTORATION OF SUSPENDED OR REVOKED LICENSES 580
§ 1393. Requirements for Psychologists on Probation.
§ 1394. Substantial Relationship Criteria.
§ 1395. Rehabilitation Criteria for Denials and Reinstatements.
§ 1395.1. Rehabilitation Criteria for Suspensions or Revocations.

CALIFORNIA CODE OF REGULATIONS

TABLE OF CONTENTS

ARTICLE 8. RULES OF PROFESSIONAL CONDUCT 580
§ 1396. Competence.
§ 1396.1. Interpersonal Relations.
§ 1396.2. Misrepresentation.
§ 1396.3. Test Security.
§ 1396.4. Professional Identification.
§ 1397. Advertising.
§ 1397.1. Child Abuse Reporting Requirements.
§ 1397.2. Effect of Violation.
§ 1397.3. Competence.
§ 1397.4. Interpersonal Relations.
§ 1397.5. Misrepresentation.
§ 1397.6. Confidentiality.
§ 1397.7. Test Security.
§ 1397.8. Professional Identification.
§ 1397.9. Employment of Psychological Assistant.
§ 1397.10. Unprofessional Conduct.
§ 1397.11. Advertising.
§ 1397.12. Disciplinary Guidelines.
§ 1397.30. Citation.
§ 1397.31. Professional Relationships and Responsibilities Not Affected.
§ 1397.32. Office for Filing.
§ 1397.33. Application.
§ 1397.34. Approval and Issuance of Certificates.
§ 1397.35. Requirements for Professional Corporations.
§ 1397.36. Namestyle.
§ 1397.37. Shares: Ownership and Transfer.
§ 1397.38. Certificates of Registration: Continuing Validity and Reports.
§ 1397.39. Corporate Activities.
§ 1397.40. Trusts.
§ 1397.41. Effect of Surrendered or Revoked Certificates; Probate.

ARTICLE 9. CITATIONS AND FINES 582
§ 1397.50. Citations and Fines.
§ 1397.51. Amount of Fines.
§ 1397.52. Compliance with Orders of Abatement.
§ 1397.53. Citations for Unlicensed Practice.
§ 1397.54. Contest of Citations.
§ 1397.55. Disconnection of Telephone Service.

ARTICLE 10. CONTINUING EDUCATION 583
§ 1397.60. Definitions.
§ 1397.61. Continuing Education Requirements.
§ 1397.62. Continuing Education Exemptions and Exceptions.
§ 1397.63. Hour Value System.
§ 1397.64. Accreditation Agencies.
§ 1397.65. Requirements for Approved Providers.
§ 1397.66. Provider Audit Requirements.
§ 1397.67. Renewal After Inactive or Delinquent Status.
§ 1397.68. Provider Fees.
§ 1397.69. Participant Fees.
§ 1397.70. Sanctions for Noncompliance.
§ 1397.71. Denial, Suspension and Revocation of CE Provider Status.

DIVISION 18. BOARD OF BEHAVIORAL SCIENCES 593

ARTICLE 1. GENERAL PROVISIONS 593
§ 1800. Declaratory Decisions.

CALIFORNIA CODE OF REGULATIONS

TABLE OF CONTENTS

§ 1801. Tenses, Gender, and Number.
§ 1802. Definitions.
§ 1803. Delegation of Certain Functions.
§ 1804. Filing of Addresses.
§ 1805. Applications.
§ 1805.1. Permit Processing Times.
§ 1806. Abandonment of Application.
§ 1807. Human Sexuality Training.
§ 1807.1. Human Sexuality Training; Renewal and Documentation.
§ 1807.2. Child Abuse Assessment Training Requirements.
§ 1808. Surrender of Suspended or Revoked Licenses.
§ 1809. Results of Examination.
§ 1810. Alcoholism Training.
§ 1811. Use of License Number in Directories and Advertisements.
§ 1812. Substantial Relationship Criteria.
§ 1813. Criteria for Rehabilitation—Denial of Licensure.
§ 1814. Criteria for Rehabilitation—Suspensions or Revocations.
§ 1815. Oral Examination Appeals.

ARTICLE 2. FEES 595
§ 1816. Renewal Fees.
§ 1816.1. Initial License and Registration Fees.
§ 1816.2. Written Examination and Re–Examination Fees.
§ 1816.3. Examination Rescoring Fees.
§ 1816.4. Examination Application Fees.
§ 1816.5. Replacement and Certification Fees.
§ 1816.6. Inactive License Fees.
§ 1816.7. Delinquent License Fees.
§ 1817. Professional Corporation Fees.
§ 1818. Licensed Educational Psychologist Fees.
§ 1819. Refund of Application Fee.
§ 1819.1. Continuing Education Provider Fees.

ARTICLE 3. REGISTERED SOCIAL WORKERS 596
§ 1820. Definition of Registered Social Worker.
§ 1821. Eligibility for Examination.
§ 1821.5. Verification.
§ 1822. Graduates of Foreign Schools.
§ 1823. Results of Examination.

ARTICLE 4. MARRIAGE, FAMILY AND CHILD COUNSELORS 596
§ 1829. Examinations.
§ 1830. Education Requirements of Application.
§ 1831. Minimum Educational Requirements.
§ 1832. Equivalent Accrediting Agencies.
§ 1833. Experience.
§ 1833.1. Requirements for Supervisors.
§ 1833.2. Supervision of Experience Gained Outside of California.
§ 1833.3. Reexamination.
§ 1834. Improper Advertising.
§ 1834.5. Notification of Degrees.
§ 1834.6. Criteria for Use of Hypnosis.
§ 1835. Licensure Required.
§ 1836. Supervision of Unlicensed Counselors.
§ 1840. Display of License.
§ 1841. Human Sexuality Training.
§ 1841.1. Human Sexuality Training Required for Licensees.
§ 1841.2. Renewal Dependent upon Training Documentation.

CALIFORNIA CODE OF REGULATIONS

TABLE OF CONTENTS

§ 1845. Unprofessional Conduct.
§ 1846. Marriage, Family and Child Counselor Interns.
§ 1846.1. Notification of Employment and Termination of a Registered Marriage, Family and Child Counselor Intern.
§ 1848. Surrender of Suspended or Revoked Licenses.

ARTICLE 4.5. PROFESSIONAL CORPORATIONS 600
§ 1850. Citation of Rules.
§ 1850.1. Definitions as Used in This Article.
§ 1850.2. Professional Relationships, Responsibilities and Conduct Not Affected
§ 1850.3. Office for Filing.
§ 1850.4. Application: Review of Refusal to Approve.
§ 1850.5. Requirements for Issuance of Certificate of Registration.
§ 1850.6. Name of Corporation.
§ 1850.7. Shares: Ownership and Transfer.
§ 1850.8. Certificate of Registration: Continuing Validity: Reports.

ARTICLE 5. LICENSED EDUCATIONAL PSYCHOLOGISTS 601
§ 1854. Equivalent Degrees.
§ 1855. Equivalent Experience in Pupil Personnel Services.
§ 1856. Experience Equivalent to Three (3) Years Full–Time Experience as Credentialed School Psychologist.
§ 1857. Experience Equivalent to One Year of Supervised Professional Experience.
§ 1858. Unprofessional Conduct.
§ 1863. Application and Renewal Fees.

ARTICLE 6. LICENSED CLINICAL SOCIAL WORKERS 602
§ 1870. Requirements for Associate Clinical Social Worker Supervisors.
§ 1870.1. Supervisory Plan.
§ 1873. Experience.
§ 1874. Definition of Acceptable Mental Health Professionals.
§ 1876. Professional Supervision or Consultation.
§ 1877. Examinations.
§ 1878. Human Sexuality Training.
§ 1878.1. Human Sexuality Training Required for Licensees.
§ 1878.2. Renewal Dependent upon Training Documentation.
§ 1880. Unlicensed Assistants.
§ 1880.1. Notification of Employment and Termination of an Apprentice Clinical Social Worker.
§ 1881. Unprofessional Conduct.

ARTICLE 6.5. LICENSED CLINICAL SOCIAL WORKERS CORPORATIONS 604

ARTICLE 7. CITATIONS AND FINES 604
§ 1886. Authority to Issue Citations and Fines.
§ 1886.10. Citations for Unlicensed Practice.
§ 1886.20. Citation Format.
§ 1886.30. Citation Factors.
§ 1886.40. Citable Offenses.
§ 1886.50. Exceptions.
§ 1886.60. Compliance with Citation/Order of Abatement.
§ 1886.70. Contested Citations and Request for a Hearing or Informal Citation Conference.
§ 1886.80. Disconnection of Telephone Service.

ARTICLE 8. CONTINUING EDUCATION REQUIREMENTS FOR MARRIAGE, FAMILY, AND CHILD COUNSELORS AND LICENSED CLINICAL SOCIAL WORKERS 606

CALIFORNIA CODE OF REGULATIONS

TABLE OF CONTENTS

§ 1887. Definitions.
§ 1887.1. License Renewal Requirements.
§ 1887.2. Exceptions from Continuing Education Requirements.
§ 1887.3. Continuing Education Course Requirements.
§ 1887.4. Continuing Education Course Content.
§ 1887.5. Hours of Continuing Education Credit.
§ 1887.6. Continuing Education Providers.
§ 1887.7. Board–Approved Providers.
§ 1887.8. Revocation and Denial of Board–Approved Provider Status.
§ 1887.9. Course Advertisements.
§ 1887.10. Course Instructor Qualifications.
§ 1887.11. Records of Course Completion.
§ 1887.12. Licensee and Provider Course Records.

ARTICLE 9. DISCIPLINARY GUIDELINES 608
§ 1888. Disciplinary Guidelines.

ARTICLE 10. GROUP ADVERTISING AND REFERRAL SERVICES FOR MARRIAGE, FAMILY, AND CHILD COUNSELORS 608
§ 1889. Definitions.
§ 1889.1. Registration.
§ 1889.2. Revocation or Denial of Registration.
§ 1889.3. Advertising and Referral Guidelines.

DIVISION 25. BOARD OF VOCATIONAL NURSE AND PSYCHIATRIC TECHNICIAN EXAMINERS OF THE STATE OF CALIFORNIA 611

CHAPTER 2. PSYCHIATRIC TECHNICIANS 611

ARTICLE 1. GENERAL PROVISIONS 611
§ 2560. Location of Offices.
§ 2561. Tenses, Gender, and Number.
§ 2562. Definitions.
§ 2563. Delegation of Certain Functions.
§ 2564. Filing of Addresses.

ARTICLE 2. APPLICATION FOR LICENSE 611
§ 2565. Form.
§ 2566. Place of Filing.
§ 2567. Permit Processing Times.

ARTICLE 3. EXAMINATIONS 611
§ 2570. Scope of Examinations.
§ 2570.1. Failure to Take Assigned Examination.
§ 2571. Abandonment of Application.
§ 2572. Examination Procedure.

ARTICLE 4. LICENSES 612
§ 2574. Eligibility for Licensure.
§ 2575. Equivalent Study and Training.
§ 2576. Renewal of License. Eligibility for Renewal After License Has Expired.
§ 2576.5. Scope of Psychiatric Technician Practice.
§ 2576.6. Performance Standards.
§ 2577. Gross Negligence.
§ 2577.1. Incompetence.
§ 2577.2. Child Abuse Reporting.
§ 2577.3. Elder Abuse Reporting.
§ 2577.4. Dependent Adult Abuse Reporting.
§ 2578. Substantial Relationship Criteria.

CALIFORNIA CODE OF REGULATIONS

TABLE OF CONTENTS

§ 2579. Criteria for Rehabilitation.
§ 2579.1. Rehabilitation Criteria for Suspensions or Revocations.
§ 2579.2. Citations and Fines—Content and Service.
§ 2579.3. Exceptions.
§ 2579.4. Violation Classifications.
§ 2579.5. Citations for Unlicensed Practice.
§ 2579.6. Criteria to be Considered in Assessing a Fine.
§ 2579.7. Contested Citations.
§ 2579.8. Compliance with Citation/Order of Abatement.
§ 2579.9. Notification to Other Boards and Agencies.
§ 2579.10. Disciplinary Guidelines.

ARTICLE 5. SCHOOLS FOR PREPARATION OF PSYCHIATRIC TECHNICIANS 615
§ 2580. Accredited Schools for Preparation of Psychiatric Technicians.
§ 2581. Procedure for Accreditation.
§ 2581.1. Provisional Accreditation.
§ 2582. Reports.
§ 2583. Faculty. Report of Changes.
§ 2584. Faculty Qualifications.
§ 2585. General Requirements.
§ 2585.1. Credit for Previous Education and Experience.
§ 2586. Curriculum Hours.
§ 2587. Curriculum Content.
§ 2588. Clinical Experience.
§ 2588.1. Clinical Preceptorships.
§ 2589. Transcript of Records.

ARTICLE 6. REVENUE 618
§ 2590. Fees.
§ 2590.1. Provider Fees.
§ 2591. Waiver of Initial Certificate Fee.

ARTICLE 7. CONTINUING EDUCATION 619
§ 2592.1. Hour Requirements.
§ 2592.2. Continuing Education Courses.
§ 2592.3. Course Approval.
§ 2592.4. Approval of Course Instructors.
§ 2592.5. Course Completion Certificates and Reporting.
§ 2592.6. Inactive Licenses.
§ 2592.7. Exemption from Continuing Education Requirements.

ARTICLE 8. BLOOD WITHDRAWAL 619
§ 2593. Blood Withdrawal.
§ 2593.1. Procedure for Course Provider Approval.
§ 2593.2. Approval of Course Content.
§ 2593.3. Qualifications of Blood Withdrawal Course Instructors.
§ 2593.4. Reports to the Board that the Licensee is Eligible for Board–Certification.

ARTICLE 9. IMMUNIZATIONS AND SKIN TESTS 620
§ 2594. Immunizations and Skin Tests.

TITLE 22. SOCIAL SECURITY 621
DIVISION 3. HEALTH CARE SERVICES 621
SUBDIVISION 1. CALIFORNIA MEDICAL ASSISTANCE PROGRAM 621
CHAPTER 3. HEALTH CARE SERVICES 621
ARTICLE 1.3. GENERAL PROVISIONS 621

CALIFORNIA CODE OF REGULATIONS

TABLE OF CONTENTS

§ 51003. Prior Authorization.

ARTICLE 4. SCOPE AND DURATION OF BENEFITS 622

§ 51335. Skilled Nursing Facility Services.

DIVISION 5. LICENSING AND CERTIFICATION OF HEALTH FACILITIES, HOME HEALTH AGENCIES, CLINICS, AND REFERRAL AGENCIES 625

CHAPTER 2. ACUTE PSYCHIATRIC HOSPITAL 625

ARTICLE 1. DEFINITIONS 625

§ 71001. Meaning of Words.
§ 71003. Hospital.
§ 71004. Acute Psychiatric Care Bed Classification.
§ 71005. Acute Psychiatric Hospital.
§ 71007. Alteration.
§ 71009. Autoclaving.
§ 71011. Basic Services.
§ 71012. Certificate of Exemption.
§ 71012.1. Certificate of Need.
§ 71013. Child.
§ 71015. Cleaning.
§ 71017. Conservator.
§ 71019. Defined.
§ 71021. Department.
§ 71023. Director.
§ 71025. Disinfection.
§ 71027. Distinct Part.
§ 71029. Drug Administration.
§ 71031. Drug Dispensing.
§ 71033. Existing Hospital Building.
§ 71035. Governing Body.
§ 71037. Guardian.
§ 71038. Intermediate Care Bed Classification.
§ 71039. License.
§ 71040. License Category.
§ 71041. Licensee.
§ 71043. Maintenance.
§ 71044. Modernization.
§ 71045. New Construction.
§ 71047. Nursing Unit.
§ 71049. Outpatient Service.
§ 71051. Patient.
§ 71052. Permanently Converted.
§ 71053. Personnel.
§ 71055. Restraint.
§ 71056. Skilled Nursing Care Bed Classification.
§ 71057. Sterilization.
§ 71059. Supervision.
§ 71061. Supplemental Service.
§ 71063. Unit Dose Medication System.

ARTICLE 2. LICENSE 627

§ 71101. Inspection of Hospitals.
§ 71103. License Required.
§ 71105. Application Required.
§ 71107. Content of Application.
§ 71109. Architectural Plans.

CALIFORNIA CODE OF REGULATIONS

TABLE OF CONTENTS

§ 71110. Fee.
§ 71111. Fee
§ 71113. Projects Requiring a Certificate of Need.
§ 71113.1. Projects Eligible for a Certificate of Exemption.
§ 71113.2. Projects Not Subject to Review by a Voluntary Area Health Planning Agency.
§ 71113.3. Projects Previously Decided by a Voluntary Area Health Planning Agency.
§ 71113.4. Exemption Requests for Remodeling and Replacement Projects.
§ 71115. Safety, Zoning and Building Clearance.
§ 71117. Issuance, Expiration and Renewal.
§ 71119. Separate Licenses.
§ 71121. Posting.
§ 71123. Transferability.
§ 71124. Bed Classification.
§ 71125. Report of Changes.
§ 71127. Program Flexibility.
§ 71129. Voluntary Suspension of License or Licensed Beds.
§ 71131. Voluntary Cancellation of License.
§ 71133. Revocation or Involuntary Suspension of License.
§ 71134. Conviction of Crime: Standards for Evaluating Rehabilitation.
§ 71135. Bonds.

ARTICLE 3. BASIC SERVICES 630
§ 71201. Medical Service Definition.
§ 71203. Medical Service General Requirements.
§ 71205. Medical Service Staff.
§ 71207. Medical Service Equipment and Supplies.
§ 71209. Medical Service Space.
§ 71211. Psychiatric Nursing Service Definition.
§ 71213. Psychiatric Nursing Service General Requirements.
§ 71215. Psychiatric Nursing Service Staff.
§ 71217. Psychiatric Nursing Service Equipment and Supplies.
§ 71219. Psychiatric Nursing Service Space.
§ 71221. Psychiatric Rehabilitative Activities Service Definition.
§ 71223. Psychiatric Rehabilitative Activities Service General Requirements.
§ 71225. Psychiatric Rehabilitative Activities Service Staff.
§ 71227. Psychiatric Rehabilitative Activities Service Equipment and Supplies.
§ 71229. Psychiatric Rehabilitative Activities Service Space.
§ 71231. Pharmaceutical Service Definition.
§ 71233. Pharmaceutical Service General Requirements.
§ 71235. Pharmaceutical Service Staff.
§ 71237. Pharmaceutical Service Equipment and Supplies.
§ 71239. Pharmaceutical Service Space.
§ 71241. Dietetic Service Definition.
§ 71243. Dietetic Service General Requirements
§ 71245. Dietetic Service Staff.
§ 71247. Dietetic Service Equipment and Supplies.
§ 71249. Dietetic Service Space.

ARTICLE 4. SUPPLEMENTAL SERVICE APPROVAL 636
§ 71301. Supplemental Service Approval Required.
§ 71303. Application.
§ 71305. Issuance, Expiration and Renewal.
§ 71307. Program Flexibility.
§ 71309. Revocation or Involuntary Suspension of Approval.

ARTICLE 5. SUPPLEMENTAL SERVICES 637
§ 71401. Requirements for Supplemental Services.

CALIFORNIA CODE OF REGULATIONS

TABLE OF CONTENTS

§ 71403. Types of Supplemental Services.

ARTICLE 6. ADMINISTRATION 637

§ 71501. Governing Body.
§ 71503. Organized Medical Staff.
§ 71505. Medical Staff, Residents, Interns and Students.
§ 71507. Patients' Rights.
§ 71508. Clinical Research.
§ 71509. Emotional and Attitudinal Support.
§ 71511. Education of Patients.
§ 71513. Outside Resource.
§ 71515. Nondiscrimination Policies.
§ 71517. Admission, Transfer and Discharge Policies.
§ 71519. Personnel Policies.
§ 71521. Employees.
§ 71523. Employee Health Examinations and Health Records.
§ 71525. Employee Personnel Records.
§ 71527. Job Descriptions.
§ 71529. Advertising.
§ 71531. Records and Reports.
§ 71533. Annual Reports.
§ 71535. Reporting.
§ 71537. Infection Control Program.
§ 71539. Disaster and Mass Casualty Program.
§ 71541. Fire and Internal Disasters.
§ 71543. Fire Safety.
§ 71544. Disruption of Services.
§ 71545. Restraint of Patients.
§ 71547. Medical Records Service.
§ 71549. Medical Record Content.
§ 71551. Medical Record Availability.
§ 71553. Transfer Summary.
§ 71555. Patients' Monies and Valuables.
§ 71557. First Aid and Referrals.
§ 71559. Medical Library.
§ 71561. Medical Photography.
§ 71563. Conference Room.

ARTICLE 7. PHYSICAL PLANT 643

§ 71601. Alterations to Existing Buildings or New Construction.
§ 71603. Application for Plan Review.
§ 71605. Space Conversion.
§ 71607. Notice to Department.
§ 71609. Patient Accommodations.
§ 71611. Patient Rooms.
§ 71613. Patient Property Storage.
§ 71615. Patient Room Furnishings.
§ 71617. Provisions for Emptying Bedpans.
§ 71619. Provision for Privacy.
§ 71621. Public Telephone.
§ 71623. Isolation Facilities.
§ 71625. Seclusion Rooms.
§ 71627. Patient Lounge.
§ 71629. Laundry Service.
§ 71631. Housekeeping.
§ 71633. Morgue.
§ 71635. Central Sterile Supply.
§ 71637. Autoclaves and Sterilizers.

CALIFORNIA CODE OF REGULATIONS

TABLE OF CONTENTS

§ 71639. Disinfecting.
§ 71641. General Safety and Maintenance.
§ 71643. Air Filters.
§ 71645. Emergency Lighting and Power System.
§ 71647. Storage and Disposal of Solid Wastes.
§ 71649. Solid Waste Containers.
§ 71651. Infectious Waste.
§ 71653. Gases for Medical Use.
§ 71655. Lighting.
§ 71657. Mechanical Systems.
§ 71659. Screens.
§ 71661. Signal Systems.
§ 71663. Storage.
§ 71665. Water Supply and Plumbing.
§ 71667. Ice.

CHAPTER 3. SKILLED NURSING FACILITIES 647

ARTICLE 4. OPTIONAL SERVICES 647

§ 72443. Special Treatment Program Service Unit—General.
§ 72445. Special Treatment Program Service Unit—Services.
§ 72447. Special Treatment Program Service Unit—Distinct Part.
§ 72449. Special Treatment Program Service Unit—Program Approval.
§ 72451. Special Treatment Program Service Unit—Program Requirements.
§ 72453. Special Treatment Program Service Unit—Rights of Patients.
§ 72455. Special Treatment Program Service Unit—Abuse and Corporal Punishment.
§ 72457. Special Treatment Program Service Unit—Restraint and Seclusion.
§ 72459. Special Treatment Program Service Unit—Acceptable Forms of Restraints.
§ 72461. Special Treatment Program Service Unit—Orders for Restraint and Seclusion.
§ 72463. Special Treatment Program Service Unit—Restrictions on Applying Restraints and Utilizing Seclusion.
§ 72465. Special Treatment Program Service Unit—Staff.
§ 72467. Special Treatment Program Service Unit—Program Director.
§ 72469. Special Treatment Program Service Unit—In–Service Education.
§ 72471. Special Treatment Program Service Unit—Patient Health Records and Plans for Care.
§ 72473. Special Treatment Program Service Unit—Equipment.
§ 72475. Special Treatment Program Service Unit—Space.

CHAPTER 4. INTERMEDIATE CARE FACILITIES 650

ARTICLE 1. DEFINITIONS 650

§ 73001. Activity Leader.
§ 73003. Administrator.
§ 73005. Alteration.
§ 73007. Art Therapist.
§ 73009. Audiologist.
§ 73011. Autoclaving.
§ 73012. Certificate of Exemption.
§ 73012.1. Certificate of Need.
§ 73012.2. Chemical Restraint.
§ 73013. Cleaning.
§ 73014. Consent.
§ 73015. Conservator.
§ 73017. Consultant.
§ 73019. Dance Therapist.
§ 73021. Defined.

CALIFORNIA CODE OF REGULATIONS

TABLE OF CONTENTS

§ 73023. Dentist.
§ 73025. Department.
§ 73027. Developmentally Disabled.
§ 73029. Developmental Specialist.
§ 73031. Dietitian.
§ 73033. Director.
§ 73035. Disinfection.
§ 73037. Distinct Part.
§ 73039. Drug Administration.
§ 73041. Drug Dispensing.
§ 73043. Existing Facility.
§ 73045. Guardian.
§ 73047. Health Facility.
§ 73049. Infirmary.
§ 73049.1. Informed Consent.
§ 73050. Intermediate Care Bed Classification.
§ 73051. Intermediate Care Facility.
§ 73053. License.
§ 73054. License Category.
§ 73055. Licensee.
§ 73057. Licensed Psychiatric Technician.
§ 73059. Licensed Vocational Nurse.
§ 73061. Long–Term Health Care Facility.
§ 73063. Maintenance.
§ 73064. Modernization.
§ 73065. Music Therapist.
§ 73067. New Construction.
§ 73069. New Facility.
§ 73071. Nursing Unit.
§ 73073. Occupational Therapist.
§ 73075. Occupational Therapy Assistant.
§ 73077. Patient.
§ 73078. Permanently Converted.
§ 73079. Pharmacist.
§ 73080. Physical Restraint.
§ 73081. Physical Therapist.
§ 73083. Physical Therapist Assistant.
§ 73085. Physician.
§ 73087. Podiatrist.
§ 73089. Psychologist.
§ 73090. Psychotherapeutic Drug.
§ 73091. Recreation Therapist.
§ 73093. Registered Nurse.
§ 73095. Restraint.
§ 73097. Skilled Nursing Facility.
§ 73099. Social Work Aide.
§ 73101. Social Work Assistant.
§ 73103. Social Worker.
§ 73105. Special Disability Professional.
§ 73107. Special Disability Worker.
§ 73109. Speech Pathologist.
§ 73111. Sterilization.
§ 73113. Supervision.
§ 73115. Unit Dose Medication System.

ARTICLE 2. LICENSE 654
§ 73201. License Required.

CALIFORNIA CODE OF REGULATIONS

TABLE OF CONTENTS

§ 73203. Application Required.
§ 73205. Content of Application.
§ 73207. Architectural Plans.
§ 73208. Fee.
§ 73209. Fee.
§ 73211. Projects Requiring a Certificate of Need.
§ 73211.1. Projects Eligible for a Certificate of Exemption.
§ 73211.2. Projects Not Subject to Review by a Voluntary Area Health Planning Agency.
§ 73211.3. Projects Previously Decided by a Voluntary Area Health Planning Agency.
§ 73211.4. Exemption Requests for Remodeling and Replacement Projects.
§ 73213. Safety, Zoning and Building Clearance.
§ 73214. Bed Classification.
§ 73215. Issuance, Expiration and Renewal.
§ 73217. Provisional License.
§ 73219. Separate Licenses.
§ 73221. Posting.
§ 73223. Transferability.
§ 73225. Report of Changes.
§ 73227. Program Flexibility.
§ 73229. Voluntary Suspension of License, Service or Licensed Beds.
§ 73231. Voluntary Cancellation of License.
§ 73233. Revocation or Involuntary Suspension of License.
§ 73235. Temporary Suspension of License.
§ 73237. Pursuing Disciplinary Action to Completion.
§ 73239. Reinstatement of Revoked or Suspended License.
§ 73240. Conviction of Crime: Standards for Evaluating Rehabilitation.
§ 73241. Bonds.

ARTICLE 3. SERVICES 658

§ 73301. Required Services.
§ 73303. Physician Services—General.
§ 73305. Physician Services—Policies and Procedures.
§ 73307. Physician Services—Equipment and Supplies.
§ 73309. Nursing Service—Defined.
§ 73311. Nursing Service—General.
§ 73313. Nursing Service—Drug Administration.
§ 73315. Nursing Service—Patient Care.
§ 73317. Nursing Service—Policies and Procedures.
§ 73318. Nursing Service—Nurse Assistant Training and Certification.
§ 73319. Nursing Service—Staff.
§ 73321. Nursing Service—Equipment and Supplies.
§ 73347. Pharmaceutical Service—General.
§ 73349. Pharmaceutical Service Requirements.
§ 73351. Pharmaceutical Service—Policies and Procedures.
§ 73353. Pharmaceutical Service—Orders for Drugs.
§ 73355. Pharmaceutical Service—Standing Orders.
§ 73357. Pharmaceutical Service—Stop Orders.
§ 73359. Pharmaceutical Service—Drug Order Processing.
§ 73361. Pharmaceutical Service—Drug Order Records.
§ 73363. Pharmaceutical Service—Personal Medications.
§ 73365. Pharmaceutical Service—Labeling and Storage of Drugs.
§ 73367. Pharmaceutical Service—Controlled Drugs.
§ 73369. Pharmaceutical Service—Disposal of Drugs.
§ 73371. Pharmaceutical Service—Unit Dose Medication System.
§ 73373. Pharmaceutical Service—Staff.
§ 73375. Pharmaceutical Service—Equipment and Supplies.

CALIFORNIA CODE OF REGULATIONS

TABLE OF CONTENTS

§ 73377. Activity Program—Defined.
§ 73379. Activity Program—Scope.
§ 73381. Activity Program—Policies and Procedures.
§ 73383. Activity Program—Activity Record.
§ 73385. Activity Program—Staff.
§ 73387. Activity Program–Equipment and Supplies.
§ 73389. Activity Program–Space.
§ 73391. Special Disability Services.
§ 73393. Special Disability Services—“Distinct Part”—“Program.”
§ 73395. Special Disability Services—Program Approval.
§ 73397. Special Disability Services—Program Requirements.
§ 73399. Special Disability Services—Rights of Patients.
§ 73401. Special Disability Services—Abuse and Corporal Punishment.
§ 73403. Special Disability Services—Restraint and Seclusion.
§ 73405. Special Disability Services—Acceptable Forms of Restraint.
§ 73407. Special Disability Services—Restrictions on Applying Restraints.
§ 73409. Special Disability Services—Orders for Restraint and Seclusion.
§ 73411. Special Disability Services—Staff.
§ 73413. Special Disability Services—Equipment.
§ 73415. Special Disability Services—Space.
§ 73417. Special Rehabilitation Program Services—Mentally Disordered.
§ 73419. Special Rehabilitation Program Services—Staffing.
§ 73421. Special Rehabilitation Program Services—In–Service Training.
§ 73423. Special Rehabilitation Program Services—Patient Health Records.
§ 73425. Special Subacute Psychiatric Program Services—Mentally Disordered.
§ 73427. Special Subacute Psychiatric Program Services—Staffing.
§ 73429. Special Subacute Psychiatric Program Services—In–Service Training.
§ 73431. Special Subacute Psychiatric Program Services—Patient Health Records.
§ 73433. Special Program Requirements—Developmentally Disabled.
§ 73435. Special Program Requirements—Staffing.
§ 73437. Special Program Requirements—In–Service Training.
§ 73439. Special Program Requirements—Patient Health Records.
§ 73441. Application, Issuance, Expiration and Renewal.
§ 73445. Optional Service Unit.
§ 73447. Optional Services—Revocation or Involuntary Suspension of Approval.
§ 73449. Social Work Service Unit.
§ 73451. Social Work Service Unit—Policies and Procedures.
§ 73453. Social Work Service Unit—Staff.
§ 73455. Social Work Service Unit—Equipment and Supplies.
§ 73457. Social Work Service Unit—Space.
§ 73459. Physical Therapy Service Unit.
§ 73461. Physical Therapy Service Unit—Policies and Procedures.
§ 73463. Physical Therapy Service Unit—Staff.
§ 73465. Physical Therapy Service Unit—Equipment.
§ 73467. Physical Therapy Service Unit—Space.
§ 73469. Occupational Therapy Service Unit.
§ 73471. Occupational Therapy Service Unit—Policies and Procedures.
§ 73473. Occupational Therapy Service Unit—Staff.
§ 73475. Occupational Therapy Service Unit—Equipment.
§ 73477. Occupational Therapy Service Unit—Space.
§ 73479. Speech Pathology and/or Audiology Service Unit.
§ 73481. Speech Pathology and/or Audiology Service Unit—Policies and Procedures.
§ 73483. Speech Pathology and/or Audiology Service Unit—Staff.
§ 73485. Speech Pathology and/or Audiology Service Unit—Equipment.
§ 73487. Speech Pathology and/or Audiology Service Unit—Space.
§ 73489. Rehabilitation Service Unit.

CALIFORNIA CODE OF REGULATIONS

TABLE OF CONTENTS

§ 73491. Rehabilitation Service Unit—Policies and Procedures.
§ 73493. Rehabilitation Service Unit—Staff.
§ 73495. Rehabilitation Service Unit—Equipment.
§ 73497. Rehabilitation Service Unit—Space.

ARTICLE 4. ADMINISTRATION 674

§ 73501. Licensee—General Duties.
§ 73502. Consumer Information to Be Posted.
§ 73503. Transfer Agreements.
§ 73504. Bed Hold.
§ 73505. Affiliations.
§ 73507. Fire Safety.
§ 73509. Smoking.
§ 73511. Administrator.
§ 73513. Advertising.
§ 73515. Inspection Reports.
§ 73517. Admission of Patients
§ 73519. Administrative Policies and Procedures.
§ 73521. Patient Care Policy Committee.
§ 73523. Patients' Rights.
§ 73524. Informed Consent Requirements.
§ 73525. Employees' Health Examinations and Health Records.
§ 73527. Employee Personnel Records.
§ 73529. Employee Name Badges.
§ 73531. Patients with Communicable Disease.
§ 73533. Reporting of Communicable Disease.
§ 73535. Reporting of Outbreaks.
§ 73537. Occurrence of Unusual Disease.
§ 73539. Unusual Occurrences.
§ 73541. Annual Reports.
§ 73543. Patients' Health Records.
§ 73545. Admission Records.
§ 73547. Content of Health Records.
§ 73549. Disaster and Mass Casualty Program.
§ 73551. Fire and Internal Disasters.
§ 73553. Disruption of Services.
§ 73555. Patient Identification.
§ 73557. Safeguards for Patients' Monies and Valuables.
§ 73558. Liability for Rent and Return of Rental Advance.

ARTICLE 5. PHYSICAL PLANT 680

§ 73601. Alterations to Existing Buildings or New Construction.
§ 73603. Application for Plan Review.
§ 73605. Space Conversion.
§ 73607. Notice to Department.
§ 73609. Patient Capacity.
§ 73611. Patient Rooms.
§ 73613. Patients' Property Storage.
§ 73615. Patients' Room Furnishings.
§ 73617. Recreation and Dining Areas.
§ 73619. Provision for Privacy.
§ 73621. Public Telephone.
§ 73623. Special Rooms.
§ 73625. Nursing Stations.
§ 73627. Central Supply and Sterilizing.
§ 73629. Utility Rooms.
§ 73631. Special Systems.
§ 73633. Handrails.

CALIFORNIA CODE OF REGULATIONS

TABLE OF CONTENTS

§ 73635. General Maintenance.
§ 73637. Air Filters.
§ 73639. Emergency Lighting and Power System.
§ 73641. Storage and Disposal of Solid Waste.
§ 73643. Solid Waste Containers.
§ 73645. Infectious Waste.
§ 73647. Gases for Medical Use.
§ 73649. Water Supply and Plumbing.
§ 73651. Lighting.
§ 73653. Maintenance Manual.
§ 73655. Mechanical Systems.
§ 73657. Screens.
§ 73659. Storage.
§ 73661. Space.
§ 73663. Linen.
§ 73665. Laundry
§ 73667. Laundry Areas.
§ 73669. Clean Linen.
§ 73671. Soiled Linen.
§ 73673. Wash Cloths and Towels.
§ 73675. Housekeeping.
§ 73677. Autoclaving, Sterilizing and Disinfecting.
§ 73679. Disinfecting and Sterilizing.
§ 73681. Provisions for Emptying Bedpans.
§ 73683. Cleaning, Disinfecting and Sterilizing Manual.
§ 73685. Centralized Services Shared by Several Facilities.

ARTICLE 6. VIOLATIONS AND CIVIL PENALTIES 685
§ 73701. Definitions.
§ 73702. Class “A” Violations.
§ 73703. Class “A” Violations—Examples.
§ 73705. Class “B” Violations.
§ 73707. Class “B” Violations—Examples.
§ 73709. Class “C” Violations.
§ 73711. Filing of Names and Addresses.
§ 73713. Complaints.
§ 73715. Issuance of Citations.
§ 73717. Penalties.
§ 73719. Review Procedures.
§ 73721. Informal Conference.
§ 73723. Posting of Citations.
§ 73725. Interference with Official Duties.
§ 73727. Discrimination or Retaliation.

CHAPTER 7.2. PSYCHOLOGY CLINICS 687

ARTICLE 1. DEFINITIONS 687
§ 75301. Accredited Record Technician.
§ 75303. Clinic.
§ 75305. Psychologist.
§ 75307. Registered Record Administrator.

ARTICLE 2. LICENSE 687
§ 75309. Application Required.
§ 75311. Content of Application.
§ 75313. Fees.
§ 75315. Posting.
§ 75317. Report of Changes.

CALIFORNIA CODE OF REGULATIONS

TABLE OF CONTENTS

ARTICLE 3. BASIC SERVICES 688
§ 75321. Basic Services—General Requirements.
§ 75323. Basic Services—Psychology Staff.
§ 75325. Basic Services—Policies and Procedures.

ARTICLE 4. ADMINISTRATION 688
§ 75327. Governing Body.
§ 75329. Administrator.
§ 75331. Written Administrative Policies.
§ 75333. Employees.
§ 75335. Employee Health Examinations and Health Records.
§ 75337. Employee Records.
§ 75339. Unusual Occurrences.
§ 75341. Patient Treatment Record Service.
§ 75343. Unit Patient Treatment Records.
§ 75345. Admission Records.
§ 75347. Disaster Program.
§ 75349. Posting of Clinic Schedule.
§ 75351. Quality Assurance Evaluation Program.

ARTICLE 5. PHYSICAL PLANT 690
§ 75353. Alterations and New Construction.
§ 75355. Fire Safety.
§ 75357. Maintenance and Operation.
§ 75359. Water Supply and Plumbing.
§ 75361. Cleaning Equipment and Fixtures.
§ 75365. Solid Waste Containers.
§ 75367. Electrical Systems.
§ 75369. Illumination.
§ 75371. Space Conversion.

CHAPTER 9. PSYCHIATRIC HEALTH FACILITIES 690

ARTICLE 1. DEFINITIONS 690
§ 77001. Accredited Record Technician.
§ 77003. Authorized Representative.
§ 77004. Clinical Psychologist.
§ 77004.1. Communicable Disease.
§ 77005. Department.
§ 77007. Dietitian.
§ 77009. Director.
§ 77010. Exclusion Timeout.
§ 77011. Governing Body.
§ 77011.1. Infectious Disease.
§ 77011.2. Licensed Clinical Social Worker.
§ 77012. Licensed Mental Health Professional.
§ 77012.1. Licensed Psychiatric Technician.
§ 77012.2. Licensed Vocational Nurse.
§ 77013. Local Bank.
§ 77014. Marriage, Family and Child Counselor.
§ 77017. Mental Health Worker.
§ 77018. On–Call.
§ 77019. Permanently Converted.
§ 77021. Postural Support.
§ 77023. Psychiatrist.
§ 77027. Registered Record Administrator.
§ 77028. Sanction.
§ 77029. Seclusion.

CALIFORNIA CODE OF REGULATIONS

TABLE OF CONTENTS

§ 77030. Structured Outpatient Services.
§ 77031. Supervision.
§ 77033. Treatment Restraint.
§ 77035. Unit Patient Health Record.
§ 77036. Unusual Occurrences.

ARTICLE 2. LICENSING AND INSPECTION 692
§ 77037. Application Required.
§ 77038. Application Procedure for Obtaining a License.
§ 77039. Safety, Zoning and Building Clearance.
§ 77041. Issuance, Expiration and Renewal.
§ 77043. Separate License.
§ 77045. Posting of License and Consumer Information.
§ 77047. Report of Changes.
§ 77049. Program Flexibility.
§ 77051. Voluntary Suspension of Licensure or Licensed Beds.
§ 77052. Imposition of Sanctions.
§ 77052.5. Appeal of Sanctions.
§ 77053. Bonds.
§ 77055. Convictions of Crime: Standards for Evaluating Rehabilitation.

ARTICLE 3. SERVICES 694
§ 77059. Basic Services.
§ 77061. Staffing.
§ 77063. Psychiatric, Psychological and Counseling Services.
§ 77065. Psychiatric Nursing Services.
§ 77067. Social Services.
§ 77069. Rehabilitation Services.
§ 77070. Structured Outpatient Services Program.
§ 77071. Aftercare Services.
§ 77073. Interdisciplinary Treatment Plan.
§ 77075. Transfer Summary.
§ 77077. Dietetic Services.
§ 77079.1. Pharmaceutical Services—General.
§ 77079.2. Pharmaceutical Services—Requirements.
§ 77079.3. Pharmaceutical Services—Labeling and Storage of Drugs.
§ 77079.4. Pharmaceutical Services—Stop Orders.
§ 77079.5. Pharmaceutical Services—Orders for Drugs.
§ 77079.6. Pharmaceutical Services—Drug Order Processing.
§ 77079.7. Pharmaceutical Services—Drug Order Records.
§ 77079.8. Pharmaceutical Services—Personal Medications.
§ 77079.9. Pharmaceutical Services—Controlled Drugs.
§ 77079.10. Pharmaceutical Services—Disposition of Drugs.
§ 77079.11. Pharmaceutical Services—Medication Distribution System.
§ 77079.12. Pharmaceutical Services—Staff.
§ 77079.13. Pharmaceutical Services—Equipment and Supplies.

ARTICLE 4. ADMINISTRATION 699
§ 77081. Governing Body.
§ 77083. Organized Clinical Staff.
§ 77089. Affiliation with General Acute Care Hospitals.
§ 77091. Administrator of Business and Support Services.
§ 77093. Clinical Director.
§ 77097. Interdisciplinary Treatment Team.
§ 77099. Patients' Rights.
§ 77101. Types of Restraints and Seclusion.
§ 77103. Behavioral Restraint and Seclusion.
§ 77104. Postural Supports.

CALIFORNIA CODE OF REGULATIONS

TABLE OF CONTENTS

§ 77105. Clinical Research.
§ 77107. Education of Patients.
§ 77109. Use of Outside Resources.
§ 77111. Nondiscrimination Policies.
§ 77113. Admission Policies.
§ 77115. Written Administrative Policies.
§ 77117. Personnel Policies.
§ 77119. Employee Personnel Records.
§ 77121. Employee Health Examinations and Health Records.
§ 77123. Equipment and Supplies.
§ 77125. Advertising.
§ 77127. Records and Reports.
§ 77129. Fire and Internal Disasters.
§ 77131. Fire Safety.
§ 77133. Disruption of Services.
§ 77135. Patients with Reportable Communicable Disease, Physical Illness or Physical Injury.
§ 77137. Unusual Occurrences.
§ 77139. Health Record Service.
§ 77141. Health Record Content.
§ 77143. Health Record Availability.
§ 77145. Patients' Monies and Valuables.

ARTICLE 5. PHYSICAL PLANT 705
§ 77147. Space Conversion.
§ 77151. General Maintenance.
§ 77153. Housekeeping.
§ 77155. Maintenance Manual.

CHAPTER 12. CORRECTIONAL TREATMENT CENTERS 705

ARTICLE 1. DEFINITIONS 705
§ 79501. Accredited Record Technician.
§ 79503. Audiologist.
§ 79507. Biological.
§ 79509. Clinical Psychologist.
§ 79511. Clinical Restraint.
§ 79513. Clinical Seclusion.
§ 79515. Communicable Disease.
§ 79516. Correctional Treatment Center.
§ 79517. Decubitus Ulcer.
§ 79519. Dentist.
§ 79521. Department.
§ 79523. Dietitian.
§ 79525. Director.
§ 79527. Drug Administration.
§ 79529. Drug Dispensing.
§ 79531. Governing Body.
§ 79533. Infectious Disease.
§ 79534. Informed Consent.
§ 79535. Inmate.
§ 79537. Inmate–Patient.
§ 79539. Licensed Clinical Social Worker.
§ 79541. Licensed Vocational Nurse.
§ 79543. Licensed Marriage, Family, and Child Counselor.
§ 79547. Mental Health Worker.
§ 79549. Nursing Unit.
§ 79551. Occupational Therapist.

CALIFORNIA CODE OF REGULATIONS

TABLE OF CONTENTS

§ 79553. On–Call.
§ 79555. Outpatient Housing Unit.
§ 79557. Pharmacist.
§ 79559. Physical Therapist.
§ 79561. Physician.
§ 79563. Podiatrist.
§ 79564. Psychiatric Mental Health Nurse.
§ 79565. Psychiatric Technician.
§ 79567. Psychiatrist.
§ 79569. Recreation Therapist.
§ 79571. Registered Nurse.
§ 79573. Registered Record Administrator.
§ 79575. Supervision.
§ 79577. Treatment Restraint.
§ 79579. Unit Health Records.

ARTICLE 2. LICENSING AND INSPECTION 708
§ 79581. Application Required.
§ 79583. Safety, Zoning, and Building Clearance.
§ 79585. Issuance, Expiration, and Renewal.
§ 79587. Separate License.
§ 79589. Posting of License and Patient Information.
§ 79591. Report of Changes.
§ 79593. Program Flexibility.
§ 79595. Suspension and Revocation.

ARTICLE 3. REQUIRED SERVICES 709
§ 79597. Required Services.
§ 79599. Physician Services.
§ 79601. Physician Services—General Requirements.
§ 79603. Physician Services—Policies and Procedures.
§ 79605. Physician Service Staff.
§ 79607. Physician Service Space.
§ 79609. Psychiatrist/Psychologist Service.
§ 79611. Psychiatrist/Psychologist Service General Requirements.
§ 79613. Psychiatrist/Psychologist Service Staff.
§ 79615. Psychiatrist/Psychologist Service Space.
§ 79625. Nursing Service.
§ 79627. Nursing Service General Requirements.
§ 79629. Nursing Service—Director of Nursing Service.
§ 79631. Nursing Service—Staff.
§ 79633. Nursing Service—Staff Development.
§ 79635. Nursing Service—Administration of Medications and Treatments.
§ 79637. Nursing Service—Patient Care.
§ 79639. Nursing Service—Patients with Infectious Diseases.
§ 79641. Nursing Service—Cleaning, Disinfecting, and Sterilizing.
§ 79643. Nursing Service—Space.
§ 79645. Pharmaceutical Service.
§ 79647. Pharmaceutical Service—General Requirements.
§ 79649. Pharmaceutical Services—Other Requirements.
§ 79651. Pharmaceutical Service—Labeling and Storage of Drugs.
§ 79653. Pharmaceutical Service—Stop Orders.
§ 79655. Pharmaceutical Service—Orders for Drugs.
§ 79657. Pharmaceutical Service—Drug Order Processing.
§ 79659. Pharmaceutical Service—Drug Order Records.
§ 79661. Pharmaceutical Service—Personal Medications.
§ 79663. Pharmaceutical Service—Controlled Drugs.
§ 79665. Pharmaceutical Service—Disposition of Drugs.

CALIFORNIA CODE OF REGULATIONS

TABLE OF CONTENTS

§ 79667. Pharmaceutical Service—Unit Dose Medication System.
§ 79669. Pharmaceutical Service Staff.
§ 79671. Pharmaceutical Service—Equipment and Supplies.
§ 79673. Dental Service.
§ 79675. Dental Service—General Requirements.
§ 79677. Dental Service Staff.
§ 79679. Dental Service Equipment and Supplies.
§ 79681. Dental Service Space.
§ 79683. Dietary Service.
§ 79685. Dietary Service General Requirements.
§ 79687. Dietary Service Policies and Procedures.
§ 79689. Dietary Service Therapeutic Diets.
§ 79691. Dietary Service Menus.
§ 79693. Dietary Service Food Storage.
§ 79695. Dietary Service Sanitation.
§ 79697. Dietary Service Cleaning and Disinfection of Utensils.
§ 79699. Dietary Service Equipment, Space, and Supplies.
§ 79701. Dietary Service Staff.

ARTICLE 4. OPTIONAL SERVICES 718

§ 79703. Optional Services.
§ 79705. Optional Services—Laboratory Services.
§ 79707. Laboratory Service Staff.
§ 79709. Laboratory Service—Equipment and Supplies.
§ 79711. Optional Services—Radiology Services.
§ 79713. Radiology Service General Requirements.
§ 79715. Radiology Service Staff.
§ 79717. Radiology Service Equipment and Supplies.
§ 79719. Radiology Service Space.
§ 79721. Optional Services—Perinatal Services.
§ 79723. Perinatal Service General Requirements.
§ 79725. Perinatal Service Staff.
§ 79727. Perinatal Service Equipment and Supplies.
§ 79729. Optional Services—Outpatient Surgical Care.
§ 79731. Outpatient Surgical Care—General Requirements.
§ 79733. Outpatient Surgical Care Staff.
§ 79735. Outpatient Surgical Care Equipment and Supplies.
§ 79737. Outpatient Surgical Care Space.
§ 79739. Mental Health Treatment Program.
§ 79741. Mental Health Treatment Program—General Requirements.
§ 79743. Mental Health Treatment Program—Admission and Discharge Policies.
§ 79745. Mental Health Treatment Program—Multidisciplinary Treatment Team.
§ 79747. Mental Health Treatment Program—Individual Treatment Plan.
§ 79749. Mental Health Treatment Program—Services.
§ 79751. Acute Mental Health Care.
§ 79753. Nonacute 24–Hour Mental Health Care.
§ 79755. Mental Health Treatment Program Staffing—Basic Requirements.
§ 79757. Mental Health Treatment Program Staffing—Acute Care Requirements.
§ 79759. Mental Health Treatment Program Staffing—Nonacute Care Requirements.
§ 79761. Mental Health Treatment Program—Space.
§ 79763. Standby Emergency Medical Services, Physician on Call, Definition.
§ 79765. Standby Emergency Medical Service, Physician on Call, General Requirements.
§ 79767. Standby Emergency Medical Service, Physician on Call, Staff.
§ 79769. Standby Emergency Medical Service, Physician on Call, Equipment and Supplies.
§ 79771. Standby Emergency Medical Service, Physician on Call, Space.

CALIFORNIA CODE OF REGULATIONS

TABLE OF CONTENTS

ARTICLE 5. ADMINISTRATION 725
§ 79773. Governing Body.
§ 79775. Medical Director.
§ 79777. Administrator.
§ 79779. Administrative Policies and Procedures.
§ 79781. Required Committees.
§ 79783. Use of Outside Resources.
§ 79785. First Aid and Referrals.
§ 79787. Reporting.
§ 79789. Patient Transfer.
§ 79791. Personnel Policies.
§ 79793. Employee Personnel Records.
§ 79795. Employee Health Examinations and Health Records.
§ 79797. Staff Development.
§ 79799. Inmate–Patients' Rights.
§ 79801. Clinical Restraint, Treatment Restraint, and Clinical Seclusion.
§ 79803. Health Record Service.
§ 79805. Inmate–Patient Health Record Content.
§ 79807. Inmate–Patient Health Record Availability.
§ 79809. Transfer Summary.
§ 79811. Fire and Internal Disasters.
§ 79813. Custodial Personnel.
§ 79815. Inmate–Patient Identification.
§ 79817. Equipment and Supplies.

ARTICLE 6. PHYSICAL PLANT AND SAFETY 731
§ 79819. Alterations to Existing Buildings or New Construction.
§ 79821. Space Conversion and Remodeling.
§ 79823. Inmate–Patient Capacity.
§ 79825. Fire Safety.
§ 79827. Inmate–Patient Rooms.
§ 79829. Inmate–Patient Room Furnishings.
§ 79831. Special Rooms.
§ 79833. Provision for Emptying Bedpans.
§ 79835. Central Sterile Supply.
§ 79837. Preparation of Sterile Supplies and Equipment.
§ 79839. Call Systems.
§ 79841. General Maintenance.
§ 79843. Housekeeping.
§ 79845. Electrical Systems.
§ 79847. Storage and Disposal of Solid Waste.
§ 79849. Solid Waste Containers.
§ 79851. Medical Waste.
§ 79853. Gases for Medical Use.
§ 79855. Water Supply and Plumbing.
§ 79857. Lighting.
§ 79859. Heating, Ventilating, and Air Conditioning.
§ 79861. Laundry Service.

DIVISION 6. LICENSING OF COMMUNITY CARE FACILITIES 737

CHAPTER 1. GENERAL LICENSING REQUIREMENTS 737

ARTICLE 1. GENERAL DEFINITIONS 737
§ 80000. General.
§ 80001. Definitions.

ARTICLE 2. LICENSE 740
§ 80005. License Required.

CALIFORNIA CODE OF REGULATIONS

TABLE OF CONTENTS

§ 80006. Operation Without a License.
§ 80007. Exemption from Licensure.
§ 80008. Licensing of Integral Facilities.
§ 80010. Limitations on Capacity and Ambulatory Status.
§ 80011. Advertisements and License Number.
§ 80012. False Claims.

ARTICLE 3. APPLICATION PROCEDURES 742
§ 80017. Applicant Qualifications.
§ 80018. Application for License.
§ 80019. Criminal Record Clearance.
§ 80019.1. Criminal Record Exemption.
§ 80019.2. Child Abuse Central Index.
§ 80020. Fire Clearance.
§ 80021. Water Supply Clearance.
§ 80022. Plan of Operation.
§ 80023. Disaster and Mass Casualty Plan.
§ 80024. Waivers and Exceptions.
§ 80025. Bonding.
§ 80026. Safeguards for Cash Resources, Personal Property, and Valuables.
§ 80027. Initial Application Review.
§ 80028. Capacity Determination.
§ 80029. Withdrawal of Application.
§ 80030. Provisional License.
§ 80031. Issuance of License.
§ 80032. Term of an Initial or Renewal License.
§ 80033. Application for Renewal of a License.
§ 80034. Submission of New Application.
§ 80035. Conditions for Forfeiture of a Community Care Facility License.
§ 80036. Application/Annual Processing Fees.

ARTICLE 4. ADMINISTRATIVE ACTIONS 751
§ 80040. Denial of Initial License.
§ 80041. Denial of a Renewal License.
§ 80042. Revocation or Suspension of License.
§ 80043. Licensee/Applicant Complaints.
§ 80044. Inspection Authority of the Department or Licensing Agency.
§ 80045. Evaluation Visits.
§ 80046. Exclusions.
§ 80051. Serious Deficiencies.
§ 80052. Deficiencies in Compliance.
§ 80053. Follow–Up Visits to Determine Compliance.
§ 80054. Penalties.
§ 80055. Administrative Review.
§ 80055.1. Denial or Revocation of License for Failure to Pay Civil Penalties.
§ 80056. Exemption from Civil Penalties.
§ 80058. Unlicensed Facility Penalties.
§ 80059. Unlicensed Facility Administrative Appeal.

ARTICLE 6. CONTINUING REQUIREMENTS 754
§ 80061. Reporting Requirements.
§ 80062. Finances.
§ 80063. Accountability.
§ 80064. Administrator—Qualifications and Duties.
§ 80065. Personnel Requirements.
§ 80066. Personnel Records.
§ 80068. Admission Agreements.
§ 80068.2. Needs and Services Plan.

CALIFORNIA CODE OF REGULATIONS

TABLE OF CONTENTS

§ 80068.3. Modifications to Needs and Services Plan.
§ 80068.5. Eviction Procedures.
§ 80069. Client Medical Assessments.
§ 80069.1. Individual Health Condition Care Plan.
§ 80069.2. Functional Capabilities Assessment.
§ 80069.3. Mental Health Assessment.
§ 80070. Client Records.
§ 80071. Register of Clients.
§ 80072. Personal Rights.
§ 80073. Telephones.
§ 80074. Transportation.
§ 80075. Health–Related Services.
§ 80075.1. Automated External Defibrillators (AEDs).
§ 80076. Food Service.
§ 80077. Personal Services. (Reserved)
§ 80077.2. Care for Clients Who Rely Upon Others to Perform All Activities of Daily Living.
§ 80077.3. Care for Clients Who Lack Hazard Awareness or Impulse Control.
§ 80077.4. Care for Clients with Incontinence.
§ 80077.5. Care for Clients with Contractures.
§ 80078. Responsibility for Providing Care and Supervision.
§ 80079. Activities. (Reserved)

ARTICLE 7. PHYSICAL ENVIRONMENT 764
§ 80086. Alterations to Existing Buildings or New Facilities.
§ 80087. Buildings and Grounds.
§ 80088. Fixtures, Furniture, Equipment and Supplies.

ARTICLE 8. HEALTH RELATED SERVICES 765
§ 80090. Health and Safety Services.
§ 80091. Prohibited Health Conditions.
§ 80092. Restricted Health Conditions.
§ 80092.1. General Requirements for Restricted Health Conditions.
§ 80092.2. Restricted Health Condition Care Plan.
§ 80092.3. Inhalation–Assistive Devices.
§ 80092.4. Colostomy/Ileostomy.
§ 80092.5. Fecal Impaction Removal, Enemas, or Suppositories.
§ 80092.6. Indwelling Urinary Catheter/Catheter Procedure.
§ 80092.7. Staph or Other Serious, Communicable Infections.
§ 80092.8. Insulin–Dependent Diabetes.
§ 80092.9. Wounds.
§ 80092.10. Gastrostomy Feeding, Hydration, and Care.
§ 80092.11. Tracheostomies.
§ 80092.12. Tracheostomies.
§ 80093. Department Review of Health–Related Conditions.
§ 80094. Health Condition Relocation Order.
§ 80094.5. Client's Request for Review of a Health Condition Relocation Order by the Interdisciplinary Team (IDT).
§ 80095. Clients in Care at Time of Final Adoption of Regulations.

CHAPTER 5. GROUP HOMES 769

ARTICLE 1. GENERAL REQUIREMENTS AND DEFINITIONS 769
§ 84000. General.
§ 84001. Definitions.
§ 84002. Definitions—Forms.

ARTICLE 2. LICENSING 771
§ 84009. Posting of License.

CALIFORNIA CODE OF REGULATIONS

TABLE OF CONTENTS

§ 84010.1. Term Limits for Specialized Group Homes.
§ 84010.2. Prohibition of Dual Licensure for Specialized Group Homes.
§ 84012. False Claims; Ineligibility.

ARTICLE 3. APPLICATION PROCEDURES 772
§ 84018. Application for License.
§ 84022. Plan of Operation.
§ 84026. Safeguards for Cash Resources, Personal Property, and Valuables.
§ 84027. Safeguards for Cash Resources, Personal Property, and Valuables.
§ 84030. Provisional License (Group Home).
§ 84030.1. Provisional License.
§ 84031. Issuance of a License (Group Home).
§ 84031.1. Issuance of a Provisional License (Group Home).
§ 84031.2. Issuance of a Permanent License (Group Home).
§ 84040. Denial of Initial License.

ARTICLE 4. ADMINISTRATIVE ACTIONS 773
§ 84044. Inspection Authority of the Department or Licensing Agency.
§ 84045. Evaluation Visits.

ARTICLE 5. ENFORCEMENT PROVISIONS 773
§ 84051. Serious Deficiencies.

ARTICLE 6. CONTINUING REQUIREMENTS 773
§ 84061. Reporting Requirements.
§ 84063. Accountability.
§ 84064. Administrator Qualifications and Duties.
§ 84064.1. Additional Administrator Qualifications and Duties in Specialized Group Homes.
§ 84064.2. Administrator Certification Requirements.
§ 84064.3. Administrator Recertification Requirements.
§ 84064.4. Denial or Revocation of a Certificate.
§ 84064.5. Forfeiture of a Certificate.
§ 84065. Personnel Requirements.
§ 84065.1. Additional Personnel Requirements for Specialized Group Homes.
§ 84065.2. Personnel Duties.
§ 84065.5. Staff/Child Ratios.
§ 84065.6. Additional Staff/Child Ratios for Specialized Group Homes.
§ 84065.7. Night Supervision.
§ 84066. Personnel Records.
§ 84066.1. Additional Personnel Records for Specialized Group Homes.
§ 84068.1. Intake Procedures.
§ 84068.2. Needs and Services Plan.
§ 84068.3. Modifications to Needs and Services Plan.
§ 84068.4. Removal and/or Discharge Procedures.
§ 84069.1. Immunizations.
§ 84069.2. Individualized Health Care Plans fo Specialized Group Homes.
§ 84070. Children’s Records.
§ 84070.1. Additional Children’s Records for Specialized Group Homes.
§ 84072. Personal Rights.
§ 84072.1. Discipline Policies and Procedures.
§ 84072.2. Complaint Procedures.
§ 84072.3. Personal Rights for Children with Special Health Care Needs.
§ 84075. Health–Related Services.
§ 84076. Food Service.
§ 84077. Personal Services.
§ 84078. Responsibility for Providing Care and Supervision.
§ 84079. Planned Activities.
§ 84080. Resident Councils.

CALIFORNIA CODE OF REGULATIONS

TABLE OF CONTENTS

ARTICLE 7. PHYSICAL ENVIRONMENT 786
§ 84087. Buildings and Grounds.
§ 84087.1. Additional Buildings and Grounds Requirements for Specialized Group Homes.
§ 84087.2. Outdoor Activity Space.
§ 84087.3. Indoor Activity Space.
§ 84088. Fixtures, Furniture, Equipment, and Supplies.
§ 84088.3. Outdoor Activity Equipment.

SUBCHAPTER 1. COMMUNITY TREATMENT FACILITIES 787

ARTICLE 1. GENERAL REQUIREMENTS AND DEFINITIONS 787
§ 84110. General.
§ 84111. Definitions.

ARTICLE 2. LICENSING (RESERVED) 787

ARTICLE 3. APPLICATION PROCEDURES 787
§ 84118. Application for License.
§ 84120. Fire Clearance.
§ 84122. Plan of Operation.
§ 84128. Capacity Determination.
§ 84134. Submission of New Application.

ARTICLE 4. ADMINISTRATIVE ACTIONS 788
§ 84140. Denial of License.
§ 84142. Revocation or Suspension of License.
§ 84145. Evaluation Visits.

ARTICLE 5. ENFORCEMENT PROVISIONS 788
§ 84151. Serious Deficiencies.

ARTICLE 6. CONTINUING REQUIREMENTS 789
§ 84161. Reporting Requirements.
§ 84164. Administrator Qualifications and Duties.
§ 84164.1. Mental Health Program Director Qualifications and Duties.
§ 84165. Personnel Requirements.
§ 84165.1. Personnel Duties.
§ 84165.5. Staff/Child Ratios.
§ 84165.6. Night Supervision.
§ 84168.1. Admission Criteria.
§ 84168.2. Intake Procedures.
§ 84168.3. Needs and Services Plan.
§ 84168.4. Modifications to Needs and Services Plan.
§ 84168.5. Discharge Procedures.
§ 84170. Children's Records.
§ 84172. Personal Rights.
§ 84172.2. Complaint Procedures.
§ 84175.1. Medication Control/Monitoring.
§ 84175.2. Restraint and Seclusion.

ARTICLE 7. PHYSICAL ENVIRONMENT 793
§ 84187. Buildings and Grounds.
§ 84188. Fixtures, Furniture, Equipment, and Supplies.

CALIFORNIA LAWS

EXCERPTS FROM CODES
RELATED TO MENTAL HEALTH SERVICES

Business and Professions Code
Civil Code
Education Code
Evidence Code
Family Code
Government Code
Health and Safety Code
Insurance Code
Penal Code
Probate Code
Public Contract Code
Welfare and Institutions Code

BUSINESS AND PROFESSIONS CODE

Division 2 HEALING ARTS

Chapter 1 GENERAL PROVISIONS

Article 7.5 HEALTH CARE PRACTITIONERS

§ 680. Name tags for health care practitioners; display

(a) Except as otherwise provided in this section, a health care practitioner shall disclose, while working, his or her name and practitioner's license status, as granted by this state, on a name tag in at least 18–point type. A health care practitioner in a practice or an office, whose license is prominently displayed, may opt to not wear a name tag. If a health care practitioner or a licensed clinical social worker is working in a psychiatric setting or in a setting that is not licensed by the state, the employing entity or agency shall have the discretion to make an exception from the name tag requirement for individual safety or therapeutic concerns. In the interest of public safety and consumer awareness, it shall be unlawful for any person to use the title "nurse" in reference to himself or herself and in any capacity, except for an individual who is a registered nurse or a licensed vocational nurse, or as otherwise provided in Section 2800. Nothing in this section shall prohibit a certified nurse assistant from using his or her title.

(b) Facilities licensed by the State Department of Social Services, the State Department of Mental Health, or the State Department of Health Services shall develop and implement policies to ensure that health care practitioners providing care in those facilities are in compliance with subdivision (a). The State Department of Social Services, the State Department of Mental Health, and the State Department of Health Services shall verify through periodic inspections that the policies required pursuant to subdivision (a) have been developed and implemented by the respective licensed facilities.

(c) For purposes of this article, "health care practitioner" means any person who engages in acts that are the subject of licensure or regulation under this division or under any initiative act referred to in this division.

(Added by Stats.1998, c. 1013 (A.B.1439), § 1. Amended by Stats.1999, c. 411 (A.B.1433), § 1; Stats.2000, c. 135 (A.B.2539), § 2.)

Article 11 PROFESSIONAL REPORTING

§ 800. Central files; creation; contents; complaint forms; confidentiality

(a) The Medical Board of California, the Board of Psychology, the Dental Board of California, the Osteopathic Medical Board of California, the State Board of Chiropractic Examiners, the Board of Registered Nursing, the Board of Vocational Nursing and Psychiatric Technicians, the State Board of Optometry, the Veterinary Medical Board, the Board of Behavioral Sciences, the Physical Therapy Board of California, and the California State Board of Pharmacy shall each separately create and maintain a central file of the names of all persons who hold a license, certificate, or similar authority from that board. Each central file shall be created and maintained to provide an individual historical record for each licensee with respect to the following information:

(1) Any conviction of a crime in this or any other state that constitutes unprofessional conduct pursuant to the reporting requirements of Section 803.

(2) Any judgment or settlement requiring the licensee or his or her insurer to pay any amount of damages in excess of three thousand dollars ($3,000) for any claim that injury or death was proximately caused by the licensee's negligence, error or omission in practice, or by rendering unauthorized professional services, pursuant to the reporting requirements of Section 801 or 802.

(3) Any public complaints for which provision is made pursuant to subdivision (b).

(4) Disciplinary information reported pursuant to Section 805.

(b) Each board shall prescribe and promulgate forms on which members of the public and other licensees or certificate holders may file written complaints to the board alleging any act of misconduct in, or connected with, the performance of professional services by the licensee.

If a board, or division thereof, a committee, or a panel has failed to act upon a complaint or report within five years, or has found that the complaint or report is without merit, the central file shall be purged of information relating to the complaint or report.

Notwithstanding this subdivision, the Board of Psychology, the Board of Behavioral Sciences, and the Respiratory Care Board of California shall maintain complaints or reports as long as each board deems necessary.

(c) The contents of any central file that are not public records under any other provision of law shall be confidential except that the licensee involved, or his or her counsel or representative, shall have the right to inspect and have copies made of his or her complete file except for the provision that may disclose the identity of an information source. For the purposes of this section, a board may protect an information source by providing a copy of the material with only those deletions necessary to protect the identity of the source or by providing a comprehensive summary of the substance of the material. Whichever method is used, the board shall ensure that full disclosure is made to the subject of any personal information that could reasonably in any way reflect or convey anything detrimental, disparaging, or threatening to a licensee's reputation, rights, benefits, privileges, or qualifications, or be used by a board to make a determination that would affect a licensee's rights, benefits, privileges, or qualifications. The information required to be disclosed pursuant to Section 803.1 shall not be considered among the contents of a central file for the purposes of this subdivision.

The licensee may, but is not required to, submit any additional exculpatory or explanatory statement or other information that the board shall include in the central file.

Each board may permit any law enforcement or regulatory agency when required for an investigation of unlawful activity or for licensing, certification, or regulatory purposes to inspect and have copies made of that licensee's file, unless the disclosure is otherwise prohibited by law.

These disclosures shall effect no change in the confidential status of these records.

(Added by Stats.1975, 2nd Ex.Sess., c. 1, p. 3950, § 2.3. Amended by Stats.1975, 2nd Ex.Sess., c. 2, p. 3978, § 1.005, eff. Sept. 24, 1975, operative Dec. 12, 1975; Stats.1976, c. 1185, p. 5290, § 1; Stats.1980, c. 1313, p. 4443, § 1; Stats.1987, c. 721, § 1; Stats.1989, c. 886, § 10; Stats.1989, c. 354, § 1; Stats.1991, c. 1091 (A.B.1487), § 1; Stats.1991, c. 359 (A.B.1332), § 5; Stats.1994, c. 26 (A.B.1807), § 15.5, eff. March 30, 1994; Stats.1995, c. 5 (S.B.158), § 1; Stats.1995, c. 60 (S.B.42), § 6, eff. July 6, 1995; Stats.1995, c. 708 (S.B.609), § 1.5; Stats.1997, c. 759 (S.B.827), § 9; Stats.1999, c. 252

(A.B.352), § 1; Stats.1999, c. 655 (S.B.1308), § 2; Stats.2002, c. 1085 (S.B.1950), § 1; Stats.2002, c. 1150 (S.B.1955), § 2.5.)

§ 801. Settlement or arbitration award; report by insurer; consent of insured

(a) Every insurer providing professional liability insurance to a person who holds a license, certificate, or similar authority from or under any agency mentioned in subdivision (a) of Section 800 (except as provided in subdivisions (b), (c), and (d)) shall send a complete report to that agency as to any settlement or arbitration award over three thousand dollars ($3,000) of a claim or action for damages for death or personal injury caused by that person's negligence, error, or omission in practice, or by his or her rendering of unauthorized professional services. The report shall be sent within 30 days after the written settlement agreement has been reduced to writing and signed by all parties thereto or within 30 days after service of the arbitration award on the parties.

(b) Every insurer providing professional liability insurance to a physician and surgeon licensed pursuant to Chapter 5 (commencing with Section 2000) or the Osteopathic Initiative Act shall send a complete report to the Medical Board of California or the Osteopathic Medical Board of California, as appropriate, as to any settlement over thirty thousand dollars ($30,000); or arbitration award of any amount; or civil judgment of any amount, whether or not vacated by a settlement after entry of the judgment, that was not reversed on appeal; of a claim or action for damages for death or personal injury caused by that person's negligence, error, or omission in practice, or by his or her rendering of unauthorized professional services. A settlement over thirty thousand dollars ($30,000) shall also be reported if the settlement is based on the licensee's negligence, error, or omission in practice, or by the licensee's rendering of unauthorized professional services, and a party to the settlement is a corporation, medical group, partnership, or other corporate entity in which the licensee has an ownership interest or that employs or contracts with the licensee. The report shall be sent within 30 days after the written settlement agreement has been reduced to writing and signed by all parties thereto, within 30 days after service of the arbitration award on the parties, or within 30 days after the date of entry of the civil judgment.

(c) Every insurer providing professional liability insurance to a person licensed pursuant to Chapter 13 (commencing with Section 4980) or Chapter 14 (commencing with Section 4990) shall send a complete report to the Board of Behavioral Science Examiners as to any settlement or arbitration award over ten thousand dollars ($10,000) of a claim or action for damages for death or personal injury caused by that person's negligence, error, or omission in practice, or by his or her rendering of unauthorized professional services. The report shall be sent within 30 days after the written settlement agreement has been reduced to writing and signed by all parties thereto or within 30 days after service of the arbitration award on the parties.

(d) Every insurer providing professional liability insurance to a dentist licensed pursuant to Chapter 4 (commencing with Section 1600) shall send a complete report to the Dental Board of California as to any settlement or arbitration award over ten thousand dollars ($10,000) of a claim or action for damages for death or personal injury caused by that person's negligence, error, or omission in practice, or rendering of unauthorized professional services. The report shall be sent within 30 days after the written settlement agreement has been reduced to writing and signed by all parties thereto or within 30 days after service of the arbitration award on the parties.

(e) The insurer shall notify the claimant, or if the claimant is represented by counsel, the insurer shall notify the claimant's attorney, that the report required by subdivision (a), (b), (c), or (d) has been sent to the agency. If the attorney has not received this notice within 45 days after the settlement was reduced to writing and signed by all of the parties, the arbitration award was served on the parties, or the date of entry of the civil judgment, the attorney shall make the report to the agency.

(f) Notwithstanding any other provision of law, no insurer shall enter into a settlement without the written consent of the insured, except that this prohibition shall not void any settlement entered into without that written consent. The requirement of written consent shall only be waived by both the insured and the insurer. This section shall only apply to a settlement on a policy of insurance executed or renewed on or after January 1, 1971.

(Added by Stats.1975, 2nd Ex.Sess., c. 1, p. 3950, § 2.3. Amended by Stats.1979, c. 923, p. 3199, § 1; Stats.1989, c. 886, § 11; Stats.1989, c. 398, § 1; Stats.1991, c. 1091 (A.B.1487), § 2; Stats.1991, c. 359 (A.B.1332), § 6; Stats.1994, c. 468 (A.B.559), § 1; Stats.1994, c. 1206 (S.B.1775), § 8; Stats.1995, c. 5 (S.B.158), § 2; Stats.1997, c. 359 (A.B.103), § 1; Stats.2002, c. 1085 (S.B.1950), § 2.)

§ 801.1. Settlement or arbitration award; reports by self–insuring governmental agencies

(a) Every state or local governmental agency that self insures a person who holds a license, certificate or similar authority from or under any agency mentioned in subdivision (a) of Section 800 (except a person licensed pursuant to Chapter 3 (commencing with Section 1200) or Chapter 5 (commencing with Section 2000) of Division 2 or the Osteopathic Initiative Act) shall send a complete report to that agency as to any settlement or arbitration award over three thousand dollars ($3,000) of a claim or action for damages for death or personal injury caused by that person's negligence, error or omission in practice, or rendering of unauthorized professional services. The report shall be sent within 30 days after the written settlement agreement has been reduced to writing and signed by all parties thereto or within 30 days after service of the arbitration award on the parties.

(b) Every state or local governmental agency that self–insures a physician and surgeon licensed pursuant to Chapter 5 (commencing with Section 2000) of Division 2 or the Osteopathic Initiative Act shall send a complete report to the Medical Board of California or the Osteopathic Medical Board of California, as appropriate, as to any settlement or arbitration award over thirty thousand dollars ($30,000) of a claim or action for damages for death or personal injury caused by that person's negligence, error or omission in practice, or rendering of unauthorized professional services. A settlement over thirty thousand dollars ($30,000) shall also be reported if the settlement is based on the licensee's negligence, error, or omission in practice or by his or her rendering of unauthorized professional services, and a party to the settlement is a corporation, medical group, partnership, or other corporate entity in which the licensee has an ownership interest or that employs or contracts with the licensee. The report shall be sent within 30 days after the written settlement agreement has been reduced to writing and signed by all parties thereto or within 30 days after service of the arbitration award on the parties.

(c) Every state or local governmental agency that self–insures a person licensed pursuant to Chapter 13 (commencing with Section 4980) or Chapter 14 (commencing with Section 4990) shall send a complete report to the Board of Behavioral Science Examiners as to any settlement or arbitration award over ten thousand dollars ($10,000) of a claim or action for damages for death or personal injury caused by that person's negligence, error, or omission in practice, or rendering of unauthorized professional services. The report shall be sent within 30 days after the written settlement agreement has been reduced to writing and signed by all parties thereto or within 30 days after service of the arbitration award on the parties.

(Added by Stats.1995, c. 708 (S.B.609), § 2. Amended by Stats.2002, c. 1085 (S.B.1950), § 3.)

§ 802. Settlement or arbitration award; report by holder of authority, parties or counsel; public offense, fines

(a) Every settlement or arbitration award over three thousand dollars ($3,000) of a claim or action for damages for death or personal

injury caused by negligence, error or omission in practice, or by the unauthorized rendering of professional services, by a person who holds a license, certificate or other similar authority from an agency mentioned in subdivision (a) of Section 800 (except a person licensed pursuant to Chapter 3 (commencing with Section 1200) or Chapter 5 (commencing with Section 2000) of Division 2) or the Osteopathic Initiative Act who does not possess professional liability insurance as to that claim shall, within 30 days after the written settlement agreement has been reduced to writing and signed by all the parties thereto or 30 days after service of the arbitration award on the parties, be reported to the agency that issued the license, certificate, or similar authority. A complete report shall be made by appropriate means by the person or his or her counsel, with a copy of the communication to be sent to the claimant through his or her counsel if the person is so represented, or directly if he or she is not. If, within 45 days of the conclusion of the written settlement agreement or service of the arbitration award on the parties, counsel for the claimant (or if the claimant is not represented by counsel, the claimant himself or herself) has not received a copy of the report, he or she shall himself or herself make the complete report. Failure of the physician or claimant (or, if represented by counsel, their counsel) to comply with this section is a public offense punishable by a fine of not less than fifty dollars ($50) or more than five hundred dollars ($500). Knowing and intentional failure to comply with this section or conspiracy or collusion not to comply with this section, or to hinder or impede any other person in the compliance, is a public offense punishable by a fine of not less than five thousand dollars ($5,000) nor more than fifty thousand dollars ($50,000).

(b) Every settlement over thirty thousand dollars ($30,000), or arbitration award of any amount, of a claim or action for damages for death or personal injury caused by negligence, error or omission in practice, or by the unauthorized rendering of professional services, by a physician and surgeon licensed pursuant to Chapter 5 (commencing with Section 2000) of Division 2, or the Osteopathic Initiative Act, who does not possess professional liability insurance as to the claim shall, within 30 days after the written settlement agreement has been reduced to writing and signed by all the parties thereto or 30 days after service of the arbitration award on the parties, be reported to the agency that issued the license, certificate or similar authority. A settlement over thirty thousand dollars ($30,000) shall also be reported if the settlement is based on the licensee's negligence, error, or omission in practice or his or her rendering of unauthorized professional services, and a party to the settlement is a corporation, medical group, partnership, or other corporate entity in which the licensee has an ownership interest or that employs or contracts with the licensee. A complete report including the name and license number of the physician and surgeon shall be made by appropriate means by the person or his or her counsel, with a copy of the communication to be sent to the claimant through his or her counsel if he or she is so represented, or directly if he or she is not. If, within 45 days of the conclusion of the written settlement agreement or service of the arbitration award on the parties, counsel for the claimant (or if the claimant is not represented by counsel, the claimant himself or herself) has not received a copy of the report, he or she shall himself or herself make the complete report. Failure of the physician or claimant (or, if represented by counsel, their counsel) to comply with this section is a public offense punishable by a fine of not less than fifty dollars ($50) nor more than five hundred dollars ($500). Knowing and intentional failure to comply with this section or conspiracy or collusion not to comply with this section, or to hinder or impede any other person in the compliance, is a public offense punishable by a fine of not less than five thousand dollars ($5,000) nor more than fifty thousand dollars ($50,000).

(c) Every settlement or arbitration award over ten thousand dollars ($10,000) of a claim or action for damages for death or personal injury caused by negligence, error, or omission in practice, or by the unauthorized rendering of professional services, by a marriage and family therapist or clinical social worker licensed pursuant to Chapter 13 (commencing with Section 4980) or Chapter 14 (commencing with Section 4990) who does not possess professional liability insurance as to that claim shall within 30 days after the written settlement agreement has been reduced to writing and signed by all the parties thereto or 30 days after service of the arbitration award on the parties be reported to the agency that issued the license, certificate, or similar authority. A complete report shall be made by appropriate means by the person or his or her counsel, with a copy of the communication to be sent to the claimant through his or her counsel if he or she is so represented, or directly if he or she is not. If, within 45 days of the conclusion of the written settlement agreement or service of the arbitration award on the parties, counsel for the claimant (or if he or she is not represented by counsel, the claimant himself or herself) has not received a copy of the report, he or she shall himself or herself make a complete report. Failure of the marriage and family therapist or clinical social worker or claimant (or, if represented by counsel, their counsel) to comply with this section is a public offense punishable by a fine of not less than fifty dollars ($50) nor more than five hundred dollars ($500). Knowing and intentional failure to comply with this section, or conspiracy or collusion not to comply with this section or to hinder or impede any other person in that compliance, is a public offense punishable by a fine of not less than five thousand dollars ($5,000) nor more than fifty thousand dollars ($50,000).

(Added by Stats.1975, 2nd Sess., c. 1, p. 3950, § 2.3. Amended by Stats.1979, c. 923, p. 3200, § 2; Stats.1989, c. 398, § 2; Stats.1997, c. 359 (A.B.103), § 2; Stats.2001, c. 728 (S.B.724), § 1.5; Stats.2002, c. 1085 (S.B.1950), § 4.)

§ 802.1. Felony indictment or information; felony convictions; report to medical board by physician or surgeon

(a) A physician and surgeon shall report any of the following to the Medical Board of California in writing within 30 days:

(1) The bringing of an indictment or information charging a felony against the physician and surgeon.

(2) The conviction of the physician and surgeon, including any verdict of guilty, or plea of guilty or no contest, of any felony.

(b) Failure to make a report required by this section shall be a public offense punishable by a fine not to exceed five thousand dollars ($5,000).

(Added by Stats.1995, c. 708 (S.B.609), § 2.5.)

§ 802.3. Settlement reports; specification of specialty or subspecialty of physician and surgeon

Every report of a settlement required by Sections 801, 801.1, and 802 shall specify the specialty or subspecialty of the physician and surgeon involved.

(Added by Stats.2002, c. 1085 (S.B.1950), § 5.)

§ 802.5. Receipt of information by coroner based on findings by board–certified or board–eligible pathologist of death due to gross negligence or incompetence of physician or podiatrist; initial report; subsequent submission of other information; confidentiality; immunity from liability

(a) When a coroner receives information that is based on findings that were reached by, or documented and approved by a board–certified or board–eligible pathologist indicating that a death may be the result of a physician's or podiatrist's gross negligence or incompetence, a report shall be filed with the Medical Board of California or the California Board of Podiatric Medicine. The initial report shall include the name of the decedent, date and place of death, attending physicians or podiatrists, and all other relevant information available. The initial report shall be followed, within 90 days, by copies of the coroner's report, autopsy protocol, and all other relevant information.

(b) The report required by this section shall be confidential. No coroner, physician and surgeon, or medical examiner, nor any authorized agent, shall be liable for damages in any civil action as a result of his or her acting in compliance with this section. No board–certified or board–eligible pathologist, nor any authorized agent, shall be liable for damages in any civil action as a result of his or her providing information under subdivision (a).
(Added by Stats.1990, c. 1597 (S.B.2375), § 2.)

§ 803. Judgment against holder of license, certificate or other authority; reports to issuing agency and medical board; release of information to public

(a)(1) Except as provided in paragraph (2), within 10 days after a judgment by a court of this state that a person who holds a license, certificate, or other similar authority from the Board of Behavioral Science Examiners or from an agency mentioned in subdivision (a) of Section 800 (except a person licensed pursuant to Chapter 3 (commencing with Section 1200)) has committed a crime, or is liable for any death or personal injury resulting in a judgment for an amount in excess of thirty thousand dollars ($30,000) caused by his or her negligence, error or omission in practice, or his or her rendering unauthorized professional services, the clerk of the court that rendered the judgment shall report that fact to the agency that issued the license, certificate, or other similar authority.

(2) For purposes of a physician and surgeon who has committed a crime, or is liable for any death or personal injury resulting in a judgment of any amount caused by his or her negligence, error or omission in practice, or his or her rendering unauthorized professional services, the clerk of the court that rendered the judgment shall report that fact to the agency that issued the license.

(b) Every insurer providing professional liability insurance to a physician and surgeon licensed pursuant to Chapter 5 (commencing with Section 2000) shall send a complete report including the name and license number of the physician and surgeon to the Medical Board of California as to any judgment of a claim for damages for death or personal injury caused by that licensee's negligence, error, or omission in practice, or rendering of unauthorized professional services. The report shall be sent within 30 calendar days after entry of judgment.

(c) Notwithstanding any other provision of law, the Medical Board of California and the California Board of Podiatric Medicine shall disclose to an inquiring member of the public information received pursuant to subdivision (a) regarding felony convictions of, and judgments against, a physician and surgeon or doctor of podiatric medicine. The Division of Medical Quality and the California Board of Podiatric Medicine may formulate appropriate disclaimers or explanatory statements to be included with any information released, and may, by regulation, establish categories of information that need not be disclosed to the public because that information is unreliable or not sufficiently related to the licensee's professional practice.
(Added by Stats.1993, c. 1267 (S.B.916), § 4. Amended by Stats.1995, c. 708 (S.B.609), § 4; Stats.1997, c. 359 (A.B.103), § 3; Stats.2001, c. 728 (S.B.724), § 2.)

§ 803.1. Medical, osteopathic, and podiatry boards; disclosure of information to public

(a) Notwithstanding any other provision of law, the Medical Board of California, the Osteopathic Medical Board of California, and the California Board of Podiatric Medicine shall disclose to an inquiring member of the public information regarding any enforcement actions taken against a licensee by either board or by another state or jurisdiction, including all of the following:

(1) Temporary restraining orders issued.

(2) Interim suspension orders issued.

(3) Revocations, suspensions, probations, or limitations on practice ordered by the board, including those made part of a probationary order or stipulated agreement.

(4) Public letters of reprimand issued.

(5) Infractions, citations, or fines imposed.

(b) Notwithstanding any other provision of law, in addition to the information provided in subdivision (a), the Medical Board of California, the Osteopathic Medical Board of California, and the California Board of Podiatric Medicine shall disclose to an inquiring member of the public all of the following:

(1) Civil judgments in any amount, whether or not vacated by a settlement after entry of the judgment, that were not reversed on appeal and arbitration awards in any amount of a claim or action for damages for death or personal injury caused by the physician and surgeon's negligence, error, or omission in practice, or by his or her rendering of unauthorized professional services.

(2)(A) All settlements in the possession, custody, or control of the board shall be disclosed for a licensee in the low–risk category if there are three or more settlements for that licensee within the last 10 years, except for settlements by a licensee regardless of the amount paid where (i) the settlement is made as a part of the settlement of a class claim, (ii) the licensee paid in settlement of the class claim the same amount as the other licensees in the same class or similarly situated licensees in the same class, and (iii) the settlement was paid in the context of a case where the complaint that alleged class liability on behalf of the licensee also alleged a products liability class action cause of action. All settlements in the possession, custody, or control of the board shall be disclosed for a licensee in the high–risk category if there are four or more settlements for that licensee within the last 10 years except for settlements by a licensee regardless of the amount paid where (i) the settlement is made as a part of the settlement of a class claim, (ii) the licensee paid in settlement of the class claim the same amount as the other licensees in the same class or similarly situated licensees in the same class, and (iii) the settlement was paid in the context of a case where the complaint that alleged class liability on behalf of the licensee also alleged a products liability class action cause of action. Classification of a licensee in either a "high–risk category" or a "low–risk category" depends upon the specialty or subspecialty practiced by the licensee and the designation assigned to that specialty or subspecialty by the Medical Board of California, as described in subdivision (e). For the purposes of this paragraph, "settlement" means a settlement of an action described in paragraph (1) entered into by the licensee on or after January 1, 2003, in an amount of thirty thousand dollars ($30,000) or more.

(B) The board shall not disclose the actual dollar amount of a settlement but shall put the number and amount of the settlement in context by doing the following:

(i) Comparing the settlement amount to the experience of other licensees within the same specialty or subspecialty, indicating if it is below average, average, or above average for the most recent 10–year period.

(ii) Reporting the number of years the licensee has been in practice.

(iii) Reporting the total number of licensees in that specialty or subspecialty, the number of those who have entered into a settlement agreement, and the percentage that number represents of the total number of licensees in the specialty or subspecialty.

(3) Current American Board of Medical Specialty certification or board equivalent as certified by the Medical Board of California, the Osteopathic Medical Board of California, or the California Board of Podiatric Medicine.

(4) Approved postgraduate training.

(5) Status of the license of a licensee. By January 1, 2004, the Medical Board of California, the Osteopathic Medical Board of California, and the California Board of Podiatric Medicine shall adopt regulations defining the status of a licensee. The board shall employ this definition when disclosing the status of a licensee pursuant to Section 2027.

(6) Any summaries of hospital disciplinary actions that result in the termination or revocation of a licensee's staff privileges for medical disciplinary cause or reason.

(c) The Medical Board of California, the Osteopathic Medical Board of California, and the California Board of Podiatric Medicine may formulate appropriate disclaimers or explanatory statements to be included with any information released, and may by regulation establish categories of information that need not be disclosed to an inquiring member of the public because that information is unreliable or not sufficiently related to the licensee's professional practice. The Medical Board of California, the Osteopathic Medical Board of California, and the California Board of Podiatric Medicine shall include the following statement when disclosing information concerning a settlement:

"Some studies have shown that there is no significant correlation between malpractice history and a doctor's competence. At the same time, the State of California believes that consumers should have access to malpractice information. In these profiles, the State of California has given you information about both the malpractice settlement history for the doctor's specialty and the doctor's history of settlement payments only if in the last 10 years, the doctor, if in a low–risk specialty, has three or more settlements or the doctor, if in a high–risk specialty, has four or more settlements. The State of California has excluded some class action lawsuits because those cases are commonly related to systems issues such as product liability, rather than questions of individual professional competence and because they are brought on a class basis where the economic incentive for settlement is great. The State of California has placed payment amounts into three statistical categories: below average, average, and above average compared to others in the doctor's specialty. To make the best health care decisions, you should view this information in perspective. You could miss an opportunity for high–quality care by selecting a doctor based solely on malpractice history.

When considering malpractice data, please keep in mind:

Malpractice histories tend to vary by specialty. Some specialties are more likely than others to be the subject of litigation. This report compares doctors only to the members of their specialty, not to all doctors, in order to make an individual doctor's history more meaningful.

This report reflects data only for settlements made on or after January 1, 2003. Moreover, it includes information concerning those settlements for a 10–year period only. Therefore, you should know that a doctor may have made settlements in the 10 years immediately preceding January 1, 2003, that are not included in this report. After January 1, 2013, for doctors practicing less than 10 years, the data covers their total years of practice. You should take into account the effective date of settlement disclosure as well as how long the doctor has been in practice when considering malpractice averages.

The incident causing the malpractice claim may have happened years before a payment is finally made. Sometimes, it takes a long time for a malpractice lawsuit to settle. Some doctors work primarily with high–risk patients. These doctors may have malpractice settlement histories that are higher than average because they specialize in cases or patients who are at very high risk for problems.

Settlement of a claim may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the doctor. A payment in settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred.

You may wish to discuss information in this report and the general issue of malpractice with your doctor."

(d) The Medical Board of California, the Osteopathic Medical Board of California, and the California Board of Podiatric Medicine shall, by regulation, develop standard terminology that accurately describes the different types of disciplinary filings and actions to take against a licensee as described in paragraphs (1) to (5), inclusive, of subdivision (a). In providing the public with information about a licensee via the Internet pursuant to Section 2027, the Medical Board of California, the Osteopathic Medical Board of California, and the California Board of Podiatric Medicine shall not use the terms "enforcement," "discipline," or similar language implying a sanction unless the physician and surgeon has been the subject of one of the actions described in paragraphs (1) to (5), inclusive, of subdivision (a).

(e) The Medical Board of California shall adopt regulations no later than July 1, 2003, designating each specialty and subspecialty practice area as either high risk or low risk. In promulgating these regulations, the board shall consult with commercial underwriters of medical malpractice insurance companies, health care systems that self–insure physicians and surgeons, and representatives of the California medical specialty societies. The board shall utilize the carriers' statewide data to establish the two risk categories and the averages required by subparagraph (B) of paragraph (2) of subdivision (b). Prior to issuing regulations, the board shall convene public meetings with the medical malpractice carriers, self–insurers, and specialty representatives.

(f) The Medical Board of California, the Osteopathic Medical Board of California, and the California Board of Podiatric Medicine shall provide each licensee with a copy of the text of any proposed public disclosure authorized by this section prior to release of the disclosure to the public. The licensee shall have 10 working days from the date the board provides the copy of the proposed public disclosure to propose corrections of factual inaccuracies. Nothing in this section shall prevent the board from disclosing information to the public prior to the expiration of the 10–day period.

(g) Pursuant to subparagraph (A) of paragraph (2) of subdivision (b), the specialty or subspecialty information required by this section shall group physicians by specialty board recognized pursuant to paragraph (5) of subdivision (h) of Section 651 unless a different grouping would be more valid and the board, in its statement of reasons for its regulations, explains why the validity of the grouping would be more valid.

(Added by Stats.1993, c. 1267 (S.B.916), § 4.5. Amended by Stats.1994, c. 1206 (S.B.1775), § 10; Stats.1997, c. 359 (A.B.103), § 4; Stats.2000, c. 836 (S.B.1554), § 2; Stats.2002, c. 1085 (S.B.1950), § 6.)

§ 803.2. Entry of judgment, settlement agreement or arbitration award against licensee; payment by employer; report to board

Every entry of settlement agreement over thirty thousand dollars ($30,000), or judgment or arbitration award of any amount, of a claim or action for damages for death or personal injury caused by, or alleging, the negligence, error, or omission in practice, or the unauthorized rendering of professional services, by a physician and surgeon or doctor of podiatric medicine licensed pursuant to Chapter 5 (commencing with Section 2000) or the Osteopathic Initiative Act, when that judgment, settlement agreement, or arbitration award is entered against, or paid by, the employer of that licensee and not the licensee himself or herself, shall be reported to the appropriate board by the entity required to report the information in accordance with Sections 801, 801.1, 802, and 803 as an entry of judgment, settlement, or arbitration award against the negligent licensee. This report shall include the name and license number of the physician and surgeon.

"Employer" as used in this section means a professional corporation, a group practice, a health care facility or clinic licensed or exempt from licensure under the Health and Safety Code, a licensed health care service plan, a medical care foundation, an educational institution, a professional institution, a professional school or college, a general law corporation, a public entity, or a nonprofit organization that employs, retains, or contracts with a licensee referred to in this section. Nothing in this section shall be construed to authorize the

employment of, or contracting with, any licensee in violation of Section 2400.

(Added by Stats.1993, c. 1267 (S.B.916), § 5. Amended by Stats.1994, c. 1206 (S.B.1775), § 11; Stats.1995, c. 708 (S.B.609), § 5; Stats.1996, c. 902 (S.B.2098), § 1; Stats.1997, c. 359 (A.B.103), § 5; Stats.2001, c. 728 (S.B.724), § 3.)

§ 803.3. Health care service plan contracts; arbitration awards; consideration as judgment for disclosure purposes

Any arbitration under a health care service plan contract for any death or personal injury resulting in an award for an amount in excess of thirty thousand dollars ($30,000) shall be a judgment for purposes of subdivision (b) of Section 803.

(Added by Stats.1994, c. 653 (A.B.3260), § 1.)

§ 803.5. Notification of filing against licensee

(a) The district attorney, city attorney, or other prosecuting agency shall notify the Medical Board of California, the California Board of Podiatric Medicine, the State Board of Chiropractic Examiners, or other appropriate allied health board, and the clerk of the court in which the charges have been filed, of any filings against a licensee of that board charging a felony immediately upon obtaining information that the defendant is a licensee of the board. The notice shall identify the licensee and describe the crimes charged and the facts alleged. The prosecuting agency shall also notify the clerk of the court in which the action is pending that the defendant is a licensee, and the clerk shall record prominently in the file that the defendant holds a license from one of the boards described above.

(b) The clerk of the court in which a licensee of one of the boards is convicted of a crime shall, within 48 hours after the conviction, transmit a certified copy of the record of conviction to the applicable board. Where the licensee is regulated by an allied health board, the record of conviction shall be transmitted to that allied health board and the Medical Board of California.

(Added by Stats.1990, c. 1597 (S.B.2375), § 3. Amended by Stats.1993, c. 1267 (S.B.916), §6; Stats.1994, c. 1206 (S.B.1775), § 12; Stats.1995, c. 708 (S.B.609), § 6; Stats.2000, c. 867 (S.B.1988), § 4.)

§ 803.6. Transmittal of felony preliminary hearing transcript or probation report to board

(a) The clerk of the court shall transmit any felony preliminary hearing transcript concerning a defendant licensee to the Medical Board of California and the applicable allied health board, or the California Board of Podiatric Medicine, as applicable, where the total length of the transcript is under 800 pages and shall notify the appropriate board of any proceeding where the transcript exceeds that length.

(b) In any case where a probation report on a licensee is prepared for a court pursuant to Section 1203 of the Penal Code, a copy of that report shall be transmitted by the probation officer to the board.

(Added by Stats.1990, c. 1597 (S.B.2375), § 4. Amended by Stats.1993, c. 1267 (S.B.916), § 7.)

§ 804. Reports to agency; form and contents; copies

(a) Any agency to whom reports are to be sent under Section 801, 801.1, 802, or 803, may develop a prescribed form for the making of the reports, usage of which it may, but need not, by regulation, require in all cases.

(b) A report required to be made by Sections 801, 801.1, or 802 shall be deemed complete only if it includes the following information: (1) the name and last known business and residential addresses of every plaintiff or claimant involved in the matter, whether or not each plaintiff or claimant recovered anything; (2) the name and last known business and residential addresses of every physician or provider of health care services who was claimed or alleged to have acted improperly, whether or not that person was a named defendant and whether or not any recovery or judgment was had against that person; (3) the name, address, and principal place of business of every insurer providing professional liability insurance as to any person named in (2), and the insured's policy number; (4) the name of the court in which the action or any part of the action was filed along with the date of filing and docket number of each action; (5) a brief description or summary of the facts upon which each claim, charge or judgment rested including the date of occurrence; (6) the names and last known business and residential addresses of every person who acted as counsel for any party in the litigation or negotiations, along with an identification of the party whom said person represented; (7) the date and amount of final judgment or settlement; and (8) any other information the agency to whom the reports are to be sent may, by regulation, require.

(c) Every person named in the report, who is notified by the board within 60 days of the filing of the report, shall maintain for the period of three years from the filing of the report any records he or she has as to the matter in question and shall make those available upon request to the agency with which the report was filed.

(d) Every professional liability insurer that makes a report under Section 801, or self–insured governmental agency that makes a report pursuant to Section 801.1, and has received a copy of any written patient medical or hospital records prepared by the treating physician or the staff of the treating physician or hospital, describing the medical condition, history, care, or treatment of the person whose death or injury is the subject of the claim prompting the Section 801 or 801.1 report, or a copy of any depositions in the matter that discuss the care, treatment, or medical condition of the person, shall provide with the report copies of the records and depositions, subject to reasonable costs to be paid by the Medical Board of California to the insurer, except when confidentiality is required by court order. If confidentiality is required by court order and, as a result, the insurer is unable to provide the records and depositions, documentation to that effect shall accompany the original report. The applicable board may, upon prior notification of the parties to the action, petition the appropriate court for modification of any protective order to permit disclosure to the board. A professional liability insurer or self–insured governmental agency shall maintain the records and depositions referred to in this subdivision for at least one year from the date of the Section 801 or 801.1 report.

(Added by Stats.1975, 2nd Ex.Sess., c. 1, p. 3950, § 2.3. Amended by Stats.1975, 2nd Ex.Sess., c. 2, p. 3979, § 1.01, eff. Sept. 24, 1975, operative Dec. 12, 1975; Stats.1994, c. 1206 (S.B.1775), § 13; Stats.1995, c. 708 (S.B.609), § 7.)

§ 804.5. Board requests for medical records and depositions

The Medical Board of California may request a licensee, health care facility, self–insured governmental agency, or professional liability insurer that is required pursuant to Section 804 to comply with a request for medical records of a patient, or a copy of any depositions in a case that discusses the care, treatment, or medical condition of a person, to permit representatives of the board to obtain copies of these records from the custodians of these records subject to reasonable costs to be paid by the Medical Board of California.

(Added by Stats.1995, c. 708 (S.B.609), § 7.5.)

§ 805. Definitions; specified actions requiring report to relevant agency; timeliness and contents; confidentiality; liability; fine for failure to make or transmit report

(a) As used in this section, the following terms have the following definitions:

(1) "Peer review body" includes:

(A) A medical or professional staff of any health care facility or clinic licensed under Division 2 (commencing with Section 1200) of the Health and Safety Code or of a facility certified to participate in the federal Medicare program as an ambulatory surgical center.

(B) A health care service plan registered under Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and

Safety Code or a disability insurer that contracts with licentiates to provide services at alternative rates of payment pursuant to Section 10133 of the Insurance Code.

(C) Any medical, psychological, marriage and family therapy, social work, dental, or podiatric professional society having as members at least 25 percent of the eligible licentiates in the area in which it functions (which must include at least one county), which is not organized for profit and which has been determined to be exempt from taxes pursuant to Section 23701 of the Revenue and Taxation Code.

(D) A committee organized by any entity consisting of or employing more than 25 licentiates of the same class that functions for the purpose of reviewing the quality of professional care provided by members or employees of that entity.

(2) "Licentiate" means a physician and surgeon, podiatrist, clinical psychologist, marriage and family therapist, clinical social worker, or dentist. "Licentiate" also includes a person authorized to practice medicine pursuant to Section 2113.

(3) "Agency" means the relevant state licensing agency having regulatory jurisdiction over the licentiates listed in paragraph (2).

(4) "Staff privileges" means any arrangement under which a licentiate is allowed to practice in or provide care for patients in a health facility. Those arrangements shall include, but are not limited to, full staff privileges, active staff privileges, limited staff privileges, auxiliary staff privileges, provisional staff privileges, temporary staff privileges, courtesy staff privileges, locum tenens arrangements, and contractual arrangements to provide professional services, including, but not limited to, arrangements to provide outpatient services.

(5) "Denial or termination of staff privileges, membership, or employment" includes failure or refusal to renew a contract or to renew, extend, or reestablish any staff privileges, if the action is based on medical disciplinary cause or reason.

(6) "Medical disciplinary cause or reason" means that aspect of a licentiate's competence or professional conduct that is reasonably likely to be detrimental to patient safety or to the delivery of patient care.

(7) "805 report" means the written report required under subdivision (b).

(b) The chief of staff of a medical or professional staff or other chief executive officer, medical director, or administrator of any peer review body and the chief executive officer or administrator of any licensed health care facility or clinic shall file an 805 report with the relevant agency within 15 days after the effective date of any of the following that occur as a result of an action of a peer review body:

(1) A licentiate's application for staff privileges or membership is denied or rejected for a medical disciplinary cause or reason.

(2) A licentiate's membership, staff privileges, or employment is terminated or revoked for a medical disciplinary cause or reason.

(3) Restrictions are imposed, or voluntarily accepted, on staff privileges, membership, or employment for a cumulative total of 30 days or more for any 12–month period, for a medical disciplinary cause or reason.

(c) The chief of staff of a medical or professional staff or other chief executive officer, medical director, or administrator of any peer review body and the chief executive officer or administrator of any licensed health care facility or clinic shall file an 805 report with the relevant agency within 15 days after any of the following occur after notice of either an impending investigation or the denial or rejection of the application for a medical disciplinary cause or reason:

(1) Resignation or leave of absence from membership, staff, or employment.

(2) The withdrawal or abandonment of a licentiate's application for staff privileges or membership.

(3) The request for renewal of those privileges or membership is withdrawn or abandoned.

(d) For purposes of filing an 805 report, the signature of at least one of the individuals indicated in subdivision (b) or (c) on the completed form shall constitute compliance with the requirement to file the report.

(e) An 805 report shall also be filed within 15 days following the imposition of summary suspension of staff privileges, membership, or employment, if the summary suspension remains in effect for a period in excess of 14 days.

(f) A copy of the 805 report, and a notice advising the licentiate of his or her right to submit additional statements or other information pursuant to Section 800, shall be sent by the peer review body to the licentiate named in the report.

The information to be reported in an 805 report shall include the name and license number of the licentiate involved, a description of the facts and circumstances of the medical disciplinary cause or reason, and any other relevant information deemed appropriate by the reporter.

A supplemental report shall also be made within 30 days following the date the licentiate is deemed to have satisfied any terms, conditions, or sanctions imposed as disciplinary action by the reporting peer review body. In performing its dissemination functions required by Section 805.5, the agency shall include a copy of a supplemental report, if any, whenever it furnishes a copy of the original 805 report.

If another peer review body is required to file an 805 report, a health care service plan is not required to file a separate report with respect to action attributable to the same medical disciplinary cause or reason. If the Medical Board of California or a licensing agency of another state revokes or suspends, without a stay, the license of a physician, a peer review body is not required to file an 805 report when it takes an action as a result of the revocation or suspension.

(g) The reporting required by this section shall not act as a waiver of confidentiality of medical records and committee reports. The information reported or disclosed shall be kept confidential except as provided in subdivision (c) of Section 800 and Sections 803.1 and 2027, provided that a copy of the report containing the information required by this section may be disclosed as required by Section 805.5 with respect to reports received on or after January 1, 1976.

(h) The Medical Board of California, the Osteopathic Medical Board of California, and the Dental Board of California shall disclose reports as required by Section 805.5.

(i) An 805 report shall be maintained by an agency for dissemination purposes for a period of three years after receipt.

(j) No person shall incur any civil or criminal liability as the result of making any report required by this section.

(k) A willful failure to file an 805 report by any person who is designated or otherwise required by law to file an 805 report is punishable by a fine not to exceed one hundred thousand dollars ($100,000) per violation. The fine may be imposed in any civil or administrative action or proceeding brought by or on behalf of any agency having regulatory jurisdiction over the person regarding whom the report was or should have been filed. If the person who is designated or otherwise required to file an 805 report is a licensed physician and surgeon, the action or proceeding shall be brought by the Medical Board of California. The fine shall be paid to that agency but not expended until appropriated by the Legislature. A violation of this subdivision may constitute unprofessional conduct by the licentiate. A person who is alleged to have violated this subdivision may assert any defense available at law. As used in this subdivision, "willful" means a voluntary and intentional violation of a known legal duty.

(*l*) Except as otherwise provided in subdivision (k), any failure by the administrator of any peer review body, the chief executive officer or administrator of any health care facility, or any person who is designated or otherwise required by law to file an 805 report, shall be punishable by a fine that under no circumstances shall exceed fifty thousand dollars ($50,000) per violation. The fine may be imposed in

any civil or administrative action or proceeding brought by or on behalf of any agency having regulatory jurisdiction over the person regarding whom the report was or should have been filed. If the person who is designated or otherwise required to file an 805 report is a licensed physician and surgeon, the action or proceeding shall be brought by the Medical Board of California. The fine shall be paid to that agency but not expended until appropriated by the Legislature. The amount of the fine imposed, not exceeding fifty thousand dollars ($50,000) per violation, shall be proportional to the severity of the failure to report and shall differ based upon written findings, including whether the failure to file caused harm to a patient or created a risk to patient safety; whether the administrator of any peer review body, the chief executive officer or administrator of any health care facility, or any person who is designated or otherwise required by law to file an 805 report exercised due diligence despite the failure to file or whether they knew or should have known that an 805 report would not be filed; and whether there has been a prior failure to file an 805 report. The amount of the fine imposed may also differ based on whether a health care facility is a small or rural hospital as defined in Section 124840 of the Health and Safety Code.

(m) A health care service plan registered under Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code or a disability insurer that negotiates and enters into a contract with licentiates to provide services at alternative rates of payment pursuant to Section 10133 of the Insurance Code, when determining participation with the plan or insurer, shall evaluate, on a case–by–case basis, licentiates who are the subject of an 805 report, and not automatically exclude or deselect these licentiates.

(Added by Stats.1987, c. 1044, § 3. Amended by Stats.1988, c. 419, § 1; Stats.1989, c. 886, § 12; Stats.1989, c. 1070, § 1; Stats.1990, c. 196 (A.B.1565), § 1; Stats.1990, c. 1597 (S.B.2375), § 5; Stats.1991, c. 359 (A.B.1332), § 7; Stats.1993, c. 1267 (S.B.916), § 8; Stats.1995, c. 279 (A.B.1471), § 1; Stats.1997, c. 359 (A.B.103), § 6; Stats.1999, c. 252 (A.B.352), § 2; Stats.2001, c. 614 (S.B.16), § 2; Stats.2002, c. 1012 (S.B.2025), § 3, eff. Sept. 27, 2002.)

§ 805.1. Documents from disciplinary proceeding resulting in loss of staff or membership privileges; inspection and copying by licensing or certificating agency; disclosure

(a) The Medical Board of California, the Osteopathic Medical Board of California, and the Dental Board of California shall be entitled to inspect and copy the following documents in the record of any disciplinary proceeding resulting in action that is required to be reported pursuant to Section 805:

(1) Any statement of charges.

(2) Any document, medical chart, or exhibits in evidence.

(3) Any opinion, findings, or conclusions.

(b) The information so disclosed shall be kept confidential and not subject to discovery, in accordance with Section 800, except that it may be reviewed, as provided in subdivision (c) of Section 800, and may be disclosed in any subsequent disciplinary hearing conducted pursuant to the Administrative Procedure Act (Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code).

(Added by Stats.1986, c. 1274, § 2. Amended by Stats.1989, c. 886, § 13; Stats.1991, c. 359 (A.B.1332), § 8; Stats.2001, c. 614 (S.B.16), § 3.)

§ 805.2. Peer review process; comprehensive study; legislative intent

(a) It is the intent of the Legislature to provide for a comprehensive study of the peer review process as it is conducted by peer review bodies defined in paragraph (1) of subdivision (a) of Section 805, in order to evaluate the continuing validity of Section 805 and Sections 809 to 809.8, inclusive, and their relevance to the conduct of peer review in California. The Medical Board of California shall contract with the Institute for Medical Quality to conduct this study, which shall include, but not be limited to, the following components:

(1) A comprehensive description of the various steps of and decisionmakers in the peer review process as it is conducted by peer review bodies throughout the state, including the role of other related committees of acute care health facilities and clinics involved in the peer review process.

(2) A survey of peer review cases to determine the incidence of peer review by peer review bodies, and whether they are complying with the reporting requirement in Section 805.

(3) A description and evaluation of the roles and performance of various state agencies, including the State Department of Health Services and occupational licensing agencies that regulate healing arts professionals, in receiving, reviewing, investigating, and disclosing peer review actions, and in sanctioning peer review bodies for failure to comply with Section 805.

(4) An assessment of the cost of peer review to licentiates and the facilities which employ them.

(5) An assessment of the time consumed by the average peer review proceeding, including the hearing provided pursuant to Section 809.2, and a description of any difficulties encountered by either licentiates or facilities in assembling peer review bodies or panels to participate in peer review decisionmaking.

(6) An assessment of the need to amend Section 805 and Sections 809 to 809.8, inclusive, to ensure that they continue to be relevant to the actual conduct of peer review as described in paragraph (1), and to evaluate whether the current reporting requirement is yielding timely and accurate information to aid licensing boards in their responsibility to regulate and discipline healing arts practitioners when necessary, and to assure that peer review bodies function in the best interest of patient care.

(7) Recommendations of additional mechanisms to stimulate the appropriate reporting of peer review actions under Section 805.

(8) Recommendations regarding the Section 809 hearing process to improve its overall effectiveness and efficiency.

(b) The Institute of Medical Quality shall exercise no authority over the peer review processes of peer review bodies. However, peer review bodies, health care facilities, health care clinics, and health care service plans shall cooperate with the institute and provide data, information, and case files as requested in the timeframes specified by the institute.

(c) The institute shall work in cooperation with and under the general oversight of the Medical Director of the Medical Board of California and shall submit a written report with its findings and recommendations to the board and the Legislature no later than November 1, 2003.

(d) For the purpose of carrying out this section, the board is authorized to expend the first three hundred thousand dollars ($300,000) that is deposited in the Contingent Fund of the Medical Board of California in the 2002–03 fiscal year pursuant to Section 125.3.

(Added by Stats.2001, c. 615 (S.B.26), § 2, eff. Oct. 9, 2001. Amended by Stats.2002, c. 664 (A.B.3034), § 1; Stats.2002, c. 1079 (S.B.1244), § 2, eff. Sept. 29, 2002.)

§ 805.5. Grant or renewal of staff privileges for certain medical professionals; inquiries concerning 805 reports; exclusions; misdemeanor

(a) Prior to granting or renewing staff privileges for any physician and surgeon, psychologist, podiatrist, or dentist, any health facility licensed pursuant to Division 2 (commencing with Section 1200) of the Health and Safety Code, or any health care service plan or medical care foundation, or the medical staff of the institution shall request a report from the Medical Board of California, the Board of Psychology, the Osteopathic Medical Board of California, or the Dental Board of California to determine if any report has been made pursuant to Section 805 indicating that the applying physician and surgeon, psychologist, podiatrist, or dentist has been denied staff privileges, been removed from a medical staff, or had his or her staff

privileges restricted as provided in Section 805. The request shall include the name and California license number of the physician and surgeon, psychologist, podiatrist, or dentist. Furnishing of a copy of the 805 report shall not cause the 805 report to be a public record.

(b) Upon a request made by, or on behalf of, an institution described in subdivision (a) or its medical staff, which is received on or after January 1, 1980, the board shall furnish a copy of any report made pursuant to Section 805. However, the board shall not send a copy of a report (1) if the denial, removal, or restriction was imposed solely because of the failure to complete medical records, (2) if the board has found the information reported is without merit, or (3) if a period of three years has elapsed since the report was submitted. This three–year period shall be tolled during any period the licentiate has obtained a judicial order precluding disclosure of the report, unless the board is finally and permanently precluded by judicial order from disclosing the report. In the event a request is received by the board while the board is subject to a judicial order limiting or precluding disclosure, the board shall provide a disclosure to any qualified requesting party as soon as practicable after the judicial order is no longer in force.

In the event that the board fails to advise the institution within 30 working days following its request for a report required by this section, the institution may grant or renew staff privileges for the physician and surgeon, psychologist, podiatrist, or dentist.

(c) Any institution described in subdivision (a) or its medical staff that violates subdivision (a) is guilty of a misdemeanor and shall be punished by a fine of not less than two hundred dollars ($200) nor more than one thousand two hundred dollars ($1,200).

(Added by Stats.1979, c. 602, p. 1875, § 2. Amended by Stats.1983, c. 1092, § 4, eff. Sept. 27, 1983, operative Jan. 1, 1984; Stats.1987, c. 721, § 2; Stats.1989, c. 886, § 14; Stats.1991, c. 359 (A.B.1332), § 9; Stats.1999, c. 655 (S.B.1308), § 3; Stats.2001, c. 614 (S.B.16), § 5.)

§ 805.6. Electronic notification and access to Section 805 reports

(a) The Medical Board of California, the Osteopathic Medical Board, and the Dental Board of California shall establish a system of electronic notification that is either initiated by the board or can be accessed by qualified subscribers, and that is designed to achieve early notification to qualified recipients of the existence of new reports that are filed pursuant to Section 805.

(b) The State Department of Health Services shall notify the appropriate licensing agency of any reporting violations pursuant to Section 805.

(c) The Department of Managed Health Care shall notify the appropriate licensing agency of any reporting violations pursuant to Section 805.

(Added by Stats.2001, c. 614 (S.B.16), § 6.)

§ 805.7. Pilot program concerning quality problems and resolution through informal educational intervention; recommendations and report

(a) The Medical Board of California shall work with interested parties in the pursuit and establishment of a pilot program, similar to those proposed by the Citizens Advocacy Center, of early detection of potential quality problems and resolutions through informal educational interventions.

(b) The Medical Board of California shall report to the Legislature its evaluation and findings and shall include recommendations regarding the statewide implementation of this pilot program before April 1, 2004.

(Added by Stats.2001, c. 614 (S.B.16), § 7. Amended by Stats.2002, c. 1012 (S.B.2025), § 4, eff. Sept. 27, 2002.)

§ 806. Statistical report; presentation to legislature

Each agency in the department receiving reports pursuant to the preceding sections shall prepare a statistical report based upon these records for presentation to the Legislature not later than 30 days after the commencement of each regular session of the Legislature, including by the type of peer review body, and, where applicable, type of health care facility, the number of reports received and a summary of administrative and disciplinary action taken with respect to these reports and any recommendations for corrective legislation if the agency considers legislation to be necessary.

(Added by Stats.1975, 2nd Ex.Sess., c. 1, p. 3950, § 2.3. Amended by Stats.2001, c. 614 (S.B.16), § 8.)

§ 807. Notice of provisions of article

Each agency in the department shall notify every person licensed, certified or holding similar authority issued by it, and the department shall notify every insurance company doing business in this state and every institution mentioned in Section 805 of the provisions of this article.

(Added by Stats.1975, 2nd Ex.Sess., c. 1, p. 3950, § 2.3.)

§ 808. Respiratory care practitioners; reports

For purposes of this article, reports affecting respiratory care practitioners required to be filed under Sections 801, 802, and 803 shall be filed with the Respiratory Care Board of California.

(Added by Stats.1987, c. 839, § 1. Amended by Stats.1994, c. 1274 (S.B.2039), § 1.7.)

§ 808.5. Reports affecting psychologists; filing with Board of Psychology of the Department of Consumer Affairs

For purposes of this article, reports affecting psychologists required to be filed under Sections 801, 801.1, 802, 803, 803.5, and 803.6 shall be filed with the Board of Psychology of the Department of Consumer Affairs.

(Added by Stats.1999, c. 655 (S.B.1308), § 4.)

§ 809. Legislative findings and declarations

(a) The Legislature hereby finds and declares the following:

(1) In 1986, Congress enacted the Health Care Quality Improvement Act of 1986 (Chapter 117 (commencing with Section 11101) Title 42, United States Code), to encourage physicians to engage in effective professional peer review, but giving each state the opporunity[1] to "opt–out" of some of the provisions of the federal act.

(2) Because of deficiencies in the federal act and the possible adverse interpretations by the courts of the federal act, it is preferable for California to "opt–out" of the federal act and design its own peer review system.

(3) Peer review, fairly conducted, is essential to preserving the highest standards of medical practice.

(4) Peer review which is not conducted fairly results in harm both to patients and healing arts practitioners by limiting access to care.

(5) Peer review, fairly conducted, will aid the appropriate state licensing boards in their responsibility to regulate and discipline errant healing arts practitioners.

(6) To protect the health and welfare of the people of California, it is the policy of the State of California to exclude, through the peer review mechanism as provided for by California law, those healing arts practitioners who provide substandard care or who engage in professional misconduct, regardless of the effect of that exclusion on competition.

(7) It is the intent of the Legislature that peer review of professional health care services be done efficiently, on an ongoing basis, with an emphasis on early detection of potential quality problems and resolutions through informal educational interventions.

(8) Sections 809 to 809.8, inclusive, shall not affect the respective responsibilities of the organized medical staff or the governing body of an acute care hospital with respect to peer review in the acute care hospital setting. It is the intent of the Legislature that written provisions implementing Sections 809 to 809.8, inclusive, in the acute care hospital setting shall be included in medical staff bylaws which shall be adopted by a vote of the members of the organized medical staff and which shall be subject to governing body approval, which approval shall not be withheld unreasonably.

(9) (A) The Legislature thus finds and declares that the laws of this state pertaining to the peer review of healing arts practitioners shall apply in lieu of Chapter 117 (commencing with Section 11101) of Title 42 of the United States Code, because the laws of this state provide a more careful articulation of the protections for both those undertaking peer review activity and those subject to review, and better integrates public and private systems of peer review. Therefore, California exercises its right to opt out of specified provisions of the Health Care Quality Improvement Act relating to professional review actions, pursuant to subparagraph (B) of paragraph (2) of subdivision (c) of Section 11111 of Chapter 117 of Title 42 of the United States Code. This election shall not affect the availability of any immunity under California law.

(B) The Legislature further declares that it is not the intent or purposes of Sections 809 to 809.8, inclusive, to opt out of any mandatory national data bank established pursuant to Subchapter II (commencing with Section 11131) of Chapter 117 of Title 42 of the United States Code.

(b) For the purpose of this section and Sections 809.1 to 809.8, inclusive, "healing arts practitioner" or "licentiate" means a physician and surgeon, podiatrist, clinical psychologist, or dentist; and "peer review body" means a peer review body as specified in paragraph (1) of subdivision (a) of Section 805, and includes any designee of the peer review body.

(Added by Stats.1989, c. 336, § 1, eff. Sept. 11, 1989, operative Sept. 11, 1989.)

[1]So in enrolled bill.

§ 809.05. Peer review; limitations; investigation and disciplinary action; direction from governing body; failure to follow direction

It is the policy of this state that peer review be performed by licentiates. This policy is subject to the following limitations:

(a) The governing bodies of acute care hospitals have a legitimate function in the peer review process. In all peer review matters, the governing body shall give great weight to the actions of peer review bodies and, in no event, shall act in an arbitrary or capricious manner.

(b) In those instances in which the peer review body's failure to investigate, or initiate disciplinary action, is contrary to the weight of the evidence, the governing body shall have the authority to direct the peer review body to initiate an investigation or a disciplinary action, but only after consultation with the peer review body. No such action shall be taken in an unreasonable manner.

(c) In the event the peer review body fails to take action in response to a direction from the governing body, the governing body shall have the authority to take action against a licentiate. Such action shall only be taken after written notice to the peer review body and shall fully comply with the procedures and rules applicable to peer review proceedings established by Sections 809.1 to 809.6, inclusive.

(d) A governing body and the medical staff shall act exclusively in the interest of maintaining and enhancing quality patient care.

(e) It is not the intent or purpose of this section to prohibit or discourage public members on state licensing boards and medical quality review committees from participating in disciplinary actions as authorized by law.

(Added by Stats.1989, c. 336, § 1.5, eff. Sept. 11, 1989, operative Jan. 1, 1990; Stats.1989, c. 354, § 2, operative Jan. 1, 1990.)

§ 809.1. Final proposed action of peer review body; written notice; content

(a) A licentiate who is the subject of a final proposed action of a peer review body for which a report is required to be filed under Section 805 shall be entitled to written notice as set forth in subdivisions (b) and (c). For the purposes of this section, the "final proposed action" shall be the final decision or recommendation of the peer review body after informal investigatory activity or prehearing meetings, if any.

(b) The peer review body shall give the licentiate written notice of the final proposed action. This notice shall include all the following information:

(1) That an action against the licentiate has been proposed by the peer review body which, if adopted, shall be taken and reported pursuant to Section 805.

(2) The final proposed action.

(3) That the licentiate has the right to request a hearing on the final proposed action.

(4) The time limit, within which to request such a hearing.

(c) If a hearing is requested on a timely basis, the peer review body shall give the licentiate a written notice stating all of the following:

(1) The reasons for the final proposed action taken or recommended, including the acts or omissions with which the licentiate is charged.

(2) The place, time, and date of the hearing.

(Added by Stats.1989, c. 336, § 2, eff. Sept. 11, 1989, operative Jan. 1, 1990.)

APPLICATION

For application of this section to peer review proceedings, see Business and Professions Code § 809.7.

§ 809.2. Hearing concerning final proposed action by peer review body; procedures; voir dire; inspection of documents; decision; witnesses; continuances; commencement

If a licentiate timely requests a hearing concerning a final proposed action for which a report is required to be filed under Section 805, the following shall apply:

(a) The hearing shall be held, as determined by the peer review body, before a trier of fact, which shall be an arbitrator or arbitrators selected by a process mutually acceptable to the licentiate and the peer review body, or before a panel of unbiased individuals who shall gain no direct financial benefit from the outcome, who have not acted as an accuser, investigator, factfinder, or initial decisionmaker in the same matter, and which shall include, where feasible, an individual practicing the same specialty as the licentiate.

(b) If a hearing officer is selected to preside at a hearing held before a panel, the hearing officer shall gain no direct financial benefit from the outcome, shall not act as a prosecuting officer or advocate, and shall not be entitled to vote.

(c) The licentiate shall have the right to a reasonable opportunity to voir dire the panel members and any hearing officer, and the right to challenge the impartiality of any member or hearing officer. Challenges to the impartiality of any member or hearing officer shall be ruled on by the presiding officer, who shall be the hearing officer if one has been selected.

(d) The licentiate shall have the right to inspect and copy at the licentiate's expense any documentary information relevant to the charges which the peer review body has in its possession or under its control, as soon as practicable after the receipt of the licentiate's request for a hearing. The peer review body shall have the right to inspect and copy at the peer review body's expense any documentary information relevant to the charges which the licentiate has in his or her possession or control as soon as practicable after receipt of the peer review body's request. The failure by either party to provide access to this information at least 30 days before the hearing shall constitute good cause for a continuance. The right to inspect and copy by either party does not extend to confidential information referring solely to individually identifiable licentiates, other than the licentiate under review. The arbitrator or presiding officer shall consider and rule upon any request for access to information, and may impose any safeguards the protection of the peer review process and justice requires.

(e) When ruling upon requests for access to information and determining the relevancy thereof, the arbitrator or presiding officer shall, among other factors, consider the following:

(1) Whether the information sought may be introduced to support or defend the charges.

(2) The exculpatory or inculpatory nature of the information sought, if any.

(3) The burden imposed on the party in possession of the information sought, if access is granted.

(4) Any previous requests for access to information submitted or resisted by the parties to the same proceeding.

(f) At the request of either side, the parties shall exchange lists of witnesses expected to testify and copies of all documents expected to be introduced at the hearing. Failure to disclose the identity of a witness or produce copies of all documents expected to be produced at least 10 days before the commencement of the hearing shall constitute good cause for a continuance.

(g) Continuances shall be granted upon agreement of the parties or by the arbitrator or presiding officer on a showing of good cause.

(h) A hearing under this section shall be commenced within 60 days after receipt of the request for hearing, and the peer review process shall be completed within a reasonable time, after a licentiate receives notice of a final proposed action or an immediate suspension or restriction of clinical privileges, unless the arbitrator or presiding officer issues a written decision finding that the licentiate failed to comply with subdivisions (d) and (e) in a timely manner, or consented to the delay.

(Added by Stats.1989, c. 336, § 3, eff. Sept. 11, 1989, operative Jan. 1, 1990.)

APPLICATION

For application of this section to peer review proceedings, see Business and Professions Code § 809.7.

§ 809.3. Rights of parties at hearing concerning final proposed action

(a) During a hearing concerning a final proposed action for which reporting is required to be filed under Section 805, both parties shall have all of the following rights:

(1) To be provided with all of the information made available to the trier of fact.

(2) To have a record made of the proceedings, copies of which may be obtained by the licentiate upon payment of any reasonable charges associated with the preparation thereof.

(3) To call, examine, and cross–examine witnesses.

(4) To present and rebut evidence determined by the arbitrator or presiding officer to be relevant.

(5) To submit a written statement at the close of the hearing.

(b) The burden of presenting evidence and proof during the hearing shall be as follows:

(1) The peer review body shall have the initial duty to present evidence which supports the charge or recommended action.

(2) Initial applicants shall bear the burden of persuading the trier of fact by a preponderance of the evidence of their qualifications by producing information which allows for adequate evaluation and resolution of reasonable doubts concerning their current qualifications for staff privileges, membership, or employment. Initial applicants shall not be permitted to introduce information not produced upon request of the peer review body during the application process, unless the initial applicant establishes that the information could not have been produced previously in the exercise of reasonable diligence.

(3) Except as provided above for initial applicants, the peer review body shall bear the burden of persuading the trier of fact by a preponderance of the evidence that the action or recommendation is reasonable and warranted.

(c) The peer review body shall adopt written provisions governing whether a licentiate shall have the option of being represented by an attorney at the licentiate's expense. No peer review body shall be represented by an attorney if the licentiate is not so represented, except dental professional society peer review bodies may be represented by an attorney provided that the peer review body grants each licentiate the option of being represented by an attorney at the licentiate's expense, even if the licentiate declines to be represented by an attorney.

(Added by Stats.1989, c. 336, § 4, eff. Sept. 11, 1989, operative Jan. 1, 1990. Amended by Stats.1990, c. 332 (A.B.2124), § 1.)

APPLICATION

For application of this section to peer review proceedings, see Business and Professions Code § 809.7.

§ 809.4. Rights of parties upon completion of hearing concerning final proposed action

(a) Upon the completion of a hearing concerning a final proposed action for which a report is required to be filed under Section 805, the licentiate and the peer review body involved have the right to receive all of the following:

(1) A written decision of the trier of fact, including findings of fact and a conclusion articulating the connection between the evidence produced at the hearing and the decision reached.

(2) A written explanation of the procedure for appealing the decision, if any appellate mechanism exists.

(b) If an appellate mechanism is provided, it need not provide for de novo review, but it shall include the following minimum rights for both parties:

(1) The right to appear and respond.

(2) The right to be represented by an attorney or any other representative designated by the party.

(3) The right to receive the written decision of the appellate body.

(Added by Stats.1989, c. 336, § 5, eff. Sept. 11, 1989, operative Jan. 1, 1990.)

APPLICATION

For application of this section to peer review proceedings, see Business and Professions Code § 809.7.

§ 809.5. Immediate suspension or restriction of clinical privileges; imminent danger

(a) Notwithstanding Sections 809 to 809.4, inclusive, a peer review body may immediately suspend or restrict clinical privileges of a licentiate where the failure to take that action may result in an imminent danger to the health of any individual, provided that the licentiate is subsequently provided with the notice and hearing rights set forth in Sections 809.1 to 809.4, inclusive, or, with respect to organizations specified in Section 809.7, with the rights specified in that section.

(b) When no person authorized by the peer review body is available to summarily suspend or restrict clinical privileges under circumstances specified in subdivision (a), the governing body of an acute care hospital, or its designee, may immediately suspend a licentiate's clinical privileges if a failure to summarily suspend those privileges is likely to result in an imminent danger to the health of any individual, provided the governing body of the acute care hospital has, before the suspension, made reasonable attempts to contact the peer review body. A suspension by the governing body of an acute care hospital which has not been ratified by the peer review body within two working days, excluding weekends and holidays, after the suspension shall terminate automatically.

(Added by Stats.1989, c. 336, § 6, eff. Sept. 11, 1989, operative Jan. 1, 1990. Amended by Stats.1990, c. 332 (A.B.2124), § 2.)

§ 809.6. Additional notice and hearing requirements; waiver

(a) The parties are bound by any additional notice and hearing provisions contained in any applicable professional society or medical staff bylaws which are not inconsistent with Sections 809.1 to 809.4, inclusive.

(b) The parties are bound by any additional notice and hearing provisions contained in any applicable agreement or contract between the licentiate and peer review body or health care entity which are not inconsistent with Sections 809.1 to 809.4, inclusive.

(c) The provisions of Sections 809.1 to 809.4, inclusive, may not be waived in any instrument specified in subdivision (a) or (b) for a final proposed action for which a report is required to be filed under Section 805.
(Added by Stats.1989, c. 336, § 7, eff. Sept. 11, 1989, operative Jan. 1, 1990.)

§ 809.7. Application of sections 809.1 to 809.4 and this section

Sections 809.1 to 809.4, inclusive, shall not apply to peer review proceedings conducted in state or county hospitals, in hospitals owned by, operated by, or licensed to the Regents of the University of California or any of its subsidiary corporations which serve as a primary teaching facility, or in health facilities which serve as the primary teaching facility for medical schools approved pursuant to Section 2084. In addition, Sections 809.1 to 809.4, inclusive, shall not apply to licentiates engaged in postgraduate medical education under the auspices of a medical school approved pursuant to Section 2084. This section shall not affect the obligation to afford due process of law to licentiates involved in peer review proceedings in these hospitals.
(Added by Stats.1989, c. 336, § 8, eff. Sept. 11, 1989, operative Jan. 1, 1990.)

§ 809.8. Judicial review

Nothing in Sections 809 to 809.7, inclusive, shall affect the availability of judicial review under Section 1094.5 of the Code of Civil Procedure nor the provisions relating to discovery and testimony in Section 1157 of the Evidence Code or Sections 1370 and 1370.1 of the Health and Safety Code.
(Added by Stats.1989, c. 336, § 9, eff. Sept. 11, 1989, operative Jan. 1, 1990.)

§ 809.9. Challenge of action taken or restriction imposed; cost of litigation; prevailing party

In any suit brought to challenge an action taken or a restriction imposed which is required to be reported pursuant to Section 805, the court shall, at the conclusion of the action, award to a substantially prevailing party the cost of the suit, including a reasonable attorney's fee, if the other party's conduct in bringing, defending, or litigating the suit was frivolous, unreasonable, without foundation, or in bad faith. For the purposes of this section, a defendant shall not be considered to have substantially prevailed when the plaintiff obtains an award for damages or permanent injunctive or declaratory relief. For the purpose of this section, a plaintiff shall not be considered to have substantially prevailed when the plaintiff does not obtain an award of damages or permanent injunctive or declaratory relief.
(Added by Stats.1989, c. 336, § 9.5, eff. Sept. 11, 1989, operative Jan. 1, 1990.)

Chapter 5 MEDICINE

Article 12 ENFORCEMENT

§ 2225.5. Refusal to comply with court order or request for medical records; civil penalties

(a)(1) A licensee who fails or refuses to comply with a request for the medical records of a patient, that is accompanied by that patient's written authorization for release of records to the board, within 15 days of receiving the request and authorization, shall pay to the board a civil penalty of one thousand dollars ($1,000) per day for each day that the documents have not been produced after the 15th day, unless the licensee is unable to provide the documents within this time period for good cause.

(2) A health care facility shall comply with a request for the medical records of a patient that is accompanied by that patient's written authorization for release of records to the board together with a notice citing this section and describing the penalties for failure to comply with this section. Failure to provide the authorizing patient's medical records to the board within 30 days of receiving the request, authorization, and notice shall subject the health care facility to a civil penalty, payable to the board, of up to one thousand dollars ($1,000) per day for each day that the documents have not been produced after the 30th day, up to ten thousand dollars ($10,000), unless the health care facility is unable to provide the documents within this time period for good cause. This paragraph shall not require health care facilities to assist the board in obtaining the patient's authorization. The board shall pay the reasonable costs of copying the medical records.

(b)(1) A licensee who fails or refuses to comply with a court order, issued in the enforcement of a subpoena, mandating the release of records to the board shall pay to the board a civil penalty of one thousand dollars ($1,000) per day for each day that the documents have not been produced after the date by which the court order requires the documents to be produced, unless it is determined that the order is unlawful or invalid. Any statute of limitations applicable to the filing of an accusation by the board shall be tolled during the period the licensee is out of compliance with the court order and during any related appeals.

(2) Any licensee who fails or refuses to comply with a court order, issued in the enforcement of a subpoena, mandating the release of records to the board is guilty of a misdemeanor punishable by a fine payable to the board not to exceed five thousand dollars ($5,000). The fine shall be added to the licensee's renewal fee if it is not paid by the next succeeding renewal date. Any statute of limitations applicable to the filing of an accusation by the board shall be tolled during the period the licensee is out of compliance with the court order and during any related appeals.

(3) A health care facility that fails or refuses to comply with a court order, issued in the enforcement of a subpoena, mandating the release of patient records to the board, that is accompanied by a notice citing this section and describing the penalties for failure to comply with this section, shall pay to the board a civil penalty of up to one thousand dollars ($1,000) per day for each day that the documents have not been produced, up to ten thousand dollars ($10,000), after the date by which the court order requires the documents to be produced, unless it is determined that the order is unlawful or invalid. Any statute of limitations applicable to the filing of an accusation by the board against a licensee shall be tolled during the period the health care facility is out of compliance with the court order and during any related appeals.

(4) Any health care facility that fails or refuses to comply with a court order, issued in the enforcement of a subpoena, mandating the release of records to the board is guilty of a misdemeanor punishable by a fine payable to the board not to exceed five thousand dollars ($5,000). Any statute of limitations applicable to the filing of an accusation by the board against a licensee shall be tolled during the period the health care facility is out of compliance with the court order and during any related appeals.

(c) Multiple acts by a licensee in violation of subdivision (b) shall be punishable by a fine not to exceed five thousand dollars ($5,000) or by imprisonment in a county jail not exceeding six months, or by both that fine and imprisonment. Multiple acts by a health care facility in violation of subdivision (b) shall be punishable by a fine not to exceed five thousand dollars ($5,000) and shall be reported to the State Department of Health Services and shall be considered as grounds for disciplinary action with respect to licensure, including suspension or revocation of the license or certificate.

(d) A failure or refusal of a licensee to comply with a court order, issued in the enforcement of a subpoena, mandating the release of records to the board constitutes unprofessional conduct and is grounds for suspension or revocation of his or her license.

(e) Imposition of the civil penalties authorized by this section shall be in accordance with the Administrative Procedure Act (Chapter 5 (commencing with Section 11500) of Division 3 of Title 2 of the Government Code).

(f) For purposes of this section, a "health care facility" means a

clinic or health facility licensed or exempt from licensure pursuant to Division 2 (commencing with Section 1200) of the Health and Safety Code.

(Added by Stats.1993, c. 1267 (S.B.916), § 22. Amended by Stats.1995, c. 708 (S.B.609), § 8; Stats.1998, c. 736 (S.B.1981), § 12; Stats.1998, c. 878 (S.B.2239), § 9.)

§ 2247. Licensee physical, emotional and mental condition; requirements

(a) A licensee shall meet the requirements set forth in subdivision (f) of Section 1031 of the Government Code prior to performing either of the following:

(1) An evaluation of a peace officer applicant's emotional and mental condition.

(2) An evaluation of a peace officer's fitness for duty.

(b) This section shall become operative on January 1, 2005.

(Added by Stats.2003, c. 777 (A.B.1669), § 1, operative Jan. 1, 2005.)

BUSINESS AND PROFESSIONS CODE — PSYCHOLOGISTS

Chapter 6.6 PSYCHOLOGISTS

Article 1 GENERAL PROVISIONS

§ 2900. Legislative finding and declarations

The Legislature finds and declares that practice of psychology in California affects the public health, safety, and welfare and is to be subject to regulation and control in the public interest to protect the public from the unauthorized and unqualified practice of psychology and from unprofessional conduct by persons licensed to practice psychology.

(Added by Stats.1967, c. 1677, p. 4199, § 2.)

§ 2901. Short title

This chapter shall be known and may be cited as the "Psychology Licensing Law."

(Added by Stats.1967, c. 1677, p. 4199, § 2.)

§ 2902. Definitions

As used in this chapter, unless the context clearly requires otherwise and except as in this chapter expressly otherwise provided:

(a) "Licensed psychologist" means an individual to whom a license has been issued pursuant to the provisions of this chapter, which license is in force and has not been suspended or revoked.

(b) "Board" means the Board of Psychology.

(c) A person represents himself or herself to be a psychologist when the person holds himself or herself out to the public by any title or description of services incorporating the words "psychology," "psychological," "psychologist," "psychology consultation," "psychology consultant," "psychometry," "psychometrics" or "psychometrist," "psychotherapy," "psychotherapist," "psychoanalysis," or "psychoanalyst," or when the person holds himself or herself out to be trained, experienced, or an expert in the field of psychology.

(d) "Accredited," as used with reference to academic institutions, means the University of California, the California State University, an institution accredited under Section 94761 of the Education Code, or an institution located in another state that is accredited by a national or an applicable regional accrediting agency recognized by the United States Department of Education.

(e) "Approved," as used with reference to academic institutions, means approved under Section 94777 of the Education Code.

(Added by Stats.1967, c. 1677, p. 4199, § 2. Amended by Stats.1976, c. 1185, p. 5318, § 90; Stats.1978, c. 1161, p. 3649, § 194; Stats.1978, c. 1208, p. 3898, § 1; Stats.1979, c. 955, p. 3294, § 2; Stats.1983, c. 143, § 1; Stats.1989, c. 886, § 55; Stats.1989, c. 887, § 1; Stats.1989, c. 888, § 1.5; Stats.1995, c. 279 (A.B.1471), § 16; Stats.1995, c. 758 (A.B.446), § 4; Stats.1995, c. 91 (S.B.975), § 2; Stats.1997, c. 758 (S.B.1346), § 34.)

§ 2903. Necessity of license; practice of psychology; psychotherapy

No person may engage in the practice of psychology, or represent himself or herself to be a psychologist, without a license granted under this chapter, except as otherwise provided in this chapter. The practice of psychology is defined as rendering or offering to render for a fee to individuals, groups, organizations or the public any psychological service involving the application of psychological principles, methods, and procedures of understanding, predicting, and influencing behavior, such as the principles pertaining to learning, perception, motivation, emotions, and interpersonal relationships; and the methods and procedures of interviewing, counseling, psychotherapy, behavior modification, and hypnosis; and of constructing, administering, and interpreting tests of mental abilities, aptitudes, interests, attitudes, personality characteristics, emotions, and motivations.

The application of these principles and methods includes, but is not restricted to: diagnosis, prevention, treatment, and amelioration of psychological problems and emotional and mental disorders of individuals and groups.

Psychotherapy within the meaning of this chapter means the use of psychological methods in a professional relationship to assist a person or persons to acquire greater human effectiveness or to modify feelings, conditions, attitudes and behavior which are emotionally, intellectually, or socially ineffectual or maladjustive.

As used in this chapter, "fee" means any charge, monetary or otherwise, whether paid directly or paid on a prepaid or capitation basis by a third party, or a charge assessed by a facility, for services rendered.

(Added Stats.1967, c. 1677, p. 4199, § 2. Amended by Stats.1973, c. 658, § 1; Stats.1978, c. 1208, p. 3898, § 2; Stats.2001, c. 728 (S.B.724), § 24.2.)

§ 2903.1. Biofeedback instruments

A psychologist licensed under this chapter may use biofeedback instruments which do not pierce or cut the skin to measure physical and mental functioning.

(Added by Stats.1976, c. 734, p. 1761, § 1.)

§ 2904. Practice of psychology; excluded acts

The practice of psychology shall not include prescribing drugs, performing surgery or administering electro–convulsive therapy.

(Added by Stats.1967, c. 1677, p. 4199, § 2.)

§ 2904.5. Licensed psychologist; status as health care practitioner

A psychologist licensed under this chapter is a licentiate for purposes of paragraph (2) of subdivision (a) of Section 805, and thus is a health care practitioner subject to the provisions of Section 2290.5 pursuant to subdivision (b) of that section.

(Added by Stats.2003, c. 20 (A.B.116), § 3.)

§ 2905. Practice of psychology

The practice of psychology shall be as defined as in Section 2903, any existing statute in the State of California to the contrary notwithstanding.

(Added by Stats.1967, c. 1677, p. 4199, § 2.)

§ 2907. Corporate practice

Corporations shall have no professional rights, privileges, or powers, and shall not be permitted to practice psychology, nor shall the liability of any licensed psychologist be limited by a corporation.

(Added by Stats.1967, c. 1677, p. 4199, § 2.)

§ 2907.5. Psychological corporation

Nothing in Section 2907 shall be deemed to apply to the acts of a psychological corporation practicing pursuant to the Moscone–Knox Professional Corporation Act, as contained in Part 4 (commencing with Section 13400) of Division 3 of Title 1 of the Corporations Code and Article 9 (commencing with Section 2995) when the psychological corporation is in compliance with (a) the Moscone–Knox Professional Corporation Act; (b) Article 9 (commencing with Section 2995); and (c) all other statutes now or hereafter enacted or adopted pertaining to such corporation and the conduct of its affairs.

(Added by Stats.1969, c. 1436, p. 2944, § 2. Amended by Stats.1973, c. 77, § 4; Stats.1980, c. 1314, p. 4554, § 11.)

§ 2908. Psychological activities; members of other professional groups

Nothing in this chapter shall be construed to prevent qualified members of other recognized professional groups licensed to practice in the State of California, such as, but not limited to, physicians, clinical social workers, educational psychologists, marriage and family therapists, optometrists, psychiatric technicians, or registered nurses, or attorneys admitted to the California State Bar, or persons utilizing hypnotic techniques by referral from persons licensed to practice medicine, dentistry or psychology, or persons utilizing hypnotic techniques which offer avocational or vocational self–improvement and do not offer therapy for emotional or mental disorders, or duly ordained members of the recognized clergy, or duly ordained religious practitioners from doing work of a psychological nature consistent with the laws governing their respective professions, provided they do not hold themselves out to the public by any title or description of services incorporating the words "psychological," "psychologist," "psychology," "psychometrist," "psychometrics," or "psychometry," or that they do not state or imply that they are licensed to practice psychology; except that persons licensed under Article 5 (commencing with Section 4986) of Chapter 13 of Division 2 may hold themselves out to the public as licensed educational psychologists.

(Added by Stats.1967, c. 1677, p. 4199, § 2. Amended by Stats.1973, c. 758, § 3; Stats.1978, c. 1208, p. 3899, § 4; Stats.1980, c. 324, p. 663, § 1; Stats.1983, c. 928, § 2; Stats.2002, c. 1013 (S.B.2026), § 10.)

§ 2909. Psychological activities; salaried employees of organization; operative date

Nothing in this chapter shall be construed as restricting or preventing activities of a psychological nature or the use of the official title of the position for which they were employed on the part of the following persons, provided those persons are performing those activities as part of the duties for which they were employed, are performing those activities solely within the confines of or under the jurisdiction of the organization in which they are employed and do not offer to render or render psychological services as defined in Section 2903 to the public for a fee, monetary or otherwise, over and above the salary they receive for the performance of their official duties with the organization in which they are employed:

(a) Persons who hold a valid and current credential as a school psychologist issued by the California Department of Education.

(b) Persons who hold a valid and current credential as a psychometrist issued by the California Department of Education.

(c) Persons employed in positions as psychologists or psychological assistants, or in a student counseling service, by accredited or approved colleges, junior colleges or universities; federal, state, county or municipal governmental organizations which are not primarily involved in the provision of direct health or mental health services. However, those persons may, without obtaining a license under this act, consult or disseminate their research findings and scientific information to other such accredited or approved academic institutions or governmental agencies. They may also offer lectures to the public for a fee, monetary or otherwise, without being licensed under this chapter.

(d) Persons who meet the educational requirements of subdivision (b) of Section 2914 and who have one year or more of professional experience of a type which the board determines will competently and safely permit the person to engage in the activities regulated by this chapter, if they are employed by nonprofit community agencies which receive a minimum of 25 percent of their financial support from any federal, state, county, or municipal governmental organizations for the purpose of training and providing services. Those persons shall be registered by the agency with the board at the time of employment and shall be exempt from this chapter for a maximum period of two years from the date of registration.

(e) This section shall become operative January 1, 1984.

(Added by Stats.1981, c. 412, p. 1603, § 2, eff. Sept. 11, 1981, operative Jan. 1, 1984. Amended by Stats.1989, c. 888, § 2; Stats.1990, c. 1207 (A.B.3242), § 3.)

§ 2910. Psychological activities; salaried employees of academic institutions, public schools or governmental agencies

Nothing in this chapter shall be construed to restrict or prevent activities of a psychological nature on the part of persons who are salaried employees of accredited or approved academic institutions, public schools or governmental agencies, provided:

(a) Such employees are performing such psychological activities as part of the duties for which they were hired;

(b) Such employees are performing those activities solely within the jurisdiction or confines of such organizations;

(c) Such persons do not hold themselves out to the public by any title or description of activities incorporating the words "psychology," "psychological," "psychologist," "psychometry," "psychometrics" or "psychometrist";

(d) Such persons do not offer their services to the public for a fee, monetary or otherwise;

(e) Such persons do not provide direct health or mental health services.

(Added by Stats.1967, c. 1677, p. 4199, § 2. Amended by Stats.1979, c. 996, p. 3391, § 3.)

§ 2911. Graduate students; psychological intern; psychological trainee

Nothing in this chapter shall be construed as restricting the activities and services of a graduate student or psychological intern in psychology pursuing a course of study leading to a graduate degree in psychology at an accredited or approved college or university and working in a training program, provided that these activities and services constitute a part of his supervised course of study and that such persons are designated by such title as "psychological intern," "psychological trainee" or other such title clearly indicating the training status appropriate to his level of training. The term "psychological intern," however, shall be reserved for persons enrolled in the doctoral program in psychology or social psychology at an accredited or approved college or university.

(Added by Stats.1967, c. 1677, p. 4199, § 2.)

§ 2912. Out of state practitioners

Nothing in this chapter shall be construed to restrict or prevent a

person who is licensed or certified as a psychologist in another state or territory of the United States or in a foreign country from offering psychological services in this state for a period not to exceed 30 days in any calendar year.
(Added by Stats.1973, c. 757, § 2. Amended by Stats.1978, c. 1161, p. 3649, § 196.)

§ 2913. Psychological assistants

A person other than a licensed psychologist may be employed by a licensed psychologist, by a licensed physician and surgeon who is board certified in psychiatry by the American Board of Psychiatry and Neurology, by a clinic which provides mental health services under contract pursuant to Section 5614 of the Welfare and Institutions Code, by a psychological corporation, by a licensed psychology clinic as defined in Section 1204.1 of the Health and Safety Code, or by a medical corporation to perform limited psychological functions provided that all of the following apply:

(a) The person is termed a "psychological assistant."

(b) The person (1) has completed a master's degree in psychology or education with the field of specialization in psychology or counseling psychology, or (2) has been admitted to candidacy for a doctoral degree in psychology or education with the field of specialization in psychology or counseling psychology, after having satisfactorily completed three or more years of postgraduate education in psychology and having passed preliminary doctoral examinations, or (3) has completed a doctoral degree which qualifies for licensure under Section 2914, in an accredited or approved university, college, or professional school located in the United States or Canada.

(c) The person is at all times under the immediate supervision, as defined in regulations adopted by the board, of a licensed psychologist, or board certified psychiatrist, who shall be responsible for insuring that the extent, kind, and quality of the psychological services he or she performs are consistent with his or her training and experience and be responsible for his or her compliance with this chapter and regulations duly adopted hereunder, including those provisions set forth in Section 2960.

(d) The licensed psychologist, board certified psychiatrist, contract clinic, psychological corporation, or medical corporation, has registered the psychological assistant with the board. The registration shall be renewed annually in accordance with regulations adopted by the board.

No licensed psychologist may register, employ, or supervise more than three psychological assistants at any given time unless specifically authorized to do so by the board. No board certified psychiatrist may register, employ, or supervise more than one psychological assistant at any given time. No contract clinic, psychological corporation, or medical corporation may employ more than 10 assistants at any one time. No contract clinic may register, employ, or provide supervision for more than one psychological assistant for each designated full–time staff psychiatrist who is qualified and supervises the psychological assistants. No psychological assistant may provide psychological services to the public for a fee, monetary or otherwise, except as an employee of a licensed psychologist, licensed physician, contract clinic, psychological corporation, or medical corporation.

(e) The psychological assistant shall comply with regulations that the board may, from time to time, duly adopt relating to the fulfillment of requirements in continuing education.

(f) No person shall practice as a psychological assistant who is found by the board to be in violation of Section 2960 and the rules and regulations duly adopted thereunder.
(Added by Stats.1967, c. 1677, p. 4199, § 2. Amended by Stats.1970, c. 470, p. 932, § 1, eff. July 21, 1970; Stats.1973, c. 949, § 1; Stats.1978, c. 1161, p. 3649, § 197; Stats.1978, c. 1208, p. 3900, § 5; Stats.1980, c. 1314, p. 4555, § 12; Stats.1980, c. 1315, p. 4560, § 1; Stats.1981, c. 714, p. 2572, § 8; Stats.1982, c. 462, p. 1907, § 1; Stats.1982, c. 1172, p. 4188, § 1; Stats.1983, c. 207, § 1, eff. July 13, 1983; Stats.1989, c. 888, § 3.)

§ 2914. Qualification of applicants for licensure

Each applicant for licensure shall comply with all of the following requirements:

(a) Is not subject to denial of licensure under Division 1.5.

(b) Possess an earned doctorate degree (1) in psychology, (2) in education psychology, or (3) in education with the field of specialization in counseling psychology or educational psychology. Except as provided in subdivision (g), this degree or training shall be obtained from an accredited university, college, or professional school.

No educational institution shall be denied recognition as an accredited academic institution solely because its program is not accredited by any professional organization of psychologists, and nothing in this chapter or in the administration of this chapter shall require the registration with the board by educational institutions of their departments of psychology or their doctoral programs in psychology.

An applicant for licensure trained in an educational institution outside the United States or Canada shall demonstrate to the satisfaction of the board that he or she possesses a doctorate degree in psychology that is equivalent to a degree earned from a regionally accredited university in the United States or Canada. These applicants shall provide the board with a comprehensive evaluation of the degree performed by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES), and any other documentation the board deems necessary.

(c) Have engaged for at least two years in supervised professional experience under the direction of a licensed psychologist, the specific requirements of which shall be defined by the board in its regulations, or under suitable alternative supervision as determined by the board in regulations duly adopted under this chapter, at least one year of which shall be after being awarded the doctorate in psychology. If the supervising licensed psychologist fails to provide verification to the board of the experience required by this subdivision within 30 days after being so requested by the applicant, the applicant may provide written verification directly to the board.

If the applicant sends verification directly to the board, the applicant shall file with the board a declaration of proof of service, under penalty of perjury, of the request for verification. A copy of the completed verification forms shall be provided to the supervising psychologist and the applicant shall prove to the board that a copy has been sent to the supervising psychologist by filing a declaration of proof of service under penalty of perjury, and shall file this declaration with the board when the verification forms are submitted.

Upon receipt by the board of the applicant's verification and declarations, a rebuttable presumption affecting the burden of producing evidence is created that the supervised, professional experience requirements of this subdivision have been satisfied. The supervising psychologist shall have 20 days from the day the board receives the verification and declaration to file a rebuttal with the board.

The authority provided by this subdivision for an applicant to file written verification directly shall apply only to an applicant who has acquired the experience required by this subdivision in the United States.

The board shall establish qualifications by regulation for supervising psychologists and shall review and approve applicants for this position on a case–by–case basis.

(d) Take and pass the examination required by Section 2941 unless otherwise exempted by the board under this chapter.

(e) Show by evidence satisfactory to the board that he or she has completed training in the detection and treatment of alcohol and other chemical substance dependency. This requirement applies only to applicants who matriculate on or after September 1, 1985.

(f)(1) Show by evidence satisfactory to the board that he or she has completed coursework in spousal or partner abuse assessment, detection, and intervention. This requirement applies to applicants who began graduate training during the period commencing on January 1, 1995, and ending on December 31, 2003.

(2) An applicant who began graduate training on or after January 1, 2004, shall show by evidence satisfactory to the board that he or she has completed a minimum of 15 contact hours of coursework in spousal or partner abuse assessment, detection, and intervention strategies, including knowledge of community resources, cultural factors, and same gender abuse dynamics. An applicant may request an exemption from this requirement if he or she intends to practice in an area that does not include the direct provision of mental health services.

(3) Coursework required under this subdivision may be satisfactory if taken either in fulfillment of other educational requirements for licensure or in a separate course. This requirement for coursework shall be satisfied by, and the board shall accept in satisfaction of the requirement, a certification from the chief academic officer of the educational institution from which the applicant graduated that the required coursework is included within the institution's required curriculum for graduation.

(g) An applicant holding a doctoral degree in psychology from an approved institution is deemed to meet the requirements of this section if all of the following are true:

(1) The approved institution offered a doctoral degree in psychology designed to prepare students for a license to practice psychology and was approved by the Bureau for Private Postsecondary and Vocational Education on or before July 1, 1999.

(2) The approved institution has not, since July 1, 1999, had a new location, as described in Section 94721 of the Education Code.

(3) The approved institution is not a franchise institution, as defined in Section 94729.3 of the Education Code.

(Added by Stats.2000, c. 625 (A.B.400), § 2. Amended by Stats.2001, c. 728 (S.B.724), § 24.4; Stats.2002, c. 481 (S.B.564), § 1.)

§ 2914.1. Continuing education; geriatric pharmacology

The board shall encourage every licensed psychologist to take a continuing education course in geriatric pharmacology as a part of his or her continuing education.

(Added by Stats.1990, c. 1539 (S.B.2827), § 3.)

§ 2914.2. Continuing education in psychopharmacology and biological basis of behavior

The board shall encourage licensed psychologists to take continuing education courses in psychopharmacology and biological basis of behavior as part of their continuing education.

(Added by Stats.1998, c. 822 (S.B.983), § 1.)

§ 2914.3. Doctorate degree program curriculum; psychopharmacology courses

(a) The board shall encourage institutions that offer a doctorate degree program in psychology to include in their biobehavioral curriculum, education and training in psychopharmacology and related topics including pharmacology and clinical pharmacology.

(b) The board shall develop guidelines for the basic education and training of psychologists whose practices include patients with medical conditions and patients with mental and emotional disorders, who may require psychopharmacological treatment and whose management may require collaboration with physicians and other licensed prescribers. In developing these guidelines for training, the board shall consider, but not be limited to, all of the following:

(1) The American Psychological Association's guidelines for training in the biological bases of mental and emotional disorders.

(2) The necessary educational foundation for understanding the biochemical and physiological bases for mental disorders.

(3) Evaluation of the response to psychotropic compounds, including the effects and side effects.

(4) Competent basic practical and theoretical knowledge of neuroanatomy, neurochemistry, and neurophysiology relevant to research and clinical practice.

(5) Knowledge of the biological bases of psychopharmacology.

(6) The locus of action of psychoactive substances and mechanisms by which these substances affect brain function and other systems of the body.

(7) Knowledge of the psychopharmacology of classes of drugs commonly used to treat mental disorders.

(8) Drugs that are commonly abused that may or may not have therapeutic uses.

(9) Education of patients and significant support persons in the risks, benefits, and treatment alternatives to medication.

(10) Appropriate collaboration or consultation with physicians or other prescribers to include the assessment of the need for additional treatment that may include medication or other medical evaluation and treatment and the patient's mental capacity to consent to additional treatment to enhance both the physical and the mental status of the persons being treated.

(11) Knowledge of signs that warrant consideration for referral to a physician.

(c) This section is intended to provide for training of clinical psychologists to improve the ability of clinical psychologists to collaborate with physicians. It is not intended to provide for training psychologists to prescribe medication. Nothing in this section is intended to expand the scope of licensure of psychologists.

(Added by Stats.1998, c. 822 (S.B.983), § 2.)

§ 2915. Renewal licenses, relicensure, reinstatement to active license status; proof of continuing education; false statements; policy for exceptions; approved courses

(a) Except as provided in this section, on or after January 1, 1996, the board shall not issue any renewal license unless the applicant submits proof that he or she has completed no less than 18 hours of approved continuing education in the preceding year. On or after January 1, 1997, except as provided in this section, the board shall issue renewal licenses only to those applicants who have completed 36 hours of approved continuing education in the preceding two years.

(b) Each person renewing his or her license issued pursuant to this chapter shall submit proof of compliance with this section to the board. False statements submitted pursuant to this section shall be a violation of Section 2970.

(c) A person applying for relicensure or for reinstatement to an active license status shall certify under penalty of perjury that he or she is in compliance with this section.

(d)(1) The continuing education requirement shall include, but shall not be limited to, courses required pursuant to Sections 25 and 28. The requirement may include courses pursuant to Sections 32 and 2914.1.

(2)(A) The board shall require a licensed psychologist who began graduate study prior to January 1, 2004, to take a continuing education course during his or her first renewal period after the operative date of this section in spousal or partner abuse assessment, detection, and intervention strategies, including community resources, cultural factors, and same gender abuse dynamics. Equivalent courses in spousal or partner abuse assessment, detection, and intervention strategies taken prior to the operative date of this section or proof of equivalent teaching or practice experience may be submitted to the board and at its discretion, may be accepted in satisfaction of this requirement.

(B) Continuing education courses taken pursuant to this paragraph shall be applied to the 36 hours of approved continuing education required under subdivision (a).

(C) A licensed psychologist whose practice does not include the direct provision of mental health services may apply to the board for an exemption from the requirements of this paragraph.

(3) Continuing education instruction approved to meet the requirements of this section shall be completed within the State of California, or shall be approved for continuing education credit by the American Psychological Association or its equivalent as approved by the board.

(e) The board may establish a policy for exceptions from the continuing education requirement of this section.

(f) The board may recognize continuing education courses that have been approved by one or more private nonprofit organizations that have at least 10 years' experience managing continuing education programs for psychologists on a statewide basis, including, but not limited to:

(1) Maintaining and managing related records and data.

(2) Monitoring and approving courses.

(g) The board shall adopt regulations as necessary for implementation of this section.

(h) A licensed psychologist shall choose continuing education instruction that is related to the assessment, diagnosis, and intervention for the client population being served or to the fields of psychology in which the psychologist intends to provide services, that may include new theoretical approaches, research, and applied techniques. Continuing education instruction shall include required courses specified in subdivision (d).

(i) A psychologist shall not practice outside his or her particular field or fields of competence as established by his or her education, training, continuing education, and experience.

(j) The administration of this section may be funded through professional license fees and continuing education provider and course approval fees, or both. The fees related to the administration of this section shall not exceed the costs of administering the corresponding provisions of this section.

(k) Continuing education credit may be approved for those licensees who serve as commissioners on any examination pursuant to Section 2947, subject to limitations established by the board.

(*l*) This section shall become operative on January 1, 2004.

(Added by Stats.2002, c. 481 (S.B.564), § 3, operative Jan. 1, 2004.)

§ 2915.5. Graduate study coursework in aging and long–term care; contact hours; program contents

(a) Any applicant for licensure as a psychologist who began graduate study on or after January 1, 2004, shall complete, as a condition of licensure, a minimum of 10 contact hours of coursework in aging and long–term care, which could include, but is not limited to, the biological, social, and psychological aspects of aging.

(b) Coursework taken in fulfillment of other educational requirements for licensure pursuant to this chapter, or in a separate course of study, may, at the discretion of the board, fulfill the requirements of this section.

(c) In order to satisfy the coursework requirement of this section, the applicant shall submit to the board a certification from the chief academic officer of the educational institution from which the applicant graduated stating that the coursework required by this section is included within the institution's required curriculum for graduation, or within the coursework, that was completed by the applicant.

(d) The board shall not issue a license to the applicant until the applicant has met the requirements of this section.

(Added by Stats.2002, c. 541 (S.B.953), § 4.)

§ 2915.7. Continuing education coursework in aging and long–term care; minimum number of hours; program contents

(a) Effective January 1, 2005, as a condition of the first renewal of a person's license pursuant to this chapter, any person who began graduate study prior to January 1, 2004, shall complete a three–hour continuing education course in aging and long–term care, and shall submit to the board evidence acceptable to the board of the person's satisfactory completion of that course.

(b) The course could include, but is not limited to, the biological, social, and psychological aspects of aging.

(c) Any person seeking the first renewal of his or her license pursuant to this chapter may submit to the board a certificate evidencing completion of equivalent courses in aging and long–term care taken prior to the operative date of this section, or proof of equivalent teaching or practice experience. The board, in its discretion, may accept that certification as meeting the requirements of this section.

(d) The board shall not renew an applicant's license upon the applicant's application for the first renewal of his or her license until the applicant has met the requirements of this section.

(Added by Stats.2002, c. 541 (S.B.953), § 5.)

§ 2916. Partial invalidity

If any provision of this chapter or the application thereof to any person or circumstances is held invalid, such invalidity shall not affect any of the provisions or applications of this chapter which can be given effect without such invalid provisions or application, and to this end the provisions of this chapter are declared to be severable.

(Added by Stats.1967, c. 1677, p. 4199, § 2.)

§ 2918. Confidential relations and communications; privilege; law governing

The confidential relations and communications between psychologist and client shall be privileged as provided by Article 7 (commencing with Section 1010) of Chapter 4 of Division 8 of the Evidence Code.

(Added by Stats.1973, c. 757, § 4.)

Article 2 ADMINISTRATION

§ 2920. Board of Psychology

The Board of Psychology shall enforce and administer this chapter. The board shall consist of nine members, four of whom shall be public members.

This section shall become inoperative on July 1, 2006, and, as of January 1, 2007, is repealed, unless a later enacted statute, which becomes effective on or before January 1, 2007, deletes or extends the dates on which it becomes inoperative and is repealed.

(Added by Stats.1967, c. 1677, p. 4190, § 2. Amended by Stats.1971, c. 716, p. 1399, § 45; Stats.1976, c. 1188, p. 5341, § 16; Stats.1978, c. 1161, p. 3651, § 199; Stats.1978, c. 1208, p. 3901, § 7; Stats.1982, c. 676, p. 2750, § 12; Stats.1989, c. 886, § 56; Stats.1989, c. 888, § 5; Stats.1990, c. 622 (S.B.2720), § 1; Stats.1994, c. 908 (S.B.2036), § 19; Stats.1998, c. 589 (S.B.1983), § 1; Stats.2002, c. 1012 (S.B.2025), § 6, eff. Sept. 27, 2002.)

INOPERATIVE DATE AND REPEAL

For inoperative date and repeal of this section, see its terms.

§ 2920.1. Priority to protect the public

Protection of the public shall be the highest priority for the Board of Psychology in exercising its licensing, regulatory, and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount.

(Added by Stats.2002, c. 107 (A.B.269), § 12.)

§ 2921. Tenure of members; limitation on number of terms

Each member of the board shall hold office for a term of four years, and shall serve until the appointment and qualification of his or her successor or until one year shall have elapsed since the expiration of the term for which he or she was appointed, whichever first occurs. No member may serve for more than two consecutive terms.

(Added by Stats.1967, c. 1677, p. 4199, § 2. Amended by Stats.1968, c. 455, p. 1076, § 1; Stats.1973, c. 757, § 5; Stats.1989, c. 888, § 6.)

§ 2922. Appointment and qualifications of members

In appointing the members of the board, except the public members, the Governor shall use his or her judgment to select

psychologists who represent, as widely as possible, the varied professional interests of psychologists in California.

The Governor shall appoint two of the public members and the five licensed members of the board qualified as provided in Section 2923. The Senate Rules Committee and the Speaker of the Assembly shall each appoint a public member, and their initial appointment shall be made to fill, respectively, the first and second public member vacancies which occur on or after January 1, 1983.

(Added by Stats.1967, c. 1677, p. 4199, § 2. Amended by Stats.1976, c. 1188, p. 5341, § 17; Stats.1982, c. 676, p. 2750, § 13; Stats.1989, c. 888, § 7; Stats.1998, c. 589 (S.B.1983), § 2.)

§ 2923. Qualifications of members

Each member of the board shall have all of the following qualifications:

(a) He or she shall be a resident of this state.

(b) Each member appointed, except the public members shall be a licensed psychologist.

The public members shall not be licentiates of the board or of any board under this division or of any board referred to in the Chiropractic Act or the Osteopathic Act.

(Added by Stats.1967, c. 1677, p. 4199, § 2. Amended by Stats.1976, c. 1188, p. 5341, § 18; Stats.1989, c. 888, § 8.)

§ 2924. Removal from office; grounds

The Governor has power to remove from office any member of the board for neglect of any duty required by this chapter, for incompetency, or for unprofessional conduct.

(Added by Stats.1967, c. 1677, p. 4199, § 2. Amended by Stats.1989, c. 888, § 9.)

§ 2925. Election of officers

The board shall elect annually a president and vice president from among its members.

(Added by Stats.1967, c. 1677, p. 4199, § 2. Amended by Stats.1978, c. 1208, p. 3902, § 8; Stats.1989, c. 888, § 10; Stats.1998, c. 589 (S.B.1983), § 3.)

§ 2926. Meetings

The board shall hold at least one regular meeting each year. Additional meetings may be held upon call of the chairman or at the written request of any two members of the board.

(Added by Stats.1967, c. 1677, p. 4199, § 2. Amended by Stats.1989, c. 888, § 11.)

§ 2927. Quorum

Five members of the board shall at all times constitute a quorum.

(Formerly § 2932, added by Stats.1967, c. 1677, p. 4199, § 2. Amended by Stats.1989, c. 888, § 16. Renumbered § 2927 and amended by Stats.1994, c. 26 (A.B.1807), § 69, eff. March 30, 1994.)

§ 2927.5. Notice of regular meetings; publication

Notice of each regular meeting of the board shall be given in accordance with the Bagley–Keene Open Meeting Act (Article 9 (commencing with Section 11120) of Chapter 1 of Part 1 of Division 3 of Title 2 of the Government Code).

(Added by Stats.1973, c. 757, § 6. Amended by Stats.1994, c. 26 (A.B.1807), § 66, eff. March 30, 1994.)

§ 2928. Duties of board

The board shall administer and enforce this chapter.

(Added by Stats.1967 c. 1677, p. 4199, § 2. Amended by Stats.1989, c. 888, § 12; Stats.1997, c. 758 (S.B.1346), § 35.)

§ 2929. Seal

The board shall adopt a seal, which shall be affixed to all licenses issued by the board.

(Added by Stats.1967, c. 1677, p. 4199, § 2. Amended by Stats.1989, c. 888, § 13; Stats.1997, c. 758 (S.B.1346), § 36.)

§ 2930. Rules and regulations

The board shall from time to time adopt rules and regulations as may be necessary to effectuate this chapter. In adopting rules and regulations the board shall comply with Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

(Added by Stats.1967, c. 1677, p. 4199, § 2. Amended by Stats. 1984, c. 144, § 12; Stats.1989, c. 888, § 14.)

§ 2930.5. Fictitious–name permits; issuance; revocation or suspension; delegation of authority

(a) Any psychologist, who as a sole proprietor, or in a partnership, group, or professional corporation, desires to practice under any name that would otherwise be a violation of subdivision (r) of Section 2960 may practice under that name if the proprietor, partnership, group, or corporation obtains and maintains in current status a fictitious–name permit issued by the committee under this section.

(b) The committee shall issue a fictitious–name permit authorizing the holder thereof to use the name specified in the permit in connection with his, her, or its practice if the committee finds to its satisfaction that:

(1) The applicant or applicants or shareholders of the professional corporation hold valid and current licenses and no charges of unprofessional conduct are pending against any such licensed person.

(2) The place, or portion thereof, in which the applicant's or applicants' practice, is owned or leased by the applicant or applicants.

(3) The professional practice of the applicant or applicants is wholly owned and entirely controlled by the applicant or applicants.

(4) The name under which the applicant or applicants propose to practice contains one of the following designations: "psychology group" or "psychology clinic."

(c) Fictitious–name permits issued by the committee shall be subject to Article 7 (commencing with Section 2980) pertaining to renewal of licenses.

(d) The committee may revoke or suspend any permit issued if it finds that the holder or holders of the permit are not in compliance with this section or any regulations adopted pursuant to this section. A proceeding to revoke or suspend a fictitious–name permit shall be conducted in accordance with Section 2965.

(e) The committee may also proceed to revoke the fictitious–name permit of a licensee whose license has been revoked, but no proceeding may be commenced unless and until the charges of unprofessional conduct against the licensee have resulted in revocation of the license.

(f) The committee may delegate to the executive director, or to another official of the board, its authority to review and approve applications for fictitious–name permits and to issue those permits.

(Added by Stats.1988, c. 800, § 1. Amended by Stats.1992, c. 1099 (A.B.3034), § 1.)

§ 2931. Examination of qualifications of applicants

The board shall examine and pass upon the qualifications of the applicants for a license as provided by this chapter.

(Added by Stats.1967, c. 1677, p. 4199, § 2. Amended by Stats.1989, c. 888, § 15.)

§ 2933. Personnel; expenditures; contributions

Except as provided by Section 159.5, the board shall employ and shall make available to the board within the limits of the funds received by the board all personnel necessary to carry out this chapter. The board may employ, exempt from the State Civil Service Act, an executive officer to the Board of Psychology. The board shall make all expenditures to carry out this chapter. The board may accept contributions to effectuate the purposes of this chapter.

This section shall become inoperative on July 1, 2006, and, as of January 1, 2007, is repealed, unless a later enacted statute, which becomes effective on or before January 1, 2007, deletes or extends the dates on which it becomes inoperative and is repealed.

(Added by Stats.1967, c. 1677, p. 4199, § 2. Amended by Stats.1971, c. 716, p. 1399, § 46; Stats.1974, c. 1044, p. 2253, § 32.6, eff. Sept. 23, 1974; Stats. 1984, c. 47, § 18, eff. March 21, 1984; Stats.1989, c.

888, § 17; Stats.1994, c. 908 (S.B.2036), § 20; Stats.1997, c. 758 (S.B.1346), § 37; Stats.1998, c. 589 (S.B.1983), § 4; Stats.2002, c. 1012 (S.B.2025), § 7, eff. Sept. 27, 2002.)

INOPERATIVE DATE AND REPEAL

For inoperative date and repeal of this section, see its terms.

§ 2934. Geographical directory of licensed psychologists

Notwithstanding Section 112, the board may issue, biennially, a current geographical directory of licensed psychologists. The directory may be sent to licensees and to other interested parties at cost.

(Added by Stats.1982, c. 462, p. 1908, § 2. Amended by Stats.1989, c. 888, § 18.)

§ 2935. Compensation and expenses of board members

Each member of the board shall receive a per diem and expenses as provided in Section 103.

(Added by Stats.1967, c. 1677, p. 4199, § 2. Amended by Stats.1989, c. 888, § 19.)

§ 2936. Consumer and professional education program; standards of ethical conduct; notice to consumers

The board shall adopt a program of consumer and professional education in matters relevant to the ethical practice of psychology. The board shall establish as its standards of ethical conduct relating to the practice of psychology, the code of ethics adopted and published by the American Psychological Association (APA). Those standards shall be applied by the board as the accepted standard of care in all licensing examination development and in all board enforcement policies and disciplinary case evaluations.

To facilitate consumers in receiving appropriate psychological services, all licensees and registrants shall be required to post, in a conspicuous location in their principal psychological business office, a notice which reads as follows:

"NOTICE: The Department of Consumer Affairs receives questions and complaints regarding the practice of psychology. If you have any questions or complaints, you may contact this department by calling (insert appropriate regional number) or (insert appropriate telephone number), or by writing to the following address:

Board of Psychology
1422 Howe Avenue, Ste. 22
Sacramento, California 95825–3236"

(Added by Stats.1967, c. 1677, p. 4199, § 2. Amended by Stats.1978, c. 1208, p. 3902, § 10.3; Stats.1989, c. 886, § 57; Stats.1989, c. 888, § 20; Stats.1991, c. 1091 (A.B.1487), § 4; Stats.1998, c. 589 (S.B.1983), § 5.)

Article 3 LICENSE

§ 2940. Application; form; manner; fee

Each person desiring to obtain a license from the board shall make application to the board. The application shall be made upon a form and shall be made in a manner as the board prescribes in regulations duly adopted under this chapter.

The application shall be accompanied by the application fee prescribed by Section 2949.[1] This fee shall not be refunded by the board.

(Added by Stats.1967, c. 1677, p. 4199, § 2. Amended by Stats.1989, c. 888, § 21; Stats.1997, c. 758 (S.B.1346), § 38.)

[1]Renumbered Business and Professions Code § 2987.

§ 2941. Examination; time for payment of fee

Each applicant for a psychology license shall be examined by the board, and shall pay to the board, at least 30 days prior to the date of examination, the examination fee prescribed by Section 2987, which fee shall not be refunded by the board.

(Added by Stats.1967, c. 1677, p. 4199, § 2. Amended by Stats.1978, c. 1208, p. 3902, § 10.5; Stats.1989, c. 888, § 22; Stats.1997, c. 758 (S.B.1346), § 39.)

§ 2942. Examination; method, time and place; passing grade; uniform system

The board may examine by written or oral examination or by both. The examination shall be given at least twice a year at the time and place and under supervision as the board may determine. The passing grades for the written and oral examinations shall be established by the board in regulations and shall be based on psychometrically sound principles of establishing minimum qualifications and levels of competency.

Examinations for a psychologist's license may be conducted by the board under a uniform examination system, and for that purpose the board may make arrangements with organizations furnishing examination material as may in its discretion be desirable.

(Added by Stats.1967, c. 1677, p. 4199, § 2. Amended by Stats.1978, c. 1208, p. 3903, § 12; Stats.1989, c. 888, § 23; Stats.1998, c. 589 (S.B.1983), § 6.)

§ 2943. Scope of examination

The board may examine for knowledge in whatever theoretical or applied fields in psychology as it deems appropriate. It may examine the candidate with regard to his or her professional skills and his or her judgment in the utilization of psychological techniques and methods.

(Added by Stats.1967, c. 1677, p. 4199, § 2. Amended by Stats.1989, c. 888, § 24.)

§ 2944. Grading examination; retention of papers; exception

The board shall grade the written examination and keep the written examination papers for at least one year, unless a uniform examination is conducted pursuant to Section 2942.

(Added by Stats.1967, c. 1677, p. 4199, § 2. Amended by Stats.1978, c. 1208, p. 3903, § 13; Stats.1989, c. 888, § 25.)

§ 2945. Transcript or recording of oral examination

The board shall keep an accurate transcription or electronic recording of the oral examinations and keep a transcription or recording as a part of its records for at least one year following the date of examination.

(Added by Stats.1973, c. 757, § 8. Amended by Stats.1989, c. 888, § 26.)

§ 2946. Licensees of other states; waiver of all or parts of examination

The board shall grant a license to any person who passes the California Jurisprudence and Professional Ethics Examination and, at the time of application, has been licensed for at least five years by a psychology licensing authority in another state or Canadian province if the requirements for obtaining a certificate or license in that state or province were substantially equivalent to the requirements of this chapter.

A psychologist certified or licensed in another state or province and who has made application to the board for a license in this state may perform activities and services of a psychological nature without a valid license for a period not to exceed 180 calendar days from the time of submitting his or her application or from the commencement of residency in this state, whichever first occurs.

The board at its discretion may waive those parts of the examination, including either the whole of the written or the oral examinations, when in the judgment of the board the applicant has already demonstrated competence in areas covered by those parts of the examination. The board at its discretion may waive the examination for diplomates of the American Board of Professional Psychology.

(Added by Stats.1967, c. 1677, p. 4199, § 2. Amended by Stats.1979, c. 955, p. 3295, § 3; Stats.1989, c. 888, § 27; Stats.1990, c. 622 (S.B.2720), § 2; Stats.1998, c. 589 (S.B.1983), § 7; Stats.2000, c. 836 (S.B.1554), § 19.)

§ 2947. Commissioners on examination; occasional professional commissioners; appointment; duties

The board may appoint qualified persons to give the whole or any portion of any examination provided for in this chapter, who shall be designated as commissioners on examination. A commissioner on examination need not be a member of the board but he or she shall have the same qualifications as a member of the board, including those set forth in Chapter 6 (commencing with Section 450) of Division 1. The board may also appoint occasional professional commissioners for short–term specified periods to assist in its nonpolicy workload.

Public commissioners may examine and evaluate candidates in areas of knowledge such as the law, ethics, and awareness of community resources.

(Added by Stats.1978, c. 1208, p. 3903, § 13.2. Amended by Stats.1982, c. 462, p. 1908, § 3; Stats.1989, c. 888, § 28.)

§ 2948. Issuance of license

The board shall issue a license to all applicants who meet the requirements of this chapter and who pay to the board the initial license fee provided in Section 2987.

(Added by Stats.1967, c. 1677, p. 4199, § 2. Amended by Stats.1989, c. 888, § 29; Stats.1990, c. 622 (S.B.2720), § 3; Stats.1997, c. 758 (S.B.1346), § 40.)

Article 4 DENIAL, SUSPENSION AND REVOCATION

§ 2960. Grounds

The board may refuse to issue any registration or license, or may issue a registration or license with terms and conditions, or may suspend or revoke the registration or license of any registrant or licensee if the applicant, registrant, or licensee has been guilty of unprofessional conduct. Unprofessional conduct shall include, but not be limited to:

(a) Conviction of a crime substantially related to the qualifications, functions or duties of a psychologist or psychological assistant.

(b) Use of any controlled substance as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code, or dangerous drug, or any alcoholic beverage to an extent or in a manner dangerous to himself or herself, any other person, or the public, or to an extent that this use impairs his or her ability to perform the work of a psychologist with safety to the public.

(c) Fraudulently or neglectfully misrepresenting the type or status of license or registration actually held.

(d) Impersonating another person holding a psychology license or allowing another person to use his or her license or registration.

(e) Using fraud or deception in applying for a license or registration or in passing the examination provided for in this chapter.

(f) Paying, or offering to pay, accepting, or soliciting any consideration, compensation, or remuneration, whether monetary or otherwise, for the referral of clients.

(g) Violating Section 17500.

(h) Willful, unauthorized communication of information received in professional confidence.

(i) Violating any rule of professional conduct promulgated by the board and set forth in regulations duly adopted under this chapter.

(j) Being grossly negligent in the practice of his or her profession.

(k) Violating any of the provisions of this chapter or regulations duly adopted thereunder.

(*l*) The aiding or abetting of any person to engage in the unlawful practice of psychology.

(m) The suspension, revocation or imposition of probationary conditions by another state or country of a license or certificate to practice psychology or as a psychological assistant issued by that state or country to a person also holding a license or registration issued under this chapter if the act for which the disciplinary action was taken constitutes a violation of this section.

(n) The commission of any dishonest, corrupt, or fraudulent act.

(*o*) Any act of sexual abuse, or sexual relations with a patient or former patient within two years following termination of therapy, or sexual misconduct that is substantially related to the qualifications, functions or duties of a psychologist or psychological assistant or registered psychologist.

(p) Functioning outside of his or her particular field or fields of competence as established by his or her education, training, and experience.

(q) Willful failure to submit, on behalf of an applicant for licensure, verification of supervised experience to the board.

(r) Repeated acts of negligence.

(Added by Stats.1967, c. 1677, p. 4199, § 2. Amended by Stats.1970, c. 1318, p. 2456, § 3; Stats.1973, c. 757, § 9; Stats.1977, c. 509, p. 1643, § 5; Stats.1978, c. 1161, p. 3652, § 204; Stats.1978, c. 1208, p. 3898, § 15; Stats.1979, c. 955, p. 3295, § 4; Stats.1982, c. 462, p. 1909, § 4; Stats. 1984, c. 1635, § 6; Stats.1985, c. 990, § 2, eff. Sept. 26, 1985; Stats.1988, c. 800, § 2; Stats.1989, c. 888, § 30; Stats.1992, c. 1099 (A.B.3034), § 2; Stats.1994, c. 26 (A.B.1807), § 76, eff. March 30, 1994; Stats.1994, c. 1275 (S.B.2101), § 21; Stats.1998, c. 879 (S.B.2238), § 2; Stats.1999, c. 655 (S.B.1308), § 43; Stats.2000, c. 836 (S.B.1554), § 20.)

§ 2960.05. Limitations period

(a) Except as provided in subdivisions (b), (c), and (e), any accusation filed against a licensee pursuant to Section 11503 of the Government Code shall be filed within three years from the date the board discovers the alleged act or omission that is the basis for disciplinary action, or within seven years from the date the alleged act or omission that is the basis for disciplinary action occurred, whichever occurs first.

(b) An accusation filed against a licensee pursuant to Section 11503 of the Government Code alleging the procurement of a license by fraud or misrepresentation is not subject to the limitations set forth in subdivision (a).

(c) The limitation provided for by subdivision (a) shall be tolled for the length of time required to obtain compliance when a report required to be filed by the licensee or registrant with the board pursuant to Article 11 (commencing with Section 800) of Chapter 1 is not filed in a timely fashion.

(d) If an alleged act or omission involves a minor, the seven–year limitations period provided for by subdivision (a) and the 10–year limitations period provided for by subdivision (e) shall be tolled until the minor reaches the age of majority.

(e) An accusation filed against a licensee pursuant to Section 11503 of the Government Code alleging sexual misconduct shall be filed within three years after the board discovers the act or omission alleged as the ground for disciplinary action, or within 10 years after the act or omission alleged as the ground for disciplinary action occurs, whichever occurs first. This subdivision shall apply to a complaint alleging sexual misconduct received by the board on and after January 1, 2002.

(f) The limitations period provided by subdivision (a) shall be tolled during any period if material evidence necessary for prosecuting or determining whether a disciplinary action would be appropriate is unavailable to the board due to an ongoing criminal investigation.

(Added by Stats.1999, c. 459 (S.B.809), § 1. Amended by Stats.2001, c. 617 (A.B.1616), § 2.)

§ 2960.1. Decision containing finding that licensee or registrant engaged in sexual contact with patient or former patient; order of revocation

Notwithstanding Section 2960, any proposed decision or decision issued under this chapter in accordance with the procedures set forth in Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, that contains any finding of fact that the licensee or registrant engaged in any act of sexual contact, as defined in Section 728, when that act is with a patient, or with a former

patient within two years following termination of therapy, shall contain an order of revocation. The revocation shall not be stayed by the administrative law judge.
(Added by Stats.1994, c. 1274 (S.B.2039), § 1.8. Amended by Stats.1998, c. 879 (S.B.2238), § 3.)

§ 2960.2. Licensee physical, emotional and mental condition; requirements

(a) A licensee shall meet the requirements set forth in subdivision (f) of Section 1031 of the Government Code prior to performing either of the following:

(1) An evaluation of a peace officer applicant's emotional and mental condition.

(2) An evaluation of a peace officer's fitness for duty.

(b) This section shall become operative on January 1, 2005.
(Added by Stats.2003, c. 777 (A.B.1669), § 2, operative Jan. 1, 2005.)

§ 2960.5. Mental illness or chemical dependency; grounds

The board may refuse to issue any registration or license whenever it appears that an applicant may be unable to practice his or her profession safely due to mental illness or chemical dependency. The procedures set forth in Article 12.5 (commencing with Section 820) of Chapter 1 shall apply to any denial of a license or registration pursuant to this section.
(Added by Stats.1992, c. 384 (S.B.1773), § 1.)

§ 2960.6. Disciplinary action by foreign state; disciplinary action by a healing arts board; grounds

The board may deny any application for, or may suspend or revoke a license or registration issued under this chapter for, any of the following:

(a) The revocation, suspension, or other disciplinary action imposed by another state or country on a license, certificate, or registration issued by that state or country to practice psychology shall constitute grounds for disciplinary action for unprofessional conduct against that licensee or registrant in this state. A certified copy of the decision or judgment of the other state or country shall be conclusive evidence of that action.

(b) The revocation, suspension, or other disciplinary action by any board established in this division, or the equivalent action of another state's or country's licensing agency, of the license of a healing arts practitioner shall constitute grounds for disciplinary action against that licensee or registrant under this chapter. The grounds for the action shall be substantially related to the qualifications, functions, or duties of a psychologist or psychological assistant. A certified copy of the decision or judgment shall be conclusive evidence of that action.
(Added by Stats.1992, c. 384 (S.B.1773), § 2. Amended by Stats.1994, c. 1275 (S.B.2101), § 22.)

§ 2961. Manner of discipline

The board may deny an application for, or issue subject to terms and conditions, or suspend or revoke, or impose probationary conditions upon, a license or registration after a hearing as provided in Section 2965.
(Added by Stats.1967, c. 1677, p. 4199, § 2. Amended by Stats.1978, c. 1208, p. 3904, § 16; Stats.1986, c. 1163, § 1; Stats.1989, c. 888, § 31.)

§ 2962. Reinstatement; modification of penalty; petition; examination

(a) A person whose license or registration has been revoked, suspended, or surrendered, or who has been placed on probation, may petition the board for reinstatement or modification of the penalty, including modification or termination of probation, after a period of not less than the following minimum periods has elapsed from the effective date of the decision ordering that disciplinary action:

(1) At least three years for reinstatement of a license revoked or surrendered.

(2) At least two years for early termination of probation of three years or more.

(3) At least two years for modification of a condition of probation.

(4) At least one year for early termination of probation of less than three years.

(b) The board may require an examination for that reinstatement.

(c) Notwithstanding Section 489, a person whose application for a license or registration has been denied by the board, for violations of Division 1.5 (commencing with Section 475) of this chapter, may reapply to the board for a license or registration only after a period of three years has elapsed from the date of the denial.
(Added by Stats.1994, c. 1275 (S.B.2101), § 24. Amended by Stats.2000, c. 836 (S.B.1554), § 21.)

§ 2963. Conviction; suspension, revocation or refusal to issue license; effect of probation

A plea or verdict of guilty or a conviction following a plea of nolo contendere made to a charge which is substantially related to the qualifications, functions and duties of a psychologist or psychological assistant is deemed to be a conviction within the meaning of this article. The board may order the license suspended or revoked, or may decline to issue a license when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal or when an order granting probation is made suspending the imposition of sentence, irrespective of a subsequent order under Section 1203.4 of the Penal Code allowing the person to withdraw his or her plea of guilty and to enter a plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation, information or indictment.
(Added by Stats.1967, c. 1677, p. 4199, § 2. Amended by Stats.1978, c. 1161, p. 3653, § 205; Stats.1978, c. 1208, p. 3905, § 17; Stats.1986, c. 1163, § 2; Stats.1989, c. 888, § 33.)

§ 2964. Reports of license revocations or restorations

Whenever the board orders a license revoked for cause, with the exception of nonpayment of fees, or restores a license, these facts shall be reported to all other state psychology licensing boards.
(Added by Stats.1982, c. 462, p. 1910, § 5. Amended by Stats.1989, c. 888, § 34.)

§ 2964.3. Sex offender; eligibility

Any person required to register as a sex offender pursuant to Section 290 of the Penal Code, is not eligible for licensure or registration by the board.
(Added by Stats.1998, c. 589 (S.B.1983), § 8.)

§ 2964.5. Additional training, examination, and fee following probation or license suspension

The board at its discretion may require any licensee placed on probation or whose license is suspended, to obtain additional professional training, to pass an examination upon the completion of that training, and to pay the necessary examination fee. The examination may be written or oral or both, and may include a practical or clinical examination.
(Added by Stats.1982, c. 462, p. 1910, § 6. Amended by Stats.1991, c. 1091 (A.B.1487), § 5.)

§ 2964.6. Probation terms; payment of monitoring costs

An administrative disciplinary decision that imposes terms of probation may include, among other things, a requirement that the licensee who is being placed on probation pay the monetary costs associated with monitoring the probation.
(Added by Stats.1995, c. 708 (S.B.609), § 12.)

§ 2965. Conduct of proceedings

The proceedings under this article shall be conducted by the board in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.
(Added by Stats.1967, c. 1677, p. 4199, § 2. Amended by Stats.1989, c. 888, § 35.)

§ 2966. Felony conviction; incarceration; determination of suspension; hearing

(a) A psychologist's license shall be suspended automatically during any time that the holder of the license is incarcerated after conviction of a felony, regardless of whether the conviction has been appealed. The board shall, immediately upon receipt of the certified copy of the record of conviction, determine whether the license of the psychologist has been automatically suspended by virtue of his or her incarceration, and if so, the duration of that suspension. The board shall notify the psychologist of the license suspension and of his or her right to elect to have the issue of penalty heard as provided in this section.

(b) Upon receipt of the certified copy of the record of conviction, if after a hearing it is determined therefrom that the felony of which the licensee was convicted was substantially related to the qualifications, functions, or duties of a psychologist, the board shall suspend the license until the time for appeal has elapsed, if no appeal has been taken, or until the judgment of conviction has been affirmed on appeal or has otherwise become final, and until further order of the board. The issue of substantial relationship shall be heard by an administrative law judge sitting alone or with a panel of the board, in the discretion of the board.

(c) Notwithstanding subdivision (b), a conviction of any crime referred to in Section 187, 261, 262, or 288 of the Penal Code, shall be conclusively presumed to be substantially related to the qualifications, functions, or duties of a psychologist and no hearing shall be held on this issue. Upon its own motion or for good cause shown, the board may decline to impose or may set aside the suspension when it appears to be in the interest of justice to do so, with due regard to maintaining the integrity of and confidence in the psychology profession.

(d)(1) Discipline or the denial of the license may be ordered in accordance with Section 2961, or the board may order the denial of the license when the time for appeal has elapsed, the judgment of conviction has been affirmed on appeal, or an order granting probation is made suspending the imposition of sentence, irrespective of a subsequent order under Section 1203.4 of the Penal Code allowing the person to withdraw his or her plea of guilty and to enter a plea of not guilty, setting aside the verdict of guilty, or dismissing the accusation, complaint, information, or indictment.

(2) The issue of penalty shall be heard by an administrative law judge sitting alone or with a panel of the board, in the discretion of the board. The hearing shall not be commenced until the judgment of conviction has become final or, irrespective of a subsequent order under Section 1203.4 of the Penal Code, an order granting probation has been made suspending the imposition of sentence; except that a licensee may, at his or her option, elect to have the issue of penalty decided before those time periods have elapsed. Where the licensee so elects, the issue of penalty shall be heard in the manner described in this section at the hearing to determine whether the conviction was substantially related to the qualifications, functions, or duties of a psychologist. If the conviction of a licensee who has made this election is overturned on appeal, any discipline ordered pursuant to this section shall automatically cease. Nothing in this subdivision shall prohibit the board from pursuing disciplinary action based on any cause other than the overturned conviction.

(e) The record of the proceedings resulting in the conviction, including a transcript of the testimony therein, may be received in evidence.

(Added by Stats.1998, c. 589 (S.B.1983), § 9.)

§ 2969. Refusal to comply with request for medical records of patient; civil penalty; written authorization; court order

(a)(1) A licensee who fails or refuses to comply with a request for the medical records of a patient, that is accompanied by that patient's written authorization for release of records to the board, within 15 days of receiving the request and authorization, shall pay to the board a civil penalty of one thousand dollars ($1,000) per day for each day that the documents have not been produced after the 15th day, unless the licensee is unable to provide the documents within this time period for good cause.

(2) A health care facility shall comply with a request for the medical records of a patient that is accompanied by that patient's written authorization for release of records to the board together with a notice citing this section and describing the penalties for failure to comply with this section. Failure to provide the authorizing patient's medical records to the board within 30 days of receiving the request, authorization, and notice shall subject the health care facility to a civil penalty, payable to the board, of up to one thousand dollars ($1,000) per day for each day that the documents have not been produced after the 30th day, up to ten thousand dollars ($10,000), unless the health care facility is unable to provide the documents within this time period for good cause. This paragraph shall not require health care facilities to assist the board in obtaining the patient's authorization. The board shall pay the reasonable costs of copying the medical records.

(b)(1) A licensee who fails or refuses to comply with a court order, issued in the enforcement of a subpoena, mandating the release of records to the board shall pay to the board a civil penalty of one thousand dollars ($1,000) per day for each day that the documents have not been produced after the date by which the court order requires the documents to be produced, unless it is determined that the order is unlawful or invalid. Any statute of limitations applicable to the filing of an accusation by the board shall be tolled during the period the licensee is out of compliance with the court order and during any related appeals.

(2) Any licensee who fails or refuses to comply with a court order, issued in the enforcement of a subpoena, mandating the release of records to the board, shall be subject to a civil penalty, payable to the board, of not to exceed five thousand dollars ($5,000). The amount of the penalty shall be added to the licensee's renewal fee if it is not paid by the next succeeding renewal date. Any statute of limitations applicable to the filing of an accusation by the board shall be tolled during the period the licensee is out of compliance with the court order and during any related appeals.

(3) A health care facility that fails or refuses to comply with a court order, issued in the enforcement of a subpoena, mandating the release of patient records to the board, that is accompanied by a notice citing this section and describing the penalties for failure to comply with this section, shall pay to the board a civil penalty of up to one thousand dollars ($1,000) per day for each day that the documents have not been produced, up to ten thousand dollars ($10,000), after the date by which the court order requires the documents to be produced, unless it is determined that the order is unlawful or invalid. Any statute of limitations applicable to the filing of an accusation by the board against a licensee shall be tolled during the period the health care facility is out of compliance with the court order and during any related appeals.

(4) Any health care facility that fails or refuses to comply with a court order, issued in the enforcement of a subpoena, mandating the release of records to the board, shall be subject to a civil penalty, payable to the board, of not to exceed five thousand dollars ($5,000). Any statute of limitations applicable to the filing of an accusation by the board against a licensee shall be tolled during the period the health care facility is out of compliance with the court order and during any related appeals.

(c) Multiple acts by a licensee in violation of subdivision (b) shall be a misdemeanor punishable by a fine not to exceed five thousand dollars ($5,000) or by imprisonment in a county jail not exceeding six months, or by both that fine and imprisonment. Multiple acts by a health care facility in violation of subdivision (b) shall be a misdemeanor punishable by a fine not to exceed five thousand dollars ($5,000) and shall be reported to the State Department of Health

Services and shall be considered as grounds for disciplinary action with respect to licensure, including suspension or revocation of the license or certificate.

(d) A failure or refusal of a licensee to comply with a court order, issued in the enforcement of a subpoena, mandating the release of records to the board constitutes unprofessional conduct and is grounds for suspension or revocation of his or her license.

(e) The imposition of the civil penalties authorized by this section shall be in accordance with the Administrative Procedure Act (Chapter 5 (commencing with Section 11500) of Division 3 of Title 2 of the Government Code.

(f) For purposes of this section, "health care facility" means a clinic or health facility licensed or exempt from licensure pursuant to Division 2 (commencing with Section 1200) of the Health and Safety Code.

(Added by Stats.2000, c. 836 (S.B.1554), § 22.)

Article 5 PENALTIES

§ 2970. Violation; offense; punishment

Any person who violates any of the provisions of this chapter shall be guilty of a misdemeanor punishable by imprisonment in the county jail not exceeding six months, or by a fine not exceeding two thousand dollars ($2,000), or by both.

(Added by Stats.1967, c. 1677, p. 4199, § 2. Amended by Stats.1982, c. 462, p. 1910, § 7; Stats.1983, c. 1092, § 12, eff. Sept. 27, 1983, operative Jan. 1, 1984.)

§ 2971. Injunction or order restraining violations

Whenever any person other than a licensed psychologist has engaged in any act or practice that constitutes an offense against this chapter, the superior court of any county, on application of the board, may issue an injunction or other appropriate order restraining that conduct. Proceedings under this section shall be governed by Chapter 3 (commencing with Section 525) of Title 7, Part 2 of the Code of Civil Procedure, except that it shall be presumed that there is no adequate remedy at law, and that irreparable damage will occur if the continued violation is not restrained or enjoined. On the written request of the board, or on its own motion, the board may commence action in the superior court under this section.

(Added by Stats.1967, c. 1677, p. 4199, § 2. Amended by Stats.1978, c. 1161, p. 3653, § 206; Stats.1982, c. 517, p. 2305, § 10; Stats.1982, c. 462, p. 1910, § 8; Stats.1989, c. 888, § 36; Stats.1995, c. 279 (A.B.1471), § 17; Stats.1997, c. 758 (S.B.1346), § 41.)

Article 7 REVENUE

§ 2980. Psychology Fund; reports; deposits

There is in the State Treasury the Psychology Fund. The board shall report to the Controller at the beginning of each calendar month, for the month preceding, the amount and source of all revenue received by it, pursuant to this chapter, and shall pay the entire amount thereof to the Treasurer for deposit into that fund. All revenue received by the board from fees authorized to be charged relating to the practice of psychology shall be deposited into that fund as provided in this section.

(Added by Stats.1980, c. 1313, p. 4518, § 9.2, operative July 1, 1981. Amended by Stats.1989, c. 886, § 58; Stats.1989, c. 888, § 37; Stats.1990, c. 622 (S.B.2720), § 4; Stats.1997, c. 758 (S.B.1346), § 42.)

§ 2981. Appropriation

The money in the Psychology Fund necessary for the administration of this chapter is hereby continuously appropriated for such purposes.

(Added by Stats.1967, c. 1677, p. 4199, § 2. Amended by Stats.1978, c. 1161, p. 3635, § 208; Stats.1978, c. 1208, p. 3906, § 23; Stats.1980, c. 1313, p. 4519, § 9.3, operative July 1, 1981.)

§ 2982. Expiration of licenses; renewal

All licenses expire and become invalid at 12 midnight on the last day of February, 1980, and thereafter shall expire at 12 midnight of the legal birth date of the licensee during the second year of a two–year term, if not renewed.

The board shall establish by regulation procedures for the administration of the birth date renewal program, including but not limited to, the establishment of a pro rata formula for the payments of fees by licentiates affected by the implementation of that program and the establishment of a system of staggered license application dates such that a relatively equal number of licenses expire annually.

To renew an unexpired license, the licensee shall, on or before the date on which it would otherwise expire, apply for renewal on a form provided by the board, accompanied by the prescribed renewal fee.

(Added by Stats.1967, c. 1677, p. 4199, § 2. Amended by Stats.1968, c. 455, p. 1076, § 2; Stats.1969, c. 53, p. 173, § 2; Stats.1973, c. 757, § 10; Stats.1978, c. 1208, p. 3906, § 23.3; Stats.1989, c. 888, § 38.)

§ 2983. Initial license fee; waiver

Every person to whom a license is issued after December 31, 1968, shall, as a condition precedent to its issuance, and in addition to any application, examination or other fee, pay the prescribed initial license fee, if any. The board, may, by regulation provide for the waiver or refund of the initial license fee, however, where the license is issued less than 45 days before the date on which it will expire.

(Added by Stats.1967, c. 1677, p. 4199, § 2. Amended by Stats.1978, c. 1208, p. 3907, § 23.4; Stats.1989, c. 888, § 39.)

§ 2984. Time for renewal; renewal and delinquency fees; licenses under prior law

Except as provided in Section 2985, a license that has expired may be renewed at any time within three years after its expiration on filing of an application for renewal on a form prescribed by the board and payment of all accrued and unpaid renewal fees. If the license is renewed after its expiration, the licensee, as a condition precedent to renewal, shall also pay the prescribed delinquency fee, if any. Renewal under this section shall be effective on the date on which the application is filed, on the date on which all renewal fees are paid, or on the date on which the delinquency fee, if any, is paid, whichever last occurs. If so renewed, the license shall continue in effect through the expiration date provided in Section 2982 which next occurs after the effective date of the renewal, when it shall expire and become invalid if it is not again renewed.

(Added by Stats.1967, c. 1677, p. 4199, § 2. Amended by Stats.1978, c. 1161, p. 3653, § 209; Stats.1978, c. 1208, p. 3907, § 24; Stats.1989, c. 888, § 40; Stats.1994, c. 26 (A.B.1807), § 80, eff. March 30, 1994; Stats.1997, c. 758 (S.B.1346), § 43; Stats.1998, c. 970 (A.B.2802), § 12.5; Stats.2001, c. 435 (S.B.349), § 8.)

§ 2985. Renewal of suspended license; reinstatement of revoked license; fee

A suspended license is subject to expiration and shall be renewed as provided in this article, but such renewal does not entitle the licensee, while the license remains suspended, and until it is reinstated, to engage in the licensed activity, or in any other activity or conduct in violation of the order or judgment by which the license was suspended.

A license revoked on disciplinary grounds is subject to expiration as provided in this article, but it may not be renewed. If it is reinstated after its expiration, the licensee, as a condition to reinstatement, shall pay a reinstatement fee in an amount equal to the renewal fee in effect on the last preceding regular renewal date before the date on which it is reinstated, plus the delinquency fee, if any, accrued at the time of its revocation.

(Added by Stats.1967, c. 1677, p. 4199, § 2.)

§ 2986. Renewal time limitation; requirements for new license; examination fee waiver or refund

A person who fails to renew his or her license within the three years after its expiration may not renew it, and it may not be restored,

reissued, or reinstated thereafter, but that person may apply for and obtain a new license if he or she meets the requirements of this chapter provided that he or she:

(a) Has not committed any acts or crimes constituting grounds for denial of licensure.

(b) Establishes to the satisfaction of the board that with due regard for the public interest, he or she is qualified to practice psychology.

(c) Pays all of the fees that would be required if application for licensure was being made for the first time.

The board may provide for the waiver or refund of all or any part of an examination fee in those cases in which a license is issued without examination pursuant to this section.

(Added by Stats.1967, c. 1677, p. 4199, § 2. Amended by Stats.1982, c. 462, p. 1910, § 9; Stats.1989, c. 888, § 41; Stats.1994, c. 26 (A.B.1807), § 81, eff. March 30, 1994.)

§ 2987. Fee schedule

The amount of the fees prescribed by this chapter shall be determined by the board, and shall be as follows:

(a) The application fee for a psychologist shall not be more than fifty dollars ($50).

(b) Until July 1, 1993, the examination fee for a psychologist shall be not more than one hundred fifty dollars ($150). Effective July 1, 1993, the examination and reexamination fees for the written and oral examinations shall be the actual cost to the board of developing, purchasing, and grading of each examination, plus the actual cost to the board of administering each examination.

(c) The initial license fee is an amount equal to the renewal fee in effect on the last regular renewal date before the date on which the license is issued, except that if the license will expire less than one year after its issuance, then the initial license fee is an amount equal to 50 percent of the renewal fee in effect on the last regular renewal date before the date on which the license is issued.

(d) The biennial renewal fee for a psychologist shall be four hundred dollars ($400) for the renewal periods commencing on or after January 1, 1993. The board may increase the renewal fee to an amount not to exceed five hundred dollars ($500).

(e) The application fee for registration and supervision of a psychological assistant by a supervisor under Section 2913, which is payable by that supervisor, shall not be more than seventy–five dollars ($75).

(f) The annual renewal fee for registration of a psychological assistant shall not be more than seventy–five dollars ($75).

(g) The duplicate license or registration fee is five dollars ($5).

(h) The delinquency fee is twenty–five dollars ($25).

(i) The endorsement fee is five dollars ($5).

Notwithstanding any other provision of law, the board may reduce any fee prescribed by this section, when, in its discretion, the board deems it administratively appropriate.

(Formerly § 2949, added by Stats.1967, c. 1677, p. 4199, § 2. Amended by Stats.1973, c. 659, p. 1212, § 1. Renumbered § 2987 and amended by Stats.1978, c. 1161, p. 3651, § 202. Amended by Stats.1978, c. 1208, p. 3903, § 13.4; Stats.1988, c. 929, § 1; Stats.1989, c. 886, § 59; Stats.1989, c. 888, § 42; Stats.1990, c. 622 (S.B.2720), § 5; Stats.1992, c. 1289 (A.B.2743), § 25; Stats.1994, c. 26 (A.B.1807), § 82, eff. March 30, 1994.)

§ 2987.2. Additional fees

In addition to the fees charged pursuant to Section 2987 for the biennial renewal of a license, the board shall collect an additional fee of ten dollars ($10) at the time of renewal. The board shall transfer this amount to the Controller who shall deposit the funds in the Mental Health Practitioner Education Fund.

(Added by Stats.2003, c. 437 (A.B.938), § 2.)

§ 2987.3. Fictitious–name permits; initial, renewal, and delinquency fees

The following fees apply to fictitious–name permits issued under Section 2930.5.

(a) The initial permit fee is an amount equal to the renewal fee in effect at the beginning of the current renewal cycle. If the permit will expire less than one year after its issuance, then the initial permit fee is an amount equal to 50 percent of the fee in effect at the beginning of the current renewal cycle.

(b) The biennial renewal fee shall be fixed by the committee at an amount not to exceed fifty dollars ($50). The amount of this fee shall not exceed the actual cost of issuing a fictitious–name permit.

(c) The delinquency fee is twenty dollars ($20).

(Added by Stats.1988, c. 800, § 3.)

§ 2987.5. Renewal fee; exemption from payment

Every person licensed under this chapter is exempt from the payment of the renewal fee in any one of the following instances:

While engaged in full–time active service in the Army, Navy, Air Force or Marines, or in the United States Public Health Service, or while a volunteer in the Peace Corps or Vista.

Every person exempted from the payment of the renewal fee by this section shall not engage in any private practice and shall become liable for the fee for the current renewal period upon the completion of his or her period of full–time active service and shall have a period of 60 days after becoming liable within which to pay the fee before the delinquency fee becomes applicable. Any person who completes his or her period of full–time active service within 60 days of the end of a renewal period is exempt from the payment of the renewal fee for that period.

The time spent in that full–time active service or full–time training and active service shall not be included in the computation of the three–year period for renewal of a license provided in Section 2986.

The exemption provided by this section shall not be applicable if the person engages in any practice for compensation other than full–time service in the Army, Navy, Air Force or Marines or in the United States Public Health Service or the Peace Corps or Vista.

(Added by Stats.1978, c. 1208, p. 3907, § 24.3. Amended by Stats.1996, c. 829 (A.B.3473), § 71.)

§ 2988. Inactive status; application; fee; continuing education; placement on active status

A licensed psychologist who for reasons, including but not limited to ill health or absence from the state, is not engaged in the practice of psychology, may apply to the board to request that his or her license be placed on an inactive status. A licensed psychologist who holds an inactive license shall pay a biennial renewal fee, fixed by the board, of no more than forty dollars ($40). A psychologist holding an inactive license shall be exempt from continuing education requirements specified in Section 2915, but shall otherwise be subject to this chapter and shall not engage in the practice of psychology in this state. Licensees on inactive status who have not committed any acts or crimes constituting grounds for denial of licensure and have completed the continuing education requirements specified in Section 2915 may, upon their request have their license to practice psychology placed on active status.

(Added by Stats.1982, c. 462, p. 1911, § 10. Amended by Stats.1989, c. 888, § 43; Stats.1992, c. 260 (S.B.774), § 3.)

§ 2989. Fixing fees by regulation

The fees in this article shall be fixed by the board and shall be set forth with the regulations which are duly adopted under this chapter.

(Formerly § 2950, added by Stats.1967, c. 1677, p. 4199, § 2. Renumbered § 2989 and amended by Stats.1978, c. 1208, p. 3904, § 14; Stats.1989, c. 888, § 44.)

Article 9 PSYCHOLOGICAL CORPORATIONS

§ 2995. Corporate status; conditions; regulatory agency

A psychological corporation is a corporation that is authorized to render professional services, as defined in Section 13401 of the Corporations Code, so long as that corporation and its shareholders, officers, directors, and employees rendering professional services

who are psychologists, podiatrists, registered nurses, optometrists, marriage and family therapists, licensed clinical social workers, chiropractors, acupuncturists, or physicians are in compliance with the Moscone–Knox Professional Corporation Act, this article, and all other statutes and regulations now or hereafter enacted or adopted pertaining to that corporation and the conduct of its affairs.
(Added by Stats.1980, c. 1314, p. 4556, § 15. Amended by Stats.1981, c. 621, p. 2372, § 3; Stats.1989, c. 886, § 60; Stats.1989, c. 888, § 45; Stats.1990, c. 622 (S.B.2720), § 6; Stats.2000, c. 836 (S.B.1554), § 23; Stats.2001, c. 159 (S.B.662), § 10.)

§ 2996. Unprofessional conduct; violations

It shall constitute unprofessional conduct and a violation of this chapter for any person licensed under this chapter to violate, attempt to violate, directly or indirectly, or assist in or abet the violation of, or conspire to violate, any provision or term of this article, the Moscone–Knox Professional Corporation Act, [1] or any regulations duly adopted under those laws.
(Added by Stats.1980, c. 1314, p. 4556, § 15.)
[1]Corporations Code § 13400 et seq.

§ 2996.1. Unprofessional conduct; conduct of practice

A psychological corporation shall not do or fail to do any act the doing of which or the failure to do which would constitute unprofessional conduct under any statute or regulation now or hereafter in effect. In the conduct of its practice, it shall observe and be bound by such statutes and regulations to the same extent as a person licensed under this chapter.
(Added by Stats.1980, c. 1314, p. 4556, § 15.)

§ 2996.2. Income; disqualified shareholder

The income of a psychological corporation attributable to professional services rendered while a shareholder is a disqualified person, as defined in Section 13401 of the Corporations Code, shall not in any manner accrue to the benefit of such shareholder or his or her shares in the psychological corporation.
(Added by Stats.1980, c. 1314, p. 4556, § 15.)

§ 2997. Shareholders, directors and officers; license requirements

Except as provided in Sections 13401.5 and 13403 of the Corporations Code, each shareholder, director and officer of a psychological corporation, except an assistant secretary and an assistant treasurer, shall be a licensed person as defined in Section 13401 of the Corporations Code.
(Added by Stats.1980, c. 1314, p. 4556, § 15.)

§ 2998. Name

The name of a psychological corporation and any name or names under which it may render professional services shall contain one of the words specified in subdivision (c) of Section 2902, and wording or abbreviations denoting corporate existence.
(Added by Stats.1980, c. 1314, p. 4557, § 15.)

§ 2999. Regulations

The board may adopt and enforce regulations to carry out the purposes and objectives of this article, including regulations requiring (a) that the bylaws of a psychological corporation shall include a provision whereby the capital stock of that corporation owned by a disqualified person, as defined in Section 13401 of the Corporations Code, or a deceased person, shall be sold to the corporation or to the remaining shareholders of that corporation within any time as those regulations may provide, and (b) that a psychological corporation shall provide adequate security by insurance or otherwise for claims against it by its patients or clients arising out of the rendering of professional services.
(Added by Stats.1980, c. 1314, p. 4557, § 15. Amended by Stats.1989, c. 888, § 46.)

BUSINESS AND PROFESSIONS CODE — PHARMACY

Chapter 9 PHARMACY

Article 7 PHARMACIES

§ 4115. Pharmacy technicians; nondiscretionary tasks; direct supervision of pharmacists; registration; ratios

(a) Notwithstanding any other provision of law, a pharmacy technician may perform packaging, manipulative, repetitive, or other nondiscretionary tasks, only while assisting, and while under the direct supervision and control of, a pharmacist.

(b) This section does not authorize the performance of any tasks specified in subdivision (a) by a pharmacy technician without a pharmacist on duty, nor does this section authorize the use of a pharmacy technician to perform tasks specified in subdivision (a) except under the direct supervision and control of a pharmacist.

(c) This section does not authorize a pharmacy technician to perform any act requiring the exercise of professional judgment by a pharmacist.

(d) The board shall adopt regulations to specify tasks pursuant to subdivision (a) that a pharmacy technician may perform under the direct supervision and control of a pharmacist. Any pharmacy that employs a pharmacy technician to perform tasks specified in subdivision (a) shall do so in conformity with the regulations adopted by the board pursuant to this subdivision.

(e)(1) No person shall act as a pharmacy technician without first being registered with the board as a pharmacy technician as set forth in Section 4202.

(2) The registration requirements in paragraph (1) and Section 4202 shall not apply during the first year of employment for a person employed or utilized as a pharmacy technician to assist in the filling of prescriptions for an inmate of a correctional facility of the Department of the Youth Authority or the Department of Corrections, or for a person receiving treatment in a facility operated by the State Department of Mental Health, the State Department of Developmental Services, or the Department of Veterans Affairs.

(f) The performance of duties by a pharmacy technician shall be under the direct supervision and control of a pharmacist. The pharmacist on duty shall be directly responsible for the conduct of a pharmacy technician. A pharmacy technician may perform the duties, as specified in subdivision (a), only under the immediate, personal supervision and control of a pharmacist. Any pharmacist responsible for a pharmacy technician shall be on the premises at all times, and the pharmacy technician shall be within the pharmacist's view. A pharmacist shall indicate verification of the prescription by initialing the prescription label before the medication is provided to the patient.

This subdivision shall not apply to a person employed or utilized as a pharmacy technician to assist in the filling of prescriptions for an inpatient of a hospital or for an inmate of a correctional facility. Notwithstanding the exemption in this subdivision, the requirements of subdivisions (a) and (b) shall apply to a person employed or utilized as a pharmacy technician to assist in the filling of prescriptions for an inpatient of a hospital or for an inmate of a correctional facility.

(g)(1) A pharmacy with only one pharmacist shall have no more

than one pharmacy technician performing the tasks specified in subdivision (a). The ratio of pharmacy technicians performing the tasks specified in subdivision (a) to any additional pharmacist shall not exceed 2:1, except that this ratio shall not apply to personnel performing clerical functions pursuant to Section 4116 or 4117. This ratio is applicable to all practice settings, except for an inpatient of a licensed health facility, a patient of a licensed home health agency, as specified in paragraph (2), an inmate of a correctional facility of the Department of the Youth Authority or the Department of Corrections, and for a person receiving treatment in a facility operated by the State Department of Mental Health, the State Department of Developmental Services, or the Department of Veterans Affairs.

(2) The board may adopt regulations establishing the ratio of pharmacy technicians performing the tasks specified in subdivision (a) to pharmacists applicable to the filling of prescriptions of an inpatient of a licensed health facility and for a patient of a licensed home health agency. Any ratio established by the board pursuant to this subdivision shall allow, at a minimum, at least one pharmacy technician for a single pharmacist in a pharmacy and two pharmacy technicians for each additional pharmacist, except that this ratio shall not apply to personnel performing clerical functions pursuant to Section 4116 or 4117.

(3) A pharmacist scheduled to supervise a second pharmacy technician may refuse to supervise a second pharmacy technician if the pharmacist determines, in the exercise of his or her professional judgment, that permitting the second pharmacy technician to be on duty would interfere with the effective performance of the pharmacist's responsibilities under this chapter. A pharmacist assigned to supervise a second pharmacy technician shall notify the pharmacist in charge in writing of his or her determination, specifying the circumstances of concern with respect to the pharmacy or the pharmacy technician that have led to the determination, within a reasonable period, but not to exceed 24 hours, after the posting of the relevant schedule. No entity employing a pharmacist may discharge, discipline, or otherwise discriminate against any pharmacist in the terms and conditions of employment for exercising or attempting to exercise in good faith the right established pursuant to this paragraph.

(h) Notwithstanding subdivisions (b) and (f), the board shall by regulation establish conditions to permit the temporary absence of a pharmacist for breaks and lunch periods pursuant to Section 512 of the Labor Code and the orders of the Industrial Welfare Commission without closing the pharmacy. During these temporary absences, a pharmacy technician may, at the discretion of the pharmacist, remain in the pharmacy but may only perform nondiscretionary tasks. The pharmacist shall be responsible for a pharmacy technician and shall review any task performed by a pharmacy technician during the pharmacist's temporary absence. Nothing in this subdivision shall be construed to authorize a pharmacist to supervise pharmacy technicians in greater ratios than those described in subdivision (g).

(Added by Stats.1996, c. 890 (A.B.2802), § 5. Amended by Stats.1997, c. 549 (S.B.1349), § 67; Stats.1999, c. 900 (S.B.188), § 3, eff. Oct. 10, 1999; Stats.2001, c. 352 (A.B.536), § 1; Stats.2001, c. 728 (S.B.724), § 29.2.)

BUSINESS AND PROFESSIONS CODE — PSYCHIATRIC TECHNICIANS

Chapter 10 PSYCHIATRIC TECHNICIANS

Article 1 GENERALLY

§ 4500. Citation of chapter

This chapter is known and may be cited as the "Psychiatric Technicians Law."

(Added by Stats.1959, c. 1851, p. 4402, § 1.)

§ 4501. Board defined

(a) "Board," as used in this chapter, means the Board of Vocational Nursing and Psychiatric Technicians.

(b) This section shall become inoperative on July 1, 2008, and, as of January 1, 2009, is repealed, unless a later enacted statute, which becomes effective on or before January 1, 2009, deletes or extends the dates on which it becomes inoperative and is repealed.

(Added by Stats.1959, c. 1851, p. 4402, § 1. Amended by Stats.1968, c. 1323, p. 2501, § 1.4; Stats.1994, c. 908 (S.B.2036), § 31; Stats.1997, c. 759 (S.B.827), § 31; Stats.2003, c. 640 (S.B.358), § 16.)

INOPERATIVE DATE AND REPEAL

For inoperative date and repeal of this section, see its terms.

§ 4501.1. Priority to protect the public

Protection of the public shall be the highest priority for the board in exercising its licensing, regulatory, and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount.

(Added by Stats.2002, c. 107 (A.B.269), § 18.)

§ 4502. Psychiatric technician defined

As used in this chapter, "psychiatric technician" means any person who, for compensation or personal profit, implements procedures and techniques which involve understanding of cause and effect and which are used in the care, treatment, and rehabilitation of mentally ill, emotionally disturbed, or mentally retarded persons and who has one or more of the following:

(a) Direct responsibility for administering or implementing specific therapeutic procedures, techniques, treatments, or medications with the aim of enabling recipients or patients to make optimal use of their therapeutic regime, their social and personal resources, and their residential care.

(b) Direct responsibility for the application of interpersonal and technical skills in the observation and recognition of symptoms and reactions of recipients or patients, for the accurate recording of such symptoms and reactions, and for the carrying out of treatments and medications as prescribed by a licensed physician and surgeon or a psychiatrist.

The psychiatric technician in the performance of such procedures and techniques is responsible to the director of the service in which his duties are performed. The director may be a licensed physician and surgeon, psychiatrist, psychologist, rehabilitation therapist, social worker, registered nurse, or other professional personnel.

Nothing herein shall authorize a licensed psychiatric technician to practice medicine or surgery or to undertake the prevention, treatment or cure of disease, pain, injury, deformity, or mental or physical condition in violation of the law.

(Added by Stats.1959, c. 1851, p. 4402, § 1. Amended by Stats.1968, c. 1323, p. 2501, § 2; Stats.1970, c. 1058, p. 1889, § 2.)

§ 4502.1. Psychiatric technicians; administration of medications by hypodermic injection

A psychiatric technician, working in a mental health facility or developmental disability facility, when prescribed by a physician and surgeon, may administer medications by hypodermic injection.

(Added by Stats.1997, c. 720 (A.B.515), § 1.)

§ 4502.2. Psychiatric technicians; withdrawal of patient's blood; certification

A psychiatric technician, when prescribed by a physician and surgeon, may withdraw blood from a patient with a mental illness or developmental disability if the psychiatric technician has received certification from the board that the psychiatric technician has completed a prescribed course of instruction approved by the board or has demonstrated competence to the satisfaction of the board.
(Added by Stats.1997, c. 720 (A.B.515), § 2.)

§ 4502.3. Psychiatric technicians; performance of medical procedures; demonstration of competence

(a) A psychiatric technician, when prescribed by a physician and surgeon, may perform the following activities on a patient with a mental illness or developmental disability:

(1) Tuberculin, coccidioidin, and histoplasmin skin tests, providing the administration is within the course of a tuberculosis control program.

(2) Immunization techniques, providing the administration is upon the standing orders of a supervising physician and surgeon or pursuant to written guidelines adopted by a hospital or medical group with whom the supervising physician and surgeon is associated.

(b) In performing activities pursuant to subdivision (a), the psychiatric technician shall satisfactorily demonstrate competence in all of the following:

(1) Administering the testing or immunization agents, including knowledge of all indications and contraindications for the administration of the agents.

(2) Recognizing any emergency reactions to the agent that constitute a danger to the health or life of the patient.

(3) Treating those emergency reactions by using procedures, medication, and equipment within the scope of practice of the psychiatric technician.
(Added by Stats.1997, c. 720 (A.B.515), § 3.)

§ 4503. Administration by board

(a) The board shall administer and enforce this chapter.

(b) This section shall become inoperative on July 1, 2008, and, as of January 1, 2009, is repealed, unless a later enacted statute, which becomes effective on or before January 1, 2009, deletes or extends the dates on which it becomes inoperative and is repealed.
(Added by Stats.1959, c. 1851, p. 4403, § 1. Amended by Stats.1994, c. 908 (S.B.2036), § 32; Stats.1997, c. 759 (S.B.827), § 32; Stats.2003, c. 640 (S.B.358), § 17.)

INOPERATIVE DATE AND REPEAL

For inoperative date and repeal of this section, see its terms.

§ 4504. Rules and regulations

The board may adopt rules and regulations to carry out the provisions of this chapter.
(Added by Stats.1959, c. 1851, p. 4403, § 1.)

§ 4505. Employment of personnel

Except as provided by Section 159.5, the board may employ whatever personnel is necessary for the administration of this chapter.
(Added by Stats.1959, c. 1851, p. 4403, § 1. Amended by Stats.1968, c. 1323, p. 2502, § 3; Stats.1971, c. 716, p. 1403, § 60. Amended by Stats.1974, c. 529, p. 1220, § 1; Stats.1983, c. 376, § 1.)

§ 4507. Nonapplicability of chapter

This chapter shall not apply to the following:

(a) Physicians and surgeons licensed pursuant to Chapter 5 (commencing with Section 2000) of Division 2.

(b) Psychologists licensed pursuant to Chapter 6.6 (commencing with Section 2900) of Division 2.

(c) Registered nurses licensed pursuant to Chapter 6 (commencing with Section 2700) of Division 2.

(d) Vocational nurses licensed pursuant to Chapter 6.5 (commencing with Section 2840) of Division 2.

(e) Social workers or clinical social workers licensed pursuant to Chapter 17 (commencing with Section 9000) of Division 3.

(f) Marriage and family therapists licensed pursuant to Chapter 13 (commencing with Section 4980) of Division 2.

(g) Teachers credentialed pursuant to Chapter 1.5 (commencing with Section 13101)[1] of Division 10 of the Education Code.

(h) Occupational therapists as specified in Chapter 5.6 (commencing with Section 2570) of Division 2.

(i) Art therapists, dance therapists, music therapists, and recreation therapists, as defined in Division 5 (commencing with Section 70001) of Title 22 of the California Administrative Code, who are personnel of health facilities licensed pursuant to Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code.

(j) Any other categories of persons the board determines are entitled to exemption from this chapter because they have complied with other licensing provisions of this code or because they are deemed by statute or by regulations contained in the California Administrative Code to be adequately trained in their respective occupations. The exemptions shall apply only to a given specialized area of training within the specific discipline for which the exemption is granted.
(Added by Stats.1968, c. 1323, p. 2503, § 5. Amended by Stats.1970, c. 1058, p. 1890, § 3; Stats.1976, c. 742, p. 1766, § 1; Stats.1978, c. 1304, p. 4264, § 1; Stats.1979, c. 643, p. 1994, § 1; Stats.1980, c. 1313, p. 4519, § 10.1; Stats.1983, c. 928, § 3; Stats.2002, c. 1013 (S.B.2026), § 12.)
[1]Repealed; see Education Code § 44200 et seq.

§ 4508. Services by tenets of church or denomination

This chapter does not prohibit provisions of the services regulated herein with or without compensation or personal profit, when done by the tenets of any well–recognized church or denomination, so long as they do not otherwise engage in the practice set forth in the chapter.
(Added by Stats.1968, c. 1323, p. 2503, § 6.)

§ 4509.5. Persons performing services of psychiatric technician for purposes of training

Nothing in this chapter shall be construed to prevent persons from performing services described in Section 4502 for purposes of training to qualify for licensure under a program approved by the board or for training in another allied professional field.
(Added by Stats.1969, c. 1073, p. 2060, § 4.)

Article 2 LICENSURE

§ 4510. Issuance of license

The board shall issue a psychiatric technician's license to each applicant who qualifies therefor, and, if required to take it, successfully passes the examination given pursuant to this chapter. The board shall also issue a psychiatric technician's license to each holder of a psychiatric technician license who qualifies for renewal pursuant to this chapter and who applies for renewal.

After the applicant passes the examination and upon receipt by the board of the initial license fee required by subdivision (e) of Section 4548, the board may issue a receipt or temporary certificate that shall serve as a valid permit for the licensee to practice under this chapter.
(Added by Stats.1959, c. 1851, p. 4403, § 1. Amended by Stats.1968, c. 1323, p. 2503, § 8; Stats.1983, c. 376, § 3; Stats.1994, c. 26 (A.B.1807), § 146, eff. March 30, 1994.)

§ 4510.1. Application; interim permits

An applicant for license by examination shall submit a written application in the form prescribed by the board. After completion of a board accredited or approved psychiatric technician program and approval of the application, the board may issue an interim permit authorizing the applicant to practice all skills included in the permittee's basic course of study, pending the results of the first licensing examination.

A permittee shall function under the supervision of a licensed psychiatric technician or a registered nurse, who shall be present and available on the premises during the time the permittee is rendering professional services. The permittee may perform any function taught in the permittee's basic psychiatric technician program.

If the applicant passes the examination, the interim permit shall remain in effect until an initial license is issued by the board. If the applicant fails the examination, the interim permit shall terminate upon notice by certified mail, return receipt requested, or if the applicant fails to receive the notice, upon the date specified in the interim permit. An interim permittee shall not use any title or designation other than psychiatric technician interim permittee or "P.T.I.P."

(Added by Stats.1987, c. 464, § 3, eff. Sept. 9, 1987.)

§ 4511. Qualifications

An applicant for a psychiatric technician's license shall have the following qualifications:

(a) Be at least 18 years of age.

(b) Have successfully completed an approved general education course of study through the 12th grade or the equivalent thereof as determined by the board.

(c) Have successfully completed (1) a prescribed course of study and training in a school accredited by the board, which course of study and training shall combine the nursing knowledge and skills necessary for the care of any ill person and in addition those special skills necessary for the care of the mentally disabled and the developmentally disabled, or (2) a course of study and training which, together with previously acquired training or experience, is determined by a school accredited by the board to be equivalent in academic credits to its regular program for psychiatric technician training, or (3) have completed a course of study and training which in the opinion of the board is equivalent to the minimum requirements of an accredited program for psychiatric technicians in the state. Clinical inpatient experience shall be an integral part of any such prescribed or equivalent course of study and training.

(d) Have committed no act which, if committed by a licensed psychiatric technician, would be ground for disciplinary action.

(Added by Stats.1959, c. 1851, p. 4403, § 1. Amended by Stats.1968, c. 1323, p. 2503, § 9; Stats.1972, c. 1285, p. 2558, § 3. Amended by Stats.1977, c. 72, p. 475, § 1, eff. May 24, 1977; Stats.1977, c. 587, p. 1949, § 2, eff. Sept. 5, 1977; Stats.1978, c. 1161, p. 3669, § 256; Stats.1978, c. 849, p. 2691, § 2; Stats.1983, c. 376, § 4.)

§ 4511.2. Schools; evaluation of and credit for prior experience and training; additional courses

Schools accredited by the board for the training of psychiatric technicians shall establish assessment procedures for the purpose of evaluating the training and experience possessed by persons seeking enrollment in their psychiatric technician training program. The schools shall:

(a) Grant academic credit toward the completion of a psychiatric technician training program for relevant training and experience in health care, and

(b) Make additional courses available to students who have been given credit for previous training or experience. The courses shall be provided so that only those additional courses specified as needed by the assessment center need be taken by the student and so that such courses can be taken in as short a time as feasible.

(Added by Stats.1977, c. 587, p. 1950, § 3, eff. Sept. 5, 1977.)

§ 4512. Payment of fee

An applicant for a psychiatric technician's license shall, upon the filing of his application, pay to the board the application fee prescribed by this chapter.

(Added by Stats.1959, c. 1851, p. 4404, § 1. Amended by Stats.1961, c. 1250, p. 3012, § 1, operative Oct. 1, 1961; Stats.1968, c. 1323, p. 2504, § 10.)

§ 4513. Examinations

Unless otherwise provided in this chapter, every applicant for a psychiatric technician's license shall be examined by the board. The examination shall be held at least once a year and at the times and places determined by the board.

(Added by Stats.1959, c. 1851, p. 4404, § 1. Amended by Stats.1968, c. 1323, p. 2504, § 11.)

§ 4515. Issuance of license without examination to out–of–state license or certificate holders; requirements

Upon written application and receipt of the required application fee the board may issue a license to any applicant who possesses a valid unrevoked license or certificate as a psychiatric technician issued by any other state or a foreign country, and who in the opinion of the board has the qualifications set forth in Section 4511.

(Added by Stats.1959, c. 1851, p. 4404, § 1. Amended by Stats.1968, c. 1323, p. 2504, § 13.)

§ 4516. Use of letters "P.T."

Every person licensed under this chapter may be known as a licensed psychiatric technician and may place the letters P.T. after his name.

(Added by Stats.1959, c. 1851, p. 4404, § 1. Amended by Stats.1968, c. 1323, p. 2504, § 14.)

§ 4517. Continuing education program; authority to provide; course hours

The board may, in its discretion, provide for a continuing education program in connection with the professional functions and courses described in this chapter. The number of course hours that the board may require in a continuing education program shall not exceed the number of course hours prescribed for licensed vocational nurses pursuant to Section 2892.5.

(Added by Stats.1988, c. 1078, § 1.)

§ 4518. Continuing education program; fees

In the event the board adopts a continuing education program, the board may collect a biennial fee as prescribed under Section 4548 from any provider of a course in continuing education who requests approval by the board of the course for purposes of continuing education requirements adopted by the board. The fee, however, shall in no event exceed the cost required for the board to administer the approval of continuing education courses by continuing education providers.

(Added by Stats.1988, c. 1078, § 2. Amended by Stats.1999, c. 655 (S.B.1308), § 54.)

§ 4519. Continuing education courses; release from duty to attend; expenditure of state funds; memorandum of understanding

(a) In the case of a person who is employed by the state as a psychiatric technician, no state funds shall be expended in releasing the person from duty to attend continuing education courses, other than funds for in–service training and related state–provided programs.

(b) If the provisions of this section are in conflict with the provisions of a memorandum of understanding reached pursuant to Section 3517.5 of the Government Code, the memorandum of understanding shall be controlling without further legislative action, except that, if the provisions of a memorandum of understanding require the expenditure of funds, the provisions shall not become effective unless approved by the Legislature in the annual Budget Act.

(Added by Stats.1988, c. 1078, § 3. Amended by Stats.2000, c. 208 (A.B.2648), § 1.)

Article 3 DISCIPLINARY PROCEEDINGS

§ 4520. Conduct of proceedings

Every licensed psychiatric technician under this chapter may be

disciplined as provided in this article. The disciplinary proceedings shall be conducted by the board in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.
(Added by Stats.1959, c. 1851, p. 4404, § 1. Amended by Stats.1968, c. 1323, p. 2504, § 15.)

§ 4521. Grounds for suspension or revocation

The board may suspend or revoke a license issued under this chapter for any of the following reasons:

(a) Unprofessional conduct, which includes, but is not limited to, any of the following:

(1) Incompetence or gross negligence in carrying out usual psychiatric technician functions.

(2) A conviction of practicing medicine without a license in violation of Chapter 5 (commencing with Section 2000) of Division 2, the record of conviction being conclusive evidence thereof.

(3) The use of advertising relating to psychiatric technician services which violates Section 17500.

(4) Obtain or possess in violation of law, or prescribe, or, except as directed by a licensed physician and surgeon, dentist, or podiatrist, administer to himself or herself or furnish or administer to another, any controlled substance as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code or any dangerous drug as defined in * * * Section 4022.

(5) Use any controlled substance as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code, or any dangerous drug as defined in * * * Section 4022, or alcoholic beverages, to an extent or in a manner dangerous or injurious to himself or herself, any other person, or the public or to the extent that the use impairs his or her ability to conduct with safety to the public the practice authorized by his or her license.

(6) Be convicted of a criminal offense involving the falsification of records concerning prescription, possession, or consumption of any of the substances described in paragraphs (4) and (5), in which event the record of the conviction is conclusive evidence of the conviction. The board may inquire into the circumstances surrounding the commission of the crime in order to fix the degree of discipline.

(7) Be committed or confined by a court of competent jurisdiction for intemperate use of or addiction to the use of any of the substances described in paragraphs (4) and (5), in which event the court order of commitment or confinement is prima facie evidence of the commitment or confinement.

(8) Falsify, or make grossly incorrect, grossly inconsistent, or unintelligible entries in any hospital, patient, or other record pertaining to the substances described in paragraph (4).

(b) Procuring a certificate or license by fraud, misrepresentation, or mistake.

(c) Procuring, or aiding, or abetting, or attempting, or agreeing or offering to procure or assist at a criminal abortion.

(d) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate any provision or terms of this chapter.

(e) Giving any false statement or information in connection with an application.

(f) Conviction of any offense substantially related to the qualifications, functions, and duties of a psychiatric technician, in which event the record of the conviction shall be conclusive evidence of the conviction. The board may inquire into the circumstances surrounding the commission of the crime in order to fix the degree of discipline.

(g) Impersonating any applicant or acting as proxy for an applicant in any examination required by this chapter.

(h) Impersonating another practitioner, or permitting another person to use his or her certificate or license.

(i) The use of excessive force upon or the mistreatment or abuse of any patient.

(j) Aiding or assisting, or agreeing to aid or assist any person or persons, whether a licensed physician or not, in the performance of or arranging for a violation of any of the provisions of Article 12 (commencing with Section 2220) of Chapter 5 of Division 2.

(k) Failure to maintain confidentiality of patient medical information, except as disclosure is otherwise permitted or required by law.

(*l*) Failure to report the commission of any act prohibited by this section.

(m) The commission of any act punishable as a sexually related crime, if that act is substantially related to the duties and functions of the licensee.

(n) The commission of any act involving dishonesty, when that action is substantially related to the duties and functions of the licensee.

(*o*) Except for good cause, the knowing failure to protect patients by failing to follow infection control guidelines, thereby risking transmission of blood–borne infectious diseases from licensee to patient, from patient to patient, and from patient to licensee. In administering this subdivision, the board shall consider the standards, regulations, and guidelines of the State Department of Health Services developed pursuant to Section 1250.11 of the Health and Safety Code and the standards, guidelines, and regulations pursuant to the California Occupational Safety and Health Act of 1973 (Part 1 (commencing with Section 6300) of Division 5 of the Labor Code) for preventing the transmission of HIV, hepatitis B, and other blood–borne pathogens in health care settings. As necessary, the board shall consult with the California Medical Board, the Board of Dental Examiners, and the Board of Registered Nursing, to encourage appropriate consistency in the implementation of this section.

The board shall seek to ensure that licentiates and others regulated by the board are informed of the responsibility of licentiates and others to follow infection control guidelines, and of the most recent scientifically recognized safeguards for minimizing the risk of transmission of blood–borne infectious diseases.
(Added by Stats.1959, c. 1851, p. 4404, § 1. Amended by Stats.1968, c. 1323, p. 2504, § 16; Stats.1978, c. 1161, p. 3670, § 257; Stats.1984, c. 1635, § 18; Stats.1985, c. 106, § 5; Stats.1992, c. 1289 (A.B.2743), § 36; Stats.1994, c. 26 (A.B.1807), § 147, eff. March 30, 1994; Stats.2003, c. 586 (A.B.1777), § 21; Stats.2003, c. 640 (S.B.358), § 18.5.)

§ 4521.1. License issued on probation

The board may issue an initial license on probation, with specific terms and conditions, to any applicant who has violated any term of this chapter, but who has met all other requirements for licensure and who has successfully completed the examination for licensure within four years of the date of issuance of the initial license.
(Added by Stats.1992, c. 1289 (A.B.2743), § 37.)

§ 4521.2. Report of § 4521 violation by others; obligation; failure to report; administrative fine

(a) If a psychiatric technician has knowledge that another person has committed any act prohibited by Section 4521, the psychiatric technician shall report this information to the board in writing and shall cooperate with the board in furnishing information or assistance as may be required.

(b) Any employer of a psychiatric technician shall report to the board the suspension or termination for cause of any psychiatric technician in their employ. In the case of psychiatric technicians employed by the state, the report shall not be made until after the conclusion of the review process specified in Section 52.3 of Title 2 of the California Code of Regulations and Skelly v. State Personnel Bd. (1975) 15 Cal.3d 194. The reporting required herein shall not constitute a waiver of confidentiality of medical records. The information reported or disclosed shall be kept confidential except as provided in subdivision (c) of Section 800 of the Business and Professions Code, and shall not be subject to discovery in civil cases.

(c) For purposes of this section, "suspension or termination for cause" is defined as suspension or termination from employment for any of the following reasons:

(1) Use of controlled substances or alcohol to such an extent that it impairs the licensee's ability to safely practice as a psychiatric technician.

(2) Unlawful sale of controlled substances or other prescription items.

(3) Patient or client abuse, neglect, physical harm, or sexual contact with a patient or client.

(4) Falsification of medical records.

(5) Gross negligence or incompetence.

(6) Theft from patients or clients, other employees, or the employer.

(d) Failure of an employer to make a report required by this section is punishable by an administrative fine not to exceed ten thousand dollars ($10,000) per violation.

(e) Pursuant to Section 43.8 of the Civil Code, no person shall incur any civil penalty as a result of making any report required by this chapter.

(f) The board shall implement this section contingent upon necessary funding being provided in the annual Budget Act.

(Added by Stats.2003, c. 640 (S.B.358), § 19.)

IMPLEMENTATION

For implementation of this section contingent upon funding in the annual Budget Act, see its terms.

§ 4521.6. Denial of application; suspension or revocation of license or permit; grounds

The board may deny any application or may suspend or revoke any license or permit issued under this chapter, for any of the following:

(a) The denial of licensure, suspension, restriction of license, or voluntary surrender following the initiation of disciplinary action by another state or other government agency, of a license, registration, permit, or certificate to practice as a health care professional shall constitute grounds for denial of a permit or license or for disciplinary action against a licensee. A certified copy of the finding from another state which establishes an act which if committed in California would be grounds for discipline shall be conclusive evidence of that action.

(b) The denial of licensure, suspension, restriction of license, or voluntary surrender following the initiation of disciplinary action by another California health care professional licensing board shall constitute grounds for denial of a permit or license or for disciplinary action against a licensee. A certified copy of the decision or judgment shall be conclusive evidence of that action.

(Added by Stats.1992, c. 1289 (A.B.2743), § 38.)

§ 4523. Conviction defined; authority to suspend, revoke or refuse certificate

A plea or verdict of guilty or a conviction following a plea of nolo contendere made to a charge substantially related to the qualifications, functions and duties of a psychiatric technician is deemed to be a conviction within the meaning of this article. The board may order the license suspended or revoked or may decline to issue a license, when the time for appeal has lapsed, or the judgment or conviction has been affirmed on appeal or when an order granting probation is made suspending the imposition of sentence, irrespective of a subsequent order under the provisions of Section 1203.4 of the Penal Code allowing the person to withdraw his plea of guilty and to enter a plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation, information, or indictment.

(Added by Stats.1959, c. 1851, p. 4406, § 1. Amended by Stats.1968, c. 1323, p. 2506, § 17; Stats.1978, c. 1161, p. 3671, § 258.)

§ 4524. Petition for reinstatement or modification of penalty

(a) A person whose license has been revoked, suspended, surrendered, or placed on probation, may petition the board for reinstatement or modification of the penalty, including modification or termination of probation, after a period not less than the following minimum periods has elapsed from the effective date of the disciplinary order or if any portion of the order is stayed by the board itself or by the superior court, from the date the disciplinary action is actually implemented in its entirety:

(1) Except as otherwise provided in this section, at least three years for the reinstatement of a license that was revoked or surrendered, except that the board may, in its sole discretion, specify in its order a lesser period of time, which shall be no less than one year to petition for reinstatement.

(2) At least two years for the early termination of a probation period of three years or more.

(3) At least one year for the early termination of a probation period of less than three years.

(4) At least one year for the modification of a condition of probation, or for the reinstatement of a license revoked for mental or physical illness.

(b) The board shall give notice to the Attorney General of the filing of the petition. The petitioner and the Attorney General shall be given timely notice by letter of the time and place of the hearing on the petition, and an opportunity to present both oral and documentary evidence and argument to the board. The petitioner shall at all times have the burden of proof to establish by clear and convincing evidence that he or she is entitled to the relief sought in the petition.

(c) The board itself or the administrative law judge, if one is designated by the board, shall hear the petition and shall prepare a written decision setting forth the reasons supporting the decision.

(d) The board may grant or deny the petition or may impose any terms and conditions that it reasonably deems appropriate as a condition of reinstatement or reduction of penalty.

(e) No petition shall be considered while the petitioner is under sentence for any criminal offense, including any period during which the petitioner is on court–imposed probation or parole or subject to an order of registration pursuant to Section 290 of the Penal Code. No petition shall be considered while there is an accusation or petition to revoke probation pending against the petitioner.

(f) Except in those cases where the petitioner has been disciplined for a violation of Section 822, the board may in its discretion deny without hearing or argument any petition that is filed pursuant to this section within a period of two years from the effective date of a prior decision following a hearing under this section.

(g) Nothing in this section shall be deemed to alter the provisions of Sections 822 and 823.

(Added by Stats.2001, c. 728 (S.B.724), § 35.)

Article 4 SCHOOLS FOR PREPARATION OF PSYCHIATRIC TECHNICIANS

§ 4530. List of accredited schools

The board shall prepare and maintain a list of accredited schools which offer an accredited program for psychiatric technicians.

(Added by Stats.1959, c. 1851, p. 4406, § 1.)

§ 4531. Course of instruction; hours or semester units; subjects; clinical inpatient experience

The course of instruction of an accredited school shall consist of not less than the number of hours or semester units of instruction required for the other program administered by the board. The subjects of instruction shall include the principles of the care of the mentally disabled and the developmentally disabled. Clinical inpatient experience shall be an integral part of that prescribed or equivalent course of study and training. The experience shall be obtained in a state hospital, except where the board finds that the requirement is not feasible due either to the distance of a state hospital from the school or the unavailability, as determined by the Department of Developmental Services or the Department of Mental Health, of state hospital clinical training placements.

(Added by Stats.1959, c. 1851, p. 4406, § 1. Amended by Stats.1977, c. 72, p. 475, § 2, eff. May 24, 1977; Stats.1983, c. 376, § 5; Stats.1985, c. 36, § 2.)

§ 4532. Inspection; reports; notice of defects

The board shall provide for the periodic inspection of all psychiatric technician schools in this State. Written reports of the inspection shall be made to the board, which shall then approve as accredited the schools which meet the standards prescribed by it.

If the board determines from a report that any accredited school is not maintaining its prescribed standards, it shall immediately give the school a notice in writing specifying the defect. If the defect is not corrected the board shall, after written notice, remove the school from the accredited list.

(Added by Stats.1959, c. 1851, p. 4407, § 1.)

Article 5 PENAL PROVISIONS

§ 4540. Necessity of license

After January 1, 1970, no person shall perform services described in Section 4502 without a license issued under this chapter.

(Added by Stats.1968, c. 1323, p. 2506, § 18.)

§ 4541. Unlawful use of title or letters

It is unlawful for any person to use any title or letters which imply that he is a certified or licensed psychiatric technician unless at the time of so doing he holds a valid, unexpired, and unrevoked certificate or license issued under this chapter.

(Formerly § 4540, added by Stats.1959, c. 1851, p. 4407, § 1. Amended by Stats.1961, c. 1250, p. 3012, § 2, operative Oct. 1, 1961. Renumbered § 4541 and amended by Stats.1968, c. 1323, p. 2506, § 19.)

§ 4542. Misrepresentation or impersonation

It is unlawful for any person willfully to make any false representation, impersonate any other person, or permit or aid any other person in any manner to impersonate him in connection with any examination or application for a license.

(Formerly § 4541, added by Stats.1959, c. 1851, p. 4407, § 1. Renumbered § 4542 and amended by Stats.1968, c. 1323, p. 2506, § 20.)

§ 4543. Violation; misdemeanor; punishment

Any person who violates any of the provisions of this chapter is guilty of a misdemeanor and upon a conviction thereof shall be punished by imprisonment in the county jail for not less than 10 days nor more than one year, or by a fine of not less than twenty dollars ($20) nor more than one thousand dollars ($1,000), or by both such fine and imprisonment.

(Formerly § 4542, added by Stats.1959, c. 1851, p. 4407, § 1. Renumbered § 4543 and amended by Stats.1968, c. 1323, p. 2507, § 21. Amended by Stats.1983, c. 1092, § 18, eff. Sept. 27, 1983, operative Jan. 1, 1984.)

Article 6 REVENUE

§ 4544. Licenses; expiration; renewal

A license expires each year on that date prescribed by the board, if not renewed. To renew an unexpired license the holder thereof shall, on or before each of the dates on which it would otherwise expire, apply for renewal on a form prescribed by the board, and pay the renewal fee prescribed by this chapter.

(Added by Stats.1959, c. 1851, p. 4407, § 1. Amended by Stats.1961, c. 1250, p. 3012, § 4, operative Oct. 1, 1961; Stats.1965, c. 1373, p. 3277, § 3, eff. July 23, 1965; Stats.1968, c. 1323, p. 2507, § 22. Amended by Stats.1978, c. 1161, p. 3672, § 260; Stats.1983, c. 376, § 6.)

§ 4544.5. Biennial renewal period

The board may establish a biennial renewal period.

(Added by Stats.1978, c. 996, p. 3069, § 1.)

§ 4545. Renewal after expiration of license; forfeited certificates; expiration

Except as provided in Section 4545.2, a license that has expired may be renewed at any time within four years after its expiration on filing an application for renewal on a form prescribed by the board, payment of all accrued and unpaid renewal fees, and payment of all fees required by this chapter. If the license is renewed more than 30 days after its expiration, the holder, as a condition precedent to renewal, shall also pay the delinquency fee prescribed by this chapter. Renewal under this section shall be effective on the date on which the application is filed, on the date on which the renewal fee is paid, or on the date on which the delinquency fee, if any, is paid, whichever last occurs. If so renewed, the license shall continue in effect through the date provided in Section 4544 which next occurs after the effective date of the renewal, when it shall expire if it is not again renewed.

A certificate which was forfeited for failure to renew under the law in effect before October 1, 1961, shall, for the purposes of this article, be considered to have expired on the date that it became forfeited.

(Added by Stats.1959, c. 1851, p. 4407, § 1. Amended by Stats.1961, c. 1250, p. 3013, § 5, operative Oct. 1, 1961; Stats.1965, c. 1373, p. 3278, § 4, eff. July 23, 1965; Stats.1968, c. 1323, p. 2507, § 23; Stats.1978, c. 1161, p. 3672, § 261; Stats.1983, c. 376, § 7; Stats.1994, c. 26 (A.B.1807), § 148, eff. March 30, 1994; Stats.2001, c. 435 (S.B.349), § 12.)

§ 4545.1. Expiration of suspended license; renewal

A suspended certificate is subject to expiration in the same manner as provided in this article for an unsuspended certificate, is subject to renewal in the same manner as provided in this article for an unsuspended certificate, and is subject to the provisions of this section relating to a suspended license.

A suspended license is subject to expiration and shall be renewed as provided in this article, but such renewal does not entitle the holder of the license, while it remains suspended and until it is reinstated, to engage in the activity to which the license relates, or in any other activity or conduct in violation of the order or judgment by which it was suspended.

(Added by Stats.1961, c. 1250, p. 3013, § 6, operative Oct. 1, 1961. Amended by Stats.1968, c. 1323, p. 2507, § 24.)

§ 4545.2. Expiration of revoked certificate or license; renewal; reinstatement

A revoked certificate is subject to expiration in the same manner as provided in this article for an unrevoked certificate, but it may not be renewed. An application for reinstatement of a revoked certificate shall be deemed an application for reinstatement of a revoked license and shall be processed as such. The board shall issue a psychiatric technician's license to each holder of a psychiatric technician certificate who qualifies for reinstatement pursuant to this chapter and who applies for reinstatement.

A revoked license is subject to expiration as provided in this article, but it may not be renewed. If it is reinstated after its expiration, the holder of the license shall, as a condition precedent to its reinstatement, pay a reinstatement fee in an amount equal to the renewal fee in effect on the last regular renewal date before the date on which it is reinstated, plus the delinquency fee, if any, accrued at the time of its revocation.

(Added by Stats.1961, c. 1250, p. 3013, § 7, operative Oct. 1, 1961. Amended by Stats.1968, c. 1323, p. 2508, § 25.)

§ 4545.3. Failure to renew certificate or license within four years; issuance of new license; conditions

A certificate and the holder thereof are subject to this section in the same manner as are a license and the holder thereof.

A license which is not renewed within four years after its expiration may not be renewed, restored, reinstated, or reissued thereafter, but the holder may apply for and obtain a new license if:

(a) No fact, circumstance, or condition exists which would justify denial of the license under Section 480.

(b) He pays all of the fees which would be required of him if he were then applying for a license for the first time, and

(c) He takes and passes the examination, if any, which would be required of him if he were then applying for the license for the first

time, or otherwise establishes to the satisfaction of the board that, with due regard for the public interest, he is qualified to perform the services described in Section 4502.

The board may, by appropriate regulation, provide for the waiver or refund of all or any part of the application fee in those cases in which a license is issued without an examination under this section.

(Added by Stats.1961, c. 1250, p. 3013, § 8, operative Oct. 1, 1961. Amended by Stats.1968, c. 1323, p. 2508, § 26. Amended by Stats.1978, c. 1161, p. 3672, § 262; Stats.1983, c. 376, § 8.)

§ 4546. Monthly revenue report; deposit of funds; reserve balances

The board shall report each month to the Controller the amount and source of all revenue received by it pursuant to this chapter and at the same time pay the entire amount thereof into the State Treasury for credit to the Vocational Nursing and Psychiatric Technicians Fund. The board shall not maintain a reserve balance greater than three months of the appropriated operating expenditures of the board in any fiscal year.

(Added by Stats.1959, c. 1851, p. 4407, § 1. Amended by Stats.1968, c. 1323, p. 2509, § 27; Stats.1993, c. 1264 (S.B.574), § 6.1; Stats.1994, c. 26 (A.B.1807), § 149, eff. March 30, 1994; Stats.1997, c. 759 (S.B.827), § 32.5.)

§ 4547. Payment of expenses

All expenses incurred in the operation of this chapter shall be paid out of the Vocational Nursing and Psychiatric Technicians Fund from the revenue received by the board under this chapter and deposited in the Vocational Nursing and Psychiatric Technicians Fund. No part of the expenses shall be charged against any funds which are derived from any functions of the board provided for in other chapters of this code.

(Added by Stats.1959, c. 1851, p. 4408, § 1. Amended by Stats.1968, c. 1323, p. 2509, § 28; Stats.1997, c. 759 (S.B.827), § 32.6.)

§ 4548. Amount of fees

The amount of the fees prescribed by this chapter in connection with the issuance of licenses under its provisions shall be according to the following schedule:

(a) The fee to be paid upon the filing of an application shall be in an amount not less than one hundred dollars ($100), and may be fixed by the board at an amount no more than one hundred fifty dollars ($150).

(b) The fee to be paid for taking each examination shall be the actual cost to purchase an examination from a vendor approved by the board.

(c) The fee to be paid for any examination after the first shall be in an amount of not less than one hundred dollars ($100), and may be fixed by the board at an amount no more than one hundred fifty dollars ($150).

(d) The biennial renewal fee to be paid upon the filing of an application for renewal shall be in an amount not less than two hundred forty dollars ($240), and may be fixed by the board at an amount no more than three hundred dollars ($300).

(e) Notwithstanding Section 163.5, the delinquency fee for failure to pay the biennial renewal fee within the prescribed time shall be in an amount not less than one hundred twenty dollars ($120) and may be fixed by the board at not more than 50 percent of the regular renewal fee and in no case more than one hundred fifty dollars ($150).

(f) The initial license fee is an amount equal to the biennial renewal fee in effect on the date the application for the license is filed.

(g) The fee to be paid for an interim permit shall be in an amount no less than twenty dollars ($20) and may be fixed by the board at an amount no more than fifty dollars ($50).

(h) The fee to be paid for a duplicate license shall be in an amount not less than twenty dollars ($20) and may be fixed by the board at an amount no more than fifty dollars ($50).

(i) The fee to be paid for processing endorsement papers to other states shall be in an amount not less than twenty dollars ($20) and may be fixed by the board at an amount no more than fifty dollars ($50).

(j) The fee to be paid for postlicensure certification in blood withdrawal shall be in an amount not less than twenty dollars ($20) and may be fixed by the board at an amount no more than fifty dollars ($50).

(k) The biennial fee to be paid upon the filing of an application for renewal for a provider of an approved continuing education course or a course to meet the certification requirements for blood withdrawal shall be in an amount not less than one hundred fifty dollars ($150), and may be fixed by the board at an amount no more than two hundred dollars ($200).

(Added by Stats.1959, c. 1851, p. 4408, § 1. Amended by Stats.1961, c. 1250, p. 3014, § 9, operative Oct. 1, 1961; Stats.1965, c. 1373, p. 3278, § 5, eff. July 23, 1965; Stats.1978, c. 1161, p. 3673, § 263; Stats.1978, c. 996, p. 3069, § 2; Stats.1986, c. 1233, § 1; Stats.1987, c. 464, § 4, eff. Sept. 9, 1987.); Stats.1993, c. 1264 (S.B.574), § 6.2; Stats.1997, c. 720 (A.B.515), § 4; Stats.1999, c. 655 (S.B.1308), § 55.)

BUSINESS AND PROFESSIONS CODE — MARRIAGE, FAMILY AND CHILD COUNSELORS

Chapter 13 MARRIAGE, FAMILY AND CHILD COUNSELORS

Article 1 REGULATION

§ 4980. Necessity of license

(a) Many California families and many individual Californians are experiencing difficulty and distress, and are in need of wise, competent, caring, compassionate, and effective counseling in order to enable them to improve and maintain healthy family relationships.

Healthy individuals and healthy families and healthy relationships are inherently beneficial and crucial to a healthy society, and are our most precious and valuable natural resource. Marriage and family therapists provide a crucial support for the well–being of the people and the State of California.

(b) No person may engage in the practice of marriage and family therapy as defined by Section 4980.02, unless he or she holds a valid license as a marriage and family therapist, or unless he or she is specifically exempted from that requirement, nor may any person advertise himself or herself as performing the services of a marriage, family, child, domestic, or marital consultant, or in any way use these or any similar titles, including the letters “M.F.T.” or “M.F.C.C.,” or other name, word initial, or symbol in connection with or following his or her name to imply that he or she performs these services without a license as provided by this chapter. Persons licensed under Article 4 (commencing with Section 4996) of Chapter 14 of Division 2, or under Chapter 6.6 (commencing with Section 2900) may engage in such practice or advertise that they practice marriage and family therapy but may not advertise that they hold the marriage and family therapist’s license.

(Added by Stats.1986, c. 1365, § 4. Amended by Stats.2000, c. 836 (S.B.1554), § 28; Stats.2002, c. 1013 (S.B.2026), § 13.)

§ 4980.01. Construction with other laws; exemption of certain professionals and employees; status as health care practitioner

(a) Nothing in this chapter shall be construed to constrict, limit, or withdraw the Medical Practice Act, the Social Work Licensing Law, the Nursing Practice Act, or the Psychology Licensing Act.

(b) This chapter shall not apply to any priest, rabbi, or minister of the gospel of any religious denomination when performing counseling services as part of his or her pastoral or professional duties, or to any person who is admitted to practice law in the state, or who is licensed to practice medicine, when providing counseling services as part of his or her professional practice.

(c) This chapter shall not apply to an employee of a governmental entity or of a school, college, or university, or of an institution both nonprofit and charitable if his or her practice is performed solely under the supervision of the entity, school, or organization by which he or she is employed, and if he or she performs those functions as part of the position for which he or she is employed.

(d) A marriage and family therapist licensed under this chapter is a licentiate for purposes of paragraph (2) of subdivision (a) of Section 805, and thus is a health care practitioner subject to the provisions of Section 2290.5 pursuant to subdivision (b) of that section.

(e) Notwithstanding subdivisions (b) and (c) all persons registered as interns or licensed under this chapter shall not be exempt from this chapter or the jurisdiction of the board.

(Added by Stats.1986, c. 1365, § 4. Amended by Stats.1993, c. 1054 (A.B.1885), § 1; Stats.2003, c. 20 (A.B.116), § 4.)

§ 4980.02. Practice of marriage and family therapy; application of principles and methods

For the purposes of this chapter, the practice of marriage and family therapy shall mean that service performed with individuals, couples, or groups wherein interpersonal relationships are examined for the purpose of achieving more adequate, satisfying, and productive marriage and family adjustments. This practice includes relationship and premarriage counseling.

The application of marriage and family therapy principles and methods includes, but is not limited to, the use of applied pyschotherapeutic techniques, to enable individuals to mature and grow within marriage and the family, and the provision of explanations and interpretations of the psychosexual and psychosocial aspects of relationships.

(Added by Stats.1986, c. 1365, § 4. Amended by Stats.1990, c. 1086 (S.B.2214), § 1; Stats.2002, c. 1013 (S.B.2026), § 14.)

§ 4980.03. Board; intern; trainee; applicant; advertise

(a) "Board," as used in this chapter, means the Board of Behavioral Sciences.

(b) "Intern," as used in this chapter, means an unlicensed person who has earned his or her master's or doctor's degree qualifying him or her for licensure and is registered with the board.

(c) "Trainee," as used in this chapter, means an unlicensed person who is currently enrolled in a master's or doctor's degree program, as specified in Section 4980.40, that is designed to qualify him or her for licensure under this chapter, and who has completed no less than 12 semester units or 18 quarter units of coursework in any qualifying degree program.

(d) "Applicant," as used in this chapter, means an unlicensed person who has completed a masters or doctoral degree program, as specified in Section 4980.40, and whose application for registration as an intern is pending, or an unlicensed person who has completed the requirements for licensure as specified in this chapter, is no longer registered with the board as an intern, and is currently in the examination process.

(e) "Advertise," as used in this chapter, includes, but is not limited to, the issuance of any card, sign, or device to any person, or the causing, permitting, or allowing of any sign or marking on, or in, any building or structure, or in any newspaper or magazine or in any directory, or any printed matter whatsoever, with or without any limiting qualification. It also includes business solicitations communicated by radio or television broadcasting. Signs within church buildings or notices in church bulletins mailed to a congregation shall not be construed as advertising within the meaning of this chapter.

(Added by Stats.1986, c. 1365, § 4. Amended by Stats.1993, c. 1054 (A.B.1885), § 2; Stats.1996, c. 829 (A.B.3473), § 85; Stats.2000, c. 836 (S.B.1554), § 29.)

§ 4980.07. Administration of chapter

The board shall administer the provisions of this chapter.

(Added by Stats.1986, c. 1365, § 4.)

§ 4980.08. Licensed marriage and family therapist; marriage and family therapist; name change; construction of section

(a) The title "licensed marriage, family and child counselor" or "marriage, family and child counselor" is hereby renamed "licensed marriage and family therapist" or "marriage and family therapist," respectively. Any reference in any statute or regulation to a "licensed marriage, family and child counselor" or "marriage, family and child counselor" shall be deemed a reference to a "licensed marriage and family therapist" or "marriage and family therapist."

(b) Nothing in this section shall be construed to expand or constrict the scope of practice of a person licensed pursuant to this chapter.

(c) This section shall become operative July 1, 1999.

(Added by Stats.1998, c. 108 (A.B.1449), § 1, operative July 1, 1999.)

§ 4980.10. Engaging in practice

A person engages in the practice of marriage and family therapy who performs or offers to perform or holds himself or herself out as able to perform this service for remuneration in any form, including donations.

(Added by Stats.1986, c. 1365, § 4. Amended by Stats.2002, c. 1013 (S.B.2026), § 15.)

§ 4980.30. Application for license; payment of fee

Except as otherwise provided herein, a person desiring to practice and to advertise the performance of marriage and family therapy services shall apply to the board for a license and shall pay the license fee required by this chapter.

(Added by Stats.1986, c. 1365, § 4. Amended by Stats.2002, c. 1013 (S.B.2026), § 16.)

§ 4980.31. Display of license in primary place of practice

A licensee shall display his or her license in a conspicuous place in the licensee's primary place of practice.

(Added by Stats.1998, c. 879 (S.B.2238), § 4.)

§ 4980.34. Legislative intent

It is the intent of the Legislature that the board employ its resources for each and all of the following functions:

(a) The licensing of marriage and family therapists, clinical social workers, and educational psychologists.

(b) The development and administration of * * * licensing examinations and examination procedures, as specified, consistent with prevailing standards for the validation and use of licensing and certification tests. Examinations shall measure knowledge and abilities demonstrably important to the safe, effective practice of the profession.

(c) Enforcement of laws designed to protect the public from incompetent, unethical, or unprofessional practitioners.

(d) Consumer education.

(Added by Stats.1986, c. 1365, § 4. Amended by Stats.1998, c. 589 (S.B.1983), § 10; Stats.2002, c. 1013 (S.B.2026), § 17; Stats.2003, c. 874 (S.B.363), § 6.)

§ 4980.35. Obligation to provide complete and accurate application; duties of board

(a) The Legislature acknowledges that the basic obligation to provide a complete and accurate application for a marriage and family therapist license lies with the applicant. At the same time, the Legislature recognizes that an effort should be made by the board to ensure that persons who enter degree programs and supervisorial training settings that meet the requirements of this chapter are enabled to discern the requirements for licensing and to take the examination when they have completed their educational and experience requirements.

(b) In order that the board, the educational institutions, and the supervisors who monitor the education and experience of applicants for licensure may develop greater cooperation, the board shall do all of the following:

(1) Apply a portion of its limited resources specifically to the task of communicating information about its activities, the requirements and qualifications for licensure, and the practice of marriage and family therapy to the relevant educational institutions, supervisors, professional associations, applicants, trainees, interns, and the consuming public.

(2) Develop policies and procedures to assist educational institutions in meeting the curricula requirements of Section 4980.40 and any regulations adopted pursuant to that section, so that those educational institutions may better provide assurance to their students that the curriculum offered to fulfill the educational requirements for licensure will meet those requirements at the time of the student's application for licensure.

(3) Notify applicants in the application procedure when applications are incomplete, inaccurate, or deficient, and inform applicants of any remediation, reconsideration, or appeal procedures that may be applicable.

(4) Undertake, or cause to be undertaken, further comprehensive review, in consultation with educational institutions, professional associations, supervisors, interns, and trainees, of the supervision of interns and trainees, which shall include, but not be limited to, the following, and shall propose regulations regarding the supervision of interns and trainees which may include, but not be limited to, the following:

(A) Supervisor qualifications.

(B) Continuing education requirements of supervisors.

(C) Registration or licensing of supervisors, or both.

(D) Responsibilities of supervisors in general.

(E) The board's authority in cases of noncompliance or negligence by supervisors.

(F) The intern's and trainee's need for guidance in selecting well–balanced and high quality professional training opportunities within his or her community.

(G) The role of the supervisor in advising and encouraging his or her intern or trainee regarding the necessity or value and appropriateness of the intern or trainee engaging in personal psychotherapy, so as to enable the intern or trainee to become a more competent marriage and family therapist.

(Added by Stats.1986, c. 1365, § 4. Amended by Stats.1993, c. 1054 (A.B.1885), § 3; Stats.2002, c. 1013 (S.B.2026), § 18.)

§ 4980.37. Degree program; course of study and professional training

(a) In order to provide an integrated course of study and appropriate professional training, while allowing for innovation and individuality in the education of marriage and family therapists, a degree program which meets the educational qualifications for licensure shall include all of the following:

(1) Provide an integrated course of study that trains students generally in the diagnosis, assessment, prognosis, and treatment of mental disorders.

(2) Prepare students to be familiar with the broad range of matters that may arise within marriage and family relationships.

(3) Train students specifically in the application of marriage and family relationship counseling principles and methods.

(4) Encourage students to develop those personal qualities that are intimately related to the counseling situation such as integrity, sensitivity, flexibility, insight, compassion, and personal presence.

(5) Teach students a variety of effective psychotherapeutic techniques and modalities that may be utilized to improve, restore, or maintain healthy individual, couple, and family relationships.

(6) Permit an emphasis or specialization that may address any one or more of the unique and complex array of human problems, symptoms, and needs of Californians served by marriage and family therapists.

(7) Prepare students to be familiar with crosscultural mores and values, including a familiarity with the wide range of racial and ethnic backgrounds common among California's population, including, but not limited to, Blacks, Hispanics, Asians, and Native Americans.

(b) Educational institutions are encouraged to design the practicum required by subdivision (b) of Section 4980.40 to include marriage and family therapy experience in low–income and multicultural mental health settings.

(Added by Stats.1986, c. 1365, § 4. Amended by Stats.1993, c. 1054 (A.B.1885), § 4; Stats.2002, c. 1013 (S.B.2026), § 19.)

§ 4980.38. Notification to students of design of degree program; certification of fulfillment of requirements

(a) Each educational institution preparing applicants to qualify for licensure shall notify each of its students by means of its public documents or otherwise in writing that its degree program is designed to meet the requirements of Sections 4980.37 and 4980.40, and shall certify to the board that it has so notified its students.

(b) In addition to all of the other requirements for licensure, each applicant shall submit to the board a certification by the chief academic officer, or his or her designee, of the applicant's educational institution that the applicant has fulfilled the requirements enumerated in Sections 4980.37 and 4980.40, and subdivisions (d) and (e) of Section 4980.41.

(c) An applicant for an intern registration who has completed a program to update his or her degree in accordance with paragraph (1) of subdivision (i) of Section 4980.40 shall furnish to the board certification by the chief academic officer of a school, college, or university accredited by the Western Association of Schools and Colleges, or from a school, college, or university meeting accreditation standards comparable to those of the Western Association of Schools and Colleges, that the applicant has successfully completed all academic work necessary to comply with the current educational requirements for licensure as a marriage and family therapist.

(Added by Stats.1986, c. 1365, § 4. Amended by Stats.1987, c. 738, § 1; Stats.1993, c. 1054 (A.B.1885), § 5; Stats.2001, c. 435 (S.B.349), § 13; Stats.2002, c. 1013 (S.B.2026), § 20.)

§ 4980.39. Graduate study coursework in aging and long–term care; program contents; minimum contact hours

(a) Any applicant for licensure as a marriage and family therapist who began graduate study on or after January 1, 2004, shall complete, as a condition of licensure, a minimum of 10 contact hours of coursework in aging and long–term care, which could include, but is not limited to, the biological, social, and psychological aspects of aging.

(b) Coursework taken in fulfillment of other educational requirements for licensure pursuant to this chapter, or in a separate course of study, may, at the discretion of the board, fulfill the requirements of this section.

(c) In order to satisfy the coursework requirement of this section, the applicant shall submit to the board a certification from the chief academic officer of the educational institution from which the

applicant graduated stating that the coursework required by this section is included within the institution's required curriculum for graduation, or within the coursework, that was completed by the applicant.

(d) The board shall not issue a license to the applicant until the applicant has met the requirements of this section.

(Added by Stats.2002, c. 541 (S.B.953), § 6.)

§ 4980.395. Continuing education coursework in aging and long–term care; program contents; minimum number of hours

(a) Effective January 1, 2005, as a condition of the first renewal of a person's license pursuant to this chapter, any person who began graduate study prior to January 1, 2004, shall complete a three–hour continuing education course in aging and long–term care and shall submit to the board evidence, acceptable to the board, of the person's satisfactory completion of the course.

(b) The course could include, but is not limited to, the biological, social, and psychological aspects of aging.

(c) Any person seeking the first renewal of his or her license pursuant to this chapter may submit to the board a certificate evidencing completion of equivalent courses in aging and long–term care taken prior to the operative date of this section, or proof of equivalent teaching or practice experience. The board, in its discretion, may accept that certification as meeting the requirements of this section.

(d) The board shall not renew an applicant's license upon the applicant's application for the first renewal of his or her license until the applicant has met the requirements of this section.

(Added by Stats.2002, c. 541 (S.B.953), § 7.)

§ 4980.40. Qualifications

To qualify for a license, an applicant shall have all the following qualifications:

(a) Applicants applying for licensure on or after January 1, 1988, shall possess a doctor's or master's degree in marriage, family, and child counseling, marital and family therapy, psychology, clinical psychology, counseling psychology, or counseling with an emphasis in either marriage, family, and child counseling or marriage and family therapy, obtained from a school, college, or university accredited by the Western Association of Schools and Colleges, or approved by the Bureau for Private Postsecondary and Vocational Education. The board has the authority to make the final determination as to whether a degree meets all requirements, including, but not limited to, course requirements regardless of accreditation or approval. For purposes of this chapter, the term "approved by the Bureau for Private Postsecondary and Vocational Education" shall mean unconditional approval existing at the time of the applicant's graduation from the school, college, or university. In order to qualify for licensure pursuant to this subdivision, any doctor's or master's degree program shall be a single, integrated program primarily designed to train marriage and family therapists and shall contain no less than 48 semester or 72 quarter units of instruction. The instruction shall include no less than 12 semester units or 18 quarter units of coursework in the areas of marriage, family, and child counseling, and marital and family systems approaches to treatment.

The coursework shall include all of the following areas:

(1) The salient theories of a variety of psychotherapeutic orientations directly related to marriage and family therapy, and marital and family systems approaches to treatment.

(2) Theories of marriage and family therapy and how they can be utilized in order to intervene therapeutically with couples, families, adults, children, and groups.

(3) Developmental issues and life events from infancy to old age and their effect upon individuals, couples, and family relationships. This may include coursework that focuses on specific family life events and the psychological, psychotherapeutic, and health implications that arise within couples and families, including, but not limited to, childbirth, child rearing, childhood, adolescence, adulthood, marriage, divorce, blended families, stepparenting, and geropsychology.

(4) A variety of approaches to the treatment of children.

The board shall, by regulation, set forth the subjects of instruction required in this subdivision.

(b)(1) In addition to the 12 semester or 18 quarter units of coursework specified above, the doctor's or master's degree program shall contain not less than six semester or nine quarter units of supervised practicum in applied psychotherapeutic techniques, assessment, diagnosis, prognosis, and treatment of premarital, couple, family, and child relationships, including dysfunctions, healthy functioning, health promotion, and illness prevention, in a supervised clinical placement that provides supervised fieldwork experience within the scope of practice of a marriage and family therapist.

(2) For applicants who enrolled in a degree program on or after January 1, 1995, the practicum shall include a minimum of 150 hours of face–to–face experience counseling individuals, couples, families, or groups.

(3)(A) Supervised practicum hours, as specified in this subdivision, shall be evaluated, accepted, and credited as hours for trainee experience by the board.

(B) The practicum hours shall be considered as part of the 48 semester or 72 quarter unit requirement.

(c) As an alternative to meeting the qualifications specified in subdivision (a), the board shall accept as equivalent degrees, those master's or doctor's degrees granted by educational institutions whose degree program is approved by the Commission on Accreditation for Marriage and Family Therapy Education.

(d) All applicants shall, in addition, complete the coursework or training specified in Section 4980.41.

(e) All applicants shall be at least 18 years of age.

(f) All applicants shall have at least two years' experience that meets the requirements of this chapter in interpersonal relationships, marriage and family therapy and psychotherapy under the supervision of a licensed marriage and family therapist, licensed clinical social worker, licensed psychologist, or a licensed physician certified in psychiatry by the American Board of Psychiatry and Neurology. Experience shall not be gained under the supervision of an individual who has provided therapeutic services to that applicant. For those supervisorial relationships in effect on or before December 31, 1988, and which remain in continuous effect thereafter, experience may be gained under the supervision of a licensed physician who has completed a residency in psychiatry. Any person supervising another person pursuant to this subdivision shall have been licensed or certified for at least two years prior to acting as a supervisor, shall have a current and valid license that is not under suspension or probation, and shall meet the requirements established by regulations.

(g) The applicant shall pass a <u>board administered</u> written * * * <u>or</u> oral examination * * * <u>or both examinations. An applicant who has successfully passed a previously administered written examination may be subsequently required to take and pass another written examination</u>.

(h) The applicant shall not have committed acts or crimes constituting grounds for denial of licensure under Section 480. The board shall not issue a registration or license to any person who has been convicted of any crime in this or another state or in a territory of the United States that involves sexual abuse of children or who is required to register pursuant to Section 290 of the Penal Code or the equivalent in another state or territory.

(i)(1) An applicant applying for intern registration who, prior to December 31, 1987, met the qualifications for registration, but who failed to apply or qualify for intern registration may be granted an intern registration if the applicant meets all of the following criteria:

(A) The applicant possesses a doctor's or master's degree in

marriage, family, and child counseling, marital and family therapy, psychology, clinical psychology, counseling psychology, counseling with an emphasis in marriage, family, and child counseling, or social work with an emphasis in clinical social work obtained from a school, college, or university currently conferring that degree that, at the time the degree was conferred, was accredited by the Western Association of Schools and Colleges, and where the degree conferred was, at the time it was conferred, specifically intended to satisfy the educational requirements for licensure by the Board of Behavioral Sciences.

(B) The applicant's degree and the course content of the instruction underlying that degree have been evaluated by the chief academic officer of a school, college, or university accredited by the Western Association of Schools and Colleges to determine the extent to which the applicant's degree program satisfies the current educational requirements for licensure, and the chief academic officer certifies to the board the amount and type of instruction needed to meet the current requirements.

(C) The applicant completes a plan of instruction that has been approved by the board at a school, college, or university accredited by the Western Association of Schools and Colleges that the chief academic officer of the educational institution has, pursuant to subparagraph (B), certified will meet the current educational requirements when considered in conjunction with the original degree.

(2) A person applying under this subdivision shall be considered a trainee, as that term is defined in Section 4980.03, once he or she is enrolled to complete the additional coursework necessary to meet the current educational requirements for licensure.

(j) An applicant for licensure trained in an educational institution outside the United States shall demonstrate to the satisfaction of the board that he or she possesses a qualifying degree that is equivalent to a degree earned from a school, college, or university accredited by the Western Association of Schools and Colleges, or approved by the Bureau of Private Postsecondary and Vocational Education. These applicants shall provide the board with a comprehensive evaluation of the degree performed by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES), and shall provide any other documentation the board deems necessary.

(Added by Stats.1995, c. 758 (A.B.446), § 6.5, operative Jan. 1, 1997. Amended by Stats.1996, c. 829 (A.B.3473), § 86, operative Jan. 1, 1997; Stats.1998, c. 879 (S.B.2238), § 4.5; Stats.2001, c. 728 (S.B.724), § 36; Stats.2002, c. 1013 (S.B.2026), § 21; Stats.2003, c. 874 (S.B.363), § 7.)

§ 4980.41. Eligibility to sit for licensing examinations; coursework or training

All applicants for licensure shall complete the following coursework or training in order to be eligible to sit for the licensing examinations as specified in subdivision (g) of Section 4980.40:

(a) A two semester or three quarter unit course in California law and professional ethics for marriage and family therapists, which shall include, but not be limited to, the following areas of study:

(1) Contemporary professional ethics and statutory, regulatory, and decisional laws that delineate the profession's scope of practice.

(2) The therapeutic, clinical, and practical considerations involved in the legal and ethical practice of marriage and family therapy, including family law.

(3) The current legal patterns and trends in the mental health profession.

(4) The psychotherapist/patient privilege, confidentiality, the patient dangerous to self or others, and the treatment of minors with and without parental consent.

(5) A recognition and exploration of the relationship between a practitioner's sense of self and human values and his or her professional behavior and ethics.

This course may be considered as part of the 48 semester or 72 quarter unit requirements contained in Section 4980.40.

(b) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 28 and any regulations promulgated thereunder.

(c) A minimum of 10 contact hours of training or coursework in human sexuality as specified in Section 25, and any regulations promulgated thereunder. When coursework in a master's or doctor's degree program is acquired to satisfy this requirement, it shall be considered as part of the 48 semester or 72 quarter unit requirement contained in Section 4980.40.

(d) For persons who began graduate study on or after January 1, 1986, a master's or doctor's degree qualifying for licensure shall include specific instruction in alcoholism and other chemical substance dependency as specified by regulation. When coursework in a master's or doctor's degree program is acquired to satisfy this requirement, it shall be considered as part of the 48 semester or 72 quarter unit requirement contained in Section 4980.40.

(e) For persons who began graduate study during the period commencing on January 1, 1995, and ending on December 31, 2003, a master's or doctor's degree qualifying for licensure shall include coursework in spousal or partner abuse assessment, detection, and intervention. For persons who began graduate study on or after January 1, 2004, a master's or doctor's degree qualifying for licensure shall include a minimum of 15 contact hours of coursework in spousal or partner abuse assessment, detection, and intervention strategies, including knowledge of community resources, cultural factors, and same gender abuse dynamics. Coursework required under this subdivision may be satisfactory if taken either in fulfillment of other educational requirements for licensure or in a separate course. The requirement for coursework shall be satisfied by, and the board shall accept in satisfaction of the requirement, a certification from the chief academic officer of the educational institution from which the applicant graduated that the required coursework is included within the institution's required curriculum for graduation.

(f) For persons who began graduate study on or after January 1, 2001, an applicant shall complete a minimum of a two semester or three quarter unit survey course in psychological testing. When coursework in a master's or doctor's degree program is acquired to satisfy this requirement, it may be considered as part of the 48 semester or 72 quarter unit requirement of Section 4980.40.

(g) For persons who began graduate study on or after January 1, 2001, an applicant shall complete a minimum of a two semester or three quarter unit survey course in psychopharmacology. When coursework in a master's or doctor's degree program is acquired to satisfy this requirement, it may be considered as part of the 48 semester or 72 quarter unit requirement of Section 4980.40.

(h) The requirements added by subdivisions (f) and (g) are intended to improve the educational qualifications for licensure in order to better prepare future licentiates for practice, and are not intended in any way to expand or restrict the scope of licensure for marriage and family therapists.

(Added by Stats.1986, c. 1365, § 4. Amended by Stats.1987, c. 738, § 3; Stats.1993, c. 1234 (A.B.890), § 9; Stats.1999, c. 406 (A.B.253), § 1; Stats.2001, c. 435 (S.B.349), § 14; Stats.2002, c. 481 (S.B.564), § 4; Stats.2003, c. 874 (S.B.363), § 8.)

§ 4980.42. Trainees' services

(a) Trainees performing services in any work setting specified in subdivision (e) of Section 4980.43 may perform those activities and services as a trainee, provided that the activities and services constitute part of the trainee's supervised course of study and that the person is designated by the title "trainee." Trainees may gain hours of experience outside the required practicum. Those hours shall be subject to the requirements of subdivision (b) and to the other requirements of this chapter.

(b) On and after January 1, 1995, all hours of experience gained as a trainee shall be coordinated between the school and the site where the hours are being accrued. The school shall approve each site and

shall have a written agreement with each site that details each party's responsibilities, including the methods by which supervision shall be provided. The agreement shall provide for regular progress reports and evaluations of the student's performance at the site. If an applicant has gained hours of experience while enrolled in an institution other than the one that confers the qualifying degree, it shall be the applicant's responsibility to provide to the board satisfactory evidence that those hours of trainee experience were gained in compliance with this section.
(Added by Stats.1993, c. 1054 (A.B.1885), § 8.)

§ 4980.43. Professional experience; interns or trainees

(a) For all applicants, a minimum of two calendar years of supervised experience is required, which experience shall consist of 3,000 hours obtained over a period of not less than 104 weeks. Not less than 1,500 hours of experience shall be gained subsequent to the granting of the qualifying master's or doctor's degree. For those applicants who enroll in a qualifying degree program on or after January 1, 1995, not more than 750 hours of counseling and direct supervisor contact may be obtained prior to the granting of the qualifying master's or doctor's degree. However, this limitation shall not be interpreted to include professional enrichment activities. Except for personal psychotherapy hours gained after enrollment and commencement of classes in a qualifying degree program, no hours of experience may be gained prior to becoming a trainee. All experience shall be gained within the six years immediately preceding the date the application for licensure was filed, except that up to 500 hours of clinical experience gained in the supervised practicum required by subdivision (b) of Section 4980.40 shall be exempt from this six–year requirement.

(b) All applicants, trainees, and registrants shall be at all times under the supervision of a supervisor who shall be responsible for ensuring that the extent, kind, and quality of counseling performed is consistent with the training and experience of the person being supervised, and who shall be responsible to the board for compliance with all laws, rules, and regulations governing the practice of marriage and family therapy. Experience shall be gained by interns and trainees either as an employee or as a volunteer in any allowable work setting specified in this chapter. The requirements of this chapter regarding gaining hours of experience and supervision are applicable equally to employees and volunteers. Experience shall not be gained by interns or trainees as an independent contractor.

(c) Supervision shall include at least one hour of direct supervisor contact for each week of experience claimed. A trainee shall receive an average of at least one hour of direct supervisor contact for every five hours of client contact in each setting. A person gaining postdegree experience shall receive an average of at least one hour of direct supervisor contact for every 10 hours of client contact in each setting in which experience is gained. For purposes of this section, "one hour of direct supervisor contact" means one hour of face–to–face contact on an individual basis or two hours of face–to–face contact in a group of not more than eight persons. The contact may be counted toward the experience requirement for licensure, up to the maximum permitted by subdivision (d). All experience gained by a trainee shall be monitored by the supervisor as specified by regulation. The 5–to–1 and 10–to–1 ratios specified in this subdivision shall be applicable to all hours gained on or after January 1, 1995.

(d)(1) The experience required by Section 4980.40 shall include supervised marriage and family therapy, and up to one–third of the hours may include direct supervisor contact and other professional enrichment activities.

(2) "Professional enrichment activities," for the purposes of this section, may include group, marital or conjoint, family, or individual psychotherapy received by an applicant. This psychotherapy may include up to 100 hours taken subsequent to enrolling and commencing classes in a qualifying degree program, or as an intern, and each of those hours shall be triple counted toward the professional experience requirement. This psychotherapy shall be performed by a licensed marriage and family therapist, licensed clinical social worker, licensed psychologist, licensed physician certified in psychiatry by the American Board of Psychiatry and Neurology, or a licensed physician who has completed a residency in psychiatry.

(e)(1) A trainee may gain the experience required by subdivision (f) of Section 4980.40 * * * in any setting that meets all of the following:

(A) Lawfully and regularly provides mental health counseling or psychotherapy.

(B) Provides oversight to ensure that the trainee's work at the setting meets the experience and supervision requirements set forth in this chapter and is within the scope of practice for the profession as defined in Section 4980.02.

(C) Is not a private practice owned by a licensed marriage and family therapist, a licensed psychologist, a licensed clinical social worker, a licensed physician and surgeon, or a professional corporation of any of those licensed professions.

(2) Experience * * * may be gained by the trainee solely as part of the position for which * * * the trainee volunteers or is employed.

(f)(1) An intern may gain the experience required by subdivision (f) of Section 4980.40 * * * in any setting that meets both of the following:

(A) Lawfully and regularly provides mental health counseling or psychotherapy.

(B) Provides oversight to ensure that the intern's work at the setting meets the experience and supervision requirements set forth in this chapter and is within the scope of practice for the profession as defined in Section 4980.02.

(2) An applicant shall not be employed or volunteer in a private practice, as defined in subparagraph (C) of paragraph (1) of subdivision (e), until registered as an intern.

(3) While an intern may be either a paid employee or a volunteer, employers are encouraged to provide fair remuneration to interns.

(4) An intern who is employed or volunteering in private practice shall be under the direct supervision of a licensee enumerated in subdivision (f) of Section 4980.40 who shall be employed by and practice at the same site as the intern's employer.

(5) Experience may be gained by the intern solely as part of the position for which the intern volunteers or is employed.

(g) All persons shall register with the board as an intern in order to be credited for postdegree hours of experience gained toward licensure, regardless of the setting where those hours are to be gained. Except as provided in subdivision (h), all postdegree hours shall be gained as a registered intern.

(h) Except when employed in a private practice setting, all postdegree hours of experience shall be credited toward licensure so long as the applicant applies for the intern registration within 90 days of the granting of the qualifying master's or doctor's degree and is thereafter granted the intern registration by the board.

(i) Trainees * * *, interns, and applicants shall not receive any remuneration from patients or clients, and shall only be paid by their employers.

(j) Trainees* * * , interns, and applicants shall only perform services at the place where their employers regularly conduct business, which may include performing services at other locations, so long as the services are performed under the direction and control of their employer and supervisor, and in compliance with the laws and regulations pertaining to supervision. Trainees and interns shall have no proprietary interest in the employer's business.

(k) * * * Trainees, interns, or applicants who provide volunteered services or other services, and who receive no more than a total, from all work settings, of five hundred dollars ($500) per month as reimbursement for expenses actually incurred by * * * those trainees, interns, or applicants for services rendered in any lawful work setting

other than a private practice shall be considered an employee and not an independent contractor. The board may audit applicants who receive reimbursement for expenses, and the applicants shall have the burden of demonstrating that the payments received were for reimbursement of expenses actually incurred.

(l) Each educational institution preparing applicants for licensure pursuant to this chapter shall consider requiring, and shall encourage, its students to undergo individual, marital or conjoint, family, or group counseling or psychotherapy, as appropriate. Each supervisor shall consider, advise, and encourage his or her interns and trainees regarding the advisability of undertaking individual, marital or conjoint, family, or group counseling or psychotherapy, as appropriate. Insofar as it is deemed appropriate and is desired by the applicant, the educational institution and supervisors are encouraged to assist the applicant in locating that counseling or psychotherapy at a reasonable cost.

(Added by Stats.1986, c. 1365, § 4. Amended by Stats.1987, c. 738, § 5; Stats.1989, c. 772, § 1; Stats.1990, c. 1086 (S.B.2214), § 2; Stats.1992, c. 890 (S.B.1394), § 2; Stats.1993, c. 1054 (A.B.1885), § 9; Stats.1994, c. 116 (S.B.133), § 1; Stats.1996, c. 739 (A.B.3073), § 1; Stats.1997, c. 196 (S.B.650), § 1; Stats.2000, c. 836 (S.B.1554), § 30; Stats.2002, c. 1013 (S.B.2026), § 22; Stats.2003, c. 607 (S.B.1077), § 14.)

§ 4980.44. Unlicensed interns; qualifications; notice to clients or patients; registration status

(a) An unlicensed marriage and family therapist intern employed under this chapter shall:

(1) Have earned at least a master's degree as specified in Section 4980.40.

(2) Be registered with the board prior to the intern performing any duties, except as otherwise provided in subdivision (e) of Section 4980.43.

(3) File for renewal of registration annually for a maximum of five years after initial registration with the board. Renewal of registration shall include filing an application for renewal, paying a renewal fee of seventy–five dollars ($75), and notifying the board whether he or she has been convicted, as defined in Section 490, of a misdemeanor or felony, or whether any disciplinary action has been taken by any regulatory or licensing board in this or any other state, subsequent to the issuance of the initial registration or the registrant's last renewal.

(4) Inform each client or patient prior to performing any professional services that he or she is unlicensed and under the supervision of a licensed marriage and family therapist, licensed clinical social worker, licensed psychologist, licensed physician certified in psychiatry by the American Board of Psychiatry and Neurology, or a licensed physician who has completed a residency in psychiatry and who is described in subdivision (f) of Section 4980.40, whichever is applicable. Continued employment as an unlicensed marriage and family therapist intern shall cease after six years unless the requirements of subdivision (b) are met. No registration shall be renewed or reinstated beyond the six years from initial issuance regardless of whether it has been revoked.

(b) When no further renewals are possible, either because the applicant has exhausted the number of renewals available or because of the repeal of Section 4980.44, as amended by Chapter 1114 of the Statutes of 1991, an applicant may apply for and obtain new intern registration status if the applicant meets the educational requirements for registration in effect at the time of the application for a new intern registration. An applicant who is issued a subsequent intern registration pursuant to this subdivision may be employed or volunteer in all allowable work settings except in private practice * * *.

(Added by Stats.1995, c. 327 (A.B.610), § 3, operative Jan. 1, 1999. Amended by Stats.2000, c. 836 (S.B.1554), § 31; Stats.2001, c. 728 (S.B.724), § 37; Stats.2002, c. 1013 (S.B.2026), § 23; Stats.2003, c. 607 (S.B.1077), § 15.)

§ 4980.45. Supervision, employment or termination of interns; ratio of interns to employees or shareholders of marriage and family therapy corporations

(a) A licensed professional in private practice who is a marriage and family therapist, a psychologist, a clinical social worker, a licensed physician certified in psychiatry by the American Board of Psychiatry and Neurology, or a licensed physician who has completed a residency in psychiatry and who is described in subdivision (f) of Section 4980.40 may supervise or employ, at any one time, no more than two unlicensed marriage and family therapist registered interns in that private practice.

(b) A marriage and family therapy corporation may employ, at any one time, no more than two registered interns for each employee or shareholder who is qualified to provide supervision pursuant to subdivision (f) of Section 4980.40. In no event shall any corporation employ, at any one time, more than 10 registered interns. In no event shall any supervisor supervise, at any one time, more than two registered interns. Persons who supervise interns shall be employed full time by the professional corporation and shall be actively engaged in performing professional services at and for the professional corporation. Employment and supervision within a marriage and family therapy corporation shall be subject to all laws and regulations governing experience and supervision gained in a private practice setting.

(Added by Stats.1986, c. 1365, § 4. Amended by Stats.1987, c. 738, § 7; Stats.1989, c. 772, § 2; Stats.1992, c. 890 (S.B.1394), § 3; Stats.1993, c. 1054 (A.B.1885), § 10; Stats.1994, c. 146 (A.B.3601), § 5; Stats.1999, c. 657 (A.B.1677), § 1; Stats.2001, c. 435 (S.B.349), § 15; Stats.2002, c. 1013 (S.B.2026), § 24.)

§ 4980.46. Fictitious business names

Any licensed marriage and family therapist who conducts a private practice under a fictitious business name shall not use any name that is false, misleading, or deceptive, and shall inform the patient, prior to the commencement of treatment, of the name and license designation of the owner or owners of the practice.

(Added by Stats.1988, c. 864, § 1. Amended by Stats.2002, c. 1013 (S.B.2026), § 25.)

§ 4980.48. Trainees; notice to clients and patients of unlicensed status

A trainee shall inform each client or patient, prior to performing any professional services, that he or she is unlicensed and under the supervision of a licensed marriage and family therapist, a licensed clinical social worker, a licensed psychologist, or a licensed physician certified in psychiatry by the American Board of Psychiatry and Neurology.

(Added by Stats.1989, c. 772, § 4. Amended by Stats.1993, c. 1054 (A.B.1885), § 12; Stats.2002, c. 1013 (S.B.2026), § 26.)

§ 4980.50. Examination; issuance or denial of license

(a) Every applicant who meets the educational and experience requirements and applies for a license as a marriage and family therapist shall be examined by the board. The examinations shall be as set forth in subdivision (g) of Section 4980.40. The examinations shall be given at least twice a year at a time and place and under supervision as the board may determine. The board shall examine the candidate with regard to his or her knowledge and professional skills and his or her judgment in the utilization of appropriate techniques and methods.

(b) The board shall not deny any applicant, who has submitted a complete application for examination, admission to the licensure examinations required by this section if the applicant meets the educational and experience requirements of this chapter, and has not committed any acts or engaged in any conduct which would constitute grounds to deny licensure.

(c) The board shall not deny any applicant, whose application for licensure is complete, admission to the written examination, nor shall the board postpone or delay any applicant's written examination or

delay informing the candidate of the results of any written examination, solely upon the receipt by the board of a complaint alleging acts or conduct which would constitute grounds to deny licensure.

(d) If an applicant for examination who has passed the written examination is the subject of a complaint or is under board investigation for acts or conduct that, if proven to be true, would constitute grounds for the board to deny licensure, the board shall permit the applicant to take the oral examination for licensure, but may withhold the results of the examination or notify the applicant that licensure will not be granted pending completion of the investigation.

(e) Notwithstanding Section 135, the board may deny any applicant who has previously failed either the written or oral examination permission to retake either examination pending completion of the investigation of any complaints against the applicant. Nothing in this section shall prohibit the board from denying an applicant admission to any examination, withholding the results, or refusing to issue a license to any applicant when an accusation or statement of issues has been filed against the applicant pursuant to Sections 11503 and 11504 of the Government Code, respectively, or the applicant has been denied in accordance with subdivision (b) of Section 485.

(f) Notwithstanding any other provision of law, the board may destroy all written and oral examination materials two years following the date of the examination.

(g) On or after January 1, 2002, no applicant shall be eligible to participate in an oral examination if his or her passing score on the written examination occurred more than seven years before.

(h) An applicant who has qualified pursuant to this chapter shall be issued a license as a marriage and family therapist in the form that the board may deem appropriate.

(Added by Stats.1986, c. 1365, § 4. Amended by Stats.1987, c. 738, § 8; Stats.1990, c. 1086 (S.B.2214), § 3; Stats.2000, c. 836 (S.B.1554), § 32; Stats.2001, c. 728 (S.B.724), § 38; Stats.2002, c. 1013 (S.B.2026), § 27; Stats.2003, c. 874 (S.B.363), § 9.)

§ 4980.54. Continuing education requirements; hours; records; approved providers; subject matter; fees

(a) The Legislature recognizes that the education and experience requirements in this chapter constitute only minimal requirements to assure that an applicant is prepared and qualified to take the licensure examinations as specified in subdivision (g) of Section 4980.40 and, if he or she passes those examinations, to begin practice.

(b) In order to continuously improve the competence of licensed marriage and family therapists and as a model for all psychotherapeutic professions, the Legislature encourages all licensees to regularly engage in continuing education related to the profession or scope of practice as defined in this chapter.

(c)(1) Except as provided in subdivision (e), on and after January 1, 2000, the board shall not renew any license pursuant to this chapter unless the applicant certifies to the board, on a form prescribed by the board, that he or she has completed not less than 36 hours of approved continuing education in or relevant to the field of marriage and family therapy in the preceding two years, as determined by the board.

(2) For those persons renewing during 1999, the board shall not renew any license pursuant to this chapter unless the applicant certifies to the board, on a form prescribed by the board, that he or she has completed not less than 18 hours of approved continuing education in or relevant to the field of marriage and family therapy, as determined by the board. The coursework of continuing education described in this paragraph may be taken on or after the effective date of the continuing education regulations adopted by the board pursuant to the other provisions of this section.

(d) The board shall have the right to audit the records of any applicant to verify the completion of the continuing education requirement. Applicants shall maintain records of completion of required continuing education coursework for a minimum of two years and shall make these records available to the board for auditing purposes upon request.

(e) The board may establish exceptions from the continuing education requirements of this section for good cause, as defined by the board.

(f) The continuing education shall be obtained from one of the following sources:

(1) An accredited school or state–approved school that meets the requirements set forth in Section 4980.40. Nothing in this paragraph shall be construed as requiring coursework to be offered as part of a regular degree program.

(2) Other continuing education providers, including, but not limited to, a professional marriage and family therapist association, a licensed health facility, a governmental entity, a continuing education unit of an accredited four–year institution of higher learning, or a mental health professional association, approved by the board.

(3) The board shall establish, by regulation, a procedure for approving providers of continuing education courses, and all providers of continuing education, as described in paragraphs (1) and (2), shall adhere to procedures established by the board. The board may revoke or deny the right of a provider to offer continuing education coursework pursuant to this section for failure to comply with the requirements of this section or any regulation adopted pursuant to this section.

(g) Training, education, and coursework by approved providers shall incorporate one or more of the following:

(1) Aspects of the discipline that are fundamental to the understanding or the practice of marriage and family therapy.

(2) Aspects of the discipline of marriage and family therapy in which significant recent developments have occurred.

(3) Aspects of other disciplines that enhance the understanding or the practice of marriage and family therapy.

(h) A system of continuing education for licensed marriage and family therapists shall include courses directly related to the diagnosis, assessment, and treatment of the client population being served.

(i) On and after January 1, 1997, the board shall, by regulation, fund the administration of this section through continuing education provider fees to be deposited in the Behavioral Sciences Fund. The fees related to the administration of this section shall be sufficient to meet, but shall not exceed, the costs of administering the corresponding provisions of this section. For purposes of this subdivision, a provider of continuing education as described in paragraph (1) of subdivision (f) shall be deemed to be an approved provider.

(j) The continuing education requirements of this section shall comply fully with the guidelines for mandatory continuing education established by the Department of Consumer Affairs pursuant to Section 166.

(Added by Stats.1986, c. 1365, § 4. Amended by Stats.1987, c. 738, § 9; Stats.1995, c. 839 (S.B.26), § 2; Stats.1997, c. 196 (S.B.650), § 2; Stats.2002, c. 1013 (S.B.2026), § 28; Stats.2003, c. 874 (S.B.363), § 10.)

§ 4980.55. Statements of experience, education, specialties, etc.

As a model for all therapeutic professions, and to acknowledge respect and regard for the consuming public, all marriage and family therapists are encouraged to provide to each client, at an appropriate time and within the context of the psychotherapeutic relationship, an accurate and informative statement of the therapist's experience, education, specialities, professional orientation, and any other information deemed appropriate by the licensee.

(Added by Stats.1986, c. 1365, § 4. Amended by Stats.2002, c. 1013 (S.B.2026), § 29.)

§ 4980.57. Licensees who began graduate study before January 1, 2004; required continuing education course

(a) The board shall require a licensee who began graduate study prior to January 1, 2004, to take a continuing education course during his or her first renewal period after the operative date of this section in spousal or partner abuse assessment, detection, and intervention strategies, including community resources, cultural factors, and same gender abuse dynamics. On and after January 1, 2005, the course shall consist of not less than seven hours of training. Equivalent courses in spousal or partner abuse assessment, detection, and intervention strategies taken prior to the operative date of this section or proof of equivalent teaching or practice experience may be submitted to the board and at its discretion, may be accepted in satisfaction of this requirement.

(b) Continuing education courses taken pursuant to this section shall be applied to the 36 hours of approved continuing education required under paragraph (1) of subdivision (c) of Section 4980.54.

(c) This section shall become operative on January 1, 2004.

(Added by Stats.2002, c. 481 (S.B.564), § 5, operative Jan. 1, 2004. Amended by Stats.2003, c. 607 (S.B.1077), § 16, operative Jan. 1, 2004.)

Operative Effect

Section 4980.57, added by Stats.1983, c. 1234 (A.B.890), § 9.5, relating to continuing education in spousal or partner abuse, failed to become operative under its own terms. Section 5 of Stats.2002, c. 481 (S.B.564), added § 4980.57, operative Jan. 1, 2004, requiring continuing education courses, in spousal or partner abuse assessment, detection, and intervention strategies for specified licensees in their first renewal period after the operative date of the section. Section 30 of Stats.2002, c. 1013 (S.B.2026), provided for repeal of § 4980.57.

§ 4980.60. Rules and regulations

(a) The board may adopt those rules and regulations as may be necessary to enable it to carry into effect the provisions of this chapter. The adoption, amendment, or repeal of those rules and regulations shall be made in accordance with Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

(b) The board may, by rules or regulations, adopt, amend, or repeal rules of advertising and professional conduct appropriate to the establishment and maintenance of a high standard of integrity in the profession, provided that the rules or regulations are not inconsistent with Section 4982. Every person who holds a license to practice marriage and family therapy shall be governed by the rules of professional conduct.

(Added by Stats.1986, c. 1365, § 4. Amended by Stats.2002, c. 1013 (S.B.2026), § 31.)

§ 4980.70. Additional personnel

Except as provided by Section 159.5, the board may employ whatever additional personnel is necessary to carry out the provisions of this chapter.

(Added by Stats.1986, c. 1365, § 4.)

§ 4980.80. Reciprocity; equivalent requirements; payment of fees; further conditions

The board may issue a license to any person who, at the time of application, has held for at least two years a valid license issued by a board of marriage counselor examiners, marriage therapist examiners, or corresponding authority of any state, if the education and supervised experience requirements are substantially the equivalent of this chapter and the person successfully completes the * * * board administered licensing examinations * * * as specified by subdivision (g) of Section 4980.40 and pays the fees specified. Issuance of the license is further conditioned upon the person's completion of the following coursework or training:

(a) A two semester or three quarter unit course in California law and professional ethics for marriage, family, and child counselors that shall include areas of study as specified in Section 4980.41.

(b) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 28 and any regulations promulgated thereunder.

(c) A minimum of 10 contact hours of training or coursework in human sexuality as specified in Section 25 and any regulations promulgated thereunder.

(d) A minimum of 15 contact hours of training or coursework in alcoholism and other chemical substance dependency as specified by regulation.

(e)(1) Instruction in spousal or partner abuse assessment, detection, and intervention. This instruction may be taken either in fulfillment of other requirements for licensure or in a separate course.

(2) On and after January 1, 2004, a minimum of 15 contact hours of coursework or training in spousal or partner abuse assessment, detection, and intervention strategies.

(f) On and after January 1, 2003, a minimum of a two semester or three quarter unit survey course in psychological testing. This course may be taken either in fulfillment of other requirements for licensure or in a separate course.

(g) On and after January 1, 2003, a minimum of a two semester or three quarter unit survey course in psychopharmacology. This course may be taken either in fulfillment of other requirements for licensure or in a separate course.

(h) With respect to human sexuality, alcoholism and other chemical substance dependency, spousal or partner abuse assessment, detection, and intervention, psychological testing, and psychopharmacology, the board may accept training or coursework acquired out of state.

(Added by Stats.1986, c. 1365, § 4. Amended by Stats.1987, c. 738, § 10; Stats.1996, c. 739 (A.B.3073), § 2; Stats.1998, c. 879 (S.B.2238), § 5; Stats.2000, c. 836 (S.B.1554), § 33; Stats.2001, c. 159 (S.B.662), § 16; Stats.2002, c. 481 (S.B.564), § 6; Stats.2003, c. 874 (S.B.363), § 11.)

§ 4980.90. Persons with education and experience gained outside California; requirements

(a) Experience gained outside of California shall be accepted toward the licensure requirements if it is substantially equivalent to that required by this chapter and if the applicant has gained a minimum of 250 hours of supervised experience in direct counseling within California while registered as an intern with the board.

(b) Education gained outside of California shall be accepted toward the licensure requirements if it is substantially equivalent to the education requirements of this chapter, and if the applicant has completed all of the following:

(1) A two semester or three quarter unit course in California law and professional ethics for marriage, family, and child counselors that shall include areas of study as specified in Section 4980.41.

(2) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 28 and any regulations promulgated thereunder.

(3) A minimum of 10 contact hours of training or coursework in sexuality as specified in Section 25 and any regulations promulgated thereunder.

(4) A minimum of 15 contact hours of training or coursework in alcoholism and other chemical substance dependency as specified by regulation.

(5)(1)[1] Instruction in spousal or partner abuse assessment, detection, and intervention. This instruction may be taken either in fulfillment of other educational requirements for licensure or in a separate course.

(2)[1] On and after January 1, 2004, a minimum of 15 contact hours of coursework or training in spousal or partner abuse assessment, detection, and intervention strategies.

(6) On and after January 1, 2003, a minimum of a two semester or

three quarter unit survey course in psychological testing. This course may be taken either in fulfillment of other requirements for licensure or in a separate course.

(7) On and after January 1, 2003, a minimum of a two semester or three quarter unit survey course in psychopharmacology. This course may be taken either in fulfillment of other requirements for licensure or in a separate course.

(8) With respect to human sexuality, alcoholism and other chemical substance dependency, spousal or partner abuse assessment, detection, and intervention, psychological testing, and psychopharmacology, the board may accept training or coursework acquired out of state.

(c) For purposes of this section, the board may, in its discretion, accept education as substantially equivalent if the applicant has been granted a degree in a single integrated program primarily designed to train marriage, family, and child counselors and if the applicant's education meets the requirements of Sections 4980.37 and 4980.40. The degree title and number of units in the degree program need not be identical to those required by subdivision (a) of Section 4980.40. If the applicant's degree does not contain the number of units required by subdivision (a) of Section 4980.40, the board may, in its discretion, accept the applicant's education as substantially equivalent if the applicant's degree otherwise complies with this section and the applicant completes the units required by subdivision (a) of Section 4980.40.

(Added by Stats.1986, c. 1365, § 4. Amended by Stats.1987, c. 738, § 11; Stats.1989, c. 772, § 5; Stats.1994, c. 26 (A.B.1807), § 183, eff. March 30, 1994; Stats.1998, c. 879 (S.B.2238), § 6; Stats.2000, c. 836 (S.B.1554), § 34; Stats.2001, c. 159 (S.B.662), § 17; Stats.2002, c. 481 (S.B.564), § 7.)

[1]So in enrolled bill.

§ 4981. Application of article

This article applies to licenses to engage in the business of marriage and family therapy, and does not apply to the licenses provided for in Article 5 (commencing with Section 4986) except that the board shall have all powers provided in this article not inconsistent with this chapter.

(Added by Stats.1986, c. 1365, § 4. Amended by Stats.2002, c. 1013 (S.B.2026), § 34.)

Article 2 DENIAL, SUSPENSION AND REVOCATION

§ 4982. Unprofessional conduct

The board may refuse to issue any registration or license, or may suspend or revoke the license or registration of any registrant or licensee if the applicant, licensee, or registrant has been guilty of unprofessional conduct. Unprofessional conduct shall include, but not be limited to:

(a) The conviction of a crime substantially related to the qualifications, functions, or duties of a licensee or registrant under this chapter. The record of conviction shall be conclusive evidence only of the fact that the conviction occurred. The board may inquire into the circumstances surrounding the commission of the crime in order to fix the degree of discipline or to determine if the conviction is substantially related to the qualifications, functions, or duties of a licensee or registrant under this chapter. A plea or verdict of guilty or a conviction following a plea of nolo contendere made to a charge substantially related to the qualifications, functions, or duties of a licensee or registrant under this chapter shall be deemed to be a conviction within the meaning of this section. The board may order any license or registration suspended or revoked, or may decline to issue a license or registration when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal, or, when an order granting probation is made suspending the imposition of sentence, irrespective of a subsequent order under Section 1203.4 of the Penal Code allowing the person to withdraw a plea of guilty and enter a plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation, information, or indictment.

(b) Securing a license or registration by fraud, deceit, or misrepresentation on any application for licensure or registration submitted to the board, whether engaged in by an applicant for a license or registration, or by a licensee in support of any application for licensure or registration.

(c) Administering to himself or herself any controlled substance or using of any of the dangerous drugs specified in Section 4022, or of any alcoholic beverage to the extent, or in a manner, as to be dangerous or injurious to the person applying for a registration or license or holding a registration or license under this chapter, or to any other person, or to the public, or, to the extent that the use impairs the ability of the person applying for or holding a registration or license to conduct with safety to the public the practice authorized by the registration or license, or the conviction of more than one misdemeanor or any felony involving the use, consumption, or self–administration of any of the substances referred to in this subdivision, or any combination thereof. The board shall deny an application for a registration or license or revoke the license or registration of any person, other than one who is licensed as a physician and surgeon, who uses or offers to use drugs in the course of performing marriage and family therapy services.

(d) Gross negligence or incompetence in the performance of marriage and family therapy.

(e) Violating, attempting to violate, or conspiring to violate any of the provisions of this chapter or any regulation adopted by the board.

(f) Misrepresentation as to the type or status of a license or registration held by the person, or otherwise misrepresenting or permitting misrepresentation of his or her education, professional qualifications, or professional affiliations to any person or entity.

(g) Impersonation of another by any licensee, registrant, or applicant for a license or registration, or, in the case of a licensee, allowing any other person to use his or her license or registration.

(h) Aiding or abetting, or employing, directly or indirectly, any unlicensed or unregistered person to engage in conduct for which a license or registration is required under this chapter.

(i) Intentionally or recklessly causing physical or emotional harm to any client.

(j) The commission of any dishonest, corrupt, or fraudulent act substantially related to the qualifications, functions, or duties of a licensee or registrant.

(k) Engaging in sexual relations with a client, or a former client within two years following termination of therapy, soliciting sexual relations with a client, or committing an act of sexual abuse, or sexual misconduct with a client, or committing an act punishable as a sexually related crime, if that act or solicitation is substantially related to the qualifications, functions, or duties of a marriage and family therapist.

(*l*) Performing, or holding oneself out as being able to perform, or offering to perform, or permitting any trainee or registered intern under supervision to perform, any professional services beyond the scope of the license authorized by this chapter.

(m) Failure to maintain confidentiality, except as otherwise required or permitted by law, of all information that has been received from a client in confidence during the course of treatment and all information about the client which is obtained from tests or other means.

(n) Prior to the commencement of treatment, failing to disclose to the client or prospective client the fee to be charged for the professional services, or the basis upon which that fee will be computed.

(*o*) Paying, accepting, or soliciting any consideration, compensation, or remuneration, whether monetary or otherwise, for the referral of professional clients. All consideration, compensation, or remuneration shall be in relation to professional counseling

services actually provided by the licensee. Nothing in this subdivision shall prevent collaboration among two or more licensees in a case or cases. However, no fee shall be charged for that collaboration, except when disclosure of the fee has been made in compliance with subdivision (n).

(p) Advertising in a manner that is false, misleading, or deceptive.

(q) Reproduction or description in public, or in any publication subject to general public distribution, of any psychological test or other assessment device, the value of which depends in whole or in part on the naivete of the subject, in ways that might invalidate the test or device.

(r) Any conduct in the supervision of any registered intern or * * * trainee by any licensee that violates this chapter or any rules or regulations adopted by the board.

(s) Performing or holding oneself out as being able to perform professional services beyond the scope of one's competence, as established by one's education, training, or experience. This subdivision shall not be construed to expand the scope of the license authorized by this chapter.

(t) Permitting a * * * trainee or registered intern under one's supervision or control to perform, or permitting the * * * trainee or registered intern to hold himself or herself out as competent to perform, professional services beyond the * * * trainee's or registered intern's level of education, training, or experience.

(u) The violation of any statute or regulation governing the gaining and supervision of experience required by this chapter.

(v) Failure to keep records consistent with sound clinical judgment, the standards of the profession, and the nature of the services being rendered.

(Added by Stats.1986, c. 1365, § 4. Amended by Stats.1987, c. 738, § 12; Stats.1989, c. 772, § 6; Stats.1992, c. 890 (S.B.1394), § 4; Stats.1993, c. 1054 (A.B.1885), § 13; Stats.1999, c. 657 (A.B.1677), § 3; Stats.2000, c. 135 (A.B.2539), § 4; Stats.2001, c. 435 (S.B.349), § 16; Stats.2002, c. 1013 (S.B.2026), § 35; Stats.2003, c. 607 (S.B.1077), § 17.)

§ 4982.05. Limitations period

(a) Except as provided in subdivisions (b), (c), and (e), any accusation filed against a licensee pursuant to Section 11503 of the Government Code shall be filed within three years from the date the board discovers the alleged act or omission that is the basis for disciplinary action, or within seven years from the date the alleged act or omission that is the basis for disciplinary action occurred, whichever occurs first.

(b) An accusation filed against a licensee pursuant to Section 11503 of the Government Code alleging the procurement of a license by fraud or misrepresentation is not subject to the limitations set forth in subdivision (a).

(c) The limitation provided for by subdivision (a) shall be tolled for the length of time required to obtain compliance when a report required to be filed by the licensee or registrant with the board pursuant to Article 11 (commencing with Section 800) of Chapter 1 is not filed in a timely fashion.

(d) If an alleged act or omission involves a minor, the seven–year limitations period provided for by subdivision (a) and the 10–year limitations period provided for by subdivision (e) shall be tolled until the minor reaches the age of majority.

(e) An accusation filed against a licensee pursuant to Section 11503 of the Government Code alleging sexual misconduct shall be filed within three years after the board discovers the act or omission alleged as the ground for disciplinary action, or within 10 years after the act or omission alleged as the grounds for disciplinary action occurs, whichever occurs first. This subdivision shall apply to a complaint alleging sexual misconduct received by the board on and after January 1, 2002.

(f) The limitations period provided by subdivision (a) shall be tolled during any period if material evidence necessary for prosecuting or determining whether a disciplinary action would be appropriate is unavailable to the board due to an ongoing criminal investigation.

(Added by Stats.1999, c. 459 (S.B.809), § 2. Amended by Stats.2001, c. 617 (A.B.1616), § 4; Stats.2002, c. 664 (A.B.3034), § 9.)

§ 4982.1. Mental illness or chemical dependency; grounds for refusal to license or register

The board may refuse to issue any registration or license whenever it appears that an applicant may be unable to practice his or her profession safely due to mental illness or chemical dependency. The procedures set forth in Article 12.5 (commencing with Section 820) of Chapter 1 shall apply to any denial of a license or registration pursuant to this section.

(Added by Stats.1992, c. 384 (S.B.1773), § 4.)

§ 4982.15. Placing of license or registration on probation; circumstances

(a) The board may place a license or registration on probation under the following circumstances:

(1) In lieu of, or in addition to, any order of the board suspending or revoking the license or registration of any licensee or intern.

(2) Upon the issuance of a license to an individual who has been guilty of unprofessional conduct, but who had otherwise completed all education and training and experience required for licensure.

(3) As a condition upon the reissuance or reinstatement of any license that has been suspended or revoked by the board.

(b) The board may adopt regulations establishing a monitoring program to ensure compliance with any terms or conditions of probation imposed by the board pursuant to subdivision (a). The cost of probation or monitoring may be ordered to be paid by the licensee, registrant, or applicant.

(c) The board, in its discretion, may require any licensee or registrant who has been placed on probation, or whose license or registration has been suspended, to obtain additional professional training, and to pass an examination upon completion of that training, and to pay any necessary examination fee. The examination may be written, oral, or a practical or clinical examination.

(Formerly § 4982.2, added by Stats.1986, c. 1365, § 4. Renumbered § 4982.15 and amended by Stats.1994, c. 26 (A.B.1807), § 184, eff. March 30, 1994.)

§ 4982.2. Petition for reinstatement or modification of penalty; notice; content; hearing

(a) A licensed marriage and family therapist, licensed clinical social worker, or educational psychologist whose license has been revoked or suspended or who has been placed on probation may petition the board for reinstatement or modification of penalty, including modification or termination of probation, after a period not less than the following minimum periods has elapsed from the effective date of the decision ordering the disciplinary action, or if the order of the board, or any portion of it, is stayed by the board itself, or by the superior court, from the date the disciplinary action is actually implemented in its entirety:

(1) At least three years for reinstatement of a license that was revoked for unprofessional conduct, except that the board may, in its sole discretion at the time of adoption, specify in its order that a petition for reinstatement may be filed after two years.

(2) At least two years for early termination of any probation period of three years, or more.

(3) At least one year for modification of a condition, or reinstatement of a license revoked for mental or physical illness, or termination of probation of less than three years.

(b) The petition may be heard by the board itself, or the board may assign the petition to an administrative law judge pursuant to Section 11512 of the Government Code. The board shall give notice to the Attorney General of the filing of the petition. The petitioner and the Attorney General shall be given timely notice by letter of the time and place of the hearing on the petition, and an opportunity to present both

oral and documentary evidence and argument to the board. The petitioner shall at all times have the burden of production and proof to establish by clear and convincing evidence that he or she is entitled to the relief sought in the petition. The board, when it is hearing the petition itself, or an administrative law judge sitting for the board, may consider all activities of the petitioner since the disciplinary action was taken, the offense for which the petitioner was disciplined, the petitioner's activities during the time his or her license was in good standing, and the petitioner's rehabilitative efforts, general reputation for truth, and professional ability.

(c) The hearing may be continued from time to time as the board or the administrative law judge deems appropriate.

(d) The board itself, or the administrative law judge if one is designated by the board, shall hear the petition and shall prepare a written decision setting forth the reasons supporting the decision. In a decision granting a petition reinstating a license or modifying a penalty, the board itself, or the administrative law judge may impose any terms and conditions that the agency deems reasonably appropriate, including those set forth in Sections 823 and 4982.15. Where a petition is heard by an administrative law judge sitting alone, the administrative law judge shall prepare a proposed decision and submit it to the board.

(e) The board may take action with respect to the proposed decision and petition as it deems appropriate.

(f) The petition shall be on a form provided by the board, and shall state any facts and information as may be required by the board including, but not limited to, proof of compliance with the terms and conditions of the underlying disciplinary order.

(g) The petitioner shall pay a fingerprinting fee and provide a current set of his or her fingerprints to the board. The petitioner shall execute a form authorizing release to the board or its designee, of all information concerning the petitioner's current physical and mental condition. Information provided to the board pursuant to the release shall be confidential and shall not be subject to discovery or subpoena in any other proceeding, and shall not be admissible in any action, other than before the board, to determine the petitioner's fitness to practice as required by Section 822.

(h) The petition shall be verified by the petitioner, who shall file an original and sufficient copies of the petition, together with any supporting documents, for the members of the board, the administrative law judge, and the Attorney General.

(i) The board may delegate to its executive officer authority to order investigation of the contents of the petition, but in no case, may the hearing on the petition be delayed more than 180 days from its filing without the consent of the petitioner.

(j) The petitioner may request that the board schedule the hearing on the petition for a board meeting at a specific city where the board regularly meets.

(k) No petition shall be considered while the petitioner is under sentence for any criminal offense, including any period during which the petitioner is on court–imposed probation or parole, or * * * the petitioner is required to register pursuant to Section 290 of the Penal Code. No petition shall be considered while there is an accusation or petition to revoke probation pending against the petitioner.

(*l*) Except in those cases where the petitioner has been disciplined for violation of Section 822, the board may in its discretion deny without hearing or argument any petition that is filed pursuant to this section within a period of two years from the effective date of a prior decision following a hearing under this section.

(Added by Stats.1994, c. 26 (A.B.1807), § 185, eff. March 30, 1994. Amended by Stats.2002, c. 1013 (S.B.2026), § 36; Stats.2003, c. 607 (S.B.1077), § 18.)

§ 4982.25. Denial of application or suspension or revocation of license or registration; grounds

The board may deny any application, or may suspend or revoke any license or registration issued under this chapter, for any of the following:

(a) Denial of licensure, revocation, suspension, restriction, or any other disciplinary action imposed by another state or territory or possession of the United States, or by any other governmental agency, on a license, certificate, or registration to practice marriage and family therapy, or any other healing art, shall constitute unprofessional conduct. A certified copy of the disciplinary action decision or judgment shall be conclusive evidence of that action.

(b) Revocation, suspension, or restriction by the board of a license, certificate, or registration to practice as a clinical social worker or educational psychologist shall also constitute grounds for disciplinary action for unprofessional conduct against the licensee or registrant under this chapter.

(Added by Stats.1986, c. 1365, § 4. Amended by Stats.1987, c. 738, § 13; Stats.1992, c. 384 (S.B.1773), § 5; Stats.1998, c. 879 (S.B.2238), § 7; Stats.2002, c. 1013 (S.B.2026), § 37.)

§ 4982.26. Decision containing finding that licensee or registrant engaged in sexual contact with patient or former patient; order of revocation

Notwithstanding Section 4982, any proposed decision or decision issued under this chapter in accordance with the procedures set forth in Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, that contains any finding of fact that the licensee or registrant engaged in any act of sexual contact, as defined in Section 729, when that act is with a patient, or with a former patient when the relationship was terminated primarily for the purpose of engaging in that act, shall contain an order of revocation. The revocation shall not be stayed by the administrative law judge.

(Added by Stats.1994, c. 1274 (S.B.2039), § 32.)

§ 4982.3. Procedure

The proceedings conducted under this article shall be held in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.

(Added by Stats.1986, c. 1365, § 4.)

Article 3 PENALTIES

§ 4983. Violation; misdemeanor; punishment

Any person who violates any of the provisions of this chapter is guilty of a misdemeanor punishable by imprisonment in the county jail not exceeding six months, or by a fine not exceeding two thousand five hundred dollars ($2,500), or by both.

(Added by Stats.1986, c. 1365, § 4.)

§ 4983.1. Injunction

In addition to other proceedings provided for in this chapter, whenever any person has engaged, or is about to engage, in any acts or practices which constitute, or will constitute, an offense against this chapter, the superior court in and for the county wherein the acts or practices take place, or are about to take place, may issue an injunction, or other appropriate order, restraining such conduct on application of the board, the Attorney General, or the district attorney of the county.

The proceedings under this section shall be governed by Chapter 3 (commencing with Section 525) of Title 7 of Part 2 of the Code of Civil Procedure.

(Added by Stats.1986, c. 1365, § 4.)

Article 4 REVENUE

§ 4984. Expiration of licenses; renewal of unexpired licenses

(a) Licenses issued under this chapter shall expire no more than 24 months after the issue date. The expiration date of the original license shall be set by the board.

(b) To renew an unexpired license, the licensee, on or before the expiration date of the license, shall do all of the following:

(1) Apply for a renewal on a form prescribed by the board.

(2) Pay a two–year renewal fee prescribed by the board.

(3) Certify compliance with the continuing education requirements set forth in Section 4980.54.

(4) Notify the board whether he or she has been convicted, as defined in Section 490, of a misdemeanor or felony, or whether any disciplinary action has been taken by any regulatory or licensing board in this or any other state, subsequent to the licensee's last renewal.

(Added by Stats.1986, c. 1365, § 4. Amended by Stats.2000, c. 836 (S.B.1554), § 35.)

§ 4984.1. Renewal of expired licenses

A license that has expired may be renewed at any time within five years after its expiration on filing an application for renewal on a form prescribed by the board and payment of the renewal fee in effect on the last regular renewal date. If the license is renewed after its expiration, the licensee, as a condition precedent to renewal, shall also pay the delinquency fee prescribed by this chapter.

(Added by Stats.1986, c. 1365, § 4. Amended by Stats.1998, c. 879 (S.B.2238), § 8.)

§ 4984.2. Renewal of suspended license; effect of renewal

A suspended license is subject to expiration and shall be renewed as provided in this article, but such renewal does not entitle the licensee, while it remains suspended and until it is reinstated, to engage in the activity to which the license relates, or in any other activity or conduct in violation of the order or judgment by which it was suspended.

(Added by Stats.1986, c. 1365, § 4.)

§ 4984.3. Revoked license; reinstatement after expiration

A revoked license is subject to expiration as provided in this article, but it may not be renewed. If it is reinstated after its expiration, the licensee shall, as a condition precedent to its reinstatement, pay a reinstatement fee in an amount equal to the renewal fee in effect on the last regular renewal date before the date on which it is reinstated, plus the delinquency fee, if any, accrued at the time of its revocation.

(Added by Stats.1986, c. 1365, § 4.)

§ 4984.4. Time limit for renewal after expiration; new license

A license that is not renewed within five years after its expiration may not be renewed, restored, reinstated, or reissued thereafter, but the licensee may apply for and obtain a new license if:

(a) No fact, circumstance, or condition exists that, if the license were issued, would justify its revocation or suspension.

(b) He or she pays the fees that would be required if he or she were applying for a license for the first time.

(c) He or she takes and passes the current licensing examinations as specified in subdivision (g) of Section 4980.40.

(Added by Stats.1986, c. 1365, § 4. Amended by Stats.1987, c. 738, § 14; Stats.1998, c. 879 (S.B.2238), § 9; Stats.2003, c. 874 (S.B.363), § 12.)

§ 4984.5. Report and payment of revenue

The board shall report each month to the Controller the amount and source of all revenue received pursuant to this chapter and at the same time pay the entire amount thereof into the State Treasury for credit to the Behavioral Sciences Fund.

(Added by Stats.1986, c. 1365, § 4. Amended by Stats.1996, c. 829 (A.B.3473), § 87.)

§ 4984.6. Board to be appropriated with funds; record; surpluses

(a) The Behavioral Sciences Fund is continuously appropriated, without regard to fiscal years, to the Board of Behavioral Sciences for carrying out and enforcing the provisions of this chapter.

(b) The board shall keep any records as will reasonably ensure that funds expended in the administration of each licensing or registration category shall bear a reasonable relation to the revenue derived from each category, and shall so notify the department no later than May 31 of each year.

(c) Surpluses, if any, may be used in such a way so as to bear a reasonable relation to the revenue derived from each category, and may include, but not be limited to, expenditures for education and research related to each of the licensing or registration categories.

(Added by Stats.1986, c. 1365, § 4. Amended by Stats.1996, c. 829 (A.B.3473), § 88.)

§ 4984.7. Fee schedule

The amount of the fees prescribed by this chapter that relate to licensing of persons to engage in the business of marriage and family therapy is that established by the following schedule:

(a) The fee for applications for examination received on or after January 1, 1987, shall be one hundred dollars ($100).

(b) The fee for issuance of the initial license shall be a maximum of one hundred eighty dollars ($180).

(c) For those persons whose license expires on or after January 1, 1996, the renewal fee shall be a maximum of one hundred eighty dollars ($180).

(d) The delinquency fee shall be ninety dollars ($90). Any person who permits his or her license to become delinquent may have it restored only upon the payment of all fees that he or she would have paid if the license had not become delinquent, plus the payment of any and all outstanding delinquency fees.

(e) For those persons registering as interns on or after January 1, 1996, the registration fee shall be ninety dollars ($90).

(f) For those persons whose registration as an intern expires on or after January 1, 1996, the renewal fee shall be seventy–five dollars ($75).

(g) The written examination fee shall be one hundred dollars ($100). After successfully passing the written examination, each applicant for oral examination shall submit two hundred dollars ($200). Applicants failing to appear for any examination, once having been scheduled, shall forfeit any examination fees paid.

(h) An applicant who fails any written or oral examination may within one year from the notification date of that failure, retake the examination as regularly scheduled without further application upon payment of one hundred dollars ($100) for the written reexamination and two hundred dollars ($200) for the oral reexamination. Thereafter, the applicant shall not be eligible for further examination until he or she files a new application, meets all current requirements, and pays all fees required. Persons failing to appear for the reexamination, once having been scheduled, shall forfeit any reexamination fees paid.

(i) The fee for rescoring a written examination shall be twenty dollars ($20). The fee for appeal of an oral examination shall be one hundred dollars ($100).

(j) The fee for issuance of any replacement registration, license, or certificate shall be twenty dollars ($20).

(k) The fee for issuance of a certificate or letter of good standing shall be twenty–five dollars ($25).

With regard to all license, examination, and other fees, the board shall establish fee amounts at or below the maximum amounts specified in this chapter.

(Added by Stats.1986, c. 1365, § 4. Amended by Stats.1988, c. 1090, § 1; Stats.1990, c. 547 (S.B.2222), § 1; Stats.1995, c. 839 (S.B.26), § 2.5; Stats.1998, c. 879 (S.B.2238), § 10; Stats.2002, c. 1013 (S.B.2026), § 38.)

§ 4984.75. Additional fees

In addition to the fees charged pursuant to Section 4984.7 for the biennial renewal of a license pursuant to Section 4984, the board shall collect an additional fee of ten dollars ($10) at the time of renewal. The board shall transfer this amount to the Controller who shall deposit the funds in the Mental Health Practitioner Education Fund.

(Added by Stats.2003, c. 437 (A.B.938), § 3.)

§ 4984.8. Inactive licenses

A licensed marriage and family therapist may apply to the board to request that his or her license be placed on inactive status. * * * A

licensee who holds an inactive license shall pay a biennial fee of half of the active renewal fee * * * and shall be exempt from continuing education requirements specified in Section 4980.54, but shall otherwise be subject to this chapter and shall not engage in the practice of marriage and family therapy in this state. * * * A licensee on inactive status who has not committed any acts or crimes constituting grounds for denial of licensure * * * may, upon * * * his or her request, have * * * his or her license to practice marriage and family therapy placed on active status. * * * A licensee requesting * * * his or her license to be placed on active status at any time between a renewal cycle shall pay the remaining half of the renewal fee. A licensee requesting to reactivate from an inactive status whose license will expire less than one year from the date of the request shall be required to complete 18 hours of continuing education for license renewal. A licensee requesting to reactivate from an inactive status whose license will expire more than one year from the date of the request shall be required to complete 36 hours of continuing education for license renewal.

(Added by Stats.1998, c. 879 (S.B.2238), § 11. Amended by Stats.2002, c. 1013 (S.B.2026), § 39; Stats.2003, c. 607 (S.B.1077), § 19.)

§ 4984.9. Written notice of name change; licensees or registrants

A licensee or registrant shall give written notice to the board of a name change within 30 days after each change, giving both the old and new names. A copy of the legal document authorizing the name change, such as a court order or marriage certificate, shall be submitted with the notice.

(Added by Stats.1999, c. 655 (S.B.1308), § 85.)

Article 5 LICENSED EDUCATIONAL PSYCHOLOGISTS

§ 4986. Practice by licensees

Persons licensed under this article by the board may practice pursuant to this article.

(Added by Stats.1986, c. 1365, § 4.)

§ 4986.10. Professional functions authorized

(a) A licensed educational psychologist shall be authorized to perform any of the following professional functions pertaining to academic learning processes or the educational system or both:

(1) Educational evaluation, diagnosis, and test interpretation limited to assessment of academic ability, learning patterns, achievement, motivation, and personality factors directly related to academic learning problems.

(2) Counseling services for children or adults for amelioration of academic learning problems.

(3) Educational consultation, research, and direct educational services.

(b) It is unlawful for any person to engage in the practice of educational psychology unless he or she holds a valid, unexpired, and unrevoked license under this article.

(Added by Stats.1986, c. 1365, § 4. Amended by Stats.2000, c. 836 (S.B.1554), § 36.)

§ 4986.20. Qualifications for license

A person who desires a license under this article shall meet all of the following qualifications:

(a) He or she shall possess at least a master's degree in psychology, educational psychology, school psychology, or counseling and guidance, or a degree deemed equivalent by the board under regulations duly adopted under this article. This degree or training shall be obtained from educational institutions approved by the board according to the regulations duly adopted under this article.

(b) He or she shall be at least 18 years of age.

(c) He or she shall not have committed any acts or crimes constituting grounds for denial of licensure under Section 480. The board shall not issue a registration or license to any person who has been convicted of any crime in this or any other state or in a territory of the United States that involves sexual abuse of children or who is required to register pursuant to Section 290 of the Penal Code or the equivalent in another state or territory.

(d) He or she shall have successfully completed 60 semester hours of postgraduate work devoted to pupil personnel services or have experience deemed equivalent by the board in regulations duly adopted under this chapter.

(e) He or she shall furnish proof of three years of full–time experience as a credentialed school psychologist in the public schools or experience which the board deems equivalent. If the applicant provides proof of having completed one year's internship working full time as a school psychologist intern in the public schools in an accredited internship program, one year's experience shall be credited toward this requirement.

(f) He or she shall be examined by the board with respect to the professional functions authorized by this article.

(g) He or she shall have at least one year of supervised professional experience in an accredited school psychology program, or under the direction of a licensed psychologist, or a suitable alternative experience as determined by the board in regulations duly adopted under this chapter.

(Added by Stats.1986, c. 1365, § 4. Amended by Stats.1994, c. 474 (A.B.2956), § 2; Stats.2000, c. 836 (S.B.1554), § 37; Stats.2001, c. 728 (S.B.724), § 39.)

§ 4986.21. Eligibility to take examination; destruction of examination materials; oral examination eligibility if written examination passed

(a) Only individuals who have the qualifications prescribed by the board under this chapter are eligible to take the examination. Every applicant who is issued a license as an educational psychologist shall be examined by the board.

(b) Notwithstanding any other provision of law, the board may destroy all written and oral examination materials two years following the date of the examination.

On or after January 1, 2002, no applicant shall be eligible to participate in an oral examination if his or her passing score on the written examination occurred more than seven years before.

(Added by Stats.2000, c. 836 (S.B.1554), § 38. Amended by Stats.2001, c. 728 (S.B.724), § 40.)

§ 4986.30. Continuing education program

The board may, in its discretion, provide for a continuing education program in connection with the professional functions and courses described in this article.

(Added by Stats.1986, c. 1365, § 4.)

§ 4986.40. Issuance of license

The board shall issue an educational psychologist license to all applicants who meet the requirements of this article and who pay the board the fees required by this chapter.

(Added by Stats.1986, c. 1365, § 4.)

§ 4986.41. Display of license

A licensee shall display his or her license in a conspicuous place in the licensee's primary place of practice.

(Added by Stats.1998, c. 879 (S.B.2238), § 12.)

§ 4986.42. Expiration of licenses; renewal

(a) Licenses issued under this chapter shall expire no later than 24 months after the issue date. The expiration date of the original license shall be set by the board.

(b) To renew an unexpired license, the licensee shall, on or before the expiration date of the license, do the following:

(1) Apply for a renewal on a form prescribed by the board.

(2) Pay a two–year renewal fee prescribed by the board.

(3) Notify the board of whether he or she has been convicted, as

defined in Section 490, of any misdemeanor or felony, or whether any disciplinary action has been taken by any regulatory or licensing board in this or any other state, subsequent to the licensee's last renewal.
(Added by Stats.2000, c. 836 (S.B.1554), § 39.)

§ 4986.43. Renewal of expired licenses; fees

A license that has expired may be renewed at any time within five years after its expiration on filing an application for renewal on a form prescribed by the board and payment of the renewal fee in effect on the last regular renewal date. If the license is renewed after its expiration, the licensee shall, prior to renewal, pay the delinquency fee prescribed by this chapter.
(Added by Stats.2000, c. 836 (S.B.1554), § 40.)

§ 4986.44. Suspended licenses; expiration and renewal

A suspended license is subject to expiration and shall be renewed as provided in this article. A person with a suspended license shall not, until the reinstatement of his or her license, engage in any activity to which the license relates, or any other activity or conduct in violation of the order or judgment by which the license was suspended.
(Added by Stats.2000, c. 836 (S.B.1554), § 41.)

§ 4986.45. Revoked licenses; expiration

A revoked license is subject to expiration as provided in this article and shall not be renewed. Upon reinstatement of a license after its expiration, a licensee shall, prior to reinstatement, pay a reinstatement fee in an amount equal to the renewal fee in effect on the last regular renewal date before the date on which it is reinstated and any delinquency fee which may have accrued.
(Added by Stats.2000, c. 836 (S.B.1554), § 42.)

§ 4986.46. Failure to renew license; application for new license

A license that is not renewed within five years after its expiration may not be renewed, restored, reinstated, or reissued thereafter. A licensee may apply for and obtain a new license if he or she satisfies the following:

(a) No fact, circumstance, or condition exists that, if the license were issued, would justify its revocation or suspension.

(b) He or she pays the fees that would be required if he or she were applying for a license for the first time.

(c) He or she takes and passes the current licensing examination.
(Added by Stats.2000, c. 836 (S.B.1554), § 43.)

§ 4986.47. Written notice of name change

A licensee shall give written notice to the board of a name change within 30 days after each change, providing both the old and new names. A copy of the legal document affecting the name change, such as a court order or marriage certificate, shall be submitted with the notice.
(Added by Stats.2000, c. 836 (S.B.1554), § 44. Amended by Stats.2001, c. 728 (S.B.724), § 41.)

§ 4986.50. Use of title by persons not licensed; prohibition

It is unlawful for any person to use any title or letters which imply that he or she is a licensed educational psychologist unless at the time of so doing he or she holds a valid, unexpired and unrevoked license issued under this article.
(Added by Stats.1986, c. 1365, § 4.)

§ 4986.70. Refusal to issue, or suspension or revocation of license; unprofessional conduct

The board may refuse to issue a license or may suspend or revoke the license of any licensee if he or she has been guilty of unprofessional conduct that has endangered or is likely to endanger the health, welfare, or safety of the public. Unprofessional conduct includes, but is not limited to, the following:

(a) Conviction of a crime substantially related to the qualifications, functions and duties of an educational psychologist, the record of conviction being conclusive evidence thereof.

(b) Securing a license by fraud or deceit.

(c) Using any narcotic as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code or any hypnotic drug or alcoholic beverage to an extent or in a manner dangerous to himself or herself, or to any other person, or to the public and to an extent that the action impairs his or her ability to perform his or her work as a licensed educational psychologist with safety to the public.

(d) Improper advertising.

(e) Violating or conspiring to violate the terms of this article.

(f) Committing a dishonest or fraudulent act as a licensed educational psychologist resulting in substantial injury to another.

(g) Denial of licensure, revocation, suspension, restriction, or any other disciplinary action imposed by another state or territory or possession of the United States, or by any other governmental agency, on a license, certificate, or registration to practice educational psychology or any other healing art, shall constitute unprofessional conduct. A certified copy of the disciplinary action, decision, or judgment shall be conclusive evidence of that action.

(h) Revocation, suspension, or restriction by the board of a license, certificate, or registration to practice as a clinical social worker or marriage and family therapist shall constitute grounds for disciplinary action for unprofessional conduct against the licensee or registrant under this chapter.

(i) Failure to keep records consistent with sound clinical judgment, the standards of the profession, and the nature of the services being rendered.

(j) Gross negligence or incompetence in the performance of licensed educational psychology.
(Added by Stats.1986, c. 1365, § 4. Amended by Stats.1998, c. 879 (S.B.2238), § 13; Stats.1999, c. 657 (A.B.1677), § 4; Stats.2000, c. 836 (S.B.1554), § 46; Stats.2002, c. 1013 (S.B.2026), § 40.)

§ 4986.71. Decision containing finding that licensee engaged in sexual contact with patient or former patient; order of revocation

The board shall revoke any license issued under this chapter upon a decision made in accordance with the procedures set forth in Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, that contains any finding of fact that the licensee engaged in any act of sexual contact, as defined in Section 729, when that act is with a patient, or with a former patient when the relationship was terminated primarily for the purpose of engaging in that act, shall contain an order of revocation. The revocation shall not be stayed by the administrative law judge.
(Added by Stats.1994, c. 1274 (S.B.2039), § 33.)

§ 4986.75. Mental illness or chemical dependency; grounds for refusal to license

The board may refuse to issue any license whenever it appears that an applicant may be unable to practice his or her profession safely due to mental illness or chemical dependency. The procedures set forth in Article 12.5 (commencing with Section 820) of Chapter 1 shall apply to any denial of a license pursuant to this section.
(Added by Stats.1992, c. 384 (S.B.1773), § 6.)

§ 4986.80. Fee schedule

The amount of the fees prescribed by this chapter that relate to the licensing of educational psychologists is that established by the following schedule:

(a) Persons applying for an original license after July 1, 1986, shall pay an application fee of one hundred dollars ($100).

(b) The fee for issuance of the initial license shall be a maximum of one hundred fifty dollars ($150).

(c) Persons whose license expires after January 1, 1991, shall pay a renewal fee of a maximum of one hundred fifty dollars ($150).

(d) The delinquency fee shall be seventy–five dollars ($75). Any person who permits his or her license to become delinquent may have

it restored only upon the payment of all fees that he or she would have paid if the license had not become delinquent, plus the payment of any and all delinquency fees.

(e) The written examination fee shall be one hundred dollars ($100). After successfully passing the written examination, each applicant for oral examination shall submit two hundred dollars ($200). Applicants failing to appear for any examination, once having been scheduled, shall forfeit any examination fees paid.

(f) The fee for each reexamination shall be the fee for each examination specified in subdivision (e). An applicant who has failed the written or oral examination may within one year from the notification date of failure, retake that examination as regularly scheduled without further application. Thereafter, the applicant shall not be eligible for further examination until he or she files a new application, meets all current requirements, and pays all fees required. Persons failing to appear for reexamination, once having been scheduled, shall forfeit any reexamination fees paid.

(g) The fee for rescoring a written examination shall be twenty dollars ($20). The fee for appeal of an oral examination shall be one hundred dollars ($100).

(h) The fee for issuance of any replacement registration, license, or certificate shall be twenty dollars ($20).

(i) The fee for issuance of a certificate or letter of good standing shall be twenty–five dollars ($25).

With regard to all license, examination, and other fees, the board shall establish fee amounts at or below the maximum amounts specified in this chapter.

(Added by Stats.1986, c. 1365, § 4. Amended by Stats.1988, c. 1090, § 3; Stats.1990, c. 547 (S.B.2222), § 2; Stats.1995, c. 839 (S.B.26), § 3; Stats.1998, c. 879 (S.B.2238), § 14.)

§ 4986.81. Violations; misdemeanor

Any person who violates any of the provisions of this article is guilty of a misdemeanor.

(Added by Stats.1986, c. 1365, § 4.)

§ 4986.82. Inactive licenses

A licensed educational psychologist may apply to the board to request that his or her license be placed on inactive status. Licensees who hold an inactive license shall pay a biennial fee of half of the active renewal fee. Licensees shall be subject to this chapter and shall not engage in the practice of educational psychology in this state. Licensees on inactive status who have not committed any acts or crimes constituting grounds for denial of licensure may, upon their request, have their license to practice educational psychology placed on active status. Licensees requesting their license be placed on active status between renewal cycles shall pay the remaining half of their renewal fee.

(Added by Stats.1998, c. 879 (S.B.2238), § 15.)

§ 4986.90. Injunction

In addition to other proceedings provided for in this article, whenever any person has engaged, or is about to engage in any acts or practices which constitute, or will constitute, an offense against this article, the superior court in and for the county wherein the acts or practices take place, or are about to take place, may issue an injunction, or other appropriate order, restraining that conduct on application of the board, the Attorney General, or the district attorney of the county.

The proceedings under this section shall be governed by Chapter 3 (commencing with Section 525) of Title 7 of Part 2 of the Code of Civil Procedure.

(Added by Stats.1986, c. 1365, § 4.)

§ 4987. Rules of professional conduct

The board may, by rules or regulations, adopt, amend or repeal rules of professional conduct appropriate to the establishment and maintenance of a high standard of integrity and dignity in the profession, provided those rules or regulations are not inconsistent with Section 4986.70. Every person licensed under this article shall be governed by those rules of professional conduct.

(Added by Stats.1986, c. 1365, § 4.)

Article 6 MARRIAGE, FAMILY, AND CHILD COUNSELING CORPORATIONS

§ 4987.5. Definition

A marriage and family therapy corporation is a corporation that is authorized to render professional services, as defined in Section 13401 of the Corporations Code, so long as that corporation and its shareholders, officers, directors, and employees rendering professional services who are marriage and family therapists, physicians and surgeons, psychologists, licensed clinical social workers, registered nurses, chiropractors, or acupuncturists are in compliance with the Moscone–Knox Professional Corporation Act (Part 4 (commencing with Section 13400) of Division 3 of Title 1 of the Corporations Code), this article, and any other statute or regulation pertaining to that corporation and the conduct of its affairs. With respect to a marriage and family therapy corporation, the governmental agency referred to in the Moscone–Knox Professional Corporation Act is the Board of Behavioral Sciences.

(Added by Stats.1986, c. 1365, § 4. Amended by Stats.1996, c. 829 (A.B.3473), § 89; Stats.1999, c. 657 (A.B.1677), § 5; Stats.2002, c. 1013 (S.B.2026), § 41.)

§ 4987.6. Unprofessional conduct

It shall constitute unprofessional conduct and a violation of this chapter for any person licensed under this chapter to violate, attempt to violate, directly or indirectly, or assist in or abet the violation of, or conspire to violate, any provision or term of this article, the Moscone–Knox Professional Corporation Act (Part 4 (commencing with Section 13400) of Division 3 of Title 1 of the Corporations Code), or any regulations duly adopted under those laws.

(Added by Stats.1999, c. 657 (A.B.1677), § 7.)

§ 4987.7. Name

The name of a marriage and family therapy corporation shall contain one or more of the words “marriage,” “family,” and “child” together with one or more of the words “counseling,” “counselor,” or “therapist,” and wording or abbreviations denoting corporate existence. A marriage and family therapy corporation that conducts business under a fictitious business name shall not use any name that is false, misleading or deceptive, and shall inform the patient, prior to the commencement of treatment, that the business is conducted by a marriage and family therapy corporation.

(Formerly § 4987.8. Renumbered § 4987.7 and amended by Stats.1999, c. 657 (A.B.1677), § 9. Amended by Stats.2002, c. 1013 (S.B.2026), § 42.)

§ 4987.8. Directors, shareholders, and officers; necessity of license

Except as provided in Section 13403 of the Corporations Code, each director, shareholder, and officer of a marriage and family therapy corporation shall be a licensed person as defined in the Moscone–Knox Professional Corporation Act.

(Formerly § 4987.9, added by Stats.1986, c. 1365, § 4. Amended by Stats.1988, c. 864, § 2. Renumbered § 4987.8 and amended by Stats.1999, c. 657 (A.B.1677), § 10. Amended by Stats.2002, c. 1013 (S.B.2026), § 43.)

§ 4988. Income for professional services not to accrue to disqualified shareholders

The income of a marriage and family therapy corporation attributable to professional services rendered while a shareholder is a disqualified person (as defined in the Moscone–Knox Professional Corporation Act) shall not in any manner accrue to the benefit of that

shareholder or his or her shares in the marriage and family therapy corporation.
(Added by Stats.1986, c. 1365, § 4. Amended by Stats.2002, c. 1013 (S.B.2026), § 44.)

§ 4988.1. Scope of practice

A marriage and family therapy corporation shall not do or fail to do any act the doing of which or the failure to do which would constitute unprofessional conduct under any statute, rule or regulation now or hereafter in effect. In the conduct of its practice, it shall observe and be bound by statutes, rules and regulations to the same extent as a person holding a license as a marriage and family therapist.
(Added by Stats.1986, c. 1365, § 4. Amended by Stats.1999, c. 657 (A.B.1677), § 11; Stats.2002, c. 1013 (S.B.2026), § 45.)

§ 4988.2. Rules and regulations

The board may formulate and enforce rules and regulations to carry out the purposes and objectives of this article, including rules and regulations requiring (a) that the articles of incorporation or bylaws of a marriage and family therapy corporation shall include a provision whereby the capital stock of the corporation owned by a disqualified person (as defined in the Moscone–Knox Professional Corporation Act), or a deceased person, shall be sold to the corporation or to the remaining shareholders of the corporation within the time that rules and regulations may provide, and (b) that a marriage and family therapy corporation shall provide adequate security by insurance or otherwise for claims against it by its patients arising out of the rendering of professional services.
(Added by Stats.1986, c. 1365, § 4. Amended by Stats.1999, c. 657 (A.B.1677), § 12; Stats.2002, c. 1013 (S.B.2026), § 46.)

Article 7 REVIEW

§ 4989. Powers and duties of board; date of review

The powers and duties of the board, as set forth in this chapter, shall be subject to the review required by Division 1.2 (commencing with Section 473). The review shall be performed as if this chapter were scheduled to become inoperative on July 1, 2005, and would be repealed as of January 1, 2006, as described in Section 473.1.
(Added by Stats.1994, c. 908 (S.B.2036), § 37. Amended by Stats.1998, c. 589 (S.B.1983), § 11.)

BUSINESS AND PROFESSIONS CODE — SOCIAL WORKERS

Chapter 14 SOCIAL WORKERS

Article 4 CLINICAL SOCIAL WORKERS

§ 4996. Necessity of license; unauthorized representation as licensee; misdemeanor; status as health care practitioner

(a) Only individuals who have received a license under this article may style themselves as "Licensed Clinical Social Workers." Every individual who styles himself or herself or who holds himself or herself out to be a licensed clinical social worker, or who uses any words or symbols indicating or tending to indicate that he or she is a licensed clinical social worker, without holding his or her license in good standing under this article, is guilty of a misdemeanor.

(b) It is unlawful for any person to engage in the practice of clinical social work unless at the time of so doing such person holds a valid, unexpired, and unrevoked license under this article.

(c) A clinical social worker licensed under this chapter is a licentiate for purposes of paragraph (2) of subdivision (a) of Section 805, and thus is a health care practitioner subject to the provisions of Section 2290.5 pursuant to subdivision (b) of that section.
(Added by Stats.1985, c. 820, § 1. Amended by Stats.2003, c. 20 (A.B.116), § 5.)

§ 4996.1. Issuance of license

The board shall issue a * * * clinical social worker license to each applicant who qualifies * * * pursuant to this article and successfully passes a board administered written or oral examination or both examinations. An applicant who has successfully passed a previously administered written examination may be subsequently required to take and pass another written examination.
(Added by Stats.1985, c. 820, § 1. Amended by Stats.2003, c. 874 (S.B.363), § 13.)

§ 4996.2. Qualifications for license

Each applicant shall furnish evidence satisfactory to the board that he or she complies with all of the following requirements:

(a) Is at least 21 years of age.

(b) Has received a master's degree from an accredited school of social work.

(c) Has had two years of supervised post–master's degree experience, as specified in Section 4996.20, 4996.21, or 4996.23.

(d) Has not committed any crimes or acts constituting grounds for denial of licensure under Section 480. The board shall not issue a registration or license to any person who has been convicted of any crime in this or another state or in a territory of the United States that involves sexual abuse of children or who is required to register pursuant to Section 290 of the Penal Code or the equivalent in another state or territory.

(e) Has completed adequate instruction and training in the subject of alcoholism and other chemical substance dependency. This requirement applies only to applicants who matriculate on or after January 1, 1986.

(f) Has completed instruction and training in spousal or partner abuse assessment, detection, and intervention. This requirement applies to an applicant who began graduate training during the period commencing on January 1, 1995, and ending on December 31, 2003. An applicant who began graduate training on or after January 1, 2004, shall complete a minimum of 15 contact hours of coursework in spousal or partner abuse assessment, detection, and intervention strategies, including knowledge of community resources, cultural factors, and same gender abuse dynamics. Coursework required under this subdivision may be satisfactory if taken either in fulfillment of other educational requirements for licensure or in a separate course. This requirement for coursework shall be satisfied by, and the board shall accept in satisfaction of the requirement, a certification from the chief academic officer of the educational institution from which the applicant graduated that the required coursework is included within the institution's required curriculum for graduation.

(g) Has completed a minimum of 10 contact hours of training or coursework in human sexuality as specified in Section 1807 of Title 16 of the California Code of Regulations. This training or coursework may be satisfactory if taken either in fulfillment of other educational requirements for licensure or in a separate course.

(h) Has completed a minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 1807.2 of Title 16 of the California Code of Regulations. This training or coursework may be satisfactory if taken either in

fulfillment of other educational requirements for licensure or in a separate course.
(Added by Stats.1985, c. 820, § 1. Amended by Stats.1988, c. 1091, § 3; Stats.1993, c. 1234 (A.B.890), § 10; Stats.1994, c. 474 (A.B.2956), § 4; Stats.2001, c. 728 (S.B.724), § 45; Stats.2002, c. 481 (S.B.564), § 8.)

§ 4996.3. Application and examination fees; deposit

(a) Each application for written examination received on or after January 1, 1999, shall be accompanied by an application fee of one hundred dollars ($100) and a fee of up to one hundred fifty dollars ($150), including the examination fee and related administrative costs for the written examination. After successfully passing the written examination, each applicant shall submit two hundred dollars ($200) for the oral examination. Applicants failing to appear for any examination, once having been scheduled, shall forfeit any examination fees paid.

(b) The fee for rescoring a written examination shall be twenty dollars ($20). The fee for an appeal of an oral examination shall be one hundred dollars ($100).

(c) The fee for issuance of the initial license shall be a maximum of one hundred fifty–five dollars ($155).

(d) With regard to all license, examination, and other fees, the board shall establish fee amounts at or below the maximum amounts specified in this chapter.
(Added by Stats.1985, c. 820, § 1.2. Amended by Stats.1987, c. 826, § 5; Stats.1988, c. 1090, § 4; Stats.1990, c. 547 (S.B.2222), § 3; Stats.1995, c. 839 (S.B.26), § 4.5; Stats.1996, c. 829 (A.B.3473), § 95; Stats.1998, c. 879 (S.B.2238), § 17.)

§ 4996.4. Fee for reexamination

Notwithstanding Section 4996.3, an applicant who has failed the written examination may apply for reexamination upon payment of the fee of up to one hundred fifty dollars ($150) including the examination fee and related administrative costs and an applicant who has failed the oral examination may apply for reexamination upon payment of the fee of two hundred dollars ($200). An applicant who fails any written or oral examination may within one year from the notification date of failure, retake that examination as regularly scheduled, without further application, upon payment of the required examination fees. Thereafter, the applicant shall not be eligible for further examination until he or she files a new application, meets all current requirements, and pays all fees required. Applicants failing to appear for reexamination, once having been scheduled, shall forfeit any reexamination fees paid.
(Added by Stats.1985, c. 820, § 1.4. Amended by Stats.1987, c. 826, § 6; Stats.1990, c. 547 (S.B.2222), § 4; Stats.1995, c. 839 (S.B.26), § 5; Stats.1998, c. 879 (S.B.2238), § 18.)

§ 4996.5. Scope, form and content of license

The board shall issue a license to each applicant meeting the requirements of this article, which license, so long as the annual renewal fees have been paid, licenses the holder to engage in the practice of clinical social work as defined in Section 4996.9, entitles the holder to use the title of licensed clinical social worker, and authorizes the holder to hold himself or herself out as qualified to perform any of the functions delineated by this chapter. The form and content of the license shall be determined by the director in accordance with Section 164.
(Added by Stats.1985, c. 820, § 1.)

§ 4996.6. Fees; renewal; delinquency; replacement registration, license, or certificate; certificate or letter of good standing

(a) The renewal fee for licenses that expire on or after January 1, 1996, shall be a maximum of one hundred fifty–five dollars ($155) and shall be collected on a biennial basis by the board in accordance with Section 152.6. The fees shall be deposited in the State Treasury to the credit of the Behavioral Sciences Fund.

(b) Licenses issued under this chapter shall expire no more than 24 months after the issue date. The expiration date of the original license shall be set by the board.

(c) To renew an unexpired license, the licensee shall, on or before the expiration date of the license, do the following:

(1) Apply for a renewal on a form prescribed by the board.

(2) Pay a two–year renewal fee prescribed by the board.

(3) Certify compliance with the continuing education requirements set forth in Section 4996.22.

(4) Notify the board whether he or she has been convicted, as defined in Section 490, of a misdemeanor or felony, or whether any disciplinary action has been taken by any regulatory or licensing board in this or any other state, subsequent to the licensee's last renewal.

(d) If the license is renewed after its expiration, the licensee shall, as a condition precedent to renewal, also pay a delinquency fee of seventy–five dollars ($75).

(e) Any person who permits his or her license to become delinquent may have it restored at any time within five years after its expiration upon the payment of all fees that he or she would have paid if the license had not become delinquent, plus the payment of all delinquency fees.

(f) A license that is not renewed within five years after its expiration may not be renewed, restored, reinstated, or reissued thereafter; however, the licensee may apply for and obtain a new license if:

(1) No fact, circumstance, or condition exists that, if the license were issued, would justify its revocation or suspension.

(2) He or she pays the fees that would be required if he or she were applying for a license for the first time.

(3) He or she takes and passes the current licensing examinations as specified in Section 4996.1.

(g) The fee for issuance of any replacement registration, license, or certificate shall be twenty dollars ($20).

(h) The fee for issuance of a certificate or letter of good standing shall be twenty–five dollars ($25).
(Added by Stats.1985, c. 820, § 1.6. Amended by Stats.1987, c. 826, § 7; Stats.1988, c. 1090, § 5; Stats.1990, c. 547 (S.B.2222), § 5; Stats.1995, c. 839 (S.B.26), § 6; Stats.1996, c. 829 (A.B.3473), § 96; Stats.1998, c. 879 (S.B.2238), § 19; Stats.2000, c. 836 (S.B.1554), § 48; Stats.2001, c. 159 (S.B.662), § 18; Stats.2003, c. 874 (S.B.363), § 14.)

§ 4996.65. Additional fees

In addition to the fees charged pursuant to Section 4996.6 for the biennial renewal of a license, the board shall collect an additional fee of ten dollars ($10) at the time of renewal. The board shall transfer this amount to the Controller who shall deposit the funds in the Mental Health Practitioner Education Fund.
(Added by Stats.2003, c. 437 (A.B.938), § 4.)

§ 4996.7. Display of license

A licensee shall display his or her license in a conspicuous place in the licensee's primary place of practice.
(Added by Stats.1985, c. 820, § 1. Amended by Stats.1998, c. 879 (S.B.2238), § 20.)

§ 4996.8. Display of current renewal receipt

The current renewal receipt shall be displayed near the license.
(Added by Stats.1985, c. 820, § 1. Amended by Stats.1999, c. 655 (S.B.1308), § 88.)

§ 4996.9. Clinical social work and psychotherapy defined

The practice of clinical social work is defined as a service in which a special knowledge of social resources, human capabilities, and the part that unconscious motivation plays in determining behavior, is directed at helping people to achieve more adequate, satisfying, and productive social adjustments. The application of social work principles and methods includes, but is not restricted to, counseling and using applied psychotherapy of a nonmedical nature with

individuals, families, or groups; providing information and referral services; providing or arranging for the provision of social services; explaining or interpreting the psychosocial aspects in the situations of individuals, families, or groups; helping communities to organize, to provide, or to improve social or health services; or doing research related to social work.

Psychotherapy, within the meaning of this chapter, is the use of psychosocial methods within a professional relationship, to assist the person or persons to achieve a better psychosocial adaptation, to acquire greater human realization of psychosocial potential and adaptation, to modify internal and external conditions which affect individuals, groups, or communities in respect to behavior, emotions, and thinking, in respect to their intrapersonal and interpersonal processes.

(Added by Stats.1985, c. 820, § 1.)

§ 4996.10. Application of article only to clinical social workers

The provisions of this article shall be construed only as provisions relating to the examination and licensing of clinical social workers.

(Added by Stats.1985, c. 820, § 1.)

§ 4996.11. Suspension or revocation of license; grounds; conduct of proceedings

The board may suspend or revoke the license of any person who is guilty on the grounds set forth in Section 4992.3. The proceedings for the suspension or revocation of licenses under this article shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, and the board shall have all the powers granted in that chapter.

(Added by Stats.1985, c. 820, § 1.)

§ 4996.12. Violations; penalties

Any person who violates this chapter shall be guilty of a misdemeanor punishable by imprisonment in the county jail not exceeding a period of six months, or by a fine not exceeding one thousand dollars ($1,000), or by both.

(Added by Stats.1985, c. 820, § 1.)

§ 4996.13. Other professional groups; work of psychosocial nature; impermissible representations

Nothing in this article shall prevent qualified members of other professional groups from doing work of a psychosocial nature consistent with the standards and ethics of their respective professions. However, they shall not hold themselves out to the public by any title or description of services incorporating the words psychosocial, or clinical social worker, or that they shall not state or imply that they are licensed to practice clinical social work. These qualified members of other professional groups include, but are not limited to, the following:

(a) A physician and surgeon certified pursuant to Chapter 5 (commencing with Section 2000).

(b) A psychologist licensed pursuant to Chapter 6.6 (commencing with Section 2900).

(c) Members of the State Bar of California.

(d) Marriage and family therapists licensed pursuant to Chapter 13 (commencing with Section 4980).

(e) A priest, rabbi, or minister of the gospel of any religious denomination.

(Added by Stats.1985, c. 820, § 1. Amended by Stats.2002, c. 1013 (S.B.2026), § 49.)

§ 4996.14. Employees of certain organizations; activities of psychosocial nature or use of official title of position

Nothing in this chapter shall restrict or prevent activities of a psychosocial nature or the use of the official title of the position for which they are employed on the part of the following persons, if those persons are performing those activities as part of the duties for which they are employed or solely within the confines or under the jurisdiction of the organization in which they are employed. However, they shall not offer to render clinical social work services, as defined in Section 4996.9, to the public for a fee, monetary or otherwise, over and above the salary they receive for the performance of their official duties with the organization in which they are employed.

(a) Persons employed by the United States Department of Health and Human Services.

(b) Persons employed in family or children services agencies.

(c) Individuals employed in proprietary or nonproprietary private psychiatric clinics.

(d) Individuals employed in accredited colleges, junior colleges, or universities.

(e) Individuals employed in federal, state, county or municipal governmental organizations, or nonprofit organizations which are engaged in research, education, and services which services are defined by a board composed of community representatives and professionals.

(f) Persons utilizing hypnotic techniques by referral from persons licensed to practice medicine, dentistry, or psychology, or persons utilizing hypnotic techniques which offer avocational or vocational self–improvement and do not offer therapy for emotional or mental disorders.

(Added by Stats.1985, c. 820, § 1.)

§ 4996.15. Performance of psychosocial work by persons in academic institutions, government agencies or nonprofit organizations; social work intern

Nothing in this article shall restrict or prevent activities of a psychosocial nature on the part of persons employed by accredited academic institutions, public schools, government agencies, or nonprofit institutions engaged in the training of graduate students or social work interns pursuing the course of study leading to a master's degree in social work in an accredited college or university, or working in a recognized training program, provided that these activities and services constitute a part of a supervised course of study and that those persons are designated by such titles as social work interns, social work trainees, or other titles clearly indicating the training status appropriate to their level of training. The term "social work intern," however, shall be reserved for persons enrolled in a master's or doctoral training program in social work in an accredited school or department of social work.

(Added by Stats.1985, c. 820, § 1.)

§ 4996.16. Persons from out of state; application of chapter

Nothing in this chapter shall apply to any clinical social worker from outside this state, when in actual consultation with a licensed practitioner of this state, or when an invited guest of a professional association, or of an educational institution for the sole purpose of engaging in professional education through lectures, clinics, or demonstrations, if he or she is at the time of the consultation, lecture, or demonstration licensed to practice clinical social work in the state or country in which he or she resides. These clinical social workers shall not open an office or appoint a place to meet clients or receive calls from clients within the limits of this state.

(Added by Stats.1994, c. 26 (A.B.1807), § 187, eff. March 30, 1994.)

§ 4996.17. Experience gained outside California; use towards licensing requirements

(a) Experience gained outside of California shall be accepted toward the licensure requirements if it is substantially the equivalent of the requirements of this chapter. The board may issue a license to any person who, at the time of application, has held a valid license, issued by a board of clinical social work examiners or corresponding authority of any state, for two years if the education and supervised experience requirements are substantially the equivalent of this chapter and the person successfully completes the * * * <u>board administered</u> licensing examinations * * * <u>as specified in Section</u>

4996.1 and pays the required fees. Issuance of the license is conditioned upon the person's completion of the following coursework and training:

(1) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 28, and any regulations promulgated thereunder.

(2) A minimum of 10 contact hours of training or coursework in human sexuality as specified in Section 25, and any regulations promulgated thereunder.

(3) A minimum of 15 contact hours of training or coursework in alcoholism and other chemical substance dependency, as specified by regulation.

(4)(A) Instruction in spousal or partner abuse assessment, detection, and intervention. This instruction may be taken either in fulfillment of other requirements for licensure or in a separate course.

(B) On and after January 1, 2004, a minimum of 15 contact hours of coursework or training in spousal or partner abuse assessment, detection, and intervention strategies.

(5) With respect to paragraphs (2), (3), and (4), the board may accept training or coursework acquired out of state.

(b) A person who qualifies for licensure based on experience gained outside California may apply for and receive an associate registration to practice clinical social work.

(Added by Stats.1994, c. 26 (A.B.1807), § 188, eff. March 30, 1994. Amended by Stats.2000, c. 836 (S.B.1554), § 49; Stats.2002, c. 481 (S.B.564), § 9; Stats.2003, c. 874 (S.B.363), § 15.)

§ 4996.18. Associate clinical social worker; registration; application; expiration and renewal; employment; notification of employment or termination; supervision; credit

(a) Any person who wishes to be credited with experience toward licensure requirements shall register with the board as an associate clinical social worker prior to obtaining that experience. The application shall be made on a form prescribed by the board and shall be accompanied by a fee of ninety dollars ($90). An applicant for registration shall (1) possess a master's degree from an accredited school or department of social work, and (2) not have committed any crimes or acts constituting grounds for denial of licensure under Section 480. On and after January 1, 1993, an applicant who possesses a master's degree from a school or department of social work that is a candidate for accreditation by the Commission on Accreditation of the Council on Social Work Education shall be eligible, and shall be required, to register as an associate clinical social worker in order to gain experience toward licensure if the applicant has not committed any crimes or acts that constitute grounds for denial of licensure under Section 480. That applicant shall not, however, be eligible for examination until the school or department of social work has received accreditation by the Commission on Accreditation of the Council on Social Work Education.

(b) Registration as an associate clinical social worker shall expire one year from the last day of the month during which it was issued. A registration may be renewed annually after initial registration by filing on or before the date on which the registration expires, an application for renewal, paying a renewal fee of seventy–five dollars ($75), and notifying the board whether he or she has been convicted, as defined in Section 490, of a misdemeanor or felony, and whether any disciplinary action has been taken by any regulatory or licensing board in this or any other state, subsequent to the issuance of the initial registration or registrant's last renewal. Each person who registers or has registered as an associate clinical social worker, may retain that status for a total of six years.

(c) Notwithstanding the limitations on the length of an associate registration in subdivision (b), an associate may apply for, and the board shall grant, one–year extensions beyond the six–year period when no grounds exist for denial, suspension, or revocation of the registration pursuant to Section 480. An associate shall be eligible to receive a maximum of three one–year extensions. An associate who practices pursuant to an extension shall not practice independently and shall comply with all requirements of this chapter governing experience, including supervision, even if the associate has completed the hours of experience required for licensure. Each extension shall commence on the date when the last associate renewal or extension expires. An application for extension shall be made on a form prescribed by the board and shall be accompanied by a renewal fee of fifty dollars ($50). An associate who is granted this extension may work in all work settings authorized pursuant to this chapter.

(d) A registrant shall not provide clinical social work services to the public for a fee, monetary or otherwise, except as an employee.

(e) A registrant shall inform each client or patient prior to performing any professional services that he or she is unlicensed and is under the supervision of a licensed professional.

(f) Any experience obtained under the supervision of a spouse or relative by blood or marriage shall not be credited toward the required hours of supervised experience. Any experience obtained under the supervision of a supervisor with whom the applicant has a personal relationship that undermines the authority or effectiveness of the supervision shall not be credited toward the required hours of supervised experience.

(g) An applicant who possesses a master's degree from an approved school or department of social work shall be able to apply experience the applicant obtained during the time the approved school or department was in candidacy status by the Commission on Accreditation of the Council on Social Work Education toward the licensure requirements, if the experience meets the requirements of Section 4996.20, 4996.21, or 4996.23. This subdivision shall apply retroactively to persons who possess a master's degree from an approved school or department of social work and who obtained experience during the time the approved school or department was in candidacy status by the Commission on Accreditation of the Council on Social Work Education.

(Added by Stats.1988, c. 1091, § 5. Amended by Stats.1992, c. 1308 (A.B.3718), § 2; Stats.1995, c. 839 (S.B.26), § 7; Stats.1998, c. 589 (S.B.1983), § 14; Stats.2000, c. 836 (S.B.1554), § 50; Stats.2001, c. 728 (S.B.724), § 46; Stats.2003, c. 607 (S.B.1077), § 20.)

§ 4996.19. Licensed clinical social workers' corporation; application of article

Nothing in this article shall prohibit the acts or practices of a licensed clinical social workers' corporation duly certificated pursuant to the Moscone–Knox Professional Corporation Act, as contained in Part 4 (commencing with Section 13400) of Division 3 of Title 1 of the Corporations Code and Article 5 (commencing with Section 4998), when the corporation is in compliance with (a) the Moscone–Knox Professional Corporation Act; (b) Article 5 (commencing with Section 4998); and (c) all other statutes and all rules and regulations now or hereafter enacted or adopted pertaining to the corporation and the conduct of its affairs.

(Formerly § 4996.18, added by Stats.1985, c. 820, § 1. Renumbered § 4996.19 and amended by Stats.1987, c. 826, § 8.)

§ 4996.20. Supervised post–master's experience; criteria for registrants prior to December 31, 1998

The experience required by subdivision (c) of Section 4996.2 shall meet the following criteria:

(a) An applicant shall have at least 3,200 hours of post–master's experience, supervised by a licensed clinical social worker, in providing clinical social work services consisting of psychosocial diagnosis; assessment; treatment, including psychotherapy and counseling; client–centered advocacy; consultation; and evaluation as permitted by Section 4996.9. For persons applying for licensure on or after January 1, 1992, this experience shall have been gained in not less than two nor more than six years and shall have been gained within the six years immediately preceding the date on which the application for licensure was filed. The board may credit experience

gained more than six years prior to the date on which an application was filed upon a showing of good cause or where the applicant is licensed and currently practicing in another state.

(b) Notwithstanding the requirements of subdivision (a) that 3,200 hours of experience shall be gained under the supervision of a licensed clinical social worker, up to 1,000 hours of the required experience may be gained under the supervision of a licensed mental health professional acceptable to the board.

For purposes of this section, "supervision" means responsibility for and control of the quality of social work services being provided. Consultation shall not be considered to be supervision. Supervision shall include at least one hour of direct supervision for each week of experience claimed. Not less than one–half of the hours of required supervision shall be individual supervision. The remaining hours may be group supervision. "Individual supervision" means one supervisor meets with one supervisee at a time. "Group supervision" means a supervisor meets with a group of no more than eight supervisees at a time.

(c) For purposes of this section, a "private practice setting" is any setting other than a governmental entity, a school, college or university, a nonprofit and charitable corporation or a licensed health facility. Employment in a private practice setting shall not commence until the applicant has been registered as an associate clinical social worker. A registrant employed in a private practice setting shall not:

(1) Pay his or her employer for supervision, and shall receive fair remuneration from his or her employer.

(2) Receive any remuneration from patients or clients and shall only be paid by his or her employer.

(3) Perform services at any place except where the registrant's employer regularly conducts business.

(4) Have any proprietary interest in the employer's business.

(d) A person employed in a setting other than a private practice setting may obtain supervision from a person not employed by the registrant's employer if that person has signed a written contract with the employer to take supervisory responsibility for the registrant's social work services.

(e) This section shall apply only to persons who apply for registration on or before December 31, 1998.

(Added by Stats.1988, c. 1091, § 6. Amended by Stats.1991, c. 654 (A.B.1893), § 47.5; Stats.1998, c. 589 (S.B.1983), § 15.)

§ 4996.21. Associates; post–master's degree experience

The experience required by subdivision (c) of Section 4996.2 shall meet the following criteria:

(a) On or after January 1, 1999, * * * an associate shall have at least 3,200 hours of post–master's degree experience * * * in providing clinical social work services as permitted by Section 4996.9. At least 1,700 of these hours shall be gained under the supervision of a licensed clinical social worker. The remaining hours of the required experience may be gained under the supervision of a licensed mental health professional acceptable to the board as defined in a regulation adopted by the board. Experience shall consist of the following:

(1) A minimum of 2,000 hours in psychosocial diagnosis, assessment, and treatment, including psychotherapy or counseling.

(2) A maximum of 1,200 hours in client–centered advocacy, consultation, evaluation, and research.

(3) Experience shall have been gained in not less than two nor more than six years and shall have been gained within the six years immediately preceding the date on which the application for licensure was filed.

* * *

(b) Supervision means responsibility for and control of the quality of clinical social work services being provided.

(c) Consultation or peer discussion shall not be considered to be supervision.

(d) Supervision shall include at least one hour of direct supervisor contact for * * * a minimum of 104 weeks and shall include at least one hour of direct supervisor contact for every 10 hours of client contact in each setting where experience is gained. * * * Of the 104 weeks of required supervision, 52 weeks shall be individual supervision, and of the 52 weeks of required individual supervision, not less than 13 weeks shall be supervised by a licensed clinical social worker. For purposes of this section, "one hour of direct supervisor contact" means one hour of face–to–face contact on an individual basis or two hours of face–to– face contact in a group setting of not more than eight persons.

(e) The supervisor and the associate shall develop a supervisory plan that describes the goals and objectives of supervision. These goals shall include the ongoing assessment of strengths and limitations and the assurance of practice in accordance with the laws and regulations. The associate shall submit to the board the initial original supervisory plan * * * upon application for licensure.

* * *

(f)(1) Experience shall only be gained in a setting that meets both of the following:

(A) Lawfully and regularly provides clinical social work, mental health counseling, or psychotherapy.

(B) Provides oversight to ensure that the associate's work at the setting meets the experience and supervision requirements set forth in this chapter and is within the scope of practice for the profession as defined in Section 4996.9.

(2) Experience shall not be gained until the applicant has been registered as an associate clinical social worker.

(3) Employment in a private practice as defined in paragraph (4) shall not commence until the applicant has been registered as an associate clinical social worker.

(4) A private practice setting is a setting that is owned by a licensed clinical social worker, a licensed marriage and family therapist, a licensed psychologist, a licensed physician and surgeon, or a professional corporation of any of those licensed professions.

(5) If volunteering, the associate shall provide the board with a letter from his or her employer verifying his or her voluntary status upon application for licensure.

(6) If employed, the associate shall provide the board with copies of his or her W–2 tax forms for each year of experience claimed upon application for licensure.

* * * (g) While an associate may be either a paid employee or a volunteer, employers are encouraged to provide fair remuneration to associates.

(h) An associate shall not do * * * the following:

* * *

(1) Receive any remuneration from patients or clients and shall only be paid by his or her employer.

* * *

(2) Have any proprietary interest in the employer's business.

* * * (i) An associate, whether employed or volunteering, may obtain supervision from a person not employed by the associate's employer if that person has signed a written agreement with the employer to take supervisory responsibility for the associate's social work services.

(Added by Stats.1998, c. 589 (S.B.1983), § 16. Amended by Stats.1999, c. 657 (A.B.1677), § 15; Stats.2001, c. 728 (S.B.724), § 47; Stats.2003, c. 607 (S.B.1077), § 21.)

§ 4996.22. Continuing education requirements; hours; records; approved providers; subject matter; fees

(a)(1) Except as provided in subdivision (c), on and after January 1, 2000, the board shall not renew any license pursuant to this chapter unless the applicant certifies to the board, on a form prescribed by the board, that he or she has completed not less than 36 hours of approved continuing education in or relevant to the field of social work in the preceding two years, as determined by the board.

(2) For those persons renewing during 1999, the board shall not

renew any license pursuant to this chapter unless the applicant certifies to the board, on a form prescribed by the board, that he or she has completed not less than 18 hours of approved continuing education in or relevant to the field of social work, as determined by the board. The coursework of continuing education described in this paragraph may be taken on or after the effective date of the continuing education regulations adopted by the board pursuant to the other provisions of this section.

(3) The board shall not renew any license of an applicant who began graduate study prior to January 1, 2004, pursuant to this chapter unless the applicant certifies to the board that during the applicant's first renewal period after the operative date of this section, he or she completed a continuing education course in spousal or partner abuse assessment, detection, and intervention strategies, including community resources, cultural factors, and same gender abuse dynamics. On and after January 1, 2005, the course shall consist of not less than seven hours of training. Equivalent courses in spousal or partner abuse assessment, detection, and intervention strategies taken prior to the operative date of this section or proof of equivalent teaching or practice experience may be submitted to the board and at its discretion, may be accepted in satisfaction of this requirement. Continuing education courses taken pursuant to this paragraph shall be applied to the 36 hours of approved continuing education required under paragraph (1).

(b) The board shall have the right to audit the records of any applicant to verify the completion of the continuing education requirement. Applicants shall maintain records of completion of required continuing education coursework for a minimum of two years and shall make these records available to the board for auditing purposes upon request.

(c) The board may establish exceptions from the continuing education requirement of this section for good cause as defined by the board.

(d) The continuing education shall be obtained from one of the following sources:

(1) An accredited school of social work, as defined in Section 4990.4, or a school or department of social work that is a candidate for accreditation by the Commission on Accreditation of the Council on Social Work Education. Nothing in this paragraph shall be construed as requiring coursework to be offered as part of a regular degree program.

(2) Other continuing education providers, including, but not limited to, a professional social work association, a licensed health facility, a governmental entity, a continuing education unit of an accredited four–year institution of higher learning, and a mental health professional association, approved by the board.

(3) The board shall establish, by regulation, a procedure for approving providers of continuing education courses, and all providers of continuing education, as described in paragraphs (1) and (2), shall adhere to the procedures established by the board. The board may revoke or deny the right of a provider to offer continuing education coursework pursuant to this section for failure to comply with the requirements of this section or any regulation adopted pursuant to this section.

(e) Training, education, and coursework by approved providers shall incorporate one or more of the following:

(1) Aspects of the discipline that are fundamental to the understanding, or the practice, of social work.

(2) Aspects of the social work discipline in which significant recent developments have occurred.

(3) Aspects of other related disciplines that enhance the understanding, or the practice, of social work.

(f) A system of continuing education for licensed clinical social workers shall include courses directly related to the diagnosis, assessment, and treatment of the client population being served.

(g) The continuing education requirements of this section shall comply fully with the guidelines for mandatory continuing education established by the Department of Consumer Affairs pursuant to Section 166.

(h) The board may adopt regulations as necessary to implement this section.

* * *

(i) On and after January 1, 1997, the board shall, by regulation, fund the administration of this section through continuing education provider fees to be deposited in the Behavioral Science Examiners Fund. The fees related to the administration of this section shall be sufficient to meet but shall not exceed the costs of administering the corresponding provisions of this section. For purposes of this subdivision, a provider of continuing education as described in paragraph (1) of subdivision (d), shall be deemed to be an approved provider.

(j) This section shall become operative on January 1, 2004.

(Added by Stats.2002, c. 481 (S.B.564), § 11, operative Jan. 1, 2004. Amended by Stats.2003, c. 607 (S.B.1077), § 22, operative Jan. 1, 2004.)

§ 4996.23. Post–master's degree experience; criteria

The experience required by subdivision (c) of Section 4996.2 shall meet the following criteria:

(a) All persons registered with the board on and after January 1, 2002, shall have at least 3,200 hours of post–master's degree supervised experience providing clinical social work services as permitted by Section 4996.9. At least 1,700 hours shall be gained under the supervision of a licensed clinical social worker. The remaining required supervised experience may be gained under the supervision of a licensed mental health professional acceptable to the board as defined by a regulation adopted by the board. This * * * experience shall consist of the following:

(1) A minimum of 2,000 hours in clinical psychosocial diagnosis, assessment, and treatment, including psychotherapy or counseling.

(2) A maximum of 1,200 hours in client–centered advocacy, consultation, evaluation, and research.

(3) Of the 2,000 clinical hours required in paragraph (1), no less than 750 hours shall be face–to–face individual or group psychotherapy provided to clients in the context of clinical social work services.

(4) A minimum of two years of supervised experience is required to be obtained over a period of not less than 104 weeks and shall have been gained within the six years immediately preceding the date on which the application for licensure was filed.

* * *

(5) Experience shall not be credited for more than 40 hours in any week.

(b) "Supervision" means responsibility for, and control of, the quality of clinical social work services being provided. * * * Consultation or peer discussion shall not be considered to be supervision.

(c)(1) Prior to the commencement of supervision, a supervisor shall comply with all requirements enumerated in Section 1870 of Title 16 of the California Code of Regulations and shall sign under penalty of perjury the "Responsibility Statement for Supervisors of an Associate Clinical Social Worker" form.

(2) Supervised experience shall include at least one hour of direct supervisor contact for * * * a minimum of 104 weeks. In addition, an associate shall receive an average of at least one hour of direct supervisor contact for every week in which more than 10 hours of face–to–face psychotherapy is performed in each setting * * * experience is gained. No more than five hours of supervision, whether individual or group, shall be credited during any single week. Of the * * * 104 weeks of required supervision, 52 weeks shall be individual supervision, and of the 52 weeks of required individual supervision, not less than 13 weeks shall be supervised by a licensed clinical social worker. For purposes of this section, "one hour of direct

supervisor contact" means one hour of face–to–face contact on an individual basis or two hours of face–to– face contact in a group of not more than eight persons receiving supervision.

(d) The supervisor and the associate shall develop a supervisory plan that describes the goals and objectives of supervision. These goals shall include the ongoing assessment of strengths and limitations and the assurance of practice in accordance with the laws and regulations. The associate shall submit to the board the initial original supervisory plan * * * upon application for licensure.

* * * (e) Experience shall only be gained in a setting that meets both of the following:

(1) Lawfully and regularly provides clinical social work, mental health counseling, or psychotherapy.

(2) Provides oversight to ensure that the associate's work at the setting meets the experience and supervision requirements set forth in this chapter and is within the scope of practice for the profession as defined in Section 4996.9.

(f) Experience shall not be gained until the applicant has been registered as an associate clinical social worker.

(g) Employment in a private practice as defined in subdivision (h) shall not commence until the applicant has been registered as an associate clinical social worker.

(h) A private practice setting is a setting that is owned by a licensed clinical social worker, a licensed marriage and family therapist, a licensed psychologist, a licensed physician and surgeon, or a professional corporation of any of those licensed professions.

(i) If volunteering, the associate shall provide the board with a letter from his or her employer verifying his or her voluntary status upon application for licensure.

(j) If employed, the associate shall provide the board with copies of his or her W–2 tax forms for each year of experience claimed upon application for licensure.

* * * (k) While an associate may be either a paid employee or volunteer, employers are encouraged to provide fair remuneration to associates.

(*l*) Associates shall not do * * * the following:

* * *

(1) Receive any remuneration from patients or clients and shall only be paid by his or her employer.

* * *

(2) Have any proprietary interest in the employer's business.

* * * (m) An associate, whether employed or volunteering, may obtain supervision from a person not employed by the associate's employer if that person has signed a written agreement with the employer to take supervisory responsibility for the associate's social work services.

(n) Notwithstanding any other provision of law, * * * associates and applicants for examination shall receive a minimum of one hour of supervision per week for each setting in which he or she is working.

(Added by Stats.2001, c. 728 (S.B.724), § 48. Amended by Stats.2003, c. 607 (S.B.1077), § 23.)

§ 4996.25. Graduate study coursework in aging and long–term care; program contents; minimum contact hours

(a) Any applicant for licensure as a licensed clinical social worker who began graduate study on or after January 1, 2004, shall complete, as a condition of licensure, a minimum of 10 contact hours of coursework in aging and long–term care, which could include, but is not limited to, the biological, social, and psychological aspects of aging.

(b) Coursework taken in fulfillment of other educational requirements for licensure pursuant to this chapter, or in a separate course of study, may, at the discretion of the board, fulfill the requirements of this section.

(c) In order to satisfy the coursework requirement of this section, the applicant shall submit to the board a certification from the chief academic officer of the educational institution from which the applicant graduated stating that the coursework required by this section is included within the institution's required curriculum for graduation, or within the coursework, that was completed by the applicant.

(d) The board shall not issue a license to the applicant until the applicant has met the requirements of this section.

(Added by Stats.2002, c. 541 (S.B.953), § 8.)

§ 4996.26. Continuing education coursework in aging and long–term care; program contents; minimum number of hours

(a) Effective January 1, 2005, as a condition of the first renewal of a person's license pursuant to this chapter, any person who began graduate study prior to January 1, 2004, shall complete a three–hour continuing education course in aging and long–term care, and shall submit to the board evidence acceptable to the board of the person's satisfactory completion of the course.

(b) The course could include, but is not limited to, the biological, social, and psychological aspects of aging.

(c) Any person seeking the first renewal of his or her license pursuant to this chapter may submit to the board a certificate evidencing completion of equivalent courses in aging and long–term care taken prior to the operative date of this section, or proof of equivalent teaching or practice experience. The board, in its discretion, may accept that certification as meeting the requirements of this section.

(d) The board shall not renew an applicant's license upon the applicant's application for the first renewal of his or her license until the applicant has met the requirements of this section.

(Added by Stats.2002, c. 541 (S.B.953), § 9.)

§ 4997. Inactive licenses

A licensed clinical social worker may apply to the board to request that his or her license be placed on inactive status. * * * A licensee who holds an inactive license shall pay a biennial fee of half of the active renewal fee * * * and shall be exempt from continuing education requirements specified in Section 4996.22, but shall otherwise be subject to this chapter and shall not engage in the practice of licensed clinical social work in this state. * * * A licensee on inactive status who has not committed any acts or crimes constituting grounds for denial of licensure * * * may, upon * * * his or her request, have * * * his or her license to practice licensed clinical social work placed on active status. * * * A licensee requesting * * * his or her license to be placed on active status between renewal cycles shall pay the remaining half of the renewal fee. A licensee requesting to reactivate from an inactive status whose license will expire less than one year from the date of the request shall be required to complete 18 hours of continuing education for license renewal. A licensee requesting to reactivate from an inactive status whose license will expire more than one year from the date of the request shall be required to complete 36 hours of continuing education for license renewal.

(Added by Stats.1998, c. 879 (S.B.2238), § 21. Amended by Stats.2003, c. 607 (S.B.1077), § 24.)

Article 5 LICENSED CLINICAL SOCIAL WORKERS CORPORATIONS

§ 4998. Definition

A licensed clinical social worker corporation is a corporation that is authorized to render professional services, as defined in Section 13401 of the Corporations Code, so long as that corporation and its shareholders, officers, directors, and employees rendering professional services who are licensed clinical social workers, physicians and surgeons, psychologists, marriage and family therapists, registered nurses, chiropractors, or acupuncturists are in compliance with the Moscone–Knox Professional Corporation Act

(Part 4 (commencing with Section 13400) of Division 3 of Title 1 of the Corporations Code), this article, and all other statutes and regulations now or hereafter enacted or adopted pertaining to that corporation and the conduct of its affairs. With respect to a licensed clinical social worker corporation, the governmental agency referred to in the Moscone–Knox Professional Corporation Act is the Board of Behavioral Sciences.

(Added by Stats.1985, c. 820, § 1. Amended by Stats.1996, c. 829 (A.B.3473), § 97; Stats.1999, c. 657 (A.B.1677), § 16; Stats.2000, c. 135 (A.B.2539), § 5; Stats.2002, c. 1013 (S.B.2026), § 50.)

§ 4998.1. Unprofessional conduct

It shall constitute unprofessional conduct and a violation of this chapter for any person licensed under this chapter to violate, attempt to violate, directly or indirectly, or assist in or abet the violation of, or conspire to violate, any provision or term of this article, the Moscone–Knox Professional Corporation Act (Part 4 (commencing with Section 13400) of Division 3 of Title 1 of the Corporations Code), or any regulations duly adopted under those laws.

(Added by Stats.1999, c. 657 (A.B.1677), § 18.)

§ 4998.2. Name

Notwithstanding Section 4996, the name of a licensed clinical social worker corporation and any name or names under which it may be rendering professional services shall contain the words "licensed clinical social worker" and wording or abbreviations denoting corporate existence.

A licensed clinical social worker corporation that conducts business under a fictitious business name shall not use any name which is false, misleading, or deceptive, and shall inform the patient, prior to the commencement of treatment, that the business is conducted by a licensed clinical social worker corporation.

(Formerly § 4998.3, added by Stats.1985, c. 820, § 1. Renumbered § 4998.2 and amended by Stats.1999, c. 657 (A.B.1677), § 20; Stats.2000, c. 135 (A.B.2539), § 6.)

§ 4998.3. Directors, shareholders and officers; license

Except as provided in Section 13403 of the Corporations Code, each director, shareholder, and officer of a licensed clinical social worker corporation shall be a licensed person as defined in the Moscone–Knox Professional Corporation Act.

(Formerly § 4998.4, added by Stats.1985, c. 820, § 1. Amended by Stats.1990, c. 334 (A.B.2574), § 1. Renumbered § 4998.3 and amended by Stats.1999, c. 657 (A.B.1677), § 21.)

§ 4998.4. Income attributable to shareholder who is disqualified person

The income of a licensed clinical social worker corporation attributable to professional services rendered while a shareholder is a disqualified person, as defined in the Moscone–Knox Professional Corporation Act (Part 4 (commencing with Section 13400) of Division 3 of Title 1 of the Corporations Code), shall not in any manner accrue to the benefit of that shareholder or his or her shares in the licensed clinical social workers corporation.

(Formerly § 4998.5, added by Stats.1985, c. 820, § 1. Renumbered § 4998.4 and amended by Stats.1999, c. 657 (A.B.1677), § 22.)

§ 4998.5. Unprofessional conduct

A licensed clinical social worker corporation shall not do or fail to do any act the doing of which or the failure to do which would constitute unprofessional conduct under any statute, rule, or regulation now or hereafter in effect. In the conduct of its practice, it shall observe and be bound by those statutes, rules, and regulations to the same extent as a person holding a license as a licensed clinical social worker.

(Formerly § 4998.6, added by Stats.1985, c. 820, § 1. Renumbered § 4998.5 and amended by Stats.1999, c. 657 (A.B.1677), § 23. Amended by Stats.2000, c. 135 (A.B.2539), § 7.)

§ 4998.6. Rules and regulations

The board may formulate and enforce rules and regulations to carry out the purposes and objectives of this article, including rules and regulations requiring (a) that the articles of incorporation or bylaws of a licensed clinical social worker corporation shall include a provision whereby the capital stock of that corporation owned by a disqualified person, as defined in the Moscone–Knox Professional Corporation Act, or a deceased person shall be sold to the corporation or to the remaining shareholders of that corporation within the time that the rules and regulations may provide, and (b) that a licensed clinical social worker corporation shall provide adequate security by insurance or otherwise for claims against it by its patients arising out of the rendering of professional services.

(Formerly § 4998.7. Renumbered § 4998.6 and amended by Stats.1999, c. 657 (A.B.1677), § 24. Amended by Stats.2000, c. 135 (A.B.2539), § 8.)

CIVIL CODE

Division 1 PERSONS

Part 2 PERSONAL RIGHTS

§ 43. General personal rights

Besides the personal rights mentioned or recognized in the Government Code, every person has, subject to the qualifications and restrictions provided by law, the right of protection from bodily restraint or harm, from personal insult, from defamation, and from injury to his personal relations.

(Enacted 1872. Amended by Stats.1953, c. 604, p. 1849, § 1.)

§ 43.1. Unborn child deemed existing person

A child conceived, but not yet born, is deemed an existing person, so far as necessary for the child's interests in the event of the child's subsequent birth.

(Added by Stats.1992, c. 163 (A.B.2641), § 4, operative Jan. 1, 1994.)

§ 43.3. Breastfeeding; location

Notwithstanding any other provision of law, a mother may breastfeed her child in any location, public or private, except the private home or residence of another, where the mother and the child are otherwise authorized to be present.

(Added by Stats.1997, c. 59 (A.B.157), § 1.)

§ 43.4. Fraudulent promise to marry or cohabit not actionable

A fraudulent promise to marry or to cohabit after marriage does not give rise to a cause of action for damages.

(Added by Stats.1959, c. 381, p. 2306, § 1.)

§ 43.5. Wrongs not actionable

No cause of action arises for:

(a) Alienation of affection.

(b) Criminal conversation.

(c) Seduction of a person over the age of legal consent.

(d) Breach of promise of marriage.

(Added by Stats.1939, c. 128, p. 1245, § 2.)

§ 43.55. Arrest under warrant regular on face not actionable

There shall be no liability on the part of, and no cause of action shall arise against, any peace officer who makes an arrest pursuant to a warrant of arrest regular upon its face if the peace officer in making the arrest acts without malice and in the reasonable belief that the person arrested is the one referred to in the warrant.

(Formerly § 43.5(a), added by Stats.1945, c. 1117, p. 2126, § 1. Renumbered § 43.55 and amended by Stats.1986, c. 248, § 15.)

§ 43.56. Foster parents; alienation of child's affection

No cause of action arises against a foster parent for alienation of affection of a foster child.

(Formerly § 43.55, added by Stats.1986, c. 1330, § 2, eff. Sept. 29, 1986. Amended by Stats.1988, c. 195, § 1, eff. June 16, 1988. Renumbered § 43.56 and amended by Stats.1990, c. 216 (S.B.2510), § 5.)

§ 43.6. Immunity from liability; actions against parents on childbirth claims; defenses and damages in third party actions

(a) No cause of action arises against a parent of a child based upon the claim that the child should not have been conceived or, if conceived, should not have been allowed to have been born alive.

(b) The failure or refusal of a parent to prevent the live birth of his or her child shall not be a defense in any action against a third party, nor shall the failure or refusal be considered in awarding damages in any such action.

(c) As used in this section "conceived" means the fertilization of a human ovum by a human sperm.

(Added by Stats.1981, c. 331, § 1.)

§ 43.7. Immunity from liability; mental health professional quality assurance committees; professional societies, members or staff; peer review or insurance underwriting committees; hospital governing board

(a) There shall be no monetary liability on the part of, and no cause of action for damages shall arise against, any member of a duly appointed mental health professional quality assurance committee that is established in compliance with Section 4070 of the Welfare and Institutions Code, for any act or proceeding undertaken or performed within the scope of the functions of the committee which is formed to review and evaluate the adequacy, appropriateness, or effectiveness of the care and treatment planned for, or provided to, mental health patients in order to improve quality of care by mental health professionals if the committee member acts without malice, has made a reasonable effort to obtain the facts of the matter as to which he or she acts, and acts in reasonable belief that the action taken by him or her is warranted by the facts known to him or her after the reasonable effort to obtain facts.

(b) There shall be no monetary liability on the part of, and no cause of action for damages shall arise against, any professional society, any member of a duly appointed committee of a medical specialty society, or any member of a duly appointed committee of a state or local professional society, or duly appointed member of a committee of a professional staff of a licensed hospital (provided the professional staff operates pursuant to written bylaws that have been approved by the governing board of the hospital), for any act or proceeding undertaken or performed within the scope of the functions of the committee which is formed to maintain the professional standards of the society established by its bylaws, or any member of any peer review committee whose purpose is to review the quality of medical, dental, dietetic, chiropractic, optometric, acupuncture, or veterinary services rendered by physicians and surgeons, dentists, dental hygienists, podiatrists, registered dietitians, chiropractors, optometrists, acupuncturists, veterinarians, or psychologists which committee is composed chiefly of physicians and surgeons, dentists, dental hygienists, podiatrists, registered dietitians, chiropractors, optometrists, acupuncturists, veterinarians, or psychologists for any act or proceeding undertaken or performed in reviewing the quality of medical, dental, dietetic, chiropractic, optometric, acupuncture, or veterinary services rendered by physicians and surgeons, dentists, dental hygienists, podiatrists, registered dietitians, chiropractors, optometrists, acupuncturists, veterinarians, or psychologists or any member of the governing board of a hospital in reviewing the quality of medical services rendered by members of the staff if the professional society, committee, or board member acts without malice, has made a reasonable effort to obtain the facts of the matter as to which he, she, or it acts, and acts in reasonable belief that the action taken by him, her, or it is warranted by the facts known to him, her, or it after the reasonable effort to obtain facts. "Professional society" includes legal, medical, psychological, dental, dental hygiene, dietetic, accounting, optometric, acupuncture, podiatric, pharmaceutic, chiropractic, physical therapist, veterinary, licensed marriage and family therapy, licensed clinical social work, and engineering organizations having as members at least 25 percent of the eligible persons or licentiates in the geographic area served by the

particular society. However, if the society has less than 100 members, it shall have as members at least a majority of the eligible persons or licentiates in the geographic area served by the particular society.

"Medical specialty society" means an organization having as members at least 25 percent of the eligible physicians within a given professionally recognized medical specialty in the geographic area served by the particular society.

(c) This section does not affect the official immunity of an officer or employee of a public corporation.

(d) There shall be no monetary liability on the part of, and no cause of action for damages shall arise against, any physician and surgeon, podiatrist, or chiropractor who is a member of an underwriting committee of an interindemnity or reciprocal or interinsurance exchange or mutual company for any act or proceeding undertaken or performed in evaluating physicians and surgeons, podiatrists, or chiropractors for the writing of professional liability insurance, or any act or proceeding undertaken or performed in evaluating physicians and surgeons for the writing of an interindemnity, reciprocal, or interinsurance contract as specified in Section 1280.7 of the Insurance Code, if the evaluating physician or surgeon, podiatrist, or chiropractor acts without malice, has made a reasonable effort to obtain the facts of the matter as to which he or she acts, and acts in reasonable belief that the action taken by him or her is warranted by the facts known to him or her after the reasonable effort to obtain the facts.

(e) This section shall not be construed to confer immunity from liability on any quality assurance committee established in compliance with Section 4070 of the Welfare and Institutions Code or hospital. In any case in which, but for the enactment of the preceding provisions of this section, a cause of action would arise against a quality assurance committee established in compliance with Section 4070 of the Welfare and Institutions Code or hospital, the cause of action shall exist as if the preceding provisions of this section had not been enacted.

(Added by Stats.1961, c. 623, p. 1780, § 1. Amended by Stats.1963, c. 806, p. 1836, § 1; Stats.1969, c. 264, p. 616, § 1; Stats.1973, c. 191, p. 493, § 1; Stats.1976, c. 532, p. 1287, § 1; Stats.1977, c. 241, p. 1085, § 1; Stats.1977, c. 934, p. 2858, § 1; Stats.1978, c. 268, p. 555, § 1; Stats.1978, c. 503, p. 1647, § 1; Stats.1980, c. 454, § 1, operative Jan. 1, 1990; Stats.1982, c. 234, p. 765, § 2, eff. June 2, 1982; Stats.1982, c. 705, p. 2862, § 1; Stats.1983, c. 289, § 1; Stats.1983, c. 297, § 1; Stats.1983, c. 1081, § 1.8; Stats.1984, c. 515, § 1; Stats.1984, c. 1012, § 1; Stats.1986, c. 669, § 2; Stats.1987, c. 1169, § 2, operative Jan. 1, 1990; Stats.1994, c. 815 (S.B.1279), § 1; Stats.2002, c. 1013 (S.B.2026), § 72.)

§ 43.8. Immunity from liability for communication on evaluation of practitioner of healing arts

In addition to the privilege afforded by Section 47, there shall be no monetary liability on the part of, and no cause of action for damages shall arise against, any person on account of the communication of information in the possession of that person to any hospital, hospital medical staff, veterinary hospital staff, professional society, medical, dental, podiatric, or veterinary school, professional licensing board or division, committee or panel of a licensing board, the Senior Assistant Attorney General of the Health Quality Enforcement Section appointed under Section 12529 of the Government Code, peer review committee, quality assurance committees established in compliance with Sections 4070 and 5624 of the Welfare and Institutions Code, or underwriting committee described in Section 43.7 when the communication is intended to aid in the evaluation of the qualifications, fitness, character, or insurability of a practitioner of the healing or veterinary arts. The immunities afforded by this section and by Section 43.7 shall not affect the availability of any absolute privilege which may be afforded by Section 47.

(Added by Stats.1974, c. 1086, p. 2313, § 1. Amended by Stats.1975, 2nd Ex.Sess., c. 1, p. 3968, § 24.4; Stats.1976, c. 532, p. 1287, § 2; Stats.1977, c. 934, p. 2859, § 2; Stats.1982, c. 234, p. 767, § 3, eff. June 2, 1982; Stats.1982, c. 705, p. 2863, § 2; Stats.1983, c. 1081, § 2; Stats.1984, c. 515, § 4; Stats.1983, c. 1081, § 2, operative Jan. 1, 1990; Stats.1990, c. 1597 (S.B.2375), § 30; Stats.2002, c. 664 (A.B.3034), § 31.)

§ 43.9. Immunity from liability; health care providers; unsolicited referrals from tests by multiphasic screening unit; notice

(a) There shall be no liability on the part of, and no cause of action shall accrue against, any health care provider for professional negligence on account of the receipt by such provider of an unsolicited referral, arising from a test performed by a multiphasic screening unit, for any act or omission, including the failure to examine, treat, or refer for examination or treatment any person concerning whom an unsolicited referral has been received. The immunity from liability granted by this subdivision shall only apply where a health provider meets the obligations established in subdivision (c).

(b) Every multiphasic screening unit shall notify each person it tests that the person should contact the health provider to whom the test results are sent within 10 days and that the health provider may not be obligated to interpret the results or provide further care. The multiphasic screening unit shall include the words "PATIENT TEST RESULTS" on the envelope of any test results sent to a health care provider, and shall include the address of the person tested in the test result material sent to the health care provider.

Nothing contained in this section shall relieve any health care provider from liability, if any, when at the time of receipt of the unsolicited referral there exists a provider–patient relationship, or a contract for health care services, or following receipt of such unsolicited referral there is established or reestablished a provider–patient relationship.

(c) A health care provider who receives unsolicited test results from a multiphasic screening unit shall receive immunity from liability pursuant to subdivision (a) only if the provider who receives such test results and does not wish to evaluate them, or evaluates them and takes no further action, either notifies the multiphasic screening unit of that fact or returns the test results within 21 days. If the health care provider reviews the test results and determines that they indicate a substantial risk of serious illness or death the provider shall make a reasonable effort to notify the person tested of the presumptive finding within 14 days after the provider has received the test results.

(d) For the purposes of this section:

(1) "Health care provider" means any person licensed or certified pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code, or licensed pursuant to the Osteopathic Initiative Act or the Chiropractic Initiative Act, or licensed pursuant to Chapter 2.5 (commencing with Section 1440) of Division 2 of the Health and Safety Code, and any clinic, health dispensary, or health facility licensed pursuant to Division 2 (commencing with Section 1200) of the Health and Safety Code. "Health care provider" also includes the legal representatives of a health care provider.

(2) "Professional negligence" means an action for personal injury or wrongful death proximately caused by a health care provider's negligent act or omission to act in the rendering of professional services, provided that such services are within the scope of services for which the health care provider is licensed and are not within any restriction imposed by the licensing agency or any licensed hospital.

(3) "Unsolicited referral" means any written report regarding the health, physical or mental condition of any person which was forwarded or delivered to a health care provider without prior request by such provider.

(4) A "multiphasic screening unit" means a facility which does not prescribe or treat patients but performs diagnostic testing only.

(Added by Stats.1978, c. 1296, p. 4249, § 1. Amended by Stats.1980, c. 676, § 38.)

§ 43.91. Immunity from liability; members of professional society of persons licensed under the Real Estate Law; peer review committees

(a) There shall be no monetary liability on the part of, and no cause of action shall arise against, any member of a duly appointed committee of a professional society which comprises a substantial percentage of the persons licensed pursuant to Part 1 (commencing with Section 10000) of Division 4 of the Business and Professions Code and situated in the geographic area served by the particular society, for any act or proceeding undertaken or performed within the scope of the functions of any such committee which is formed to maintain the professional standards of the society established by its bylaws, if such member acts without malice, has made a reasonable effort to obtain the facts of the matter as to which he acts, and acts in reasonable belief that the action taken by him is warranted by the facts known to him after such reasonable effort to obtain facts.

(b) There shall be no monetary liability on the part of, and no cause of action for damages shall arise against, any person on account of the communication of information in the possession of such person to any committee specified in subdivision (a) when such communication is intended to aid in the evaluation of the qualifications, fitness or character of a member or applicant for membership in any such professional society, and does not represent as true any matter not reasonably believed to be true.

(c) The immunities afforded by this section shall not affect the availability of any absolute privilege which may be afforded by Section 47.

(d) This section shall not be construed to confer immunity from liability on any professional society. In any case in which, but for the enactment of this section, a cause of action would arise against a professional society, such cause of action shall exist as if this section had not been enacted.

(Added by Stats.1980, c. 492, § 1.)

§ 43.92. Psychotherapists; duty to warn of threatened violent behavior of patient; immunity from monetary liability

(a) There shall be no monetary liability on the part of, and no cause of action shall arise against, any person who is a psychotherapist as defined in Section 1010 of the Evidence Code in failing to warn of and protect from a patient's threatened violent behavior or failing to predict and warn of and protect from a patient's violent behavior except where the patient has communicated to the psychotherapist a serious threat of physical violence against a reasonably identifiable victim or victims.

(b) If there is a duty to warn and protect under the limited circumstances specified above, the duty shall be discharged by the psychotherapist making reasonable efforts to communicate the threat to the victim or victims and to a law enforcement agency.

(Added by Stats.1985, c. 737, § 1.)

§ 43.93. Psychotherapists; patient's cause of action for sexual contact; definitions

(a) For the purposes of this section the following definitions are applicable:

(1) "Psychotherapy" means the professional treatment, assessment, or counseling of a mental or emotional illness, symptom, or condition.

(2) "Psychotherapist" means a physician and surgeon specializing in the practice of psychiatry, a psychologist, a psychological assistant, a marriage and family therapist, a registered marriage and family therapist intern or trainee, an educational psychologist, an associate clinical social worker, or a licensed clinical social worker.

(3) "Sexual contact" means the touching of an intimate part of another person. "Intimate part" and "touching" have the same meanings as defined in subdivisions (f) and (d), respectively, of Section 243.4 of the Penal Code. For the purposes of this section, sexual contact includes sexual intercourse, sodomy, and oral copulation.

(4) "Therapeutic relationship" exists during the time the patient or client is rendered professional service by the therapist.

(5) "Therapeutic deception" means a representation by a psychotherapist that sexual contact with the psychotherapist is consistent with or part of the patient's or former patient's treatment.

(b) A cause of action against a psychotherapist for sexual contact exists for a patient or former patient for injury caused by sexual contact with the psychotherapist, if the sexual contact occurred under any of the following conditions:

(1) During the period the patient was receiving psychotherapy from the psychotherapist.

(2) Within two years following termination of therapy.

(3) By means of therapeutic deception.

(c) The patient or former patient may recover damages from a psychotherapist who is found liable for sexual contact. It is not a defense to the action that sexual contact with a patient occurred outside a therapy or treatment session or that it occurred off the premises regularly used by the psychotherapist for therapy or treatment sessions. No cause of action shall exist between spouses within a marriage.

(d) In an action for sexual contact, evidence of the plaintiff's sexual history is not subject to discovery and is not admissible as evidence except in either of the following situations:

(1) The plaintiff claims damage to sexual functioning.

(2) The defendant requests a hearing prior to conducting discovery and makes an offer of proof of the relevancy of the history, and the court finds that the history is relevant and the probative value of the history outweighs its prejudicial effect.

The court shall allow the discovery or introduction as evidence only of specific information or examples of the plaintiff's conduct that are determined by the court to be relevant. The court's order shall detail the information or conduct that is subject to discovery.

(Added by Stats.1987, c. 1474, § 1. Amended by Stats.1992, c. 890 (S.B.1394), § 5; Stats.1993, c. 589 (A.B.2211), § 19; Stats.2002, c. 1013 (S.B.2026), § 73.)

§ 43.95. Immunity of professional society for referral services or telephone information library; duty to disclose disciplinary actions

(a) There shall be no monetary liability on the part of, and no cause of action for damages shall arise against, any professional society or any nonprofit corporation authorized by a professional society to operate a referral service, or their agents, employees, or members, for referring any member of the public to any professional member of the society or service, or for acts of negligence or conduct constituting unprofessional conduct committed by a professional to whom a member of the public was referred, so long as any of the foregoing persons or entities has acted without malice, and the referral was made at no cost added to the initial referral fee as part of a public service referral system organized under the auspices of the professional society. Further, there shall be no monetary liability on the part of, and no cause of action for damages shall arise against, any professional society for providing a telephone information library available for use by the general public without charge, nor against any nonprofit corporation authorized by a professional society for providing a telephone information library available for use by the general public without charge. "Professional society" includes legal, psychological, architectural, medical, dental, dietetic, accounting, optometric, podiatric, pharmaceutic, chiropractic, veterinary, licensed marriage and family therapy, licensed clinical social work, and engineering organizations having as members at least 25 percent of the eligible persons or licentiates in the geographic area served by the particular society. However, if the society has less than 100 members, it shall have as members at least a majority of the eligible persons or licentiates in the geographic area served by the particular society.

"Professional society" also includes organizations with referral services that have been authorized by the State Bar of California and operated in accordance with its Minimum Standards for a Lawyer Referral Service in California, and organizations that have been established to provide free assistance or representation to needy patients or clients.

(b) This section shall not apply whenever the professional society, while making a referral to a professional member of the society, fails to disclose the nature of any disciplinary action of which it has actual knowledge taken by a state licensing agency against that professional member. However, there shall be no duty to disclose a disciplinary action in either of the following cases:

(1) Where a disciplinary proceeding results in no disciplinary action being taken against the professional to whom a member of the public was referred.

(2) Where a period of three years has elapsed since the professional to whom a member of the public was referred has satisfied any terms, conditions, or sanctions imposed upon the professional as disciplinary action; except that if the professional is an attorney, there shall be no time limit on the duty to disclose.

(Added by Stats.1987, c. 727, § 4, operative July 1, 1993. Amended by Stats.1988, c. 312, § 2, operative July 1, 1993; Stats.2002, c. 1013 (S.B.2026), § 74.)

§ 43.96. Information to be provided to a complainant; immunity

(a) Any medical or podiatric society, health facility licensed or certified under Division 2 (commencing with Section 1200) of the Health and Safety Code, state agency as defined in Section 11000 of the Government Code, or local government agency that receives written complaints related to the professional competence or professional conduct of a physician and surgeon or doctor of podiatric medicine from the public shall inform the complainant that the Medical Board of California or the California Board of Podiatric Medicine, as the case may be, is the only authority in the state that may take disciplinary action against the license of the named licensee, and shall provide to the complainant the address and toll–free telephone number of the applicable state board.

(b) The immunity provided in Section 2318 of the Business and Professions Code and in Section 47 shall apply to complaints and information made or provided to a board pursuant to this section.

(Added by Stats.1993, c. 1267 (S.B.916), § 48. Amended by Stats.1994, c. 1206 (S.B.1775), § 26; Stats.1995, c. 708 (S.B.609), § 12.)

§ 43.97. Medical staff or membership privilege denial or restriction; immunity from liability; unreported or intentional injury exceptions

(a)[1] There shall be no monetary liability on the part of, and no cause of action for damages, other than economic or pecuniary damages, shall arise against a hospital for any action taken upon the recommendation of its medical staff, or against any other person or organization for any action taken, or restriction imposed, which is required to be reported pursuant to Section 805 of the Business and Professions Code, provided that the action or restriction is reported in accordance with Section 805 of the Business and Professions Code. This section shall not apply to an action knowingly and intentionally taken for the purpose of injuring a person affected by the action, or infringing upon a person's rights.

(Added by Stats.1981, c. 926, § 1. Amended by Stats.1986, c. 1274, § 5.)

[1]Enrolled bill did not contain a subd. (b).

§ 43.98. Communications to consultants to director of department of managed care; health care services; monetary liability

(a) There shall be no monetary liability on the part of, and no cause of action shall arise against, any consultant on account of any communication by that consultant to the Director of the Department of Managed Health Care or any other officer, employee, agent, contractor, or consultant of the Department of Managed Health Care, when that communication is for the purpose of determining whether health care services have been or are being arranged or provided in accordance with the Knox–Keene Health Care Service Plan Act of 1975 (Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code) and any regulation adopted thereunder and the consultant does all of the following:

(1) Acts without malice.

(2) Makes a reasonable effort to obtain the facts of the matter communicated.

(3) Acts with a reasonable belief that the communication is warranted by the facts actually known to the consultant after a reasonable effort to obtain the facts.

(4) Acts pursuant to a contract entered into on or after January 1, 1998, between the Commissioner of Corporations and a state licensing board or committee, including, but not limited to, the Medical Board of California, or pursuant to a contract entered into on or after January 1, 1998, with the Commissioner of Corporations pursuant to Section 1397.6 of the Health and Safety Code.

(5) Acts pursuant to a contract entered into on or after July 1, 2000, between the Director of the Department of Managed Health Care and a state licensing board or committee, including, but not limited to, the Medical Board of California, or pursuant to a contract entered into on or after July 1, 1999, with the Director of the Department of Managed Health Care pursuant to Section 1397.6 of the Health and Safety Code.

(b) The immunities afforded by this section shall not affect the availability of any other privilege or immunity which may be afforded under this part. Nothing in this section shall be construed to alter the laws regarding the confidentiality of medical records.

(Added by Stats.1997, c. 139 (A.B.564), § 1. Amended by Stats.1999, c. 525 (A.B.78), § 4; Stats.2000, c. 857 (A.B.2903), § 3.)

§ 43.99. Immunity from monetary liability; building and other inspectors; independent quality review of plans, specifications or work on residential buildings under the State Housing Law; exceptions

(a) There shall be no monetary liability on the part of, and no cause of action for damages shall arise against, any person or other legal entity that is under contract with an applicant for a residential building permit to provide independent quality review of the plans and specifications provided with the application in order to determine compliance with all applicable requirements imposed pursuant to the State Housing Law (Part 1.5 (commencing with Section 17910) of Division 13 of the Health and Safety Code), or any rules or regulations adopted pursuant to that law, or under contract with that applicant to provide independent quality review of the work of improvement to determine compliance with these plans and specifications, if the person or other legal entity meets the requirements of this section and one of the following applies:

(1) The person, or a person employed by any other legal entity, performing the work as described in this subdivision, has completed not less than five years of verifiable experience in the appropriate field and has obtained certification as a building inspector, combination inspector, or combination dwelling inspector from the International Conference of Building Officials (ICBO) and has successfully passed the technical written examination promulgated by ICBO for those certification categories.

(2) The person, or a person employed by any other legal entity, performing the work as described in this subdivision, has completed not less than five years of verifiable experience in the appropriate field and is a registered professional engineer, licensed general contractor, or a licensed architect rendering independent quality review of the work of improvement or plan examination services within the scope of his or her registration or licensure.

(3) The immunity provided under this section does not apply to any action initiated by the applicant who retained the qualified person.

(4) A "qualified person" for purposes of this section means a person holding a valid certification as one of those inspectors.

(b) Except for qualified persons, this section shall not relieve from, excuse, or lessen in any manner, the responsibility or liability of any person, company, contractor, builder, developer, architect, engineer, designer, or other individual or entity who develops, improves, owns, operates, or manages any residential building for any damages to persons or property caused by construction or design defects. The fact that an inspection by a qualified person has taken place may not be introduced as evidence in a construction defect action, including any reports or other items generated by the qualified person. This subdivision shall not apply in any action initiated by the applicant who retained the qualified person.

(c) Nothing in this section, as it relates to construction inspectors or plans examiners, shall be construed to alter the requirements for licensure, or the jurisdiction, authority, or scope of practice, of architects pursuant to Chapter 3 (commencing with Section 5500) of Division 3 of the Business and Professions Code, professional engineers pursuant to Chapter 7 (commencing with Section 6700) of Division 3 of the Business and Professions Code, or general contractors pursuant to Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code.

(d) Nothing in this section shall be construed to alter the immunity of employees of the Department of Housing and Community Development under the Tort Claims Act (Division 3.6 (commencing with Section 810) of Title 1 of the Government Code) when acting pursuant to Section 17965 of the Health and Safety Code.

(e) The qualifying person shall engage in no other construction, design, planning, supervision, or activities of any kind on the work of improvement, nor provide quality review services for any other party on the work of improvement.

(f) The qualifying person, or other legal entity, shall maintain professional errors and omissions insurance coverage in an amount not less than two million dollars ($2,000,000).

(g) The immunity provided by subdivision (a) does not inure to the benefit of the qualified person for damages caused to the applicant solely by the negligence or willful misconduct of the qualified person resulting from the provision of services under the contract with the applicant.

(Added by Stats.2002, c. 722 (S.B.800), § 2.)

§ 44. Defamation

Defamation is effected by either of the following:

(a) Libel;

(b) Slander.

(Enacted 1872. Amended by Stats.1980, c. 676, § 39.)

§ 45. Libel

LIBEL, WHAT. Libel is a false and unprivileged publication by writing, printing, picture, effigy, or other fixed representation to the eye, which exposes any person to hatred, contempt, ridicule, or obloquy, or which causes him to be shunned or avoided, or which has a tendency to injure him in his occupation.

(Enacted 1872.)

§ 45a. Libel on its face; other actionable defamatory language

A libel which is defamatory of the plaintiff without the necessity of explanatory matter, such as an inducement, innuendo or other extrinsic fact, is said to be a libel on its face. Defamatory language not libelous on its face is not actionable unless the plaintiff alleges and proves that he has suffered special damage as a proximate result thereof. Special damage is defined in Section 48a of this code.

(Added by Stats.1945, c. 1489, p. 2762, § 1.)

§ 46. Slander, false and unprivileged publications which constitute

Slander is a false and unprivileged publication, orally uttered, and also communications by radio or any mechanical or other means which:

1. Charges any person with crime, or with having been indicted, convicted, or punished for crime;

2. Imputes in him the present existence of an infectious, contagious, or loathsome disease;

3. Tends directly to injure him in respect to his office, profession, trade or business, either by imputing to him general disqualification in those respects which the office or other occupation peculiarly requires, or by imputing something with reference to his office, profession, trade, or business that has a natural tendency to lessen its profits;

4. Imputes to him impotence or a want of chastity; or

5. Which, by natural consequence, causes actual damage.

(Enacted 1872. Amended by Stats.1945, c. 1489, p. 2762, § 2.)

§ 47. Privileged publication or broadcast

A privileged publication or broadcast is one made:

(a) In the proper discharge of an official duty.

(b) In any (1) legislative proceeding, (2) judicial proceeding, (3) in any other official proceeding authorized by law, or (4) in the initiation or course of any other proceeding authorized by law and reviewable pursuant to Chapter 2 (commencing with Section 1084) of Title 1 of Part 3 of the Code of Civil Procedure, except as follows:

(1) An allegation or averment contained in any pleading or affidavit filed in an action for marital dissolution or legal separation made of or concerning a person by or against whom no affirmative relief is prayed in the action shall not be a privileged publication or broadcast as to the person making the allegation or averment within the meaning of this section unless the pleading is verified or affidavit sworn to, and is made without malice, by one having reasonable and probable cause for believing the truth of the allegation or averment and unless the allegation or averment is material and relevant to the issues in the action.

(2) This subdivision does not make privileged any communication made in furtherance of an act of intentional destruction or alteration of physical evidence undertaken for the purpose of depriving a party to litigation of the use of that evidence, whether or not the content of the communication is the subject of a subsequent publication or broadcast which is privileged pursuant to this section. As used in this paragraph, "physical evidence" means evidence specified in Section 250 of the Evidence Code or evidence that is property of any type specified in Section 2031 of the Code of Civil Procedure.

(3) This subdivision does not make privileged any communication made in a judicial proceeding knowingly concealing the existence of an insurance policy or policies.

(4) A recorded lis pendens is not a privileged publication unless it identifies an action previously filed with a court of competent jurisdiction which affects the title or right of possession of real property, as authorized or required by law.

(c) In a communication, without malice, to a person interested therein, (1) by one who is also interested, or (2) by one who stands in such a relation to the person interested as to afford a reasonable ground for supposing the motive for the communication to be innocent, or (3) who is requested by the person interested to give the information. This subdivision applies to and includes a communication concerning the job performance or qualifications of an applicant for employment, based upon credible evidence, made without malice, by a current or former employer of the applicant to, and upon request of, one whom the employer reasonably believes is a prospective employer of the applicant. This subdivision authorizes a current or former employer, or the employer's agent, to answer whether or not the employer would rehire a current or former employee. This subdivision shall not apply to a communication concerning the speech or activities of an applicant

for employment if the speech or activities are constitutionally protected, or otherwise protected by Section 527.3 of the Code of Civil Procedure or any other provision of law.

(d)(1) By a fair and true report in, or a communication to, a public journal, of (A) a judicial, (B) legislative, or (C) other public official proceeding, or (D) of anything said in the course thereof, or (E) of a verified charge or complaint made by any person to a public official, upon which complaint a warrant has been issued.

(2) Nothing in paragraph (1) shall make privileged any communication to a public journal that does any of the following:

(A) Violates Rule 5–120 of the State Bar Rules of Professional Conduct.

(B) Breaches a court order.

(C) Violates any requirement of confidentiality imposed by law.

(e) By a fair and true report of (1) the proceedings of a public meeting, if the meeting was lawfully convened for a lawful purpose and open to the public, or (2) the publication of the matter complained of was for the public benefit.

(Enacted 1872. Amended by Code Am.1873–74, c. 612, p. 184, § 11; Stats.1895, c. 163, p. 167, § 1; Stats.1927, c. 866, p. 1881, § 1; Stats.1945, c. 1489, p. 2763, § 3; Stats.1979, c. 184, p. 403, § 1; Stats.1990, c. 1491 (A.B.3765), § 1; Stats.1991, c. 432 (A.B.529), § 1; Stats.1992, c. 615 (S.B.1804), § 1; Stats.1994, c. 364 (A.B.2778), § 1; Stats.1994, c. 700 (S.B.1457), § 2.5; Stats.1996, c. 1055 (S.B.1540), § 2; Stats.2002, c. 1029 (A.B.2868), § 1, eff. Sept. 28, 2002.)

§ 47.5. Peace officers; defamation action against person filing false complaint alleging misconduct, criminal conduct, or incompetence

Notwithstanding Section 47, a peace officer may bring an action for defamation against an individual who has filed a complaint with that officer's employing agency alleging misconduct, criminal conduct, or incompetence, if that complaint is false, the complaint was made with knowledge that it was false and that it was made with spite, hatred, or ill will. Knowledge that the complaint was false may be proved by a showing that the complainant had no reasonable grounds to believe the statement was true and that the complainant exhibited a reckless disregard for ascertaining the truth.

(Added by Stats.1982, c. 1588, p. 6272, § 1.)

VALIDITY

This section has been held unconstitutional in part in the case of *Walker v. Kiousis (App. 4 Dist. 2001) 114 Cal.Rptr.2d 69, 93 Cal.App.4th 1432*

§ 48. Privileged publication or broadcast; malice not inferred

In the case provided for in subdivision * * * (c) of Section 47, malice is not inferred from the communication.

(Enacted 1872. Amended by Stats.1895, c. 163, p. 168, § 2; Stats.1945, c. 1489, p. 2763, § 4; Stats.2003, c. 62 (S.B.600), § 11.)

§ 48a. Libel in newspaper; slander by radio broadcast

1. **Special damages; notice and demand for correction.** In any action for damages for the publication of a libel in a newspaper, or of a slander by radio broadcast, plaintiff shall recover no more than special damages unless a correction be demanded and be not published or broadcast, as hereinafter provided. Plaintiff shall serve upon the publisher, at the place of publication or broadcaster at the place of broadcast, a written notice specifying the statements claimed to be libelous and demanding that the same be corrected. Said notice and demand must be served within 20 days after knowledge of the publication or broadcast of the statements claimed to be libelous.

2. **General, special and exemplary damages.** If a correction be demanded within said period and be not published or broadcast in substantially as conspicuous a manner in said newspaper or on said broadcasting station as were the statements claimed to be libelous, in a regular issue thereof published or broadcast within three weeks after such service, plaintiff, if he pleads and proves such notice, demand and failure to correct, and if his cause of action be maintained, may recover general, special and exemplary damages; provided that no exemplary damages may be recovered unless the plaintiff shall prove that defendant made the publication or broadcast with actual malice and then only in the discretion of the court or jury, and actual malice shall not be inferred or presumed from the publication or broadcast.

3. **Correction prior to demand.** A correction published or broadcast in substantially as conspicuous a manner in said newspaper or on said broadcasting station as the statements claimed in the complaint to be libelous, prior to receipt of a demand therefor, shall be of the same force and effect as though such correction had been published or broadcast within three weeks after a demand therefor.

4. **Definitions.** As used herein, the terms "general damages," "special damages," "exemplary damages" and "actual malice," are defined as follows:

(a) "General damages" are damages for loss of reputation, shame, mortification and hurt feelings;

(b) "Special damages" are all damages which plaintiff alleges and proves that he has suffered in respect to his property, business, trade, profession or occupation, including such amounts of money as the plaintiff alleges and proves he has expended as a result of the alleged libel, and no other;

(c) "Exemplary damages" are damages which may in the discretion of the court or jury be recovered in addition to general and special damages for the sake of example and by way of punishing a defendant who has made the publication or broadcast with actual malice;

(d) "Actual malice" is that state of mind arising from hatred or ill will toward the plaintiff; provided, however, that such a state of mind occasioned by a good faith belief on the part of the defendant in the truth of the libelous publication or broadcast at the time it is published or broadcast shall not constitute actual malice.

(Added by Stats.1931, c. 1018, p. 2034, § 1. Amended by Stats.1945, c. 1489, p. 2763, § 5.)

§ 48.5. Defamation by radio; non–liability of owner, licensee or operator of broadcasting station or network

(1) The owner, licensee or operator of a visual or sound radio broadcasting station or network of stations, and the agents or employees of any such owner, licensee or operator, shall not be liable for any damages for any defamatory statement or matter published or uttered in or as a part of a visual or sound radio broadcast by one other than such owner, licensee or operator, or agent or employee thereof, if it shall be alleged and proved by such owner, licensee or operator, or agent or employee thereof, that such owner, licensee or operator, or such agent or employee, has exercised due care to prevent the publication or utterance of such statement or matter in such broadcast.

(2) If any defamatory statement or matter is published or uttered in or as a part of a broadcast over the facilities of a network of visual or sound radio broadcasting stations, the owner, licensee or operator of any such station, or network of stations, and the agents or employees thereof, other than the owner, licensee or operator of the station, or network of stations, originating such broadcast, and the agents or employees thereof, shall in no event be liable for any damages for any such defamatory statement or matter.

(3) In no event, however, shall any owner, licensee or operator of such station or network of stations, or the agents or employees thereof, be liable for any damages for any defamatory statement or matter published or uttered, by one other than such owner, licensee or operator, or agent or employee thereof, in or as a part of a visual or sound radio broadcast by or on behalf of any candidate for public office, which broadcast cannot be censored by reason of the provisions of federal statute or regulation of the Federal Communications Commission.

(4) As used in this Part 2, the terms "radio," "radio broadcast," and "broadcast," are defined to include both visual and sound radio broadcasting.

(5) Nothing in this section contained shall deprive any such owner,

licensee or operator, or the agent or employee thereof, of any rights under any other section of this Part 2.
(Added by Stats.1949, c. 1258, p. 2213, § 1.)

§ 48.7. Child abuse; prohibition against libel or slander action while charges pending; tolling of limitations; pleadings; demurrer; attorney fees and costs

(a) No person charged by indictment, information, or other accusatory pleading of child abuse may bring a civil libel or slander action against the minor, the parent or guardian of the minor, or any witness, based upon any statements made by the minor, parent or guardian, or witness which are reasonably believed to be in furtherance of the prosecution of the criminal charges while the charges are pending before a trial court. The charges are not pending within the meaning of this section after dismissal, after pronouncement of judgment, or during an appeal from a judgment.

Any applicable statute of limitations shall be tolled during the period that such charges are pending before a trial court.

(b) Whenever any complaint for libel or slander is filed which is subject to the provisions of this section, no responsive pleading shall be required to be filed until 30 days after the end of the period set forth in subdivision (a).

(c) Every complaint for libel or slander based on a statement that the plaintiff committed an act of child abuse shall state that the complaint is not barred by subdivision (a). A failure to include that statement shall be grounds for a demurrer.

(d) Whenever a demurrer against a complaint for libel or slander is sustained on the basis that the complaint was filed in violation of this section, attorney's fees and costs shall be awarded to the prevailing party.

(e) Whenever a prosecutor is informed by a minor, parent, guardian, or witness that a complaint against one of those persons has been filed which may be subject to the provisions of this section, the prosecutor shall provide that person with a copy of this section.

(f) As used in this section, child abuse has the meaning set forth in Section 11165 of the Penal Code.
(Added by Stats.1981, c. 253, § 1.)

§ 48.8. Communications to school personnel regarding threats to commit violence on the school grounds involving deadly or dangerous weapons; liability for defamation

(a) A communication by any person to a school principal, or a communication by a student attending the school to the student's teacher or to a school counselor or school nurse and any report of that communication to the school principal, stating that a specific student or other specified person has made a threat to commit violence or potential violence on the school grounds involving the use of a firearm or other deadly or dangerous weapon, is a communication on a matter of public concern and is subject to liability in defamation only upon a showing by clear and convincing evidence that the communication or report was made with knowledge of its falsity or with reckless disregard for the truth or falsity of the communication. Where punitive damages are alleged, the provisions of Section 3294 shall also apply.

(b) As used in this section, "school" means a public or private school providing instruction in kindergarten or grades 1 to 12, inclusive.
(Added by Stats.2001, c. 570 (A.B.1717), § 1.)

§ 48.9. Anonymous witness program; immunity

(a) An organization which sponsors or conducts an anonymous witness program, and its employees and agents, shall not be liable in a civil action for damages resulting from its receipt of information regarding possible criminal activity or from dissemination of that information to a law enforcement agency.

(b) The immunity provided by this section shall apply to any civil action for damages, including, but not limited to, a defamation action or an action for damages resulting from retaliation against a person who provided information.

(c) The immunity provided by this section shall not apply in any of the following instances:

(1) The information was disseminated with actual knowledge that it was false.

(2) The name of the provider of the information was disseminated without that person's authorization and the dissemination was not required by law.

(3) The name of the provider of information was obtained and the provider was not informed by the organization that the disclosure of his or her name may be required by law.

(d) As used in this section, an "anonymous witness program" means a program whereby information relating to alleged criminal activity is received from persons, whose names are not released without their authorization unless required by law, and disseminated to law enforcement agencies.
(Added by Stats.1983, c. 495, § 1.)

§ 49. Personal relations, acts forbidden by

The rights of personal relations forbid:

(a) The abduction or enticement of a child from a parent, or from a guardian entitled to its custody;

(b) The seduction of a person under the age of legal consent;

(c) Any injury to a servant which affects his ability to serve his master, other than seduction, abduction or criminal conversation.
(Enacted 1872. Amended by Stats.1905, c. 70, p. 68, § 1; Stats.1939, c. 128, p. 1245, § 1; Stats.1939, c. 1103, p. 3037, § 5.)

§ 50. Force, right to use

Any necessary force may be used to protect from wrongful injury the person or property of oneself, or of a wife, husband, child, parent, or other relative, or member of one's family, or of a ward, servant, master, or guest.
(Enacted 1872. Amended by Code Am.1873–74, c. 612, p. 184, § 12.)

§ 51. Unruh Civil Rights Act; equal rights; business establishments; violation

(a) This section shall be known, and may be cited, as the Unruh Civil Rights Act.

(b) All persons within the jurisdiction of this state are free and equal, and no matter what their sex, race, color, religion, ancestry, national origin, disability, or medical condition are entitled to the full and equal accommodations, advantages, facilities, privileges, or services in all business establishments of every kind whatsoever.

(c) This section shall not be construed to confer any right or privilege on a person that is conditioned or limited by law or that is applicable alike to persons of every sex, color, race, religion, ancestry, national origin, disability, or medical condition.

(d) Nothing in this section shall be construed to require any construction, alteration, repair, structural or otherwise, or modification of any sort whatsoever, beyond that construction, alteration, repair, or modification that is otherwise required by other provisions of law, to any new or existing establishment, facility, building, improvement, or any other structure, nor shall anything in this section be construed to augment, restrict, or alter in any way the authority of the State Architect to require construction, alteration, repair, or modifications that the State Architect otherwise possesses pursuant to other laws.

(e) For purposes of this section:

(1) "Disability" means any mental or physical disability as defined in Section 12926 of the Government Code.

(2) "Medical condition" has the same meaning as defined in subdivision (h) of Section 12926 of the Government Code.

(f) A violation of the right of any individual under the Americans with Disabilities Act of 1990 (Public Law 101–336) shall also constitute a violation of this section.

(Added by Stats.1905, c. 413, p. 553, § 1. Amended by Stats.1919, c. 210, p. 309, § 1; Stats.1923, c. 235, p. 485, § 1; Stats.1959, c. 1866, p. 4424, § 1; Stats.1961, c. 1187, p. 2920, § 1; Stats.1974, c. 1193, p. 2568, § 1; Stats.1987, c. 159, § 1; Stats.1992, c. 913 (A.B.1077), § 3; Stats.1998, c. 195 (A.B.2702), § 1; Stats.2000, c. 1049 (A.B.2222), § 2.)

§ 51.1. Mandatory service on State Solicitor General of each party's brief or petition and brief in causes of action based on violation of civil rights statutes

If a violation of Section 51, 51.5, 51.7, 51.9, or 52.1 is alleged or the application or construction of any of these sections is in issue in any proceeding in the Supreme Court of California, a state court of appeal, or the appellate division of a superior court, each party shall serve a copy of the party's brief or petition and brief, on the State Solicitor General at the Office of the Attorney General. No brief may be accepted for filing unless the proof of service shows service on the State Solicitor General. Any party failing to comply with this requirement shall be given a reasonable opportunity to cure the failure before the court imposes any sanction and, in that instance, the court shall allow the Attorney General reasonable additional time to file a brief in the matter.

(Added by Stats.2002, c. 244 (A.B.2524), § 1.)

§ 51.2. Age discrimination in housing prohibited; exception; intent

(a) Section 51 shall be construed to prohibit a business establishment from discriminating in the sale or rental of housing based upon age. Where accommodations are designed to meet the physical and social needs of senior citizens, a business establishment may establish and preserve that housing for senior citizens, pursuant to Section 51.3, except housing as to which Section 51.3 is preempted by the prohibition in the federal Fair Housing Amendments Act of 1988 (P.L. 100–430) and implementing regulations against discrimination on the basis of familial status. For accommodations constructed before February 8, 1982, that meet all the criteria for senior citizen housing specified in Section 51.3, a business establishment may establish and preserve that housing development for senior citizens without the housing development being designed to meet physical and social needs of senior citizens.

(b) This section is intended to clarify the holdings in Marina Point, Ltd. v. Wolfson (1982) 30 Cal. 3d 72 and O'Connor v. Village Green Owners Association (1983) 33 Cal. 3d 790.

(c) This section shall not apply to the County of Riverside.

(d) A housing development for senior citizens constructed on or after January 1, 2001, shall be presumed to be designed to meet the physical and social needs of senior citizens if it includes all of the following elements:

(1) Entryways, walkways, and hallways in the common areas of the development, and doorways and paths of access to and within the housing units, shall be as wide as required by current laws applicable to new multifamily housing construction for provision of access to persons using a standard–width wheelchair.

(2) Walkways and hallways in the common areas of the development shall be equipped with standard height railings or grab bars to assist persons who have difficulty with walking.

(3) Walkways and hallways in the common areas shall have lighting conditions which are of sufficient brightness to assist persons who have difficulty seeing.

(4) Access to all common areas and housing units within the development shall be provided without use of stairs, either by means of an elevator or sloped walking ramps.

(5) The development shall be designed to encourage social contact by providing at least one common room and at least some common open space.

(6) Refuse collection shall be provided in a manner that requires a minimum of physical exertion by residents.

(7) The development shall comply with all other applicable requirements for access and design imposed by law, including, but not limited to, the Fair Housing Act (42 U.S.C. Sec. 3601 et seq.), the Americans with Disabilities Act (42 U.S.C. Sec. 12101 et seq.), and the regulations promulgated at Title 24 of the California Code of Regulations that relate to access for persons with disabilities or handicaps. Nothing in this section shall be construed to limit or reduce any right or obligation applicable under those laws.

(Added by Stats.1984, c. 787, § 1. Amended by Stats.1989, c. 501, § 1; Stats.1993, c. 830 (S.B.137), § 1, eff. Oct. 6, 1993; Stats.1996, c. 1147 (S.B.2097), § 2; Stats.1999, c. 324 (S.B.382), § 1; Stats.2000, c. 1004 (S.B.2011), § 2; Stats.2002, c. 726 (A.B.2787), § 2.)

§ 51.3. Housing; age limitations; necessity for senior citizen housing

(a) The Legislature finds and declares that this section is essential to establish and preserve specially designed accessible housing for senior citizens. There are senior citizens who need special living environments and services, and find that there is an inadequate supply of this type of housing in the state.

(b) For the purposes of this section, the following definitions apply:

(1) "Qualifying resident" or "senior citizen" means a person 62 years of age or older, or 55 years of age or older in a senior citizen housing development.

(2) "Qualified permanent resident" means a person who meets both of the following requirements:

(A) Was residing with the qualifying resident or senior citizen prior to the death, hospitalization, or other prolonged absence of, or the dissolution of marriage with, the qualifying resident or senior citizen.

(B) Was 45 years of age or older, or was a spouse, cohabitant, or person providing primary physical or economic support to the qualifying resident or senior citizen.

(3) "Qualified permanent resident" also means a disabled person or person with a disabling illness or injury who is a child or grandchild of the senior citizen or a qualified permanent resident as defined in paragraph (2) who needs to live with the senior citizen or qualified permanent resident because of the disabling condition, illness, or injury. For purposes of this section, "disabled" means a person who has a disability as defined in subdivision (b) of Section 54. A "disabling injury or illness" means an illness or injury which results in a condition meeting the definition of disability set forth in subdivision (b) of Section 54.

(A) For any person who is a qualified permanent resident under this paragraph whose disabling condition ends, the owner, board of directors, or other governing body may require the formerly disabled resident to cease residing in the development upon receipt of six months' written notice; provided, however, that the owner, board of directors, or other governing body may allow the person to remain a resident for up to one year after the disabling condition ends.

(B) The owner, board of directors, or other governing body of the senior citizen housing development may take action to prohibit or terminate occupancy by a person who is a qualified permanent resident under this paragraph if the owner, board of directors, or other governing body finds, based on credible and objective evidence, that the person is likely to pose a significant threat to the health or safety of others that cannot be ameliorated by means of a reasonable accommodation; provided, however, that the action to prohibit or terminate the occupancy may be taken only after doing both of the following:

(i) Providing reasonable notice to and an opportunity to be heard for the disabled person whose occupancy is being challenged, and reasonable notice to the coresident parent or grandparent of that person.

(ii) Giving due consideration to the relevant, credible, and objective information provided in the hearing. The evidence shall be

taken and held in a confidential manner, pursuant to a closed session, by the owner, board of directors, or other governing body in order to preserve the privacy of the affected persons.

The affected persons shall be entitled to have present at the hearing an attorney or any other person authorized by them to speak on their behalf or to assist them in the matter.

(4) "Senior citizen housing development" means a residential development developed, substantially rehabilitated, or substantially renovated for, senior citizens that has at least 35 dwelling units. Any senior citizen housing development which is required to obtain a public report under Section 11010 of the Business and Professions Code and which submits its application for a public report after July 1, 2001, shall be required to have been issued a public report as a senior citizen housing development under Section 11010.05 of the Business and Professions Code. No housing development constructed prior to January 1, 1985, shall fail to qualify as a senior citizen housing development because it was not originally developed or put to use for occupancy by senior citizens.

(5) "Dwelling unit" or "housing" means any residential accommodation other than a mobilehome.

(6) "Cohabitant" refers to persons who live together as husband and wife, or persons who are domestic partners within the meaning of Section 297 of the Family Code.

(7) "Permitted health care resident" means a person hired to provide live–in, long–term, or terminal health care to a qualifying resident, or a family member of the qualifying resident providing that care. For the purposes of this section, the care provided by a permitted health care resident must be substantial in nature and must provide either assistance with necessary daily activities or medical treatment, or both.

A permitted health care resident shall be entitled to continue his or her occupancy, residency, or use of the dwelling unit as a permitted resident in the absence of the senior citizen from the dwelling unit only if both of the following are applicable:

(A) The senior citizen became absent from the dwelling due to hospitalization or other necessary medical treatment and expects to return to his or her residence within 90 days from the date the absence began.

(B) The absent senior citizen or an authorized person acting for the senior citizen submits a written request to the owner, board of directors, or governing board stating that the senior citizen desires that the permitted health care resident be allowed to remain in order to be present when the senior citizen returns to reside in the development.

Upon written request by the senior citizen or an authorized person acting for the senior citizen, the owner, board of directors, or governing board shall have the discretion to allow a permitted health care resident to remain for a time period longer than 90 days from the date that the senior citizen's absence began, if it appears that the senior citizen will return within a period of time not to exceed an additional 90 days.

(c) The covenants, conditions, and restrictions and other documents or written policy shall set forth the limitations on occupancy, residency, or use on the basis of age. Any such limitation shall not be more exclusive than to require that one person in residence in each dwelling unit may be required to be a senior citizen and that each other resident in the same dwelling unit may be required to be a qualified permanent resident, a permitted health care resident, or a person under 55 years of age whose occupancy is permitted under subdivision (h) of this section or under subdivision (b) of Section 51.4. That limitation may be less exclusive, but shall at least require that the persons commencing any occupancy of a dwelling unit include a senior citizen who intends to reside in the unit as his or her primary residence on a permanent basis. The application of the rules set forth in this subdivision regarding limitations on occupancy may result in less than all of the dwellings being actually occupied by a senior citizen.

(d) The covenants, conditions, and restrictions or other documents or written policy shall permit temporary residency, as a guest of a senior citizen or qualified permanent resident, by a person of less than 55 years of age for periods of time, not less than 60 days in any year, that are specified in the covenants, conditions, and restrictions or other documents or written policy.

(e) Upon the death or dissolution of marriage, or upon hospitalization, or other prolonged absence of the qualifying resident, any qualified permanent resident shall be entitled to continue his or her occupancy, residency, or use of the dwelling unit as a permitted resident. This subdivision shall not apply to a permitted health care resident.

(f) The condominium, stock cooperative, limited–equity housing cooperative, planned development, or multiple–family residential rental property shall have been developed for, and initially been put to use as, housing for senior citizens, or shall have been substantially rehabilitated or renovated for, and immediately afterward put to use as, housing for senior citizens, as provided in this section; provided, however, that no housing development constructed prior to January 1, 1985, shall fail to qualify as a senior citizen housing development because it was not originally developed for or originally put to use for occupancy by senior citizens.

(g) The covenants, conditions, and restrictions or other documents or written policies applicable to any condominium, stock cooperative, limited–equity housing cooperative, planned development, or multiple–family residential property that contained age restrictions on January 1, 1984, shall be enforceable only to the extent permitted by this section, notwithstanding lower age restrictions contained in those documents or policies.

(h) Any person who has the right to reside in, occupy, or use the housing or an unimproved lot subject to this section on January 1, 1985, shall not be deprived of the right to continue that residency, occupancy, or use as the result of the enactment of this section.

(i) The covenants, conditions, and restrictions or other documents or written policy of the senior citizen housing development shall permit the occupancy of a dwelling unit by a permitted health care resident during any period that the person is actually providing live–in, long–term, or hospice health care to a qualifying resident for compensation. For purposes of this subdivision, the term "for compensation" shall include provisions of lodging and food in exchange for care.

(j) Notwithstanding any other provision of this section, this section shall not apply to the County of Riverside.

(Added by Stats.1984, c. 1333, § 1. Amended by Stats.1985, c. 1505, § 2; Stats.1989, c. 190, § 1; Stats.1994, c. 464 (S.B.1560), § 1; Stats.1995, c. 147 (S.B.332), § 1; Stats.1996, c. 1147 (S.B.2097), § 3; Stats.1999, c. 324 (S.B.382), § 2; Stats.2000, c. 1004 (S.B.2011), § 3.)

§ 51.4. Exemption from special design requirement

(a) The Legislature finds and declares that the requirements for senior housing under Sections 51.2 and 51.3 are more stringent than the requirements for that housing under the federal Fair Housing Amendments Act of 1988 (Public Law 100–430)[1] in recognition of the acute shortage of housing for families with children in California. The Legislature further finds and declares that the special design requirements for senior housing under Sections 51.2 and 51.3 may pose a hardship to some housing developments which were constructed before the decision in Marina Point Ltd. v. Wolfson (1982), 30 Cal. 3d 72.[2] The Legislature further finds and declares that the requirement for specially designed accommodations in senior housing under Sections 51.2 and 51.3 provides important benefits to senior citizens and also ensures that housing exempt from the prohibition of age discrimination is carefully tailored to meet the compelling societal interest in providing senior housing.

(b) Any person who resided in, occupied, or used, prior to January 1, 1990, a dwelling in a senior citizen housing development which relied on the exemption to the special design requirement provided by

this section prior to January 1, 2001, shall not be deprived of the right to continue that residency, occupancy, or use as the result of the changes made to this section by the enactment of Senate Bill 1382[3] or Senate Bill 2011[4] at the 1999–2000 Regular Session of the Legislature.

(c) This section shall not apply to the County of Riverside.

(Added by Stats.1989, c. 501, § 2. Amended by Stats.1991, c. 59 (A.B.125), § 1, eff. June 17, 1991; Stats.1996, c. 1147 (S.B.2097), § 4; Stats.2000, c. 1004 (S.B.2011), § 4.)

[1]See Short Title note under 42 U.S.C.A. § 3601 for classification of the Act to the Code.

[2]So in enrolled bill. See 30 Cal.3d 721, 640 P.2d 115, 180 Cal.Rptr. 496.

[3]S.B.1382 was vetoed in 2000.

[4]Stats.2000, c. 1004.

§ 51.5. Discrimination, boycott, blacklist, etc.; business establishments; equal rights

(a) No business establishment of any kind whatsoever shall discriminate against, boycott or blacklist, or refuse to buy from, contract with, sell to, or trade with any person in this state because of the race, creed, religion, color, national origin, sex, disability, or medical condition of the person or of the person's partners, members, stockholders, directors, officers, managers, superintendents, agents, employees, business associates, suppliers, or customers, because the person is perceived to have one or more of those characteristics, or because the person is associated with a person who has, or is perceived to have, any of those characteristics.

(b) As used in this section, "person" includes any person, firm, association, organization, partnership, business trust, corporation, limited liability company, or company.

(c) This section shall not be construed to require any construction, alteration, repair, structural or otherwise, or modification of any sort whatsoever, beyond that construction, alteration, repair, or modification that is otherwise required by other provisions of law, to any new or existing establishment, facility, building, improvement, or any other structure, nor shall this section be construed to augment, restrict, or alter in any way the authority of the State Architect to require construction, alteration, repair, or modifications that the State Architect otherwise possesses pursuant to other laws.

(d) For purposes of this section:

(1) "Disability" means any mental or physical disability as defined in Section 12926 of the Government Code.

(2) "Medical condition" has the same meaning as defined in subdivision (h) of Section 12926 of the Government Code.

(Added by Stats.1976, c. 366, p. 1013, § 1. Amended by Stats.1987, c. 159, § 2; Stats.1992, c. 913 (A.B.1077), § 3.2; Stats.1994, c. 1010 (S.B.2053), § 28; Stats.1998, c. 195 (A.B.2702), § 2; Stats.1999, c. 591 (A.B.1670), § 2; Stats.2000, c. 1049 (A.B.2222), § 3.)

§ 51.6. Gender Tax Repeal Act of 1995

(a) This section shall be known, and may be cited, as the Gender Tax Repeal Act of 1995.

(b) No business establishment of any kind whatsoever may discriminate, with respect to the price charged for services of similar or like kind, against a person because of the person's gender.

(c) Nothing in subdivision (b) prohibits price differences based specifically upon the amount of time, difficulty, or cost of providing the services.

(d) Except as provided in subdivision (f), the remedies for a violation of this section are the remedies provided in subdivision (a) of Section 52. However, an action under this section is independent of any other remedy or procedure that may be available to an aggrieved party.

(e) This act does not alter or affect the provisions of the Health and Safety Code, the Insurance Code, or other laws that govern health care service plan or insurer underwriting or rating practices.

(f)(1) The following business establishments shall clearly and conspicuously disclose to the customer in writing the pricing for each standard service provided:

(A) Tailors or businesses providing aftermarket clothing alterations.

(B) Barbers or hair salons.

(C) Dry cleaners and laundries providing services to individuals.

(2) The price list shall be posted in an area conspicuous to customers. Posted price lists shall be in no less than 14–point boldface type and clearly and completely display pricing for every standard service offered by the business under paragraph (1).

(3) The business establishment shall provide the customer with a complete written price list upon request.

(4) The business establishment shall display in a conspicuous place at least one clearly visible sign, printed in no less than 24–point boldface type, which reads: "CALIFORNIA LAW PROHIBITS ANY BUSINESS ESTABLISHMENT FROM DISCRIMINATING, WITH RESPECT TO THE PRICE CHARGED FOR SERVICES OF SIMILAR OR LIKE KIND, AGAINST A PERSON BECAUSE OF THE PERSON'S GENDER. A COMPLETE PRICE LIST IS AVAILABLE UPON REQUEST."

(5) A business establishment that fails to correct a violation of this subdivision within 30 days of receiving written notice of the violation is liable for a civil penalty of one thousand dollars ($1,000).

(6) For the purposes of this subdivision, "standard service" means the 15 most frequently requested services provided by the business.

(Added by Stats.1995, c. 866 (A.B.1100), § 1. Amended by Stats.2001, c. 312 (A.B.1088), § 1.)

§ 51.7. Freedom from violence or intimidation

(a) All persons within the jurisdiction of this state have the right to be free from any violence, or intimidation by threat of violence, committed against their persons or property because of their race, color, religion, ancestry, national origin, political affiliation, sex, sexual orientation, age, disability, or position in a labor dispute, or because another person perceives them to have one or more of those characteristics. The identification in this subdivision of particular bases of discrimination is illustrative rather than restrictive.

This section does not apply to statements concerning positions in a labor dispute which are made during otherwise lawful labor picketing.

(b) As used in this section, "sexual orientation" means heterosexuality, homosexuality, or bisexuality.

(Added by Stats.1976, c. 1293, p. 5778, § 2. Amended by Stats.1984, c. 1437, § 1; Stats.1985, c. 497, § 1; Stats.1987, c. 1277, § 2; Stats.1994, c. 407 (S.B.1595), § 1.)

§ 51.8. Discrimination; franchises

No franchisor shall discriminate in the granting of franchises solely because of the race, color, religion, sex, national origin, or disability of the franchisee and the racial, ethnic, religious, national origin, or disability composition of a neighborhood or geographic area in which the franchise is located. Nothing in this section shall be interpreted to prohibit a franchisor from granting a franchise to prospective franchisees as part of a program or programs to make franchises available to persons lacking the capital, training, business experience, or other qualifications ordinarily required of franchisees, or any other affirmative action program adopted by the franchisor.

Nothing in this section shall be construed to require any construction, alteration, repair, structural or otherwise, or modification of any sort whatsoever, beyond that construction, alteration, repair, or modification that is otherwise required by other provisions of law, to any new or existing establishment, facility, building, improvement, or any other structure, nor shall anything in this section be construed to augment, restrict, or alter in any way the authority of the State Architect to require construction, alteration, repair, or modifications that the State Architect otherwise possesses pursuant to other laws.

(Added by Stats.1980, c. 1303, § 1. Amended by Stats.1987, c. 159, § 3; Stats.1992, c. 913 (A.B.1077), § 3.4; Stats.1998, c. 195 (A.B.2702), § 3.)

§ 51.9. Sexual harassment; business, service and professional relationships

(a) A person is liable in a cause of action for sexual harassment under this section when the plaintiff proves all of the following elements:

(1) There is a business, service, or professional relationship between the plaintiff and defendant. Such a relationship may exist between a plaintiff and a person, including, but not limited to, any of the following persons:

(A) Physician, psychotherapist, or dentist. For purposes of this section, "psychotherapist" has the same meaning as set forth in paragraph (1) of subdivision (c) of Section 728 of the Business and Professions Code.

(B) Attorney, holder of a master's degree in social work, real estate agent, real estate appraiser, accountant, banker, trust officer, financial planner loan officer, collection service, building contractor, or escrow loan officer.

(C) Executor, trustee, or administrator.

(D) Landlord or property manager.

(E) Teacher.

(F) A relationship that is substantially similar to any of the above.

(2) The defendant has made sexual advances, solicitations, sexual requests, demands for sexual compliance by the plaintiff, or engaged in other verbal, visual, or physical conduct of a sexual nature or of a hostile nature based on gender, that were unwelcome and pervasive or severe.

(3) There is an inability by the plaintiff to easily terminate the relationship.

(4) The plaintiff has suffered or will suffer economic loss or disadvantage or personal injury, including, but not limited to, emotional distress or the violation of a statutory or constitutional right, as a result of the conduct described in paragraph (2).

(b) In an action pursuant to this section, damages shall be awarded as provided by subdivision (b) of Section 52.

(c) Nothing in this section shall be construed to limit application of any other remedies or rights provided under the law.

(d) The definition of sexual harassment and the standards for determining liability set forth in this section shall be limited to determining liability only with regard to a cause of action brought under this section.

(Added by Stats.1994, c. 710 (S.B.612), § 2. Amended by Stats.1996, c. 150 (S.B.195), § 1; Stats.1999, c. 964 (A.B.519), § 1.)

§ 51.10. Business establishments; sale or rental of housing; age discrimination; senior housing; intent and application of section

(a) Section 51 shall be construed to prohibit a business establishment from discriminating in the sale or rental of housing based upon age. A business establishment may establish and preserve housing for senior citizens, pursuant to Section 51.11, except housing as to which Section 51.11 is preempted by the prohibition in the federal Fair Housing Amendments Act of 1988 (P.L. 100–430)[1] and implementing regulations against discrimination on the basis of familial status.

(b) This section is intended to clarify the holdings in Marina Point, Ltd., v. Wolfson (1982), 30 Cal. 3d 721,[2] and O'Connor v. Village Green Owners Association (1983), 33 Cal. 3d 790.

(c) This section shall only apply to the County of Riverside.

(Added by Stats.1996, c. 1147 (S.B.2097), § 5.)

[1]See Short Title note under 42 U.S.C.A. § 3601 for classification of the Act to the Code.

[2]So in enrolled bill. See 30 Cal.3d 721, 640 P.2d 115, 180 Cal.Rptr. 496.

§ 51.11. Riverside County; establishment or preservation of senior housing; legislative findings and declarations; definitions; requirements; qualification of development; application of section

(a) The Legislature finds and declares that this section is essential to establish and preserve housing for senior citizens. There are senior citizens who need special living environments, and find that there is an inadequate supply of this type of housing in the state.

(b) For the purposes of this section, the following definitions apply:

(1) "Qualifying resident" or "senior citizen" means a person 62 years of age or older, or 55 years of age or older in a senior citizen housing development.

(2) "Qualified permanent resident" means a person who meets both of the following requirements:

(A) Was residing with the qualifying resident or senior citizen prior to the death, hospitalization, or other prolonged absence of, or the dissolution of marriage with, the qualifying resident or senior citizen.

(B) Was 45 years of age or older, or was a spouse, cohabitant, or person providing primary physical or economic support to the qualifying resident or senior citizen.

(3) "Qualified permanent resident" also means a disabled person or person with a disabling illness or injury who is a child or grandchild of the senior citizen or a qualified permanent resident as defined in paragraph (2) who needs to live with the senior citizen or qualified permanent resident because of the disabling condition, illness, or injury. For purposes of this section, "disabled" means a person who has a disability as defined in subdivision (b) of Section 54. A " disabling injury or illness" means an illness or injury which results in a condition meeting the definition of disability set forth in subdivision (b) of Section 54.

(A) For any person who is a qualified permanent resident under paragraph (3) whose disabling condition ends, the owner, board of directors, or other governing body may require the formerly disabled resident to cease residing in the development upon receipt of six months' written notice; provided, however, that the owner, board of directors, or other governing body may allow the person to remain a resident for up to one year, after the disabling condition ends.

(B) The owner, board of directors, or other governing body of the senior citizen housing development may take action to prohibit or terminate occupancy by a person who is a qualified permanent resident under paragraph (3) if the owner, board of directors, or other governing body finds, based on credible and objective evidence, that the person is likely to pose a significant threat to the health or safety of others that cannot be ameliorated by means of a reasonable accommodation; provided, however, that action to prohibit or terminate the occupancy may be taken only after doing both of the following:

(i) Providing reasonable notice to and an opportunity to be heard for the disabled person whose occupancy is being challenged, and reasonable notice to the coresident parent or grandparent of that person.

(ii) Giving due consideration to the relevant, credible, and objective information provided in that hearing. The evidence shall be taken and held in a confidential manner, pursuant to a closed session, by the owner, board of directors, or other governing body in order to preserve the privacy of the affected persons.

The affected persons shall be entitled to have present at the hearing an attorney or any other person authorized by them to speak on their behalf or to assist them in the matter.

(4) "Senior citizen housing development" means a residential development developed with more than 20 units as a senior community by its developer and zoned as a senior community by a local governmental entity, or characterized as a senior community in its governing documents, as these are defined in Section 1351, or qualified as a senior community under the federal Fair Housing

Amendments Act of 1988[1], as amended. Any senior citizen housing development which is required to obtain a public report under Section 11010 of the Business and Professions Code and which submits its application for a public report after July 1, 2001, shall be required to have been issued a public report as a senior citizen housing development under Section 11010.05 of the Business and Professions Code.

(5) "Dwelling unit" or "housing" means any residential accommodation other than a mobilehome.

(6) "Cohabitant" refers to persons who live together as husband and wife, or persons who are domestic partners within the meaning of Section 297 of the Family Code.

(7) "Permitted health care resident" means a person hired to provide live–in, long–term, or terminal health care to a qualifying resident, or a family member of the qualifying resident providing that care. For the purposes of this section, the care provided by a permitted health care resident must be substantial in nature and must provide either assistance with necessary daily activities or medical treatment, or both.

A permitted health care resident shall be entitled to continue his or her occupancy, residency, or use of the dwelling unit as a permitted resident in the absence of the senior citizen from the dwelling unit only if both of the following are applicable:

(A) The senior citizen became absent from the dwelling due to hospitalization or other necessary medical treatment and expects to return to his or her residence within 90 days from the date the absence began.

(B) The absent senior citizen or an authorized person acting for the senior citizen submits a written request to the owner, board of directors, or governing board stating that the senior citizen desires that the permitted health care resident be allowed to remain in order to be present when the senior citizen returns to reside in the development.

Upon written request by the senior citizen or an authorized person acting for the senior citizen, the owner, board of directors, or governing board shall have the discretion to allow a permitted health care resident to remain for a time period longer than 90 days from the date that the senior citizen's absence began, if it appears that the senior citizen will return within a period of time not to exceed an additional 90 days.

(c) The covenants, conditions, and restrictions and other documents or written policy shall set forth the limitations on occupancy, residency, or use on the basis of age. Any such limitation shall not be more exclusive than to require that one person in residence in each dwelling unit may be required to be a senior citizen and that each other resident in the same dwelling unit may be required to be a qualified permanent resident, a permitted health care resident, or a person under 55 years of age whose occupancy is permitted under subdivision (g) of this section or subdivision (b) of Section 51.12. That limitation may be less exclusive, but shall at least require that the persons commencing any occupancy of a dwelling unit include a senior citizen who intends to reside in the unit as his or her primary residence on a permanent basis. The application of the rules set forth in this subdivision regarding limitations on occupancy may result in less than all of the dwellings being actually occupied by a senior citizen.

(d) The covenants, conditions, and restrictions or other documents or written policy shall permit temporary residency, as a guest of a senior citizen or qualified permanent resident, by a person of less than 55 years of age for periods of time, not more than 60 days in any year, that are specified in the covenants, conditions, and restrictions or other documents or written policy.

(e) Upon the death or dissolution of marriage, or upon hospitalization, or other prolonged absence of the qualifying resident, any qualified permanent resident shall be entitled to continue his or her occupancy, residency, or use of the dwelling unit as a permitted resident. This subdivision shall not apply to a permitted health care resident.

(f) The covenants, conditions, and restrictions or other documents or written policies applicable to any condominium, stock cooperative, limited–equity housing cooperative, planned development, or multiple–family residential property that contained age restrictions on January 1, 1984, shall be enforceable only to the extent permitted by this section, notwithstanding lower age restrictions contained in those documents or policies.

(g) Any person who has the right to reside in, occupy, or use the housing or an unimproved lot subject to this section on or after January 1, 1985, shall not be deprived of the right to continue that residency, occupancy, or use as the result of the enactment of this section by Chapter 1147 of the Statutes of 1996.

(h) A housing development may qualify as a senior citizen housing development under this section even though, as of January 1, 1997, it does not meet the definition of a senior citizen housing development specified in subdivision (b), if the development complies with that definition for every unit that becomes occupied after January 1, 1997, and if the development was once within that definition, and then became noncompliant with the definition as the result of any one of the following:

(1) The development was ordered by a court or a local, state, or federal enforcement agency to allow persons other than qualifying residents, qualified permanent residents, or permitted health care residents to reside in the development.

(2) The development received a notice of a pending or proposed action in, or by, a court, or a local, state, or federal enforcement agency, which action could have resulted in the development being ordered by a court or a state or federal enforcement agency to allow persons other than qualifying residents, qualified permanent residents, or permitted health care residents to reside in the development.

(3) The development agreed to allow persons other than qualifying residents, qualified permanent residents, or permitted health care residents to reside in the development by entering into a stipulation, conciliation agreement, or settlement agreement with a local, state, or federal enforcement agency or with a private party who had filed, or indicated an intent to file, a complaint against the development with a local, state, or federal enforcement agency, or file an action in a court.

(4) The development allowed persons other than qualifying residents, qualified permanent residents, or permitted health care residents to reside in the development on the advice of counsel in order to prevent the possibility of an action being filed by a private party or by a local, state, or federal enforcement agency.

(i) The covenants, conditions, and restrictions or other documents or written policy of the senior citizen housing development shall permit the occupancy of a dwelling unit by a permitted health care resident during any period that the person is actually providing live–in, long–term, or hospice health care to a qualifying resident for compensation.

(j) This section shall only apply to the County of Riverside.

(Added by Stats.1996, c. 1147 (S.B.2097), § 6. Amended by Stats.1999, c. 324 (S.B.382), § 3; Stats.2000, c. 1004 (S.B.2011), § 5.)

[1]See Short Title note under 42 U.S.C.A. § 3601 for classification of the Act to the Code.

§ 51.12. Riverside County; senior housing; legislative findings and declarations; right of residency, occupancy, or use; application of section

(a) The Legislature finds and declares that the requirements for senior housing under Sections 51.10 and 51.11 are more stringent than the requirements for that housing under the federal Fair Housing Amendments Act of 1988 (Public Law 100–430).[1]

(b) Any person who resided in, occupied, or used, prior to January 1, 1990, a dwelling in a senior citizen housing development which relied on the exemption to the special design requirement provided by Section 51.4 as that section read prior to January 1, 2001, shall not be

deprived of the right to continue that residency, or occupancy, or use as the result of the changes made to this section by the enactment of Senate Bill 1382 or Senate Bill 2011 at the 1999–2000 Regular Session of the Legislature.

(c) This section shall only apply to the County of Riverside.

(Added by Stats.1996, c. 1147 (S.B.2097), § 7. Amended by Stats.2000, c. 1004 (S.B.2011), § 6.)

[1]See Short Title note under 42 U.S.C.A. § 3601 for classification of the Act to the Code.

§ 52. Denial of civil rights or discrimination; damages; civil action by people or person aggrieved; intervention; unlawful practice complaint

(a) Whoever denies, aids or incites a denial, or makes any discrimination or distinction contrary to Section 51, 51.5, or 51.6, is liable for each and every offense for the actual damages, and any amount that may be determined by a jury, or a court sitting without a jury, up to a maximum of three times the amount of actual damage but in no case less than four thousand dollars ($4,000), and any attorney's fees that may be determined by the court in addition thereto, suffered by any person denied the rights provided in Section 51, 51.5, or 51.6.

(b) Whoever denies the right provided by Section 51.7 or 51.9, or aids, incites, or conspires in that denial, is liable for each and every offense for the actual damages suffered by any person denied that right and, in addition, the following:

(1) An amount to be determined by a jury, or a court sitting without a jury, for exemplary damages.

(2) A civil penalty of twenty–five thousand dollars ($25,000) to be awarded to the person denied the right provided by Section 51.7 in any action brought by the person denied the right, or by the Attorney General, a district attorney, or a city attorney.

(3) Attorney's fees as may be determined by the court.

(c) Whenever there is reasonable cause to believe that any person or group of persons is engaged in conduct of resistance to the full enjoyment of any of the rights described in this section, and that conduct is of that nature and is intended to deny the full exercise of those rights, the Attorney General, any district attorney or city attorney, or any person aggrieved by the conduct may bring a civil action in the appropriate court by filing with it a complaint. The complaint shall contain the following:

(1) The signature of the officer, or, in his or her absence, the individual acting on behalf of the officer, or the signature of the person aggrieved.

(2) The facts pertaining to the conduct.

(3) A request for preventive relief, including an application for a permanent or temporary injunction, restraining order, or other order against the person or persons responsible for the conduct, as the complainant deems necessary to ensure the full enjoyment of the rights described in this section.

(d) Whenever an action has been commenced in any court seeking relief from the denial of equal protection of the laws under the Fourteenth Amendment to the Constitution of the United States on account of race, color, religion, sex, national origin, or disability, the Attorney General or any district attorney or city attorney for or in the name of the people of the State of California may intervene in the action upon timely application if the Attorney General or any district attorney or city attorney certifies that the case is of general public importance. In that action, the people of the State of California shall be entitled to the same relief as if it had instituted the action.

(e) Actions brought pursuant to this section are independent of any other actions, remedies, or procedures that may be available to an aggrieved party pursuant to any other law.

(f) Any person claiming to be aggrieved by an alleged unlawful practice in violation of Section 51 or 51.7 may also file a verified complaint with the Department of Fair Employment and Housing pursuant to Section 12948 of the Government Code.

(g) This section does not require any construction, alteration, repair, structural or otherwise, or modification of any sort whatsoever, beyond that construction, alteration, repair, or modification that is otherwise required by other provisions of law, to any new or existing establishment, facility, building, improvement, or any other structure, nor does this section augment, restrict, or alter in any way the authority of the State Architect to require construction, alteration, repair, or modifications that the State Architect otherwise possesses pursuant to other laws.

(h) For the purposes of this section, "actual damages" means special and general damages. This subdivision is declaratory of existing law.

(Added by Stats.1905, c. 413, p. 553, § 2. Amended by Stats.1919, c. 210, p. 309, § 2; Stats.1923, c. 235, p. 485, § 2; Stats.1959, c. 1866, p. 4424, § 2; Stats.1974, c. 1193, p. 2568, § 2; Stats.1976, c. 366, p. 1013, § 2; Stats.1976, c. 1293, p. 5778, § 2.5; Stats.1978, c. 1212, p. 3927, § 1; Stats.1981, c. 521, § 1, eff. Sept. 16, 1981; Stats.1986, c. 244, § 1; Stats.1987, c. 159, § 4; Stats.1989, c. 459, § 1; Stats.1991, c. 607 (S.B.98), § 2; Stats.1991, c. 839 (A.B.1169), § 2; Stats.1992, c. 913 (A.B.1077), § 3.6; Stats.1994, c. 535 (S.B.1288), § 1; Stats.1998, c. 195 (A.B.2702), § 4; Stats.1999, c; 964 (A.B.519), § 2; Stats.2000, c. 98 (A.B.2719), § 2; Stats.2001, c. 261 (A.B.587), § 1.)

§ 52.1. Civil actions for protection of rights; damages, injunctive and other equitable relief; violations of orders

(a) If a person or persons, whether or not acting under color of law, interferes by threats, intimidation, or coercion, or attempts to interfere by threats, intimidation, or coercion, with the exercise or enjoyment by any individual or individuals of rights secured by the Constitution or laws of the United States, or of the rights secured by the Constitution or laws of this state, the Attorney General, or any district attorney or city attorney may bring a civil action for injunctive and other appropriate equitable relief in the name of the people of the State of California, in order to protect the peaceable exercise or enjoyment of the right or rights secured. An action brought by the Attorney General, any district attorney, or any city attorney may also seek a civil penalty of twenty–five thousand dollars ($25,000). If this civil penalty is requested, it shall be assessed individually against each person who is determined to have violated this section and the penalty shall be awarded to each individual whose rights under this section are determined to have been violated.

(b) Any individual whose exercise or enjoyment of rights secured by the Constitution or laws of the United States, or of rights secured by the Constitution or laws of this state, has been interfered with, or attempted to be interfered with, as described in subdivision (a), may institute and prosecute in his or her own name and on his or her own behalf a civil action for damages, including, but not limited to, damages under Section 52, injunctive relief, and other appropriate equitable relief to protect the peaceable exercise or enjoyment of the right or rights secured.

(c) An action brought pursuant to subdivision (a) or (b) may be filed either in the superior court for the county in which the conduct complained of occurred or in the superior court for the county in which a person whose conduct complained of resides or has his or her place of business. An action brought by the Attorney General pursuant to subdivision (a) also may be filed in the superior court for any county wherein the Attorney General has an office, and in that case, the jurisdiction of the court shall extend throughout the state.

(d) If a court issues a temporary restraining order or a preliminary or permanent injunction in an action brought pursuant to subdivision (a) or (b), ordering a defendant to refrain from conduct or activities, the order issued shall include the following statement: VIOLATION OF THIS ORDER IS A CRIME PUNISHABLE UNDER SECTION 422.9 OF THE PENAL CODE.

(e) The court shall order the plaintiff or the attorney for the plaintiff to deliver, or the clerk of the court to mail, two copies of any order, extension, modification, or termination thereof granted pursuant to this section, by the close of the business day on which the order,

extension, modification, or termination was granted, to each local law enforcement agency having jurisdiction over the residence of the plaintiff and any other locations where the court determines that acts of violence against the plaintiff are likely to occur. Those local law enforcement agencies shall be designated by the plaintiff or the attorney for the plaintiff. Each appropriate law enforcement agency receiving any order, extension, or modification of any order issued pursuant to this section shall serve forthwith one copy thereof upon the defendant. Each appropriate law enforcement agency shall provide to any law enforcement officer responding to the scene of reported violence, information as to the existence of, terms, and current status of, any order issued pursuant to this section.

(f) A court shall not have jurisdiction to issue an order or injunction under this section, if that order or injunction would be prohibited under Section 527.3 of the Code of Civil Procedure.

(g) An action brought pursuant to this section is independent of any other action, remedy, or procedure that may be available to an aggrieved individual under any other provision of law, including, but not limited to, an action, remedy, or procedure brought pursuant to Section 51.7.

(h) In addition to any damages, injunction, or other equitable relief awarded in an action brought pursuant to subdivision (b), the court may award the petitioner or plaintiff reasonable attorney's fees.

(i) A violation of an order described in subdivision (d) may be punished either by prosecution under Section 422.9 of the Penal Code, or by a proceeding for contempt brought pursuant to Title 5 (commencing with Section 1209) of Part 3 of the Code of Civil Procedure. However, in any proceeding pursuant to the Code of Civil Procedure, if it is determined that the person proceeded against is guilty of the contempt charged, in addition to any other relief, a fine may be imposed not exceeding one thousand dollars ($1,000), or the person may be ordered imprisoned in a county jail not exceeding six months, or the court may order both the imprisonment and fine.

(j) Speech alone is not sufficient to support an action brought pursuant to subdivision (a) or (b), except upon a showing that the speech itself threatens violence against a specific person or group of persons; and the person or group of persons against whom the threat is directed reasonably fears that, because of the speech, violence will be committed against them or their property and that the person threatening violence had the apparent ability to carry out the threat.

(k) No order issued in any proceeding brought pursuant to subdivision (a) or (b) shall restrict the content of any person's speech. An order restricting the time, place, or manner of any person's speech shall do so only to the extent reasonably necessary to protect the peaceable exercise or enjoyment of constitutional or statutory rights, consistent with the constitutional rights of the person sought to be enjoined.

(Added by Stats.1987, c. 1277, § 3. Amended by Stats.1990, c. 392 (A.B.2683), § 1; Stats.1991, c. 607 (S.B.98), § 3; Stats.2000, c. 98 (A.B.2719), § 3; Stats.2001, c. 261 (A.B.587), § 2; Stats.2002, c. 784 (S.B.1316), § 11.)

§ 52.2. Court of competent jurisdiction; defined; actions

An action pursuant to Section 52 or 54.3 may be brought in any court of competent jurisdiction. A "court of competent jurisdiction" shall include small claims court if the amount of the damages sought in the action does not exceed five thousand dollars ($5,000).

(Added by Stats.1998, c. 195 (A.B.2702), § 5.)

§ 52.3. Law enforcement officers; prohibitions against conduct depriving persons of Constitutional rights, privileges, or immunities; civil actions

(a) No governmental authority, or agent of a governmental authority, or person acting on behalf of a governmental authority, shall engage in a pattern or practice of conduct by law enforcement officers that deprives any person of rights, privileges, or immunities secured or protected by the Constitution or laws of the United States or by the Constitution or laws of California.

(b) The Attorney General may bring a civil action in the name of the people to obtain appropriate equitable and declaratory relief to eliminate the pattern or practice of conduct specified in subdivision (a), whenever the Attorney General has reasonable cause to believe that a violation of subdivision (a) has occurred.

(Added by Stats.2000, c. 622 (A.B.2484), § 1.)

§ 52.4. Civil action for damages arising from gender violence

(a) Any person who has been subjected to gender violence may bring a civil action for damages against any responsible party. The plaintiff may seek actual damages, compensatory damages, punitive damages, injunctive relief, any combination of those, or any other appropriate relief. A prevailing plaintiff may also be awarded attorney's fees and costs.

(b) An action brought pursuant to this section shall be commenced within three years of the act, or if the victim was a minor when the act occurred, within eight years after the date the plaintiff attains the age of majority or within three years after the date the plaintiff discovers or reasonably should have discovered the psychological injury or illness occurring after the age of majority that was caused by the act, whichever date occurs later.

(c) For purposes of this section, "gender violence," is a form of sex discrimination and means any of the following:

(1) One or more acts that would constitute a criminal offense under state law that has as an element the use, attempted use, or threatened use of physical force against the person or property of another, committed at least in part based on the gender of the victim, whether or not those acts have resulted in criminal complaints, charges, prosecution, or conviction.

(2) A physical intrusion or physical invasion of a sexual nature under coercive conditions, whether or not those acts have resulted in criminal complaints, charges, prosecution, or conviction.

(d) Notwithstanding any other laws that may establish the liability of an employer for the acts of an employee, this section does not establish any civil liability of a person because of his or her status as an employer, unless the employer personally committed an act of gender violence.

(Added by Stats.2002, c. 842 (A.B.1928), § 2.)

§ 53. Restrictions upon transfer or use of realty because of sex, race, color, religion, ancestry, national origin, or disability

(a) Every provision in a written instrument relating to real property which purports to forbid or restrict the conveyance, encumbrance, leasing, or mortgaging of that real property to any person of a specified sex, race, color, religion, ancestry, national origin, or disability, is void and every restriction or prohibition as to the use or occupation of real property because of the user's or occupier's sex, race, color, religion, ancestry, national origin, or disability is void.

(b) Every restriction or prohibition, whether by way of covenant, condition upon use or occupation, or upon transfer of title to real property, which restriction or prohibition directly or indirectly limits the acquisition, use or occupation of that property because of the acquirer's, user's, or occupier's sex, race, color, religion, ancestry, national origin, or disability is void.

(c) In any action to declare that a restriction or prohibition specified in subdivision (a) or (b) is void, the court shall take judicial notice of the recorded instrument or instruments containing the prohibitions or restrictions in the same manner that it takes judicial notice of the matters listed in Section 452 of the Evidence Code.

(Added by Stats.1961, c. 1877, p. 3976, § 1. Amended by Stats.1965, c. 299, p. 1356, § 6, operative Jan. 1, 1967; Stats.1974, c. 1193, p. 2568, § 3; Stats.1987, c. 159, § 5; Stats.1992, c. 913 (A.B.1077), § 3.8.)

Part 2.6 CONFIDENTIALITY OF MEDICAL INFORMATION

Chapter 1 DEFINITIONS

§ 56. Short title

This part may be cited as the Confidentiality of Medical Information Act.

(Added by Stats.1981, c. 782, § 2.)

§ 56.05. Definitions

For purposes of this part:

(a) "Authorization" means permission granted in accordance with Section 56.11 or 56.21 for the disclosure of medical information.

(b) "Authorized recipient" means any person who is authorized to receive medical information pursuant to Section 56.10 or 56.20.

(c) "Contractor" means any person or entity that is a medical group, independent practice association, pharmaceutical benefits manager, or a medical service organization and is not a health care service plan or provider of health care. "Contractor" does not include insurance institutions as defined in subdivision (k) of Section 791.02 of the Insurance Code or pharmaceutical benefits managers licensed pursuant to the Knox–Keene Health Care Service Plan Act of 1975 (Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code).

(d) "Health care service plan" means any entity regulated pursuant to the Knox–Keene Health Care Service Plan Act of 1975 (Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code).

(e) "Licensed health care professional" means any person licensed or certified pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code, the Osteopathic Initiative Act or the Chiropractic Initiative Act, or Division 2.5 (commencing with Section 1797) of the Health and Safety Code.

(f) "Marketing" means to make a communication about a product or service that encourages recipients of the communication to purchase or use the product or service.

"Marketing" does not include any of the following:

(1) Communications made orally or in writing for which the communicator does not receive direct or indirect remuneration, including, but not limited to, gifts, fees, payments, subsidies, or other economic benefits, from a third party for making the communication.

(2) Communications made to current enrollees solely for the purpose of describing a provider's participation in an existing health care provider network or health plan network of a Knox–Keene licensed health plan to which the enrollees already subscribe; communications made to current enrollees solely for the purpose of describing if, and the extent to which, a product or service, or payment for a product or service, is provided by a provider, contractor, or plan or included in a plan of benefits of a Knox–Keene licensed health plan to which the enrollees already subscribe; or communications made to plan enrollees describing the availability of more cost–effective pharmaceuticals.

(3) Communications that are tailored to the circumstances of a particular individual to educate or advise the individual about treatment options, and otherwise maintain the individual's adherence to a prescribed course of medical treatment, as provided in Section 1399.901 of the Health and Safety Code, for a chronic and seriously debilitating or life–threatening condition as defined in subdivisions (d) and (e) of Section 1367.21 of the Health and Safety Code, if the health care provider, contractor, or health plan receives direct or indirect remuneration, including, but not limited to, gifts, fees, payments, subsidies, or other economic benefits, from a third party for making the communication, if all of the following apply:

(A) The individual receiving the communication is notified in the communication in typeface no smaller than 14–point type of the fact that the provider, contractor, or health plan has been remunerated and the source of the remuneration.

(B) The individual is provided the opportunity to opt out of receiving future remunerated communications.

(C) The communication contains instructions in typeface no smaller than 14–point type describing how the individual can opt out of receiving further communications by calling a toll–free number of the health care provider, contractor, or health plan making the remunerated communications. No further communication may be made to an individual who has opted out after 30 calendar days from the date the individual makes the opt out request.

(g) "Medical information" means any individually identifiable information, in electronic or physical form, in possession of or derived from a provider of health care, health care service plan, pharmaceutical company, or contractor regarding a patient's medical history, mental or physical condition, or treatment. "Individually identifiable" means that the medical information includes or contains any element of personal identifying information sufficient to allow identification of the individual, such as the patient's name, address, electronic mail address, telephone number, or social security number, or other information that, alone or in combination with other publicly available information, reveals the individual's identity.

(h) "Patient" means any natural person, whether or not still living, who received health care services from a provider of health care and to whom medical information pertains.

(i) "Pharmaceutical company" means any company or business, or an agent or representative thereof, that manufactures, sells, or distributes pharmaceuticals, medications, or prescription drugs. "Pharmaceutical company" does not include a pharmaceutical benefits manager, as included in subdivision (c), or a provider of health care.

(j) "Provider of health care" means any person licensed or certified pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code; any person licensed pursuant to the Osteopathic Initiative Act or the Chiropractic Initiative Act; any person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code; any clinic, health dispensary, or health facility licensed pursuant to Division 2 (commencing with Section 1200) of the Health and Safety Code. "Provider of health care" does not include insurance institutions as defined in subdivision (k) of Section 791.02 of the Insurance Code.

(Added by Stats.1981, c. 782, § 2. Amended by Stats.1984, c. 1391, § 3; Stats.1999, c. 526 (S.B.19), § 1; Stats.2000, c. 1067 (S.B.2094), § 1; Stats.2002, c. 853 (A.B.2191), § 1; Stats.2003, c. 562 (A.B.715), § 1.)

§ 56.06. Corporations organized for the primary purpose of maintaining medical information in order to supply information to patient or health care provider for purposes of diagnosis or treatment; provider of health care; confidentiality; penalties

(a) Any corporation organized for the primary purpose of maintaining medical information in order to make the information available to the patient or to a provider of health care at the request of the patient or a provider of health care, for purposes of diagnosis or treatment of the patient, shall be deemed to be a provider of health care subject to the requirements of this part. However, nothing in this section shall be construed to make a corporation specified in this subdivision a provider of health care for purposes of any law other than this part, including laws that specifically incorporate by reference the definitions of this part.

(b) Any corporation described in subdivision (a) shall maintain the same standards of confidentiality required of a provider of health care with respect to medical information disclosed to the corporation.

(c) Any corporation described in subdivision (a) shall be subject to the penalties for improper use and disclosure of medical information prescribed in this part.

(Added by Stats.1993, c. 1004 (A.B.336), § 1.)

§ 56.07. Medical profile, summary, or information provided; patient's written request; application

(a) Except as provided in subdivision (c), upon the patient's written request, any corporation described in Section 56.06, or any other entity that compiles or maintains medical information for any reason, shall provide the patient, at no charge, with a copy of any medical profile, summary, or information maintained by the corporation or entity with respect to the patient.

(b) A request by a patient pursuant to this section shall not be deemed to be an authorization by the patient for the release or disclosure of any information to any person or entity other than the patient.

(c) This section shall not apply to any patient records that are subject to inspection by the patient pursuant to Section 123110 of the Health and Safety Code and shall not be deemed to limit the right of a health care provider to charge a fee for the preparation of a summary of patient records as provided in Section 123130 of the Health and Safety Code. This section shall not apply to a health care service plan licensed pursuant to Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code or a disability insurer licensed pursuant to the Insurance Code. This section shall not apply to medical information compiled or maintained by a fire and casualty insurer or its retained counsel in the regular course of investigating or litigating a claim under a policy of insurance that it has written. For the purposes of this section, a fire and casualty insurer is an insurer writing policies that may be sold by a fire and casualty licensee pursuant to Section 1625 of the Insurance Code.

(Added by Stats.2000, c. 1066 (S.B.1903), § 1.)

Chapter 2 DISCLOSURE OF MEDICAL INFORMATION BY PROVIDERS

§ 56.10. Authorization; necessity; exceptions

(a) No provider of health care, health care service plan, or contractor shall disclose medical information regarding a patient of the provider of health care or an enrollee or subscriber of a health care service plan without first obtaining an authorization, except as provided in subdivision (b) or (c).

(b) A provider of health care, a health care service plan, or a contractor shall disclose medical information if the disclosure is compelled by any of the following:

(1) By a court pursuant to an order of that court.

(2) By a board, commission, or administrative agency for purposes of adjudication pursuant to its lawful authority.

(3) By a party to a proceeding before a court or administrative agency pursuant to a subpoena, subpoena duces tecum, notice to appear served pursuant to Section 1987 of the Code of Civil Procedure, or any provision authorizing discovery in a proceeding before a court or administrative agency.

(4) By a board, commission, or administrative agency pursuant to an investigative subpoena issued under Article 2 (commencing with Section 11180) of Chapter 2 of Part 1 of Division 3 of Title 2 of the Government Code.

(5) By an arbitrator or arbitration panel, when arbitration is lawfully requested by either party, pursuant to a subpoena duces tecum issued under Section 1282.6 of the Code of Civil Procedure, or any other provision authorizing discovery in a proceeding before an arbitrator or arbitration panel.

(6) By a search warrant lawfully issued to a governmental law enforcement agency.

(7) By the patient or the patient's representative pursuant to Chapter 1 (commencing with Section 123100) of Part 1 of Division 106 of the Health and Safety Code.

(8) By a coroner, when requested in the course of an investigation by the coroner's office for the purpose of identifying the decedent or locating next of kin, or when investigating deaths that may involve public health concerns, organ or tissue donation, child abuse, elder abuse, suicides, poisonings, accidents, sudden infant death, suspicious deaths, unknown deaths, or criminal deaths, or when otherwise authorized by the decedent's representative. Medical information requested by the coroner under this paragraph shall be limited to information regarding the patient who is the decedent and who is the subject of the investigation and shall be disclosed to the coroner without delay upon request.

(9) When otherwise specifically required by law.

(c) A provider of health care or a health care service plan may disclose medical information as follows:

(1) The information may be disclosed to providers of health care, health care service plans, contractors, or other health care professionals or facilities for purposes of diagnosis or treatment of the patient. This includes, in an emergency situation, the communication of patient information by radio transmission or other means between emergency medical personnel at the scene of an emergency, or in an emergency medical transport vehicle, and emergency medical personnel at a health facility licensed pursuant to Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code.

(2) The information may be disclosed to an insurer, employer, health care service plan, hospital service plan, employee benefit plan, governmental authority, contractor, or any other person or entity responsible for paying for health care services rendered to the patient, to the extent necessary to allow responsibility for payment to be determined and payment to be made. If (A) the patient is, by reason of a comatose or other disabling medical condition, unable to consent to the disclosure of medical information and (B) no other arrangements have been made to pay for the health care services being rendered to the patient, the information may be disclosed to a governmental authority to the extent necessary to determine the patient's eligibility for, and to obtain, payment under a governmental program for health care services provided to the patient. The information may also be disclosed to another provider of health care or health care service plan as necessary to assist the other provider or health care service plan in obtaining payment for health care services rendered by that provider of health care or health care service plan to the patient.

(3) The information may be disclosed to any person or entity that provides billing, claims management, medical data processing, or other administrative services for providers of health care or health care service plans or for any of the persons or entities specified in paragraph (2). However, no information so disclosed shall be further disclosed by the recipient in any way that would be violative of this part.

(4) The information may be disclosed to organized committees and agents of professional societies or of medical staffs of licensed hospitals, licensed health care service plans, professional standards review organizations, independent medical review organizations and their selected reviewers, utilization and quality control peer review organizations as established by Congress in Public Law 97–248 in 1982, contractors, or persons or organizations insuring, responsible for, or defending professional liability that a provider may incur, if the committees, agents, health care service plans, organizations, reviewers, contractors, or persons are engaged in reviewing the competence or qualifications of health care professionals or in reviewing health care services with respect to medical necessity, level of care, quality of care, or justification of charges.

(5) The information in the possession of any provider of health care or health care service plan may be reviewed by any private or public body responsible for licensing or accrediting the provider of health care or health care service plan. However, no patient–identifying medical information may be removed from the premises except as expressly permitted or required elsewhere by law, nor shall that information be further disclosed by the recipient in any way that would violate this part.

(6) The information may be disclosed to the county coroner in the course of an investigation by the coroner's office when requested for all purposes not included in paragraph (8) of subdivision (b).

(7) The information may be disclosed to public agencies, clinical investigators, including investigators conducting epidemiologic studies, health care research organizations, and accredited public or private nonprofit educational or health care institutions for bona fide research purposes. However, no information so disclosed shall be further disclosed by the recipient in any way that would disclose the identity of any patient or be violative of this part.

(8) A provider of health care or health care service plan that has created medical information as a result of employment–related health care services to an employee conducted at the specific prior written request and expense of the employer may disclose to the employee's employer that part of the information that:

(A) Is relevant in a lawsuit, arbitration, grievance, or other claim or challenge to which the employer and the employee are parties and in which the patient has placed in issue his or her medical history, mental or physical condition, or treatment, provided that information may only be used or disclosed in connection with that proceeding.

(B) Describes functional limitations of the patient that may entitle the patient to leave from work for medical reasons or limit the patient's fitness to perform his or her present employment, provided that no statement of medical cause is included in the information disclosed.

(9) Unless the provider of health care or health care service plan is notified in writing of an agreement by the sponsor, insurer, or administrator to the contrary, the information may be disclosed to a sponsor, insurer, or administrator of a group or individual insured or uninsured plan or policy that the patient seeks coverage by or benefits from, if the information was created by the provider of health care or health care service plan as the result of services conducted at the specific prior written request and expense of the sponsor, insurer, or administrator for the purpose of evaluating the application for coverage or benefits.

(10) The information may be disclosed to a health care service plan by providers of health care that contract with the health care service plan and may be transferred among providers of health care that contract with the health care service plan, for the purpose of administering the health care service plan. Medical information may not otherwise be disclosed by a health care service plan except in accordance with the provisions of this part.

(11) Nothing in this part shall prevent the disclosure by a provider of health care or a health care service plan to an insurance institution, agent, or support organization, subject to Article 6.6 (commencing with Section 791) of Part 2 of Division 1 of the Insurance Code, of medical information if the insurance institution, agent, or support organization has complied with all requirements for obtaining the information pursuant to Article 6.6 (commencing with Section 791) of Part 2 of Division 1 of the Insurance Code.

(12) The information relevant to the patient's condition and care and treatment provided may be disclosed to a probate court investigator engaged in determining the need for an initial conservatorship or continuation of an existent conservatorship, if the patient is unable to give informed consent, or to a probate court investigator, probation officer, or domestic relations investigator engaged in determining the need for an initial guardianship or continuation of an existent guardianship.

(13) The information may be disclosed to an organ procurement organization or a tissue bank processing the tissue of a decedent for transplantation into the body of another person, but only with respect to the donating decedent, for the purpose of aiding the transplant. For the purpose of this paragraph, the terms "tissue bank" and "tissue" have the same meaning as defined in Section 1635 of the Health and Safety Code.

(14) The information may be disclosed when the disclosure is otherwise specifically authorized by law, such as the voluntary reporting, either directly or indirectly, to the federal Food and Drug Administration of adverse events related to drug products or medical device problems.

(15) Basic information, including the patient's name, city of residence, age, sex, and general condition, may be disclosed to a state or federally recognized disaster relief organization for the purpose of responding to disaster welfare inquiries.

(16) The information may be disclosed to a third party for purposes of encoding, encrypting, or otherwise anonymizing data. However, no information so disclosed shall be further disclosed by the recipient in any way that would be violative of this part, including the unauthorized manipulation of coded or encrypted medical information that reveals individually identifiable medical information.

(17) For purposes of disease management programs and services as defined in Section 1399.901 of the Health and Safety Code, information may be disclosed as follows: (A) to any entity contracting with a health care service plan or the health care service plan's contractors to monitor or administer care of enrollees for a covered benefit, provided that the disease management services and care are authorized by a treating physician, or (B) to any disease management organization, as defined in Section 1399.900 of the Health and Safety Code, that complies fully with the physician authorization requirements of Section 1399.902 of the Health and Safety Code, provided that the health care service plan or its contractor provides or has provided a description of the disease management services to a treating physician or to the health care service plan's or contractor's network of physicians. Nothing in this paragraph shall be construed to require physician authorization for the care or treatment of the adherents of any well–recognized church or religious denomination who depend solely upon prayer or spiritual means for healing in the practice of the religion of that church or denomination.

(d) Except to the extent expressly authorized by the patient or enrollee or subscriber or as provided by subdivisions (b) and (c), no provider of health care, health care service plan, contractor, or corporation and its subsidiaries and affiliates shall intentionally share, sell, use for marketing, or otherwise use any medical information for any purpose not necessary to provide health care services to the patient.

(e) Except to the extent expressly authorized by the patient or enrollee or subscriber or as provided by subdivisions (b) and (c), no contractor or corporation and its subsidiaries and affiliates shall further disclose medical information regarding a patient of the provider of health care or an enrollee or subscriber of a health care service plan or insurer or self–insured employer received under this section to any person or entity that is not engaged in providing direct health care services to the patient or his or her provider of health care or health care service plan or insurer or self–insured employer.

* * *

(Added by Stats.2000, c. 1068 (A.B.1836), § 1.16, operative Jan. 1, 2003. Amended by Stats.2002, c. 123 (A.B.1958), § 1, operative Jan. 1, 2003; Stats.2003, c. 562 (A.B.715), § 2.)

§ 56.101. Destruction of records

Every provider of health care, health care service plan, pharmaceutical company, or contractor who creates, maintains, preserves, stores, abandons, destroys, or disposes of medical records shall do so in a manner that preserves the confidentiality of the information contained therein. Any provider of health care, health care service plan, pharmaceutical company, or contractor who negligently creates, maintains, preserves, stores, abandons, destroys, or disposes of medical records shall be subject to the remedies and penalties provided under subdivisions (b) and (c) of Section 56.36.

(Added by Stats.1999, c. 526 (S.B.19), § 3. Amended by Stats.2000, c. 1067 (S.B.2094), § 4; Stats.2002, c. 853 (A.B.2191), § 2.)

§ 56.102. Disclosure of medical information by pharmaceutical company; authorizations, releases, consents, or waivers; exceptions

(a) A pharmaceutical company may not require a patient, as a condition of receiving pharmaceuticals, medications, or prescription drugs, to sign an authorization, release, consent, or waiver that would permit the disclosure of medical information that otherwise may not be disclosed under Section 56.10 or any other provision of law, unless the disclosure is for one of the following purposes:

(1) Enrollment of the patient in a patient assistance program or prescription drug discount program.

(2) Enrollment of the patient in a clinical research project.

(3) Prioritization of distribution to the patient of a prescription medicine in limited supply in the United States.

(4) Response to an inquiry from the patient communicated in writing, by telephone, or by electronic mail.

(b) Except as provided in subdivision (a) or Section 56.10, a pharmaceutical company may not disclose medical information provided to it without first obtaining a valid authorization from the patient.

(Added by Stats.2002, c. 853 (A.B.2191), § 3.)

§ 56.104. Patient's participation in outpatient treatment with psychotherapist; request; content; application

(a) Notwithstanding subdivision (c) of Section 56.10, no provider of health care, health care service plan, or contractor may release medical information to persons or entities authorized by law to receive that information pursuant to subdivision (c) of Section 56.10, if the requested information specifically relates to the patient's participation in outpatient treatment with a psychotherapist, unless the person or entity requesting that information submits to the patient pursuant to subdivision (b) and to the provider of health care, health care service plan, or contractor a written request, signed by the person requesting the information or an authorized agent of the entity requesting the information, that includes all of the following:

(1) The specific information relating to a patient's participation in outpatient treatment with a psychotherapist being requested and its specific intended use or uses.

(2) The length of time during which the information will be kept before being destroyed or disposed of. A person or entity may extend that timeframe, provided that the person or entity notifies the provider, plan, or contractor of the extension. Any notification of an extension shall include the specific reason for the extension, the intended use or uses of the information during the extended time, and the expected date of the destruction of the information.

(3) A statement that the information will not be used for any purpose other than its intended use.

(4) A statement that the person or entity requesting the information will destroy the information and all copies in the person's or entity's possession or control, will cause it to be destroyed, or will return the information and all copies of it before or immediately after the length of time specified in paragraph (2) has expired.

(b) The person or entity requesting the information shall submit a copy of the written request required by this section to the patient within 30 days of receipt of the information requested, unless the patient has signed a written waiver in the form of a letter signed and submitted by the patient to the provider of health care or health care service plan waiving notification.

(c) For purposes of this section, "psychotherapist" means a person who is both a "psychotherapist" as defined in Section 1010 of the Evidence Code and a "provider of health care" as defined in subdivision (d) of Section 56.05 of the Civil Code.

(d) This section does not apply to the disclosure or use of medical information by a law enforcement agency or a regulatory agency when required for an investigation of unlawful activity or for licensing, certification, or regulatory purposes, unless the disclosure is otherwise prohibited by law.

(e) Nothing in this section shall be construed to grant any additional authority to a provider of health care, health care service plan, or contractor to disclose information to a person or entity without the patient's consent.

(Added by Stats.1999, c. 527 (A.B.416), § 3.)

§ 56.105. Professional negligence actions; settlement or compromise; authorization to disclose medical records to persons or organizations defending professional liability

Whenever, prior to the service of a complaint upon a defendant in any action arising out of the professional negligence of a person holding a valid physician's and surgeon's certificate issued pursuant to Chapter 5 (commencing with Section 2000) of Division 2 of the Business and Professions Code, a demand for settlement or offer to compromise is made on a patient's behalf, the demand or offer shall be accompanied by an authorization to disclose medical information to persons or organizations insuring, responsible for, or defending professional liability that the certificate holder may incur. The authorization shall be in accordance with Section 56.11 and shall authorize disclosure of that information that is necessary to investigate issues of liability and extent of potential damages in evaluating the merits of the demand for settlement or offer to compromise.

Notice of any request for medical information made pursuant to an authorization as provided by this section shall be given to the patient or the patient's legal representative. The notice shall describe the inclusive subject matter and dates of the materials requested and shall also authorize the patient or the patient's legal representative to receive, upon request, copies of the information at his or her expense.

Nothing in this section shall be construed to waive or limit any applicable privileges set forth in the Evidence Code except for the disclosure of medical information subject to the patient's authorization. Nothing in this section shall be construed as authorizing a representative of any person from whom settlement has been demanded to communicate in violation of the physician–patient privilege with a treating physician except for the medical information request.

The requirements of this section are independent of the requirements of Section 364 of the Code of Civil Procedure.

(Added by Stats.1985, c. 484, § 1.)

§ 56.11. Authorization; form and contents

Any person or entity that wishes to obtain medical information pursuant to subdivision (a) of Section 56.10, other than a person or entity authorized to receive medical information pursuant to subdivision (b) or (c) of Section 56.10, shall obtain a valid authorization for the release of this information.

An authorization for the release of medical information by a provider of health care, health care service plan, pharmaceutical company, or contractor shall be valid if it:

(a) Is handwritten by the person who signs it or is in a typeface no smaller than 14–point type.

(b) Is clearly separate from any other language present on the same page and is executed by a signature which serves no other purpose than to execute the authorization.

(c) Is signed and dated by one of the following:

(1) The patient. A patient who is a minor may only sign an authorization for the release of medical information obtained by a provider of health care, health care service plan, pharmaceutical company, or contractor in the course of furnishing services to which the minor could lawfully have consented under Part 1 (commencing with Section 25) or Part 2.7 (commencing with Section 60).

(2) The legal representative of the patient, if the patient is a minor or an incompetent. However, authorization may not be given under this subdivision for the disclosure of medical information obtained by the provider of health care, health care service plan, pharmaceutical company, or contractor in the course of furnishing services to which

a minor patient could lawfully have consented under Part 1 (commencing with Section 25) or Part 2.7 (commencing with Section 60).

(3) The spouse of the patient or the person financially responsible for the patient, where the medical information is being sought for the sole purpose of processing an application for health insurance or for enrollment in a nonprofit hospital plan, a health care service plan, or an employee benefit plan, and where the patient is to be an enrolled spouse or dependent under the policy or plan.

(4) The beneficiary or personal representative of a deceased patient.

(d) States the specific uses and limitations on the types of medical information to be disclosed.

(e) States the name or functions of the provider of health care, health care service plan, pharmaceutical company, or contractor that may disclose the medical information.

(f) States the name or functions of the persons or entities authorized to receive the medical information.

(g) States the specific uses and limitations on the use of the medical information by the persons or entities authorized to receive the medical information.

(h) States a specific date after which the provider of health care, health care service plan, pharmaceutical company, or contractor is no longer authorized to disclose the medical information.

(i) Advises the person signing the authorization of the right to receive a copy of the authorization.

(Added by Stats.1981, c. 782, § 2. Amended by Stats.1999, c. 526 (S.B.19), § 4; Stats.2000, c. 1066 (S.B.1903), § 3; Stats.2002, c. 853 (A.B.2191), § 4; Stats.2003, c. 562 (A.B.715), § 3.)

§ 56.12. Copy of authorization to patient or signatory on demand

Upon demand by the patient or the person who signed an authorization, a provider of health care, health care service plan, pharmaceutical company, or contractor possessing the authorization shall furnish a true copy thereof.

(Added by Stats.1981, c. 782, § 2. Amended by Stats.1999, c. 526 (S.B.19), § 5; Stats.2002, c. 853 (A.B.2191), § 5.)

§ 56.13. Further disclosure by recipient of medical information

A recipient of medical information pursuant to an authorization as provided by this chapter or pursuant to the provisions of subdivision (c) of Section 56.10 may not further disclose that medical information except in accordance with a new authorization that meets the requirements of Section 56.11, or as specifically required or permitted by other provisions of this chapter or by law.

(Added by Stats.1981, c. 782, § 2.)

§ 56.14. Communication of limitations of authorization to recipient of medical information

A provider of health care, health care service plan, or contractor that discloses medical information pursuant to the authorizations required by this chapter shall communicate to the person or entity to which it discloses the medical information any limitations in the authorization regarding the use of the medical information. No provider of health care, health care service plan, or contractor that has attempted in good faith to comply with this provision shall be liable for any unauthorized use of the medical information by the person or entity to which the provider, plan, or contractor disclosed the medical information.

(Added by Stats.1981, c. 782, § 2. Amended by Stats.1999, c. 526 (S.B.19), § 6.)

§ 56.15. Cancellation or modification of authorization; written notice

Nothing in this part shall be construed to prevent a person who could sign the authorization pursuant to subdivision (c) of Section 56.11 from cancelling or modifying an authorization. However, the cancellation or modification shall be effective only after the provider of health care actually receives written notice of the cancellation or modification.

(Added by Stats.1981, c. 782, § 2.)

§ 56.16. Release of limited information on specific patient; written request by patient to prohibit

Unless there is a specific written request by the patient to the contrary, nothing in this part shall be construed to prevent a provider, upon an inquiry concerning a specific patient, from releasing at its discretion any of the following information: the patient's name, address, age, and sex; a general description of the reason for treatment (whether an injury, a burn, poisoning, or some unrelated condition); the general nature of the injury, burn, poisoning, or other condition; the general condition of the patient; and any information that is not medical information as defined in subdivision (c) of Section 56.05.

(Added by Stats.1981, c. 782, § 2.)

Chapter 2.5 DISCLOSURE OF GENETIC TEST RESULTS BY A HEALTH CARE SERVICE PLAN

§ 56.17. Genetic test results; unlawful disclosure; written authorization; penalties

(a) This section shall apply to the disclosure of genetic test results contained in an applicant's or enrollee's medical records by a health care service plan.

(b) Any person who negligently discloses results of a test for a genetic characteristic to any third party in a manner that identifies or provides identifying characteristics of the person to whom the test results apply, except pursuant to a written authorization as described in subdivision (g), shall be assessed a civil penalty in an amount not to exceed one thousand dollars ($1,000) plus court costs, as determined by the court, which penalty and costs shall be paid to the subject of the test.

(c) Any person who willfully discloses the results of a test for a genetic characteristic to any third party in a manner that identifies or provides identifying characteristics of the person to whom the test results apply, except pursuant to a written authorization as described in subdivision (g), shall be assessed a civil penalty in an amount not less than one thousand dollars ($1,000) and no more than five thousand dollars ($5,000) plus court costs, as determined by the court, which penalty and costs shall be paid to the subject of the test.

(d) Any person who willfully or negligently discloses the results of a test for a genetic characteristic to a third party in a manner that identifies or provides identifying characteristics of the person to whom the test results apply, except pursuant to a written authorization as described in subdivision (g), that results in economic, bodily, or emotional harm to the subject of the test, is guilty of a misdemeanor punishable by a fine not to exceed ten thousand dollars ($10,000).

(e) In addition to the penalties listed in subdivisions (b) and (c), any person who commits any act described in subdivision (b) or (c) shall be liable to the subject for all actual damages, including damages for economic, bodily, or emotional harm which is proximately caused by the act.

(f) Each disclosure made in violation of this section is a separate and actionable offense.

(g) The applicant's "written authorization," as used in this section, shall satisfy the following requirements:

(1) Is written in plain language and is in a typeface no smaller than 14–point type.

(2) Is dated and signed by the individual or a person authorized to act on behalf of the individual.

(3) Specifies the types of persons authorized to disclose information about the individual.

(4) Specifies the nature of the information authorized to be disclosed.

(5) States the name or functions of the persons or entities authorized to receive the information.

(6) Specifies the purposes for which the information is collected.

(7) Specifies the length of time the authorization shall remain valid.

(8) Advises the person signing the authorization of the right to receive a copy of the authorization. Written authorization is required for each separate disclosure of the test results.

(h) This section shall not apply to disclosures required by the Department of Health Services necessary to monitor compliance with Chapter 1 (commencing with Section 124975) of Part 5 of Division 106 of the Health and Safety Code, nor to disclosures required by the Department of Managed Care necessary to administer and enforce compliance with Section 1374.7 of the Health and Safety Code.

(i) For purposes of this section, "genetic characteristic" has the same meaning as that set forth in subdivision (d) of Section 1374.7 of the Health and Safety Code.

(Added by Stats.1995, c. 695 (S.B.1020), § 1. Amended by Stats.1996, c. 1023 (S.B.1497), § 25, eff. Sept. 29, 1996; Stats.1996, c. 532 (S.B.1740), § 1; Stats.1999, c. 311 (S.B.1185), § 1; Stats.1999, c. 525 (A.B.78), § 5; Stats.2000, c. 857 (A.B.2903), § 4; Stats.2000, c. 941 (S.B.1364), § 1; Stats.2003, c. 562 (A.B.715), § 4.)

Chapter 3 USE AND DISCLOSURE OF MEDICAL INFORMATION BY EMPLOYERS

§ 56.20. Confidentiality; prohibition of discrimination due to refusal to sign authorization; prohibition of disclosure; exceptions

(a) Each employer who receives medical information shall establish appropriate procedures to ensure the confidentiality and protection from unauthorized use and disclosure of that information. These procedures may include, but are not limited to, instruction regarding confidentiality of employees and agents handling files containing medical information, and security systems restricting access to files containing medical information.

(b) No employee shall be discriminated against in terms or conditions of employment due to that employee's refusal to sign an authorization under this part. However, nothing in this section shall prohibit an employer from taking such action as is necessary in the absence of medical information due to an employee's refusal to sign an authorization under this part.

(c) No employer shall use, disclose, or knowingly permit its employees or agents to use or disclose medical information which the employer possesses pertaining to its employees without the patient having first signed an authorization under Section 56.11 or Section 56.21 permitting such use or disclosure, except as follows:

(1) The information may be disclosed if the disclosure is compelled by judicial or administrative process or by any other specific provision of law.

(2) That part of the information which is relevant in a lawsuit, arbitration, grievance, or other claim or challenge to which the employer and employee are parties and in which the patient has placed in issue his or her medical history, mental or physical condition, or treatment may be used or disclosed in connection with that proceeding.

(3) The information may be used only for the purpose of administering and maintaining employee benefit plans, including health care plans and plans providing short–term and long–term disability income, workers' compensation and for determining eligibility for paid and unpaid leave from work for medical reasons.

(4) The information may be disclosed to a provider of health care or other health care professional or facility to aid the diagnosis or treatment of the patient, where the patient or other person specified in subdivision (c) of Section 56.21 is unable to authorize the disclosure.

(d) If an employer agrees in writing with one or more of its employees or maintains a written policy which provides that particular types of medical information shall not be used or disclosed by the employer in particular ways, the employer shall obtain an authorization for such uses or disclosures even if an authorization would not otherwise be required by subdivision (c).

(Added by Stats.1981, c. 782, § 2.)

§ 56.21. Authorization for disclosure by employer

An authorization for an employer to disclose medical information shall be valid if it:

(a) Is handwritten by the person who signs it or is a[1] in typeface no smaller than 14–point type.

(b) Is clearly separate from any other language present on the same page and is executed by a signature which serves no purpose other than to execute the authorization.

(c) Is signed and dated by one of the following:

(1) The patient, except that a patient who is a minor may only sign an authorization for the disclosure of medical information obtained by a provider of health care in the course of furnishing services to which the minor could lawfully have consented under Part 1 (commencing with Section 25) or Part 2.7 (commencing with Section 60) of Division 1.

(2) The legal representative of the patient, if the patient is a minor or incompetent. However, authorization may not be given under this subdivision for the disclosure of medical information which pertains to a competent minor and which was created by a provider of health care in the course of furnishing services to which a minor patient could lawfully have consented under Part 1 (commencing with Section 25) or Part 2.7 (commencing with Section 60) of Division 1.

(3) The beneficiary or personal representative of a deceased patient.

(d) States the limitations, if any, on the types of medical information to be disclosed.

(e) States the name or functions of the employer or person authorized to disclose the medical information.

(f) States the names or functions of the persons or entities authorized to receive the medical information.

(g) States the limitations, if any, on the use of the medical information by the persons or entities authorized to receive the medical information.

(h) States a specific date after which the employer is no longer authorized to disclose the medical information.

(i) Advises the person who signed the authorization of the right to receive a copy of the authorization.

(Added by Stats.1981, c. 782, § 2. Amended by Stats.2003, c. 562 (A.B.715), § 5.)

[1]So in enrolled bill.

§ 56.22. Copy of authorization to patient or signatory

Upon demand by the patient or the person who signed an authorization, an employer possessing the authorization shall furnish a true copy thereof.

(Added by Stats.1981, c. 782, § 2.)

§ 56.23. Communication of limitations of authorization to person to whom disclosure made

An employer that discloses medical information pursuant to an authorization required by this chapter shall communicate to the person or entity to which it discloses the medical information any limitations in the authorization regarding the use of the medical information. No employer that has attempted in good faith to comply with this provision shall be liable for any unauthorized use of the medical information by the person or entity to which the employer disclosed the medical information.

(Added by Stats.1981, c. 782, § 2.)

§ 56.24. Cancellation or modification of authorization

Nothing in this part shall be construed to prevent a person who could sign the authorization pursuant to subdivision (c) of Section 56.21 from cancelling or modifying an authorization. However, the cancellation or modification shall be effective only after the employer actually receives written notice of the cancellation or modification.

(Added by Stats.1981, c. 782, § 2.)

§ 56.245. Further disclosure by recipient of medical information

A recipient of medical information pursuant to an authorization as provided by this chapter may not further disclose such medical information unless in accordance with a new authorization that meets the requirements of Section 56.21, or as specifically required or permitted by other provisions of this chapter or by law.
(Added by Stats.1981, c. 782, § 2.)

Chapter 4 RELATIONSHIP OF CHAPTERS 2 AND 3

§ 56.25. Disclosure by employer who is provider of health care

(a) An employer that is a provider of health care shall not be deemed to have violated Section 56.20 by disclosing, in accordance with Chapter 2 (commencing with Section 56.10), medical information possessed in connection with providing health care services to the provider's patients.

(b) An employer shall not be deemed to have violated Section 56.20 because a provider of health care that is an employee or agent of the employer uses or discloses, in accordance with Chapter 2 (commencing with Section 56.10), medical information possessed by the provider in connection with providing health care services to the provider's patients.

(c) A provider of health care that is an employer shall not be deemed to have violated Section 56.10 by disclosing, in accordance with Chapter 3 (commencing with Section 56.20), medical information possessed in connection with employing the provider's employees. Information maintained by a provider of health care in connection with employing the provider's employees shall not be deemed to be medical information for purposes of Chapter 3 (commencing with Section 56.20), unless it would be deemed medical information if received or maintained by an employer that is not a provider of health care.
(Added by Stats.1981, c. 782, § 2.)

Chapter 5 USE AND DISCLOSURE OF MEDICAL AND OTHER INFORMATION BY THIRD PARTY ADMINISTRATORS AND OTHERS

§ 56.26. Prohibition; exceptions; inapplicability of section

(a) No person or entity engaged in the business of furnishing administrative services to programs which provide payment for health care services shall knowingly use, disclose, or permit its employees or agents to use of [1] disclose medical information possessed in connection with performing administrative functions for such a program, except as reasonably necessary in connection with the administration or maintenance of the program, or as required by law, or with an authorization.

(b) An authorization required by this section shall be in the same form as described in Section 56.21, except that "third party administrator" shall be substituted for "employer" wherever it appears in Section 56.21.

(c) This section shall not apply to any person or entity that is subject to the Insurance Information Privacy Act or to Chapter 2 (commencing with Section 56.10) or Chapter 3 (commencing with Section 56.20).
(Added by Stats.1981, c. 782, § 2.)

[1] So in enrolled bill.

§ 56.265. Annuity contracts; disclosure of individually identifiable information concerning health, medical or genetic history; prohibition

A person or entity that underwrites or sells annuity contracts or contracts insuring, guaranteeing, or indemnifying against loss, harm, damage, illness, disability, or death, and any affiliate of that person or entity, shall not disclose individually identifiable information concerning the health of, or the medical or genetic history of, a customer, to any affiliated or nonaffiliated depository institution, or to any other affiliated or nonaffiliated third party for use with regard to the granting of credit.
(Added by Stats.2000, c. 278 (A.B.2797), § 2.)

Chapter 6 RELATIONSHIP TO EXISTING LAW

§ 56.27. Employer that is insurance institution, agent or support organization; disclosure not in violation of § 56.20

An employer that is an insurance institution, insurance agent, or insurance support organization subject to the Insurance Information and Privacy Protection Act, Article 6.6 (commencing with Section 791) of Part 2 of Division 1 of the Insurance Code, shall not be deemed to have violated Section 56.20 by disclosing medical information gathered in connection with an insurance transaction in accordance with that act.
(Added by Stats.1981, c. 782, § 2.)

§ 56.28. Patient's right to access

Nothing in this part shall be deemed to affect existing laws relating to a patient's right of access to his or her own medical information, or relating to disclosures made pursuant to Section 1158 of the Evidence Code, or relating to privileges established under the Evidence Code.
(Added by Stats.1981, c. 782, § 2.)

§ 56.29. Information Practices Act of 1977; applicability

(a) Nothing in Chapter 1 (commencing with Section 1798) of Title 1.8 of Part 4 of Division 3 shall be construed to permit the acquisition or disclosure of medical information regarding a patient without an authorization, where the authorization is required by this part.

(b) The disclosure of medical information regarding a patient which is subject to subdivision (b) of Section 1798.24 shall be made only with an authorization which complies with the provisions of this part. Such disclosure may be made only within the time limits specified in subdivision (b) of Section 1798.24.

(c) Where the acquisition or disclosure of medical information regarding a patient is prohibited or limited by any provision of Chapter 1 (commencing with Section 1798) of Title 1.8 of Part 4 of Division 3, the prohibition or limit shall be applicable in addition to the requirements of this part.
(Added by Stats.1981, c. 782, § 2.)

§ 56.30. Exemptions from limitations of this part

The disclosure and use of the following medical information shall not be subject to the limitations of this part:

(a) (Mental health and developmental disabilities) Information and records obtained in the course of providing services under Division 4 (commencing with Section 4000), Division 4.1 (commencing with Section 4400), Division 4.5 (commencing with Section 4500), Division 5 (commencing with Section 5000), Division 6 (commencing with Section 6000), or Division 7 (commencing with Section 7100) of the Welfare and Institutions Code.

(b) (Public social services) Information and records that are subject to Sections 10850, 14124.1, and 14124.2 of the Welfare and Institutions Code.

(c) (State health services, communicable diseases, developmental disabilities) Information and records maintained pursuant to former Chapter 2 (commencing with Section 200) of Part 1 of Division 1 of the Health and Safety Code and pursuant to the Communicable Disease Prevention and Control Act (subdivision (a) of Section 27 of the Health and Safety Code).

(d) (Licensing and statistics) Information and records maintained pursuant to Division 2 (commencing with Section 1200) and Part 1 (commencing with Section 102100) of Division 102 of the Health and Safety Code; pursuant to Chapter 3 (commencing with Section 1200) of Division 2 of the Business and Professions Code; and pursuant to Section 8608, 8817, or 8909 of the Family Code.

(e) (Medical survey, workers' safety) Information and records acquired and maintained or disclosed pursuant to Sections 1380 and 1382 of the Health and Safety Code and pursuant to Division 5 (commencing with Section 6300) of the Labor Code.

(f) (Industrial accidents) Information and records acquired, maintained, or disclosed pursuant to Division 1 (commencing with Section 50), Division 4 (commencing with Section 3200), Division 4.5 (commencing with Section 6100), and Division 4.7 (commencing with Section 6200) of the Labor Code.

(g) (Law enforcement) Information and records maintained by a health facility which are sought by a law enforcement agency under Chapter 3.5 (commencing with Section 1543) of Title 12 of Part 2 of the Penal Code.

(h) (Investigations of employment accident or illness) Information and records sought as part of an investigation of an on–the–job accident or illness pursuant to Division 5 (commencing with Section 6300) of the Labor Code or pursuant to Section 105200 of the Health and Safety Code.

(i) (Alcohol or drug abuse) Information and records subject to the federal alcohol and drug abuse regulations (Part 2 (commencing with Section 2.1) of subchapter A of Chapter 1 of Title 42 of the Code of Federal Regulations) or to Section 11977 of the Health and Safety Code dealing with narcotic and drug abuse.

(j) (Patient discharge data) Nothing in this part shall be construed to limit, expand, or otherwise affect the authority of the California Health Facilities Commission to collect patient discharge information from health facilities.

(k) Medical information and records disclosed to, and their use by, the Insurance Commissioner, the Director of the Department of Managed Health Care, the Division of Industrial Accidents, the Workers' Compensation Appeals Board, the Department of Insurance, or the Department of Managed Health Care.

(Added by Stats.1981, c. 782, § 2. Amended by Stats.1990, c. 1363 (A.B.3532), § 1, operative July 1, 1991; Stats.1992, c. 163 (A.B.2641), § 5, operative Jan. 1, 1994; Stats.1993, c. 1004 (A.B.336), § 2; Stats.1996, c. 1023 (S.B.1497), § 26, eff. Sept. 29, 1996; Stats.1999, c. 526 (S.B.19), § 7; Stats.2000, c. 1067 (S.B.2094), § 3.)

§ 56.31. Disclosure or use of medical information under subdivision (f) of Section 56.30; HIV infection or exposure; employment incident

Notwithstanding any other provision of law, nothing in subdivision (f) of Section 56.30 shall permit the disclosure or use of medical information regarding whether a patient is infected with or exposed to the human immunodeficiency virus without the prior authorization from the patient unless the patient is an injured worker claiming to be infected with or exposed to the human immunodeficiency virus through an exposure incident arising out of and in the course of employment.

(Added by Stats.1999, c. 766 (A.B.435), § 1.)

Chapter 7 VIOLATIONS

§ 56.35. Compensatory and punitive damages; attorneys' fees and costs

In addition to any other remedies available at law, a patient whose medical information has been used or disclosed in violation of Section 56.10 or 56.104 or 56.20 or subdivision (a) of Section 56.26 and who has sustained economic loss or personal injury therefrom may recover compensatory damages, punitive damages not to exceed three thousand dollars ($3,000), attorneys' fees not to exceed one thousand dollars ($1,000), and the costs of litigation.

(Added by Stats.1981, c. 782, § 2. Amended by Stats.1999, c. 527 (A.B.416), § 4.)

§ 56.36. Misdemeanors; violations; remedies

(a) Any violation of the provisions of this part that results in economic loss or personal injury to a patient is punishable as a misdemeanor.

(b) In addition to any other remedies available at law, any individual may bring an action against any person or entity who has negligently released confidential information or records concerning him or her in violation of this part, for either or both of the following:

(1) Nominal damages of one thousand dollars ($1,000). In order to recover under this paragraph, it shall not be necessary that the plaintiff suffered or was threatened with actual damages.

(2) The amount of actual damages, if any, sustained by the patient.

(c)(1) In addition, any person or entity that negligently discloses medical information in violation of the provisions of this part shall also be liable, irrespective of the amount of damages suffered by the patient as a result of that violation, for an administrative fine or civil penalty not to exceed two thousand five hundred dollars ($2,500) per violation.

(2)(A) Any person or entity, other than a licensed health care professional, who knowingly and willfully obtains, discloses, or uses medical information in violation of this part shall be liable for an administrative fine or civil penalty not to exceed twenty–five thousand dollars ($25,000) per violation.

(B) Any licensed health care professional, who knowingly and willfully obtains, discloses, or uses medical information in violation of this part shall be liable on a first violation, for an administrative fine or civil penalty not to exceed two thousand five hundred dollars ($2,500) per violation, or on a second violation for an administrative fine or civil penalty not to exceed ten thousand dollars ($10,000) per violation, or on a third and subsequent violation for an administrative fine or civil penalty not to exceed twenty–five thousand dollars ($25,000) per violation. Nothing in this subdivision shall be construed to limit the liability of a health care service plan, a contractor, or a provider of health care that is not a licensed health care professional for any violation of this part.

(3)(A) Any person or entity, other than a licensed health care professional, who knowingly or willfully obtains or uses medical information in violation of this part for the purpose of financial gain shall be liable for an administrative fine or civil penalty not to exceed two hundred fifty thousand dollars ($250,000) per violation and shall also be subject to disgorgement of any proceeds or other consideration obtained as a result of the violation.

(B) Any licensed health care professional, who knowingly and willfully obtains, discloses, or uses medical information in violation of this part for financial gain shall be liable on a first violation, for an administrative fine or civil penalty not to exceed five thousand dollars ($5,000) per violation, or on a second violation for an administrative fine or civil penalty not to exceed twenty–five thousand dollars ($25,000) per violation, or on a third and subsequent violation for an administrative fine or civil penalty not to exceed two hundred fifty thousand dollars ($250,000) per violation and shall also be subject to disgorgement of any proceeds or other consideration obtained as a result of the violation. Nothing in this subdivision shall be construed to limit the liability of a health care service plan, a contractor, or a provider of health care that is not a licensed health care professional for any violation of this part.

(4) Nothing in this subdivision shall be construed as authorizing an administrative fine or civil penalty under both paragraphs (2) and (3) for the same violation.

(5) Any person or entity who is not permitted to receive medical information pursuant to this part and who knowingly and willfully obtains, discloses, or uses medical information without written authorization from the patient shall be liable for a civil penalty not to exceed two hundred fifty thousand dollars ($250,000) per violation.

(d) In assessing the amount of an administrative fine or civil penalty pursuant to subdivision (c), the licensing agency or certifying board or court shall consider any one or more of the relevant circumstances presented by any of the parties to the case including, but not limited to, the following:

(1) Whether the defendant has made a reasonable, good faith attempt to comply with this part.

(2) The nature and seriousness of the misconduct.

(3) The harm to the patient, enrollee, or subscriber.

(4) The number of violations.

(5) The persistence of the misconduct.

(6) The length of time over which the misconduct occurred.

(7) The willfulness of the defendant's misconduct.

(8) The defendant's assets, liabilities, and net worth.

(e)(1) The civil penalty pursuant to subdivision (c) shall be assessed and recovered in a civil action brought in the name of the people of the State of California in any court of competent jurisdiction by any of the following:

(A) The Attorney General.

(B) Any district attorney.

(C) Any county counsel authorized by agreement with the district attorney in actions involving violation of a county ordinance.

(D) Any city attorney of a city.

(E) Any city attorney of a city and county having a population in excess of 750,000, with the consent of the district attorney.

(F) A city prosecutor in any city having a full–time city prosecutor or, with the consent of the district attorney, by a city attorney in any city and county.

(2) If the action is brought by the Attorney General, one–half of the penalty collected shall be paid to the treasurer of the county in which the judgment was entered, and one–half to the General Fund. If the action is brought by a district attorney or county counsel, the penalty collected shall be paid to the treasurer of the county in which the judgment was entered. Except as provided in paragraph (3), if the action is brought by a city attorney or city prosecutor, one–half of the penalty collected shall be paid to the treasurer of the city in which the judgment was entered and one–half to the treasurer of the county in which the judgment was entered.

(3) If the action is brought by a city attorney of a city and county, the entire amount of the penalty collected shall be paid to the treasurer of the city and county in which the judgment was entered.

(4) Nothing in this section shall be construed as authorizing both an administrative fine and civil penalty for the same violation.

(5) Imposition of a fine or penalty provided for in this section shall not preclude imposition of any other sanctions or remedies authorized by law.

(f) For purposes of this section, "knowing" and "willful" shall have the same meanings as in Section 7 of the Penal Code.

(g) No person who discloses protected medical information in accordance with the provisions of this part shall be subject to the penalty provisions of this part.

(Added by Stats.1981, c. 782, § 2. Amended by Stats.1999, c. 526 (S.B.19), § 8.)

§ 56.37. Authorization, release, consent, or waiver; enforceability

(a) No provider of health care, health care service plan, or contractor may require a patient, as a condition of receiving health care services, to sign an authorization, release, consent, or waiver that would permit the disclosure of medical information that otherwise may not be disclosed under Section 56.10 or any other provision of law. However, a health care service plan or disability insurer may require relevant enrollee or subscriber medical information as a condition of the medical underwriting process, provided that Sections 1374.7 and 1389.1 of the Health and Safety Code are strictly observed.

(b) Any waiver by a patient of the provisions of this part, except as authorized by Section 56.11 or 56.21 or subdivision (b) of Section 56.26, shall be deemed contrary to public policy and shall be unenforceable.

(Added by Stats.1981, c. 782, § 2. Amended by Stats.1999, c. 526 (S.B.19), § 9.)

OBLIGATIONS IN GENERAL — OBLIGATIONS

Division 3 OBLIGATIONS

Part 4 OBLIGATIONS ARISING FROM PARTICULAR TRANSACTIONS

Title 1.8 PERSONAL DATA

Chapter 1 INFORMATION PRACTICES ACT OF 1977

Article 1 GENERAL PROVISIONS AND LEGISLATIVE FINDINGS

§ 1798. Citation of chapter

This chapter shall be known and may be cited as the Information Practices Act of 1977.

(Added by Stats.1977, c. 709, p. 2269, § 1, operative July 1, 1978.)

§ 1798.1. Legislative declaration and findings

The Legislature declares that the right to privacy is a personal and fundamental right protected by Section 1 of Article I of the Constitution of California and by the United States Constitution and that all individuals have a right of privacy in information pertaining to them. The Legislature further makes the following findings:

(a) The right to privacy is being threatened by the indiscriminate collection, maintenance, and dissemination of personal information and the lack of effective laws and legal remedies.

(b) The increasing use of computers and other sophisticated information technology has greatly magnified the potential risk to individual privacy that can occur from the maintenance of personal information.

(c) In order to protect the privacy of individuals, it is necessary that the maintenance and dissemination of personal information be subject to strict limits.

(Added by Stats.1977, c. 709, p. 2269, § 1, operative July 1, 1978.)

Article 2 DEFINITIONS

§ 1798.3. Definitions

As used in this chapter:

(a) The term "personal information" means any information that is maintained by an agency that identifies or describes an individual, including, but not limited to, his or her name, social security number, physical description, home address, home telephone number, education, financial matters, and medical or employment history. It includes statements made by, or attributed to, the individual.

(b) The term "agency" means every state office, officer, department, division, bureau, board, commission, or other state agency, except that the term agency shall not include:

(1) The California Legislature.

(2) Any agency established under Article VI of the California Constitution.

(3) The State Compensation Insurance Fund, except as to any records which contain personal information about the employees of the State Compensation Insurance Fund.

(4) A local agency, as defined in subdivision (b) of Section 6252 of the Government Code.

(c) The term "disclose" means to disclose, release, transfer, disseminate, or otherwise communicate all or any part of any record orally, in writing, or by electronic or any other means to any person or entity.

(d) The term "individual" means a natural person.

(e) The term "maintain" includes maintain, acquire, use, or disclose.

(f) The term "person" means any natural person, corporation, partnership, limited liability company, firm, or association.

(g) The term "record" means any file or grouping of information about an individual that is maintained by an agency by reference to an identifying particular such as the individual's name, photograph, finger or voice print, or a number or symbol assigned to the individual.

(h) The term "system of records" means one or more records, which pertain to one or more individuals, which is maintained by any agency, from which information is retrieved by the name of an individual or by some identifying number, symbol or other identifying particular assigned to the individual.

(i) The term "governmental entity," except as used in Section 1798.26, means any branch of the federal government or of the local government.

(j) The term "commercial purpose" means any purpose which has financial gain as a major objective. It does not include the gathering or dissemination of newsworthy facts by a publisher or broadcaster.

(k) The term "regulatory agency" means the Department of Financial Institutions, the Department of Corporations, the Department of Insurance, the Department of Real Estate, and agencies of the United States or of any other state responsible for regulating financial institutions.

(Added by Stats.1977, c. 709, p. 2269, § 1, operative July 1, 1978. Amended by Stats.1978, c. 874, p. 2741, § 1, eff. Sept. 19, 1978; Stats.1979, c. 143, p. 330, § 1, eff. June 22, 1979; Stats.1980, c. 174, p. 391, § 1; Stats.1982, c. 604, p. 2579, § 1; Stats.1985, c. 595, § 2; Stats.1987, c. 1453, § 1; Stats.1994, c. 1010 (S.B.2053), § 40; Stats.1996, c. 1064 (A.B.3351), § 4, operative July 1, 1997.)

Article 5 AGENCY REQUIREMENTS

§ 1798.14. Contents of records

Each agency shall maintain in its records only personal information which is relevant and necessary to accomplish a purpose of the agency required or authorized by the California Constitution or statute or mandated by the federal government.

(Added by Stats.1977, c. 709, p. 2269, § 1, operative July 1, 1978. Amended by Stats.1985, c. 595, § 5.)

§ 1798.15. Sources of information

Each agency shall collect personal information to the greatest extent practicable directly from the individual who is the subject of the information rather than from another source.

(Added by Stats.1977, c. 709, p. 2269, § 1, operative July 1, 1978. Amended by Stats.1985, c. 595, § 6.)

§ 1798.16. Personal information; maintaining sources of information

(a) Whenever an agency collects personal information, the agency shall maintain the source or sources of the information, unless the source is the data subject or he or she has received a copy of the source document, including, but not limited to, the name of any source who is an individual acting in his or her own private or individual capacity. If the source is an agency, governmental entity or other organization, such as a corporation or association, this requirement can be met by maintaining the name of the agency, governmental entity, or organization, as long as the smallest reasonably identifiable unit of that agency, governmental entity, or organization is named.

(b) On or after July 1, 2001, unless otherwise authorized by the Department of Information Technology pursuant to Executive Order D–3–99, whenever an agency electronically collects personal information, as defined by Section 11015.5 of the Government Code, the agency shall retain the source or sources or any intermediate form of the information, if either are created or possessed by the agency, unless the source is the data subject that has requested that the information be discarded or the data subject has received a copy of the source document.

(c) The agency shall maintain the source or sources of the information in a readily accessible form so as to be able to provide it to the data subject when they inspect any record pursuant to Section 1798.34. This section shall not apply if the source or sources are exempt from disclosure under the provisions of this chapter.

(Added by Stats.1977, c. 709, p. 2269, § 1, operative July 1, 1978. Amended by Stats.1998, c. 429 (S.B.1386), § 1; Stats.1999, c. 784 (A.B.724), § 7, eff. Oct. 10, 1999.)

§ 1798.17. Notice; periodic provision; contents

Each agency shall provide on or with any form used to collect personal information from individuals the notice specified in this section. When contact with the individual is of a regularly recurring nature, an initial notice followed by a periodic notice of not more than one–year intervals shall satisfy this requirement. This requirement is also satisfied by notification to individuals of the availability of the notice in annual tax–related pamphlets or booklets provided for them. The notice shall include all of the following:

(a) The name of the agency and the division within the agency that is requesting the information.

(b) The title, business address, and telephone number of the agency official who is responsible for the system of records and who shall, upon request, inform an individual regarding the location of his or her records and the categories of any persons who use the information in those records.

(c) The authority, whether granted by statute, regulation, or executive order which authorizes the maintenance of the information.

(d) With respect to each item of information, whether submission of such information is mandatory or voluntary.

(e) The consequences, if any, of not providing all or any part of the requested information.

(f) The principal purpose or purposes within the agency for which the information is to be used.

(g) Any known or foreseeable disclosures which may be made of the information pursuant to subdivision (e) or (f) of Section 1798.24.

(h) The individual's right of access to records containing personal information which are maintained by the agency.

This section does not apply to any enforcement document issued by an employee of a law enforcement agency in the performance of his or her duties wherein the violator is provided an exact copy of the document, or to accident reports whereby the parties of interest may obtain a copy of the report pursuant to Section 20012 of the Vehicle Code.

The notice required by this section does not apply to agency requirements for an individual to provide his or her name, identifying number, photograph, address, or similar identifying information, if this information is used only for the purpose of identification and communication with the individual by the agency, except that requirements for an individual's social security number shall conform with the provisions of the Federal Privacy Act of 1974 (Public Law 93–579).

(Added by Stats.1977, c. 709, p. 2269, § 1, operative July 1, 1978. Amended by Stats.1978, c. 874, p. 2744, § 3.5, eff. Sept. 19, 1978; Stats.1982, c. 604, p. 2582, § 2.5; Stats.1985, c. 595, § 7.)

§ 1798.18. Maintenance of records; standards; transfers of records outside state government

Each agency shall maintain all records, to the maximum extent possible, with accuracy, relevance, timeliness, and completeness.

Such standard need not be met except when such records are used to make any determination about the individual. When an agency transfers a record outside of state government, it shall correct, update, withhold, or delete any portion of the record that it knows or has reason to believe is inaccurate or untimely.

(Added by Stats.1977, c. 709, p. 2269, § 1, operative July 1, 1978.)

§ 1798.19. Contracts for the operation or maintenance of records; requirements of chapter; employees of agency

Each agency when it provides by contract for the operation or maintenance of records containing personal information to accomplish an agency function, shall cause, consistent with its authority, the requirements of this chapter to be applied to those records. For purposes of Article 10 (commencing with Section 1798.55), any contractor and any employee of the contractor, if the contract is agreed to on or after July 1, 1978, shall be considered to be an employee of an agency. Local government functions mandated by the state are not deemed agency functions within the meaning of this section.

(Added by Stats.1977, c. 709, p. 2269, § 1, operative July 1, 1978. Amended by Stats.1978, c. 874, p. 2744, § 4, eff. Sept. 19, 1978; Stats.1985, c. 595, § 8.)

§ 1798.20. Rules of conduct; instruction

Each agency shall establish rules of conduct for persons involved in the design, development, operation, disclosure, or maintenance of records containing personal information and instruct each such person with respect to such rules and the requirements of this chapter, including any other rules and procedures adopted pursuant to this chapter and the remedies and penalties for noncompliance.

(Added by Stats.1977, c. 709, p. 2269, § 1, operative July 1, 1978. Amended by Stats.1985, c. 595, § 9.)

§ 1798.21. Safeguards; administrative, technical and physical

Each agency shall establish appropriate and reasonable administrative, technical, and physical safeguards to ensure compliance with the provisions of this chapter, to ensure the security and confidentiality of records, and to protect against anticipated threats or hazards to their security or integrity which could result in any injury.

(Added by Stats.1977, c. 709, p. 2269, § 1, operative July 1, 1978.)

§ 1798.22. Designation of employee responsible for agency compliance

Each agency shall designate an agency employee to be responsible for ensuring that the agency complies with all of the provisions of this chapter.

(Added by Stats.1977, c. 709, p. 2269, § 1, operative July 1, 1978.)

§ 1798.23. Department of Justice; periodic review of personal information; exemption from access

The Department of Justice shall review all personal information in its possession every five years commencing July 1, 1978, to determine whether it should continue to be exempt from access pursuant to Section 1798.40.

(Added by Stats.1977, c. 709, p. 2269, § 1, operative July 1, 1978. Amended by Stats.1985, c. 595, § 10.)

Article 6 CONDITIONS OF DISCLOSURE

§ 1798.24. Personal information

No agency may disclose any personal information in a manner that would link the information disclosed to the individual to whom it pertains unless the disclosure of the information is:

(a) To the individual to whom the information pertains.

(b) With the prior written voluntary consent of the individual to whom the record pertains, but only if such consent has been obtained not more than 30 days before the disclosure, or in the time limit agreed to by the individual in the written consent.

(c) To the duly appointed guardian or conservator of the individual or a person representing the individual provided that it can be proven with reasonable certainty through the possession of agency forms, documents or correspondence that such person is the authorized representative of the individual to whom the information pertains.

(d) To those officers, employees, attorneys, agents, or volunteers of the agency which has custody of the information if the disclosure is relevant and necessary in the ordinary course of the performance of their official duties and is related to the purpose for which the information was acquired.

(e) To a person, or to another agency where the transfer is necessary for the transferee agency to perform its constitutional or statutory duties, and the use is compatible with a purpose for which the information was collected and the use or transfer is accounted for in accordance with Section 1798.25. With respect to information transferred from a law enforcement or regulatory agency, or information transferred to another law enforcement or regulatory agency, a use is compatible if the use of the information requested is needed in an investigation of unlawful activity under the jurisdiction of the requesting agency or for licensing, certification, or regulatory purposes by that agency.

(f) To a governmental entity when required by state or federal law.

(g) Pursuant to the California Public Records Act, Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1 of the Government Code.

(h) To a person who has provided the agency with advance adequate written assurance that the information will be used solely for statistical research or reporting purposes, but only if the information to be disclosed is in a form that will not identify any individual.

(i) Pursuant to a determination by the agency which maintains information that compelling circumstances exist which affect the health or safety of an individual, if upon the disclosure notification is transmitted to the individual to whom the information pertains at his or her last known address. Disclosure shall not be made if it is in conflict with other state or federal laws.

(j) To the State Archives of the State of California as a record which has sufficient historical or other value to warrant its continued preservation by the California state government, or for evaluation by the Director of General Services or his or her designee to determine whether the record has further administrative, legal, or fiscal value.

(k) To any person pursuant to a subpoena, court order, or other compulsory legal process if, before the disclosure, the agency reasonably attempts to notify the individual to whom the record pertains, and if the notification is not prohibited by law.

(*l*) To any person pursuant to a search warrant.

(m) Pursuant to Article 3 (commencing with Section 1800) of Chapter 1 of Division 2 of the Vehicle Code.

(n) For the sole purpose of verifying and paying government health care service claims made pursuant to Division 9 (commencing with Section 10000) of the Welfare and Institutions Code.

(*o*) To a law enforcement or regulatory agency when required for an investigation of unlawful activity or for licensing, certification, or regulatory purposes, unless the disclosure is otherwise prohibited by law.

(p) To another person or governmental organization to the extent necessary to obtain information from the person or governmental organization as necessary for an investigation by the agency of a failure to comply with a specific state law which the agency is responsible for enforcing.

(q) To an adopted person and is limited to general background information pertaining to the adopted person's natural parents,

provided that the information does not include or reveal the identity of the natural parents.

(r) To a child or a grandchild of an adopted person and disclosure is limited to medically necessary information pertaining to the adopted person's natural parents. However, the information, or the process for obtaining the information, shall not include or reveal the identity of the natural parents. The State Department of Social Services shall adopt regulations governing the release of information pursuant to this subdivision by July 1, 1985. The regulations shall require licensed adoption agencies to provide the same services provided by the department as established by this subdivision.

(s) To a committee of the Legislature or to a Member of the Legislature, or his or her staff when authorized in writing by the member, where the member has permission to obtain the information from the individual to whom it pertains or where the member provides reasonable assurance that he or she is acting on behalf of the individual.

(t) To the University of California or a nonprofit educational institution conducting scientific research, provided the request for information includes assurances of the need for personal information, procedures for protecting the confidentiality of the information and assurances that the personal identity of the subject shall not be further disclosed in individually identifiable form.

(u) To an insurer if authorized by Chapter 5 (commencing with Section 10900) of Division 4 of the Vehicle Code.

This article shall not be construed to require the disclosure of personal information to the individual to whom the information pertains when that information may otherwise be withheld as set forth in Section 1798.40.

(v) Pursuant to Section 1909, 8009, or 18396 of the Financial Code.

(Added by Stats.1977, c. 709, p. 2269, § 1, operative July 1, 1978. Amended by Stats.1978, c. 874, p. 2745, § 5, eff. Sept. 19, 1978; Stats.1979, c. 143, p. 332, § 2, eff. June 22, 1979; Stats.1982, c. 604, p. 2583, § 3; Stats.1982, c. 957, p. 3454, § 1; Stats.1984, c. 2, § 1; Stats.1984, c. 724, § 1; Stats.1985, c. 595, § 11; Stats.1987, c. 1453, § 2; Stats.1991–1992, 1st Ex.Sess., c. 21 (A.B.66), § 33.5; Stats.1995, c. 480 (A.B.1482), § 1.1, eff. Oct. 2, 1995, operative Oct. 2, 1995.)

§ 1798.24a. Exception; screening of prospective concessionaires

Notwithstanding Section 1798.24, information may be disclosed to any city, county, city and county, or district, or any officer or official thereof, if a written request is made to a local law enforcement agency and the information is needed to assist in the screening of a prospective concessionaire, and any affiliate or associate thereof, as these terms are defined in subdivision (k) of Section 432.7 of the Labor Code for purposes of consenting to, or approving of, the prospective concessionaire's application for, or acquisition of, any beneficial interest in a concession, lease, or other property interest. However, any summary criminal history information that may be disclosed pursuant to this section shall be limited to information pertaining to criminal convictions.

(Added by Stats.1992, c. 1026 (S.B.1769), § 2.)

§ 1798.24b. Disclosure of information to protection and advocacy agency for rights of persons with disabilities

(a) Notwithstanding Section 1798.24, except * * * subdivision (v) thereof, information shall be disclosed to the protection and advocacy agency designated by the Governor in this state pursuant to federal law to protect and advocate for the rights of people with * * * disabilities * * *, as described in Division 4.7 (commencing with Section 4900) of the Welfare and Institutions Code.

(b) Information that shall be disclosed pursuant to this section includes all of the following information:

(1) Name.

(2) Address.

(3) Telephone number.

(4) Any other information necessary to identify that person whose consent is necessary for either of the following purposes:

(A) To enable the protection and advocacy agency to exercise its authority and investigate incidents of abuse or neglect of people with * * * disabilities * * *.

(B) To obtain access to records pursuant to Section 4903 of the Welfare and Institutions Code.

(Added by Stats.1991, c. 534 (S.B.1088), § 2. Amended by Stats.2003, c. 878 (S.B.577), § 2.)

Article 7 ACCOUNTING OF DISCLOSURES

§ 1798.25. Accounting for disclosure to law enforcement or regulatory agency; contents; routine disclosures

Each agency shall keep an accurate accounting of the date, nature, and purpose of each disclosure of a record made pursuant to subdivision (i), (k), (*l*), (o), or (p) of Section 1798.24. This accounting shall also be required for disclosures made pursuant to subdivision (e) or (f) of Section 1798.24 unless notice of the type of disclosure has been provided pursuant to Sections 1798.9 and 1798.10. The accounting shall also include the name, title, and business address of the person or agency to whom the disclosure was made. For the purpose of an accounting of a disclosure made under subdivision (o) of Section 1798.24, it shall be sufficient for a law enforcement or regulatory agency to record the date of disclosure, the law enforcement or regulatory agency requesting the disclosure, and whether the purpose of the disclosure is for an investigation of unlawful activity under the jurisdiction of the requesting agency, or for licensing, certification, or regulatory purposes by that agency.

Routine disclosures of information pertaining to crimes, offenders, and suspected offenders to law enforcement or regulatory agencies of federal, state, and local government shall be deemed to be disclosures pursuant to subdivision (e) of Section 1798.24 for the purpose of meeting this requirement.

(Added by Stats.1977, c. 709, p. 2269, § 1, operative July 1, 1978. Amended by Stats.1978, c. 874, p. 2747, § 6, eff. Sept. 19, 1978; Stats.1985, c. 595, § 12; Stats.1987, c. 1453, § 3.)

§ 1798.26. Motor vehicles; sale of registration information or information from drivers' licenses files; administrative procedures

With respect to the sale of information concerning the registration of any vehicle or the sale of information from the files of drivers' licenses, the Department of Motor Vehicles shall, by regulation, establish administrative procedures under which any person making a request for information shall be required to identify himself or herself and state the reason for making the request. These procedures shall provide for the verification of the name and address of the person making a request for the information and the department may require the person to produce the information as it determines is necessary in order to ensure that the name and address of the person are his or her true name and address. These procedures may provide for a 10–day delay in the release of the requested information. These procedures shall also provide for notification to the person to whom the information primarily relates, as to what information was provided and to whom it was provided. The department shall, by regulation, establish a reasonable period of time for which a record of all the foregoing shall be maintained.

The procedures required by this subdivision do not apply to any governmental entity, any person who has applied for and has been issued a requester code by the department, or any court of competent jurisdiction.

(Added by Stats.1977, c. 709, p. 2269, § 1, operative July 1, 1978. Amended by Stats.1987, c. 961, § 1; Stats.1989, c. 1213, § 2.)

§ 1798.27. Retention of accounting and original documents

Each agency shall retain the accounting made pursuant to Section 1798.25 for at least three years after the disclosure for which the accounting is made, or until the record is destroyed, whichever is shorter.

Nothing in this section shall be construed to require retention of the original documents for a three–year period, providing that the agency can otherwise comply with the requirements of this section.
(Added by Stats.1977, c. 709, p. 2269, § 1, operative July 1, 1978.)

§ 1798.28. Correction of errors; notation of disputes; notice

Each agency, after July 1, 1978, shall inform any person or agency to whom a record containing personal information has been disclosed during the preceding three years of any correction of an error or notation of dispute made pursuant to Sections 1798.35 and 1798.36 if (1) an accounting of the disclosure is required by Section 1798.25 or 1798.26, and the accounting has not been destroyed pursuant to Section 1798.27, or (2) the information provides the name of the person or agency to whom the disclosure was made, or (3) the person who is the subject of the disclosed record provides the name of the person or agency to whom the information was disclosed.
(Added by Stats.1977, c. 709, p. 2269, § 1, operative July 1, 1978. Amended by Stats.1985, c. 595, § 13.)

Article 8 ACCESS TO RECORDS AND ADMINISTRATIVE REMEDIES

§ 1798.30. Regulations or guidelines; procedure for implementation of article

Each agency shall either adopt regulations or publish guidelines specifying procedures to be followed in order fully to implement each of the rights of individuals set forth in this article.
(Added by Stats.1977, c. 709, p. 2269, § 1, operative July 1, 1978. Amended by Stats.1978, c. 874, p. 2747, § 7, eff. Sept. 19, 1978.)

§ 1798.32. Maintenance of records; rights of inquiry and notice; contents of notice; rules and regulations

Each individual shall have the right to inquire and be notified as to whether the agency maintains a record about himself or herself. Agencies shall take reasonable steps to assist individuals in making their requests sufficiently specific.

Any notice sent to an individual which in any way indicates that the agency maintains any record concerning that individual shall include the title and business address of the agency official responsible for maintaining the records, the procedures to be followed to gain access to the records, and the procedures to be followed for an individual to contest the contents of these records unless the individual has received this notice from the agency during the past year.

In implementing the right conferred by this section, an agency may specify in its rules or regulations reasonable times, places, and requirements for identifying an individual who requests access to a record, and for disclosing the contents of a record.
(Added by Stats.1977, c. 709, p. 2269, § 1, operative July 1, 1978. Amended by Stats.1978, c. 874, p. 2747, § 8, eff. Sept. 19, 1978; Stats.1991–1992, 1st Ex.Sess., c. 21 (A.B.66), § 33.6.)

§ 1798.33. Copies of records; fees

Each agency may establish fees to be charged, if any, to an individual for making copies of a record. Such fees shall exclude the cost of any search for and review of the record, and shall not exceed ten cents ($0.10) per page, unless the agency fee for copying is established by statute.
(Added by Stats.1977, c. 709, p. 2269, § 1, operative July 1, 1978. Amended by Stats.1978, c. 874, p. 2747, § 9, eff. Sept. 19, 1978.)

§ 1798.34. Inspection of personal information in records and accounting; time; copies; form; availability

(a) Except as otherwise provided in this chapter, each agency shall permit any individual upon request and proper identification to inspect all the personal information in any record containing personal information and maintained by reference to an identifying particular assigned to the individual within 30 days of the agency's receipt of the request for active records, and within 60 days of the agency's receipt of the request for records that are geographically dispersed or which are inactive and in central storage. Failure to respond within these time limits shall be deemed denial. In addition, the individual shall be permitted to inspect any personal information about himself or herself where it is maintained by reference to an identifying particular other than that of the individual, if the agency knows or should know that the information exists. The individual also shall be permitted to inspect the accounting made pursuant to Article 7 (commencing with Section 1798.25).

(b) The agency shall permit the individual, and, upon the individual's request, another person of the individual's own choosing to inspect all the personal information in the record and have an exact copy made of all or any portion thereof within 15 days of the inspection. It may require the individual to furnish a written statement authorizing disclosure of the individual's record to another person of the individual's choosing.

(c) The agency shall present the information in the record in a form reasonably comprehensible to the general public.

(d) Whenever an agency is unable to access a record by reference to name only, or when access by name only would impose an unreasonable administrative burden, it may require the individual to submit such other identifying information as will facilitate access to the record.

(e) When an individual is entitled under this chapter to gain access to the information in a record containing personal information, the information or a true copy thereof shall be made available to the individual at a location near the residence of the individual or by mail, whenever reasonable.
(Added by Stats.1977, c. 709, p. 2269, § 1, operative July 1, 1978. Amended by Stats.1982, c. 604, p. 2584, § 4; Stats.1985, c. 595, § 15.)

§ 1798.35. Amendment of records; procedure; notice

Each agency shall permit an individual to request in writing an amendment of a record and, shall within 30 days of the date of receipt of such request:

(a) Make each correction in accordance with the individual's request of any portion of a record which the individual believes is not accurate, relevant, timely, or complete and inform the individual of the corrections made in accordance with their request; or

(b) Inform the individual of its refusal to amend the record in accordance with such individual's request, the reason for the refusal, the procedures established by the agency for the individual to request a review by the head of the agency or an official specifically designated by the head of the agency of the refusal to amend, and the name, title, and business address of the reviewing official.
(Added by Stats.1977, c. 709, p. 2269, § 1, operative July 1, 1978.)

§ 1798.36. Refusal to amend records; review; final determination; time; statement of individual's disagreement

Each agency shall permit any individual who disagrees with the refusal of the agency to amend a record to request a review of such refusal by the head of the agency or an official specifically designated by the head of such agency, and, not later than 30 days from the date on which the individual requests such review, complete such review and make a final determination unless, for good cause shown, the head of the agency extends such review period by 30 days. If, after such review, the reviewing official refuses to amend the record in accordance with the request, the agency shall permit the individual to file with the agency a statement of reasonable length setting forth the reasons for the individual's disagreement.
(Added by Stats.1977, c. 709, p. 2269, § 1, operative July 1, 1978.)

§ 1798.37. Disputed records; statements of individual's disagreement and rationale of agency for refusal of amendment; notation of disputed portions; copies

The agency, with respect to any disclosure containing information about which the individual has filed a statement of disagreement, shall

clearly note any portion of the record which is disputed and make available copies of such individual's statement and copies of a concise statement of the reasons of the agency for not making the amendment to any person or agency to whom the disputed record has been or is disclosed.
(Added by Stats.1977, c. 709, p. 2269, § 1, operative July 1, 1978.)

§ 1798.38. Promises or understandings concerning confidentiality of source; specified information in possession of agencies; protection of identity

If information, including letters of recommendation, compiled for the purpose of determining suitability, eligibility, or qualifications for employment, advancement, renewal of appointment or promotion, status as adoptive parents, or for the receipt of state contracts, or for licensing purposes, was received with the promise or, prior to July 1, 1978, with the understanding that the identity of the source of the information would be held in confidence and the source is not in a supervisory position with respect to the individual to whom the record pertains, the agency shall fully inform the individual of all personal information about that individual without identification of the source. This may be done by providing a copy of the text of the material with only such deletions as are necessary to protect the identity of the source or by providing a comprehensive summary of the substance of the material. Whichever method is used, the agency shall insure that full disclosure is made to the subject of any personal information that could reasonably in any way reflect or convey anything detrimental, disparaging, or threatening to an individual's reputation, rights, benefits, privileges, or qualifications, or be used by an agency to make a determination that would affect an individual's rights, benefits, privileges, or qualifications. In institutions of higher education, "supervisory positions" shall not be deemed to include chairpersons of academic departments.
(Added by Stats.1977, c. 709, p. 2269, § 1, operative July 1, 1978. Amended by Stats.1985, c. 595, § 16.)

§ 1798.39. Records evidencing property rights

Sections 1798.35, 1798.36, and 1798.37 shall not apply to any record evidencing property rights.
(Added by Stats.1977, c. 709, p. 2269, § 1, operative July 1, 1978.)

§ 1798.40. Nondisclosure of personal information to individual to whom information pertains; criteria

This chapter shall not be construed to require an agency to disclose personal information to the individual to whom the information pertains, if the information meets any of the following criteria:

(a) Is compiled for the purpose of identifying individual criminal offenders and alleged offenders and consists only of identifying data and notations of arrests, the nature and disposition of criminal charges, sentencing, confinement, release, and parole and probation status.

(b) Is compiled for the purpose of a criminal investigation of suspected criminal activities, including reports of informants and investigators, and associated with an identifiable individual.

(c) Is contained in any record which could identify an individual and which is compiled at any stage of the process of enforcement of the criminal laws, from the arrest or indictment stage through release from supervision and including the process of extradition or the exercise of executive clemency.

(d) Is maintained for the purpose of an investigation of an individual's fitness for licensure or public employment, or of a grievance or complaint, or a suspected civil offense, so long as the information is withheld only so as not to compromise the investigation, or a related investigation. The identities of individuals who provided information for the investigation may be withheld pursuant to Section 1798.38.

(e) Would compromise the objectivity or fairness of a competitive examination for appointment or promotion in public service, or to determine fitness for licensure, or to determine scholastic aptitude.

(f) Pertains to the physical or psychological condition of the individual, if the agency determines that disclosure would be detrimental to the individual. The information shall, upon the individual's written authorization, be disclosed to a licensed medical practitioner or psychologist designated by the individual.

(g) Relates to the settlement of claims for work related illnesses or injuries and is maintained exclusively by the State Compensation Insurance Fund.

(h) Is required by statute to be withheld from the individual to whom it pertains.

This section shall not be construed to deny an individual access to information relating to him or her if access is allowed by another statute or decisional law of this state.
(Added by Stats.1985, c. 595, § 18.)

§ 1798.41. Finding that requested information is exempt from access; written notice; review; ex parte orders authorizing responses of no maintenance

(a) Except as provided in subdivision (c), if the agency determines that information requested pursuant to Section 1798.34 is exempt from access, it shall inform the individual in writing of the agency's finding that disclosure is not required by law.

(b) Except as provided in subdivision (c), each agency shall conduct a review of its determination that particular information is exempt from access pursuant to Section 1798.40, within 30 days from the receipt of a request by an individual directly affected by the determination, and inform the individual in writing of the findings of the review. The review shall be conducted by the head of the agency or an official specifically designated by the head of the agency.

(c) If the agency believes that compliance with subdivision (a) would seriously interfere with attempts to apprehend persons who are wanted for committing a crime or attempts to prevent the commission of a crime or would endanger the life of an informant or other person submitting information contained in the record, it may petition the presiding judge of the superior court of the county in which the record is maintained to issue an ex parte order authorizing the agency to respond to the individual that no record is maintained. All proceedings before the court shall be in camera. If the presiding judge finds that there are reasonable grounds to believe that compliance with subdivision (a) will seriously interfere with attempts to apprehend persons who are wanted for committing a crime or attempts to prevent the commission of a crime or will endanger the life of an informant or other person submitting information contained in the record, the judge shall issue an order authorizing the agency to respond to the individual that no record is maintained by the agency. The order shall not be issued for longer than 30 days but can be renewed at 30–day intervals. If a request pursuant to this section is received after the expiration of the order, the agency must either respond pursuant to subdivision (a) or seek a new order pursuant to this subdivision.
(Formerly § 1798.40, added by Stats.1977, c. 709, p. 2269, § 1, operative July 1, 1978. Amended by Stats.1982, c. 604, p. 2585, § 5. Renumbered § 1798.41 and amended by Stats.1985, c. 595, § 17.)

§ 1798.42. Disclosure of personal information relating to others; deletions

In disclosing information contained in a record to an individual, an agency shall not disclose any personal information relating to another individual which may be contained in the record. To comply with this section, an agency shall, in disclosing information, delete from disclosure such information as may be necessary. This section shall not be construed to authorize withholding the identities of sources except as provided in Sections 1798.38 and 1798.40.
(Formerly § 1798.41, added by Stats.1977, c. 709, p. 2269, § 1, operative July 1, 1978. Amended by Stats.1982, c. 604, p. 2586, § 6. Renumbered § 1798.42 and amended by Stats.1985, c. 595, § 19.)

§ 1798.43. Disclosure of personal information to individual to whom information pertains; deletion of exempt information

In disclosing information contained in a record to an individual, an agency need not disclose any information pertaining to that individual which is exempt under Section 1798.40. To comply with this section, an agency may, in disclosing personal information contained in a record, delete from the disclosure any exempt information.

(Formerly § 1798.42, added by Stats.1977, c. 709, p. 2269, § 1, operative July 1, 1978. Amended by Stats.1982, c. 604, p. 2586, § 7. Renumbered § 1798.43 and amended by Stats.1985, c. 595, § 20.)

§ 1798.44. Application of article

This article applies to the rights of an individual to whom personal information pertains and not to the authority or right of any other person, agency, other state governmental entity, or governmental entity to obtain this information.

(Formerly § 1798.43, added by Stats.1978, c. 874, p. 2747, § 10, eff. Sept. 19, 1978. Renumbered § 1798.44 and amended by Stats.1985, c. 595, § 21.)

Article 9 CIVIL REMEDIES

§ 1798.45. Civil actions against agencies; grounds

An individual may bring a civil action against an agency whenever such agency does any of the following:

(a) Refuses to comply with an individual's lawful request to inspect pursuant to subdivision (a) of Section 1798.34.

(b) Fails to maintain any record concerning any individual with such accuracy, relevancy, timeliness, and completeness as is necessary to assure fairness in any determination relating to the qualifications, character, rights, opportunities of, or benefits to the individual that may be made on the basis of such record, if, as a proximate result of such failure, a determination is made which is adverse to the individual.

(c) Fails to comply with any other provision of this chapter, or any rule promulgated thereunder, in such a way as to have an adverse effect on an individual.

(Added by Stats.1977, c. 709, p. 2269, § 1, operative July 1, 1978.)

§ 1798.46. Actions for refusal to comply with requests for inspection; injunctions; proceedings de novo; in camera examination of records; attorney fees and costs

In any suit brought under the provisions of subdivision (a) of Section 1798.45:

(a) The court may enjoin the agency from withholding the records and order the production to the complainant of any agency records improperly withheld from the complainant. In such a suit the court shall determine the matter de novo, and may examine the contents of any agency records in camera to determine whether the records or any portion thereof may be withheld as being exempt from the individual's right of access and the burden is on the agency to sustain its action.

(b) The court shall assess against the agency reasonable attorney's fees and other litigation costs reasonably incurred in any suit under this section in which the complainant has prevailed. A party may be considered to have prevailed even though he or she does not prevail on all issues or against all parties.

(Added by Stats.1977, c. 709, p. 2269, § 1, operative July 1, 1978. Amended by Stats.1985, c. 595, § 22.)

§ 1798.47. Injunctions; orders and judgments

Any agency that fails to comply with any provision of this chapter may be enjoined by any court of competent jurisdiction. The court may make any order or judgment as may be necessary to prevent the use or employment by an agency of any practices which violate this chapter.

Actions for injunction under this section may be prosecuted by the Attorney General, or any district attorney in this state, in the name of the people of the State of California whether upon his or her own complaint, or of a member of the general public, or by any individual acting in his or her own behalf.

(Added by Stats.1977, c. 709, p. 2269, § 1, operative July 1, 1978. Amended by Stats.1991–1992, 1st Ex.Sess., c. 21 (A.B.66), § 33.7.)

§ 1798.48. Failure to maintain records properly; noncompliance with provisions of chapter and rules; actual damages; costs; attorney fees

In any suit brought under the provisions of subdivision (b) or (c) of Section 1798.45, the agency shall be liable to the individual in an amount equal to the sum of:

(a) Actual damages sustained by the individual, including damages for mental suffering.

(b) The costs of the action together with reasonable attorney's fees as determined by the court.

(Added by Stats.1977, c. 709, p. 2269, § 1, operative July 1, 1978.)

§ 1798.49. Jurisdiction; limitation of actions; nonexclusive rights and remedies

An action to enforce any liability created under Sections 1798.45 to 1798.48, inclusive, may be brought in any court of competent jurisdiction in the county in which the complainant resides, or has his principal place of business, or in which the defendant's records are situated, within two years from the date on which the cause of action arises, except that where a defendant has materially and willfully misrepresented any information required under this section to be disclosed to an individual who is the subject of the information and the information so misrepresented is material to the establishment of the defendant's liability to that individual under this section, the action may be brought at any time within two years after discovery by the complainant of the misrepresentation. Nothing in Sections 1798.45 to 1798.48, inclusive, shall be construed to authorize any civil action by reason of any injury sustained as the result of any information practice covered by this chapter prior to July 1, 1978.

The rights and remedies set forth in this chapter shall be deemed to be nonexclusive and are in addition to all those rights and remedies which are otherwise available under any other provision of law.

(Added by Stats.1977, c. 709, p. 2269, § 1, operative July 1, 1978.)

§ 1798.50. Personnel actions; qualifications of individuals; subjective opinions; liability

A civil action shall not lie under this article based upon an allegation that an opinion which is subjective in nature, as distinguished from a factual assertion, about an individual's qualifications, in connection with a personnel action concerning such an individual, was not accurate, relevant, timely, or complete.

(Added by Stats.1977, c. 709, p. 2269, § 1, operative July 1, 1978.)

§ 1798.51. Lapse of time; corrections to records

Where a remedy other than those provided in Articles 8 and 9 is provided by law but is not available because of lapse of time an individual may obtain a correction to a record under this chapter but such correction shall not operate to revise or restore a right or remedy not provided by this chapter that has been barred because of lapse of time.

(Added by Stats.1977, c. 709, p. 2269, § 1, operative July 1, 1978.)

§ 1798.53. Invasion of privacy; intentional disclosure of personal information; state or federal records; exemplary damages; attorney fees and costs

Any person, other than an employee of the state or of a local government agency acting solely in his or her official capacity, who intentionally discloses information, not otherwise public, which they know or should reasonably know was obtained from personal information maintained by a state agency or from "records" within a "system of records" (as these terms are defined in the Federal Privacy Act of 1974 (P.L. 93–579; 5 U.S.C. 552a)) maintained by a federal

government agency, shall be subject to a civil action, for invasion of privacy, by the individual to whom the information pertains.

In any successful action brought under this section, the complainant, in addition to any special or general damages awarded, shall be awarded a minimum of two thousand five hundred dollars ($2,500) in exemplary damages as well as attorney's fees and other litigation costs reasonably incurred in the suit.

The right, remedy, and cause of action set forth in this section shall be nonexclusive and is in addition to all other rights, remedies, and causes of action for invasion of privacy, inherent in Section 1 of Article I of the California Constitution.

(Added by Stats.1977, c. 709, p. 2269, § 1, operative July 1, 1978. Amended by Stats.1985, c. 595, § 23.)

Article 10 PENALTIES

§ 1798.55. Intentional violations; agency officers and employees; discipline; termination of employment

The intentional violation of any provision of this chapter or of any rules or regulations adopted thereunder, by an officer or employee of any agency shall constitute a cause for discipline, including termination of employment.

(Added by Stats.1977, c. 709, p. 2269, § 1, operative July 1, 1978.)

§ 1798.56. False pretenses; requesting or obtaining records; misdemeanor

Any person who willfully requests or obtains any record containing personal information from an agency under false pretenses shall be guilty of a misdemeanor and fined not more than five thousand dollars ($5,000), or imprisoned not more than one year, or both.

(Added by Stats.1977, c. 709, p. 2269, § 1, operative July 1, 1978. Amended by Stats.1985, c. 595, § 24.)

§ 1798.57. Wrongful disclosure of medical, psychiatric, or psychological information; economic loss or personal injury; misdemeanor

Except for disclosures which are otherwise required or permitted by law, the intentional disclosure of medical, psychiatric, or psychological information in violation of the disclosure provisions of this chapter is punishable as a misdemeanor if the wrongful disclosure results in economic loss or personal injury to the individual to whom the information pertains.

(Added by Stats.1986, c. 94, § 1, eff. May 13, 1986.)

Article 11 MISCELLANEOUS PROVISIONS

§ 1798.60. Names and addresses; distribution for commercial purposes, sale or rental

An individual's name and address may not be distributed for commercial purposes, sold, or rented by an agency unless such action is specifically authorized by law.

(Added by Stats.1977, c. 709, p. 2269, § 1, operative July 1, 1978.)

§ 1798.61. Release of licensees' and applicants' names and addresses

(a) Nothing in this chapter shall prohibit the release of only names and addresses of persons possessing licenses to engage in professional occupations.

(b) Nothing in this chapter shall prohibit the release of only names and addresses of persons applying for licenses to engage in professional occupations for the sole purpose of providing those persons with informational materials relating to available professional educational materials or courses.

(Added by Stats.1977, c. 709, p. 2269, § 1, operative July 1, 1978. Amended by Stats.1978, c. 874, p. 2747, § 11, eff. Sept. 19, 1978; Stats.1979, c. 143, p. 333, § 3, eff. June 22, 1979; Stats.1982, c. 1001, p. 3686, § 1; Stats.2000, c. 962 (A.B.1965), § 1.)

§ 1798.62. Mailing lists; agencies; removal of names and addresses

Upon written request of any individual, any agency which maintains a mailing list shall remove the individual's name and address from such list, except that such agency need not remove the individual's name if such name is exclusively used by the agency to directly contact the individual.

(Added by Stats.1977, c. 709, p. 2269, § 1, operative July 1, 1978.)

§ 1798.63. Construction of chapter

The provisions of this chapter shall be liberally construed so as to protect the rights of privacy arising under this chapter or under the Federal or State Constitution.

(Added by Stats.1977, c. 709, p. 2269, § 1, operative July 1, 1978.)

§ 1798.64. Director of General Services; storage, processing and servicing of records; state archives; maintenance

(a) Each agency record which is accepted by the Director of General Services for storage, processing, and servicing in accordance with provisions of the State Administrative Manual for the purposes of this chapter shall be considered to be maintained by the agency which deposited the record and shall continue to be subject to the provisions of this chapter. The Director of General Services shall not disclose the record except to the agency which maintains the record, or pursuant to rules established by such agency which are not inconsistent with the provisions of this chapter.

(b) Each agency record pertaining to an identifiable individual which was or is transferred to the State Archives as a record which has sufficient historical or other value to warrant its continued preservation by the California state government, prior to or after July 1, 1978, shall, for the purposes of this chapter, be considered to be maintained by the archives.

(Added by Stats.1977, c. 709, p. 2269, § 1, operative July 1, 1978.)

§ 1798.66. Access to records; time limitations; extension

The time limits specified in Article 8 (commencing with Section 1798.30) may be extended to 60 days by the Franchise Tax Board if the following conditions exist:

(a) The request is made during the period January 1 through June 30; and

(b) The records requested are stored on magnetic tape.

(Added by Stats.1977, c. 709, p. 2269, § 1, operative July 1, 1978.)

§ 1798.67. Liens or encumbrances; state; disclosure of information relating to identity

Where an agency has recorded a document creating a lien or encumbrance on real property in favor of the state, nothing herein shall prohibit any such agency from disclosing information relating to the identity of the person against whom such lien or encumbrance has been recorded for the purpose of distinguishing such person from another person bearing the same or a similar name.

(Added by Stats.1977, c. 709, p. 2269, § 1, operative July 1, 1978.)

§ 1798.68. Disclosure of personal or confidential information to district attorney; petition to disclose

(a) Information which is permitted to be disclosed under the provisions of subdivision (e), (f), or (o), of Section 1798.24 shall be provided when requested by a district attorney.

A district attorney may petition a court of competent jurisdiction to require disclosure of information when an agency fails or refuses to provide the requested information within 10 working days of a request. The court may require the agency to permit inspection unless the public interest or good cause in withholding such records clearly outweighs the public interest in disclosure.

(b) Disclosure of information to a district attorney under the

provisions of this chapter shall effect no change in the status of the records under any other provision of law.
(Added by Stats.1979, c. 601, p. 1873, § 1.)

§ 1798.69. Release of names and addresses; State Board of Equalization

(a) Except as provided in subdivision (b), the State Board of Equalization may not release the names and addresses of individuals who are registered with, or are holding licenses or permits issued by, the State Board of Equalization except to the extent necessary to verify resale certificates or to administer the tax and fee provisions of the Revenue and Taxation Code.

(b) Nothing in this section shall prohibit the release by the State Board of Equalization to, or limit the use by, any federal or state agency, or local government, of any data collected by the board that is otherwise authorized by law.
(Added by Stats.2000, c. 962 (A.B.1965), § 2.)

Article 12 CONSTRUCTION WITH OTHER LAWS

§ 1798.70. Superseding other provisions of state law

This chapter shall be construed to supersede any other provision of state law, including Section 6253.5 of the Government Code, or any exemption in Section 6254 or 6255 of the Government Code, which authorizes any agency to withhold from an individual any record containing personal information which is otherwise accessible under the provisions of this chapter.
(Added by Stats.1977, c. 709, p. 2269, § 1, operative July 1, 1978. Amended by Stats.1978, c. 874, p. 2748, § 12, eff. Sept. 19, 1978.)

§ 1798.71. Discovery; rights of litigants

This chapter shall not be deemed to abridge or limit the rights of litigants, including parties to administrative proceedings, under the laws, or case law, of discovery of this state.
(Added by Stats.1977, c. 709, p. 2269, § 1, operative July 1, 1978.)

§ 1798.72. Personal information; disclosure of records to other than the subject; violation of other law

Nothing in this chapter shall be construed to authorize the disclosure of any record containing personal information, other than to the subject of such records, in violation of any other law.
(Added by Stats.1977, c. 709, p. 2269, § 1, operative July 1, 1978.)

§ 1798.73. Privacy; constitutional rights

Nothing in this chapter shall be construed to deny or limit any right of privacy arising under Section 1 of Article I of the California Constitution.
(Added by Stats.1977, c. 709, p. 2269, § 1, operative July 1, 1978.)

§ 1798.74. Student records

The provisions of Chapter 13 (commencing with Section 67110)[1] of Part 40 of the Education Code shall, with regard to student records, prevail over the provisions of this chapter.
(Added by Stats.1977, c. 709, p. 2269, § 1, operative July 1, 1978.)
[1]So in chaptered copy.

§ 1798.75. Inspection of public records

This chapter shall not be deemed to supersede Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1 of the Government Code, except as to the provisions of Sections 1798.60, 1798.69, and 1798.70.
(Added by Stats.1977, c. 709, p. 2269, § 1, operative July 1, 1978. Amended by Stats.1979, c. 143, p. 334, § 4, eff. June 22, 1979; Stats.2000, c. 962 (A.B.1965), § 3.)

§ 1798.76. Law enforcement records; discovery in criminal or civil litigation

Nothing in this chapter shall be construed to revoke, modify, or alter in any manner any statutory provision or any judicial decision which (a) authorizes an individual to gain access to any law enforcement record, or (b) authorizes discovery in criminal or civil litigation.
(Added by Stats.1977, c. 709, p. 2269, § 1, operative July 1, 1978.)

§ 1798.77. Modification, transfer, or destruction of records to avoid compliance with chapter prohibited; civil action; removal or destruction of requested information before access prohibited

Each agency shall ensure that no record containing personal information shall be modified, transferred, or destroyed to avoid compliance with any of the provisions of this chapter. In the event that an agency fails to comply with the provisions of this section, an individual may bring a civil action and seek the appropriate remedies and damages in accordance with the provisions of Article 9 (commencing with Section 1798.45).

An agency shall not remove or destroy personal information about an individual who has requested access to the information before allowing the individual access to the record containing the information.
(Added by Stats.1985, c. 595, § 26.)

§ 1798.78. Chapter deemed not to supersede Chapter 1299 of Statutes of 1976

This chapter shall not be deemed to supersede the provisions of Chapter 1299 of the Statutes of 1976.[1]
(Added by Stats.1985, c. 595, § 27.)
[1]Stats.1976, c. 1299 added Educ.C.1959, § 24317. See Education Code § 89546.

EDUCATION CODE

Title 2 ELEMENTARY AND SECONDARY EDUCATION

Division 4 INSTRUCTION AND SERVICES

Part 33 INSTRUCTIONAL MATERIALS AND TESTING

Chapter 2 ELEMENTARY SCHOOL MATERIALS

Article 2 DUTIES OF PUBLISHERS AND MANUFACTURERS

§ 60227. Followup adoptions; notice to publishers and manufacturers; specifications in notice; fee; legislative intent; definitions

(a) For purposes of this section, a followup adoption is any adoption other than the primary adoption that occurs within a six– or eight–year cycle established pursuant to subdivision (b) of Section 60200.

(b) Before conducting a followup adoption in a given subject, the department shall provide notice, pursuant to subdivision (c), to all publishers or manufacturers known to produce basic instructional materials in that subject, post an appropriate notice on the department's Internet site, and take other reasonable measures to ensure that appropriate notice is widely circulated to potentially interested publishers and manufacturers.

(c) The notice shall specify that each publisher or manufacturer choosing to participate in the followup adoption shall be assessed a fee based upon the number of programs the publisher or manufacturer indicates will be submitted for review and the number of grade levels proposed to be covered by each program.

(d) The fee shall offset the cost of conducting the followup adoption process and shall reflect the department's best estimate of the cost. The department shall take reasonable steps to limit costs of the followup adoption and to keep the fee modest, recognizing that some of the work necessary for the primary adoption need not be duplicated.

(e) The department, prior to incurring substantial costs for the followup adoption, shall require that a publisher or manufacturer who wishes to participate in the followup adoption first declare the intent to submit one or more specific programs for the followup adoption and specify the specific grade levels to be covered by each program. After a publisher or manufacturer has declared the intent to submit one or more programs and the grade levels to be covered by each program, a fee shall be assessed by the department. The fee shall be payable by the publisher or manufacturer even if the publisher subsequently chooses to withdraw a program or reduce the number of grade levels covered. A submission by a publisher or manufacturer may not be reviewed for purposes of adoption, either in a followup adoption or in any other primary or followup adoption conducted thereafter, until the fee assessed has been paid in full.

(f)(1) It is the intent of the Legislature that the fee not be so substantial that it prevents small publishers or manufacturers from participating in a followup adoption.

(2) Upon the request of a small publisher or manufacturer, the State Board of Education may reduce the fee for participation in the followup adoption.

(3) For purposes of this section, "small publisher" and "small manufacturer" mean an independently owned or operated publisher or manufacturer who is not dominant in its field of operation, and who, together with its affiliates, has 100 or fewer employees, and has average annual gross receipts of ten million dollars ($10,000,000) or less over the previous three years.

(g) Notwithstanding subdivision (b) of Section 60200, if the department determines that there is little or no interest in participating in a followup adoption by publishers and manufacturers, it shall recommend to the State Board of Education that the followup adoption not be conducted, and the State Board of Education may chose not to conduct the followup adoption.

(h) Notwithstanding Section 13340 of the Government Code, revenue derived from fees charged pursuant to subdivision (c) is hereby continuously appropriated and available to the department from year to year until expended. Revenue derived from fees charged pursuant to subdivision (c) may be used to pay costs associated with any followup adoption and any costs associated with the review of instructional materials.

(i) This section shall remain in effect only until January 1, 2007, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2007, deletes or extends that date.

(Added by Stats.2003, c. 806 (S.B.1058), § 1.)

REPEAL

For repeal of this section, see its terms.

SUNSET

Sunset of Instructional Materials Program, see Education Code § 62000 et seq.

EVIDENCE CODE

Division 8 PRIVILEGES

Chapter 4 PARTICULAR PRIVILEGES

Article 6 PHYSICIAN–PATIENT PRIVILEGE

§ 990. Physician

As used in this article, "physician" means a person authorized, or reasonably believed by the patient to be authorized, to practice medicine in any state or nation.
(Stats.1965, c. 299, § 2, operative Jan. 1, 1967.)

§ 991. Patient

As used in this article, "patient" means a person who consults a physician or submits to an examination by a physician for the purpose of securing a diagnosis or preventive, palliative, or curative treatment of his physical or mental or emotional condition.
(Stats.1965, c. 299, § 2, operative Jan. 1, 1967.)

§ 992. Confidential communication between patient and physician

As used in this article, "confidential communication between patient and physician" means information, including information obtained by an examination of the patient, transmitted between a patient and his physician in the course of that relationship and in confidence by a means which, so far as the patient is aware, discloses the information to no third persons other than those who are present to further the interest of the patient in the consultation or those to whom disclosure is reasonably necessary for the transmission of the information or the accomplishment of the purpose for which the physician is consulted, and includes a diagnosis made and the advice given by the physician in the course of that relationship.
(Stats.1965, c. 299, § 2, operative Jan. 1, 1967. Amended by Stats.1967, c. 650, p. 2006, § 4.)

§ 993. Holder of the privilege

As used in this article, "holder of the privilege" means:

(a) The patient when he has no guardian or conservator.

(b) A guardian or conservator of the patient when the patient has a guardian or conservator.

(c) The personal representative of the patient if the patient is dead.
(Stats.1965, c. 299, § 2, operative Jan. 1, 1967.)

§ 994. Physician–patient privilege

Subject to Section 912 and except as otherwise provided in this article, the patient, whether or not a party, has a privilege to refuse to disclose, and to prevent another from disclosing, a confidential communication between patient and physician if the privilege is claimed by:

(a) The holder of the privilege;

(b) A person who is authorized to claim the privilege by the holder of the privilege; or

(c) The person who was the physician at the time of the confidential communication, but such person may not claim the privilege if there is no holder of the privilege in existence or if he or she is otherwise instructed by a person authorized to permit disclosure.

The relationship of a physician and patient shall exist between a medical or podiatry corporation as defined in the Medical Practice Act and the patient to whom it renders professional services, as well as between such patients and licensed physicians and surgeons employed by such corporation to render services to such patients. The word "persons" as used in this subdivision includes partnerships, corporations, limited liability companies, associations, and other groups and entities.
(Stats.1965, c. 299, § 2, operative Jan. 1, 1967. Amended by Stats.1968, c. 1375, p. 2696, § 3; Stats.1980, c. 1313, p. 4532, § 12; Stats.1994, c. 1010 (S.B.2053), § 105.)

§ 995. When physician required to claim privilege

The physician who received or made a communication subject to the privilege under this article shall claim the privilege whenever he is present when the communication is sought to be disclosed and is authorized to claim the privilege under subdivision (c) of Section 994.
(Stats.1965, c. 299, § 2, operative Jan. 1, 1967.)

§ 996. Patient–litigant exception

There is no privilege under this article as to a communication relevant to an issue concerning the condition of the patient if such issue has been tendered by:

(a) The patient;

(b) Any party claiming through or under the patient;

(c) Any party claiming as a beneficiary of the patient through a contract to which the patient is or was a party; or

(d) The plaintiff in an action brought under Section 376 or 377 of the Code of Civil Procedure for damages for the injury or death of the patient.
(Stats.1965, c. 299, § 2, operative Jan. 1, 1967.)

§ 997. Exception: crime or tort

There is no privilege under this article if the services of the physician were sought or obtained to enable or aid anyone to commit or plan to commit a crime or a tort or to escape detection or apprehension after the commission of a crime or a tort.
(Stats.1965, c. 299, § 2, operative Jan. 1, 1967.)

§ 998. Criminal proceeding

There is no privilege under this article in a criminal proceeding.
(Stats.1965, c. 299, § 2, operative Jan. 1, 1967.)

§ 999. Communication relating to patient condition in proceeding to recover damages; good cause

There is no privilege under this article as to a communication relevant to an issue concerning the condition of the patient in a proceeding to recover damages on account of the conduct of the patient if good cause for disclosure of the communication is shown.
(Stats.1965, c. 299, § 2, operative Jan. 1, 1967. Amended by Stats.1975, c. 318, p. 764, § 1.)

§ 1000. Parties claiming through deceased patient

There is no privilege under this article as to a communication relevant to an issue between parties all of whom claim through a deceased patient, regardless of whether the claims are by testate or intestate succession or by inter vivos transaction.
(Stats.1965, c. 299, § 2, operative Jan. 1, 1967.)

§ 1001. Breach of duty arising out of physician–patient relationship

There is no privilege under this article as to a communication relevant to an issue of breach, by the physician or by the patient, of a duty arising out of the physician–patient relationship.
(Stats.1965, c. 299, § 2, operative Jan. 1, 1967.)

§ 1002. Intention of deceased patient concerning writing affecting property interest

There is no privilege under this article as to a communication relevant to an issue concerning the intention of a patient, now deceased, with respect to a deed of conveyance, will, or other writing, executed by the patient, purporting to affect an interest in property.
(Stats.1965, c. 299, § 2, operative Jan. 1, 1967.)

§ 1003. Validity of writing affecting property interest

There is no privilege under this article as to a communication relevant to an issue concerning the validity of a deed of conveyance, will, or other writing, executed by a patient, now deceased, purporting to affect an interest in property.

(Stats.1965, c. 299, § 2, operative Jan. 1, 1967.)

§ 1004. Commitment or similar proceeding

There is no privilege under this article in a proceeding to commit the patient or otherwise place him or his property, or both, under the control of another because of his alleged mental or physical condition.

(Stats.1965, c. 299, § 2, operative Jan. 1, 1967.)

§ 1005. Proceeding to establish competence

There is no privilege under this article in a proceeding brought by or on behalf of the patient to establish his competence.

(Stats.1965, c. 299, § 2, operative Jan. 1, 1967.)

§ 1006. Required report

There is no privilege under this article as to information that the physician or the patient is required to report to a public employee, or as to information required to be recorded in a public office, if such report or record is open to public inspection.

(Stats.1965, c. 299, § 2, operative Jan. 1, 1967.)

§ 1007. Proceeding to terminate right, license or privilege

There is no privilege under this article in a proceeding brought by a public entity to determine whether a right, authority, license, or privilege (including the right or privilege to be employed by the public entity or to hold a public office) should be revoked, suspended, terminated, limited, or conditioned.

(Stats.1965, c. 299, § 2, operative Jan. 1, 1967.)

FAMILY CODE

Division 11 MINORS

Part 4 MEDICAL TREATMENT

Chapter 3 CONSENT BY MINOR

§ 6924. Mental health treatment or counseling services; involvement of parents or guardians; liability of parents or guardians

(a) As used in this section:

(1) "Mental health treatment or counseling services" means the provision of mental health treatment or counseling on an outpatient basis by any of the following:

(A) A governmental agency.

(B) A person or agency having a contract with a governmental agency to provide the services.

(C) An agency that receives funding from community united funds.

(D) A runaway house or crisis resolution center.

(E) A professional person, as defined in paragraph (2).

(2) "Professional person" means any of the following:

(A) A person designated as a mental health professional in Sections 622 to 626, inclusive, of Article 8 of Subchapter 3 of Chapter 1 of Title 9 of the California Code of Regulations.

(B) A marriage and family therapist as defined in Chapter 13 (commencing with Section 4980) of Division 2 of the Business and Professions Code.

(C) A licensed educational psychologist as defined in Article 5 (commencing with Section 4986) of Chapter 13 of Division 2 of the Business and Professions Code.

(D) A credentialed school psychologist as described in Section 49424 of the Education Code.

(E) A clinical psychologist as defined in Section 1316.5 of the Health and Safety Code.

(F) The chief administrator of an agency referred to in paragraph (1) or (3).

(G) A marriage and family therapist registered intern, as defined in Chapter 13 (commencing with Section 4980) of Division 2 of the Business and Professions Code, while working under the supervision of a licensed professional specified in subdivision (f) of Section 4980.40 of the Business and Professions Code.

(3) "Residential shelter services" means any of the following:

(A) The provision of residential and other support services to minors on a temporary or emergency basis in a facility that services only minors by a governmental agency, a person or agency having a contract with a governmental agency to provide these services, an agency that receives funding from community funds, or a licensed community care facility or crisis resolution center.

(B) The provision of other support services on a temporary or emergency basis by any professional person as defined in paragraph (2).

(b) A minor who is 12 years of age or older may consent to mental health treatment or counseling on an outpatient basis, or to residential shelter services, if both of the following requirements are satisfied:

(1) The minor, in the opinion of the attending professional person, is mature enough to participate intelligently in the outpatient services or residential shelter services.

(2) The minor (A) would present a danger of serious physical or mental harm to self or to others without the mental health treatment or counseling or residential shelter services, or (B) is the alleged victim of incest or child abuse.

(c) A professional person offering residential shelter services, whether as an individual or as a representative of an entity specified in paragraph (3) of subdivision (a), shall make his or her best efforts to notify the parent or guardian of the provision of services.

(d) The mental health treatment or counseling of a minor authorized by this section shall include involvement of the minor's parent or guardian unless, in the opinion of the professional person who is treating or counseling the minor, the involvement would be inappropriate. The professional person who is treating or counseling the minor shall state in the client record whether and when the person attempted to contact the minor's parent or guardian, and whether the attempt to contact was successful or unsuccessful, or the reason why, in the professional person's opinion, it would be inappropriate to contact the minor's parent or guardian.

(e) The minor's parents or guardian are not liable for payment for mental health treatment or counseling services provided pursuant to this section unless the parent or guardian participates in the mental health treatment or counseling, and then only for services rendered with the participation of the parent or guardian. The minor's parents or guardian are not liable for payment for any residential shelter services provided pursuant to this section unless the parent or guardian consented to the provision of those services.

(f) This section does not authorize a minor to receive convulsive therapy or psychosurgery as defined in subdivisions (f) and (g) of Section 5325 of the Welfare and Institutions Code, or psychotropic drugs without the consent of the minor's parent or guardian.

(Stats.1992, c. 162 (A.B.2650), § 10, operative Jan. 1, 1994. Amended by Stats.1993, c. 219 (A.B.1500), § 155; Stats.2000, c. 519 (A.B.2161), § 1.)

FAMILY CODE — PARENT AND CHILD RELATIONSHIP

Division 12 PARENT AND CHILD RELATIONSHIP

Part 4 FREEDOM FROM PARENTAL CUSTODY AND CONTROL

Chapter 2 CIRCUMSTANCES WHERE PROCEEDING MAY BE BROUGHT

§ 7826. Parent declared developmentally disabled or mentally ill; right to action

A proceeding under this part may be brought where both of the following requirements are satisfied:

(a) The child is one whose parent or parents have been declared by a court of competent jurisdiction, wherever situated, to be developmentally disabled or mentally ill.

(b) In the state or country in which the parent or parents reside or are hospitalized, the Director of Mental Health or the Director of Developmental Services, or their equivalent, if any, and the superintendent of the hospital, if any, of which the parent or parents are inmates or patients, certify that the parent or parents so declared to be developmentally disabled or mentally ill will not be capable of supporting or controlling the child in a proper manner.

(Stats.1992, c. 162 (A.B.2650), § 10, operative Jan. 1, 1994.)

Part 5 INTERSTATE COMPACT ON PLACEMENT OF CHILDREN

§ 7911.1. Out–of–state placements; investigation authority; inspections; assessment and placement recommendations; denial, suspension or discontinuance of certification

(a) Notwithstanding any other provision of law, the State Department of Social Services or its designee shall investigate any threat to the health and safety of children placed by a California county social services agency or probation department in an out–of–state group home pursuant to the provisions of the Interstate Compact on the Placement of Children. This authority shall include the authority to interview children or staff in private or review their file at the out–of–state facility or wherever the child or files may be at the time of the investigation. Notwithstanding any other provisions of law, the State Department of Social Services or its designee shall require certified out–of–state group homes to comply with the reporting requirements applicable to group homes licensed in California pursuant to Title 22 of the California Code of Regulations for each child in care regardless of whether he or she is a California placement, by submitting a copy of the required reports to the Compact Administrator within regulatory timeframes. The Compact Administrator within one business day of receiving a serious events report shall verbally notify the appropriate placement agencies and within five working days of receiving a written report from the out–of–state group home, forward a copy of the written report to the appropriate placement agencies.

(b) Any contract, memorandum of understanding, or agreement entered into pursuant to paragraph (b) of Article 5 of the Interstate Compact on the Placement of Children regarding the placement of a child out of state by a California county social services agency or probation department shall include the language set forth in subdivision (a).

(c) The State Department of Social Services or its designee shall perform initial and continuing inspection of out–of–state group homes in order to either certify that the out–of–state group home meets all licensure standards required of group homes operated in California or that the department has granted a waiver to a specific licensing standard upon a finding that there exists no adverse impact to health and safety. Any failure by an out–of–state group home facility to make children or staff available as required by subdivision (a) for a private interview or make files available for review shall be grounds to deny or discontinue the certification. The State Department of Social Services shall grant or deny an initial certification or a waiver under this subdivision to an out–of–state group home facility that has more than six California children placed by a county social services agency or probation department by August 19, 1999. The department shall grant or deny an initial certification or a waiver under this subdivision to an out–of–state group home facility that has six or fewer California children placed by a county social services agency or probation department by February 19, 2000. Certifications made pursuant to this subdivision shall be reviewed annually.

(d) Within six months of the effective date of this section, a county shall be required to obtain an assessment and placement recommendation by a county multidisciplinary team for each child in an out–of–state group home facility. On or after March 1, 1999, a county shall be required to obtain an assessment and placement recommendation by a county multidisciplinary team prior to placement of a child in an out–of–state group home facility.

(e) Any failure by an out–of–state group home to obtain or maintain its certification as required by subdivision (c) shall preclude the use of any public funds, whether county, state, or federal, in the payment for the placement of any child in that out–of–state group home, pursuant to the Interstate Compact on the Placement of Children.

(f)(1) A multidisciplinary team shall consist of participating members from county social services, county mental health, county probation, county superintendents of schools, and other members as determined by the county.

(2) Participants shall have knowledge or experience in the prevention, identification, and treatment of child abuse and neglect cases, and shall be qualified to recommend a broad range of services related to child abuse or neglect.

(g)(1) The department may deny, suspend, or discontinue the certification of the out–of–state group home if the department makes a finding that the group home is not operating in compliance with the requirements of subdivision (c).

(2) Any judicial proceeding to contest the department's determination as to the status of the out–of–state group home certificate shall be held in California pursuant to Section 1085 of the Code of Civil Procedure.

(h) This section shall not impact placements made pursuant to Chapter 26.5 (commencing with Section 7570) of Division 7 of Title 1 of the Government Code relating to seriously emotionally disturbed children.

(i) Only an out–of–state group home authorized by the Compact Administrator to receive state funds for the placement by a county social services agency or probation department of any child in that out–of–state group home from the effective date of this section shall be eligible for public funds pending the department's certification under this section.

(Added by Stats.1998, c. 311 (S.B.933), § 10, eff. Aug. 19, 1998. Amended by Stats.1999, c. 881 (A.B.1659), § 2, eff. Oct. 10, 1999.)

FAMILY CODE — ADOPTION

Division 13 ADOPTION

Part 1 DEFINITIONS

§ 8545. Special–needs child

"Special–needs child" means a child whose adoption without financial assistance would be unlikely because of adverse parental background, ethnic background, race, color, language, membership in a sibling group that should remain intact, mental, physical, medical, or emotional handicaps, or age of three years or more.

(Stats.1992, c. 162 (A.B.2650), § 10, operative Jan. 1, 1994.)

Part 2 ADOPTION OF UNMARRIED MINORS

Chapter 6 VACATION OF ADOPTION

§ 9100. Developmental disability or mental illness prior to adoption; setting aside decree or order of adoption; petition; limitation of action; notification of department

(a) If a child adopted pursuant to the law of this state shows evidence of a developmental disability or mental illness as a result of conditions existing before the adoption to an extent that the child cannot be relinquished to an adoption agency on the grounds that the child is considered unadoptable, and of which conditions the adoptive parents or parent had no knowledge or notice before the entry of the order of adoption, a petition setting forth those facts may be filed by the adoptive parents or parent with the court that granted the adoption petition. If these facts are proved to the satisfaction of the court, it may make an order setting aside the order of adoption.

(b) The petition shall be filed within five years after the entry of the order of adoption.

(c) The court clerk shall immediately notify the department at Sacramento of the petition. Within 60 days after the notice, the department shall file a full report with the court and shall appear before the court for the purpose of representing the adopted child.

(Stats.1992, c. 162 (A.B.2650), § 10, operative Jan. 1, 1994.)

GOVERNMENT CODE — PUBLIC OFFICERS AND EMPLOYEES

GOVERNMENT CODE

Title 1 GENERAL

Division 4 PUBLIC OFFICERS AND EMPLOYEES

Chapter 1 GENERAL

Article 2 DISQUALIFICATION FOR OFFICE OR EMPLOYMENT

§ 1031. Public officers or employees having powers of peace officers; minimum standards

Text of section operative until Jan. 1, 2005.

Each class of public officers or employees declared by law to be peace officers shall meet all of the following minimum standards:

(a) Be a citizen of the United States or a permanent resident alien who is eligible for and has applied for citizenship, except as provided in Section 2267 of the Vehicle Code.

(b) Be at least 18 years of age.

(c) Be fingerprinted for purposes of search of local, state, and national fingerprint files to disclose any criminal record.

(d) Be of good moral character, as determined by a thorough background investigation.

(e) Be a high school graduate, pass the General Education Development Test indicating high school graduation level, pass the California High School Proficiency Examination, or have attained a two–year or four–year degree from an accredited college or university. The high school shall be either a United States public school meeting the high school standards set by the state in which it is located, an accredited United States Department of Defense high school, or an accredited nonpublic high school. Any accreditation required by this paragraph shall be from an accrediting association recognized by the Secretary of the United States Department of Education. This subdivision shall not apply to any public officer or employee who was employed, prior to the effective date of the amendment of this section made at the 1971 Regular Session of the Legislature, in any position declared by law prior to the effective date of that amendment to be peace officer positions.

(f) Be found to be free from any physical, emotional, or mental condition which might adversely affect the exercise of the powers of a peace officer. Physical condition shall be evaluated by a licensed physician and surgeon. Emotional and mental condition shall be evaluated by a licensed physician and surgeon or by a licensed psychologist who has a doctoral degree in psychology and at least five years of postgraduate experience in the diagnosis and treatment of emotional and mental disorders.

This section shall not be construed to preclude the adoption of additional or higher standards, including age.

(g) This section shall become inoperative on January 1, 2005, and as of that date is repealed, unless a later enacted statute, which is enacted before January 1, 2005, deletes or extends the dates on which it becomes inoperative and is repealed.

(Added by Stats.1961, c. 2092, p. 4357, § 1. Amended by Stats.1971, c. 1504, p. 2974, § 1; Stats.1971, c. 1748, p. 3750, § 35; Stats.1972, c. 1062, p. 1972, § 1, eff. Aug. 17, 1972; Stats.1982, c. 943, p. 3428, § 1, eff. Sept. 13, 1982; Stats.1983, c. 188, § 1; Stats.1988, c. 610, § 1; Stats.1990, c. 1473 (A.B.3816), § 1; Stats.2001, c. 29 (A.B.1152), § 1; Stats.2003, c. 777 (A.B.1669), § 3.)

Inoperative Date and Repeal

For inoperative date and repeal of this section, see its terms.

For text of section operative Jan. 1, 2005, see Government Code § 1031, post.

§ 1031. Public officers or employees having powers of peace officers; minimum standards

Text of section operative Jan. 1, 2005.

Each class of public officers or employees declared by law to be peace officers shall meet all of the following minimum standards:

(a) Be a citizen of the United States or a permanent resident alien who is eligible for and has applied for citizenship, except as provided in Section 2267 of the Vehicle Code.

(b) Be at least 18 years of age.

(c) Be fingerprinted for purposes of search of local, state, and national fingerprint files to disclose a criminal record.

(d) Be of good moral character, as determined by a thorough background investigation.

(e) Be a high school graduate, pass the General Education Development Test indicating high school graduation level, pass the California High School Proficiency Examination, or have attained a two–year or four–year degree from an accredited college or university. The high school shall be either a United States public school meeting the high school standards set by the state in which it is located, an accredited United States Department of Defense high school, or an accredited nonpublic high school. Any accreditation required by this paragraph shall be from an accrediting association recognized by the Secretary of the United States Department of Education. This subdivision shall not apply to a public officer or employee who was employed, prior to the effective date of the amendment of this section made at the 1971 Regular Session of the Legislature, in any position declared by law prior to the effective date of that amendment to be peace officer positions.

(f) Be found to be free from any physical, emotional, or mental condition that might adversely affect the exercise of the powers of a peace officer.

(1) Physical condition shall be evaluated by a licensed physician and surgeon.

(2) Emotional and mental condition shall be evaluated by either of the following:

(A) A physician and surgeon who holds a valid California license to practice medicine, has successfully completed a postgraduate medical residency education program in psychiatry accredited by the Accreditation Council for Graduate Medical Education, and has at least the equivalent of five full–time years of experience in the diagnosis and treatment of emotional and mental disorders, including the equivalent of three full–time years accrued after completion of the psychiatric residency program.

(B) A psychologist licensed by the California Board of Psychology who has at least the equivalent of five full–time years of experience in the diagnosis and treatment of emotional and mental disorders, including the equivalent of three full–time years accrued postdoctorate.

The physician and surgeon or psychologist shall also have met any applicable education and training procedures set forth by the California Commission on Peace Officer Standards and Training designed for the conduct of preemployment psychological screening of peace officers.

(g) This section shall not be construed to preclude the adoption of additional or higher standards, including age.

(h) This section shall become operative on January 1, 2005.
(Added by Stats.2003, c. 777 (A.B.1669), § 4, operative Jan. 1, 2005.)

For text of section operative until Jan. 1, 2005, see Government Code § 1031, ante.

GOVERNMENT CODE — MISCELLANEOUS

Division 7 MISCELLANEOUS

Chapter 26.5 INTERAGENCY RESPONSIBILITIES FOR PROVIDING SERVICES TO CHILDREN WITH DISABILITIES

§ 7570. Maximum utilization of resources

Ensuring maximum utilization of all state and federal resources available to provide a child with a disability, as defined in paragraph (3) of Section 1401 of Title 20 of the United States Code, with a free appropriate public education, the provision of related services, as defined in paragraph (22) of Section 1401 of Title 20 of the United States Code, and designated instruction and services, as defined in Section 56363 of the Education Code, to a child with a disability, shall be the joint responsibility of the Superintendent of Public Instruction and the Secretary of Health and Welfare. The Superintendent of Public Instruction shall ensure that this chapter is carried out through monitoring and supervision.
(Added by Stats.1984, c. 1747, § 2, operative July 1, 1986. Amended by Stats.1992, c. 759 (A.B.1248), § 70, eff. Sept. 19, 1992; Stats.1998, c. 691 (S.B.1686), § 50.)

§ 7571. Assumption of responsibilities; department and county agencies to be designated

The Secretary of Health and Welfare may designate a department of state government to assume the responsibilities described in Section 7570. The secretary, or his or her designee, shall also designate a single agency in each county to coordinate the service responsibilities described in Section 7572.
(Added by Stats.1984, c. 1747, § 2, operative July 1, 1986.)

§ 7572. Assessments; provision of related services or designated instruction and services

(a) A child shall be assessed in all areas related to the suspected disability by those qualified to make a determination of the child's need for the service before any action is taken with respect to the provision of related services or designated instruction and services to a child, including, but not limited to, services in the areas of, occupational therapy, physical therapy, psychotherapy, and other mental health assessments. All assessments required or conducted pursuant to this section shall be governed by the assessment procedures contained in Article 2 (commencing with Section 56320) of Chapter 4 of Part 30 of the Education Code.

(b) Occupational therapy and physical therapy assessments shall be conducted by qualified medical personnel as specified in regulations developed by the State Department of Health Services in consultation with the State Department of Education.

(c) Psychotherapy and other mental health assessments shall be conducted by qualified mental health professionals as specified in regulations developed by the State Department of Mental Health, in consultation with the State Department of Education, pursuant to this chapter.

(d) A related service or designated instruction and service shall only be added to the child's individualized education program by the individualized education program team, as described in Part 30 (commencing with Section 56000) of the Education Code, if a formal assessment has been conducted pursuant to this section, and a qualified person conducting the assessment recommended the service in order for the child to benefit from special education. In no case shall the inclusion of necessary related services in a pupil's individualized education plan be contingent upon identifying the funding source. Nothing in this section shall prevent a parent from obtaining an independent assessment in accordance with subdivision (b) of Section 56329 of the Education Code, which shall be considered by the individualized education program team.

(1) Whenever an assessment has been conducted pursuant to subdivision (b) or (c), the recommendation of the person who conducted the assessment shall be reviewed and discussed with the parent and with appropriate members of the individualized education program team prior to the meeting of the individualized education program team. When the proposed recommendation of the person has been discussed with the parent and there is disagreement on the recommendation pertaining to the related service, the parent shall be notified in writing and may require the person who conducted the assessment to attend the individualized education program team meeting to discuss the recommendation. The person who conducted the assessment shall attend the individualized education program team meeting if requested. Following this discussion and review, the recommendation of the person who conducted the assessment shall be the recommendation of the individualized education program team members who are attending on behalf of the local educational agency.

(2) If an independent assessment for the provision of related services or designated instruction and services is submitted to the individualized education program team, review of that assessment shall be conducted by the person specified in subdivisions (b) and (c). The recommendation of the person who reviewed the independent assessment shall be reviewed and discussed with the parent and with appropriate members of the individualized education program team prior to the meeting of the individualized education program team. The parent shall be notified in writing and may request the person who reviewed the independent assessment to attend the individualized education program team meeting to discuss the recommendation. The person who reviewed the independent assessment shall attend the individualized education program team meeting if requested. Following this review and discussion, the recommendation of the person who reviewed the independent assessment shall be the recommendation of the individualized education program team members who are attending on behalf of the local agency.

(3) Any disputes between the parent and team members representing the public agencies regarding a recommendation made in accordance with paragraphs (1) and (2) shall be resolved pursuant to Chapter 5 (commencing with Section 56500) of Part 30 of the Education Code.

(e) Whenever a related service or designated instruction and service specified in subdivision (b) or (c) is to be considered for inclusion in the child's individualized educational program, the local education agency shall invite the responsible public agency representative to meet with the individualized education program team to determine the need for the service and participate in developing the individualized education program. If the responsible public agency representative cannot meet with the individualized education program team, then the representative shall provide written information concerning the need for the service pursuant to subdivision (d). Conference calls, together with written recommendations, are acceptable forms of participation. If the

responsible public agency representative will not be available to participate in the individualized education program meeting, the local educational agency shall ensure that a qualified substitute is available to explain and interpret the evaluation pursuant to subdivision (d) of Section 56341 of the Education Code. A copy of the information shall be provided by the responsible public agency to the parents or any adult pupil for whom no guardian or conservator has been appointed.
(Added by Stats.1984, c. 1747, § 2, operative July 1, 1986. Amended by Stats.1985, c. 1274, § 1, eff. Sept. 30, 1985; Stats.1992, c. 759 (A.B.1248), § 71, eff. Sept. 21, 1992.)

§ 7572.5. Seriously emotionally disturbed child; expanded individualized education program team; individualized education program

(a) When an assessment is conducted pursuant to Article 2 (commencing with Section 56320) of Chapter 4 of Part 30 of Division 4 of the Education Code, which determines that a child is seriously emotionally disturbed, as defined in Section 300.5 of Title 34 of the Code of Federal Regulations, and any member of the individualized education program team recommends residential placement based on relevant assessment information, the individualized education program team shall be expanded to include a representative of the county mental health department.

(b) The expanded individualized education program team shall review the assessment and determine whether:

(1) The child's needs can reasonably be met through any combination of nonresidential services, preventing the need for out–of–home care.

(2) Residential care is necessary for the child to benefit from educational services.

(3) Residential services are available which address the needs identified in the assessment and which will ameliorate the conditions leading to the seriously emotionally disturbed designation.

(c) If the review required in subdivision (b) results in an individualized education program which calls for residential placement, the individualized education program shall include all the items outlined in Section 56345 of the Education Code, and shall also include:

(1) Designation of the county mental health department as lead case manager. Lead case management responsibility may be delegated to the county welfare department by agreement between the county welfare department and the designated mental health department. The mental health department shall retain financial responsibility for provision of case management services.

(2) Provision for a review of the case progress, the continuing need for out–of–home placement, the extent of compliance with the individualized education program, and progress toward alleviating the need for out–of–home care, by the full individualized education program team at least every six months.

(3) Identification of an appropriate residential facility for placement with the assistance of the county welfare department as necessary.
(Added by Stats.1984, c. 1747, § 2, operative July 1, 1986. Amended by Stats.1985, c. 1274, § 2, eff. Sept. 30, 1985.)

§ 7572.55. Seriously emotionally disturbed child with a disability; out–of–state residential placement

(a) Residential placements for a child with a disability who is seriously emotionally disturbed may be made out–of–state only after in–state alternatives have been considered and are found not to meet the child's needs and only when the requirements of Section 7572.5, and subdivision (e) of Section 56365 of the Education Code have been met. The local education agency shall document the alternatives to out–of–state residential placement that were considered and the reasons why they were rejected.

(b) Out–of–state placements shall be made only in a privately operated school certified by the California Department of Education.

(c) A plan shall be developed for using less restrictive alternatives and in–state alternatives as soon as they become available, unless it is in the best educational interest of the child to remain in the out–of–state school. If the child is a ward or dependent of the court, this plan shall be documented in the record.
(Added by Stats.1994, c. 1128 (A.B.1892), § 1.)

§ 7573. Special education and related services

The Superintendent of Public Instruction shall ensure that local education agencies provide special education and those related services and designated instruction and services contained in a child's individualized education program that are necessary for the child to benefit educationally from his or her instructional program. Local education agencies shall be responsible only for the provision of those services which are provided by qualified personnel whose employment standards are covered by the Education Code and implementing regulations.
(Added by Stats.1984, c. 1747, § 2, operative July 1, 1986.)

§ 7575. Occupational therapy and physical therapy

(a)(1) Notwithstanding any other provision of law, the State Department of Health Services, or any designated local agency administering the California Children's Services, shall be responsible for the provision of medically necessary occupational therapy and physical therapy, as specified by Article 5 (commencing with Section 123800) of Chapter 3 of Part 2 of Division 106 of the Health and Safety Code, by reason of medical diagnosis and when contained in the child's individualized education program.

(2) Related services or designated instruction and services not deemed to be medically necessary by the State Department of Health Services, that the individualized education program team determines are necessary in order to assist a child to benefit from special education, shall be provided by the local education agency by qualified personnel whose employment standards are covered by the Education Code and implementing regulations.

(b) The department shall determine whether a California Children's Services eligible pupil, or a pupil with a private medical referral needs medically necessary occupational therapy or physical therapy. A medical referral shall be based on a written report from a licensed physician and surgeon who has examined the pupil. The written report shall include the following:

(1) The diagnosed neuromuscular, musculoskeletal, or physical disabling condition prompting the referral.

(2) The referring physician's treatment goals and objectives.

(3) The basis for determining the recommended treatment goals and objectives, including how these will ameliorate or improve the pupil's diagnosed condition.

(4) The relationship of the medical disability to the pupil's need for special education and related services.

(5) Relevant medical records.

(c) The department shall provide the service directly or by contracting with another public agency, qualified individual, or a state–certified nonpublic nonsectarian school or agency.

(d) Local education agencies shall provide necessary space and equipment for the provision of occupational therapy and physical therapy in the most efficient and effective manner.

(e) The department shall also be responsible for providing the services of a home health aide when the local education agency considers a less restrictive placement from home to school for a pupil for whom both of the following conditions exist:

(1) The California Medical Assistance Program provides a life–supporting medical service via a home health agency during the time in which the pupil would be in school or traveling between school and home.

(2) The medical service provided requires that the pupil receive the personal assistance or attention of a nurse, home health aide, parent or guardian, or some other specially trained adult in order to be effectively delivered.
(Added by Stats.1984, c. 1747, § 2, operative July 1, 1986. Amended by Stats.1985, c. 1274, § 4, eff. Sept. 30, 1985; Stats.1992, c. 759

(A.B.1248), § 72, eff. Sept. 21, 1992; Stats.1996, c. 1023 (S.B.1497), § 82, eff. Sept. 29, 1996.)

§ 7576. Mental health services; local education agencies; individualized education programs; referrals

(a) The State Department of Mental Health, or any community mental health service, as defined in Section 5602 of the Welfare and Institutions Code, designated by the State Department of Mental Health, shall be responsible for the provision of mental health services, as defined in regulations by the State Department of Mental Health, developed in consultation with the State Department of Education, when required in the pupil's individualized education program. A local education agency shall not be required to place a pupil in a more restrictive educational environment in order for the pupil to receive the mental health services specified in the pupil's individualized education program if the mental health services can be appropriately provided in a less restrictive setting. It is the intent of the Legislature that the local education agency and the community mental health service vigorously attempt to develop a mutually satisfactory placement that is acceptable to the parent and addresses the pupil's educational and mental health treatment needs in a manner that is cost–effective for both public agencies, subject to the requirements of state and federal special education law, including the requirement that the placement be appropriate and in the least restrictive environment. For purposes of this section, "parent" is as defined in Section 56028 of the Education Code.

(b) A local education agency, individualized education program team, or parent may initiate a referral for assessment of a pupil's social and emotional status, pursuant to Section 56320 of the Education Code. Based on the results of assessments completed pursuant to Section 56320 of the Education Code, an individualized education program team may refer a pupil who has been determined to be an individual with exceptional needs as defined in Section 56026 of the Education Code and who is suspected of needing mental health services to a community mental health service when a pupil meets all of the criteria in paragraphs (1) to (5), inclusive. Referral packages shall include all documentation required in subdivision (c), and shall be provided immediately to the community mental health service.

(1) The pupil has been assessed by school personnel in accordance with Article 2 (commencing with Section 56320) of Chapter 4 of Part 30 of the Education Code. Local education agencies and community mental health services shall work collaboratively to ensure that assessments performed prior to referral are as useful as possible to the community mental health service in determining the need for mental health services and the level of services needed.

(2) The local education agency has obtained written parental consent for the referral of the pupil to the community mental health service, for the release and exchange of all relevant information between the local education agency and the community mental health service, and for the observation of the pupil by mental health professionals in an educational setting.

(3) The pupil has emotional or behavioral characteristics that:

(A) Are observed by qualified educational staff in educational and other settings, as appropriate.

(B) Impede the pupil from benefiting from educational services.

(C) Are significant as indicated by their rate of occurrence and intensity.

(D) Are associated with a condition that cannot be described solely as a social maladjustment or a temporary adjustment problem, and cannot be resolved with short–term counseling.

(4) As determined using educational assessments, the pupil's functioning, including cognitive functioning, is at a level sufficient to enable the pupil to benefit from mental health services.

(5) The local education agency has provided counseling, psychological, or guidance services to the pupil pursuant to Section 56363 of the Education Code, and the individualized education program team has determined that the services do not meet the pupil's educational needs, or, in cases where these services are clearly inappropriate, the individualized education program team has documented which of these services were considered and why they were determined to be inappropriate.

(c) When referring a pupil to a community mental health service in accordance with subdivision (b), the local education agency or the individualized education program team shall provide the following documentation:

(1) Copies of the current individualized education program, all current assessment reports completed by school personnel in all areas of suspected disabilities pursuant to Article 2 (commencing with Section 56320) of Chapter 4 of Part 30 of the Education Code, and other relevant information, including reports completed by other agencies.

(2) A copy of the parent's consent obtained as provided in paragraph (2) of subdivision (b).

(3) A summary of the emotional or behavioral characteristics of the pupil, including documentation that the pupil meets the criteria set forth in paragraphs (3) and (4) of subdivision (b).

(4) A description of the counseling, psychological, and guidance services, and other interventions that have been provided to the pupil, including the initiation, duration, and frequency of these services, or an explanation of why a service was considered for the pupil and determined to be inappropriate.

(d) Based on preliminary results of assessments performed pursuant to Section 56320 of the Education Code, a local education agency may refer a pupil who has been determined to be, or is suspected of being, an individual with exceptional needs, and is suspected of needing mental health services, to a community mental health service when a pupil meets the criteria in paragraphs (1) and (2). Referral packages shall include all documentation required in subdivision (e) and shall be provided immediately to the community mental health service.

(1) The pupil meets the criteria in paragraphs (2) to (4), inclusive, of subdivision (b).

(2) Counseling, psychological, and guidance services are clearly inappropriate in meeting the pupil's needs.

(e) When referring a pupil to a community mental health service in accordance with subdivision (d), the local education agency shall provide the following documentation:

(1) Results of preliminary assessments to the extent they are available and other relevant information including reports completed by other agencies.

(2) A copy of the parent's consent obtained as provided in paragraph (2) of subdivision (b).

(3) A summary of the emotional or behavioral characteristics of the pupil, including documentation that the pupil meets the criteria in paragraphs (3) and (4) of subdivision (b).

(4) An explanation as to why counseling, psychological, and guidance services are clearly inappropriate in meeting the pupil's needs.

(f) The procedures set forth in this chapter are not designed for use in responding to psychiatric emergencies or other situations requiring immediate response. In these situations, a parent may seek services from other public programs or private providers, as appropriate. This subdivision shall not change the identification and referral responsibilities imposed on local education agencies under Article 1 (commencing with Section 56300) of Chapter 4 of Part 30 of the Education Code.

(g) Referrals shall be made to the community mental health service in the county in which the pupil lives. If the pupil has been placed into residential care from another county, the community mental health service receiving the referral shall forward the referral immediately to the community mental health service of the county of origin, which shall have fiscal and programmatic responsibility for providing or arranging for provision of necessary services. In no event shall the

procedures described in this subdivision delay or impede the referral and assessment process.

(Added by Stats.1984, c. 1747, § 2, operative July 1, 1986. Amended by Stats.1985, c. 1274, § 5, eff. Sept. 30, 1985; Stats.1996, c. 654 (A.B.2726), § 2.)

§ 7576.5. Local educational agencies; authority to transfer appropriated funds

If funds are appropriated to local educational agencies to support the costs of providing services pursuant to this chapter, the local educational agencies shall transfer those funds to the community mental health services that provide services pursuant to this chapter in order to reduce the local costs of providing these services. These funds shall be used exclusively for programs operated under this chapter and are offsetting revenues in any reimbursable mandate claim relating to special education programs and services.

(Added by Stats.2003, c. 227 (A.B.1754), § 34, eff. Aug. 11, 2003.)

§ 7577. Client eligibility; assessment procedures; maintenance of services to secondary school pupils in project work ability

(a) The State Department of Rehabilitation and the State Department of Education shall jointly develop assessment procedures for determining client eligibility for State Department of Rehabilitation services for disabled pupils in secondary schools to help them make the transition from high school to work. The assessment procedures shall be distributed to local education agencies.

(b) The State Department of Rehabilitation shall maintain the current level of services to secondary school pupils in project work ability and shall seek ways to augment services with funds that may become available.

(Added by Stats.1984, c. 1747, § 2, operative July 1, 1986. Amended by Stats.1992, c. 759 (A.B.1248), § 73, eff. Sept. 21, 1992.)

§ 7578. Disabled children and youth residing in state hospitals; special education programs and related services

The provision of special education programs and related services for disabled children and youth residing in state hospitals shall be ensured by the State Department of Developmental Services, the State Department of Mental Health, and the Superintendent of Public Instruction in accordance with Chapter 8 (commencing with Section 56850) of Part 30 of the Education Code.

(Added by Stats.1984, c. 1747, § 2, operative July 1, 1986. Amended by Stats.1992, c. 759 (A.B.1248), § 74, eff. Sept. 21, 1992.)

§ 7579. Placement in residential facility outside child's home

(a) Prior to placing a disabled child or a child suspected of being disabled in a residential facility, outside the child's home, a court, regional center for the developmentally disabled, or public agency other than an educational agency, shall notify the administrator of the special education local plan area in which the residential facility is located. The administrator of the special education local plan area shall provide the court or other placing agency with information about the availability of an appropriate public or nonpublic, nonsectarian special education program in the special education local plan area where the residential facility is located.

(b) Notwithstanding Section 56159 of the Education Code, the involvement of the administrator of the special education local plan area in the placement discussion, pursuant to subdivision (a), shall in no way obligate a public education agency to pay for the residential costs and the cost of noneducational services for a child placed in a licensed children's institution or foster family home.

(c) It is the intent of the Legislature that this section will encourage communication between the courts and other public agencies that engage in referring children to, or placing children in, residential facilities, and representatives of local educational agencies. It is not the intent of this section to hinder the courts or public agencies in their responsibilities for placing disabled children in residential facilities when appropriate.

(d) Any public agency other than an educational agency that places a disabled child or a child suspected of being disabled in a facility out of state without the involvement of the school district, special education local plan area, or county office of education in which the parent or guardian resides, shall assume all financial responsibility for the child's residential placement, special education program, and related services in the other state unless the other state or its local agencies assume responsibility.

(Added by Stats.1984, c. 1747, § 2, operative July 1, 1986. Amended by Stats.1985, c. 1274, § 6, eff. Sept. 30, 1985; Stats.1992, c. 759 (A.B.1248), § 75, eff. Sept. 21, 1992; Stats.2002, c. 585 (S.B.2012), § 3.)

§ 7579.1. Conditions of discharge for disabled children or youths with active individualized education programs

(a) Prior to the discharge of any disabled child or youth who has an active individualized education program from a public hospital, proprietary hospital, or residential medical facility pursuant to Article 5.5 (commencing with Section 56167) of Chapter 2 of Part 30 of the Education Code, a licensed children's institution or foster family home pursuant to Article 5 (commencing with Section 56155) of Chapter 2 of Part 30 of the Education Code, or a state hospital for the developmentally disabled or mentally disordered, the following shall occur:

(1) The operator of the hospital or medical facility, or the agency that placed the child in the licensed children's institution or foster family home, shall, at least 10 days prior to the discharge of a disabled child or youth, notify in writing the local educational agency in which the special education program for the child is being provided, and the receiving special education local plan area where the child is being transferred, of the impending discharge.

(2) The operator or placing agency, as part of the written notification, shall provide the receiving special education local plan area with a copy of the child's individualized education program, the identity of the individual responsible for representing the interests of the child for educational and related services for the impending placement, and other relevant information about the child that will be useful in implementing the child's individualized education program in the receiving special education local plan area.

(b) Once the disabled child or youth has been discharged, it shall be the responsibility of the receiving local educational agency to ensure that the disabled child or youth receives an appropriate educational placement that commences without delay upon his or her discharge from the hospital, institution, facility, or foster family home in accordance with Section 56325 of the Education Code. Responsibility for the provision of special education rests with the school district of residence of the parent or guardian of the child unless the child is placed in another hospital, institution, facility, or foster family home in which case the responsibility of special education rests with the school district in which the child resides pursuant to Sections 56156.5, 56156.6, and 56167 of the Education Code.

(c) Special education local plan area directors shall document instances where the procedures in subdivision (a) are not being adhered to and report these instances to the Superintendent of Public Instruction.

(Added by Stats.1989, c. 677, § 1. Amended by Stats.1992, c. 759 (A.B.1248), § 76, eff. Sept. 21, 1992.)

§ 7579.2. Discharge of special education recipient to closest community to home of parent or guardian

It is the intent of the Legislature that any disabled individual who has an active individualized education program and is being discharged from a state developmental center or state hospital be discharged to the community as close as possible to the home of the

individual's parent, guardian, or conservator in keeping with the individual's right to receive special education and related services in the least restrictive environment.
(Added by Stats.1993, c. 939 (A.B.2355), § 18, eff. Oct. 8, 1993.)

§ 7579.5. Surrogate parent; appointment; qualifications; liability

(a) A local educational agency shall appoint a surrogate parent for a child in accordance with clause (iii) of paragraph (2) of subsection (c) of Section 300.515 of Title 34 of the Code of Federal Regulations under one or more of the following circumstances:

(1)(A) The child is adjudicated a dependent or ward of the court pursuant to Section 300, 601, or 602 of the Welfare and Institutions Code upon referral of the child to the local educational agency for special education and related services, or if the child already has a valid individualized education program, (B) the court has specifically limited the right of the parent or guardian to make educational decisions for the child, and (C) the child has no responsible adult to represent him or her pursuant to Section 361 or 726 of the Welfare and Institutions Code or Section 56055 of the Education Code.

(2) No parent for the child can be identified.

(3) The local educational agency, after reasonable efforts, cannot discover the location of a parent.

(b) When appointing a surrogate parent, the local educational agency shall, as a first preference, select a relative caretaker, foster parent, or court–appointed special advocate, if any of these individuals exists and is willing and able to serve. If none of these individuals is willing or able to act as a surrogate parent, the local educational agency shall select the surrogate parent of its choice. If the child is moved from the home of the relative caretaker or foster parent who has been appointed as a surrogate parent, the local educational agency shall appoint another surrogate parent if a new appointment is necessary to ensure adequate representation of the child.

(c) For the purposes of this section, the surrogate parent shall serve as the child's parent and shall have the rights relative to the child's education that a parent has under Title 20 (commencing with Section 1400) of the United States Code and pursuant to Part 300 of Title 34 (commencing with Section 300.1) of the Code of Federal Regulations. The surrogate parent may represent the child in matters relating to special education and related services, including the identification, assessment, instructional planning and development, educational placement, reviewing and revising the individualized education program, and in all other matters relating to the provision of a free appropriate public education of the child. Notwithstanding any other provision of law, this representation shall include the provision of written consent to the individualized education program including nonemergency medical services, mental health treatment services, and occupational or physical therapy services pursuant to this chapter.

(d) The surrogate parent is required to meet with the child at least one time. He or she may also meet with the child on additional occasions, attend the child's individualized education program meetings, review the child's educational records, consult with persons involved in the child's education, and sign any consent relating to individualized education program purposes.

(e) As far as practical, a surrogate parent should be culturally sensitive to his or her assigned child.

(f) The surrogate parent shall comply with federal and state law pertaining to the confidentiality of student records and information and shall use discretion in the necessary sharing of the information with appropriate persons for the purpose of furthering the interests of the child.

(g) The surrogate parent may resign from his or her appointment only after he or she gives notice to the local educational agency.

(h) The local educational agency shall terminate the appointment of a surrogate parent if (1) the person is not properly performing the duties of a surrogate parent or (2) the person has an interest that conflicts with interests of the child entrusted to his or her care.

(i) Individuals who would have a conflict of interest in representing the child, as specified under federal regulations, may not be appointed as a surrogate parent. "An individual who would have a conflict of interest," for purposes of this section, means a person having any interests that might restrict or bias his or her ability to advocate for all of the services required to ensure that the child has a free appropriate public education.

(j) Except for individuals who have a conflict of interest in representing the child, and notwithstanding any other law or regulation, individuals who may serve as surrogate parents include, but are not limited to, foster care providers, retired teachers, social workers, and probation officers who are not employees of * * * the State Department of Education, the local educational agency, or any other agency that is involved in the education or care of the child.

(1) A public agency authorized to appoint a surrogate parent under this section may select a person who is an employee of a nonpublic agency that only provides noneducational care for the child and who meets the other standards of this section.

(2) A person who otherwise qualifies to be a surrogate parent under this section is not an employee of the local educational agency solely because he or she is paid by the local educational agency to serve as a surrogate parent.

(k) The surrogate parent may represent the child until (1) the child is no longer in need of special education, (2) the minor reaches 18 years of age, unless the child chooses not to make educational decisions for himself or herself, or is deemed by a court to be incompetent, (3) another responsible adult is appointed to make educational decisions for the minor, or (4) the right of the parent or guardian to make educational decisions for the minor is fully restored.

(*l*) The surrogate parent and the local educational agency appointing the surrogate parent shall be held harmless by the State of California when acting in their official capacity except for acts or omissions that are found to have been wanton, reckless, or malicious.

(m) The State Department of Education shall develop a model surrogate parent training module and manual that shall be made available to local educational agencies.

(n) Nothing in this section may be interpreted to prevent a parent or guardian of an individual with exceptional needs from designating another adult individual to represent the interests of the child for educational and related services.

(*o*) If funding for implementation of this section is provided, it may only be provided from Item 6110–161–0890 of Section 2.00 of the annual Budget Act.
(Added by Stats.1990, c. 182 (A.B.1528), § 5. Amended by Stats.1991, c. 223 (A.B.1060), § 10; Stats.1993, c. 489 (A.B.1399), § 1; Stats.2002, c. 492 (A.B.1859), § 54; Stats.2002, c. 785 (S.B.1677), § 1.5; Stats.2003, c. 62 (S.B.600), § 108.)

§ 7580. Community care facility licensing

Prior to licensing a community care facility, as defined in Section 1502 of the Health and Safety Code, in which a disabled child or youth may be placed, or prior to a modification of a community care facility's license to permit expansion of the facility, the State Department of Social Services shall consult with the administrator of the special education local plan area in order to consider the impact of licensure upon local education agencies.
(Added by Stats.1984, c. 1747, § 2, operative July 1, 1986. Amended by Stats.1992, c. 759 (A.B.1248), § 77, eff. Sept. 21, 1992.)

§ 7581. Residential and noneducational costs; responsibility

The residential and noneducational costs of a child placed in a medical or residential facility by a public agency, other than a local education agency, or independently placed in a facility by the parent of the child, shall not be the responsibility of the state or local education agency, but shall be the responsibility of the placing agency or parent.
(Added by Stats.1984, c. 1747, § 2, operative July 1, 1986.)

§ 7582. Assessments and therapy treatment services; exemption from financial eligibility standards

Assessments and therapy treatment services provided under programs of the State Department of Health Services or the State Department of Mental Health, or their designated local agencies, rendered to a child referred by a local education agency for an assessment or a disabled child or youth with an individualized education program, shall be exempt from financial eligibility standards and family repayment requirements for these services when rendered pursuant to this chapter.

(Added by Stats.1984, c. 1747, § 2, operative July 1, 1986. Amended by Stats.1985, c. 1274, § 7, eff. Sept. 30, 1985; Stats.1992, c. 759 (A.B.1248), § 78, eff. Sept. 21, 1992.)

§ 7584. Definitions

As used in this chapter, "disabled youth," "child," or "pupil" means individuals with exceptional needs as defined in Section 56026 of the Education Code.

(Added by Stats.1984, c. 1747, § 2, operative July 1, 1986. Amended by Stats.1992, c. 759 (A.B.1248), § 79, eff. Sept. 21, 1992.)

§ 7585. Failure to provide required services; written notification; resolution meeting; submission of issue to director of the office of administrative hearings; appeal; provision of services pending resolution; due process hearing; report

(a) Whenever any department or any local agency designated by that department fails to provide a related service or designated instruction and service required pursuant to Section 7575 or 7576, and specified in the child's individualized education program, the parent, adult pupil, or any local education agency referred to in this chapter, shall submit a written notification of the failure to provide the service to the Superintendent of Public Instruction or the Secretary of Health and Welfare.

(b) When either the Superintendent of Public Instruction or the Secretary of Health and Welfare receives a written notification of the failure to provide a service as specified in subdivision (a), a copy shall immediately be transmitted to the other party. The superintendent, or his or her designee, and the secretary, or his or her designee, shall meet to resolve the issue within 15 calendar days of receipt of the notification. A written copy of the meeting resolution shall be mailed to the parent, the local education agency, and affected departments, within 10 days of the meeting.

(c) If the issue cannot be resolved within 15 calendar days to the satisfaction of the superintendent and the secretary, they shall jointly submit the issue in writing to the Director of the Office of Administrative Hearings, or his or her designee, in the State Department of General Services.

(d) The Director of the Office of Administrative Hearings, or his or her designee, shall review the issue and submit his or her findings in the case to the superintendent and the secretary within 30 calendar days of receipt of the case. The decision of the Director of the Office of Administrative Hearings, or his or her designee, shall be binding on the departments and their designated agencies who are parties to the dispute.

(e) If the meeting, conducted pursuant to subdivision (b), fails to resolve the issue to the satisfaction of the parent or local education agency, either party may appeal to the Director of the Office of Administrative Hearings, whose decision shall be the final administrative determination and binding on all parties.

(f) Whenever notification is filed pursuant to subdivision (a), the pupil affected by the dispute shall be provided with the appropriate related service or designated instruction and service pending resolution of the dispute, if the pupil had been receiving the service. The Superintendent of Public Instruction and the Secretary of Health and Welfare shall ensure that funds are available for provision of the service pending resolution of the issue pursuant to subdivision (e).

(g) Nothing in this section prevents a parent or adult pupil from filing for a due process hearing under Section 7586.

(h) The contract between the State Department of Education and the Office of Administrative Hearings for conducting due process hearings shall include payment for services rendered by the Office of Administrative Hearings which are required by this section.

(Added by Stats.1984, c. 1747, § 2, operative July 1, 1986. Amended by Stats.2001, c. 745 (S.B.1191), § 71, eff. Oct. 12, 2001.)

§ 7586. Procedural safeguards; hearing requests

(a) All state departments, and their designated local agencies, shall be governed by the procedural safeguards required in Section 1415 of Title 20 of the United States Code. A due process hearing arising over a related service or designated instruction and service shall be filed with the Superintendent of Public Instruction. Resolution of all issues shall be through the due process hearing process established in Chapter 5 (commencing with Section 56500) of Part 30 of Division 4 of the Education Code. The decision issued in the due process hearing shall be binding on the department having responsibility for the services in issue as prescribed by this chapter.

(b) Upon receipt of a request for a due process hearing involving an agency other than an educational agency, the Superintendent of Public Instruction shall immediately notify the state and local agencies involved by sending a copy of the request to the agencies.

(c) All hearing requests that involve multiple services that are the responsibility of more than one state department shall give rise to one hearing with all responsible state or local agencies joined as parties.

(d) No public agency, state or local, may request a due process hearing pursuant to Section 56501 of the Education Code against another public agency.

(Added by Stats.1984, c. 1747, § 2, operative July 1, 1986.)

§ 7586.5. Report on implementation of this chapter

Not later than January 1, 1988, the Superintendent of Public Instruction and the Secretary of Health and Welfare shall jointly submit to the Legislature and the Governor a report on the implementation of this chapter. The report shall include, but not be limited to, information regarding the number of complaints and due process hearings resulting from this chapter.

(Added by Stats.1985, c. 1274, § 9, eff. Sept. 30, 1985, operative July 1, 1986.)

§ 7586.6. Interagency agreements to implement chapter

(a) The Superintendent of Public Instruction and the Secretary of Health and Welfare shall ensure that the State Department of Education and the State Department of Mental Health enter into an interagency agreement by January 1, 1998. It is the intent of the Legislature that the agreement include, but not be limited to, procedures for ongoing joint training, technical assistance for state and local personnel responsible for implementing this chapter, protocols for monitoring service delivery, and a system for compiling data on program operations.

(b) It is the intent of the Legislature that the designated local agencies of the State Department of Education and the State Department of Mental Health update their interagency agreements for services specified in this chapter at the earliest possible time. It is the intent of the Legislature that the state and local interagency agreements be updated at least every three years or earlier as necessary.

(Added by Stats.1996, c. 654 (A.B.2726), § 3.)

§ 7586.7. Plan for in–service training of state and local personnel

The Superintendent of Public Instruction and the Secretary of Health and Welfare shall jointly prepare and implement within existing resources a plan for in–service training of state and local personnel responsible for implementing the provisions of this chapter.

(Added by Stats.1985, c. 1274, § 10, eff. Sept. 30, 1985, operative July 1, 1986.)

§ 7587. Regulations

By January 1, 1986, each state department named in this chapter shall develop regulations, as necessary, for the department or designated local agency to implement this act. All regulations shall be reviewed by the Superintendent of Public Instruction prior to filing with the Office of Administrative Law, in order to ensure consistency with federal and state laws and regulations governing the education of disabled children. The directors of each department shall adopt all regulations pursuant to this section as emergency regulations in accordance with Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2. For the purpose of the Administrative Procedure Act, the adoption of the regulations shall be deemed to be an emergency and necessary for the immediate preservation of the public peace, health and safety, or general welfare. These regulations shall not be subject to the review and approval of the Office of Administrative Law and shall not be subject to automatic repeal until the final regulations take effect on or before June 30, 1997, and the final regulations shall become effective immediately upon filing with the Secretary of State. Regulations adopted pursuant to this section shall be developed with the maximum feasible opportunity for public participation and comments.

(Added by Stats.1984, c. 1747, § 2, operative July 1, 1986. Amended by Stats.1985, c. 107, § 1, eff. June 27, 1985; Stats.1985, c. 1274, § 11, eff. Sept. 30, 1985; Stats.1986, c. 1133, § 1, eff. Sept. 25, 1986, operative July 1, 1986; Stats.1992, c. 759 (A.B.1248), § 80, eff. Sept. 21, 1992; Stats.1996, c. 654 (A.B.2726), § 4.)

§ 7588. Operative date

This chapter shall become operative on July 1, 1986, except Section 7583, which shall become operative on January 1, 1985.

(Added by Stats.1984, c. 1747, § 2, operative July 1, 1986. Amended by Stats.1985, c. 107, § 2, eff. June 27, 1985.)

(b) When appointing a surrogate parent, the local educational agency shall, as a first preference, select a relative caretaker, foster parent, or court–appointed special advocate, if any of these individuals exists and is willing and able to serve. If none of these individuals is willing or able to act as a surrogate parent, the local educational agency shall select the surrogate parent of its choice. If the child is moved from the home of the relative caretaker or foster parent who has been appointed as a surrogate parent, the local educational agency shall appoint another surrogate parent if a new appointment is necessary to ensure adequate representation of the child.

GOVERNMENT CODE — EXECUTIVE DEPARTMENT

Title 2 GOVERNMENT OF THE STATE OF CALIFORNIA

Division 3 EXECUTIVE DEPARTMENT

Part 2 CONSTITUTIONAL OFFICERS

Chapter 1 GOVERNOR

Article 2 POWERS AND DUTIES

§ 12012.30. Ratification of tribal–state gaming compact entered into in accordance with Indian Gaming Regulatory Act of 1988

The tribal–state gaming compact entered into in accordance with the Indian Gaming Regulatory Act of 1988 (18 U.S.C. Sec. 1166 to 1168, incl., and 25 U.S.C. Sec. 2701 et seq.) between the State of California and the Torres–Martinez Desert Cahuilla Indians, executed on August 12, 2003, is hereby ratified.

(Added by Stats.2003, c. 802 (S.B.930), § 1.)

HEALTH AND SAFETY CODE — USE OF SECLUSION AND BEHAVIORAL RESTRAINTS

HEALTH AND SAFETY CODE

Division 1.5 USE OF SECLUSION AND BEHAVIORAL RESTRAINTS IN FACILITIES

§ 1180. Reduction in use of seclusion and behavioral restraints in facilities; recommendations of California Health and Human Services Agency; training protocols and requirements; federal and private funding; staff injuries; implementation of section

(a) The California Health and Human Services Agency, in accordance with their mission, shall provide the leadership and coordination necessary to reduce the use of seclusion and behavioral restraints in facilities that are licensed, certified, or monitored by departments that fall within its jurisdiction.

(b) The agency may make recommendations to the Legislature for additional facilities, or for additional units or departments within facilities, that should be included within the requirements of this division in the future, including, but not limited to, emergency rooms.

(c) At the request of the secretary, the involved state departments shall provide information regarding existing training protocols and requirements related to the utilization of seclusion and behavioral restraints by direct care staff who work in facilities within their jurisdiction. All involved state departments shall cooperate in implementing any training protocols established pursuant to this division. It is the intent of the Legislature that training protocols developed pursuant to this division be incorporated into existing training requirements and opportunities. It is further the intent of the Legislature that, to the extent feasible, the training protocols developed pursuant to Section 1180.2 be utilized in the development of training protocols developed pursuant to Section 1180.3.

(d) The secretary, or his or her designee, is encouraged to pursue federal and private funding to support the development of a training protocol that can be incorporated into the existing training activities for direct care staff conducted by the state, facilities, and educational institutions in order to reduce the use of seclusion and behavioral restraints.

(e) The secretary or his or her designee shall make recommendations to the Legislature on how to best assess the impact of serious staff injuries sustained during the use of seclusion or behavioral restraints, on staffing costs, and on workers' compensation claims and costs.

(f) The agency shall not be required to implement this section if implementation cannot be achieved within existing resources, unless additional funding for this purpose becomes available. The agency and involved departments may incrementally implement this section in order to accomplish its goals within existing resources, through the use of federal or private funding, or upon the subsequent appropriation of funds by the Legislature for this purpose, or all of these.

(Added by Stats.2003, c. 750 (S.B.130), § 2.)

§ 1180.1. Definitions

For purposes of this division, the following definitions apply:

(a) "Behavioral restraint" means "mechanical restraint" or "physical restraint" as defined in this section, used as an intervention when a person presents an immediate danger to self or to others. It does not include restraints used for medical purposes, including, but not limited to, securing an intravenous needle or immobilizing a person for a surgical procedure, or postural restraints, or devices used to prevent injury or to improve a person's mobility and independent functioning rather than to restrict movement.

(b) "Containment" means a brief physical restraint of a person for the purpose of effectively gaining quick control of a person who is aggressive or agitated or who is a danger to self or others.

(c) "Mechanical restraint" means the use of a mechanical device, material, or equipment attached or adjacent to the person's body that he or she cannot easily remove and that restricts the freedom of movement of all or part of a person's body or restricts normal access to the person's body, and that is used as a behavioral restraint.

(d) "Physical restraint" means the use of a manual hold to restrict freedom of movement of all or part of a person's body, or to restrict normal access to the person's body, and that is used as a behavioral restraint. "Physical restraint" is any staff–to–person physical contact in which the person unwillingly participates. "Physical restraint" does not include briefly holding a person without undue force in order to calm or comfort, or physical contact intended to gently assist a person in performing tasks or to guide or assist a person from one area to another.

(e) "Seclusion" means the involuntary confinement of a person alone in a room or an area from which the person is physically prevented from leaving. "Seclusion" does not include a "timeout," as defined in regulations relating to facilities operated by the State Department of Developmental Services.

(f) "Secretary" means the Secretary of the California Health and Human Services Agency.

(g) "Serious injury" means any significant impairment of the physical condition as determined by qualified medical personnel, and includes, but is not limited to, burns, lacerations, bone fractures, substantial hematoma, or injuries to internal organs.

(Added by Stats.2003, c. 750 (S.B.130), § 2.)

§ 1180.2. Application of section to certain state hospitals; technical assistance and training; avoidance of use of seclusion and behavioral restraints; exceptions; data collection; availability to public; reports of deaths or serious injuries to persons

(a) This section shall apply to the state hospitals operated by the State Department of Mental Health and facilities operated by the State Department of Developmental Services that utilize seclusion or behavioral restraints.

(b) The State Department of Mental Health and the State Department of Developmental Services shall develop technical assistance and training programs to support the efforts of facilities described in subdivision (a) to reduce or eliminate the use of seclusion and behavioral restraints in those facilities.

(c) Technical assistance and training programs should be designed with the input of stakeholders, including clients and direct care staff, and should be based on best practices that lead to the avoidance of the use of seclusion and behavioral restraints, including, but not limited to, all of the following:

(1) Conducting an intake assessment that is consistent with facility policies and that includes issues specific to the use of seclusion and behavioral restraints as specified in Section 1180.4.

(2) Utilizing strategies to engage clients collaboratively in assessment, avoidance, and management of crisis situations in order to prevent incidents of the use of seclusion and behavioral restraints.

(3) Recognizing and responding appropriately to underlying reasons for escalating behavior.

(4) Utilizing conflict resolution, effective communication, deescalation, and client–centered problem solving strategies that diffuse and safely resolve emerging crisis situations.

(5) Individual treatment planning that identifies risk factors, positive early intervention strategies, and strategies to minimize time spent in seclusion or behavioral restraints. Individual treatment planning should include input from the person affected.

(6) While minimizing the duration of time spent in seclusion or behavioral restraints, using strategies to mitigate the emotional and physical discomfort and ensure the safety of the person involved in seclusion or behavioral restraints, including input from the person about what would alleviate his or her distress.

(7) Training in conducting an effective debriefing meeting as specified in Section 1180.5, including the appropriate persons to involve, the voluntary participation of the person who has been in seclusion or behavioral restraints, and strategic interventions to engage affected persons in the process. The training should include strategies that result in maximum participation and comfort for the involved parties to identify factors that lead to the use of seclusion and behavioral restraints and factors that would reduce the likelihood of future incidents.

(d)(1) The State Department of Mental Health and the State Department of Developmental Services shall take steps to establish a system of mandatory, consistent, timely, and publicly accessible data collection regarding the use of seclusion and behavioral restraints in facilities described in this section. It is the intent of the Legislature that data be compiled in a manner that allows for standard statistical comparison.

(2) The State Department of Mental Health and the State Department of Developmental Services shall develop a mechanism for making this information publicly available on the Internet.

(3) Data collected pursuant to this section shall include all of the following:

(A) The number of deaths that occur while persons are in seclusion or behavioral restraints, or where it is reasonable to assume that a death was proximately related to the use of seclusion or behavioral restraints.

(B) The number of serious injuries sustained by persons while in seclusion or subject to behavioral restraints.

(C) The number of serious injuries sustained by staff that occur during the use of seclusion or behavioral restraints.

(D) The number of incidents of seclusion.

(E) The number of incidents of use of behavioral restraints.

(F) The duration of time spent per incident in seclusion.

(G) The duration of time spent per incident subject to behavioral restraints.

(H) The number of times an involuntary emergency medication is used to control behavior, as defined by the State Department of Mental Health.

(e) A facility described in subdivision (a) shall report each death or serious injury of a person occurring during, or related to, the use of seclusion or behavioral restraints. This report shall be made to the agency designated in subdivision (h) of Section 4900 of the Welfare and Institutions Code no later than the close of the business day following the death or injury. The report shall include the encrypted identifier of the person involved, and the name, street address, and telephone number of the facility.

(Added by Stats.2003, c. 750 (S.B.130), § 2.)

§ 1180.3. Application of section to psychiatric units; technical assistance and training programs; avoidance of use of seclusion and behavioral restraints; publicly accessible data; Internet; uniform reporting; implementation of section

(a) This section shall apply to psychiatric units of general acute care hospitals, acute psychiatric hospitals, psychiatric health facilities, crisis stabilization units, community treatment facilities, group homes, skilled nursing facilities, intermediate care facilities, community care facilities, and mental health rehabilitation centers.

(b)(1) The secretary or his or her designee shall develop technical assistance and training programs to support the efforts of facilities to reduce or eliminate the use of seclusion and behavioral restraints in those facilities that utilize them.

(2) Technical assistance and training programs should be designed with the input of stakeholders, including clients and direct care staff, and should be based on best practices that lead to the avoidance of the use of seclusion and behavioral restraints. In order to avoid redundancies and to promote consistency across various types of facilities, it is the intent of the Legislature that the technical assistance and training program, to the extent possible, be based on that developed pursuant to Section 1180.2.

(c)(1) The secretary or his or her designee shall take steps to establish a system of mandatory, consistent, timely, and publicly accessible data collection regarding the use of seclusion and behavioral restraints in all facilities described in subdivision (a) that utilize seclusion and behavioral restraints. In determining a system of data collection, the secretary should utilize existing efforts, and direct new or ongoing efforts, of associated state departments to revise or improve their data collection systems. The secretary or his or her designee shall make recommendations for a mechanism to ensure compliance by facilities, including, but not limited to, penalties for failure to report in a timely manner. It is the intent of the Legislature that data be compiled in a manner that allows for standard statistical comparison and be maintained for each facility subject to reporting requirements for the use of seclusion and behavioral restraints.

(2) The secretary shall develop a mechanism for making this information, as it becomes available, publicly available on the Internet. For data currently being collected, this paragraph shall be implemented as soon as it reasonably can be achieved within existing resources. As new reporting requirements are developed and result in additional data becoming available, this additional data shall be included in the data publicly available on the Internet pursuant to this paragraph.

(3) At the direction of the secretary, the departments shall cooperate and share resources for developing uniform reporting for all facilities. Uniform reporting of seclusion and behavioral restraint utilization information shall, to the extent possible, be incorporated into existing reporting requirements for facilities described in subdivision (a).

(4) Data collected pursuant to this subdivision shall include all of the data described in paragraph (3) of subdivision (d) of Section 1180.2.

(5) The secretary or his or her designee shall work with the state departments that have responsibility for oversight of the use of seclusion and behavioral restraints to review and eliminate redundancies and outdated requirements in the reporting of data on the use of seclusion and behavioral restraints in order to ensure cost–effectiveness.

(d) Neither the agency nor any department shall be required to implement this section if implementation cannot be achieved within existing resources, unless additional funding for this purpose becomes available. The agency and involved departments may incrementally implement this section in order to accomplish its goals within existing resources, through the use of federal or private funding, or upon the subsequent appropriation of funds by the Legislature for this purpose, or all of these.

(Added by Stats.2003, c. 750 (S.B.130), § 2.)

§ 1180.4. Initial assessment prior to placement decisions or upon admission to facility; contents of assessment; use of restraints for emergencies; prohibited restraints; use of prone containment techniques; monitoring

(a) A facility described in subdivision (a) of Section 1180.2 or subdivision (a) of Section 1180.3 shall conduct an initial assessment of each person prior to a placement decision or upon admission to the facility, or as soon thereafter as possible. This assessment shall

include input from the person and from someone whom he or she desires to be present, such as a family member, significant other, or authorized representative designated by the person, and if the desired third party can be present at the time of admission. This assessment shall also include, based on the information available at the time of initial assessment, all of the following:

(1) A person's advance directive regarding deescalation or the use of seclusion or behavioral restraints.

(2) Identification of early warning signs, triggers, and precipitants that cause a person to escalate, and identification of the earliest precipitant of aggression for persons with a known or suspected history of aggressiveness, or persons who are currently aggressive.

(3) Techniques, methods, or tools that would help the person control his or her behavior.

(4) Preexisting medical conditions or any physical disabilities or limitations that would place the person at greater risk during restraint or seclusion.

(5) Any trauma history, including any history of sexual or physical abuse that the affected person feels is relevant.

(b) A facility described in subdivision (a) of Section 1180.2 or subdivision (a) of Section 1180.3 may use seclusion or behavioral restraints for behavioral emergencies only when a person's behavior presents an imminent danger of serious harm to self or others.

(c) A facility described in subdivision (a) of Section 1180.2 or subdivision (a) of Section 1180.3 may not use either of the following:

(1) A physical restraint or containment technique that obstructs a person's respiratory airway or impairs the person's breathing or respiratory capacity, including techniques in which a staff member places pressure on a person's back or places his or her body weight against the person's torso or back.

(2) A pillow, blanket, or other item covering the person's face as part of a physical or mechanical restraint or containment process.

(d) A facility described in subdivision (a) of Section 1180.2 or subdivision (a) of Section 1180.3 may not use physical or mechanical restraint or containment on a person who has a known medical or physical condition, and where there is reason to believe that the use would endanger the person's life or seriously exacerbate the person's medical condition.

(e)(1) A facility described in subdivision (a) of Section 1180.2 or subdivision (a) of Section 1180.3 may not use prone mechanical restraint on a person at risk for positional asphyxiation as a result of one of the following risk factors that are known to the provider:

(A) Obesity.

(B) Pregnancy.

(C) Agitated delirium or excited delirium syndromes.

(D) Cocaine, methamphetamine, or alcohol intoxication.

(E) Exposure to pepper spray.

(F) Preexisting heart disease, including, but not limited to, an enlarged heart or other cardiovascular disorders.

(G) Respiratory conditions, including emphysema, bronchitis, or asthma.

(2) Paragraph (1) shall not apply when written authorization has been provided by a physician, made to accommodate a person's stated preference for the prone position or because the physician judges other clinical risks to take precedence. The written authorization may not be a standing order, and shall be evaluated on a case–by–case basis by the physician.

(f) A facility described in subdivision (a) of Section 1180.2 or subdivision (a) of Section 1180.3 shall avoid the deliberate use of prone containment techniques whenever possible, utilizing the best practices in early intervention techniques, such as deescalation. If prone containment techniques are used in an emergency situation, a staff member shall observe the person for any signs of physical duress throughout the use of prone containment. Whenever possible, the staff member monitoring the person shall not be involved in restraining the person.

(g) A facility described in subdivision (a) of Section 1180.2 or subdivision (a) of Section 1180.3 may not place a person in a facedown position with the person's hands held or restrained behind the person's back.

(h) A facility described in subdivision (a) of Section 1180.2 or subdivision (a) of Section 1180.3 may not use physical restraint or containment as an extended procedure.

(i) A facility described in subdivision (a) of Section 1180.2 or subdivision (a) of Section 1180.3 shall keep under constant, face–to–face human observation a person who is in seclusion and in any type of behavioral restraint at the same time. Observation by means of video camera may be utilized only in facilities that are already permitted to use video monitoring under federal regulations specific to that facility.

(j) A facility described in subdivision (a) of Section 1180.2 or subdivision (a) of Section 1180.3 shall afford to persons who are restrained the least restrictive alternative and the maximum freedom of movement, while ensuring the physical safety of the person and others, and shall use the least number of restraint points.

(k) A person in a facility described in subdivision (a) of Section 1180.2 and subdivision (a) of Section 1180.3 has the right to be free from the use of seclusion and behavioral restraints of any form imposed as a means of coercion, discipline, convenience, or retaliation by staff. This right includes, but is not limited to, the right to be free from the use of a drug used in order to control behavior or to restrict the person's freedom of movement, if that drug is not a standard treatment for the person's medical or psychiatric condition. (Added by Stats.2003, c. 750 (S.B.130), § 2.)

§ 1180.5. Clinical and quality reviews for episodes of use of restraints; timing of review; debriefing; documentation

(a) A facility described in subdivision (a) of Section 1180.2 or subdivision (a) of Section 1180.3 shall conduct a clinical and quality review for each episode of the use of seclusion or behavioral restraints.

(b) A facility described in subdivision (a) of Section 1180.2 or subdivision (a) of Section 1180.3 shall, as quickly as possible but no later than 24 hours after the use of seclusion or behavioral restraints, conduct a debriefing regarding the incident with the person, and, if the person requests it, the person's family member, domestic partner, significant other, or authorized representative, if the desired third party can be present at the time of the debriefing at no cost to the facility, as well as with the staff members involved in the incident, if reasonably available, and a supervisor, to discuss how to avoid a similar incident in the future. The person's participation in the debriefing shall be voluntary. The purposes of the debriefing shall be to do all of the following:

(1) Assist the person to identify the precipitant of the incident, and suggest methods of more safely and constructively responding to the incident.

(2) Assist the staff to understand the precipitants to the incident, and to develop alternative methods of helping the person avoid or cope with those incidents.

(3) Help treatment team staff devise treatment interventions to address the root cause of the incident and its consequences, and to modify the treatment plan.

(4) Help assess whether the intervention was necessary and whether it was implemented in a manner consistent with staff training and facility policies.

(c) The facility shall, in the debriefing, provide both the person and staff the opportunity to discuss the circumstances resulting in the use of seclusion or behavioral restraints, and strategies to be used by the staff, the person, or others that could prevent the future use of seclusion or behavioral restraints.

(d) The facility staff shall document in the person's record that the debriefing session took place and any changes to the person's treatment plan that resulted from the debriefing.
(Added by Stats.2003, c. 750 (S.B.130), § 2.)

§ 1180.6. Annual report to Senate and Assembly budget committee hearings of progress made in implementation of division

The State Department of Health Services, the State Department of Mental Health, the State Department of Social Services, and the State Department of Developmental Services shall annually provide information to the Legislature, during Senate and Assembly budget committee hearings, about the progress made in implementing this division. This information shall include the progress of implementation and barriers to achieving full implementation.
(Added by Stats.2003, c. 750 (S.B.130), § 2.)

HEALTH AND SAFETY CODE — LICENSING PROVISIONS

Division 2 LICENSING PROVISIONS

Chapter 2 HEALTH FACILITIES

Article 1 GENERAL

§ 1250. Definitions

As used in this chapter, "health facility" means any facility, place, or building that is organized, maintained, and operated for the diagnosis, care, prevention, and treatment of human illness, physical or mental, including convalescence and rehabilitation and including care during and after pregnancy, or for any one or more of these purposes, for one or more persons, to which the persons are admitted for a 24–hour stay or longer, and includes the following types:

(a) "General acute care hospital" means a health facility having a duly constituted governing body with overall administrative and professional responsibility and an organized medical staff that provides 24–hour inpatient care, including the following basic services: medical, nursing, surgical, anesthesia, laboratory, radiology, pharmacy, and dietary services. A general acute care hospital may include more than one physical plant maintained and operated on separate premises as provided in Section 1250.8. A general acute care hospital that exclusively provides acute medical rehabilitation center services, including at least physical therapy, occupational therapy, and speech therapy, may provide for the required surgical and anesthesia services through a contract with another acute care hospital. In addition, a general acute care hospital that, on July 1, 1983, provided required surgical and anesthesia services through a contract or agreement with another acute care hospital may continue to provide these surgical and anesthesia services through a contract or agreement with an acute care hospital.

A "general acute care hospital" includes a "rural general acute care hospital." However, a "rural general acute care hospital" shall not be required by the department to provide surgery and anesthesia services. A "rural general acute care hospital" shall meet either of the following conditions:

(1) The hospital meets criteria for designation within peer group six or eight, as defined in the report entitled Hospital Peer Grouping for Efficiency Comparison, dated December 20, 1982.

(2) The hospital meets the criteria for designation within peer group five or seven, as defined in the report entitled Hospital Peer Grouping for Efficiency Comparison, dated December 20, 1982, and has no more than 76 acute care beds and is located in a census dwelling place of 15,000 or less population according to the 1980 federal census.

(b) "Acute psychiatric hospital" means a health facility having a duly constituted governing body with overall administrative and professional responsibility and an organized medical staff that provides 24–hour inpatient care for mentally disordered, incompetent, or other patients referred to in Division 5 (commencing with Section 5000) or Division 6 (commencing with Section 6000) of the Welfare and Institutions Code, including the following basic services: medical, nursing, rehabilitative, pharmacy, and dietary services.

(c) "Skilled nursing facility" means a health facility that provides skilled nursing care and supportive care to patients whose primary need is for availability of skilled nursing care on an extended basis.

(d) "Intermediate care facility" means a health facility that provides inpatient care to ambulatory or nonambulatory patients who have recurring need for skilled nursing supervision and need supportive care, but who do not require availability of continuous skilled nursing care.

(e) "Intermediate care facility/developmentally disabled habilitative" means a facility with a capacity of 4 to 15 beds that provides 24–hour personal care, habilitation, developmental, and supportive health services to 15 or fewer developmentally disabled persons who have intermittent recurring needs for nursing services, but have been certified by a physician and surgeon as not requiring availability of continuous skilled nursing care.

(f) "Special hospital" means a health facility having a duly constituted governing body with overall administrative and professional responsibility and an organized medical or dental staff that provides inpatient or outpatient care in dentistry or maternity.

(g) "Intermediate care facility/developmentally disabled" means a facility that provides 24–hour personal care, habilitation, developmental, and supportive health services to developmentally disabled clients whose primary need is for developmental services and who have a recurring but intermittent need for skilled nursing services.

(h) "Intermediate care facility/developmentally disabled nursing" means a facility with a capacity of 4 to 15 beds that provides 24–hour personal care, developmental services, and nursing supervision for developmentally disabled persons who have intermittent recurring needs for skilled nursing care but have been certified by a physician and surgeon as not requiring continuous skilled nursing care. The facility shall serve medically fragile persons who have developmental disabilities or demonstrate significant developmental delay that may lead to a developmental disability if not treated.

(i)(1) "Congregate living health facility" means a residential home with a capacity, except as provided in paragraph (4), of no more than six beds, that provides inpatient care, including the following basic services: medical supervision, 24–hour skilled nursing and supportive care, pharmacy, dietary, social, recreational, and at least one type of service specified in paragraph (2). The primary need of congregate living health facility residents shall be for availability of skilled nursing care on a recurring, intermittent, extended, or continuous basis. This care is generally less intense than that provided in general acute care hospitals but more intense than that provided in skilled nursing facilities.

(2) Congregate living health facilities shall provide one of the following services:

(A) Services for persons who are mentally alert, physically disabled persons, who may be ventilator dependent.

(B) Services for persons who have a diagnosis of terminal illness,

a diagnosis of a life–threatening illness, or both. Terminal illness means the individual has a life expectancy of six months or less as stated in writing by his or her attending physician and surgeon. A "life–threatening illness" means the individual has an illness that can lead to a possibility of a termination of life within five years or less as stated in writing by his or her attending physician and surgeon.

(C) Services for persons who are catastrophically and severely disabled. A catastrophically and severely disabled person means a person whose origin of disability was acquired through trauma or nondegenerative neurologic illness, for whom it has been determined that active rehabilitation would be beneficial and to whom these services are being provided. Services offered by a congregate living health facility to a catastrophically disabled person shall include, but not be limited to, speech, physical, and occupational therapy.

(3) A congregate living health facility license shall specify which of the types of persons described in paragraph (2) to whom a facility is licensed to provide services.

(4)(A) A facility operated by a city and county for the purposes of delivering services under this section may have a capacity of 59 beds.

(B) A congregate living health facility not operated by a city and county servicing persons who are terminally ill, persons who have been diagnosed with a life–threatening illness, or both, that is located in a county with a population of 500,000 or more persons may have not more than 25 beds for the purpose of serving terminally ill persons.

(C) A congregate living health facility not operated by a city and county serving persons who are catastrophically and severely disabled, as defined in subparagraph (C) of paragraph (2) that is located in a county of 500,000 or more persons may have not more than 12 beds for the purpose of serving catastrophically and severely disabled persons.

(5) A congregate living health facility shall have a noninstitutional, homelike environment.

(j)(1) "Correctional treatment center" means a health facility operated by the Department of Corrections, the Department of the Youth Authority, or a county, city, or city and county law enforcement agency that, as determined by the state department, provides inpatient health services to that portion of the inmate population who do not require a general acute care level of basic services. This definition shall not apply to those areas of a law enforcement facility that houses inmates or wards that may be receiving outpatient services and are housed separately for reasons of improved access to health care, security, and protection. The health services provided by a correctional treatment center shall include, but are not limited to, all of the following basic services: physician and surgeon, psychiatrist, psychologist, nursing, pharmacy, and dietary. A correctional treatment center may provide the following services: laboratory, radiology, perinatal, and any other services approved by the state department.

(2) Outpatient surgical care with anesthesia may be provided, if the correctional treatment center meets the same requirements as a surgical clinic licensed pursuant to Section 1204, with the exception of the requirement that patients remain less than 24 hours.

(3) Correctional treatment centers shall maintain written service agreements with general acute care hospitals to provide for those inmate physical health needs that cannot be met by the correctional treatment center.

(4) Physician and surgeon services shall be readily available in a correctional treatment center on a 24–hour basis.

(5) It is not the intent of the Legislature to have a correctional treatment center supplant the general acute care hospitals at the California Medical Facility, the California Men's Colony, and the California Institution for Men. This subdivision shall not be construed to prohibit the California Department of Corrections from obtaining a correctional treatment center license at these sites.

(k) "Nursing facility" means a health facility licensed pursuant to this chapter that is certified to participate as a provider of care either as a skilled nursing facility in the federal Medicare program under Title XVIII of the federal Social Security Act or as a nursing facility in the federal medicaid program under Title XIX of the federal Social Security Act, or as both.

(*l*) Regulations defining a correctional treatment center described in subdivision (j) that is operated by a county, city, or city and county, the Department of Corrections, or the Department of the Youth Authority, shall not become effective prior to, or if effective, shall be inoperative until January 1, 1996, and until that time these correctional facilities are exempt from any licensing requirements.

(Added by Stats.1973, c. 1202, p. 2564, § 2. Amended by Stats.1974, c. 1444, p. 3151, § 1; Stats.1976, c. 854, p. 1950, § 34, eff. Sept. 9, 1976; Stats.1978, c. 1221, § 1, eff. Sept. 27, 1978; Stats.1978, c. 1226, § 1.5; Stats.1980, c. 676, p. 1937, § 152; Stats.1980, c. 569, p. 1558, § 1; Stats.1981, c. 714, p. 2675, § 213; Stats.1981, c. 743, p. 2908, § 3; Stats.1983, c. 695, § 1, eff. Sept. 11, 1983; Stats.1983, c. 1003, § 1; Stats.1984, c. 497, § 2, eff. July 17, 1984; Stats.1985, c. 1496, § 4; Stats.1986, c. 1111, § 1; Stats.1986, c. 1320, § 1; Stats.1986, c. 1459, § 1.5; Stats.1987, c. 1282, § 2; Stats.1988, c. 1478, § 3, eff. Sept. 28, 1988; Stats.1988, c. 1608, § 1.3; Stats.1989, c. 1393, § 1, eff. Oct. 2, 1989; Stats.1990, c. 1227 (A.B.3413), § 1, eff. Sept. 24, 1990; Stats.1990, c. 1329 (S.B.1524), § 3.5, eff. Sept. 26, 1990; Stats.1992, c. 697 (S.B.1559), § 11; Stats.1992, c. 1163 (S.B.1570), § 1; Stats.1992, c. 1164 (S.B.1003), § 1; Stats.1992, c. 1369 (A.B.3027), § 5, eff. Oct. 27, 1992, operative Jan. 1, 1993; Stats.1993, c. 589 (A.B.2211), § 84; Stats.1993, c. 70 (S.B.86), § 7, eff. June 30, 1993; Stats.1993, c. 930 (S.B.560), § 1; Stats.1993, c. 931 (A.B.972), § 1; Stats.1993, c. 932 (S.B.910), § 1, eff. Oct. 8, 1993; Stats.1993, c. 932 (S.B.910), § 1.7, eff. Oct. 8, 1993, operative Jan. 1, 1994; Stats.1995, c. 749 (A.B.1177), § 6, eff. Oct. 10, 1995; Stats.2000, c. 451 (A.B.1731), § 2; Stats.2001, c. 685 (A.B.1212), § 1.)

§ 1250.2. Psychiatric health facility as § 1250 health facility; outpatient services; medicare participation

(a) As defined in Section 1250, "health facility" includes a "psychiatric health facility," defined to mean a health facility, licensed by the State Department of Mental Health, that provides 24–hour inpatient care for mentally disordered, incompetent, or other persons described in Division 5 (commencing with Section 5000) or Division 6 (commencing with Section 6000) of the Welfare and Institutions Code. This care shall include, but not be limited to, the following basic services: psychiatry, clinical psychology, psychiatric nursing, social work, rehabilitation, drug administration, and appropriate food services for those persons whose physical health needs can be met in an affiliated hospital or in outpatient settings.

It is the intent of the Legislature that the psychiatric health facility shall provide a distinct type of service to psychiatric patients in a 24–hour acute inpatient setting. The State Department of Mental Health shall require regular utilization reviews of admission and discharge criteria and lengths of stay in order to assure that these patients are moved to less restrictive levels of care as soon as appropriate.

(b) The State Department of Mental Health may issue a special permit to a psychiatric health facility for it to provide structured outpatient services (commonly referred to as SOPS) consisting of morning, afternoon, or full daytime organized programs, not exceeding 10 hours, for acute daytime care for patients admitted to the facility. This subdivision shall not be construed as requiring a psychiatric health facility to apply for a special permit to provide these alternative levels of care.

The Legislature recognizes that, with access to structured outpatient services, as an alternative to 24–hour inpatient care, certain patients would be provided with effective intervention and less restrictive levels of care. The Legislature further recognizes that, for certain patients, the less restrictive levels of care eliminate the need for inpatient care, enable earlier discharge from inpatient care by providing a continuum of care with effective aftercare services, or reduce or prevent the need for a subsequent readmission to inpatient care.

(c) Any reference in any statute to Section 1250 of the Health and

Safety Code shall be deemed and construed to also be a reference to this section.

(d) Notwithstanding any other provision of law, and to the extent consistent with federal law, a psychiatric health facility shall be eligible to participate in the medicare program under Title XVIII of the federal Social Security Act (42 U.S.C. Sec. 1395 et seq.), and the medicaid program under Title XIX of the federal Social Security Act (42 U.S.C. Sec. 1396 et seq.), if all of the following conditions are met:

(1) The facility is a licensed facility.

(2) The facility is in compliance with all related statutes and regulations enforced by the State Department of Mental Health, including regulations contained in Chapter 9 (commencing with Section 77001) of Division 5 of Title 22 of the California Code of Regulations.

(3) The facility meets the definitions and requirements contained in subdivisions (e) and (f) of Section 1861 of the federal Social Security Act (42 U.S.C. Sec. 1395x (e) and (f)), including the approval process specified in Section 1861(e)(7)(B) of the Social Security Act (42 U.S.C. Sec. 1395x(e)(7)(B)), which requires that the state agency responsible for licensing hospitals has assured that the facility meets licensing requirements.

(4) The facility meets the conditions of participation for hospitals pursuant to Part 482 of Title 42 of the Code of Federal Regulations.

(Added by Stats.1978, c. 1234, § 1. Amended by Stats.1990, c. 57 (A.B.365), § 1, eff. April 20, 1990; Stats.1991, c. 241 (A.B.404), § 1; Stats.1996, c. 245 (A.B.2616), § 1, eff. July 22, 1996; Stats.1997, c. 17 (S.B.947), § 59.)

§ 1254. Health facilities; inspection and licensing; separate license for provision of basic services; exemptions

(a) Except as provided in subdivision (e), the state department shall inspect and license health facilities. The state department shall license health facilities to provide their respective basic services specified in Section 1250. Except as provided in Section 1253, the state department shall inspect and approve a general acute care hospital to provide special services as specified in Section 1255. The state department shall develop and adopt regulations to implement the provisions contained in this section.

(b) Upon approval, the state department shall issue a separate license for the provision of the basic services enumerated in subdivision (c) or (d) of Section 1250 whenever these basic services are to be provided by an acute care hospital, as defined in subdivision (a), (b), or (f) of that section, where the services enumerated in subdivision (c) or (d) of Section 1250 are to be provided in any separate freestanding facility, whether or not the location of the separate freestanding facility is contiguous to the acute care hospital. The same requirement shall apply to any new freestanding facility constructed for the purpose of providing basic services, as defined in subdivision (c) or (d) of Section 1250, by any acute care hospital on or after January 1, 1984.

(c)(1) Those beds licensed to an acute care hospital which, prior to January 1, 1984, were separate freestanding beds and were not part of the physical structure licensed to provide acute care, and which beds were licensed to provide those services enumerated in subdivision (c) or (d) of Section 1250, are exempt from the requirements of subdivision (b).

(2) All beds licensed to an acute care hospital and located within the physical structure in which acute care is provided are exempt from the requirements of subdivision (b) irrespective of the date of original licensure of the beds, or the licensed category of the beds.

(3) All beds licensed to an acute care hospital owned and operated by the State of California or any other public agency are exempt from the requirements of subdivision (b).

(4) All beds licensed to an acute care hospital in a rural area as defined by Chapter 1010, of the Statutes of 1982, are exempt from the requirements of subdivision (b), except where there is a freestanding skilled nursing facility or intermediate care facility which has experienced an occupancy rate of 95 percent or less during the past 12 months within a 25–mile radius or which may be reached within 30 minutes using a motor vehicle.

(5) All beds licensed to an acute care hospital which meet the criteria for designation within peer group six or eight, as defined in the report entitled Hospital Peer Grouping for Efficiency Comparison, dated December 20, 1982, and published by the California Health Facilities Commission, and all beds in hospitals which have fewer than 76 licensed acute care beds and which are located in a census designation place of 15,000 or less population, are exempt from the requirements of subdivision (b), except where there is a free–standing skilled nursing facility or intermediate care facility which has experienced an occupancy rate of 95 percent or less during the past 12 months within a 25–mile radius or which may be reached within 30 minutes using a motor vehicle.

(6) All beds licensed to an acute care hospital which has had a certificate of need approved by a health systems agency on or before July 1, 1983, are exempt from the requirements of subdivision (b).

(7) All beds licensed to an acute care hospital are exempt from the requirements of subdivision (b), if reimbursement from the Medi–Cal program for beds licensed for the provision of services enumerated in subdivision (c) or (d) of Section 1250 and not otherwise exempt does not exceed the reimbursement which would be received if the beds were in a separately licensed facility.

(d) Except as provided in Section 1253, the state department shall inspect and approve a general acute care hospital to provide special services as specified in Section 1255. The state department shall develop and adopt regulations to implement subdivisions (a) to (d), inclusive, of this section.

(e) The State Department of Mental Health shall inspect and license psychiatric health facilities. The State Department of Mental Health shall license psychiatric health facilities to provide their basic services specified in Section 1250.2. The State Department of Mental Health shall develop and adopt regulations to implement this subdivision.

(Added by Stats.1973, c. 1202, p. 2565, § 2. Amended by Stats.1974, c. 1444, p. 3151, § 2; Stats.1978, c. 1226, § 3; Stats.1983, c. 695, § 3, eff. Sept. 11, 1983; Stats.1983, c. 1285, § 4; Stats.1984, c. 1516, § 3, eff. Sept. 28, 1984; Stats.1987, c. 1282, § 4; Stats.1990, c. 57 (A.B.365), § 2, eff. April 20, 1990.)

§ 1254.5. Eating disorders; legislative findings and declarations

(a) The Legislature finds and declares that the disease of eating disorders is not simply medical or psychiatric, but involves biological, sociological, psychological, family, medical, and spiritual components. In addition, the Legislature finds and declares that the treatment of eating disorders is multifaceted, and like the treatment of chemical dependency, does not fall neatly into either the traditional medical or psychiatric milieu.

(b) The inpatient treatment of eating disorders shall be provided only in state licensed hospitals, which may be general acute care hospitals as defined in subdivision (a) of Section 1250, acute psychiatric hospitals as defined in subdivision (b) of Section 1250, or any other licensed health facility designated by the State Department of Health Services.

(c) “Eating disorders,” for the purposes of this section, means anorexia nervosa and bulimia as defined by the 1980 Diagnostic and Statistical Manual of Mental Disorders (DSM–III) published by the American Psychiatric Association.

(Added by Stats.1987, c. 1142, § 1.)

§ 1262. Discharge of patient; distribution of written aftercare plan; components; applicable facilities

(a) When a mental health patient is being discharged from one of the facilities specified in subdivision (c), the patient and the patient’s conservator, guardian, or other legally authorized representative shall

be given a written aftercare plan prior to the patient's discharge from the facility. The written aftercare plan shall include, to the extent known, all of the following components:

(1) The nature of the illness and followup required.

(2) Medications including side effects and dosage schedules. If the patient was given an informed consent form with his or her medications, the form shall satisfy the requirement for information on side effects of the medications.

(3) Expected course of recovery.

(4) Recommendations regarding treatment that are relevant to the patient's care.

(5) Referrals to providers of medical and mental health services.

(6) Other relevant information.

(b) The patient shall be advised by facility personnel that he or she may designate another person to receive a copy of the aftercare plan. A copy of the aftercare plan shall be given to any person designated by the patient.

(c) Subdivision (a) applies to all of the following facilities:

(1) A state mental hospital.

(2) A general acute care hospital as described in subdivision (a) of Section 1250.

(3) An acute psychiatric hospital as described in subdivision (b) of Section 1250.

(4) A psychiatric health facility as described in Section 1250.2.

(5) A mental health rehabilitation center as described in Section 5675 of the Welfare and Institutions Code.

(6) A skilled nursing facility with a special treatment program, as described in Section 51335 and Sections 72443 to 72475, inclusive, of Title 22 of the California Code of Regulations.

(d) For purposes of this section, "mental health patient" means a person who is admitted to the facility primarily for the diagnosis or treatment of a mental disorder.

(Added by Stats.1997, c. 512 (A.B.482), § 1. Amended by Stats.1998, c. 346 (A.B.2746), § 1.)

Article 3 REGULATIONS

§ 1275. Adoption, amendment, or repeal; procedure; continuation of prior regulations; health facility physical plant standards; outpatient services in freestanding physical plants; qualifications of professionals

(a) The state department shall adopt, amend, or repeal, in accordance with Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code and Chapter 4 (commencing with Section 18935) of Part 2.5 of Division 13, any reasonable rules and regulations as may be necessary or proper to carry out the purposes and intent of this chapter and to enable the state department to exercise the powers and perform the duties conferred upon it by this chapter, not inconsistent with any statute of this state including, but not limited to, the State Building Standards Law, Part 2.5 (commencing with Section 18901) of Division 13.

All regulations in effect on December 31, 1973, which were adopted by the State Board of Public Health, the State Department of Public Health, the State Department of Mental Hygiene, or the State Department of Health relating to licensed health facilities shall remain in full force and effect until altered, amended, or repealed by the director or pursuant to Section 25 or other provisions of law.

(b) Notwithstanding this section or any other provision of law, the Office of Statewide Health Planning and Development shall adopt and enforce regulations prescribing building standards for the adequacy and safety of health facility physical plants.

(c) The building standards adopted by the State Fire Marshal, and the Office of Statewide Health Planning and Development pursuant to subdivision (b), for the adequacy and safety of freestanding physical plants housing outpatient services of a health facility licensed under subdivision (a) or (b) of Section 1250 shall not be more restrictive or comprehensive than the comparable building standards established, or otherwise made applicable, by the State Fire Marshal and the Office of Statewide Health Planning and Development to clinics and other facilities licensed pursuant to Chapter 1 (commencing with Section 1200).

(d) Except as provided in subdivision (f), the licensing standards adopted by the state department under subdivision (a) for outpatient services located in a freestanding physical plant of a health facility licensed under subdivision (a) or (b) of Section 1250 shall not be more restrictive or comprehensive than the comparable licensing standards applied by the state department to clinics and other facilities licensed under Chapter 1 (commencing with Section 1200).

(e) Except as provided in subdivision (f), the state agencies specified in subdivisions (c) and (d) shall not enforce any standard applicable to outpatient services located in a freestanding physical plant of a health facility licensed pursuant to subdivision (a) or (b) of Section 1250, to the extent that the standard is more restrictive or comprehensive than the comparable licensing standards applied to clinics and other facilities licensed under Chapter 1 (commencing with Section 1200).

(f) All health care professionals providing services in settings authorized by this section shall be members of the organized medical staff of the health facility to the extent medical staff membership would be required for the provision of the services within the health facility. All services shall be provided under the respective responsibilities of the governing body and medical staff of the health facility.

(g) For purposes of this section, "freestanding physical plant" means any building which is not physically attached to a building in which inpatient services are provided.

(Added by Stats.1973, c. 1202, p. 2570, § 2. Amended by Stats.1979, c. 1152, p. 4233, § 18; Stats. 1983, c. 101, § 104; Stats.1983, c. 778, § 1; Stats.1987, c. 1171, § 1; Stats.1990, c. 1051 (S.B.2323), § 1, eff. Sept. 19, 1990.)

§ 1275.1. Psychiatric health facilities; regulations; legislative findings, declarations and intent; certificates of exemption

(a) Notwithstanding any rules or regulations governing other health facilities, the regulations developed by the State Department of Mental Health for psychiatric health facilities shall prevail. The regulations applying to psychiatric health facilities shall prescribe standards of adequacy, safety, and sanitation of the physical plant, of staffing with duly qualified licensed personnel, and of services based on the needs of the persons served thereby.

(b) The regulations shall include standards appropriate for two levels of disorder:

(1) Involuntary ambulatory psychiatric patients.

(2) Voluntary ambulatory psychiatric patients.

For purposes of this subdivision, "ambulatory patients" shall include, but not be limited to, deaf, blind, and physically handicapped persons. Disoriented persons who are not bedridden or confined to a wheelchair shall also be considered as ambulatory patients.

(c) The regulations shall not require, but may permit building and services requirements for hospitals which are only applicable to physical health care needs of patients that can be met in an affiliated hospital or in outpatient settings including, but not limited to, such requirements as surgical, dietary, laboratory, laundry, central supply, radiologic, and pharmacy.

(d) The regulations shall include provisions for an "open planning" architectural concept.

(e) The regulations shall exempt from seismic requirements all structures of Type V and of one–story construction.

(f) Standards for involuntary patients shall include provisions to allow for restraint and seclusion of patients. Such standards shall provide for adequate safeguards for patient safety and protection of patient rights.

(g) The regulations shall provide for the retention by the psychiatric health facility of a consultant pharmacist, who shall supervise and review pharmaceutical services within the facility and perform such other services, including prevention of the unlawful diversion of controlled substances subject to abuse, as the state department may by regulation require. Regulations adopted pursuant to this subdivision shall take into consideration the varying bed sizes of psychiatric health facilities.

(Added by Stats.1978, c. 1234, § 3. Amended by Stats.1979, c. 887, p. 3073, § 1, eff. Sept. 22, 1979; Stats.1988, c. 1047, § 2, eff. Sept. 20, 1988.)

§ 1276.4. Health facilities; licensed nurse–to–patient ratios by licensed nurse classification; application

(a) By January 1, 2002, the State Department of Health Services shall adopt regulations that establish minimum, specific, and numerical licensed nurse–to–patient ratios by licensed nurse classification and by hospital unit for all health facilities licensed pursuant to subdivision (a), (b), or (f) of Section 1250. The department shall adopt these regulations in accordance with the department's licensing and certification regulations as stated in Sections 70053.2, 70215, and 70217 of Title 22 of the California Code of Regulations, and the professional and vocational regulations in Section 1443.5 of Title 16 of the California Code of Regulations. The department shall review these regulations five years after adoption and shall report to the Legislature regarding any proposed changes. Flexibility shall be considered by the department for rural general acute care hospitals in response to their special needs. As used in this subdivision, "hospital unit" means a critical care unit, burn unit, labor and delivery room, postanesthesia service area, emergency department, operating room, pediatric unit, step–down/intermediate care unit, specialty care unit, telemetry unit, general medical care unit, subacute care unit, and transitional inpatient care unit. The regulation addressing the emergency department shall distinguish between regularly scheduled core staff licensed nurses and additional licensed nurses required to care for critical care patients in the emergency department.

(b) These ratios shall constitute the minimum number of registered and licensed nurses that shall be allocated. Additional staff shall be assigned in accordance with a documented patient classification system for determining nursing care requirements, including the severity of the illness, the need for specialized equipment and technology, the complexity of clinical judgment needed to design, implement, and evaluate the patient care plan and the ability for self–care, and the licensure of the personnel required for care.

(c) "Critical care unit" as used in this section means a unit that is established to safeguard and protect patients whose severity of medical conditions requires continuous monitoring, and complex intervention by licensed nurses.

(d) All health facilities licensed under subdivision (a), (b), or (f) of Section 1250 shall adopt written policies and procedures for training and orientation of nursing staff.

(e) No registered nurse shall be assigned to a nursing unit or clinical area unless that nurse has first received orientation in that clinical area sufficient to provide competent care to patients in that area, and has demonstrated current competence in providing care in that area.

(f) The written policies and procedures for orientation of nursing staff shall require that all temporary personnel shall receive orientation and be subject to competency validation consistent with Sections 70016.1 and 70214 of Title 22 of the California Code of Regulations.

(g) Requests for waivers to this section that do not jeopardize the health, safety, and well–being of patients affected and that are needed for increased operational efficiency may be granted by the state department to rural general acute care hospitals meeting the criteria set forth in Section 70059.1 of Title 22 of the California Code of Regulations.

(h) In case of conflict between this section and any provision or regulation defining the scope of nursing practice, the scope of practice provisions shall control.

(i) The regulations adopted by the department shall augment and not replace existing nurse–to–patient ratios that exist in regulation or law for the intensive care units, the neonatal intensive care units, or the operating room.

(j) The regulations adopted by the department shall not replace existing licensed staff–to–patient ratios for hospitals operated by the State Department of Mental Health.

(k) The regulations adopted by the department for health facilities licensed under subdivision (b) of Section 1250 that are not operated by the State Department of Mental Health shall take into account the special needs of the patients served in the psychiatric units.

(*l*) The department may take into consideration the unique nature of the University of California teaching hospitals as educational institutions when establishing licensed nurse–to–patient ratios. The department shall coordinate with the Board of Registered Nursing to ensure that staffing ratios are consistent with the Board of Registered Nursing approved nursing education requirements. This includes nursing clinical experience incidental to a work–study program rendered in a University of California clinical facility approved by the Board of Registered Nursing provided there will be sufficient direct care registered nurse preceptors available to ensure safe patient care.

(Added by Stats.1999, c. 945 (A.B.394), § 3. Amended by Stats.2000, c. 148 (A.B.1760), § 1, eff. July 21, 2000.)

Article 7 OTHER SERVICES

§ 1316.5. Clinical psychologists; health facility rules for medical staff membership and clinical privileges; report to legislature; appointments; use of facilities

(a)(1) Each health facility owned and operated by the state offering care or services within the scope of practice of a psychologist shall establish rules and medical staff bylaws that include provisions for medical staff membership and clinical privileges for clinical psychologists within the scope of their licensure as psychologists, subject to the rules and medical staff bylaws governing medical staff membership or privileges as the facility shall establish. The rules and regulations shall not discriminate on the basis of whether the staff member holds an M.D., D.O., D. D.S., D.P.M., or doctoral degree in psychology within the scope of the member's respective licensure. Each of these health facilities owned and operated by the state shall establish a staff comprised of physicians and surgeons, dentists, podiatrists, psychologists, or any combination thereof, that shall regulate the admission, conduct, suspension, or termination of the staff appointment of psychologists employed by the health facility.

(2) With regard to the practice of psychology in health facilities owned and operated by the state offering care or services within the scope of practice of a psychologist, medical staff status shall include and provide for the right to pursue and practice full clinical privileges for holders of a doctoral degree of psychology within the scope of their respective licensure. These rights and privileges shall be limited or restricted only upon the basis of an individual practitioner's demonstrated competence. Competence shall be determined by health facility rules and medical staff bylaws that are necessary and are applied in good faith, equally and in a nondiscriminatory manner, to all practitioners, regardless of whether they hold an M.D., D.O., D.D.S., D.P.M., or doctoral degree in psychology.

(3) Nothing in this subdivision shall be construed to require a health facility owned and operated by the state to offer a specific health service or services not otherwise offered. If a health service is offered in such a health facility that includes provisions for medical staff membership and clinical privileges for clinical psychologists, the facility shall not discriminate between persons holding an M.D., D.O., D.D.S., D.P.M., or doctoral degree in psychology who are authorized

by law to perform the service within the scope of the person's respective licensure.

(4) The rules and medical staff bylaws of a health facility owned and operated by the state that include provisions for medical staff membership and clinical privileges for * * * medical staff and duly licensed clinical psychologists shall not discriminate on the basis of whether the staff member holds an M.D., D.O., D.D.S., D.P.M., or doctoral degree in psychology within the scope of the member's respective licensure. The health facility staff of these health facilities who process, review, evaluate, and determine qualifications for staff privileges for medical staff shall include, if possible, staff members who are clinical psychologists.

(b)(1) The rules of a health facility not owned or operated by this state may enable the appointment of clinical psychologists on the terms and conditions that the facility shall establish. In these health facilities, clinical psychologists may hold membership and serve on committees of the medical staff and carry professional responsibilities consistent with the scope of their licensure and their competence, subject to the rules of the health facility.

(2) Nothing in this subdivision shall be construed to require a health facility not owned or operated by this state to offer a specific health service or services not otherwise offered. If a health service is offered by a health facility with both licensed physicians and surgeons and clinical psychologists on the medical staff, which both licensed physicians and surgeons and clinical psychologists are authorized by law to perform, the service may be performed by either, without discrimination.

(3) This subdivision shall not prohibit a health facility that is a clinical teaching facility owned or operated by a university operating a school of medicine from requiring that a clinical psychologist have a faculty teaching appointment as a condition for eligibility for staff privileges at that facility.

(4) In any health facility that is not owned or operated by this state that provides staff privileges to clinical psychologists, the health facility staff who process, review, evaluate, and determine qualifications for staff privileges for medical staff shall include, if possible, staff members who are clinical psychologists.

(c) No classification of health facilities by the * * * department, nor any other classification of health facilities based on quality of service or otherwise, by any person, body, or governmental agency of this state or any subdivision thereof shall be affected by a health facility's provision for use of its facilities by duly licensed clinical psychologists, nor shall any * * * classification of these facilities be affected by the subjection of the psychologists to the rules and regulations of the organized professional staff. No classification of health facilities by any governmental agency of this state or any subdivision thereof pursuant to any law, whether enacted prior or subsequent to the effective date of this section, for the purposes of ascertaining eligibility for compensation, reimbursement, or other benefit for treatment of patients shall be affected by a health facility's provision for use of its facilities by duly licensed clinical psychologists, nor shall any * * * classification of these facilities be affected by the subjection of the psychologists to the rules and regulations of the organized professional staff which govern the psychologists' use of the facilities.

(d) "Clinical psychologist," as used in this section, means a psychologist licensed by this state who meets both of the following requirements:

(1) Possesses an earned doctorate degree in psychology from an educational institution meeting the criteria of subdivision (b) of Section 2914 of the Business and Professions Code.

(2) Has not less than two years clinical experience in a multidisciplinary facility licensed or operated by this or another state or by the United States to provide health care, or, is listed in the latest edition of the National Register of Health Service Providers in Psychology, as adopted by the Council for the National Register of Health Service Providers in Psychology.

(e) Nothing in this section is intended to expand the scope of licensure of clinical psychologists. Notwithstanding the Ralph C. Dills Act (Chapter 10.3 (commencing with Section 3512) of Division 4 of Title 1 of the Government Code), the Public Employment Relations Board is precluded from creating any additional bargaining units for the purpose of exclusive representation of state psychologist employees that might result because of medical staff membership and/or privilege changes for psychologists due to the enactment of provisions by Assembly Bill No. 3141 of the 1995–96 Regular Session.

(f) The State Department of Mental Health, the State Department of Developmental Services, and the Department of Corrections shall report to the Legislature no later than January 1, 2006, on the impact of medical staff membership and privileges for clinical psychologists on quality of care, and on cost–effectiveness issues.

* * *

(Added by Stats.1978, c. 116, § 2. Amended by Stats.1980, c. 730, p. 2178, § 1. Amended by Stats.1996, c. 826 (A.B.3141), § 1; Stats.1998, c. 717 (A.B.947), § 1; Stats.2003, c. 230 (A.B.1762), § 4.5, eff. Aug. 11, 2003.)

Chapter 2.2 HEALTH CARE SERVICE PLANS

Article 5 STANDARDS

§ 1373. Plan contract; coverage group contract; arbitration; commencement of benefits

(a) A plan contract may not provide an exception for other coverage if the other coverage is entitlement to Medi–Cal benefits under Chapter 7 (commencing with Section 14000) or Chapter 8 (commencing with Section 14200) of Part 3 of Division 9 of the Welfare and Institutions Code, or medicaid benefits under Subchapter 19 (commencing with Section 1396) of Chapter 7 of Title 42 of the United States Code.

Each plan contract shall be interpreted not to provide an exception for the Medi–Cal or medicaid benefits.

A plan contract shall not provide an exemption for enrollment because of an applicant's entitlement to Medi–Cal benefits under Chapter 7 (commencing with Section 14000) or Chapter 8 (commencing with Section 14200) of Part 3 of Division 9 of the Welfare and Institutions Code, or medicaid benefits under Subchapter 19 (commencing with Section 1396) of Chapter 7 of Title 42 of the United States Code.

A plan contract may not provide that the benefits payable thereunder are subject to reduction if the individual insured has entitlement to the Medi–Cal or medicaid benefits.

(b) A plan contract that provides coverage, whether by specific benefit or by the effect of general wording, for sterilization operations or procedures shall not impose any disclaimer, restriction on, or limitation of, coverage relative to the covered individual's reason for sterilization.

As used in this section, "sterilization operations or procedures" shall have the same meaning as that specified in Section 10120 of the Insurance Code.

(c) Every plan contract that provides coverage to the spouse or dependents of the subscriber or spouse shall grant immediate accident and sickness coverage, from and after the moment of birth, to each newborn infant of any subscriber or spouse covered and to each minor child placed for adoption from and after the date on which the adoptive child's birth parent or other appropriate legal authority signs a written document, including, but not limited to, a health facility minor release report, a medical authorization form, or a relinquishment form, granting the subscriber or spouse the right to control health care for the adoptive child or, absent this written document, on the date there exists evidence of the subscriber's or spouse's right to control the health care of the child placed for adoption. No plan may be entered into or amended if it contains any disclaimer, waiver, or other limitation of coverage relative to the coverage or insurability of

newborn infants of, or children placed for adoption with, a subscriber or spouse covered as required by this subdivision.

(d) Every plan contract that provides that coverage of a dependent child of a subscriber shall terminate upon attainment of the limiting age for dependent children specified in the plan, shall also provide in substance that attainment of the limiting age shall not operate to terminate the coverage of the child while the child is and continues to be both (1) incapable of self–sustaining employment by reason of mental retardation or physical handicap and (2) chiefly dependent upon the subscriber for support and maintenance, provided proof of the incapacity and dependency is furnished to the plan by the member within 31 days of the request for the information by the plan or group plan contractholder and subsequently as may be required by the plan or group plan contractholder, but not more frequently than annually after the two–year period following the child's attainment of the limiting age.

(e) A plan contract that provides coverage, whether by specific benefit or by the effect of general wording, for both an employee and one or more covered persons dependent upon the employee and provides for an extension of the coverage for any period following a termination of employment of the employee shall also provide that this extension of coverage shall apply to dependents upon the same terms and conditions precedent as applied to the covered employee, for the same period of time, subject to payment of premiums, if any, as required by the terms of the policy and subject to any applicable collective bargaining agreement.

(f) A group contract shall not discriminate against handicapped persons or against groups containing handicapped persons. Nothing in this subdivision shall preclude reasonable provisions in a plan contract against liability for services or reimbursement of the handicap condition or conditions relating thereto, as may be allowed by rules of the director.

(g) Every group contract shall set forth the terms and conditions under which subscribers and enrollees may remain in the plan in the event the group ceases to exist, the group contract is terminated or an individual subscriber leaves the group, or the enrollees' eligibility status changes.

(h)(1) A health care service plan or specialized health care service plan may provide for coverage of, or for payment for, professional mental health services, or vision care services, or for the exclusion of these services. If the terms and conditions include coverage for services provided in a general acute care hospital or an acute psychiatric hospital as defined in Section 1250 and do not restrict or modify the choice of providers, the coverage shall extend to care provided by a psychiatric health facility as defined in Section 1250.2 operating pursuant to licensure by the State Department of Mental Health. A health care service plan that offers outpatient mental health services but does not cover these services in all of its group contracts shall communicate to prospective group contractholders as to the availability of outpatient coverage for the treatment of mental or nervous disorders.

(2) No plan shall prohibit the member from selecting any psychologist who is licensed pursuant to the Psychology Licensing Law (Chapter 6.6 (commencing with Section 2900) of Division 2 of the Business and Professions Code), any optometrist who is the holder of a certificate issued pursuant to Chapter 7 (commencing with Section 3000) of Division 2 of the Business and Professions Code or, upon referral by a physician and surgeon licensed pursuant to the Medical Practice Act (Chapter 5 (commencing with Section 2000) of Division 2 of the Business and Professions Code), (i) any marriage and family therapist who is the holder of a license under Section 4980.50 of the Business and Professions Code, (ii) any licensed clinical social worker who is the holder of a license under Section 4996 of the Business and Professions Code, (iii) any registered nurse licensed pursuant to Chapter 6 (commencing with Section 2700) of Division 2 of the Business and Professions Code, who possesses a master's degree in psychiatric–mental health nursing and is listed as a psychiatric–mental health nurse by the Board of Registered Nursing, or (iv) any advanced practice registered nurse certified as a clinical nurse specialist pursuant to Article 9 (commencing with Section 2838) of Chapter 6 of Division 2 of the Business and Professions Code who participates in expert clinical practice in the specialty of psychiatric–mental health nursing, to perform the particular services covered under the terms of the plan, and the certificate holder is expressly authorized by law to perform these services.

(3) Nothing in this section shall be construed to allow any certificate holder or licensee enumerated in this section to perform professional mental health services beyond his or her field or fields of competence as established by his or her education, training and experience.

(4) For the purposes of this section, "marriage and family therapist" means a licensed marriage and family therapist who has received specific instruction in assessment, diagnosis, prognosis, and counseling, and psychotherapeutic treatment of premarital, marriage, family, and child relationship dysfunctions which is equivalent to the instruction required for licensure on January 1, 1981.

(5) Nothing in this section shall be construed to allow a member to select and obtain mental health or psychological or vision care services from a certificate or license holder who is not directly affiliated with or under contract to the health care service plan or specialized health care service plan to which the member belongs. All health care service plans and individual practice associations that offer mental health benefits shall make reasonable efforts to make available to their members the services of licensed psychologists. However, a failure of a plan or association to comply with the requirements of the preceding sentence shall not constitute a misdemeanor.

(6) As used in this subdivision, "individual practice association" means an entity as defined in subsection (5) of Section 1307 of the federal Public Health Service Act (42 U.S.C. Sec. 300e–1, subsec. (5)).

(7) Health care service plan coverage for professional mental health services may include community residential treatment services that are alternatives to inpatient care and that are directly affiliated with the plan or to which enrollees are referred by providers affiliated with the plan.

(i) If the plan utilizes arbitration to settle disputes, the plan contracts shall set forth the type of disputes subject to arbitration, the process to be utilized, and how it is to be initiated.

(j) A plan contract that provides benefits that accrue after a certain time of confinement in a health care facility shall specify what constitutes a day of confinement or the number of consecutive hours of confinement that are requisite to the commencement of benefits.

(Added by Stats.1975, c. 941, p. 2089, § 2, operative July 1, 1976. Amended by Stats.1976, c. 432, p. 1104, § 1; Stats.1976, c. 1185, p. 5290, § 94; Stats.1978, c. 648, § 1; Stats.1980, c. 11, p. 57, § 1; Stats.1980, c. 973, p. 3088, § 1; Stats.1980, c. 1235, p. 4193, § 2; Stats.1980, c. 1313, p. 4536, § 14.5; Stats.1981, c. 267, p. 1355, § 1, eff. Aug. 25, 1981; Stats.1982, c. 121, p. 378, § 1; Stats.1983, c. 928, § 9; Stats.1983, c. 1259, § 1.5; Stats.1984, c. 1366, § 1; Stats.1984, c. 1367, § 1.5; Stats.1987, c. 265, § 1; Stats.1989, c. 1104, § 39.); Stats.1990, c. 57 (A.B.365), § 8, eff. April 20, 1990; Stats.1993, c. 987 (S.B.1221), § 2; Stats.1994, c. 147 (A.B.2377), § 7, eff. July 11, 1994; Stats.1999, c. 525 (A.B.78), § 109; Stats.2001, c. 420 (A.B.1253), § 3, eff. Oct. 2, 2001; Stats.2002, c. 1013 (S.B.2026), § 84.)

Article 5.6 POINT–OF–SERVICE HEALTH CARE SERVICE PLAN CONTRACTS

§ 1374.72. Severe mental illnesses; serious emotional disturbances of children

(a) Every health care service plan contract issued, amended, or renewed on or after July 1, 2000, that provides hospital, medical, or surgical coverage shall provide coverage for the diagnosis and medically necessary treatment of severe mental illnesses of a person

of any age, and of serious emotional disturbances of a child, as specified in subdivisions (d) and (e), under the same terms and conditions applied to other medical conditions as specified in subdivision (c).

(b) These benefits shall include the following:

(1) Outpatient services.

(2) Inpatient hospital services.

(3) Partial hospital services.

(4) Prescription drugs, if the plan contract includes coverage for prescription drugs.

(c) The terms and conditions applied to the benefits required by this section, that shall be applied equally to all benefits under the plan contract, shall include, but not be limited to, the following:

(1) Maximum lifetime benefits.

(2) Copayments.

(3) Individual and family deductibles.

(d) For the purposes of this section, "severe mental illnesses" shall include:

(1) Schizophrenia.

(2) Schizoaffective disorder.

(3) Bipolar disorder (manic–depressive illness).

(4) Major depressive disorders.

(5) Panic disorder.

(6) Obsessive–compulsive disorder.

(7) Pervasive developmental disorder or autism.

(8) Anorexia nervosa.

(9) Bulimia nervosa.

(e) For the purposes of this section, a child suffering from, "serious emotional disturbances of a child" shall be defined as a child who (1) has one or more mental disorders as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a primary substance use disorder or developmental disorder, that result in behavior inappropriate to the child's age according to expected developmental norms, and (2) who meets the criteria in paragraph (2) of subdivision (a) of Section 5600.3 of the Welfare and Institutions Code.

(f) This section shall not apply to contracts entered into pursuant to Chapter 7 (commencing with Section 14000) or Chapter 8 (commencing with Section 14200) of Division 9 of Part 3 of the Welfare and Institutions Code, between the State Department of Health Services and a health care service plan for enrolled Medi–Cal beneficiaries.

(g)(1) For the purpose of compliance with this section, a plan may provide coverage for all or part of the mental health services required by this section through a separate specialized health care service plan or mental health plan, and shall not be required to obtain an additional or specialized license for this purpose.

(2) A plan shall provide the mental health coverage required by this section in its entire service area and in emergency situations as may be required by applicable laws and regulations. For purposes of this section, health care service plan contracts that provide benefits to enrollees through preferred provider contracting arrangements are not precluded from requiring enrollees who reside or work in geographic areas served by specialized health care service plans or mental health plans to secure all or part of their mental health services within those geographic areas served by specialized health care service plans or mental health plans.

(3) Notwithstanding any other provision of law, in the provision of benefits required by this section, a health care service plan may utilize case management, network providers, utilization review techniques, prior authorization, copayments, or other cost sharing.

(h) Nothing in this section shall be construed to deny or restrict in any way the department's authority to ensure plan compliance with this chapter when a plan provides coverage for prescription drugs.

(Added by Stats.1999, c. 534 (A.B.88), § 2. Amended by Stats.2002, c. 791 (S.B.842), § 7.)

Chapter 3 CALIFORNIA COMMUNITY CARE FACILITIES ACT

Article 1 GENERAL PROVISIONS

§ 1502. Definitions

As used in this chapter:

(a) "Community care facility" means any facility, place, or building that is maintained and operated to provide nonmedical residential care, day treatment, adult day care, or foster family agency services for children, adults, or children and adults, including, but not limited to, the physically handicapped, mentally impaired, incompetent persons, and abused or neglected children, and includes the following:

(1) "Residential facility" means any family home, group care facility, or similar facility determined by the director, for 24–hour nonmedical care of persons in need of personal services, supervision, or assistance essential for sustaining the activities of daily living or for the protection of the individual.

(2) "Adult day program" means any community–based facility or program that provides care to persons 18 years of age or older in need of personal services, supervision, or assistance essential for sustaining the activities of daily living or for the protection of these individuals on less than a 24–hour basis.

(3) "Therapeutic day services facility" means any facility that provides nonmedical care, counseling, educational or vocational support, or social rehabilitation services on less than a 24–hour basis to persons under 18 years of age who would otherwise be placed in foster care or who are returning to families from foster care. Program standards for these facilities shall be developed by the department, pursuant to Section 1530, in consultation with therapeutic day services and foster care providers.

(4) "Foster family agency" means any organization engaged in the recruiting, certifying, and training of, and providing professional support to, foster parents, or in finding homes or other places for placement of children for temporary or permanent care who require that level of care as an alternative to a group home. Private foster family agencies shall be organized and operated on a nonprofit basis.

(5) "Foster family home" means any residential facility providing 24–hour care for six or fewer foster children that is owned, leased, or rented and is the residence of the foster parent or parents, including their family, in whose care the foster children have been placed. The placement may be by a public or private child placement agency or by a court order, or by voluntary placement by a parent, parents, or guardian. It also means a foster family home described in Section 1505.2.

(6) "Small family home" means any residential facility, in the licensee's family residence, that provides 24–hour care for six or fewer foster children who have mental disorders or developmental or physical disabilities and who require special care and supervision as a result of their disabilities. A small family home may accept children with special health care needs, pursuant to subdivision (a) of Section 17710 of the Welfare and Institutions Code. In addition to placing children with special health care needs, the department may approve placement of children without special health care needs, up to the licensed capacity.

(7) "Social rehabilitation facility" means any residential facility that provides social rehabilitation services for no longer than 18 months in a group setting to adults recovering from mental illness who temporarily need assistance, guidance, or counseling. Program components shall be subject to program standards pursuant to Article 1 (commencing with Section 5670) of Chapter 2.5 of Part 2 of Division 5 of the Welfare and Institutions Code.

(8) "Community treatment facility" means any residential facility that provides mental health treatment services to children in a group setting and that has the capacity to provide secure containment. Program components shall be subject to program standards developed

and enforced by the State Department of Mental Health pursuant to Section 4094 of the Welfare and Institutions Code.

Nothing in this section shall be construed to prohibit or discourage placement of persons who have mental or physical disabilities into any category of community care facility that meets the needs of the individual placed, if the placement is consistent with the licensing regulations of the department.

(9) "Full–service adoption agency" means any licensed entity engaged in the business of providing adoption services, that does all of the following:

(A) Assumes care, custody, and control of a child through relinquishment of the child to the agency or involuntary termination of parental rights to the child.

(B) Assesses the birth parents, prospective adoptive parents, or child.

(C) Places children for adoption.

(D) Supervises adoptive placements.

Private full–service adoption agencies shall be organized and operated on a nonprofit basis.

(10) "Noncustodial adoption agency" means any licensed entity engaged in the business of providing adoption services, that does all of the following:

(A) Assesses the prospective adoptive parents.

(B) Cooperatively matches children freed for adoption, who are under the care, custody, and control of a licensed adoption agency, for adoption, with assessed and approved adoptive applicants.

(C) Cooperatively supervises adoptive placements with a full–service adoptive agency, but does not disrupt a placement or remove a child from a placement.

Private noncustodial adoption agencies shall be organized and operated on a nonprofit basis.

(11) "Transitional shelter care facility" means any group care facility that provides for 24–hour nonmedical care of persons in need of personal services, supervision, or assistance essential for sustaining the activities of daily living or for the protection of the individual. Program components shall be subject to program standards developed by the State Department of Social Services pursuant to Section 1502.3.

(12) "Transitional housing placement facility" means a community care facility licensed by the department pursuant to Section 1559.110 to provide transitional housing opportunities to persons at least 17 years of age, and not more than 18 years of age unless the requirements of Section 11403 of the Welfare and Institutions Code are met, who are in out–of–home placement under the supervision of the county department of social services or the county probation department, and who are participating in an independent living program.

(b) "Department" or "state department" means the State Department of Social Services.

(c) "Director" means the Director of Social Services.

(Added by Stats.1973, c. 1203, p. 2582, § 4. Amended by Stats.1976, c. 1350, p. 6159, § 1; Stats.1977, c. 1252, § 257, operative July 1, 1978; Stats.1977, c. 1199, § 5; Stats.1978, c. 288, § 1; Stats.1978, c. 429, § 134.55, eff. July 17, 1978, operative July 1, 1978; Stats.1978, c. 891, § 1, eff. Sept. 19, 1978; Stats.1982, c. 1124, p. 4051, § 1; Stats.1983, c. 1015, § 2; Stats.1984, c. 1309, § 1; Stats.1984, c. 1615, § 1.5; Stats.1985, c. 1127, § 1; Stats.1985, c. 1473, § 2; Stats.1986, c. 248, § 116; Stats.1986, c. 1120, § 2, eff. Sept. 24, 1986; Stats.1987, c. 1022, § 2.5; Stats.1988, c. 160, § 89; Stats.1988, c. 557, § 2; Stats.1988, c. 1142, § 3, eff. Sept. 22, 1988; Stats.1988, c. 1142, § 3.5, eff. Sept. 22, 1988, operative Jan. 1, 1989; Stats.1989, c. 1360, § 82; Stats.1990, c. 1139 (S.B.2039), § 1, eff. Sept. 21, 1990; Stats.1991, c. 1137 (A.B.760), § 1; Stats.1991, c. 1200 (S.B.90), § 1, eff. Oct. 14, 1991; Stats.1991, c. 1200 (S.B.90), § 1.5, eff. Oct. 14, 1991, operative Jan. 1, 1992; Stats.1992, c. 1374 (A.B.14), § 1, eff. Oct. 28, 1992; Stats.1993, c. 248 (S.B.465), § 1, eff. Aug. 2, 1993; Stats.1993, c. 1245 (S.B.282), § 2, eff. Oct. 11, 1993; Stats.1994, c. 950 (A.B.1334), § 2; Stats.1997, c. 793 (A.B.1544), § 7; Stats.1998, c. 873 (A.B.2774), § 1; Stats.2002, c. 773 (S.B.1982), § 2.)

Article 2 ADMINISTRATION

§ 1522.41. Certification program; training of group home facilities administrators

(a) The director, in consultation and collaboration with county placement officials, group home provider organizations, the Director of Mental Health, and the Director of Developmental Services, shall develop and establish a certification program to ensure that administrators of group home facilities have appropriate training to provide the care and services for which a license or certificate is issued.

(b)(1) In addition to any other requirements or qualifications required by the department, an administrator of a group home facility shall successfully complete a department approved certification program pursuant to subdivision (c) prior to employment. An administrator employed in a group home on the effective date of this section shall meet the requirements of paragraph (2) of subdivision (c).

(2) In those cases where the individual is both the licensee and the administrator of a facility, the individual shall comply with all of the licensee and administrator requirements of this section.

(3) Failure to comply with this section shall constitute cause for revocation of the license of the facility.

(4) The licensee shall notify the department within 10 days of any change in administrators.

(c)(1) The administrator certification programs shall require a minimum of 40 hours of classroom instruction that provides training on a uniform core of knowledge in each of the following areas:

(A) Laws, regulations, and policies and procedural standards that impact the operations of the type of facility for which the applicant will be an administrator.

(B) Business operations.

(C) Management and supervision of staff.

(D) Psychosocial and educational needs of the facility residents.

(E) Community and support services.

(F) Physical needs for facility residents.

(G) Administration, storage, misuse, and interaction of medication used by facility residents.

(H) Resident admission, retention, and assessment procedures, including the right of a foster child to have fair and equal access to all available services, placement, care, treatment, and benefits, and to not be subjected to discrimination or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability, or HIV status.

(I) Nonviolent emergency intervention and reporting requirements.

(2) The department shall adopt separate program requirements for initial certification for persons who are employed as group home administrators on the effective date of this section. A person employed as an administrator of a group home facility on the effective date of this section, shall obtain a certificate by completing the training and testing requirements imposed by the department within 12 months of the effective date of the regulations implementing this section. After the effective date of this section, these administrators shall meet the requirements imposed by the department on all other group home administrators for certificate renewal.

(3) Individuals applying for certification under this section shall successfully complete an approved certification program, pass a written test administered by the department within 60 days of completing the program, and submit to the department the documentation required by subdivision (d) within 30 days after being notified of having passed the test. The department may extend these time deadlines for good cause. The department shall notify the applicant of his or her test results within 30 days of administering the test.

(d) The department shall not begin the process of issuing a certificate until receipt of all of the following:

(1) A certificate of completion of the administrator training required pursuant to this chapter.

(2) The fee required for issuance of the certificate. A fee of one hundred dollars ($100) shall be charged by the department to cover the costs of processing the application for certification.

(3) Documentation from the applicant that he or she has passed the written test.

(4) Submission of fingerprints pursuant to Section 1522. The department may waive the submission for those persons who have a current clearance on file.

(5) That person is at least 21 years of age.

(e) It shall be unlawful for any person not certified under this section to hold himself or herself out as a certified administrator of a group home facility. Any person willfully making any false representation as being a certified administrator or facility manager is guilty of a misdemeanor.

(f)(1) Certificates issued under this section shall be renewed every two years and renewal shall be conditional upon the certificate holder submitting documentation of completion of 40 classroom hours of continuing education related to the core of knowledge specified in subdivision (c). For purposes of this section, an individual who is a group home facility administrator and who is required to complete the continuing education hours required by the regulations of the Department of Developmental Services, and approved by the regional center, may have up to 24 of the required continuing education course hours credited toward the 40–hour continuing education requirement of this section. Community college course hours approved by the regional centers shall be accepted by the department for certification.

(2) Every administrator of a group home facility shall complete the continuing education requirements of this subdivision.

(3) Certificates issued under this section shall expire every two years on the anniversary date of the initial issuance of the certificate, except that any administrator receiving his or her initial certification on or after July 1, 1999, shall make an irrevocable election to have his or her recertification date for any subsequent recertification either on the date two years from the date of issuance of the certificate or on the individual's birthday during the second calendar year following certification. The department shall send a renewal notice to the certificate holder 90 days prior to the expiration date of the certificate. If the certificate is not renewed prior to its expiration date, reinstatement shall only be permitted after the certificate holder has paid a delinquency fee equal to three times the renewal fee and has provided evidence of completion of the continuing education required.

(4) To renew a certificate, the certificate holder shall, on or before the certificate expiration date, request renewal by submitting to the department documentation of completion of the required continuing education courses and pay the renewal fee of one hundred dollars ($100), irrespective of receipt of the department's notification of the renewal. A renewal request postmarked on or before the expiration of the certificate shall be proof of compliance with this paragraph.

(5) A suspended or revoked certificate shall be subject to expiration as provided for in this section. If reinstatement of the certificate is approved by the department, the certificate holder, as a condition precedent to reinstatement, shall submit proof of compliance with paragraphs (1) and (2) of subdivision (f), and shall pay a fee in an amount equal to the renewal fee, plus the delinquency fee, if any, accrued at the time of its revocation or suspension. Delinquency fees, if any, accrued subsequent to the time of its revocation or suspension and prior to an order for reinstatement, shall be waived for a period of 12 months to allow the individual sufficient time to complete the required continuing education units and to submit the required documentation. Individuals whose certificates will expire within 90 days after the order for reinstatement may be granted a three–month extension to renew their certificates during which time the delinquency fees shall not accrue.

(6) A certificate that is not renewed within four years after its expiration shall not be renewed, restored, reissued, or reinstated except upon completion of a certification training program, passing any test that may be required of an applicant for a new certificate at that time, and paying the appropriate fees provided for in this section.

(7) A fee of twenty–five dollars ($25) shall be charged for the reissuance of a lost certificate.

(8) A certificate holder shall inform the department of his or her employment status and change of mailing address within 30 days of any change.

(g) Unless otherwise ordered by the department, the certificate shall be considered forfeited under either of the following conditions:

(1) The department has revoked any license held by the administrator after the department issued the certificate.

(2) The department has issued an exclusion order against the administrator pursuant to Section 1558, 1568.092, 1569.58, or 1596.8897, after the department issued the certificate, and the administrator did not appeal the exclusion order or, after the appeal, the department issued a decision and order that upheld the exclusion order.

(h)(1) The department, in consultation and collaboration with county placement officials, provider organizations, the State Department of Mental Health, and the State Department of Developmental Services, shall establish, by regulation, the program content, the testing instrument, the process for approving certification training programs, and criteria to be used in authorizing individuals, organizations, or educational institutions to conduct certification training programs and continuing education courses. The department may also grant continuing education hours for continuing courses offered by accredited educational institutions that are consistent with the requirements in this section. The department may deny vendor approval to any agency or person in any of the following circumstances:

(A) The applicant has not provided the department with evidence satisfactory to the department of the ability of the applicant to satisfy the requirements of vendorization set out in the regulations adopted by the department pursuant to subdivision (j).

(B) The applicant person or agency has a conflict of interest in that the person or agency places its clients in group home facilities.

(C) The applicant public or private agency has a conflict of interest in that the agency is mandated to place clients in group homes and to pay directly for the services. The department may deny vendorization to this type of agency only as long as there are other vendor programs available to conduct the certification training programs and conduct education courses.

(2) The department may authorize vendors to conduct the administrator's certification training program pursuant to this section. The department shall conduct the written test pursuant to regulations adopted by the department.

(3) The department shall prepare and maintain an updated list of approved training vendors.

(4) The department may inspect certification training programs and continuing education courses to determine if content and teaching methods comply with regulations. If the department determines that any vendor is not complying with the requirements of this section, the department shall take appropriate action to bring the program into compliance, which may include removing the vendor from the approved list.

(5) The department shall establish reasonable procedures and timeframes not to exceed 30 days for the approval of vendor training programs.

(6) The department may charge a reasonable fee, not to exceed one hundred fifty dollars ($150) every two years, to certification program vendors for review and approval of the initial 40–hour training

program pursuant to subdivision (c). The department may also charge the vendor a fee, not to exceed one hundred dollars ($100) every two years, for the review and approval of the continuing education courses needed for recertification pursuant to this subdivision.

(i) The department shall establish a registry for holders of certificates that shall include, at a minimum, information on employment status and criminal record clearance.

(j) Subdivisions (b) to (i), inclusive, shall be implemented upon regulations being adopted by the department, by January 1, 2000.

(Added by Stats.1998, c. 311 (S.B.933), § 20, eff. Aug. 19, 1998. Amended by Stats.2003, c. 331 (A.B.458), § 2.)

Article 3 REGULATIONS

§ 1530. Rules and regulations

The state department shall adopt, amend, or repeal, in accordance with Chapter 4.5 (commencing with Section 11371) [1] of Part 1 of Division 3 of Title 2 of the Government Code, such reasonable rules, regulations, and standards as may be necessary or proper to carry out the purposes and intent of this chapter and to enable the state department to exercise the powers and perform the duties conferred upon it by this chapter, not inconsistent with any of the provisions of any statute of this state.

Such regulations shall designate separate categories of licensure under which community care facilities shall be licensed pursuant to this chapter, which shall include a separate license category for residential care facilities for the elderly. Such regulations shall also designate the specialized services which community care facilities may be approved to provide pursuant to this chapter.

(Added by Stats.1973, c. 1203, p. 2587, § 4. Amended by Stats.1978, c. 288, § 2.)

[1] Repealed. See, now, Chapter 3.5 (commencing with § 11340).

§ 1530.5. Regulations for homes

(a) The state department, in establishing regulations, including provisions for periodic inspections, under this chapter for foster family homes and certified family homes of foster family agencies, shall consider these homes as private residences, and shall establish regulations for these foster family homes and certified family homes of foster family agencies as an entirely separate regulation package from regulations for all other community care facilities. These foster family homes and certified family homes of foster family agencies shall not be subject to civil penalties pursuant to Section 1548. The department, in adopting and amending regulations for these foster family homes and certified family homes of foster family agencies, shall consult with foster parent and foster family agency organizations in order to ensure compliance with the requirement of this section.

(b) This section shall not apply to small family homes or foster family agencies as defined in Section 1502.

(Added by Stats.1975, c. 917, p. 2024, § 2, eff. Sept. 20, 1975. Amended by Stats.1976, c. 969, p. 2266, § 2; Stats.1982, c. 1124, p. 4052, § 2; Stats.1986, c. 1120, § 6, eff. Sept. 24, 1986; Stats.1987, c. 1022, § 6; Stats.1993, c. 248 (S.B.465), § 3, eff. Aug. 2, 1993.)

§ 1530.6. Persons providing residential foster care; authority to give same legal consent as parent; exceptions; rules and regulations

Notwithstanding any other provision of law, persons licensed pursuant to this chapter to provide residential foster care to a child either placed with them pursuant to order of the juvenile court or voluntarily placed with them by the person or persons having legal custody of such child, may give the same legal consent for that child as a parent except for the following: (1) marriage; (2) entry into the armed forces; (3) medical and dental treatment, except that consent may be given for ordinary medical and dental treatment for such child, including, but not limited to, immunizations, physical examinations, and X–rays; and (4) if the child is voluntarily placed by the parent or parents, those items as are agreed to in writing by the parties to the placement.

To this effect, the state department shall prescribe rules and regulations to carry out the intent of this section.

This section does not apply to any situation in which a juvenile court order expressly reserves the right to consent to those activities to the court.

(Added by Stats.1977, c. 391, § 1, eff. Aug. 27, 1977. Amended by Stats.1992, c. 865 (A.B.2691), § 1.)

§ 1530.8. Licensed group homes; temporary shelter care facilities that care for children

(a)(1) The department shall adopt regulations for community care facilities licensed as group homes, and for temporary shelter care facilities as defined in subdivision (c), that care for dependent children, children placed by a regional center, or voluntary placements, who are younger than 6 years of age. The department shall adopt these regulations after assessing the needs of this population and developing standards pursuant to Section 11467.1 of the Welfare and Institutions Code.

(2) The department shall adopt regulations under this section that apply to mother and infant programs serving children younger than six years of age who reside in a group home with a minor parent who is the primary caregiver of the child that shall be subject to the requirements of subdivision (d).

(b) The regulations shall include physical environment standards, including staffing and health and safety requirements, that meet or exceed state child care standards under Title 5 and Title 22 of the California Code of Regulations.

(c) For purposes of this section, a “temporary shelter care facility” means any residential facility that meets all of the following requirements:

(1) It is owned and operated by the county.

(2) It is a 24–hour facility that provides short–term residential care and supervision for dependent children under 18 years of age who have been removed from their homes as a result of abuse or neglect, as defined in Section 300 of the Welfare and Institutions Code, or both.

(d)(1) By September 1, 1999, the department shall submit for public comment regulations specific to mother and infant programs serving children younger than six years of age who are dependents of the court and reside in a group home with a minor child who is the primary caregiver of the child.

(2) The regulations shall include provisions that when the minor parent is absent and the facility is providing direct care to children younger than six years of age who are dependents of the court, there shall be one child care staff person for every four children of minor parents.

(3) In developing these proposed regulations, the department shall issue the proposed regulations for public comment, and shall refer to existing national standards for mother and infant programs as a guideline, where applicable.

(4) Prior to preparing the proposed regulations, the department shall consult with interested parties by convening a meeting by February 28, 1999, that shall include, but not be limited to, representatives from a public interest law firm specializing in children’s issues and provider organizations.

(Added by Stats.1993, c. 1088 (A.B.1197), § 2. Amended by Stats.1998, c. 1056 (A.B.2773), § 9.8.)

§ 1530.9. Regulations for licensed community treatment facilities; program certification and standards enforcement

(a) The department shall, with the advice and assistance of the State Department of Mental Health, counties, parent and children’s advocacy groups, and group home providers, adopt regulations for the licensing of licensed community treatment facilities at the earliest possible date, but no later than December 31, 1994.

(b) The regulations adopted pursuant to this section shall specify requirements for facility operation and maintenance.

(c) Program certification and standards enforcement shall be the responsibility of the State Department of Mental Health, pursuant to

Section 4094 of the Welfare and Institutions Code. The State Department of Social Services shall not issue a community treatment facility license unless the applicant has obtained certification of compliance from the State Department of Mental Health.
(Added by Stats.1993, c. 1245 (S.B.282), § 3, eff. 0ct. 11, 1993.)

§ 1530.91. Orientation for school–aged children and their representatives by care provider that provides foster care; foster care facility with six or more children to post rights

(a) Except as provided in subdivision (b) any care provider that provides foster care for children pursuant to this chapter shall provide each schoolage child and his or her authorized representative, as defined in regulations adopted by the department, who is placed in foster care, with an age and developmentally appropriate orientation that includes an explanation of the rights of the child, as specified in Section 16001.9 of the Welfare and Institutions Code, and addresses the child's questions and concerns.

(b) Any facility licensed to provide foster care for six or more children pursuant to this chapter shall post a listing of a foster child's rights specified in Section 16001.9 of the Welfare and Institutions Code. The office of the State Foster Care Ombudsperson shall design posters and provide the posters to each facility subject to this subdivision. The posters shall include the telephone number of the State Foster Care Ombudsperson.
(Added by Stats.2001, c. 683 (A.B.899), § 1.5.)

Chapter 3.2 RESIDENTIAL CARE FACILITIES FOR THE ELDERLY

Article 7 LEVELS OF CARE

§ 1569.725. Incidental medical care; residential care facility

(a) A residential care facility for the elderly may permit incidental medical services to be provided through a home health agency, licensed pursuant to Chapter 8 (commencing with Section 1725), when all of the following conditions are met:

(1) The facility, in the judgment of the department, has the ability to provide the supporting care and supervision appropriate to meet the needs of the resident receiving care from a home health agency.

(2) The home health agency has been advised of the regulations pertaining to residential care facilities for the elderly and the requirements related to incidental medical services being provided in the facility.

(3) There is evidence of an agreed–upon protocol between the home health agency and the residential care facility for the elderly. The protocol shall address areas of responsibility of the home health agency and the facility and the need for communication and the sharing of resident information related to the home health care plan. Resident information may be shared between the home health agency and the residential care facility for the elderly relative to the resident's medical condition and the care and treatment provided to the resident by the home health agency including, but not limited to, medical information, as defined by the Confidentiality of Medical Information Act, Part 2.6 (commencing with Section 56) of Division 1 of the Civil Code.

(4) There is ongoing communication between the home health agency and the residential care facility for the elderly about the services provided to the resident by the home health agency and the frequency and duration of care to be provided.

(b) Nothing in this section is intended to expand the scope of care and supervision for a residential care facility for the elderly, as prescribed by this chapter.

(c) Nothing in this section shall require any care or supervision to be provided by the residential care facility for the elderly beyond that which is permitted in this chapter.

(d) The department shall not be responsible for the evaluation of medical services provided to the resident of the residential care facility for the elderly by the home health agency.

(e) Any regulations, policies, or procedures related to sharing resident information and development of protocols, established by the department pursuant to this section, shall be developed in consultation with the State Department of Health Services and persons representing home health agencies and residential care facilities for the elderly.
(Added by Stats.1997, c. 494 (S.B.1231), § 2. Amended by Stats.1998, c. 831 (S.B.2194), § 6.)

HEALTH AND SAFETY CODE — ENVIRONMENTAL HEALTH

Division 104 ENVIRONMENTAL HEALTH

Part 5 SHERMAN FOOD, DRUG, AND COSMETIC LAWS

Chapter 6 DRUGS AND DEVICES

Article 4 EXPERIMENTAL USE OF DRUGS

§ 111515. Experimental drug

As used in this article, "experimental drug" means any of the following:

A drug intended for investigational use under Section 111595.
(Added by Stats.1995, c. 415 (S.B.1360), § 6.)

§ 111520. Prescription or administration of experimental drug in violation of article

No person shall prescribe or knowingly administer an experimental drug to another person in violation of this article.
(Added by Stats.1995, c. 415 (S.B.1360), § 6.)

§ 111525. Consent; method and manner of obtaining

Prior to prescribing or administering an experimental drug, consent to the use of the drug shall be obtained in the method and manner specified in Chapter 1.3 (commencing with Section 24170) of Division 20.
(Added by Stats.1995, c. 415 (S.B.1360), § 6.)

§ 111530. Consent if subject is minor; drugs to which section applies

(a) Notwithstanding the provisions of Section 24175, if the subject is a minor, consent shall be provided by a parent or guardian of the subject and shall also be provided by the subject if the subject is seven years of age or older.

(b) Consent given pursuant to this section shall only be for the prescribing or administering of an experimental drug that is related to maintaining or improving the health of the subject or related to obtaining information about a pathological condition of the subject.
(Added by Stats.1995, c. 415 (S.B.1360), § 6.)

§ 111535. Revocation of consent

Consent given pursuant to Section 111525 may be revoked at any time by either verbal or written communication to the practitioner

supervising the administration of the experimental drug.
(Added by Stats.1995, c. 415 (S.B.1360), § 6.)

§ 111540. Review and approval of experimental activity by committee for protection of human subjects; copy of consent procedures; filing

Prior to administering an experimental drug, the experimental activity as a whole, including the consent procedures required by Section 111525, shall be reviewed and approved by a committee for the protection of human subjects that is acceptable, as determined by the department. A committee for the protection of human subjects that operates under a general or special assurance approved by the federal Department of Health, Education, and Welfare pursuant to Part 46 of Title 45 of the Code of Federal Regulations shall be an acceptable committee for purposes of this section. A copy of the consent procedures approved by a committee for the protection of human subjects shall be filed with the department prior to the commencement of the experiment.
(Added by Stats.1995, c. 415 (S.B.1360), § 6.)

§ 111545. Prescription by persons having ownership interest in nursing home facility or intermediate care facility prohibited

A person having an ownership interest in a skilled nursing facility or intermediate care facility, as those terms are defined in Section 1250, may not prescribe an experimental drug for a patient in the facility.
(Added by Stats.1995, c. 415 (S.B.1360), § 6.)

HEALTH AND SAFETY CODE — PERSONAL HEALTH CARE

Division 106 PERSONAL HEALTH CARE (INCLUDING MATERNAL, CHILD, AND ADOLESCENT)

Part 1 GENERAL ADMINISTRATION

Chapter 1 PATIENT ACCESS TO HEALTH RECORDS

§ 123100. Right to health information; legislative findings, declarations, and intent

The Legislature finds and declares that every person having ultimate responsibility for decisions respecting his or her own health care also possesses a concomitant right of access to complete information respecting his or her condition and care provided. Similarly, persons having responsibility for decisions respecting the health care of others should, in general, have access to information on the patient's condition and care. It is, therefore, the intent of the Legislature in enacting this chapter to establish procedures for providing access to health care records or summaries of those records by patients and by those persons having responsibility for decisions respecting the health care of others.
(Added by Stats.1995, c. 415 (S.B.1360), § 8.)

§ 123105. Definitions

As used in this chapter:

(a) "Health care provider" means any of the following:

(1) A health facility licensed pursuant to Chapter 2 (commencing with Section 1250) of Division 2.

(2) A clinic licensed pursuant to Chapter 1 (commencing with Section 1200) of Division 2.

(3) A home health agency licensed pursuant to Chapter 8 (commencing with Section 1725) of Division 2.

(4) A physician and surgeon licensed pursuant to Chapter 5 (commencing with Section 2000) of Division 2 of the Business and Professions Code or pursuant to the Osteopathic Act.

(5) A podiatrist licensed pursuant to Article 22 (commencing with Section 2460) of Chapter 5 of Division 2 of the Business and Professions Code.

(6) A dentist licensed pursuant to Chapter 4 (commencing with Section 1600) of Division 2 of the Business and Professions Code.

(7) A psychologist licensed pursuant to Chapter 6.6 (commencing with Section 2900) of Division 2 of the Business and Professions Code.

(8) An optometrist licensed pursuant to Chapter 7 (commencing with Section 3000) of Division 2 of the Business and Professions Code.

(9) A chiropractor licensed pursuant to the Chiropractic Initiative Act.

(10) A marriage and family therapist licensed pursuant to Chapter 13 (commencing with Section 4980) of Division 2 of the Business and Professions Code.

(11) A clinical social worker licensed pursuant to Chapter 14 (commencing with Section 4990) of Division 2 of the Business and Professions Code.

(12) A physical therapist licensed pursuant to Chapter 5.7 (commencing with Section 2600) of Division 2 of the Business and Professions Code.

(b) "Mental health records" means patient records, or discrete portions thereof, specifically relating to evaluation or treatment of a mental disorder. "Mental health records" includes, but is not limited to, all alcohol and drug abuse records.

(c) "Patient" means a patient or former patient of a health care provider.

(d) "Patient records" means records in any form or medium maintained by, or in the custody or control of, a health care provider relating to the health history, diagnosis, or condition of a patient, or relating to treatment provided or proposed to be provided to the patient. "Patient records" includes only records pertaining to the patient requesting the records or whose representative requests the records. "Patient records" does not include information given in confidence to a health care provider by a person other than another health care provider or the patient, and that material may be removed from any records prior to inspection or copying under Section 123110 or 123115. "Patient records" does not include information contained in aggregate form, such as indices, registers, or logs.

(e) "Patient's representative" or "representative" means a parent or the guardian of a minor who is a patient, or the guardian or conservator of the person of an adult patient, or the beneficiary or personal representative of a deceased patient.

(f) "Alcohol and drug abuse records" means patient records, or discrete portions thereof, specifically relating to evaluation and treatment of alcoholism or drug abuse.
(Added by Stats.1995, c. 415 (S.B.1360), § 8. Amended by Stats.2002, c. 1013 (S.B.2026), § 89; Stats.2002, c. 1150 (S.B.1955), § 49.)

§ 123110. Inspection and copying of patient records and related material

(a) Notwithstanding Section 5328 of the Welfare and Institutions Code, and except as provided in Sections 123115 and 123120, any

adult patient of a health care provider, any minor patient authorized by law to consent to medical treatment, and any patient representative shall be entitled to inspect patient records upon presenting to the health care provider a written request for those records and upon payment of reasonable clerical costs incurred in locating and making the records available. However, a patient who is a minor shall be entitled to inspect patient records pertaining only to health care of a type for which the minor is lawfully authorized to consent. A health care provider shall permit this inspection during business hours within five working days after receipt of the written request. The inspection shall be conducted by the patient or patient's representative requesting the inspection, who may be accompanied by one other person of his or her choosing.

(b) Additionally, any patient or patient's representative shall be entitled to copies of all or any portion of the patient records that he or she has a right to inspect, upon presenting a written request to the health care provider specifying the records to be copied, together with a fee to defray the cost of copying, that shall not exceed twenty–five cents ($0.25) per page or fifty cents ($0.50) per page for records that are copied from microfilm and any additional reasonable clerical costs incurred in making the records available. The health care provider shall ensure that the copies are transmitted within 15 days after receiving the written request.

(c) Copies of X–rays or tracings derived from electrocardiography, electroencephalography, or electromyography need not be provided to the patient or patient's representative under this section, if the original X–rays or tracings are transmitted to another health care provider upon written request of the patient or patient's representative and within 15 days after receipt of the request. The request shall specify the name and address of the health care provider to whom the records are to be delivered. All reasonable costs, not exceeding actual costs, incurred by a health care provider in providing copies pursuant to this subdivision may be charged to the patient or representative requesting the copies.

(d)(1) Notwithstanding any provision of this section, and except as provided in Sections 123115 and 123120, any patient or former patient or the patient's representative shall be entitled to a copy, at no charge, of the relevant portion of the patient's records, upon presenting to the provider a written request, and proof that the records are needed to support an appeal regarding eligibility for a public benefit program. These programs shall be the Medi–Cal program, social security disability insurance benefits, and Supplemental Security Income/State Supplementary Program for the Aged, Blind and Disabled (SSI/SSP) benefits. For purposes of this subdivision, "relevant portion of the patient's records" means those records regarding services rendered to the patient during the time period beginning with the date of the patient's initial application for public benefits up to and including the date that a final determination is made by the public benefits program with which the patient's application is pending.

(2) Although a patient shall not be limited to a single request, the patient or patient's representative shall be entitled to no more than one copy of any relevant portion of his or her record free of charge.

(3) This subdivision shall not apply to any patient who is represented by a private attorney who is paying for the costs related to the patient's appeal, pending the outcome of that appeal. For purposes of this subdivision, "private attorney" means any attorney not employed by a nonprofit legal services entity.

(e) If the patient's appeal regarding eligibility for a public benefit program specified in subdivision (d) is successful, the hospital or other health care provider may bill the patient, at the rates specified in subdivisions (b) and (c), for the copies of the medical records previously provided free of charge.

(f) If a patient or his or her representative requests a record pursuant to subdivision (d), the health care provider shall ensure that the copies are transmitted within 30 days after receiving the written request.

(g) This section shall not be construed to preclude a health care provider from requiring reasonable verification of identity prior to permitting inspection or copying of patient records, provided this requirement is not used oppressively or discriminatorily to frustrate or delay compliance with this section. Nothing in this chapter shall be deemed to supersede any rights that a patient or representative might otherwise have or exercise under Section 1158 of the Evidence Code or any other provision of law. Nothing in this chapter shall require a health care provider to retain records longer than required by applicable statutes or administrative regulations.

(h) This chapter shall not be construed to render a health care provider liable for the quality of his or her records or the copies provided in excess of existing law and regulations with respect to the quality of medical records. A health care provider shall not be liable to the patient or any other person for any consequences that result from disclosure of patient records as required by this chapter. A health care provider shall not discriminate against classes or categories of providers in the transmittal of X–rays or other patient records, or copies of these X–rays or records, to other providers as authorized by this section.

Every health care provider shall adopt policies and establish procedures for the uniform transmittal of X–rays and other patient records that effectively prevent the discrimination described in this subdivision. A health care provider may establish reasonable conditions, including a reasonable deposit fee, to ensure the return of original X–rays transmitted to another health care provider, provided the conditions do not discriminate on the basis of, or in a manner related to, the license of the provider to which the X–rays are transmitted.

(i) Any health care provider described in paragraphs (4) to (10), inclusive, of subdivision (a) of Section 123105 who willfully violates this chapter is guilty of unprofessional conduct. Any health care provider described in paragraphs (1) to (3), inclusive, of subdivision (a) of Section 123105 that willfully violates this chapter is guilty of an infraction punishable by a fine of not more than one hundred dollars ($100). The state agency, board, or commission that issued the health care provider's professional or institutional license shall consider a violation as grounds for disciplinary action with respect to the licensure, including suspension or revocation of the license or certificate.

(j) This section shall be construed as prohibiting a health care provider from withholding patient records or summaries of patient records because of an unpaid bill for health care services. Any health care provider who willfully withholds patient records or summaries of patient records because of an unpaid bill for health care services shall be subject to the sanctions specified in subdivision (i).

(Added by Stats.1995, c. 415 (S.B.1360), § 8. Amended by Stats.2001, c. 325 (A.B.1311), § 1.)

§ 123111. Written addendum; inspection of records

(a) Any adult patient who inspects his or her patient records pursuant to Section 123110 shall have the right to provide to the health care provider a written addendum with respect to any item or statement in his or her records that the patient believes to be incomplete or incorrect. The addendum shall be limited to 250 words per alleged incomplete or incorrect item in the patient's record and shall clearly indicate in writing that the patient wishes the addendum to be made a part of his or her record.

(b) The health care provider shall attach the addendum to the patient's records and shall include that addendum whenever the health care provider makes a disclosure of the allegedly incomplete or incorrect portion of the patient's records to any third party.

(c) The receipt of information in a patient's addendum which contains defamatory or otherwise unlawful language, and the inclusion of this information in the patient's records, in accordance with subdivision (b), shall not, in and of itself, subject the health care provider to liability in any civil, criminal, administrative, or other proceeding.

(d) Subdivision (f) of Section 123110 and Section 123120 shall be applicable with respect to any violation of this section by a health care provider.
(Added by Stats.2000, c. 1066 (S.B.1903), § 4. Amended by Stats.2001, c. 159 (S.B.662), § 138.)

§ 123115. Representative of minor; mental health records

(a) The representative of a minor shall not be entitled to inspect or obtain copies of the minor's patient records in either of the following circumstances:

(1) With respect to which the minor has a right of inspection under Section 123110.

(2) Where the health care provider determines that access to the patient records requested by the representative would have a detrimental effect on the provider's professional relationship with the minor patient or the minor's physical safety or psychological well–being. The decision of the health care provider as to whether or not a minor's records are available for inspection under this section shall not attach any liability to the provider, unless the decision is found to be in bad faith.

(b) When a health care provider determines there is a substantial risk of significant adverse or detrimental consequences to a patient in seeing or receiving a copy of mental health records requested by the patient, the provider may decline to permit inspection or provide copies of the records to the patient, subject to the following conditions:

(1) The health care provider shall make a written record, to be included with the mental health records requested, noting the date of the request and explaining the health care provider's reason for refusing to permit inspection or provide copies of the records, including a description of the specific adverse or detrimental consequences to the patient that the provider anticipates would occur if inspection or copying were permitted.

(2) The health care provider shall permit inspection by, or provide copies of the mental health records to, a licensed physician and surgeon, licensed psychologist, licensed marriage and family therapist, or licensed clinical social worker, designated by request of the patient. Any marriage and family therapist registered intern, as defined in Chapter 13 (commencing with Section 4980) of Division 2 of the Business and Professions Code, may not inspect the patient's mental health records or obtain copies thereof, except pursuant to the direction or supervision of a licensed professional specified in subdivision (f) of Section 4980.40 of the Business and Professions Code. Prior to providing copies of mental health records to a marriage and family therapist registered intern, a receipt for those records shall be signed by the supervising licensed professional. The licensed physician and surgeon, licensed psychologist, licensed marriage and family * * * therapist, licensed clinical social worker, or marriage and family therapist registered intern to whom the records are provided for inspection or copying shall not permit inspection or copying by the patient.

(3) The health care provider shall inform the patient of the provider's refusal to permit him or her to inspect or obtain copies of the requested records, and inform the patient of the right to require the provider to permit inspection by, or provide copies to, a licensed physician and surgeon, licensed psychologist, licensed marriage and family therapist, or licensed clinical social worker, designated by written authorization of the patient.

(4) The health care provider shall indicate in the mental health records of the patient whether the request was made under paragraph (2).
(Added by Stats.1995, c. 415 (S.B.1360), § 8. Amended by Stats.1997, c. 388 (S.B.1295), § 1; Stats.2000, c. 519 (A.B.2161), § 2.)

§ 123120. Enforcement action; costs and attorney fees

Any patient or representative aggrieved by a violation of Section 123110 may, in addition to any other remedy provided by law, bring an action against the health care provider to enforce the obligations prescribed by Section 123110. Any judgment rendered in the action may, in the discretion of the court, include an award of costs and reasonable attorney fees to the prevailing party.
(Added by Stats.1995, c. 415 (S.B.1360), § 8.)

§ 123125. Alcohol and drug abuse records; communicable disease carriers

(a) This chapter shall not require a health care provider to permit inspection or provide copies of alcohol and drug abuse records where, or in a manner, prohibited by Section 408 of the federal Drug Abuse Office and Treatment Act of 1972 (Public Law 92–255) or Section 333 of the federal Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970 (Public Law 91–616), or by regulations adopted pursuant to these federal laws. Alcohol and drug abuse records subject to these federal laws shall also be subject to this chapter, to the extent that these federal laws do not prohibit disclosure of the records. All other alcohol and drug abuse records shall be fully subject to this chapter.

(b) This chapter shall not require a health care provider to permit inspection or provide copies of records or portions of records where or in a manner prohibited by existing law respecting the confidentiality of information regarding communicable disease carriers.
(Added by Stats.1995, c. 415 (S.B.1360), § 8.)

§ 123130. Summary of record

(a) A health care provider may prepare a summary of the record, according to the requirements of this section, for inspection and copying by a patient. If the health care provider chooses to prepare a summary of the record rather than allowing access to the entire record, he or she shall make the summary of the record available to the patient within 10 working days from the date of the patient's request. However, if more time is needed because the record is of extraordinary length or because the patient was discharged from a licensed health facility within the last 10 days, the health care provider shall notify the patient of this fact and the date that the summary will be completed, but in no case shall more than 30 days elapse between the request by the patient and the delivery of the summary. In preparing the summary of the record the health care provider shall not be obligated to include information that is not contained in the original record.

(b) A health care provider may confer with the patient in an attempt to clarify the patient's purpose and goal in obtaining his or her record. If as a consequence the patient requests information about only certain injuries, illnesses, or episodes, this subdivision shall not require the provider to prepare the summary required by this subdivision for other than the injuries, illnesses, or episodes so requested by the patient. The summary shall contain for each injury, illness, or episode any information included in the record relative to the following:

(1) Chief complaint or complaints including pertinent history.

(2) Findings from consultations and referrals to other health care providers.

(3) Diagnosis, where determined.

(4) Treatment plan and regimen including medications prescribed.

(5) Progress of the treatment.

(6) Prognosis including significant continuing problems or conditions.

(7) Pertinent reports of diagnostic procedures and tests and all discharge summaries.

(8) Objective findings from the most recent physical examination, such as blood pressure, weight, and actual values from routine laboratory tests.

(c) This section shall not be construed to require any medical records to be written or maintained in any manner not otherwise required by law.

(d) The summary shall contain a list of all current medications

prescribed, including dosage, and any sensitivities or allergies to medications recorded by the provider.

(e) Subdivision (c) of Section 123110 shall be applicable whether or not the health care provider elects to prepare a summary of the record.

(f) The health care provider may charge no more than a reasonable fee based on actual time and cost for the preparation of the summary. The cost shall be based on a computation of the actual time spent preparing the summary for availability to the patient or the patient's representative. It is the intent of the Legislature that summaries of the records be made available at the lowest possible cost to the patient.
(Added by Stats.1995, c. 415 (S.B.1360), § 8.)

§ 123135. Extent of access; application of confidentiality and information laws

Except as otherwise provided by law, nothing in this chapter shall be construed to grant greater access to individual patient records by any person, firm, association, organization, partnership, business trust, company, corporation, or municipal or other public corporation, or government officer or agency. Therefore, this chapter does not do any of the following:

(a) Relieve employers of the requirements of the Confidentiality of Medical Information Act (Part 2.6 (commencing with Section 56) of Division 1 of the Civil Code).

(b) Relieve any person subject to the Insurance Information and Privacy Protection Act (Article 6.6 (commencing with Section 791) of Chapter 1 of Part 2 of Division 1 of the Insurance Code) from the requirements of that act.

(c) Relieve government agencies of the requirements of the Information Practices Act of 1977 (Title 1.8 (commencing with Section 1798) of Part 4 of Division 3 of the Civil Code).
(Added by Stats.1995, c. 415 (S.B.1360), § 8.)

§ 123140. Application of Information Practices Act; state agency records

The Information Practices Act of 1977 (Title 1.8 (commencing with Section 1798) of Part 4 of Division 3 of the Civil Code) shall prevail over this chapter with respect to records maintained by a state agency.
(Added by Stats.1995, c. 415 (S.B.1360), § 8.)

§ 123145. Preservation of records by health services providers; damages actions for abandonment of records

(a) Providers of health services that are licensed pursuant to Sections 1205, 1253, 1575 and 1726 have an obligation, if the licensee ceases operation, to preserve records for a minimum of seven years following discharge of the patient, except that the records of unemancipated minors shall be kept at least one year after the minor has reached the age of 18 years, and in any case, not less than seven years.

(b) The department or any person injured as a result of the licensee's abandonment of health records may bring an action in a proper court for the amount of damage suffered as a result thereof. In the event that the licensee is a corporation or partnership that is dissolved, the person injured may take action against that corporation's or partnership's principle officers of record at the time of dissolution.

(c) Abandoned means violating subdivision (a) and leaving patients treated by the licensee without access to medical information to which they are entitled pursuant to Section 123110.
(Added by Stats.1995, c. 415 (S.B.1360), § 8.)

§ 123148. Test results; recording and reporting to patient; Internet or other electronic posting; plain language

(a) Notwithstanding any other provision of law, a health care professional at whose request a test is performed shall provide or arrange for the provision of the results of a clinical laboratory test to the patient who is the subject of the test if so requested by the patient, in oral or written form. The results shall be conveyed in plain language and in oral or written form, except the results may be conveyed in electronic form if requested by the patient and if deemed most appropriate by the health care professional who requested the test.

(b)(1) Consent of the patient to receive his or her laboratory results by Internet posting or other electronic means shall be obtained in a manner consistent with the requirements of Section 56.10 or 56.11 of the Civil Code. In the event that a health care professional arranges for the provision of test results by Internet posting or other electronic manner, the results shall be delivered to a patient in a reasonable time period, but only after the results have been reviewed by the health care professional. Access to clinical laboratory test results shall be restricted by the use of a secure personal identification number when the results are delivered to a patient by Internet posting or other electronic manner.

(2) Nothing in paragraph (1) shall prohibit direct communication by Internet posting or the use of other electronic means to convey clinical laboratory test results by a treating health care professional who ordered the test for his or her patient or by a health care professional acting on behalf of, or with the authorization of, the treating health care professional who ordered the test.

(c) When a patient requests to receive his or her laboratory test results by Internet posting, the health care professional shall advise the patient of any charges that may be assessed directly to the patient or insurer for the service and that the patient may call the health care professional for a more detailed explanation of the laboratory test results when delivered.

(d) The electronic provision of test results under this section shall be in accordance with any applicable federal law governing privacy and security of electronic personal health records. However, any state statute, if enacted, that governs privacy and security of electronic personal health records, shall apply to test results under this section and shall prevail over federal law if federal law permits.

(e) The test results to be reported to the patient pursuant to this section shall be recorded in the patient's medical record, and shall be reported to the patient within a reasonable time period after the test results are received at the offices of the health care professional who requested the test.

(f) Notwithstanding subdivisions (a) and (b), none of the following clinical laboratory test results and any other related results shall be conveyed to a patient by Internet posting or other electronic means:

(1) HIV antibody test.

(2) Presence of antigens indicating a hepatitis infection.

(3) Abusing the use of drugs.

(4) Test results related to routinely processed tissues, including skin biopsies, Pap smear tests, products of conception, and bone marrow aspirations for morphological evaluation, if they reveal a malignancy.

(g) Patient identifiable test results and health information that have been provided under this section shall not be used for any commercial purpose without the consent of the patient, obtained in a manner consistent with the requirements of Section 56.11 of the Civil Code.

(h) Any third party to whom laboratory test results are disclosed pursuant to this section shall be deemed a provider of administrative services, as that term is used in paragraph (3) of subdivision (c) of Section 56.10 of the Civil Code, and shall be subject to all limitations and penalties applicable to that section.

(i) A patient may not be required to pay any cost, or be charged any

fee, for electing to receive his or her laboratory results in any manner other than by Internet posting or other electronic form.

(j) A patient or his or her physician may revoke any consent provided under this section at any time and without penalty, except to the extent that action has been taken in reliance on that consent.

(Added by Stats.1995, c. 415 (S.B.1360), § 8. Amended by Stats.2001, c. 529 (A.B.1490), § 1; Stats.2002, c. 128 (A.B.2831), § 1.)

§ 123149. Electronic recordkeeping systems; additional requirements

(a) Providers of health services, licensed pursuant to Sections 1205, 1253, 1575, and 1726, that utilize electronic recordkeeping systems only, shall comply with the additional requirements of this section. These additional requirements do not apply to patient records if hard copy versions of the patient records are retained.

(b) Any use of electronic recordkeeping to store patient records shall ensure the safety and integrity of those records at least to the extent of hard copy records. All providers set forth in subdivision (a) shall ensure the safety and integrity of all electronic media used to store patient records by employing an offsite backup storage system, an image mechanism that is able to copy signature documents, and a mechanism to ensure that once a record is input, it is unalterable.

(c) Original hard copies of patient records may be destroyed once the record has been electronically stored.

(d) The printout of the computerized version shall be considered the original as defined in Section 255 of the Evidence Code for purposes of providing copies to patients, the Division of Licensing and Certification, and for introduction into evidence in accordance with Sections 1550 and 1551 of the Evidence Code, in administrative or court proceedings.

(e) Access to electronically stored patient records shall be made available to the Division of Licensing and Certification staff promptly, upon request.

(f) This section does not exempt licensed clinics, health facilities, adult day health care centers, and home health agencies from the requirement of maintaining original copies of patient records that cannot be electronically stored.

(g) Any health care provider subject to this section, choosing to utilize an electronic recordkeeping system, shall develop and implement policies and procedures to include safeguards for confidentiality and unauthorized access to electronically stored patient health records, authentication by electronic signature keys, and systems maintenance.

(h) Nothing contained in this chapter shall affect the existing regulatory requirements for the access, use, disclosure, confidentiality, retention of record contents, and maintenance of health information in patient records by health care providers.

(i) This chapter does not prohibit any provider of health care services from maintaining or retaining patient records electronically.

(Added by Stats.1995, c. 415 (S.B.1360), § 8.)

§ 123149.5. Information transmitted during delivery of health care via telemedicine; incorporation into patient's medical record

(a) It is the intent of the Legislature that all medical information transmitted during the delivery of health care via telemedicine, as defined in subdivision (a) of Section 2290.5 of the Business and Professions Code, become part of the patient's medical record maintained by the licensed health care provider.

(b) This section shall not be construed to limit or waive any of the requirements of Chapter 1 (commencing with Section 123100) of Part 1 of Division 106 of the Health and Safety Code.

(Added by Stats.1996, c. 864 (S.B.1665), § 8.)

HEALTH AND SAFETY CODE — STATEWIDE HEALTH PLANNING AND DEVELOPMENT

Division 107 STATEWIDE HEALTH PLANNING AND DEVELOPMENT

Part 3 HEALTH PROFESSIONS DEVELOPMENT

Chapter 5 HEALTH PROFESSIONS EDUCATION FOUNDATION PROGRAMS

Article 4 LICENSED MENTAL HEALTH SERVICE PROVIDER EDUCATION PROGRAM

§ 128454. Establishment of program; definitions; grant applicants; administration and requirements of program

(a) There is hereby created the Licensed Mental Health Service Provider Education Program within the Health Professions Education Foundation.

(b) For purposes of this article, the following definitions shall apply:

(1) "Licensed mental health service provider" means a psychologist, marriage and family therapist, and licensed clinical social worker.

(2) "Mental health professional shortage area" means an area designated as such by the Health Resources and Services Administration (HRSA) of the United States Department of Health and Human Services.

(c) Commencing January 1, 2005, any licensed mental health service provider who provides direct patient care in a publicly funded facility or a mental health professional shortage area may apply for grants under the program to reimburse his or her educational loans related to a career as a licensed mental health service provider.

(d) The Health Professions Education Foundation shall make recommendations to the director of the office concerning all of the following:

(1) A standard contractual agreement to be signed by the director and any licensed mental health service provider who is serving in a publicly funded facility or a mental health professional shortage area that would require the licensed mental health service provider who receives a grant under the program to work in the publicly funded facility or a mental health professional shortage area for at least one year.

(2) The maximum allowable total grant amount per individual licensed mental health service provider.

(3) The maximum allowable annual grant amount per individual licensed mental health service provider.

(e) The Health Professions Education Foundation shall develop the program, which shall comply with all of the following requirements:

(1) The total amount of grants under the program per individual licensed mental health service provider shall not exceed the amount of educational loans related to a career as a licensed mental health service provider incurred by that provider.

(2) The program shall keep the fees from the different licensed providers separate to ensure that all grants are funded by those fees collected from the corresponding licensed provider groups.

(3) A loan forgiveness grant may be provided in installments proportionate to the amount of the service obligation that has been completed.

(4) The number of persons who may be considered for the program shall be limited by the funds made available pursuant to Section 128458.

(Added by Stats.2003, c. 437 (A.B.938), § 5.)

§ 128456. Advice from representatives and organizations

In developing the program established pursuant to this article, the Health Professions Education Foundation shall solicit the advice of representatives of the Board of Behavioral Science Examiners, the Board of Psychology, the State Department of Mental Health, the California Mental Health Directors Association, the California Mental Health Planning Council, professional mental health care organizations, the California Healthcare Association, the Chancellor of the California Community Colleges, and the Chancellor of the California State University. The foundation shall solicit the advice of representatives who reflect the demographic, cultural, and linguistic diversity of the state.

(Added by Stats.2003, c. 437 (A.B.938), § 5.)

§ 128458. Mental Health Practitioner Education Fund; expenditures

There is hereby established in the State Treasury the Mental Health Practitioner Education Fund. The moneys in the fund, upon appropriation by the Legislature, shall be available for expenditure by the Office of Statewide Health Planning and Development for purposes of this article.

(Added by Stats.2003, c. 437 (A.B.938), § 5.)

Part 7 FACILITIES DESIGN REVIEW AND CONSTRUCTION

Chapter 1 HEALTH FACILITIES

Article 3 GENERAL REQUIREMENTS AND ADMINISTRATION

§ 129790. Correctional treatment centers; building standards

The office shall propose specific space, architectural, structural, mechanical, plumbing, and electrical standards for correctional treatment centers in cooperation with the Board of Corrections, the Department of Corrections, and the Department of the Youth Authority.

(Added by Stats.1995, c. 415 (S.B.1360), § 9. Amended by Stats.1998, c. 369 (A.B.2747), § 7.)

Article 4 SPECIAL REQUIREMENTS

§ 129905. Correctional hospital buildings and treatment centers; plans for construction or alteration; exemption; certification of conformance with applicable building standards; secondary review

Subject to the complete exemption contained in paragraphs (6) and (7) of subdivision (b) of Section 129725, and notwithstanding any other provision of law, plans for the construction or alteration of any hospital building, as defined in Section 1250, or any building specified in Section 129875, that are prepared by or under the supervision of the Department of Corrections or on behalf of the Department of the Youth Authority, shall not require the review and approval of the statewide office. In lieu of review and approval by the statewide office, the Department of Corrections and the Department of the Youth Authority shall certify to the statewide office that their plans and construction are in full conformance with all applicable building standards, including, but not limited to, fire and life and safety standards, and the requirements of this chapter for the architectural, structural, mechanical, plumbing, and electrical systems. The Department of Corrections and the Department of the Youth Authority shall use a secondary peer review procedure to review designs to ensure the adherence to all design standards for all new construction projects, and shall ensure that the construction is inspected by a competent, onsite inspector to ensure the construction is in compliance with the design and plan specifications.

Subject to the complete exemption contained in paragraphs (6) and (7) of subdivision (b) of Section 129725, and notwithstanding any other provision of law, plans for the construction or alteration of any correctional treatment center that are prepared by or under the supervision of a law enforcement agency of a city, county, or city and county shall not require the review and approval of the statewide office. In lieu of review and approval by the statewide office, the law enforcement agency of a city, county, or city and county shall certify to the statewide office that the plans and construction are in full conformance with all applicable building standards, including, but not limited to, fire and life and safety standards, and the requirements of this chapter for the architectural, structural, mechanical, plumbing, and electrical systems.

It is the intent of the Legislature that, except as specified in this section, all hospital buildings as defined by this chapter constructed by or under the supervision of the Department of Corrections or local law enforcement agencies, or constructed on behalf of the Department of the Youth Authority shall at a minimum meet all applicable regulations adopted pursuant to this chapter and all other applicable state laws.

(Added by Stats.1995, c. 415 (S.B.1360), § 9. Amended by Stats.1996, c. 1023 (S.B.1497), § 373.7, eff. Sept. 29, 1996; Stats.2002, c. 351 (A.B.3050), § 11.)

INSURANCE CODE — GENERAL RULES GOVERNING INSURANCE

INSURANCE CODE

Division 1 GENERAL RULES GOVERNING INSURANCE

Part 2 THE BUSINESS OF INSURANCE

Chapter 1 GENERAL REGULATIONS

Article 6.6 INSURANCE INFORMATION AND PRIVACY PROTECTION ACT

§ 791. Purpose of article

The purpose of this article is to establish standards for the collection, use and disclosure of information gathered in connection with insurance transactions by insurance institutions, agents or insurance–support organizations; to maintain a balance between the need for information by those conducting the business of insurance and the public's need for fairness in insurance information practices, including the need to minimize intrusiveness; to establish a regulatory mechanism to enable natural persons to ascertain what information is being or has been collected about them in connection with insurance transactions and to have access to such information for the purpose of verifying or disputing its accuracy; to limit the disclosure of information collected in connection with insurance transactions; and to enable insurance applicants and policyholders to obtain the reasons for any adverse underwriting decision.

(Added by Stats.1980, c. 1214, p. 4103, § 1.)

§ 791.01. Scope of article

(a) The obligations imposed by this article shall apply to those insurance institutions, agents or insurance–support organizations which, on or after October 1, 1981:

(1) In the case of life or disability insurance:

(A) Collect, receive or maintain information in connection with insurance transactions which pertains to natural persons who are residents of this state, or

(B) Engage in insurance transactions with applicants, individuals or policyholders who are residents of this state.

(2) In the case of property or casualty insurance:

(A) Collect, receive or maintain information in connection with insurance transactions involving policies, contracts or certificates of insurance delivered, issued for delivery or renewed in this state, or

(B) Engage in insurance transactions involving policies, contracts or certificates of insurance delivered, issued for delivery or renewed in this state.

(b) The rights granted by this article shall extend to:

(1) In the case of life or disability insurance, the following persons who are residents of this state:

(A) Natural persons who are the subject of information collected, received or maintained in connection with insurance transactions.

(B) Applicants, individuals or policyholders who engage in or seek to engage in insurance transactions.

(2) In the case of property or casualty insurance, the following persons:

(A) Natural persons who are the subject of information collected, received or maintained in connection with insurance transactions involving policies, contracts or certificates of insurance delivered, issued for delivery or renewed in this state, and

(B) Applicants, individuals or policyholders who engage in or seek to engage in insurance transactions involving policies, contracts or certificates of insurance delivered, issued for delivery or renewed in this state.

(c) For purposes of this section, a person shall be considered a resident of this state if the person's last known mailing address, as shown in the records of the insurance institution, agent, or insurance–support organization, is located in this state.

(d) This article shall not apply to any person or entity engaged in the business of title insurance as defined in Section 12340.3.

(e) This article shall not apply to a person or entity engaged in the business of a home protection company, as defined in Section 12740, which does not obtain or maintain personal information, as defined in this article, of its policyholders and applicants.

(f) Insurance institutions, agents, insurance support organizations or any insurance transaction subject to this article shall be exempt from Part 2.6 (commencing with Section 56) of Division 1 of, and Sections 1785.20 and 1786.40 of, the Civil Code.

(Added by Stats.1980, c. 1214, p. 4103, § 1. Amended by Stats.1981, c. 106, p. 795, § 1.3, eff. June 29, 1981; Stats.1981, c. 121, p. 856, § 1, eff. June 30, 1981.)

§ 791.02. Definitions

As used in this act:

(a)(1) "Adverse underwriting decision" means any of the following actions with respect to insurance transactions involving insurance coverage that is individually underwritten:

(A) A declination of insurance coverage.

(B) A termination of insurance coverage.

(C) Failure of an agent to apply for insurance coverage with a specific insurance institution that the agent represents and that is requested by an applicant.

(D) In the case of a property or casualty insurance coverage:

(i) Placement by an insurance institution or agent of a risk with a residual market mechanism, with an unauthorized insurer, or with an insurance institution that provides insurance to other than preferred or standard risks, if in fact the placement is at other than a preferred or standard rate. An adverse underwriting decision, in case of placement with an insurance institution that provides insurance to other than preferred or standard risks, shall not include placement if the applicant or insured did not specify or apply for placement as a preferred or standard risk or placement with a particular company insuring preferred or standard risks, or

(ii) The charging of a higher rate on the basis of information which differs from that which the applicant or policyholder furnished.

(E) In the case of a life, health, or disability insurance coverage, an offer to insure at higher than standard rates.

(2) Notwithstanding paragraph (1), any of the following actions shall not be considered adverse underwriting decisions but the insurance institution or agent responsible for their occurrence shall nevertheless provide the applicant or policyholder with the specific reason or reasons for their occurrence:

(A) The termination of an individual policy form on a class or statewide basis.

(B) A declination of insurance coverage solely because coverage is not available on a class or statewide basis.

(C) The rescission of a policy.

(b) "Affiliate" or "affiliated" means a person that directly, or indirectly through one or more intermediaries, controls, is controlled by or is under common control with another person.

(c) "Agent" means any person licensed pursuant to Chapter 5 (commencing with Section 1621), Chapter 5A (commencing with Section 1759), Chapter 6 (commencing with Section 1760), Chapter 7 (commencing with Section 1800), or Chapter 8 (commencing with Section 1831).

(d) "Applicant" means any person who seeks to contract for insurance coverage other than a person seeking group insurance that is not individually underwritten.

(e) "Consumer report" means any written, oral, or other communication of information bearing on a natural person's creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living that is used or expected to be used in connection with an insurance transaction.

(f) "Consumer reporting agency" means any person who:

(1) Regularly engages, in whole or in part, in the practice of assembling or preparing consumer reports for a monetary fee.

(2) Obtains information primarily from sources other than insurance institutions.

(3) Furnishes consumer reports to other persons.

(g) "Control," including the terms "controlled by" or "under common control with," means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or nonmanagement services, or otherwise, unless the power is the result of an official position with or corporate office held by the person.

(h) "Declination of insurance coverage" means a denial, in whole or in part, by an insurance institution or agent of requested insurance coverage.

(i) "Individual" means any natural person who is any of the following:

(1) In the case of property or casualty insurance, is a past, present, or proposed named insured or certificate holder.

(2) In the case of life or disability insurance, is a past, present, or proposed principal insured or certificate holder.

(3) Is a past, present, or proposed policyowner.

(4) Is a past or present applicant.

(5) Is a past or present claimant.

(6) Derived, derives, or is proposed to derive insurance coverage under an insurance policy or certificate subject to this act.

(j) "Institutional source" means any person or governmental entity that provides information about an individual to an agent, insurance institution, or insurance–support organization, other than any of the following:

(1) An agent.

(2) The individual who is the subject of the information.

(3) A natural person acting in a personal capacity rather than in a business or professional capacity.

(k) "Insurance institution" means any corporation, association, partnership, reciprocal exchange, interinsurer, Lloyd's insurer, fraternal benefit society, or other person engaged in the business of insurance. "Insurance institution" shall not include agents, insurance–support organizations, or health care service plans regulated pursuant to the Knox–Keene Health Care Service Plan Act, Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code.

(*l*) "Insurance–support organization" means:

(1) Any person who regularly engages, in whole or in part, in the business of assembling or collecting information about natural persons for the primary purpose of providing the information to an insurance institution or agent for insurance transactions, including either of the following:

(A) The furnishing of consumer reports or investigative consumer reports to an insurance institution or agent for use in connection with an insurance transaction.

(B) The collection of personal information from insurance institutions, agents, or other insurance–support organizations for the purpose of detecting or preventing fraud, material misrepresentation or material nondisclosure in connection with insurance underwriting or insurance claim activity.

(2) Notwithstanding paragraph (1), the following persons shall not be considered "insurance–support organizations": agents, governmental institutions, insurance institutions, medical care institutions, medical professionals, and peer review committees.

(m) "Insurance transaction" means any transaction involving insurance primarily for personal, family, or household needs rather than business or professional needs that entails either of the following:

(1) The determination of an individual's eligibility for an insurance coverage, benefit, or payment.

(2) The servicing of an insurance application, policy, contract, or certificate.

(n) "Investigative consumer report" means a consumer report or portion thereof in which information about a natural person's character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with the person's neighbors, friends, associates, acquaintances, or others who may have knowledge concerning those items of information.

(*o*) "Medical care institution" means any facility or institution that is licensed to provide health care services to natural persons, including but not limited to, hospitals, skilled nursing facilities, home health agencies, medical clinics, rehabilitation agencies, and public health agencies.

(p) "Medical professional" means any person licensed or certified to provide health care services to natural persons, including but not limited to, a physician, dentist, nurse, optometrist, physical or occupational therapist, psychiatric social worker, clinical dietitian, clinical psychologist, chiropractor, pharmacist, or speech therapist.

(q) "Medical record information" means personal information that is both of the following:

(1) Relates to an individual's physical or mental condition, medical history or medical treatment.

(2) Is obtained from a medical professional or medical care institution, from the individual, or from the individual's spouse, parent, or legal guardian.

(r) "Person" means any natural person, corporation, association, partnership, limited liability company, or other legal entity.

(s) "Personal information" means any individually identifiable information gathered in connection with an insurance transaction from which judgments can be made about an individual's character, habits, avocations, finances, occupation, general reputation, credit, health, or any other personal characteristics. "Personal information" includes an individual's name and address and "medical record information" but does not include "privileged information."

(t) "Policyholder" means any person who is any of the following:

(1) In the case of individual property or casualty insurance, is a present named insured.

(2) In the case of individual life or disability insurance, is a present policyowner.

(3) In the case of group insurance, which is individually underwritten, is a present group certificate holder.

(u) "Pretext interview" means an interview whereby a person, in an attempt to obtain information about a natural person, performs one or more of the following acts:

(1) Pretends to be someone he or she is not.

(2) Pretends to represent a person he or she is not in fact representing.

(3) Misrepresents the true purpose of the interview.

(4) Refuses to identify himself or herself upon request.

(v) "Privileged information" means any individually identifiable information that both:

(1) Relates to a claim for insurance benefits or a civil or criminal proceeding involving an individual.

(2) Is collected in connection with or in reasonable anticipation of a claim for insurance benefits or civil or criminal proceeding involving an individual. However, information otherwise meeting the requirements of this division shall nevertheless be considered "personal information" under this act if it is disclosed in violation of Section 791.13.

(w) "Residual market mechanism" means the California FAIR Plan Association, Chapter 10 (commencing with Section 10101) of Part 1 of Division 2, and the assigned risk plan, Chapter 1 (commencing with Section 11550) of Part 3 of Division 2.

(x) "Termination of insurance coverage" or "termination of an insurance policy" means either a cancellation or nonrenewal of an insurance policy, in whole or in part, for any reason other than the failure to pay a premium as required by the policy.

(y) "Unauthorized insurer" means an insurance institution that has not been granted a certificate of authority by the director to transact the business of insurance in this state.

(z) "Commissioner" means the Insurance Commissioner.

(Added by Stats.1980, c. 1214, p. 4103, § 1. Amended by Stats.1981, c. 106, p. 796, § 1.5, eff. June 29, 1981; Stats.1981, c. 121, p. 857, § 2, eff. June 30, 1981; Stats.1994, c. 1010 (S.B.2053), § 174; Stats.1999, c. 525 (S.B.78), § 172; Stats.1999, c. 526 (S.B.19), § 12; Stats.2000, c. 857 (A.B.2903), § 56; Stats.2000, c. 135 (A.B.2539), § 108.)

§ 791.03. Pretext interviews

No insurance institution, agent or insurance–support organization shall use or authorize the use of pretext interviews to obtain information in connection with an insurance transaction; provided, however, that a pretext interview may be undertaken to obtain information from a person or institution that does not have a generally or statutorily recognized privileged relationship with the person to whom the information relates for the purpose of investigating a claim where there is a reasonable basis for suspecting criminal activity, fraud, material misrepresentation or material nondisclosure in connection with a claim.

(Added by Stats.1980, c. 1214, p. 4103, § 1. Amended by Stats.1981, c. 106, p. 799, § 2, eff. June 29, 1981.)

§ 791.04. Notice of personal information practices; applicants or policyholders

(a) An insurance institution or agent shall provide a notice of information practices to all applicants or policyholders in connection with insurance transactions as provided below:

(1) In the case of a written application for insurance, a notice shall be provided no later than:

(A) At the time of the delivery of the insurance policy or certificate when personal information is collected only from the applicant, an insured under the policy, or from public records; or

(B) At the time the collection of personal information is initiated when personal information is collected from a source other than the applicant, an insured under the policy, or public records.

(2) In the case of a policy renewal, a notice shall be provided no later than the policy renewal date or the date upon which policy renewal is confirmed, except that no notice shall be required in connection with a policy renewal if either of the following applies:

(A) Personal information is collected only from the policyholder, and insured under the policy, or from public records.

(B) A notice meeting the requirements of this section has been given within the previous 24 months.

(3) In the case of a policy reinstatement or change in insurance benefits, a notice shall be provided no later than the time a request for a policy reinstatement or change in insurance benefits is received by the insurance institution, except that no notice shall be required if personal information is collected only from the policyholder, an insured under the policy, or from public records or if a notice meeting the requirements of this section has been given within the previous 24 months.

(b) The notice required by subdivision (a) shall be in writing and shall state all of the following:

(1) Whether personal information may be collected from persons other than the individual or individuals proposed for coverage.

(2) The types of personal information that may be collected and the types of sources and investigative techniques that may be used to collect such information.

(3) The types of disclosures identified in subdivisions (b), (c), (d), (e), (f), (i), (k), (*l*), and (n) of Section 791.13 and the circumstances under which the disclosures may be made without prior authorization, except that only those circumstances need be described which occur with such frequency as to indicate a general business practice.

(4) A description of the rights established under Sections 791.08 and 791.09 and the manner in which the rights may be exercised.

(5) That information obtained from a report prepared by an insurance–support organization may be retained by the insurance–support organization and disclosed to other persons.

(c) In lieu of the notice prescribed in subdivision (b), the insurance institution or agent may provide an abbreviated notice informing the applicant or policyholder of the following:

(1) Personal information may be collected from persons other than the individual or individuals proposed for coverage.

(2) Such information as well as other personal or privileged information subsequently collected by the insurance institution or agent may in certain circumstances be disclosed to third parties without authorization.

(3) A right of access and correction exists with respect to all personal information collected.

(4) The notice prescribed in subdivision (b) will be furnished to the applicant or policyholder upon request.

(d) The obligations imposed by this section upon an insurance institution or agent may be satisfied by another insurance institution or agent authorized to act on its behalf.

(Added by Stats.1981, c. 106, p. 800, § 4, eff. June 29, 1981.)

§ 791.05. Questions designed solely for marketing or research purposes

An insurance institution or agent shall clearly specify those questions designed to obtain information solely for marketing or research purposes from an individual in connection with an insurance transaction.

(Added by Stats.1980, c. 1214, p. 4103, § 1. Amended by Stats.1981, c. 106, p. 801, § 5, eff. June 29, 1981.)

§ 791.06. Disclosure authorization forms; requirements for forms or statements

Notwithstanding any other provision of law, no insurance institution, agent or insurance–support organization may utilize as its disclosure authorization form in connection with insurance transactions a form or statement which authorizes the disclosure of personal or privileged information about an individual to the insurance institution, agent, or insurance–support organization unless the form or statement:

(a) Is written in plain language.

(b) Is dated.

(c) Specifies the types of persons authorized to disclose information about the individual.

(d) Specifies the nature of the information authorized to be disclosed.

(e) Names the insurance institution or agent and identifies by generic reference representatives of the insurance institution to whom the individual is authorizing information to be disclosed.

(f) Specifies the purposes for which the information is collected.

(g) Specifies the length of time the authorization shall remain valid, which shall be no longer than:

(1) In the case of authorizations signed for the purpose of collecting information in connection with an application for an insurance policy, a policy reinstatement or a request for change in policy benefits:

(A) Thirty months from the date the authorization is signed if the application or request involves life, health or disability insurance; or

(B) One year from the date the authorization is signed if the application or request involves property or casualty insurance.

(2) In the case of authorizations signed for the purpose of collecting information in connection with a claim for benefits under an insurance policy:

(A) The term of coverage of the policy if the claim is for a health insurance benefit; or

(B) The duration of the claim if the claim is not for a health insurance benefit; or

(C) The duration of all claims processing activity performed in connection with all claims for benefits made by any person entitled to benefits under a nonprofit hospital service contract.

(h) Advises the individual or a person authorized to act on behalf of the individual that the individual or the individual's authorized representative is entitled to receive a copy of the authorization form.

(i) This section shall not be construed to require any authorization for the receipt of personal or privileged information about an individual.

(Added by Stats.1980, c. 1214, p. 4103, § 1. Amended by Stats.1981, c. 106, p. 801, § 6, eff. June 29, 1981.)

§ 791.07. Investigative consumer reports; information concerning interview and copies of reports

(a) No insurance institution, agent or insurance–support organization may prepare or request an investigative consumer report about an individual in connection with an insurance transaction involving an application for insurance, a policy renewal, a policy reinstatement or a change in insurance benefits unless the insurance institution or agent informs the individual of the following:

(1) That he or she may request to be interviewed in connection with the preparation of the investigative consumer report, and

(2) That upon a request pursuant to Section 791.08, he or she is entitled to receive a copy of the investigative consumer report.

(b) If an investigative consumer report is to be prepared by an insurance institution or agent, the insurance institution or agent shall institute reasonable procedures to conduct a personal interview requested by an individual.

(c) If an investigative consumer report is to be prepared by an insurance–support organization, the insurance institution or agent desiring such report shall inform the insurance–support organization whether a personal interview has been requested by the individual. The insurance–support organization shall institute reasonable procedures to conduct such interviews, if requested.

(Added by Stats.1980, c. 1214, p. 4103, § 1. Amended by Stats.1981, c. 106, p. 802, § 7, eff. June 29, 1981.)

§ 791.08. Response to request for access to recorded personal information; time; medical record information; fee

(a) If any individual, after proper identification, submits a written request to an insurance institution, agent or insurance–support organization for access to recorded personal information about the individual which is reasonably described by the individual and reasonably locatable and retrievable by the insurance institution, agent or insurance–support organization, the insurance institution, agent or insurance–support organization shall within 30 business days from the date such request is received:

(1) Inform the individual of the nature and substance of such recorded personal information in writing, by telephone or by other oral communication, whichever the insurance institution, agent or insurance–support organization prefers;

(2) Permit the individual to see and copy, in person, such recorded personal information pertaining to him or her or to obtain a copy of such recorded personal information by mail, whichever the individual prefers, unless such recorded personal information is in coded form, in which case an accurate translation in plain language shall be provided in writing;

(3) Disclose to the individual the identity, if recorded, of those persons to whom the insurance institution, agent or insurance–support organization has disclosed such personal information within two years prior to such request, and if the identity is not recorded, the names of those insurance institutions, agents, insurance–support organizations or other persons to whom such information is normally disclosed; and

(4) Provide the individual with a summary of the procedures by which he or she may request correction, amendment or deletion of recorded personal information.

(b) Any personal information provided pursuant to subdivision (a) above shall identify the source of the information if such source is an institutional source.

(c) Medical record information supplied by a medical care institution or medical professional and requested under subdivision (a), together with the identity of the medical professional or medical care institution which provided such information, shall be supplied either directly to the individual or to a medical professional designated by the individual and licensed to provide medical care with respect to the condition to which the information relates, whichever the individual prefers. Mental health record information shall be supplied directly to the individual, pursuant to this section, only with the approval of the qualified professional person with treatment responsibility for the condition to which the information relates. If it elects to disclose the information to a medical professional designated by the individual, the insurance institution, agent or insurance–support organization shall notify the individual, at the time of the disclosure, that it has provided the information to the medical professional.

(d) Except for personal information provided under Section 791.10, an insurance institution, agent or insurance–support organization may charge a reasonable fee to cover the costs incurred in providing a copy of recorded personal information to individuals.

(e) The obligations imposed by this section upon an insurance institution or agent may be satisfied by another insurance institution or agent authorized to act on its behalf. With respect to the copying and disclosure of recorded personal information pursuant to a request under subdivision (a), an insurance institution, agent or insurance–support organization may make arrangements with an insurance–support organization or a consumer reporting agency to copy and disclose recorded personal information on its behalf.

(f) The rights granted to individuals in this section shall extend to all natural persons to the extent information about them is collected and maintained by an insurance institution, agent or insurance–support organization in connection with an insurance transaction. The rights granted to all natural persons by this subdivision shall not extend to information about them that relates to and is collected in connection with or in reasonable anticipation of a claim or civil or criminal proceeding involving them.

(g) For purposes of this section, the term "insurance–support organization" does not include "consumer reporting agency".

(Added by Stats.1980, c. 1214, p. 4103, § 1. Amended by Stats.1981, c. 106, p. 802, § 8, eff. June 29, 1981; Stats.1985, c. 1132, § 1.)

§ 791.09. Correction, amendment, or deletion of recorded personal information; notice; statement of individual

(a) Within 30 business days from the date of receipt of a written request from an individual to correct, amend or delete any recorded personal information about the individual within its possession, an insurance institution, agent or insurance–support organization shall either:

(1) Correct, amend or delete the portion of the recorded personal information in dispute; or

(2) Notify the individual of:

(A) Its refusal to make such correction, amendment or deletion.

(B) The reasons for the refusal.

(C) The individual's right to file a statement as provided in subdivision (c).

(b) If the insurance institution, agent or insurance–support organization corrects, amends or deletes recorded personal information in accordance with paragraph (1) of subdivision (a), the

insurance institution, agent or insurance–support organization shall so notify the individual in writing and furnish the correction, amendment or fact of deletion to:

(1) Any person specifically designated by the individual who may have, within the preceding two years, received such recorded personal information.

(2) Any insurance–support organization whose primary source of personal information is insurance institutions if the insurance–support organization has systematically received such recorded personal information from the insurance institution within the preceding seven years; provided, however, that the correction, amendment or fact of deletion need not be furnished if the insurance–support organization no longer maintains recorded personal information about the individual.

(3) Any insurance–support organization that furnished the personal information that has been corrected, amended or deleted.

(c) Whenever an individual disagrees with an insurance institution's, agent's or insurance–support organization's refusal to correct, amend or delete recorded personal information, the individual shall be permitted to file with the insurance institution, agent or insurance–support organization:

(1) A concise statement setting forth what the individual thinks is the correct, relevant or fair information.

(2) A concise statement of the reasons why the individual disagrees with the insurance institution's, agent's or insurance–support organization's refusal to correct, amend or delete recorded personal information.

(d) In the event an individual files either statement as described in subdivision (c), the insurance institution, agent or support organization shall:

(1) File the statement with the disputed personal information and provide a means by which anyone reviewing the disputed personal information will be made aware of the individual's statement and have access to it.

(2) In any subsequent disclosure by the insurance institution, agent or support organization of the recorded personal information that is the subject of disagreement, clearly identify the matter or matters in dispute and provide the individual's statement along with the recorded personal information being disclosed.

(3) Furnish the statement to the persons and in the manner specified in subdivision (b).

(e) The rights granted to individuals in this section shall extend to all natural persons to the extent information about them is collected and maintained by an insurance institution, agent or insurance–support organization in connection with an insurance transaction. The rights granted to all natural persons by this subdivision shall not extend to information about them that relates to and is collected in connection with or in reasonable anticipation of a claim or civil or criminal proceeding involving them.

(f) For purposes of this section, the term "insurance–support organization" does not include "consumer reporting agency".

(Added by Stats.1980, c. 1214, p. 4103, § 1. Amended by Stats.1981, c. 106, p. 804, § 9, eff. June 29, 1981.)

§ 791.10. Adverse underwriting decisions; specific reasons for decision

(a) In the event of an adverse underwriting decision the insurance institution or agent responsible for the decision shall:

(1) Either provide the applicant, policyholder or individual proposed for coverage with the specific reason or reasons for the adverse underwriting decision in writing or advise such person that upon written request he or she may receive the specific reason or reasons in writing.

(2) Provide the applicant, policyholder or individual proposed for coverage with a summary of the rights established under subdivision (b) and Sections 791.08 and 791.09.

(b) Upon receipt of a written request within 90 business days from the date of the mailing of notice or other communication of an adverse underwriting decision to an applicant, policyholder or individual proposed for coverage, the insurance institution or agent shall furnish to such person within 21 business days from the date of receipt of such written request:

(1) The specific reason or reasons for the adverse underwriting decision, in writing, if such information was not initially furnished in writing pursuant to paragraph (1) of subdivision (a).

(2) The specific items of personal and privileged information that support those reasons; provided, however:

(A) The insurance institution or agent shall not be required to furnish specific items of privileged information if it has a reasonable suspicion, based upon specific information available for review by the commissioner, that the applicant, policyholder or individual proposed for coverage has engaged in criminal activity, fraud, material misrepresentation or material nondisclosure.

(B) Specific items of medical record information supplied by a medical care institution or medical professional shall be disclosed either directly to the individual about whom the information relates or to a medical professional designated by the individual and licensed to provide medical care with respect to the condition to which the information relates, whichever the individual prefers.

Mental health record information shall be supplied directly to the individual, pursuant to this subdivision, only with the approval of the qualified professional person with treatment responsibility for the condition to which the information relates.

(3) The names and addresses of the institutional sources that supplied the specific items of information given pursuant to paragraph (2) of subdivision (b); provided, however, that the identity of any medical professional or medical care institution shall be disclosed either directly to the individual or to the designated medical professional, whichever the individual prefers.

(c) The obligations imposed by this section upon an insurance institution or agent may be satisfied by another insurance institution or agent authorized to act on its behalf.

(d) When an adverse underwriting decision results solely from an oral request or inquiry, the explanation of reasons and summary of rights required by subdivision (a) may be given orally to the extent that such information is available.

(Added by Stats.1980, c. 1214, p. 4103, § 1. Amended by Stats.1981, c. 106, p. 805, § 10, eff. June 29, 1981; Stats.1985, c. 1132, § 2.)

§ 791.11. Prohibited information concerning previous adverse underwriting decisions or previous insurance coverage

No insurance institution, agent or insurance–support organization may seek information in connection with an insurance transaction concerning:

(a) Any previous adverse underwriting decision experienced by an individual, or

(b) Any previous insurance coverage obtained by an individual through a residual market mechanism, unless such inquiry also requests the reasons for any previous adverse underwriting decision or the reasons why insurance coverage was previously obtained through a residual market mechanism.

(Added by Stats.1980, c. 1214, p. 4103, § 1.)

§ 791.12. Adverse underwriting decision; prohibited grounds

No insurance institution or agent may base an adverse underwriting decision in whole or in part on the following**:**

(a) On the fact of a previous adverse underwriting decision or on the fact that an individual previously obtained insurance coverage through a residual market mechanism; provided, however, an insurance institution or agent may base an adverse underwriting decision on further information obtained from an insurance institution or agent responsible for a previous adverse underwriting decision. The further information, when requested, shall create a conclusive presumption that the information is necessary to perform the

requesting insurer's function in connection with an insurance transaction involving the individual and, when reasonably available, shall be furnished the requesting insurer and the individual, if applicable.

(b) On personal information received from an insurance–support organization whose primary source of information is insurance institutions; provided, however, an insurance institution or agent may base an adverse underwriting decision on further personal information obtained as the result of information received from an insurance–support organization.

(c) On the fact that an individual has previously inquired and received information about the scope or nature of coverage under a residential fire or property insurance policy, if the information is received from an insurance–support organization whose primary source of information is insurance institutions and the inquiry did not result in the filing of a claim.

(Added by Stats.1980, c. 1214, p. 4103, § 1. Amended by Stats.1981, c. 106, p. 806, § 11, eff. June 29, 1981; Stats.2003, c. 442 (A.B.1049), § 1.)

§ 791.13. Requisites to disclosure of personal or privileged information; authorization; persons to whom disclosure may be made

An insurance institution, agent, or insurance–support organization shall not disclose any personal or privileged information about an individual collected or received in connection with an insurance transaction unless the disclosure is:

(a) With the written authorization of the individual, and meets either of the conditions specified in paragraph (1) or (2):

(1) If such authorization is submitted by another insurance institution, agent, or insurance–support organization, the authorization meets the requirement of Section 791.06.

(2) If such authorization is submitted by a person other than an insurance institution, agent, or insurance–support organization, the authorization is:

(A) Dated;

(B) Signed by the individual.

(C) Obtained one year or less prior to the date a disclosure is sought pursuant to this section.

(b) To a person other than an insurance institution, agent, or insurance–support organization, provided such disclosure is reasonably necessary:

(1) To enable such person to perform a business, professional or insurance function for the disclosing insurance institution, agent, or insurance–support organization or insured and such person agrees not to disclose the information further without the individual's written authorization unless the further disclosure:

(A) Would otherwise be permitted by this section if made by an insurance institution, agent, or insurance–support organization; or

(B) Is reasonably necessary for such person to perform its function for the disclosing insurance institution, agent, or insurance–support organization.

(2) To enable such person to provide information to the disclosing insurance institution, agent or insurance–support organization for the purpose of:

(A) Determining an individual's eligibility for an insurance benefit or payment; or

(B) Detecting or preventing criminal activity, fraud, material misrepresentation or material nondisclosure in connection with an insurance transaction.

(c) To an insurance institution, agent, insurance–support organization or self–insurer, provided the information disclosed is limited to that which is reasonably necessary under either paragraph (1) or (2):

(1) To detect or prevent criminal activity, fraud, material misrepresentation or material nondisclosure in connection with insurance transactions; or

(2) For either the disclosing or receiving insurance institution, agent or insurance–support organization to perform its function in connection with an insurance transaction involving the individual.

(d) To a medical–care institution or medical professional for the purpose of any of the following:

(1) Verifying insurance coverage or benefits.

(2) Informing an individual of a medical problem of which the individual may not be aware.

(3) Conducting operations or services audit, provided only such information is disclosed as is reasonably necessary to accomplish the foregoing purposes.

(e) To an insurance regulatory authority; or

(f) To a law enforcement or other governmental authority pursuant to law.

(g) Otherwise permitted or required by law.

(h) In response to a facially valid administrative or judicial order, including a search warrant or subpoena.

(i) Made for the purpose of conducting actuarial or research studies, provided:

(1) No individual may be identified in any actuarial or research report.

(2) Materials allowing the individual to be identified are returned or destroyed as soon as they are no longer needed.

(3) The actuarial or research organization agrees not to disclose the information unless the disclosure would otherwise be permitted by this section if made by an insurance institution, agent or insurance–support organization.

(j) To a party or a representative of a party to a proposed or consummated sale, transfer, merger or consolidation of all or part of the business of the insurance institution, agent or insurance–support organization, provided:

(1) Prior to the consummation of the sale, transfer, merger, or consolidation only such information is disclosed as is reasonably necessary to enable the recipient to make business decisions about the purchase, transfer, merger, or consolidation.

(2) The recipient agrees not to disclose the information unless the disclosure would otherwise be permitted by this section if made by an insurance institution, agent or insurance–support organization.

(k) To a person whose only use of such information will be in connection with the marketing of a product or service, provided:

(1) No medical–record information, privileged information, or personal information relating to an individual's character, personal habits, mode of living, or general reputation is disclosed, and no classification derived from such information is disclosed; or

(2) The individual has been given an opportunity to indicate that he or she does not want personal information disclosed for marketing purposes and has given no indication that he or she does not want the information disclosed; and

(3) The person receiving such information agrees not to use it except in connection with the marketing of a product or service.

(*l*) To an affiliate whose only use of the information will be in connection with an audit of the insurance institution or agent or the marketing of an insurance product or service, provided the affiliate agrees not to disclose the information for any other purpose or to unaffiliated persons.

(m) By a consumer reporting agency, provided the disclosure is to a person other than an insurance institution or agent.

(n) To a group policyholder for the purpose of reporting claims experience or conducting an audit of the insurance institution's or agent's operations or services, provided the information disclosed is reasonably necessary for the group policyholder to conduct the review or audit.

(*o*) To a professional peer review organization for the purpose of reviewing the service or conduct of a medical–care institution or medical professional.

(p) To a governmental authority for the purpose of determining the

individual's eligibility for health benefits for which the governmental authority may be liable.

(q) To a certificate holder or policyholder for the purpose of providing information regarding the status of an insurance transaction.

(r) To a lienholder, mortgagee, assignee, lessor, or other person shown on the records of an insurance institution or agent as having a legal or beneficial interest in a policy of insurance. The information disclosed shall be limited to that which is reasonably necessary to permit the person to protect his or her interest in the policy and shall be consistent with Article 5.5 (commencing with Section 770).

(Added by Stats.1981, c. 106, p. 807, § 13, eff. June 29, 1981.)

§ 791.14. Examination and investigation of insurance institutions, agents, or insurance–support organizations

(a) The commissioner shall have power to examine and investigate into the affairs of every insurance institution or agent doing business in this state to determine whether the insurance institution or agent has been or is engaged in any conduct in violation of this article.

(b) The commissioner shall have the power to examine and investigate into the affairs of every insurance–support organization acting on behalf of an insurance institution or agent which either transacts business in this state or transacts business outside this state that has an effect on a person residing in this state in order to determine whether such insurance–support organization has been or is engaged in any conduct in violation of this article.

(Added by Stats.1980, c. 1214, p. 4103, § 1.)

§ 791.15. Violations of article; statement of charges; notice of hearing; conduct of hearing; service of process

(a) Whenever the commissioner has reason to believe that an insurance institution, agent or insurance–support organization has been or is engaged in conduct in this state which violates this article, or if the commissioner believes that an insurance–support organization has been or is engaged in conduct outside this state which has an effect on a person residing in this state and which violates this article, the commissioner shall issue and serve upon such insurance institution, agent or insurance–support organization a statement of charges and notice of hearing to be held at a time and place fixed in the notice. The date for such hearing shall be not less than 30 days after the date of service.

(b) At the time and place fixed for such hearing the insurance institution, agent or insurance–support organization charged shall have an opportunity to answer the charges against it and present evidence on its behalf. Upon good cause shown, the commissioner shall permit any adversely affected person to intervene, appear and be heard at such hearing by counsel or in person.

(c) At any hearing conducted pursuant to this section the commissioner may administer oaths, examine and cross–examine witnesses and receive oral and documentary evidence. The commissioner shall have the power to subpoena witnesses, compel their attendance and require the production of books, papers, records, correspondence and other documents which are relevant to the hearing. A stenographic record of the hearing shall be made upon the request of any party or at the discretion of the commissioner. If no stenographic record is made and if judicial review is sought, the commissioner shall prepare a statement of the evidence for use on review. Hearings conducted under this section shall be governed by the same rules of evidence and procedure applicable to administrative proceedings conducted under the laws of this state.

(d) Statements of charges, notice, orders and other processes of the commissioner under this article may be served by anyone duly authorized to act on behalf of the commissioner. Service of process may be completed in the manner provided by law for service of process in civil actions or by registered mail. A copy of the statement of charges, notice, order or other process shall be provided to the person or persons whose rights under this article have been allegedly violated. A verified return setting forth the manner of service, or return postcard receipt in the case of registered mail, shall be sufficient proof of service.

(Added by Stats.1980, c. 1214, p. 4103, § 1. Amended by Stats.1981, c. 106, p. 809, § 14, eff. June 29, 1981.)

§ 791.16. Service of process; insurance–support organizations transacting business outside state

For the purpose of this article, an insurance–support organization transacting business outside this state which has an effect on a person residing in this state shall be deemed to have appointed the commissioner to accept service of process on its behalf, provided the commissioner causes a copy of such service to be mailed forthwith by registered mail to the insurance–support organization at its last known principal place of business. The return postcard receipt for such mailing shall be sufficient proof that the same was properly mailed by the commissioner.

(Added by Stats.1980, c. 1214, p. 4103, § 1.)

§ 791.17. Findings; cease and desist orders; written reports; service of process; modification or setting aside of orders or reports

(a) If, after a hearing pursuant to Section 791.15, the commissioner determines that the insurance institution, agent or insurance–support organization charged has engaged in conduct or practices in violation of this article, the commissioner shall reduce his or her findings to writing and shall issue and cause to be served upon such insurance institution, agent or insurance–support organization a copy of such findings and an order requiring such insurance institution, agent or insurance–support organization to cease and desist from the conduct or practices constituting a violation of this article.

(b) If, after a hearing pursuant to Section 791.15, the commissioner determines that the insurance institution, agent or insurance–support organization charged has not engaged in conduct or practices in violation of this article, the commissioner shall prepare a written report which sets forth findings of fact and conclusions of law. Such report shall be served upon the insurance institution, agent or insurance–support organization charged and upon the person or persons, if any, whose rights under this article were allegedly violated.

(c) Until the expiration of the time allowed under Section 791.18 for filing a petition for review or until such petition is actually filed, whichever occurs first, the commissioner may modify or set aside any order or report issued under this section. After the expiration of the time allowed under Section 791.18 for filing a petition for review, if no such petition has been duly filed, the commissioner may, after notice and opportunity for hearing, alter, modify or set aside, in whole or in part, any order or report issued under this section whenever conditions of fact or law warrant such action or if the public interest so requires.

(Added by Stats.1980, c. 1214, p. 4103, § 1. Amended by Stats.1981, c. 106, p. 810, § 15, eff. June 29, 1981.)

§ 791.18. Judicial review; finality of order or report

(a) Any person subject to an order of the commissioner under Section 779.17 or Section 791.20 or any person whose rights under this article were allegedly violated may obtain a review of any order or report of the commissioner by filing in a court of competent jurisdiction, within 30 days from the date of the service of such order or report, pursuant to Section 1094.5 of the Code of Civil Procedure. The court shall have jurisdiction to make and enter a decree modifying, affirming or reversing any order or report of the commissioner, in whole or in part.

(b) An order or report issued by the commissioner under Section 791.17 shall become final:

(1) Upon the expiration of the time allowed for the filing of a petition for review, if no such petition has been duly filed; except that the commissioner may modify or set aside an order or report to the extent provided in subdivision (c) of Section 791.17; or

(2) Upon a final decision of the court if the court directs that the order or report of the commissioner be affirmed or the petition for review dismissed.

(c) No order or report of the commissioner under this article or order of a court to enforce the same shall in any way relieve or absolve any person affected by such order or report from any liability under any law of this state.

(Added by Stats.1980, c. 1214, p. 4103, § 1.)

§ 791.19. Violation of cease and desist order; penalties

Any person who violates a cease and desist order of the commissioner under Section 791.17 may, after notice and hearing and upon order of the commissioner, be subject to one or more of the following penalties, at the discretion of the commissioner:

(a) A monetary fine of not more than ten thousand dollars ($10,000) for each violation; or

(b) A monetary fine of not more than fifty thousand dollars ($50,000) if the commissioner finds that violations have occurred with such frequency as to constitute a general business practice; or

(c) Suspension or revocation of an insurance institution's or agent's license if the insurance institution or agent knew or reasonably should have known it was in violation of this article.

(Added by Stats.1980, c. 1214, p. 4103, § 1.)

§ 791.20. Equitable relief; damages; costs; attorney's fees; limitation of actions

(a) If any insurance institution, agent or insurance–support organization fails to comply with Section 791.08, 791.09 or 791.10 with respect to the rights granted under those sections, any person whose rights are violated may apply to any court of competent jurisdiction, for appropriate equitable relief.

(b) An insurance institution, agent or insurance–support organization which discloses information in violation of Section 791.13 shall be liable for damages sustained by the individual about whom the information relates. However no individual shall be entitled to a monetary award which exceeds the actual damages sustained by the individual as a result of a violation of Section 791.13.

(c) In any action brought pursuant to this section, the court may award the cost of the action and reasonable attorney's fee to the prevailing party.

(d) An action under this section shall be brought within two years from the date the alleged violation is or should have been discovered.

(e) Except as specifically provided in this section, there shall be no remedy or recovery available to individuals, in law or in equity, for occurrences constituting a violation of any provision of this act.

(Added by Stats.1980, c. 1214, p. 4103, § 1. Amended by Stats.1981, c. 106, p. 811, § 16, eff. June 29, 1981.)

§ 791.21. Immunity from defamation, invasion of privacy or negligence actions; exception for malice or willful intent

No cause of action in the nature of defamation, invasion of privacy or negligence shall arise against any person for disclosing personal or privileged information in accordance with this chapter, nor shall such a cause of action arise against any person for furnishing personal or privileged information to an insurance institution, agent or insurance–support organization; provided, however, this section shall provide no immunity for disclosing or furnishing false information with malice or willful intent to injure any person.

(Added by Stats.1981, c. 106, p. 811, § 18, eff. June 29, 1981.)

§ 791.22. Obtaining information under false pretenses; penalties

Any person who knowingly and willfully obtains information about an individual from an insurance institution, agent or insurance–support organization under false pretenses shall be fined not more than ten thousand dollars ($10,000) or imprisoned for not more than one year, or both.

(Added by Stats.1980, c. 1214, p. 4103, § 1.)

§ 791.23. Effective date of rights under Sections 791.08, 791.09 and 791.13; effect upon Section 770.1

The rights granted under Sections 791.08, 791.09 and 791.13 shall take effect on October 1, 1981, regardless of the date of the collection or receipt of the information which is the subject of such sections. Nothing contained in subdivisions (k) and (*l*) of Section 791.13, or in any other provision of this article, shall in any way affect the provisions of Section 770.1.

(Added by Stats.1980, c. 1214, p. 4103, § 1. Amended by Stats.1981, c. 106, p. 811, § 19, eff. June 29, 1981.)

§ 791.26. Authorization granted to a nonprofit hospital service plan

Where an authorization from the individual was granted to a nonprofit hospital service plan prior to October 1, 1981, such authorization shall be deemed to be in compliance with this article.

(Added by Stats.1980, c. 1214, p. 4103, § 1. Amended by Stats.1981, c. 106, p. 811, § 20, eff. June 29, 1981.)

§ 791.27. Release of information to employers; authorizations; exceptions

A disability insurer that provides coverage for hospital, medical, or surgical expenses shall not release any information to an employer that would directly or indirectly indicate to the employer that an employee is receiving or has received services from a health care provider covered by the plan unless authorized to do so by the employee. An insurer that has, pursuant to an agreement, assumed the responsibility to pay compensation pursuant to Article 3 (commencing with Section 3750) of Chapter 4 of Part 1 of Division 4 of the Labor Code, shall not be considered an employer for the purposes of this section. Nothing in this section prohibits a disability insurer from releasing relevant information described in this section for the purposes set forth in Chapter 12 (commencing with Section 1871) of Part 2 of Division 1.

(Added by Stats.1994, c. 614 (S.B.1832), § 9.)

INSURANCE CODE — CLASSES OF INSURANCE

Division 2 CLASSES OF INSURANCE

Part 2 LIFE AND DISABILITY INSURANCE

Chapter 1 THE CONTRACT

Article 2.5 DISCRIMINATORY PRACTICES

§ 10144.5. Severe mental illnesses; serious emotional disturbances of children

(a) Every policy of disability insurance that covers hospital, medical, or surgical expenses in this state that is issued, amended, or renewed on or after July 1, 2000, shall provide coverage for the diagnosis and medically necessary treatment of severe mental illnesses of a person of any age, and of serious emotional disturbances of a child, as specified in subdivisions (d) and (e), under the same terms and conditions applied to other medical conditions, as specified in subdivision (c).

(b) These benefits shall include the following:

(1) Outpatient services.
(2) Inpatient hospital services.
(3) Partial hospital services.
(4) Prescription drugs, if the policy or contract includes coverage for prescription drugs.

(c) The terms and conditions applied to the benefits required by this section that shall be applied equally to all benefits under the disability insurance policy shall include, but not be limited to, the following:
(1) Maximum lifetime benefits.
(2) Copayments and coinsurance.
(3) Individual and family deductibles.

(d) For the purposes of this section, "severe mental illnesses" shall include:
(1) Schizophrenia.
(2) Schizoaffective disorder.
(3) Bipolar disorder (manic–depressive illness).
(4) Major depressive disorders.
(5) Panic disorder.
(6) Obsessive–compulsive disorder.
(7) Pervasive developmental disorder or autism.
(8) Anorexia nervosa.
(9) Bulimia nervosa.

(e) For the purposes of this section, a child suffering from, "serious emotional disturbances of a child" shall be defined as a child who (1) has one or more mental disorders as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a primary substance use disorder or developmental disorder, that result in behavior inappropriate to the child's age according to expected developmental norms, and (2) who meets the criteria in paragraph (2) of subdivision (a) of Section 5600.3 of the Welfare and Institutions Code.

(f)(1) For the purpose of compliance with this section, a disability insurer may provide coverage for all or part of the mental health services required by this section through a separate specialized health care service plan or mental health plan, and shall not be required to obtain an additional or specialized license for this purpose.

(2) A disability insurer shall provide the mental health coverage required by this section in its entire in–state service area and in emergency situations as may be required by applicable laws and regulations. For purposes of this section, disability insurers are not precluded from requiring insureds who reside or work in geographic areas served by specialized health care service plans or mental health plans to secure all or part of their mental health services within those geographic areas served by specialized health care service plans or mental health plans.

(3) Notwithstanding any other provision of law, in the provision of benefits required by this section, a disability insurer may utilize case management, managed care, or utilization review.

(4) Any action that a disability insurer takes to implement this section, including, but not limited to, contracting with preferred provider organizations, shall not be deemed to be an action that would otherwise require licensure as a health care service plan under the Knox–Keene Health Care Service Plan Act of 1975 (Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code.

(g) This section shall not apply to accident–only, specified disease, hospital indemnity, Medicare supplement, dental–only, or vision–only insurance policies.

(Added by Stats.1999, c. 534 (A.B.88), § 3.)

§ 10144.6. Determining eligibility for claim reimbursement; utilizing information regarding whether an enrollee's psychiatric inpatient admission was made on a voluntary or involuntary basis

No disability insurer may utilize any information regarding whether a beneficiary's psychiatric inpatient admission was made on a voluntary or involuntary basis for the purpose of determining eligibility for claim reimbursement.

(Added by Stats.2001, c. 506 (A.B.1424), § 4.)

PENAL CODE — OF CRIMES AND PUNISHMENT

PENAL CODE

Part 1 OF CRIMES AND PUNISHMENTS

Title 9 OF CRIMES AGAINST THE PERSON INVOLVING SEXUAL ASSAULT, AND CRIMES AGAINST PUBLIC DECENCY AND GOOD MORALS

Chapter 5 BIGAMY, INCEST, AND THE CRIME AGAINST NATURE

§ 290. Registration of sex offenders

(a)(1)(A) Every person described in paragraph (2), for the rest of his or her life while residing in, or, if he or she has no residence, while located within California, or while attending school or working in California, as described in subparagraph (G), shall be required to register with the chief of police of the city in which he or she is residing, or if he or she has no residence, is located, or the sheriff of the county if he or she is residing, or if he or she has no residence, is located, in an unincorporated area or city that has no police department, and, additionally, with the chief of police of a campus of the University of California, the California State University, or community college if he or she is residing, or if he or she has no residence, is located upon the campus or in any of its facilities, within five working days of coming into, or changing his or her residence or location within, any city, county, or city and county, or campus in which he or she temporarily resides, or, if he or she has no residence, is located.

(B) If the person who is registering has more than one residence address or location at which he or she regularly resides or is located, he or she shall register in accordance with subparagraph (A) in each of the jurisdictions in which he or she regularly resides or is located. If all of the addresses or locations are within the same jurisdiction, the person shall provide the registering authority with all of the addresses or locations where he or she regularly resides or is located.

(C) If the person who is registering has no residence address, he or she shall update his or her registration no less than once every 60 days in addition to the requirement in subparagraph (A), on a form as may be required by the Department of Justice, with the entity or entities described in subparagraph (A) in whose jurisdiction he or she is located at the time he or she is updating the registration.

(D) Beginning on his or her first birthday following registration or change of address, the person shall be required to register annually, within five working days of his or her birthday, to update his or her registration with the entities described in subparagraph (A). At the annual update, the person shall provide current information as required on the Department of Justice annual update form, including the information described in subparagraphs (A) to (C), inclusive, of paragraph (2) of subdivision (e).

(E) In addition, every person who has ever been adjudicated a sexually violent predator, as defined in Section 6600 of the Welfare and Institutions Code, shall, after his or her release from custody, verify his or her address no less than once every 90 days and place of employment, including the name and address of the employer, in a manner established by the Department of Justice.

(F) No entity shall require a person to pay a fee to register or update his or her registration pursuant to this section. The registering agency shall submit registrations, including annual updates or changes of address, directly into the Department of Justice Violent Crime Information Network (VCIN).

(G) Persons required to register in their state of residence who are out–of–state residents employed, or carrying on a vocation in California on a full–time or part–time basis, with or without compensation, for more than 14 days, or for an aggregate period exceeding 30 days in a calendar year, shall register in accordance with subparagraph (A). Persons described in paragraph (2) who are out–of–state residents enrolled in any educational institution in California, as defined in Section 22129 of the Education Code, on a full–time or part–time basis, shall register in accordance with subparagraph (A). The place where the out–of–state resident is located, for purposes of registration, shall be the place where the person is employed, carrying on a vocation, or attending school. The out–of–state resident subject to this subparagraph shall, in addition to the information required pursuant to subdivision (e), provide the registering authority with the name of his or her place of employment or the name of the school attended in California, and his or her address or location in his or her state of residence. The registration requirement for persons subject to this subparagraph shall become operative on November 25, 2000. The terms "employed or carries on a vocation" include employment whether or not financially compensated, volunteered, or performed for government or educational benefit.

(2) The following persons shall be required to register pursuant to paragraph (1):

(A) Any person who, since July 1, 1944, has been or is hereafter convicted in any court in this state or in any federal or military court of a violation of Section 207 or 209 committed with intent to violate Section 261, 286, 288, 288a, or 289, Section 220, except assault to commit mayhem, Section 243.4, paragraph (1), (2), (3), (4), or (6) of subdivision (a) of Section 261, or paragraph (1) of subdivision (a) of Section 262 involving the use of force or violence for which the person is sentenced to the state prison, Section 264.1, 266, 266c, subdivision (b) of Section 266h, subdivision (b) of Section 266i, 266j, 267, 269, 285, 286, 288, 288a, 288.5, or 289, Section 311.1, subdivision (b), (c), or (d) of Section 311.2, Section 311.3, 311.4, 311.10, 311.11, or 647.6, former Section 647a, subdivision (c) of Section 653f, subdivision 1 or 2 of Section 314, any offense involving lewd or lascivious conduct under Section 272, or any felony violation of Section 288.2; or any statutory predecessor that includes all elements of one of the above–mentioned offenses; or any person who since that date has been or is hereafter convicted of the attempt to commit any of the above–mentioned offenses.

(B) Any person who, since July 1, 1944, has been or hereafter is released, discharged, or paroled from a penal institution where he or she was confined because of the commission or attempted commission of one of the offenses described in subparagraph (A).

(C) Any person who, since July 1, 1944, has been or hereafter is determined to be a mentally disordered sex offender under Article 1 (commencing with Section 6300) of Chapter 2 of Part 2 of Division 6 of the Welfare and Institutions Code or any person who has been found guilty in the guilt phase of a trial for an offense for which registration is required by this section but who has been found not guilty by reason of insanity in the sanity phase of the trial.

(D) Any person who, since July 1, 1944, has been, or is hereafter convicted in any other court, including any state, federal, or military court, of any offense that, if committed or attempted in this state, would have been punishable as one or more of the offenses described in subparagraph (A) or any person ordered by any other court, including any state, federal, or military court, to register as a sex offender for any offense, if the court found at the time of conviction or sentencing that the person committed the offense as a result of sexual compulsion or for purposes of sexual gratification.

(E) Any person ordered by any court to register pursuant to this section for any offense not included specifically in this section if the court finds at the time of conviction or sentencing that the person committed the offense as a result of sexual compulsion or for purposes of sexual gratification. The court shall state on the record the reasons for its findings and the reasons for requiring registration.

(F)(i) Notwithstanding any other subdivision, a person who was convicted before January 1, 1976, under subdivision (a) of Section 286, or Section 288a, shall not be required to register pursuant to this section for that conviction if the conviction was for conduct between consenting adults that was decriminalized by Chapter 71 of the Statutes of 1975 or Chapter 1139 of the Statutes of 1976. The Department of Justice shall remove that person from the Sex Offender Registry, and the person is discharged from his or her duty to register pursuant to the following procedure:

(I) The person submits to the Department of Justice official documentary evidence, including court records or police reports, that demonstrate that the person's conviction pursuant to either of those sections was for conduct between consenting adults that was decriminalized; or

(II) The person submits to the department a declaration stating that the person's conviction pursuant to either of those sections was for consensual conduct between adults that has been decriminalized. The declaration shall be confidential and not a public record, and shall include the person's name, address, telephone number, date of birth, and a summary of the circumstances leading to the conviction, including the date of the conviction and county of the occurrence.

(III) The department shall determine whether the person's conviction was for conduct between consensual adults that has been decriminalized. If the conviction was for consensual conduct between adults that has been decriminalized, and the person has no other offenses for which he or she is required to register pursuant to this section, the department shall, within 60 days of receipt of those documents, notify the person that he or she is relieved of the duty to register, and shall notify the local law enforcement agency with which the person is registered that he or she has been relieved of the duty to register. The local law enforcement agency shall remove the person's registration from its files within 30 days of receipt of notification. If the documentary or other evidence submitted is insufficient to establish the person's claim, the department shall, within 60 days of receipt of those documents, notify the person that his or her claim cannot be established, and that the person shall continue to register pursuant to this section. The department shall provide, upon the person's request, any information relied upon by the department in making its determination that the person shall continue to register pursuant to this section. Any person whose claim has been denied by the department pursuant to this clause may petition the court to appeal the department's denial of the person's claim.

(ii) On or before July 1, 1998, the department shall make a report to the Legislature concerning the status of persons who may come under the provisions of this subparagraph, including the number of persons who were convicted before January 1, 1976, under subdivision (a) of Section 286 or Section 288a and are required to register under this section, the average age of these persons, the number of these persons who have any subsequent convictions for a registerable sex offense, and the number of these persons who have sought successfully or unsuccessfully to be relieved of their duty to register under this section.

(b)(1) Any person who is released, discharged, or paroled from a jail, state or federal prison, school, road camp, or other institution where he or she was confined because of the commission or attempted commission of one of the offenses specified in subdivision (a) or is released from a state hospital to which he or she was committed as a mentally disordered sex offender under Article 1 (commencing with Section 6300) of Chapter 2 of Part 2 of Division 6 of the Welfare and Institutions Code, shall, prior to discharge, parole, or release, be informed of his or her duty to register under this section by the official in charge of the place of confinement or hospital, and the official shall require the person to read and sign any form that may be required by the Department of Justice, stating that the duty of the person to register under this section has been explained to the person. The official in charge of the place of confinement or hospital shall obtain the address where the person expects to reside upon his or her discharge, parole, or release and shall report the address to the Department of Justice. The official shall at the same time forward a current photograph of the person to the Department of Justice.

(2) The official in charge of the place of confinement or hospital shall give one copy of the form to the person and shall send one copy to the Department of Justice and one copy to the appropriate law enforcement agency or agencies having jurisdiction over the place the person expects to reside upon discharge, parole, or release. If the conviction that makes the person subject to this section is a felony conviction, the official in charge shall, not later than 45 days prior to the scheduled release of the person, send one copy to the appropriate law enforcement agency or agencies having local jurisdiction where the person expects to reside upon discharge, parole, or release; one copy to the prosecuting agency that prosecuted the person; and one copy to the Department of Justice. The official in charge of the place of confinement or hospital shall retain one copy.

(c)(1) Any person who is convicted in this state of the commission or attempted commission of any of the offenses specified in subdivision (a) and who is released on probation, shall, prior to release or discharge, be informed of the duty to register under this section by the probation department, and a probation officer shall require the person to read and sign any form that may be required by the Department of Justice, stating that the duty of the person to register under this section has been explained to him or her. The probation officer shall obtain the address where the person expects to reside upon release or discharge and shall report within three days the address to the Department of Justice. The probation officer shall give one copy of the form to the person, send one copy to the Department of Justice, and forward one copy to the appropriate law enforcement agency or agencies having local jurisdiction where the person expects to reside upon his or her discharge, parole, or release.

(2) Any person who is convicted in this state of the commission or attempted commission of any of the offenses specified in subdivision (a) and who is granted conditional release without supervised probation, or discharged upon payment of a fine, shall, prior to release or discharge, be informed of the duty to register under this section in open court by the court in which the person has been convicted, and the court shall require the person to read and sign any form that may be required by the Department of Justice, stating that the duty of the person to register under this section has been explained to him or her. If the court finds that it is in the interest of the efficiency of the court, the court may assign the bailiff to require the person to read and sign forms under this section. The court shall obtain the address where the person expects to reside upon release or discharge and shall report within three days the address to the Department of Justice. The court shall give one copy of the form to the person, send one copy to the Department of Justice, and forward one copy to the appropriate law enforcement agency or agencies having local jurisdiction where the person expects to reside upon his or her discharge, parole, or release.

(d)(1) Any person who, on or after January 1, 1986, is discharged or paroled from the Department of the Youth Authority to the custody of which he or she was committed after having been adjudicated a ward of the juvenile court pursuant to Section 602 of the Welfare and Institutions Code because of the commission or attempted commission of any offense described in paragraph (3) shall be subject to registration under the procedures of this section.

(2) Any person who is discharged or paroled from a facility in another state that is equivalent to the Department of the Youth Authority, to the custody of which he or she was committed because

of an offense which, if committed or attempted in this state, would have been punishable as one or more of the offenses described in paragraph (3), shall be subject to registration under the procedures of this section.

(3) Any person described in this subdivision who committed an offense in violation of any of the following provisions shall be required to register pursuant to this section:

(A) Assault with intent to commit rape, sodomy, oral copulation, or any violation of Section 264.1, 288, or 289 under Section 220.

(B) Any offense defined in paragraph (1), (2), (3), (4), or (6) of subdivision (a) of Section 261, Section 264.1, 266c, or 267, paragraph (1) of subdivision (b) of, or subdivision (c) or (d) of, Section 286, Section 288 or 288.5, paragraph (1) of subdivision (b) of, or subdivision (c) or (d) of, Section 288a, subdivision (a) of Section 289, or Section 647.6.

(C) A violation of Section 207 or 209 committed with the intent to violate Section 261, 286, 288, 288a, or 289.

(4) Prior to discharge or parole from the Department of the Youth Authority, any person who is subject to registration under this subdivision shall be informed of the duty to register under the procedures set forth in this section. Department of the Youth Authority officials shall transmit the required forms and information to the Department of Justice.

(5) All records specifically relating to the registration in the custody of the Department of Justice, law enforcement agencies, and other agencies or public officials shall be destroyed when the person who is required to register has his or her records sealed under the procedures set forth in Section 781 of the Welfare and Institutions Code. This subdivision shall not be construed as requiring the destruction of other criminal offender or juvenile records relating to the case that are maintained by the Department of Justice, law enforcement agencies, the juvenile court, or other agencies and public officials unless ordered by a court under Section 781 of the Welfare and Institutions Code.

(e)(1) On or after January 1, 1998, upon incarceration, placement, or commitment, or prior to release on probation, any person who is required to register under this section shall preregister. The preregistering official shall be the admitting officer at the place of incarceration, placement, or commitment, or the probation officer if the person is to be released on probation. The preregistration shall consist of all of the following:

(A) A preregistration statement in writing, signed by the person, giving information that shall be required by the Department of Justice.

(B) The fingerprints and a current photograph of the person.

(C) Any person who is preregistered pursuant to this subdivision is required to be preregistered only once.

(2) A person described in paragraph (2) of subdivision (a) shall register, or reregister if the person has previously registered, upon release from incarceration, placement, or commitment, pursuant to paragraph (1) of subdivision (a). The registration shall consist of all of the following:

(A) A statement in writing signed by the person, giving information as shall be required by the Department of Justice and giving the name and address of the person's employer, and the address of the person's place of employment if that is different from the employer's main address.

(B) The fingerprints and a current photograph of the person taken by the registering official.

(C) The license plate number of any vehicle owned by, regularly driven by, or registered in the name of the person.

(D) Notice to the person that, in addition to the requirements of paragraph (4), he or she may have a duty to register in any other state where he or she may relocate.

(E) Copies of adequate proof of residence, which shall be limited to a California driver's license, California identification card, recent rent or utility receipt, printed personalized checks or other recent banking documents showing that person's name and address, or any other information that the registering official believes is reliable. If the person has no residence and no reasonable expectation of obtaining a residence in the foreseeable future, the person shall so advise the registering official and shall sign a statement provided by the registering official stating that fact. Upon presentation of proof of residence to the registering official or a signed statement that the person has no residence, the person shall be allowed to register. If the person claims that he or she has a residence but does not have any proof of residence, he or she shall be allowed to register but shall furnish proof of residence within 30 days of the day he or she is allowed to register.

(3) Within three days thereafter, the preregistering official or the registering law enforcement agency or agencies shall forward the statement, fingerprints, photograph, and vehicle license plate number, if any, to the Department of Justice.

(f)(1) If any person who is required to register pursuant to this section changes his or her residence address or location, whether within the jurisdiction in which he or she is currently registered or to a new jurisdiction inside or outside the state, the person shall inform, in writing within five working days, the law enforcement agency or agencies with which he or she last registered of the new address or location. The law enforcement agency or agencies shall, within three working days after receipt of this information, forward a copy of the change of address or location information to the Department of Justice. The Department of Justice shall forward appropriate registration data to the law enforcement agency or agencies having local jurisdiction of the new place of residence or location.

(2) If the person's new address is in a Department of the Youth Authority facility or a state prison or state mental institution, an official of the place of incarceration, placement, or commitment shall, within 90 days of receipt of the person, forward the registrant's change of address information to the Department of Justice. The agency need not provide a physical address for the registrant but shall indicate that he or she is serving a period of incarceration or commitment in a facility under the agency's jurisdiction. This paragraph shall apply to persons received in a Department of the Youth Authority facility or a state prison or state mental institution on or after January 1, 1999. The Department of Justice shall forward the change of address information to the agency with which the person last registered.

(3) If any person who is required to register pursuant to this section changes his or her name, the person shall inform, in person, the law enforcement agency or agencies with which he or she is currently registered within five working days. The law enforcement agency or agencies shall forward a copy of this information to the Department of Justice within three working days of its receipt.

(g)(1) Any person who is required to register under this section based on a misdemeanor conviction or juvenile adjudication who willfully violates any requirement of this section is guilty of a misdemeanor punishable by imprisonment in a county jail not exceeding one year.

(2) Except as provided in paragraphs (5) and (7), any person who is required to register under this section based on a felony conviction or juvenile adjudication who willfully violates any requirement of this section or who has a prior conviction or juvenile adjudication for the offense of failing to register under this section and who subsequently and willfully violates any requirement of this section is guilty of a felony and shall be punished by imprisonment in the state prison for 16 months, or two or three years.

If probation is granted or if the imposition or execution of sentence is suspended, it shall be a condition of the probation or suspension that the person serve at least 90 days in a county jail. The penalty described in this paragraph shall apply whether or not the person has been released on parole or has been discharged from parole.

(3) Any person determined to be a mentally disordered sex offender or who has been found guilty in the guilt phase of trial for an

offense for which registration is required under this section, but who has been found not guilty by reason of insanity in the sanity phase of the trial, or who has had a petition sustained in a juvenile adjudication for an offense for which registration is required under this section pursuant to subdivision (d), but who has been found not guilty by reason of insanity, who willfully violates any requirement of this section is guilty of a misdemeanor and shall be punished by imprisonment in a county jail not exceeding one year. For any second or subsequent willful violation of any requirement of this section, the person is guilty of a felony and shall be punished by imprisonment in the state prison for 16 months, or two or three years.

(4) If, after discharge from parole, the person is convicted of a felony or suffers a juvenile adjudication as specified in this subdivision, he or she shall be required to complete parole of at least one year, in addition to any other punishment imposed under this subdivision. A person convicted of a felony as specified in this subdivision may be granted probation only in the unusual case where the interests of justice would best be served. When probation is granted under this paragraph, the court shall specify on the record and shall enter into the minutes the circumstances indicating that the interests of justice would best be served by the disposition.

(5) Any person who has ever been adjudicated a sexually violent predator, as defined in Section 6600 of the Welfare and Institutions Code, and who fails to verify his or her registration every 90 days as required pursuant to subparagraph (E) of paragraph (1) of subdivision (a), shall be punished by imprisonment in the state prison, or in a county jail not exceeding one year.

(6) Except as otherwise provided in paragraph (5), and in addition to any other penalty imposed under this subdivision, any person who is required pursuant to subparagraph (C) of paragraph (1) of subdivision (a) to update his or her registration every 60 days and willfully fails to update his or her registration is guilty of a misdemeanor and shall be punished by imprisonment in a county jail not exceeding six months. Any subsequent violation of this requirement that persons described in subparagraph (C) of paragraph (1) of subdivision (a) shall update their registration every 60 days is also a misdemeanor and shall be punished by imprisonment in a county jail not exceeding six months.

(7) Any person who fails to provide proof of residence as required by subparagraph (E) of paragraph (2) of subdivision (e), regardless of the offense upon which the duty to register is based, is guilty of a misdemeanor punishable by imprisonment in a county jail not exceeding six months.

(8) Any person who is required to register under this section who willfully violates any requirement of this section is guilty of a continuing offense.

(h) Whenever any person is released on parole or probation and is required to register under this section but fails to do so within the time prescribed, the parole authority, the Youthful Offender Parole Board, or the court, as the case may be, shall order the parole or probation of the person revoked. For purposes of this subdivision, "parole authority" has the same meaning as described in Section 3000.

(i) Except as provided in * * * Sections 290.4 and 290.45, the statements, photographs, and fingerprints required by this section shall not be open to inspection by the public or by any person other than a regularly employed peace officer or other law enforcement officer.

(j) In any case in which a person who would be required to register pursuant to this section for a felony conviction is to be temporarily sent outside the institution where he or she is confined on any assignment within a city or county including firefighting, disaster control, or of whatever nature the assignment may be, the local law enforcement agency having jurisdiction over the place or places where the assignment shall occur shall be notified within a reasonable time prior to removal from the institution. This subdivision shall not apply to any person who is temporarily released under guard from the institution where he or she is confined.

(k) As used in this section, "mentally disordered sex offender" includes any person who has been determined to be a sexual psychopath or a mentally disordered sex offender under any provision which, on or before January 1, 1976, was contained in Division 6 (commencing with Section 6000) of the Welfare and Institutions Code.

(*l*)(1) Every person who, prior to January 1, 1997, is required to register under this section, shall be notified whenever he or she next reregisters of the reduction of the registration period from 14 to five working days. This notice shall be provided in writing by the registering agency or agencies. Failure to receive this notification shall be a defense against the penalties prescribed by subdivision (g) if the person did register within 14 days.

(2) Every person who, as a sexually violent predator, as defined in Section 6600 of the Welfare and Institutions Code, is required to verify his or her registration every 90 days, shall be notified wherever he or she next registers of his or her increased registration obligations. This notice shall be provided in writing by the registering agency or agencies. Failure to receive this notice shall be a defense against the penalties prescribed by paragraph (5) of subdivision (g).

* * *

(m) The registration * * * provisions of this section are applicable to every person described in this section, without regard to when his or her crimes were committed or his or her duty to register pursuant to this section arose, and to every offense described in this section, regardless of when it was committed.

(Added by Stats.1985, c. 1474, § 2, operative Jan. 1, 1988. Amended by Stats.1986, c. 1299, § 7; Stats.1987, c. 753, § 3; Stats.1987, c. 1418, § 3.1; Stats.1989, c. 1316, § 2; Stats.1989, c. 1402, § 5; Stats.1989, c. 1407, § 4; Stats.1992, c. 197 (A.B.2297), § 1; Stats.1992, c. 695 (S.B.97), § 9, eff. Sept. 15, 1992; Stats.1993, c. 555 (A.B.191), § 1, eff. Sept. 28, 1993; Stats.1993, c. 589 (A.B. 2211), § 109; Stats.1993, c. 595 (A.B.595), § 8; Stats.1994, c. 863 (A.B.3456), § 1; Stats.1994, c. 864 (A.B.1211), § 1; Stats.1994, c. 865 (A.B.3513), § 1; Stats.1994, c. 867 (A.B.2500), § 2.7; Stats.1995, c. 91 (S.B.975), § 120; Stats.1995, c. 85 (A.B.173), § 1; Stats.1995, c. 840 (S.B.295), § 2; Stats.1996, c. 908 (A.B.1562), § 2, eff. Sept. 25, 1996; Stats.1996, c. 909 (S.B.1378), § 2; Stats.1997, c. 17 (S.B.947), § 96; Stats.1997, c. 80 (A.B.213), § 1; Stats.1997, c. 817 (A.B.59), § 3; Stats.1997, c. 818 (A.B.1303), § 4; Stats.1997, c. 819 (S.B.314), § 1; Stats.1997, c. 820 (S.B.882), § 1; Stats.1997, c. 821 (A.B.290), § 3, eff. Oct. 9, 1997; Stats.1997, c. 821 (A.B.290), § 3.5, eff. Oct. 9, 1997, operative Jan. 1, 1998; Stats.1998, c. 485 (A.B.2803), § 128–129; Stats.1998, c. 927 (A.B.796), § 1; Stats.1998, c. 928 (A.B.1927), § 1; Stats.1998, c. 929 (A.B.1745), § 1; Stats.1998, c. 930 (A.B.1078), § 1; Stats.1999, c. 83 (S.B.966), § 138; Stats.1999, c. 576 (A.B.1193), § 1; Stats.1999, c. 730 (S.B.1275), § 1; Stats.1999, c. 901 (S.B.341), § 1.5; Stats.2000, c. 240 (A.B.2502), § 1; Stats.2000, c. 287 (S.B.1955), § 7; Stats.2000, c. 648 (A.B.1340), § 1; Stats.2000, c. 649 (S.B.446), § 2.5; Stats.2001, c. 485 (A.B.1004), § 1; Stats.2001, c. 544 (A.B.4), § 1; Stats.2001, c. 843 (A.B.349), § 1.3; Stats.2002, c. 664 (A.B.3034), § 171; Stats.2002, c. 17 (S.B.836), § 1, eff. March 28, 2002; Stats.2003, c. 538 (S.B.356), § 1; Stats.2003, c. 540 (S.B.879), § 1; Stats.2003, c. 634 (A.B.1313), § 1.3, eff. Sept. 30, 2003.)

VALIDITY

This section has been held unconstitutional in part in the case of *People v. North (App. 1 Dist. 2003) 5 Cal.Rptr.3d 337, 112 Cal.App.4th 621, as modified.*

Title 16 GENERAL PROVISIONS

§ 667.9. Conviction of certain crimes against persons 65 years of age or older, blind, deaf, developmentally disabled, paraplegic, quadriplegic, or under the age of 14 years; prior conviction; sentence enhancements

(a) Any person who commits one or more of the crimes specified in subdivision (c) against a person who is 65 years of age or older, or against a person who is blind, deaf, developmentally disabled, a paraplegic, or a quadriplegic, or against a person who is under the age

of 14 years, and that disability or condition is known or reasonably should be known to the person committing the crime, shall receive a one–year enhancement for each violation.

(b) Any person who commits a violation of subdivision (a) and who has a prior conviction for any of the offenses specified in subdivision (c), shall receive a two–year enhancement for each violation in addition to the sentence provided under Section 667.

(c) Subdivisions (a) and (b) apply to the following crimes:

(1) Mayhem, in violation of Section 203 or 205.

(2) Kidnapping, in violation of Section 207, 209, or 209.5.

(3) Robbery, in violation of Section 211.

(4) Carjacking, in violation of Section 215.

(5) Rape, in violation of paragraph (2) or (6) of subdivision (a) of Section 261.

(6) Spousal rape, in violation of paragraph (1) or (4) of subdivision (a) of Section 262.

(7) Rape, spousal rape, or sexual penetration in concert, in violation of Section 264.1.

(8) Sodomy, in violation of paragraph (2) or (3) of subdivision (c), or subdivision (d), of Section 286.

(9) Oral copulation, in violation of paragraph (2) or (3) of subdivision (c), or subdivision (d), of Section 288a.

(10) Sexual penetration, in violation of subdivision (a) of Section 289.

(11) Burglary of the first degree, as defined in Section 460, in violation of Section 459.

(d) As used in this section, "developmentally disabled" means a severe, chronic disability of a person, which is all of the following:

(1) Attributable to a mental or physical impairment or a combination of mental and physical impairments.

(2) Likely to continue indefinitely.

(3) Results in substantial functional limitation in three or more of the following areas of life activity:

(A) Self–care.

(B) Receptive and expressive language.

(C) Learning.

(D) Mobility.

(E) Self–direction.

(F) Capacity for independent living.

(G) Economic self–sufficiency.

(Added by Stats.1985, c. 1086, § 2. Amended by Stats.1986, c. 1299, § 9; Stats.1987, c. 1462, § 1; Stats.1992, c. 265 (S.B.1288), § 2; Stats.1992, c. 741 (A.B.1611), § 1.5; Stats.1993, c. 610 (A.B.6), § 12, eff. Oct. 1, 1993; Stats.1993, c. 611 (S.B.60), § 13, eff. Oct. 1, 1993; Stats.1994, c. 224 (S.B.1436), § 1; Stats.1994, c. 1188 (S.B.59), § 9; Stats.1999, c. 569 (A.B.313), § 1.)

PENAL CODE — CRIMINAL PROCEDURE

Part 2 OF CRIMINAL PROCEDURE

Title 3 ADDITIONAL PROVISIONS REGARDING CRIMINAL PROCEDURE

Chapter 4.5 PEACE OFFICERS

§ 830.3. Peace officers; employing agencies; authority

The following persons are peace officers whose authority extends to any place in the state for the purpose of performing their primary duty or when making an arrest pursuant to Section 836 of the Penal Code as to any public offense with respect to which there is immediate danger to person or property, or of the escape of the perpetrator of that offense, or pursuant to Section 8597 or 8598 of the Government Code. These peace officers may carry firearms only if authorized and under those terms and conditions as specified by their employing agencies:

(a) Persons employed by the Division of Investigation of the Department of Consumer Affairs and investigators of the Medical Board of California and the Board of Dental Examiners, who are designated by the Director of Consumer Affairs, provided that the primary duty of these peace officers shall be the enforcement of the law as that duty is set forth in Section 160 of the Business and Professions Code. * * *

(b) Voluntary fire wardens designated by the Director of Forestry and Fire Protection pursuant to Section 4156 of the Public Resources Code, provided that the primary duty of these peace officers shall be the enforcement of the law as that duty is set forth in Section 4156 of that code.

(c) Employees of the Department of Motor Vehicles designated in Section 1655 of the Vehicle Code, provided that the primary duty of these peace officers shall be the enforcement of the law as that duty is set forth in Section 1655 of that code.

(d) Investigators of the California Horse Racing Board designated by the board, provided that the primary duty of these peace officers shall be the enforcement of Chapter 4 (commencing with Section 19400) of Division 8 of the Business and Professions Code and Chapter 10 (commencing with Section 330) of Title 9 of Part 1 of this code.

(e) The State Fire Marshal and assistant or deputy state fire marshals appointed pursuant to Section 13103 of the Health and Safety Code, provided that the primary duty of these peace officers shall be the enforcement of the law as that duty is set forth in Section 13104 of that code.

(f) Inspectors of the food and drug section designated by the chief pursuant to subdivision (a) of Section 106500 of the Health and Safety Code, provided that the primary duty of these peace officers shall be the enforcement of the law as that duty is set forth in Section 106500 of that code.

(g) All investigators of the Division of Labor Standards Enforcement designated by the Labor Commissioner, provided that the primary duty of these peace officers shall be the enforcement of the law as prescribed in Section 95 of the Labor Code.

(h) All investigators of the State Departments of Health Services, Social Services, Mental Health, Developmental Services, and Alcohol and Drug Programs, the Department of Toxic Substances Control, the Office of Statewide Health Planning and Development, and the Public Employees' Retirement System, provided that the primary duty of these peace officers shall be the enforcement of the law relating to the duties of his or her department or office. Notwithstanding any other provision of law, investigators of the Public Employees' Retirement System shall not carry firearms.

(i) The Chief of the Bureau of Fraudulent Claims of the Department of Insurance and those investigators designated by the chief, provided that the primary duty of those investigators shall be the enforcement of Section 550.

(j) Employees of the Department of Housing and Community Development designated under Section 18023 of the Health and Safety Code, provided that the primary duty of these peace officers shall be the enforcement of the law as that duty is set forth in Section 18023 of that code.

(k) Investigators of the office of the Controller, provided that the

primary duty of these investigators shall be the enforcement of the law relating to the duties of that office. Notwithstanding any other law, except as authorized by the Controller, the peace officers designated pursuant to this subdivision shall not carry firearms.

(*l*) Investigators of the Department of Corporations designated by the Commissioner of Corporations, provided that the primary duty of these investigators shall be the enforcement of the provisions of law administered by the Department of Corporations. Notwithstanding any other provision of law, the peace officers designated pursuant to this subdivision shall not carry firearms.

(m) Persons employed by the Contractors' State License Board designated by the Director of Consumer Affairs pursuant to Section 7011.5 of the Business and Professions Code, provided that the primary duty of these persons shall be the enforcement of the law as that duty is set forth in Section 7011.5, and in Chapter 9 (commencing with Section 7000) of Division 3, of that code. The Director of Consumer Affairs may designate as peace officers not more than three persons who shall at the time of their designation be assigned to the special investigations unit of the board. Notwithstanding any other provision of law, the persons designated pursuant to this subdivision shall not carry firearms.

(n) The Chief and coordinators of the Law Enforcement Division of the Office of Emergency Services.

(*o*) Investigators of the office of the Secretary of State designated by the Secretary of State, provided that the primary duty of these peace officers shall be the enforcement of the law as prescribed in Chapter 3 (commencing with Section 8200) of Division 1 of Title 2 of, and Section 12172.5 of, the Government Code. Notwithstanding any other provision of law, the peace officers designated pursuant to this subdivision shall not carry firearms.

(p) The Deputy Director for Security designated by Section 8880.38 of the Government Code, and all lottery security personnel assigned to the California State Lottery and designated by the director, provided that the primary duty of any of those peace officers shall be the enforcement of the laws related to assuring the integrity, honesty, and fairness of the operation and administration of the California State Lottery.

(q) Investigators employed by the Investigation Division of the Employment Development Department designated by the director of the department, provided that the primary duty of those peace officers shall be the enforcement of the law as that duty is set forth in Section 317 of the Unemployment Insurance Code.

Notwithstanding any other provision of law, the peace officers designated pursuant to this subdivision shall not carry firearms.

(r) The chief and assistant chief of museum security and safety of the California Science Center, as designated by the executive director pursuant to Section 4108 of the Food and Agricultural Code, provided that the primary duty of those peace officers shall be the enforcement of the law as that duty is set forth in Section 4108 of the Food and Agricultural Code.

(s) Employees of the Franchise Tax Board designated by the board, provided that the primary duty of these peace officers shall be the enforcement of the law as set forth in Chapter 9 (commencing with Section 19701) of Part 10.2 of Division 2 of the Revenue and Taxation Code.

(t) Notwithstanding any other provision of this section, a peace officer authorized by this section shall not be authorized to carry firearms by his or her employing agency until that agency has adopted a policy on the use of deadly force by those peace officers, and until those peace officers have been instructed in the employing agency's policy on the use of deadly force.

Every peace officer authorized pursuant to this section to carry firearms by his or her employing agency shall qualify in the use of the firearms at least every six months.

(u) Investigators of the Department of Managed Health Care designated by the Director of the Department of Managed Health Care, provided that the primary duty of these investigators shall be the enforcement of the provisions of laws administered by the Director of the Department of Managed Health Care. Notwithstanding any other provision of law, the peace officers designated pursuant to this subdivision shall not carry firearms.

(Added by Stats.1968, c. 1222, p. 2303, § 1. Amended by Stats.1969, c. 1511, p. 3090, § 1; Stats.1970, c. 468, p. 928, § 2; Stats.1970, c. 1454, p. 2867, § 4; Stats.1970, c. 1589, p. 3306, § 1; Stats.1970, c. 1591, p. 3318, § 1; Stats.1970, c. 1592, p. 3322, § 3; Stats.1971, c. 631, p. 1236, § 3; Stats.1971, c. 632, p. 1245, § 3; Stats.1971, c. 701, p. 1358, § 2; Stats.1971, c. 716, p. 1437, § 203; Stats.1971, c. 1695, p. 3634, § 1; Stats.1972, c. 618, p. 1139, § 117; Stats.1972, c. 1377, p. 2832, § 71; Stats.1974, c. 639, p. 1493, § 2; Stats.1974, c. 1403, p. 3072, § 12; Stats.1975, 2nd Ex.Sess., c. 2, p. 4004, § 10.5, eff. Sept. 24, 1975, operative Dec. 12, 1975; Stats.1976, c. 42, p. 1017, § 1; Stats.1976, c. 1406, p. 6325, § 1; Stats.1976, c. 1435, p. 6328, § 3; Stats.1977, c. 1252, p. 4436, § 359, operative July 1, 1978; Stats.1977, c. 220, p. 1014, § 2; Stats.1978, c. 429, p. 1416, § 157.5, eff. July 17, 1978, operative July 1, 1978; Stats.1978, c. 1138, p. 3494, § 1; Stats.1979, c. 573, p. 1799, § 3; Stats.1980, c. 10, p. 53, § 2, eff. Feb. 12, 1980; Stats.1980, c. 676, p. 1981, § 250; Stats.1980, c. 1340, p. 4721, § 7, eff. Sept. 30, 1980; Stats.1981, c. 973, p. 3709, § 1; Stats.1981, c. 975, p. 3789, § 22; Stats.1982, c. 548, p. 2491, § 2.5, eff. Aug. 24, 1982; Stats.1982, c. 1277, p. 4721, § 4; Stats.1984, c. 57, § 1, eff. March 28, 1984; Stats.1984, c. 940, § 1; Stats.1985, c. 1241, § 1, eff. Sept. 30, 1985; Stats.1986, c. 898, § 2; Stats.1988, c. 685, § 1; Stats.1988, c. 1552, § 2; Stats.1989, c. 886, § 101; Stats.1989, c. 1165, § 22; Stats.1989, c. 1166, § 3; Stats.1990, c. 82 (S.B.655), § 8, eff. May 3, 1990; Gov.Reorg.Plan No. 1 of 1991, § 152, eff. July 17, 1991; Stats.1991, c. 877 (A.B.1196), § 2; Stats.1991, c. 910 (S.B.249), § 5; Stats.1993, c. 409 (A.B.2308), § 2, eff. Sept. 17, 1993; Stats.1996, c. 1023 (S.B.1497), § 390, eff. Sept. 29, 1996; Stats.1996, c. 841 (A.B.3220), § 16; Stats.1997, c. 670 (S.B.951), § 1.5; Stats.1997, c. 704 (S.B.826), § 7; Stats.1998, c. 485 (A.B.2803), § 132; Stats.1999, c. 525 (A.B.78), § 191; Stats.1999, c. 840 (A.B.900), § 2, eff. Oct. 10, 1999; Stats.2000, c. 857 (A.B.2903), § 78; Stats.2003, c. 788 (S.B.362), § 80.)

§ 830.38. State hospital officer

The officers of a state hospital under the jurisdiction of the State Department of Mental Health or the State Department of Developmental Services appointed pursuant to Section 4313 or 4493 of the Welfare and Institutions Code, are peace officers whose authority extends to any place in the state for the purpose of performing their primary duty or when making an arrest pursuant to Section 836 as to any public offense with respect to which there is immediate danger to person or property, or of the escape of the perpetrator of that offense, or pursuant to Section 8597 or 8598 of the Government Code provided that the primary duty of the peace officers shall be the enforcement of the law as set forth in Sections 4311, 4313, 4491, and 4493 of the Welfare and Institutions Code. Those peace officers may carry firearms only if authorized and under terms and conditions specified by their employing agency.

(Added by Stats.1989, c. 1165, § 30.5.)

§ 830.5. Parole and probation officers; correctional or medical facility employees; firearms

The following persons are peace officers whose authority extends to any place in the state while engaged in the performance of the duties of their respective employment and for the purpose of carrying out the primary function of their employment or as required under Sections 8597, 8598, and 8617 of the Government Code. Except as specified in this section, these peace officers may carry firearms only if authorized and under those terms and conditions specified by their employing agency:

(a) A parole officer of the Department of Corrections or the Department of the Youth Authority, probation officer, deputy probation officer, or a board coordinating parole agent employed by the Youthful Offender Parole Board. Except as otherwise provided in this subdivision, the authority of these parole or probation officers shall extend only as follows:

(1) To conditions of parole or of probation by any person in this state on parole or probation.

(2) To the escape of any inmate or ward from a state or local institution.

(3) To the transportation of persons on parole or probation.

(4) To violations of any penal provisions of law which are discovered while performing the usual or authorized duties of his or her employment.

(5) To the rendering of mutual aid to any other law enforcement agency.

For the purposes of this subdivision, "parole agent" shall have the same meaning as parole officer of the Department of Corrections or of the Department of the Youth Authority.

Any parole officer of the Department of Corrections, the Department of the Youth Authority, or the Youthful Offender Parole Board is authorized to carry firearms, but only as determined by the director on a case–by–case or unit–by–unit basis and only under those terms and conditions specified by the director or chairperson. The Department of the Youth Authority shall develop a policy for arming peace officers of the Department of the Youth Authority who comprise "high–risk transportation details" or "high–risk escape details" no later than June 30, 1995. This policy shall be implemented no later than December 31, 1995.

The Department of the Youth Authority shall train and arm those peace officers who comprise tactical teams at each facility for use during "high–risk escape details."

(b) A correctional officer employed by the Department of Corrections or any employee of the Department of the Youth Authority having custody of wards or the Inspector General of the Youth and Adult Correctional Agency or any internal affairs investigator under the authority of the Inspector General or any employee of the Department of Corrections designated by the Director of Corrections or any correctional counselor series employee of the Department of Corrections or any medical technical assistant series employee designated by the Director of Corrections or designated by the Director of Corrections and employed by the State Department of Mental Health or employee of the Board of Prison Terms designated by the Secretary of the Youth and Adult Correctional Agency or employee of the Department of the Youth Authority designated by the Director of the Youth Authority or any superintendent, supervisor, or employee having custodial responsibilities in an institution operated by a probation department, or any transportation officer of a probation department.

(c) The following persons may carry a firearm while not on duty: a parole officer of the Department of Corrections or the Department of the Youth Authority, a correctional officer or correctional counselor employed by the Department of Corrections or any employee of the Department of the Youth Authority having custody of wards or any employee of the Department of Corrections designated by the Director of Corrections. A parole officer of the Youthful Offender Parole Board may carry a firearm while not on duty only when so authorized by the chairperson of the board and only under the terms and conditions specified by the chairperson. Nothing in this section shall be interpreted to require licensure pursuant to Section 12025. The director or chairperson may deny, suspend, or revoke for good cause a person's right to carry a firearm under this subdivision. That person shall, upon request, receive a hearing, as provided for in the negotiated grievance procedure between the exclusive employee representative and the Department of Corrections, the Department of the Youth Authority, or the Youthful Offender Parole Board, to review the director's or the chairperson's decision.

(d) Persons permitted to carry firearms pursuant to this section, either on or off duty, shall meet the training requirements of Section 832 and shall qualify with the firearm at least quarterly. It is the responsibility of the individual officer or designee to maintain his or her eligibility to carry concealable firearms off duty. Failure to maintain quarterly qualifications by an officer or designee with any concealable firearms carried off duty shall constitute good cause to suspend or revoke that person's right to carry firearms off duty.

(e) The Department of Corrections shall allow reasonable access to its ranges for officers and designees of either department to qualify to carry concealable firearms off duty. The time spent on the range for purposes of meeting the qualification requirements shall be the person's own time during the person's off–duty hours.

(f) The Director of Corrections shall promulgate regulations consistent with this section.

(g) "High–risk transportation details" and " high–risk escape details" as used in this section shall be determined by the Director of the Youth Authority, or his or her designee. The director, or his or her designee, shall consider at least the following in determining "high–risk transportation details" and "high–risk escape details": protection of the public, protection of officers, flight risk, and violence potential of the wards.

(h) "Transportation detail" as used in this section shall include transportation of wards outside the facility, including, but not limited to, court appearances, medical trips, and interfacility transfers.

(Added by Stats.1968, c. 1222, p. 2307, § 1. Amended by Stats.1969, c. 645, p. 1297, § 1; Stats.1972, c. 198, p. 420, § 3; Stats.1978, c. 642, p. 2102, § 1; Stats.1980, c. 616, p. 1697, § 1; Stats.1980, c. 1340, p. 4725, § 13, eff. Sept. 30, 1980; Stats.1981, c. 1142, p. 4535, § 5; Stats.1982, c. 1086, p. 3958, § 1; Stats.1984, c. 702, § 1, eff. Aug. 23, 1984; Stats.1988, c. 386, § 1.5, eff. Aug. 8, 1988; Stats.1988, c. 942, § 1; Stats.1989, c. 1165, § 33; Stats.1990, c. 1194 (A.B.3905), § 1; Stats.1992, c. 882 (A.B.3603), § 2; Stats.1994, c. 465 (S.B.1756), § 1; Stats.1998, c. 338 (S.B.295), § 3, eff. Aug. 21, 1998; Stats.2001, c. 119 (S.B.890), § 1; Stats.2002, c. 1124 (A.B.3000), § 44, eff. Sept. 30, 2002.)

§ 832.05. Emotional and mental examinations for evaluation of recruits or officers; examiner qualifications

Section operative Jan. 1, 2005.

(a) Each state or local department or agency that employs peace officers shall utilize a person meeting the requirements set forth in subdivision (f) of Section 1031 of the Government Code, applicable to emotional and mental examinations, for any emotional and mental evaluation done in the course of the department or agency's screening of peace officer recruits or the evaluation of peace officers to determine their fitness for duty.

(b) This section shall become operative on January 1, 2005.

(Added by Stats.2003, c. 777 (A.B.1669), § 5, operative Jan. 1, 2005.)

Title 6 PLEADINGS AND PROCEEDINGS BEFORE TRIAL

Chapter 2.65 CHILD ABUSE AND NEGLECT COUNSELING

§ 1000.12. Legislative intent; referral to counseling or psychological treatment in lieu of prosecution; deferral of judgment in lieu of trial; dismissal of charges; eligibility standards

(a) It is the intent of the Legislature that nothing in this chapter deprive a prosecuting attorney of the ability to prosecute any person who is suspected of committing any crime in which a minor is a victim of an act of molestation, abuse, or neglect to the fullest extent of the law, if the prosecuting attorney so chooses.

(b) Except as provided in subdivision (c), in lieu of prosecuting a person suspected of committing any crime, involving a minor victim, of an act of abuse or neglect, the prosecuting attorney may refer that person to the county department in charge of public social services or the probation department for counseling or psychological treatment and such other services as the department deems necessary. The prosecuting attorney shall seek the advice of the county department in charge of public social services or the probation department in determining whether or not to make the referral.

(c)(1) In lieu of trial, the prosecuting attorney may make a motion to the trial court to defer entry of judgment with respect to any crime charged in which a minor is a victim of an act of molestation or sexual abuse, provided that the defendant pleads guilty to all crimes and enhancements charged. Upon that motion and defendant's plea of guilty to all charges and enhancements, the court may defer entry of judgment, contingent upon the defendant's referral to, and completion of, a treatment program approved by the prosecuting attorney. Upon the defendant's successful completion of the treatment program, and upon the positive recommendation of the treatment program authority and the motion of the prosecuting attorney, but no sooner than five years from the date of the defendant's referral to the treatment program, the court shall dismiss the charge or charges against the defendant.

(2) Upon any failure of treatment under the program described in paragraph (1), the prosecuting attorney may make a motion to the court for entry of judgment and the court shall, upon a finding of failure of treatment based on a preponderance of evidence, enter judgment upon the defendant's pleas and admissions, and schedule a sentencing hearing as otherwise provided in this code.

(3) The office of the prosecuting attorney shall promulgate eligibility standards for deferred entry of judgment and treatment of defendants described in paragraph (1), which shall include, but not be limited to, all of the following:

(A) Deferred entry of judgment for the defendant is in the best interests of the minor victim.

(B) Rehabilitation of the defendant is feasible in a recognized treatment program, as defined in Section 1203.066, designed to deal with child molestation, abuse, or neglect, as specifically related to the charges made.

(C) There is no threat of harm to the minor victim if entry of judgment is deferred.

(D) No person shall be deemed eligible for deferred entry of judgment under this section unless he or she pleads guilty to all charges and enhancements.

(E) Deferred entry of judgment shall not apply to any person who is charged under subdivision (b) of Section 288, or any sexual offense involving force, violence, duress, menace, or fear of immediate and unlawful bodily injury on the minor victim or another person.

(F) Any person who applies for deferred entry of judgment under this section shall also meet all of the requirements for the counseling program delineated under Section 1000.13.

(4) Deferred entry of judgment shall be granted upon the following terms:

(A) Defendant shall seek and participate in a rehabilitation program as prescribed by the district attorney.

(B) Defendant shall not use, handle, or have in his or her possession marijuana, narcotics, dangerous drugs, or controlled substances of any kind, unless lawfully prescribed for the defendant by a licensed physician.

(C) Defendant shall not associate with known or reputed users or sellers of marijuana, dangerous drugs, or narcotics, or be in places where narcotics or dangerous drugs are present.

(D) Defendant shall submit his or her person, property, automobile, and any object under his or her control to search and seizure in or out of the presence of the defendant, by any law enforcement officer or probation officer.

(E) Unification with the family or unsupervised contact with the minor victim or any other minor shall be prohibited except upon recommendation of the treatment program and motion of the district attorney and order of the court.

(F) Any violation of the law constitutes a failure of treatment.

(Added by Stats.1983, c. 804, § 2. Amended by Stats.1985, c. 1262, § 1; Stats.1993–94, 1st Ex.Sess., c. 49 (S.B.38), § 1; Stats.1995, c. 935 (S.B.816), § 3.)

Chapter 2.8 DIVERSION OF MENTALLY RETARDED DEFENDANTS

§ 1001.20. Definitions

As used in this chapter:

(a) "Mentally retarded" means the condition of significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period.

(b) "Diversion–related treatment and habilitation" means, but is not limited to, specialized services or special adaptations of generic services, directed towards the alleviation of mental retardation or towards social, personal, physical, or economic habilitation or rehabilitation of an individual with such a disability, and includes, but is not limited to, diagnosis, evaluation, treatment, personal care, day care, domiciliary care, special living arrangements, physical, occupational, and speech therapy, training, education, sheltered employment, mental health services, recreation, counseling of the individual with such disability and of his family, protective and other social and socio–legal services, information and referral services, follow–along services, and transportation services necessary to assure delivery of services to mentally retarded persons.

(c) "Regional center" means a regional center for the developmentally disabled established under the Lanterman Development Disabilities Services Act which is organized as a private nonprofit community agency to plan, purchase, and coordinate the delivery of services which cannot be provided by state agencies to developmentally disabled persons residing in a particular geographic catchment area, and which is licensed and funded by the State Department of Developmental Services.

(d) "Director of a regional center" means the executive director of a regional center for the developmentally disabled or his or her designee.

(e) "Agency" means the prosecutor, the probation department, and the regional center involved in a particular defendant's case.

(f) "Dual agency diversion" means a treatment and habilitation program developed with court approval by the regional center, administered jointly by the regional center and by the probation department, which is individually tailored to the needs of the defendant as derived from the defendant's individual program plan pursuant to Section 4646 of the Welfare and Institutions Code, and which includes, but is not limited to, treatment specifically addressed to the criminal offense charged, for a specified period of time as prescribed in Section 1001.28.

(g) "Single agency diversion" means a treatment and habilitation program developed with court approval by the regional center, administered solely by the regional center without involvement by the probation department, which is individually tailored to the needs of the defendant as derived from the defendant's individual program plan pursuant to Section 4646 of the Welfare and Institutions Code, and which includes, but is not limited to, treatment specifically addressed to the criminal offense charged, for a specified period of time as prescribed in Section 1001.28.

(Added by Stats.1980, c. 1253, p. 4232, § 1.)

§ 1001.21. Applicability of chapter

(a) This chapter shall apply whenever a case is before any court upon an accusatory pleading at any stage of the criminal proceedings, for any person who has been evaluated by a regional center for the developmentally disabled and who is determined to be developmentally disabled by such regional center, and who therefore is eligible for its services.

(b) This chapter applies to any offense which is charged as or reduced to a misdemeanor, except that diversion shall not be ordered when the defendant previously has been diverted under this chapter within two years prior to the present criminal proceedings.

(Added by Stats.1980, c. 1253, p. 4233, § 1.)

§ 1001.22. Consultation by court; appointment of counsel; reports of prosecutor, probation department, and regional center

The court shall consult with the prosecutor, the defense counsel, the probation department, and the appropriate regional center in order to determine whether a defendant may be diverted pursuant to this chapter. If the defendant is not represented by counsel, the court shall appoint counsel to represent the defendant. When the court suspects that a defendant may be mentally retarded, as defined in subdivision (a) of Section 1001.20, and the defendant consents to the diversion process and to his or her case being evaluated for eligibility for regional center services, and waives his or her right to a speedy trial, the court shall order the prosecutor, the probation department, and the regional center to prepare reports on specified aspects of the defendant's case. Each report shall be prepared concurrently.

(a) The regional center shall submit a report to the probation department within 25 judicial days of the court's order. The regional center's report shall include a determination as to whether the defendant is mentally retarded and eligible for regional center diversion–related treatment and habilitation services, and the regional center shall also submit to the court a proposed diversion program, individually tailored to the needs of the defendant as derived from the defendant's individual program plan pursuant to Section 4646 of the Welfare and Institutions Code, which shall include, but not be limited to, treatment addressed to the criminal offense charged for a period of time as prescribed in Section 1001.28. The regional center's report shall also contain a statement whether such a proposed program is available for the defendant through the treatment and habilitation services of the regional centers pursuant to Section 4648 of the Welfare and Institutions Code.

(b) The prosecutor shall submit a report on specified aspects of the defendant's case, within 30 judicial days of the court's order, to the court, to each of the other agencies involved in the case, and to the defendant. The prosecutor's report shall include all of the following:

(1) A statement of whether the defendant's record indicates the defendant's diversion pursuant to this chapter within two years prior to the alleged commission of the charged divertible offense.

(2) If the prosecutor recommends that this chapter may be applicable to the defendant, he or she shall recommend either a dual or single agency diversion program and shall advise the court, the probation department, the regional center, and the defendant, in writing, of such determination within 20 judicial days of the court's order to prepare the report.

(3) If the prosecutor recommends against diversion, the prosecutor's report shall include a declaration in writing to state for the record the grounds upon which such recommendation was made, and the court shall determine, pursuant to Section 1001.23, whether the defendant shall be diverted.

(4) If dual agency diversion is recommended by the prosecutor, a copy of the prosecutor's report shall also be provided by the prosecutor to the probation department, the regional center, and the defendant within the above prescribed time period. This notification shall include all of the following:

(i) A full description of the proceedings for diversion and the prosecutor's investigation procedures.

(ii) A general explanation of the role and authority of the probation department, the prosecutor, the regional center, and the court in the diversion program process.

(iii) A clear statement that the court may decide in a hearing not to divert the defendant and that he or she may have to stand trial for the alleged offense.

(iv) A clear statement that should the defendant fail in meeting the terms of his or her diversion, or if, during the period of diversion the defendant is subsequently charged with a felony, the defendant may be required, after a hearing, to stand trial for the original diverted offense.

(c) The probation department shall submit a report on specified aspects of the defendant's case within 30 judicial days of the court's order, to the court, to each of the other agencies involved in the case, and to the defendant. The probation department's report to the court shall be based upon an investigation by the probation department and consideration of the defendant's age, mental retardation, employment record, educational background, ties to community agencies and family, treatment history, criminal record if any, and demonstrable motivation and other mitigating factors in determining whether the defendant is a person who would benefit from a diversion–related treatment and habilitation program. The regional center's report in full shall be appended to the probation department's report to the court.

(Added by Stats.1980, c. 1253, p. 4234, § 1.)

§ 1001.23. Reinstitution of suspended criminal proceedings or implementation of diversion program; orders; dual or single agency supervision; report

(a) Upon the court's receipt of the reports from the prosecutor, the probation department, and the regional center, and a determination by the regional center that the defendant is not mentally retarded, the criminal proceedings for the offense charged shall proceed. If the defendant is found to be mentally retarded and eligible for regional center services, and the court determines from the various reports submitted to it that the proposed diversion program is acceptable to the court, the prosecutor, the probation department, and the regional center, and if the defendant consents to diversion and waives his or her right to a speedy trial, the court may order, without a hearing, that the diversion program be implemented for a period of time as prescribed in Section 1001.28.

(b) After consideration of the probation department's report, the report of the regional center, and the report of the prosecutor relating to his or her recommendation for or against diversion, and any other relevant information, the court shall determine if the defendant shall be diverted under either dual or single agency supervision, and referred for habilitation or rehabilitation diversion pursuant to this chapter. If the court does not deem the defendant a person who would benefit by diversion at the time of the hearing, the suspended criminal proceedings may be reinstituted, or such other disposition as authorized by law may be made, and diversion may be ordered at a later date.

(c) Where a dual agency diversion program is ordered by the court, the regional center shall submit a report to the probation department on the defendant's progress in the diversion program not less than every six months. Within five judicial days after receiving the regional center's report, the probation department shall submit its report on the defendant's progress in the diversion program, with the full report of the regional center appended, to the court and to the prosecutor. Where single agency diversion is ordered by the court, the regional center alone shall report the defendant's progress to the court and to the prosecutor not less than every six months.

(Added by Stats.1980, c. 1253, p. 4235, § 1.)

§ 1001.24. Admissibility of statement or information procured from defendant during course of investigation

No statement, or information procured therefrom, made by the defendant to any probation officer, the prosecutor, or any regional center designee during the course of the investigation conducted by either the regional center or the probation department pursuant to this chapter, and prior to the reporting to the probation department of the regional center's findings of eligibility and recommendations to the court, shall be admissible in any action or proceeding brought subsequent to this investigation.

(Added by Stats.1980, c. 1253, p. 4236, § 1.)

§ 1001.25. Admissibility of statement or information procured from defendant subsequent to granting diversion

No statement, or information procured therefrom, with respect to

the specific offense with which the defendant is charged, which is made to a probation officer, a prosecutor, or a regional center designee subsequent to the granting of diversion shall be admissible in any action or proceeding brought subsequent to the investigation.
(Added by Stats.1980, c. 1253, p. 4236, § 1.)

§ 1001.26. Use of probation investigation, statements or information divulged by defendant in sentencing procedures

In the event that diversion is either denied or is subsequently revoked once it has been granted, neither the probation investigation nor the statements or other information divulged by the defendant during the investigation by the probation department or the regional center shall be used in any sentencing procedures.
(Added by Stats.1980, c. 1253, p. 4236, § 1.)

§ 1001.27. Exoneration of bail, bond, undertaking, or deposit

At such time as the defendant's case is diverted, any bail, bond, or undertaking, or deposit in lieu thereof, on file or on behalf of the defendant shall be exonerated, and the court shall enter an order so directing.
(Added by Stats.1980, c. 1253, p. 4236, § 1.)

§ 1001.28. Time of diversion; progress reports

The period during which criminal proceedings against the defendant may be diverted shall be no longer than two years. The responsible agency or agencies shall file reports on the defendant's progress in the diversion program with the court and with the prosecutor not less than every six months.

(a) Where dual agency diversion has been ordered, the probation department shall be responsible for the progress reports. The probation department shall append to its own report a copy of the regional center's assessment of the defendant's progress.

(b) Where single agency diversion has been ordered, the regional center alone shall be responsible for the progress reports.
(Added by Stats.1980, c. 1253, p. 4236, § 1.)

§ 1001.29. Modification of diversion order; reinstitution of criminal proceedings; hearing; notice; subsequent felony charge

If it appears that the divertee is not meeting the terms and conditions of his or her diversion program, the court may hold a hearing and amend such program to provide for greater supervision by the responsible regional center alone, by the probation department alone, or by both the regional center and the probation department. However, notwithstanding any such modification of a diversion order, the court may hold a hearing to determine whether the diverted criminal proceedings should be reinstituted if it appears that the divertee's performance in the diversion program is unsatisfactory, or if the divertee is subsequently charged with a felony during the period of diversion.

(a) In cases of dual agency diversion, a hearing to reinstitute the diverted criminal proceedings may be initiated by either the court, the prosecutor, the regional center, or the probation department.

(b) In cases of single agency diversion, a hearing to reinstitute the diverted criminal proceedings may be initiated only by the court, the prosecutor, or the regional center.

(c) No hearing for either of these purposes shall be held unless the moving agency or the court has given the divertee prior notice of the hearing.

(d) Where the cause of the hearing is a subsequent charge of a felony against the divertee subsequent to the diversion order, any hearing to reinstitute the diverted criminal proceedings shall be delayed until such time as probable cause has been established in court to bind the defendant over for trial on the subsequently charged felony.
(Added by Stats.1980, c. 1253, p. 4237, § 1.)

§ 1001.30. Withdrawal of consent by defendant

At any time during which the defendant is participating in a diversion program, he or she may withdraw consent to further participate in the diversion program, and at such time as such consent is withdrawn, the suspended criminal proceedings may resume or such other disposition may be made as is authorized by law.
(Added by Stats.1980, c. 1253, p. 4237, § 1.)

§ 1001.31. Dismissal of criminal charges

If the divertee has performed satisfactorily during the period of diversion, the criminal charges shall be dismissed at the end of the diversion period.
(Added by Stats.1980, c. 1253, p. 4237, § 1.)

§ 1001.32. Records to indicate disposition of cases

Any record filed with the State Department of Justice shall indicate the disposition of those cases diverted pursuant to this chapter.
(Added by Stats.1980, c. 1253, p. 4237, § 1.)

§ 1001.33. Successful completion of program; record; disclosure of arrest

(a) Any record filed with the Department of Justice shall indicate the disposition in those cases diverted pursuant to this chapter. Upon successful completion of a diversion program, the arrest upon which the diversion was based shall be deemed to have never occurred. The divertee may indicate in response to any question concerning his or her prior criminal record that he or she was not arrested or diverted for the offense, except as specified in subdivision (b). A record pertaining to an arrest resulting in successful completion of a diversion program shall not, without the divertee's consent, be used in any way that could result in the denial of any employment, benefit, license, or certificate.

(b) The divertee shall be advised that, regardless of his or her successful completion of diversion, the arrest upon which the diversion was based may be disclosed by the Department of Justice in response to any peace officer application request and that, notwithstanding subdivision (a), this section does not relieve him or her of the obligation to disclose the arrest in response to any direct question contained in any questionnaire or application for a position as a peace officer, as defined in Section 830.
(Added by Stats.1980, c. 1253, p. 4237, § 1. Amended by Stats.1993, c. 785 (S.B.1206), § 4; Stats.1996, c. 743 (A.B.3098), § 3.)

§ 1001.34. Implementation of diversion–related individual program plan

Notwithstanding any other provision of law, the diversion–related individual program plan shall be fully implemented by the regional centers upon court order and approval of the diversion–related treatment and habilitation plan.
(Added by Stats.1980, c. 1253, p. 4238, § 1.)

Chapter 4 PLEA

§ 1016. Kinds of pleas; entry of multiple plea; presumption of sanity; change of plea; admission by plea of not guilty by reason of insanity without pleading not guilty

There are six kinds of pleas to an indictment or an information, or to a complaint charging a misdemeanor or infraction:

1. Guilty.
2. Not guilty.
3.Nolo contendere, subject to the approval of the court. The court shall ascertain whether the defendant completely understands that a plea of nolo contendere shall be considered the same as a plea of guilty and that, upon a plea of nolo contendere, the court shall find the defendant guilty. The legal effect of such a plea, to a crime punishable as a felony, shall be the same as that of a plea of guilty for all purposes. In cases other than those punishable as felonies, the plea and any admissions required by the court during any inquiry it makes as to the voluntariness of, and factual basis for, the plea may not be used against

the defendant as an admission in any civil suit based upon or growing out of the act upon which the criminal prosecution is based.

4. A former judgment of conviction or acquittal of the offense charged.

5. Once in jeopardy.

6. Not guilty by reason of insanity.

A defendant who does not plead guilty may enter one or more of the other pleas. A defendant who does not plead not guilty by reason of insanity shall be conclusively presumed to have been sane at the time of the commission of the offense charged; provided, that the court may for good cause shown allow a change of plea at any time before the commencement of the trial. A defendant who pleads not guilty by reason of insanity, without also pleading not guilty, thereby admits the commission of the offense charged.

(Enacted 1872. Amended by Code Am.1880, c. 118, p. 44, § 2; Stats.1927, c. 677, p. 1148, § 1; Stats.1951, c. 1674, p. 3843, § 81; Stats.1963, c. 2128, p. 4418, § 1; Stats.1975, c. 687, p. 1635, § 1; Stats.1976, c. 1088, p. 4930, § 1; Stats.1982, c. 390, p. 1725, § 3; Stats.1998, c. 931 (S.B.2139), § 385, eff. Sept. 28, 1998.)

§ 1016.5. Advisement concerning status as alien; reconsideration of plea; effect of noncompliance

(a) Prior to acceptance of a plea of guilty or nolo contendere to any offense punishable as a crime under state law, except offenses designated as infractions under state law, the court shall administer the following advisement on the record to the defendant:

If you are not a citizen, you are hereby advised that conviction of the offense for which you have been charged may have the consequences of deportation, exclusion from admission to the United States, or denial of naturalization pursuant to the laws of the United States.

(b) Upon request, the court shall allow the defendant additional time to consider the appropriateness of the plea in light of the advisement as described in this section. If, after January 1, 1978, the court fails to advise the defendant as required by this section and the defendant shows that conviction of the offense to which defendant pleaded guilty or nolo contendere may have the consequences for the defendant of deportation, exclusion from admission to the United States, or denial of naturalization pursuant to the laws of the United States, the court, on defendant's motion, shall vacate the judgment and permit the defendant to withdraw the plea of guilty or nolo contendere, and enter a plea of not guilty. Absent a record that the court provided the advisement required by this section, the defendant shall be presumed not to have received the required advisement.

(c) With respect to pleas accepted prior to January 1, 1978, it is not the intent of the Legislature that a court's failure to provide the advisement required by subdivision (a) of Section 1016.5 should require the vacation of judgment and withdrawal of the plea or constitute grounds for finding a prior conviction invalid. Nothing in this section, however, shall be deemed to inhibit a court, in the sound exercise of its discretion, from vacating a judgment and permitting a defendant to withdraw a plea.

(d) The Legislature finds and declares that in many instances involving an individual who is not a citizen of the United States charged with an offense punishable as a crime under state law, a plea of guilty or nolo contendere is entered without the defendant knowing that a conviction of such offense is grounds for deportation, exclusion from admission to the United States, or denial of naturalization pursuant to the laws of the United States. Therefore, it is the intent of the Legislature in enacting this section to promote fairness to such accused individuals by requiring in such cases that acceptance of a guilty plea or plea of nolo contendere be preceded by an appropriate warning of the special consequences for such a defendant which may result from the plea. It is also the intent of the Legislature that the court in such cases shall grant the defendant a reasonable amount of time to negotiate with the prosecuting agency in the event the defendant or the defendant's counsel was unaware of the possibility of deportation, exclusion from admission to the United States, or denial of naturalization as a result of conviction. It is further the intent of the Legislature that at the time of the plea no defendant shall be required to disclose his or her legal status to the court.

(Added by Stats.1977, c. 1088, p. 3495, § 1.)

§ 1017. Place, form, and entry of plea

Every plea must be made in open court and, may be oral or in writing, shall be entered upon the minutes of the court, and shall be taken down in shorthand by the official reporter if one is present. All pleas of guilty or nolo contendere to misdemeanors or felonies shall be oral or in writing. The plea, whether oral or in writing, shall be in substantially the following form:

1. If the defendant plead guilty: "The defendant pleads that he or she is guilty of the offense charged."

2. If he or she plead not guilty: "The defendant pleads that he or she is not guilty of the offense charged."

3. If he or she plead a former conviction or acquittal: "The defendant pleads that he or she has already been convicted (or acquitted) of the offense charged, by the judgment of the court of _____ (naming it), rendered at _____ (naming the place), on the _____ day of _____."

4. If he or she plead once in jeopardy: "The defendant pleads that he or she has been once in jeopardy for the offense charged (specifying the time, place, and court)."

5. If he or she plead not guilty by reason of insanity: "The defendant pleads that he or she is not guilty of the offense charged because he or she was insane at the time that he or she is alleged to have committed the unlawful act."

(Enacted 1872. Amended by Code Am.1880, c. 118, p. 44, § 3; Stats. 1927, c. 677, p. 1149, § 2; Stats.1933, c. 763, p. 2023, § 3; Stats.1951, c. 1674, p. 3843, § 82; Stats.1990, c. 632 (A.B.125), § 2.)

§ 1018. Defendant to plead in person; refusal of certain pleas; change of plea; corporate defendants; construction of section

Unless otherwise provided by law, every plea shall be entered or withdrawn by the defendant himself or herself in open court. No plea of guilty of a felony for which the maximum punishment is death, or life imprisonment without the possibility of parole, shall be received from a defendant who does not appear with counsel, nor shall that plea be received without the consent of the defendant's counsel. No plea of guilty of a felony for which the maximum punishment is not death or life imprisonment without the possibility of parole shall be accepted from any defendant who does not appear with counsel unless the court shall first fully inform him or her of the right to counsel and unless the court shall find that the defendant understands the right to counsel and freely waives it, and then only if the defendant has expressly stated in open court, to the court, that he or she does not wish to be represented by counsel. On application of the defendant at any time before judgment or within six months after an order granting probation is made if entry of judgment is suspended, the court may, and in case of a defendant who appeared without counsel at the time of the plea the court shall, for a good cause shown, permit the plea of guilty to be withdrawn and a plea of not guilty substituted. Upon indictment or information against a corporation a plea of guilty may be put in by counsel. This section shall be liberally construed to effect these objects and to promote justice.

(Enacted 1872. Amended by Code Am.1880, c. 47, p. 19, § 51; Stats.1949, c. 1310, p. 2298, § 1; Stats.1951, c. 858, p. 2369, § 1; Stats.1973, c. 718, p. 1295, § 1; Stats.1973, c. 719, p. 1301, § 11; Stats.1976, c. 819, p. 1887, § 1; Stats.1977, c. 316, p. 1263, § 17, eff. Aug. 11, 1977; Stats.1990, c. 632 (A.B.125), § 3; Stats.1991, c. 421 (A.B.2174), § 1.)

§ 1019. Plea of not guilty; issues

The plea of not guilty puts in issue every material allegation of the accusatory pleading, except those allegations regarding previous convictions of the defendant to which an answer is required by Section 1025.

(Enacted 1872. Amended by Code Am.1880, c. 47, p. 19, § 52; Stats.1951, c. 1674, p. 3844, § 83.)

§ 1020. Plea of not guilty; evidence admissible; exceptions

All matters of fact tending to establish a defense other than one specified in the fourth, fifth, and sixth subdivisions of Section 1016, may be given in evidence under the plea of not guilty.

(Enacted 1872. Amended by Code Am.1880, c. 118, p. 44, § 4; Stats.1905, c. 574, p. 773, § 5; Stats.1927, c. 677, p. 1149, § 3; Stats.1968, c. 122, p. 335, § 4.)

§ 1021. Former acquittal not on the merits; not acquittal of same offense

If the defendant was formerly acquitted on the ground of variance between the accusatory pleading and the proof or the accusatory pleading was dismissed upon an objection to its form or substance, or in order to hold the defendant for a higher offense, without a judgment of acquittal, it is not an acquittal of the same offense.

(Enacted 1872. Amended by Code Am.1880, c. 47, p. 19, § 53; Stats.1951, c. 1674, p. 3844, § 84.)

§ 1022. Former acquittal on the merits; acquittal of same offense

Whenever the defendant is acquitted on the merits, he is acquitted of the same offense, notwithstanding any defect in form or substance in the accusatory pleading on which the trial was had.

(Enacted 1872. Amended by Code Am.1880, c. 47, p. 19, § 54; Stats.1951, c. 1674, p. 3844, § 85.)

§ 1023. Conviction, acquittal, or jeopardy; bar to subsequent prosecution

When the defendant is convicted or acquitted or has been once placed in jeopardy upon an accusatory pleading, the conviction, acquittal, or jeopardy is a bar to another prosecution for the offense charged in such accusatory pleading, or for an attempt to commit the same, or for an offense necessarily included therein, of which he might have been convicted under that accusatory pleading.

(Enacted 1872. Amended by Code Am.1880, c. 118, p. 45, § 5; Stats.1951, c. 1674, p. 3844, § 86.)

§ 1024. Plea of not guilty; entry on refusal to answer charge

If the defendant refuses to answer the accusatory pleading, by demurrer or plea, a plea of not guilty must be entered.

(Enacted 1872. Amended by Code Am.1880, c. 47, p. 19, § 55; Stats. 1951, c. 1674, p. 3844, § 87.)

§ 1025. Charge of prior conviction; answer; entry in minutes; refusal to answer; trial by jury or court; use of prior convictions at trial

(a) When a defendant who is charged in the accusatory pleading with having suffered a prior conviction pleads either guilty or not guilty of the offense charged against him or her, he or she shall be asked whether he or she has suffered the prior conviction. If the defendant enters an admission, his or her answer shall be entered in the minutes of the court, and shall, unless withdrawn by consent of the court, be conclusive of the fact of his or her having suffered the prior conviction in all subsequent proceedings. If the defendant enters a denial, his or her answer shall be entered in the minutes of the court. The refusal of the defendant to answer is equivalent to a denial that he or she has suffered the prior conviction.

(b) Except as provided in subdivision (c), the question of whether or not the defendant has suffered the prior conviction shall be tried by the jury that tries the issue upon the plea of not guilty, or in the case of a plea of guilty or nolo contendere, by a jury impaneled for that purpose, or by the court if a jury is waived.

(c) Notwithstanding the provisions of subdivision (b), the question of whether the defendant is the person who has suffered the prior conviction shall be tried by the court without a jury.

(d) Subdivision (c) shall not apply to prior convictions alleged pursuant to Section 190.2 or to prior convictions alleged as an element of a charged offense.

(e) If the defendant pleads not guilty, and answers that he or she has suffered the prior conviction, the charge of the prior conviction shall neither be read to the jury nor alluded to during trial, except as otherwise provided by law.

(f) Nothing in this section alters existing law regarding the use of prior convictions at trial.

(Added by Stats.1905, c. 574, p. 773, § 6. Amended by Stats.1951, c. 1674, p. 3844, § 88; Stats.1997, c. 95 (S.B.1146), § 1.)

§ 1026. Plea of insanity; separate trials; presumption of sanity; trial of sanity issue; verdict; sentence; confinement in state hospital or mental facility; outpatient status; restoration to sanity; transfers between facilities; reports by hospitals or facilities

(a) When a defendant pleads not guilty by reason of insanity, and also joins with it another plea or pleas, the defendant shall first be tried as if only such other plea or pleas had been entered, and in that trial the defendant shall be conclusively presumed to have been sane at the time the offense is alleged to have been committed. If the jury shall find the defendant guilty, or if the defendant pleads only not guilty by reason of insanity, then the question whether the defendant was sane or insane at the time the offense was committed shall be promptly tried, either before the same jury or before a new jury in the discretion of the court. In that trial, the jury shall return a verdict either that the defendant was sane at the time the offense was committed or was insane at the time the offense was committed. If the verdict or finding is that the defendant was sane at the time the offense was committed, the court shall sentence the defendant as provided by law. If the verdict or finding be that the defendant was insane at the time the offense was committed, the court, unless it shall appear to the court that the sanity of the defendant has been recovered fully, shall direct that the defendant be confined in a state hospital for the care and treatment of the mentally disordered or any other appropriate public or private treatment facility approved by the community program director, or the court may order the defendant placed on outpatient status pursuant to Title 15 (commencing with Section 1600) of Part 2.

(b) Prior to making the order directing that the defendant be confined in a state hospital or other treatment facility or placed on outpatient status, the court shall order the community program director or a designee to evaluate the defendant and to submit to the court within 15 judicial days of the order a written recommendation as to whether the defendant should be placed on outpatient status or confined in a state hospital or other treatment facility. No person shall be admitted to a state hospital or other treatment facility or placed on outpatient status under this section without having been evaluated by the community program director or a designee. If, however, it appears to the court that the sanity of the defendant has been recovered fully, the defendant shall be remanded to the custody of the sheriff until the issue of sanity shall have been finally determined in the manner prescribed by law. A defendant committed to a state hospital or other treatment facility or placed on outpatient status pursuant to Title 15 (commencing with Section 1600) of Part 2 shall not be released from confinement, parole, or outpatient status unless and until the court which committed the person shall, after notice and hearing, find and determine that the person's sanity has been restored. Nothing in this section shall prevent the transfer of the patient from one state hospital to any other state hospital by proper authority. Nothing in this section shall prevent the transfer of the patient to a hospital in another state in the manner provided in Section 4119 of the Welfare and Institutions Code.

(c) If the defendant is committed or transferred to a state hospital pursuant to this section, the court may, upon receiving the written recommendation of the medical director of the state hospital and the community program director that the defendant be transferred to a public or private treatment facility approved by the community program director, order the defendant transferred to that facility. If the defendant is committed or transferred to a public or private treatment

facility approved by the community program director, the court may, upon receiving the written recommendation of the community program director, order the defendant transferred to a state hospital or to another public or private treatment facility approved by the community program director. Where either the defendant or the prosecuting attorney chooses to contest either kind of order of transfer, a petition may be filed in the court requesting a hearing which shall be held if the court determines that sufficient grounds exist. At that hearing, the prosecuting attorney or the defendant may present evidence bearing on the order of transfer. The court shall use the same procedures and standards of proof as used in conducting probation revocation hearings pursuant to Section 1203.2.

(d) Prior to making an order for transfer under this section, the court shall notify the defendant, the attorney of record for the defendant, the prosecuting attorney, and the community program director or a designee.

(e) When the court, after considering the placement recommendation of the community program director required in subdivision (b), orders that the defendant be confined in a state hospital or other public or private treatment facility, the court shall provide copies of the following documents which shall be taken with the defendant to the state hospital or other treatment facility where the defendant is to be confined:

(1) The commitment order, including a specification of the charges.

(2) A computation or statement setting forth the maximum term of commitment in accordance with Section 1026.5.

(3) A computation or statement setting forth the amount of credit for time served, if any, to be deducted from the maximum term of commitment.

(4) State Summary Criminal History information.

(5) Any arrest reports prepared by the police department or other law enforcement agency.

(6) Any court–ordered psychiatric examination or evaluation reports.

(7) The community program director's placement recommendation report.

(f) If the defendant is confined in a state hospital or other treatment facility as an inpatient, the medical director of the facility shall, at six–month intervals, submit a report in writing to the court and the community program director of the county of commitment, or a designee, setting forth the status and progress of the defendant. The court shall transmit copies of these reports to the prosecutor and defense counsel.

(g) When directing that the defendant be confined in a state hospital pursuant to subdivision (a), the court shall select the state hospital in accordance with the policies established by the State Department of Mental Health.

(h) For purposes of this section and Sections 1026.1 to 1026.6, inclusive, "community program director" means the person, agency, or entity designated by the State Department of Mental Health pursuant to Section 1605 of this code and Section 5709.8 of the Welfare and Institutions Code.

(Added by Stats.1927, c. 677, p. 1149, § 4. Amended by Stats.1935, c. 318, p. 1075, § 1.5; Stats.1974, c. 1423, p. 3125, § 1; Stats.1975, c. 1274, p. 3389, § 1; Stats.1977, c. 691, p. 2221, § 1; Stats.1978, c. 1291, p. 4222, § 1; Stats.1979, c. 1114, p. 4049, § 1, eff. Sept. 28, 1979; Stats.1980, c. 547, p. 1504, § 1; Stats.1984, c. 1192, § 1; Stats.1984, c. 1488, § 1.5; Stats.1985, c. 260, § 1; Stats.1985, c. 1232, § 1.5, eff. Sept. 30, 1985; Stats.1987, c. 828, § 61; Stats.1989, c. 625, § 1.)

§ 1026.1. Release; grounds

A person committed to a state hospital or other treatment facility under the provisions of Section 1026 shall be released from the state hospital or other treatment facility only under one or more of the following circumstances:

(a) Pursuant to the provisions of Section 1026.2.

(b) Upon expiration of the maximum term of commitment as provided in subdivision (a) of Section 1026.5, except as such term may be extended under the provisions of subdivision (b) of Section 1026.5.

(c) As otherwise expressly provided in Title 15 (commencing with Section 1600) of Part 2.

(Added by Stats.1980, c. 547, p. 1506, § 3. Amended by Stats.1984, c. 1488, § 2.)

§ 1026.2. Restoration to sanity; application for release of person who has been committed to state hospital or other treatment facility; requisites for and conduct of hearing; conditional release program and placement

(a) An application for the release of a person who has been committed to a state hospital or other treatment facility, as provided in Section 1026, upon the ground that sanity has been restored, may be made to the superior court of the county from which the commitment was made, either by the person, or by the medical director of the state hospital or other treatment facility to which the person is committed or by the community program director where the person is on outpatient status under Title 15 (commencing with Section 1600). The court shall give notice of the hearing date to the prosecuting attorney, the community program director or a designee, and the medical director or person in charge of the facility providing treatment to the committed person at least 15 judicial days in advance of the hearing date.

(b) Pending the hearing, the medical director or person in charge of the facility in which the person is confined shall prepare a summary of the person's programs of treatment and shall forward the summary to the community program director or a designee and to the court. The community program director or a designee shall review the summary and shall designate a facility within a reasonable distance from the court in which the person may be detained pending the hearing on the application for release. The facility so designated shall continue the program of treatment, shall provide adequate security, and shall, to the greatest extent possible, minimize interference with the person's program of treatment.

(c) A designated facility need not be approved for 72–hour treatment and evaluation pursuant to the Lanterman–Petris–Short Act (Part 1 (commencing with Section 5000) of Division 5 of the Welfare and Institutions Code). However, a county jail may not be designated unless the services specified in subdivision (b) are provided and accommodations are provided which ensure both the safety of the person and the safety of the general population of the jail. If there is evidence that the treatment program is not being complied with or accommodations have not been provided which ensure both the safety of the committed person and the safety of the general population of the jail, the court shall order the person transferred to an appropriate facility or make any other appropriate order, including continuance of the proceedings.

(d) No hearing upon the application shall be allowed until the person committed has been confined or placed on outpatient status for a period of not less than 180 days from the date of the order of commitment.

(e) The court shall hold a hearing to determine whether the person applying for restoration of sanity would be a danger to the health and safety of others, due to mental defect, disease, or disorder, if under supervision and treatment in the community. If the court at the hearing determines the applicant will not be a danger to the health and safety of others, due to mental defect, disease, or disorder, while under supervision and treatment in the community, the court shall order the applicant placed with an appropriate forensic conditional release program for one year. All or a substantial portion of the program shall include outpatient supervision and treatment. The court shall retain jurisdiction. The court at the end of the one year, shall have a trial to determine if sanity has been restored, which means the applicant is no

longer a danger to the health and safety of others, due to mental defect, disease, or disorder. The court shall not determine whether the applicant has been restored to sanity until the applicant has completed the one year in the appropriate forensic conditional release program, unless the community program director sooner makes a recommendation for restoration of sanity and unconditional release as described in subdivision (h). The court shall notify the persons required to be notified in subdivision (a) of the hearing date.

(f) If the applicant is on parole or outpatient status and has been on it for one year or longer, then it is deemed that the applicant has completed the required one year in an appropriate forensic conditional release program and the court shall, if all other applicable provisions of law have been met, hold the trial on restoration of sanity as provided for in this section.

(g) Before placing an applicant in an appropriate forensic conditional release program, the community program director shall submit to the court a written recommendation as to what forensic conditional release program is the most appropriate for supervising and treating the applicant. If the court does not accept the community program director's recommendation, the court shall specify the reason or reasons for its order on the court record. Sections 1605 to 1610, inclusive, shall be applicable to the person placed in the forensic conditional release program unless otherwise ordered by the court.

(h) If the court determines that the person should be transferred to an appropriate forensic conditional release program, the community program director or a designee shall make the necessary placement arrangements, and, within 21 days after receiving notice of the court finding, the person shall be placed in the community in accordance with the treatment and supervision plan, unless good cause for not doing so is made known to the court.

During the one year of supervision and treatment, if the community program director is of the opinion that the person is no longer a danger to the health and safety of others due to a mental defect, disease, or disorder, the community program director shall submit a report of his or her opinion and recommendations to the committing court, the prosecuting attorney, and the attorney for the person. The court shall then set and hold a trial to determine whether restoration of sanity and unconditional release should be granted. The trial shall be conducted in the same manner as is required at the end of one full year of supervision and treatment.

(i) If at the trial for restoration of sanity the court rules adversely to the applicant, the court may place the applicant on outpatient status, pursuant to Title 15 (commencing with Section 1600) of Part 2, unless the applicant does not meet all of the requirements of Section 1603.

(j) If the court denies the application to place the person in an appropriate forensic conditional release program or if restoration of sanity is denied, no new application may be filed by the person until one year has elapsed from the date of the denial.

(k) In any hearing authorized by this section, the applicant shall have the burden of proof by a preponderance of the evidence.

(*l*) If the application for the release is not made by the medical director of the state hospital or other treatment facility to which the person is committed or by the community program director where the person is on outpatient status under Title 15 (commencing with Section 1600), no action on the application shall be taken by the court without first obtaining the written recommendation of the medical director of the state hospital or other treatment facility or of the community program director where the person is on outpatient status under Title 15 (commencing with Section 1600).

(m) This subdivision shall apply only to persons who, at the time of the petition or recommendation for restoration of sanity, are subject to a term of imprisonment with prison time remaining to serve or are subject to the imposition of a previously stayed sentence to a term of imprisonment. Any person to whom this subdivision applies who petitions or is recommended for restoration of sanity may not be placed in a forensic conditional release program for one year, and a finding of restoration of sanity may be made without the person being in a forensic conditional release program for one year. If a finding of restoration of sanity is made, the person shall be transferred to the custody of the California Department of Corrections to serve the term of imprisonment remaining or shall be transferred to the appropriate court for imposition of the sentence that is pending, whichever is applicable.

(Formerly § 1026a, added by Stats.1927, c. 676, p. 1148, § 1. Amended by Stats.1935, c. 318, p. 1076, § 2; Stats.1957, c. 1766, p. 3160, § 1; Stats.1974, c. 1423, p. 3126, § 2; Stats.1975, c. 1274, p. 3391, § 2. Renumbered § 1026.2 and amended by Stats.1979, c. 1114, p. 4050, § 2, eff. Sept. 28, 1979. Amended by Stats.1980, c. 547, p. 1506, § 4; Stats.1982, c. 930, p. 3384, § 1; Stats.1984, c. 1416, § 1; Stats.1984, c. 1488, § 3.5; Stats.1985, c. 1232, § 2, eff. Sept. 30, 1985; Stats.1985, c. 1232, § 3, eff. Sept. 30, 1985, operative Jan. 1, 1989; Stats.1986, c. 549, § 1; Stats.1987, c. 1343, § 1; Stats.1987, c. 1343, § 2, operative Jan. 1, 1994; Stats.1991, c. 183 (A.B.1014), § 1; Stats.1993, c. 1141 (S.B.476), § 2; Stats.1993, c. 1141 (S.B.476), § 1, operative Jan. 1, 1995; Stats.1994, c. 1086 (S.B.1487), § 2; Stats.2003, c. 230 (A.B.1762), § 43, eff. Aug. 11, 2003.)

§ 1026.3. Outpatient status

A person committed to a state hospital or other treatment facility under Section 1026, and a person placed pursuant to subdivision (e) of Section 1026.2 as amended by Section 3.5 of Chapter 1488 of the Statutes of 1984, may be placed on outpatient status from the commitment as provided in Title 15 (commencing with Section 1600) of Part 2.

(Added by Stats.1980, c. 547, p. 1507, § 5. Amended by Stats.1984, c. 1488, § 4; Stats.1985, c. 260, § 2.)

§ 1026.4. Escape of one committed to mental health facility

(a) Every person committed to a state hospital or other public or private mental health facility pursuant to the provisions of Section 1026, who escapes from or who escapes while being conveyed to or from the state hospital or facility, is punishable by imprisonment in the county jail not to exceed one year or in a state prison for a determinate term of one year and one day. The term of imprisonment imposed pursuant to this section shall be served consecutively to any other sentence or commitment.

(b) The medical director or person in charge of a state hospital or other public or private mental health facility to which a person has been committed pursuant to the provisions of Section 1026 shall promptly notify the chief of police of the city in which the hospital or facility is located, or the sheriff of the county if the hospital or facility is located in an unincorporated area, of the escape of the person, and shall request the assistance of the chief of police or sheriff in apprehending the person, and shall within 48 hours of the escape of the person orally notify the court that made the commitment, the prosecutor in the case, and the Department of Justice of the escape.

(Added by Stats.1981, c. 1054, p. 4069, § 1. Amended by Stats.1989, c. 568, § 1.)

§ 1026.5. Maximum term of commitment; facilities for temporary detention

(a)(1) In the case of any person committed to a state hospital or other treatment facility pursuant to Section 1026 or placed on outpatient status pursuant to Section 1604, who committed a felony on or after July 1, 1977, the court shall state in the commitment order the maximum term of commitment, and the person may not be kept in actual custody longer than the maximum term of commitment, except as provided in this section. For the purposes of this section, "maximum term of commitment" shall mean the longest term of imprisonment which could have been imposed for the offense or offenses of which the person was convicted, including the upper term of the base offense and any additional terms for enhancements and consecutive sentences which could have been imposed less any applicable credits as defined by Section 2900.5, and disregarding any credits which could have been earned pursuant to Article 2.5 (commencing with Section 2930) of Chapter 7 of Title 1 of Part 3.

(2) In the case of a person confined in a state hospital or other treatment facility pursuant to Section 1026 or placed on outpatient status pursuant to Section 1604, who committed a felony prior to July 1, 1977, and who could have been sentenced under Section 1168 or 1170 if the offense was committed after July 1, 1977, the Board of Prison Terms shall determine the maximum term of commitment which could have been imposed under paragraph (1), and the person may not be kept in actual custody longer than the maximum term of commitment, except as provided in subdivision (b). The time limits of this section are not jurisdictional.

In fixing a term under this section, the board shall utilize the upper term of imprisonment which could have been imposed for the offense or offenses of which the person was convicted, increased by any additional terms which could have been imposed based on matters which were found to be true in the committing court. However, if at least two of the members of the board after reviewing the person's file determine that a longer term should be imposed for the reasons specified in Section 1170.2, a longer term may be imposed following the procedures and guidelines set forth in Section 1170.2, except that any hearings deemed necessary by the board shall be held within 90 days of September 28, 1979. Within 90 days of the date the person is received by the state hospital or other treatment facility, or of September 28, 1979, whichever is later, the Board of Prison Terms shall provide each person with the determination of the person's maximum term of commitment or shall notify the person that a hearing will be scheduled to determine the term.

Within 20 days following the determination of the maximum term of commitment the board shall provide the person, the prosecuting attorney, the committing court, and the state hospital or other treatment facility with a written statement setting forth the maximum term of commitment, the calculations, and any materials considered in determining the maximum term.

(3) In the case of a person committed to a state hospital or other treatment facility pursuant to Section 1026 or placed on outpatient status pursuant to Section 1604 who committed a misdemeanor, the maximum term of commitment shall be the longest term of county jail confinement which could have been imposed for the offense or offenses which the person was found to have committed, and the person may not be kept in actual custody longer than this maximum term.

(4) Nothing in this subdivision limits the power of any state hospital or other treatment facility or of the committing court to release the person, conditionally or otherwise, for any period of time allowed by any other provision of law.

(b)(1) A person may be committed beyond the term prescribed by subdivision (a) only under the procedure set forth in this subdivision and only if the person has been committed under Section 1026 for a felony and by reason of a mental disease, defect, or disorder represents a substantial danger of physical harm to others.

(2) Not later than 180 days prior to the termination of the maximum term of commitment prescribed in subdivision (a), the medical director of a state hospital in which the person is being treated, or the medical director of the person's treatment facility or the local program director, if the person is being treated outside a state hospital setting, shall submit to the prosecuting attorney his or her opinion as to whether or not the patient is a person described in paragraph (1). If requested by the prosecuting attorney, the opinion shall be accompanied by supporting evaluations and relevant hospital records. The prosecuting attorney may then file a petition for extended commitment in the superior court which issued the original commitment. The petition shall be filed no later than 90 days before the expiration of the original commitment unless good cause is shown. The petition shall state the reasons for the extended commitment, with accompanying affidavits specifying the factual basis for believing that the person meets each of the requirements set forth in paragraph (1).

(3) When the petition is filed, the court shall advise the person named in the petition of the right to be represented by an attorney and of the right to a jury trial. The rules of discovery in criminal cases shall apply. If the person is being treated in a state hospital when the petition is filed, the court shall notify the community program director of the petition and the hearing date.

(4) The court shall conduct a hearing on the petition for extended commitment. The trial shall be by jury unless waived by both the person and the prosecuting attorney. The trial shall commence no later than 30 calendar days prior to the time the person would otherwise have been released, unless that time is waived by the person or unless good cause is shown.

(5) Pending the hearing, the medical director or person in charge of the facility in which the person is confined shall prepare a summary of the person's programs of treatment and shall forward the summary to the community program director or a designee, and to the court. The community program director or a designee shall review the summary and shall designate a facility within a reasonable distance from the court in which the person may be detained pending the hearing on the petition for extended commitment. The facility so designated shall continue the program of treatment, shall provide adequate security, and shall, to the greatest extent possible, minimize interference with the person's program of treatment.

(6) A designated facility need not be approved for 72–hour treatment and evaluation pursuant to the provisions of the Lanterman–Petris–Short Act (Part 1 (commencing with Section 5000) of Division 5 of the Welfare and Institutions Code). However, a county jail may not be designated unless the services specified in paragraph (5) are provided and accommodations are provided which ensure both the safety of the person and the safety of the general population of the jail. If there is evidence that the treatment program is not being complied with or accommodations have not been provided which ensure both the safety of the committed person and the safety of the general population of the jail, the court shall order the person transferred to an appropriate facility or make any other appropriate order, including continuance of the proceedings.

(7) The person shall be entitled to the rights guaranteed under the federal and State Constitutions for criminal proceedings. All proceedings shall be in accordance with applicable constitutional guarantees. The state shall be represented by the district attorney who shall notify the Attorney General in writing that a case has been referred under this section. If the person is indigent, the county public defender or State Public Defender shall be appointed. The State Public Defender may provide for representation of the person in any manner authorized by Section 15402 of the Government Code. Appointment of necessary psychologists or psychiatrists shall be made in accordance with this article and Penal Code and Evidence Code provisions applicable to criminal defendants who have entered pleas of not guilty by reason of insanity.

(8) If the court or jury finds that the patient is a person described in paragraph (1), the court shall order the patient recommitted to the facility in which the patient was confined at the time the petition was filed. This commitment shall be for an additional period of two years from the date of termination of the previous commitment, and the person may not be kept in actual custody longer than two years unless another extension of commitment is obtained in accordance with the provisions of this subdivision. Time spent on outpatient status, except when placed in a locked facility at the direction of the outpatient supervisor, shall not count as actual custody and shall not be credited toward the person's maximum term of commitment or toward the person's term of extended commitment.

(9) A person committed under this subdivision shall be eligible for release to outpatient status pursuant to the provisions of Title 15 (commencing with Section 1600) of Part 2.

(10) Prior to termination of a commitment under this subdivision, a petition for recommitment may be filed to determine whether the

patient remains a person described in paragraph (1). The recommitment proceeding shall be conducted in accordance with the provisions of this subdivision.

(11) Any commitment under this subdivision places an affirmative obligation on the treatment facility to provide treatment for the underlying causes of the person's mental disorder.

(Added by Stats.1979, c. 1114, p. 4051, § 3, eff. Sept. 28, 1979. Amended by Stats.1980, c. 547, p. 1507, § 6; Stats.1980, c. 1117, p. 3592, § 6.1; Stats.1982, c. 650, p. 2664, § 1, eff. Aug. 27, 1982; Stats.1984, c. 1488, § 5; Stats.1985, c. 1232, § 3.5, eff. Sept. 30, 1985; Stats.1991, c. 183 (A.B.1014), § 2; Stats.1993–94, 1st Ex.Sess., c. 9 (S.B.39), § 1.)

§ 1026.6. Release of persons committed; persons to be notified

Whenever any person who has been committed to a state hospital pursuant to Section 1026 is released for any reason, including placement on outpatient status, the director of the hospital shall notify the community program director of the county, and the chief law enforcement officer of the jurisdiction, in which the person will reside upon release, if that information is available.

(Added by Stats.1984, c. 1415, § 1. Amended by Stats.1985, c. 1232, § 4, eff. Sept. 30, 1985; Stats.1986, c. 64, § 1; Stats.1985, c. 1232, § 4, operative Jan. 1, 1989.)

§ 1027. Plea of insanity; appointment and testimony of psychiatrists or psychologists; examination of defendant; additional expert evidence

(a) When a defendant pleads not guilty by reason of insanity the court must select and appoint two, and may select and appoint three, psychiatrists, or licensed psychologists who have a doctoral degree in psychology and at least five years of postgraduate experience in the diagnosis and treatment of emotional and mental disorders, to examine the defendant and investigate his mental status. It is the duty of the psychiatrists or psychologists so selected and appointed to make the examination and investigation, and to testify, whenever summoned, in any proceeding in which the sanity of the defendant is in question. The psychiatrists or psychologists so appointed by the court shall be allowed, in addition to their actual traveling expenses, such fees as in the discretion of the court seems just and reasonable, having regard to the services rendered by the witnesses. The fees allowed shall be paid by the county where the indictment was found or in which the defendant was held for trial.

(b) Any report on the examination and investigation made pursuant to subdivision (a) shall include, but not be limited to, the psychological history of the defendant, the facts surrounding the commission of the acts forming the basis for the present charge used by the psychiatrist or psychologist in making his examination of the defendant, and the present psychological or psychiatric symptoms of the defendant, if any.

(c) This section does not presume that a psychiatrist or psychologist can determine whether a defendant was sane or insane at the time of the alleged offense. This section does not limit a court's discretion to admit or exclude, pursuant to the Evidence Code, psychiatric or psychological evidence about the defendant's state of mind or mental or emotional condition at the time of the alleged offense.

(d) Nothing contained in this section shall be deemed or construed to prevent any party to any criminal action from producing any other expert evidence with respect to the mental status of the defendant; where expert witnesses are called by the district attorney in such action, they shall only be entitled to such witness fees as may be allowed by the court.

(e) Any psychiatrist or psychologist so appointed by the court may be called by either party to the action or by the court itself and when so called shall be subject to all legal objections as to competency and bias and as to qualifications as an expert. When called by the court, or by either party, to the action, the court may examine the psychiatrist, or psychologist as deemed necessary, but either party shall have the same right to object to the questions asked by the court and the evidence adduced as though the psychiatrist or psychologist were a witness for the adverse party. When the psychiatrist or psychologist is called and examined by the court the parties may cross–examine him in the order directed by the court. When called by either party to the action the adverse party may examine him the same as in the case of any other witness called by such party.

(Added by Stats.1929, c. 385, p. 702, § 1. Amended by Stats.1933, c. 905, p. 2347, § 1; Stats.1939, c. 974, p. 2727, § 1; Stats.1947, c. 1043, p. 2444, § 1; Stats.1965, c. 568, p. 1894, § 1; Stats.1965, c. 1962, p. 4490, § 1; Stats.1978, c. 391, p. 1242, § 2; Stats.1981, c. 787, p. 3057, § 1.)

Title 8 OF JUDGMENT AND EXECUTION

Chapter 1 THE JUDGMENT

§ 1191. Appointment of time for pronouncing judgment; reference to probation officer or placement in diagnostic facility; extension of time

In a felony case, after a plea, finding, or verdict of guilty, or after a finding or verdict against the defendant on a plea of a former conviction or acquittal, or once in jeopardy, the court shall appoint a time for pronouncing judgment, which shall be within 20 judicial days after the verdict, finding, or plea of guilty, during which time the court shall refer the case to the probation officer for a report if eligible for probation and pursuant to Section 1203. However, the court may extend the time not more than 10 days for the purpose of hearing or determining any motion for a new trial, or in arrest of judgment, and may further extend the time until the probation officer's report is received and until any proceedings for granting or denying probation have been disposed of. If, in the opinion of the court, there is a reasonable ground for believing a defendant insane, the court may extend the time for pronouncing sentence until the question of insanity has been heard and determined, as provided in this code. If the court orders the defendant placed in a diagnostic facility pursuant to Section 1203.03, the time otherwise allowed by this section for pronouncing judgment is extended by a period equal to (1) the number of days which elapse between the date of the order and the date on which notice is received from the Director of Corrections advising whether or not the Department of Corrections will receive the defendant in the facility, and (2) if the director notifies the court that it will receive the defendant, the time which elapses until his or her return to the court from the facility.

(Enacted 1872. Amended by Code Am.1873–74, c. 614, p. 449, § 73; Stats.1905, c. 571, p. 763, § 1; Stats.1909, c. 589, p. 898, § 1; Stats.1911, c. 380, p. 688, § 1; Stats.1937, c. 510, p. 1499, § 1; Stats.1947, c. 1177, p. 2659, § 1; Stats.1947, c. 1178, p. 2660, § 1; Stats.1951, c. 868, p. 2382, § 1; Stats.1951, c. 1674, p. 3852, § 121; Stats.1957, c. 975, p. 2216, § 2; Stats.1977, c. 162, p. 629, § 1, eff. June 29, 1977, operative July 1, 1977; Stats.1977, c. 165, p. 652, § 19, eff. June 29, 1977, operative July 1, 1977; Stats.1990, c. 570 (A.B. 3964), § 1; Stats.1998, c. 931 (S.B.2139), § 392, eff. Sept. 28, 1998.)

§ 1201. Causes against pronouncement of judgment; insanity; trial; pronouncement of judgment or commitment to state hospital; judgment after recovery of sanity; cause in arrest of judgment or for new trial

He or she may show, for cause against the judgment:

(a) That he or she is insane; and if, in the opinion of the court, there is reasonable ground for believing him or her insane, the question of insanity shall be tried as provided in Chapter 6 (commencing with Section 1367) of Title 10 of Part 2. If, upon the trial of that question, the jury finds that he or she is sane, judgment shall be pronounced, but if they find him or her insane, he or she shall be committed to the state hospital for the care and treatment of the insane, until he or she becomes sane; and when notice is given of that fact, as provided in Section 1372, he or she shall be brought before the court for judgment.

(b) That he or she has good cause to offer, either in arrest of judgment or for a new trial; in which case the court may, in its discretion, order the judgment to be deferred, and proceed to decide upon the motion in arrest of judgment or for a new trial.
(Enacted 1872. Amended by Stats.1905, c. 571, p. 763, § 2; Stats.1987, c. 828, § 68.)

§ 1203.1abc. Assistance for convicts to obtain 12th grade education or GED; participant qualification; pilot program

(a) In addition to any other terms of imprisonment, fine, and conditions of probation, the court may require any adult convicted of an offense which is not a violent felony, as defined in subdivision (c) of Section 667.5, or a serious felony, as defined in subdivision (c) of Section 1192.7, to participate in a program that is designed to assist the person in obtaining the equivalent of a 12th grade education. In the case of a probationer, the court may require participation in either a literacy program or a General Education Development (GED) program.

(b) A probation officer may utilize volunteers from the community to provide assistance to probationers under this section.

(c) This section shall be operable in Los Angeles County as a pilot project upon approval by a majority vote of the county's board of supervisors to be conducted in two courts within the County of Los Angeles. It shall be operable in other counties only upon approval by a majority vote of a county's board of supervisors.

(d) A county probation department may utilize the volunteer services of a local college or university in evaluating the effectiveness of this program. In the County of Los Angeles, the California State University at Los Angeles (CSULA) shall evaluate the program and submit a report to the Legislature regarding the success or failure of the program. CSULA shall bear the costs of the evaluation and report.

(e) This section shall not apply to any person who is mentally or developmentally incapable of attaining the equivalent of a 12th grade education.

(f) Failure to make progress in a program under subdivision (a) is not a basis for revocation of probation.

(g) This pilot program shall be deemed successful if at least 10 percent of the persons participating in the pilot projects obtain the equivalent of a 12th grade education within three years.

(h) It is the intent of the Legislature that any increases in adult enrollment resulting from the implementation of subdivision (a) shall not be included in the apportionment of funds for adult education pursuant to Sections 52616.17 to 52616.20, inclusive, of the Education Code.

(i) This section is repealed effective January 1, 2008, unless it is extended or made permanent by subsequent legislation.
(Added by Stats.1998, c. 498 (A.B.743), § 1. Amended by Stats.2003, c. 468 (S.B.851), § 17.)

Operative Effect

Operative effect of this section, see its terms.

Repeal

For repeal of this section, see its terms.

Title 10 MISCELLANEOUS PROCEEDINGS

Chapter 6 INQUIRY INTO THE COMPETENCE OF THE DEFENDANT BEFORE TRIAL OR AFTER CONVICTION

§ 1367. Mentally incompetent persons; trial or punishment prohibited; application of specified sections

(a) A person cannot be tried or adjudged to punishment while that person is mentally incompetent. A defendant is mentally incompetent for purposes of this chapter if, as a result of mental disorder or developmental disability, the defendant is unable to understand the nature of the criminal proceedings or to assist counsel in the conduct of a defense in a rational manner.

(b) Section 1370 shall apply to a person who is charged with a felony and is incompetent as a result of a mental disorder. Sections 1367.1 and 1370.01 shall apply to a person who is charged with a misdemeanor or misdemeanors only, and the judge finds reason to believe that the defendant is mentally disordered, and may, as a result of the mental disorder, be incompetent to stand trial. Section 1370.1 shall apply to a person who is incompetent as a result of a developmental disability and shall apply to a person who is incompetent as a result of a mental disorder, but is also developmentally disabled.
(Enacted 1872. Amended by Stats.1974, c. 1511, p. 3316, § 2, eff. Sept. 27, 1974; Stats.1977, c. 695, p. 2241, § 1; Stats.1980, c. 547, § 7; Stats.1992, c. 722 (S.B.485), § 10, eff. Sept. 15, 1992.)

§ 1367.1. Incompetency during pendency of action, prior to judgment; judge's conclusion; order for evaluation and treatment; suspension of proceedings; conclusion of evaluation and treatment

(a) During the pendency of an action and prior to judgment in a case when the defendant has been charged with a misdemeanor or misdemeanors only, if the defendant's behavior or other evidence leads the judge to conclude that there is reason to believe that the defendant is mentally disordered and as a result may be incompetent to stand trial, the judge shall state this conclusion and his or her reasons in the record. The judge shall inquire of the attorney for the defendant whether, in the opinion of the attorney, the defendant is mentally disordered. If the defendant is not represented by counsel, the court shall appoint counsel. At the request of the defendant or his or her counsel or upon its own motion, the court shall recess the proceedings for as long as may be reasonably necessary to permit counsel to confer with the defendant and to form an opinion as to whether the defendant is mentally disordered at that time.

(b) If counsel informs the court that he or she believes the defendant is or may be mentally disordered, the court shall order that the defendant be referred for evaluation and treatment in accordance with Section 4011.6. If counsel informs the court that he or she believes the defendant is not mentally disordered, the court may nevertheless order that the defendant be referred for evaluation and treatment in accordance with Section 4011.6. The judge may order the facility providing evaluation and treatment to provide the court a copy of the discharge summary at the conclusion of evaluation and treatment.

(c) Except as provided in Section 1368.1, when an order for evaluation and treatment in accordance with Section 4011.6 has been issued, all proceedings in the criminal prosecution shall be suspended until the evaluation and treatment has been concluded.

If a jury has been impaneled and sworn to try the defendant, the jury may be discharged if it appears to the court that undue hardship to the jurors would result if the jury is retained on call.

(d) When evaluation and treatment ordered pursuant to this section has concluded, the defendant shall be returned to court. If it appears to the judge that the defendant is competent to stand trial, the criminal process shall resume, the trial on the offense or offenses charged shall proceed, and judgment may be pronounced. If the judge has reason to believe that the defendant may be incompetent to stand trial despite the treatment ordered pursuant to this section, the judge may order that the question of the defendant's mental competence to stand trial is to be determined in a hearing held pursuant to Sections 1368.1 and 1369. If the defendant is found mentally incompetent, then the provision of Section 1370.01 shall apply.
(Added by Stats.1992, c. 722 (S.B.485), § 11, eff. Sept. 15, 1992.)

Validity

This section has been held unconstitutional in part in the case of *Pederson v. Superior Court (App. 2 Dist. 2003) 130 Cal.Rptr.2d 289, 105 Cal.App.4th 931.*

§ 1368. Doubt as to defendant's sanity; mental competence; hearing; stay of criminal proceedings; discharge or retention of jury

(a) If, during the pendency of an action and prior to judgment, a doubt arises in the mind of the judge as to the mental competence of the defendant, he or she shall state that doubt in the record and inquire of the attorney for the defendant whether, in the opinion of the attorney, the defendant is mentally competent. If the defendant is not represented by counsel, the court shall appoint counsel. At the request of the defendant or his or her counsel or upon its own motion, the court shall recess the proceedings for as long as may be reasonably necessary to permit counsel to confer with the defendant and to form an opinion as to the mental competence of the defendant at that point in time.

(b) If counsel informs the court that he or she believes the defendant is or may be mentally incompetent, the court shall order that the question of the defendant's mental competence is to be determined in a hearing which is held pursuant to Sections 1368.1 and 1369. If counsel informs the court that he or she believes the defendant is mentally competent, the court may nevertheless order a hearing. Any hearing shall be held in the superior court.

(c) Except as provided in Section 1368.1, when an order for a hearing into the present mental competence of the defendant has been issued, all proceedings in the criminal prosecution shall be suspended until the question of the present mental competence of the defendant has been determined.

If a jury has been impaneled and sworn to try the defendant, the jury shall be discharged only if it appears to the court that undue hardship to the jurors would result if the jury is retained on call.

If the defendant is declared mentally incompetent, the jury shall be discharged.

(Enacted 1872. Amended by Code Am.1873–74, c. 614, p. 452, § 81; Code Am.1880, c. 47, p. 28, § 103; Stats.1905, c. 246, p. 222, § 1; Stats.1937, c. 133, p. 373, § 1; Stats.1974, c. 1511, p. 3317, § 3, eff. Sept. 27, 1974; Stats.1998, c. 932 (A.B.1094), § 40.)

§ 1368.1. Proceedings on demurrer or motion pending competency determination

(a) If the action is on a complaint charging a felony, proceedings to determine mental competence shall be held prior to the filing of an information unless the counsel for the defendant requests a preliminary examination under the provisions of Section 859b. At such preliminary examination, counsel for the defendant may (1) demur, (2) move to dismiss the complaint on the ground that there is not reasonable cause to believe that a felony has been committed and that the defendant is guilty thereof, or (3) make a motion under Section 1538.5.

(b) If the action is on a complaint charging a misdemeanor, counsel for the defendant may (1) demur, (2) move to dismiss the complaint on the ground that there is not reasonable cause to believe that a public offense has been committed and that the defendant is guilty thereof, or (3) make a motion under Section 1538.5.

(c) In ruling upon any demurrer or motion described in subdivision (a) or (b), the court may hear any matter which is capable of fair determination without the personal participation of the defendant.

(d) A demurrer or motion described in subdivision (a) or (b) shall be made in the court having jurisdiction over the complaint. The defendant shall not be certified until the demurrer or motion has been decided.

(Added by Stats.1974, c. 1511, p. 3317, § 4, eff. Sept. 27, 1974. Amended by Stats.1982, c. 444, § 1; Stats.1998, c. 931 (S.B.2139), § 404, eff. Sept. 28, 1998.)

§ 1369. Trial of issue of mental competence; order of proceedings

A trial by court or jury of the question of mental competence shall proceed in the following order:

(a) The court shall appoint a psychiatrist or licensed psychologist, and any other expert the court may deem appropriate, to examine the defendant. In any case where the defendant or the defendant's counsel informs the court that the defendant is not seeking a finding of mental incompetence, the court shall appoint two psychiatrists, licensed psychologists, or a combination thereof. One of the psychiatrists or licensed psychologists may be named by the defense and one may be named by the prosecution. If it is suspected the defendant is developmentally disabled, the court shall appoint the director of the regional center for the developmentally disabled established under Division 4.5 (commencing with Section 4500) of the Welfare and Institutions Code, or the designee of the director, to examine the defendant. The court may order the developmentally disabled defendant to be confined for examination in a residential facility or state hospital.

The regional center director shall recommend to the court a suitable residential facility or state hospital. Prior to issuing an order pursuant to this section, the court shall consider the recommendation of the regional center director. While the person is confined pursuant to order of the court under this section, he or she shall be provided with necessary care and treatment.

(b)(1) The counsel for the defendant shall offer evidence in support of the allegation of mental incompetence.

(2) If the defense declines to offer any evidence in support of the allegation of mental incompetence, the prosecution may do so.

(c) The prosecution shall present its case regarding the issue of defendant's present mental competence.

(d) Each party may offer rebutting testimony, unless the court, for good reason in furtherance of justice, also permits other evidence in support of the original contention.

(e) When the evidence is concluded, unless the case is submitted without final argument, the prosecution shall make its final argument and the defense shall conclude with its final argument to the court or jury.

(f) In a jury trial, the court shall charge the jury, instructing them on all matters of law necessary for the rendering of a verdict. It shall be presumed that the defendant is mentally competent unless it is proved by a preponderance of the evidence that the defendant is mentally incompetent. The verdict of the jury shall be unanimous.

(Enacted 1872. Amended by Stats.1974, c. 1511, p. 3318, § 5, eff. Sept. 27, 1974; Stats.1977, c. 695, p. 2242, § 2; Stats.1980, c. 859, § 1.)

§ 1370. Resolution of question of mental competence; procedure after commitment to hospital or other facility; dismissal; conservatorship

(a)(1)(A) If the defendant is found mentally competent, the criminal process shall resume, the trial on the offense charged shall proceed, and judgment may be pronounced.

(B) If the defendant is found mentally incompetent, the trial or judgment shall be suspended until the person becomes mentally competent.

(i) In the meantime, the court shall order that the mentally incompetent defendant be delivered by the sheriff to a state hospital for the care and treatment of the mentally disordered, or to any other available public or private treatment facility approved by the community program director that will promote the defendant's speedy restoration to mental competence, or placed on outpatient status as specified in Section 1600.

(ii) However, if the action against the defendant who has been found mentally incompetent is on a complaint charging a felony offense specified in Section 290, the prosecutor shall determine whether the defendant previously has been found mentally incompetent to stand trial pursuant to this chapter on a charge of a Section 290 offense, or whether the defendant is currently the subject of a pending Section 1368 proceeding arising out of a charge of a Section 290 offense. If either determination is made, the prosecutor shall so notify the court and defendant in writing. After this

notification, and opportunity for hearing, the court shall order that the defendant be delivered by the sheriff to a state hospital or other secure treatment facility for the care and treatment of the mentally disordered unless the court makes specific findings on the record that an alternative placement would provide more appropriate treatment for the defendant and would not pose a danger to the health and safety of others.

(iii) If the action against the defendant who has been found mentally incompetent is on a complaint charging a felony offense specified in Section 290 and the defendant has been denied bail pursuant to subdivision (b) of Section 12 of Article I of the California Constitution because the court has found, based upon clear and convincing evidence, a substantial likelihood that the person's release would result in great bodily harm to others, the court shall order that the defendant be delivered by the sheriff to a state hospital for the care and treatment of the mentally disordered unless the court makes specific findings on the record that an alternative placement would provide more appropriate treatment for the defendant and would not pose a danger to the health and safety of others.

(iv) The clerk of the court shall notify the Department of Justice in writing of any finding of mental incompetence with respect to a defendant who is subject to clause (ii) or (iii) for inclusion in his or her state summary criminal history information.

(C) Upon the filing of a certificate of restoration to competence, the court shall order that the defendant be returned to court in accordance with Section 1372. The court shall transmit a copy of its order to the community program director or a designee.

(D) A defendant charged with a violent felony may not be delivered to a state hospital or treatment facility pursuant to this subdivision unless the state hospital or treatment facility has a secured perimeter or a locked and controlled treatment facility, and the judge determines that the public safety will be protected.

(E) For purposes of this paragraph, "violent felony" means an offense specified in subdivision (c) of Section 667.5.

(F) A defendant charged with a violent felony may be placed on outpatient status, as specified in Section 1600, only if the court finds that the placement will not pose a danger to the health or safety of others.

(2) Prior to making the order directing that the defendant be confined in a state hospital or other treatment facility or placed on outpatient status, the court shall order the community program director or a designee to evaluate the defendant and to submit to the court within 15 judicial days of the order a written recommendation as to whether the defendant should be required to undergo outpatient treatment, or committed to a state hospital or to any other treatment facility. No person shall be admitted to a state hospital or other treatment facility or placed on outpatient status under this section without having been evaluated by the community program director or a designee.

(3) When the court orders that the defendant be confined in a state hospital or other public or private treatment facility, the court shall provide copies of the following documents which shall be taken with the defendant to the state hospital or other treatment facility where the defendant is to be confined:

(A) The commitment order, including a specification of the charges.

(B) A computation or statement setting forth the maximum term of commitment in accordance with subdivision (c).

(C) A computation or statement setting forth the amount of credit for time served, if any, to be deducted from the maximum term of commitment.

(D) State summary criminal history information.

(E) Any arrest reports prepared by the police department or other law enforcement agency.

(F) Any court–ordered psychiatric examination or evaluation reports.

(G) The community program director's placement recommendation report.

(H) Records of any finding of mental incompetence pursuant to this chapter arising out of a complaint charging a felony offense specified in Section 290 or any pending Section 1368 proceeding arising out of a charge of a Section 290 offense.

(4) When the defendant is committed to a treatment facility pursuant to clause (i) of subparagraph (B) of paragraph (1) or the court makes the findings specified in clause (ii) or (iii) of subparagraph (B) of paragraph (1) to assign the defendant to a treatment facility other than a state hospital or other secure treatment facility, the court shall order that notice be given to the appropriate law enforcement agency or agencies having local jurisdiction at the site of the placement facility of any finding of mental incompetence pursuant to this chapter arising out of a charge of a Section 290 offense.

(5) When directing that the defendant be confined in a state hospital pursuant to this subdivision, the court shall select the hospital in accordance with the policies established by the State Department of Mental Health.

(6)(A) If the defendant is committed or transferred to a state hospital pursuant to this section, the court may, upon receiving the written recommendation of the medical director of the state hospital and the community program director that the defendant be transferred to a public or private treatment facility approved by the community program director, order the defendant transferred to that facility. If the defendant is committed or transferred to a public or private treatment facility approved by the community program director, the court may, upon receiving the written recommendation of the community program director, transfer the defendant to a state hospital or to another public or private treatment facility approved by the community program director. In the event of dismissal of the criminal charges before the defendant recovers competence, the person shall be subject to the applicable provisions of the Lanterman–Petris–Short Act (Part 1 (commencing with Section 5000) of Division 5 of the Welfare and Institutions Code). Where either the defendant or the prosecutor chooses to contest either kind of order of transfer, a petition may be filed in the court for a hearing, which shall be held if the court determines that sufficient grounds exist. At the hearing, the prosecuting attorney or the defendant may present evidence bearing on the order of transfer. The court shall use the same standards as are used in conducting probation revocation hearings pursuant to Section 1203.2.

Prior to making an order for transfer under this section, the court shall notify the defendant, the attorney of record for the defendant, the prosecuting attorney, and the community program director or a designee.

(B) If the defendant is initially committed to a state hospital or secure treatment facility pursuant to clause (ii) or (iii) of subparagraph (B) of paragraph (1) and is subsequently transferred to any other facility, copies of the documents specified in paragraph (3) shall be taken with the defendant to each subsequent facility to which the defendant is transferred. The transferring facility shall also notify the appropriate law enforcement agency or agencies having local jurisdiction at the site of the new facility that the defendant is a person subject to clause (ii) or (iii) of subparagraph (B) of paragraph (1).

(b)(1) Within 90 days of a commitment made pursuant to subdivision (a), the medical director of the state hospital or other treatment facility to which the defendant is confined shall make a written report to the court and the community program director for the county or region of commitment, or a designee, concerning the defendant's progress toward recovery of mental competence. Where the defendant is on outpatient status, the outpatient treatment staff shall make a written report to the community program director concerning the defendant's progress toward recovery of mental competence. Within 90 days of placement on outpatient status, the community program director shall report to the court on this matter.

If the defendant has not recovered mental competence, but the report discloses a substantial likelihood that the defendant will regain mental competence in the foreseeable future, the defendant shall remain in the state hospital or other treatment facility or on outpatient status. Thereafter, at six–month intervals or until the defendant becomes mentally competent, where the defendant is confined in a treatment facility, the medical director of the hospital or person in charge of the facility shall report in writing to the court and the community program director or a designee regarding the defendant's progress toward recovery of mental competence. Where the defendant is on outpatient status, after the initial 90–day report, the outpatient treatment staff shall report to the community program director on the defendant's progress toward recovery, and the community program director shall report to the court on this matter at six–month intervals. A copy of these reports shall be provided to the prosecutor and defense counsel by the court. If the report indicates that there is no substantial likelihood that the defendant will regain mental competence in the foreseeable future, the committing court shall order the defendant to be returned to the court for proceedings pursuant to paragraph (2) of subdivision (c). The court shall transmit a copy of its order to the community program director or a designee.

(2) Any defendant who has been committed or has been on outpatient status for 18 months and is still hospitalized or on outpatient status shall be returned to the committing court where a hearing shall be held pursuant to the procedures set forth in Section 1369. The court shall transmit a copy of its order to the community program director or a designee.

(3) If it is determined by the court that no treatment for the defendant's mental impairment is being conducted, the defendant shall be returned to the committing court. The court shall transmit a copy of its order to the community program director or a designee.

(4) At each review by the court specified in this subdivision, the court shall determine if the security level of housing and treatment is appropriate and may make an order in accordance with its determination.

(c)(1) At the end of three years from the date of commitment or a period of commitment equal to the maximum term of imprisonment provided by law for the most serious offense charged in the information, indictment, or misdemeanor complaint, whichever is shorter, a defendant who has not recovered mental competence shall be returned to the committing court. The court shall notify the community program director or a designee of the return and of any resulting court orders.

(2) Whenever any defendant is returned to the court pursuant to paragraph (1) or (2) of subdivision (b) or paragraph (1) of this subdivision and it appears to the court that the defendant is gravely disabled, as defined in subparagraph (B) of paragraph (1) of subdivision (h) of Section 5008 of the Welfare and Institutions Code, the court shall order the conservatorship investigator of the county of commitment of the defendant to initiate conservatorship proceedings for the defendant pursuant to Chapter 3 (commencing with Section 5350) of Part 1 of Division 5 of the Welfare and Institutions Code. Any hearings required in the conservatorship proceedings shall be held in the superior court in the county that ordered the commitment. The court shall transmit a copy of the order directing initiation of conservatorship proceedings to the community program director or a designee and shall notify the community program director or a designee of the outcome of the proceedings.

(3) Where the defendant is confined in a treatment facility, a copy of any report to the committing court regarding the defendant's progress toward recovery of mental competence shall be provided by the committing court to the prosecutor and to the defense counsel.

(d) The criminal action remains subject to dismissal pursuant to Section 1385. If the criminal action is dismissed, the court shall transmit a copy of the order of dismissal to the community program director or a designee.

(e) If the criminal charge against the defendant is dismissed, the defendant shall be released from any commitment ordered under this section, but without prejudice to the initiation of any proceedings that may be appropriate under the Lanterman–Petris–Short Act, Part 1 (commencing with Section 5000) of Division 5 of the Welfare and Institutions Code.

(f) As used in this chapter, "community program director" means the person, agency, or entity designated by the State Department of Mental Health pursuant to Section 1605 of this code and Section 4360 of the Welfare and Institutions Code.

(g) For the purpose of this section, "secure treatment facility" shall not include, except for state mental hospitals, state developmental centers, and correctional treatment facilities, any facility licensed pursuant to Chapter 2 (commencing with Section 1250) of, Chapter 3 (commencing with Section 1500) of, or Chapter 3.2 (commencing with Section 1569) of, Division 2 of the Health and Safety Code, or any community board and care facility.

(Enacted 1872. Amended by Code Am.1873–74, c. 614, p. 453, § 82; Code Am.1880, c. 47, p. 29, § 104; Stats.1905, c. 541, p. 703, § 1; Stats.1959, c. 228, p. 2137, § 1; Stats.1968, c. 1374, p. 2637, § 2, operative July 1, 1969; Stats.1974, c. 1511, p. 3318, § 6, eff. Sept. 27, 1974; Stats.1975, c. 1274, p. 3393, § 4; Stats.1977, c. 691, p. 2224, § 2; Stats.1977, c. 695, p. 2242, § 3; Stats.1977, c. 1237, p. 4150, § 1; Stats.1980, c. 547, § 8; Stats.1985, c. 1232, § 5, eff. Sept. 30, 1985; Stats.1987, c. 1409, § 2; Stats.1989, c. 625, § 2; Stats.1995, c. 593 (A.B.145), § 1; Stats.1996, c. 1026 (A.B.2104), § 1; Stats.1996, c. 1076 (S.B.1391), § 1.5; Stats.2002, c. 664 (A.B.3034), § 173.5.)

§ 1370.01. Effect of mental competency finding on criminal process; treatment order; return to court; dismissal of action

(a) (1) If the defendant is found mentally competent, the criminal process shall resume, the trial on the offense charged shall proceed, and judgment may be pronounced. If the defendant is found mentally incompetent, the trial or judgment shall be suspended until the person becomes mentally competent, and the court shall order that (A) in the meantime, the defendant be delivered by the sheriff to an available public or private treatment facility approved by the county mental health director that will promote the defendant's speedy restoration to mental competence, or placed on outpatient status as specified in this section, and (B) upon the filing of a certificate of restoration to competence, the defendant be returned to court in accordance with Section 1372. The court shall transmit a copy of its order to the county mental health director or his or her designee.

(2) Prior to making the order directing that the defendant be confined in a treatment facility or placed on outpatient status, the court shall order the county mental health director or his or her designee to evaluate the defendant and to submit to the court within 15 judicial days of the order a written recommendation as to whether the defendant should be required to undergo outpatient treatment, or committed to a treatment facility. No person shall be admitted to a treatment facility or placed on outpatient status under this section without having been evaluated by the county mental health director or his or her designee. No person shall be admitted to a state hospital under this section unless the county mental health director finds that there is no less restrictive appropriate placement available and the county mental health director has a contract with the State Department of Mental Health for these placements.

(3) When the court, after considering the placement recommendation of the county mental health director required in paragraph (2), orders that the defendant be confined in a public or private treatment facility, the court shall provide copies of the following documents which shall be taken with the defendant to the treatment facility where the defendant is to be confined:

(A) The commitment order, including a specification of the charges.

(B) A computation or statement setting forth the maximum term of commitment in accordance with subdivision (c).

(C) A computation or statement setting forth the amount of credit for time served, if any, to be deducted from the maximum term of commitment.

(D) State Summary Criminal History information.

(E) Any arrest reports prepared by the police department or other law enforcement agency.

(F) Any court–ordered psychiatric examination or evaluation reports.

(G) The county mental health director's placement recommendation report.

(4) A person subject to commitment under this section may be placed on outpatient status under the supervision of the county mental health director or his or her designee by order of the court in accordance with the procedures contained in Title 15 (commencing with Section 1600) except that where the term "community program director" appears the term "county mental health director" shall be substituted.

(5) If the defendant is committed or transferred to a public or private treatment facility approved by the county mental health director, the court may, upon receiving the written recommendation of the county mental health director, transfer the defendant to another public or private treatment facility approved by the county mental health director. In the event of dismissal of the criminal charges before the defendant recovers competence, the person shall be subject to the applicable provisions of Part 1 (commencing with Section 5000) of Division 5 of the Welfare and Institutions Code. Where either the defendant or the prosecutor chooses to contest the order of transfer, a petition may be filed in the court for a hearing, which shall be held if the court determines that sufficient grounds exist. At the hearing, the prosecuting attorney or the defendant may present evidence bearing on the order of transfer. The court shall use the same standards as are used in conducting probation revocation hearings pursuant to Section 1203.2.

Prior to making an order for transfer under this section, the court shall notify the defendant, the attorney of record for the defendant, the prosecuting attorney, and the county mental health director or his or her designee.

(b) Within 90 days of a commitment made pursuant to subdivision (a), the medical director of the treatment facility to which the defendant is confined shall make a written report to the court and the county mental health director or his or her designee, concerning the defendant's progress toward recovery of mental competence. Where the defendant is on outpatient status, the outpatient treatment staff shall make a written report to the county mental health director concerning the defendant's progress toward recovery of mental competence. Within 90 days of placement on outpatient status, the county mental health director shall report to the court on this matter. If the defendant has not recovered mental competence, but the report discloses a substantial likelihood that the defendant will regain mental competence in the foreseeable future, the defendant shall remain in the treatment facility or on outpatient status. Thereafter, at six–month intervals or until the defendant becomes mentally competent, where the defendant is confined in a treatment facility, the medical director of the hospital or person in charge of the facility shall report in writing to the court and the county mental health director or a designee regarding the defendant's progress toward recovery of mental competence. Where the defendant is on outpatient status, after the initial 90–day report, the outpatient treatment staff shall report to the county mental health director on the defendant's progress toward recovery, and the county mental health director shall report to the court on this matter at six–month intervals. A copy of these reports shall be provided to the prosecutor and defense counsel by the court. If the report indicates that there is no substantial likelihood that the defendant will regain mental competence in the foreseeable future, the committing court shall order the defendant to be returned to the court for proceedings pursuant to paragraph (2) of subdivision (c). The court shall transmit a copy of its order to the county mental health director or his or her designee.

(c) (1) If, at the end of one year from the date of commitment or a period of commitment equal to the maximum term of imprisonment provided by law for the most serious offense charged in the misdemeanor complaint, whichever is shorter, the defendant has not recovered mental competence, the defendant shall be returned to the committing court. The court shall notify the county mental health director or his or her designee of the return and of any resulting court orders.

(2) Whenever any defendant is returned to the court pursuant to subdivision (b) or paragraph (1) of this subdivision and it appears to the court that the defendant is gravely disabled, as defined in subparagraph (A) of paragraph (1) of subdivision (h) of Section 5008 of the Welfare and Institutions Code, the court shall order the conservatorship investigator of the county of commitment of the defendant to initiate conservatorship proceedings for the defendant pursuant to Chapter 3 (commencing with Section 5350) of Part 1 of Division 5 of the Welfare and Institutions Code. Any hearings required in the conservatorship proceedings shall be held in the superior court in the county that ordered the commitment. The court shall transmit a copy of the order directing initiation of conservatorship proceedings to the county mental health director or his or her designee and shall notify the county mental health director or his or her designee of the outcome of the proceedings.

(d) The criminal action remains subject to dismissal pursuant to Section 1385. If the criminal action is dismissed, the court shall transmit a copy of the order of dismissal to the county mental health director or his or her designee.

(e) If the criminal charge against the defendant is dismissed, the defendant shall be released from any commitment ordered under this section, but without prejudice to the initiation of any proceedings which may be appropriate under Part 1 (commencing with Section 5000) of Division 5 of the Welfare and Institutions Code.

(Added by Stats.1992, c. 722 (S.B.485), § 12, eff. Sept. 15, 1992.)

§ 1370.1. Developmental disability of defendant; procedure

(a)(1)(A) If the defendant is found mentally competent, the criminal process shall resume, the trial on the offense charged shall proceed, and judgment may be pronounced.

(B) If the defendant is found mentally incompetent and is developmentally disabled, the trial or judgment shall be suspended until the defendant becomes mentally competent.

(i) Except as provided in clause (ii) or (iii), the court shall consider a recommendation for placement, which recommendation shall be made to the court by the director of a regional center or designee. In the meantime, the court shall order that the mentally incompetent defendant be delivered by the sheriff or other person designated by the court to a state hospital or developmental center for the care and treatment of the developmentally disabled or any other available residential facility approved by the director of a regional center for the developmentally disabled established under Division 4.5 (commencing with Section 4500) of the Welfare and Institutions Code as will promote the defendant's speedy attainment of mental competence, or be placed on outpatient status pursuant to the provisions of Section 1370.4 and Title 15 (commencing with Section 1600) of Part 2.

(ii) However, if the action against the defendant who has been found mentally incompetent is on a complaint charging a felony offense specified in Section 290, the prosecutor shall determine whether the defendant previously has been found mentally incompetent to stand trial pursuant to this chapter on a charge of a Section 290 offense, or whether the defendant is currently the subject of a pending Section 1368 proceeding arising out of a charge of a Section 290 offense. If either determination is made, the prosecutor shall so notify the court and defendant in writing. After this notification, and opportunity for hearing, the court shall order that the

defendant be delivered by the sheriff to a state hospital or other secure treatment facility for the care and treatment of the developmentally disabled unless the court makes specific findings on the record that an alternative placement would provide more appropriate treatment for the defendant and would not pose a danger to the health and safety of others.

(iii) If the action against the defendant who has been found mentally incompetent is on a complaint charging a felony offense specified in Section 290 and the defendant has been denied bail pursuant to subdivision (b) of Section 12 of Article I of the California Constitution because the court has found, based upon clear and convincing evidence, a substantial likelihood that the person's release would result in great bodily harm to others, the court shall order that the defendant be delivered by the sheriff to a state hospital for the care and treatment of the developmentally disabled unless the court makes specific findings on the record that an alternative placement would provide more appropriate treatment for the defendant and would not pose a danger to the health and safety of others.

(iv) The clerk of the court shall notify the Department of Justice in writing of any finding of mental incompetence with respect to a defendant who is subject to clause (ii) or (iii) for inclusion in his or her state summary criminal history information.

(C) Upon becoming competent, the court shall order that the defendant be returned to the committing court pursuant to the procedures set forth in paragraph (2) of subdivision (a) of Section 1372 or by another person designated by the court. The court shall further determine conditions under which the person may be absent from the placement for medical treatment, social visits, and other similar activities. Required levels of supervision and security for these activities shall be specified.

(D) The court shall transmit a copy of its order to the regional center director or designee and to the Director of Developmental Services.

(E) A defendant charged with a violent felony may not be placed in a facility or delivered to a state hospital, developmental center, or residential facility pursuant to this subdivision unless the facility, state hospital, developmental center, or residential facility has a secured perimeter or a locked and controlled treatment facility, and the judge determines that the public safety will be protected.

(F) For purposes of this paragraph, "violent felony" means an offense specified in subdivision (c) of Section 667.5.

(G) A defendant charged with a violent felony may be placed on outpatient status, as specified in Section 1370.4 or 1600, only if the court finds that the placement will not pose a danger to the health or safety of others.

(H) As used in this section, "developmental disability" means a disability that originates before an individual attains age 18, continues, or can be expected to continue, indefinitely and constitutes a substantial handicap for the individual, and shall not include other handicapping conditions that are solely physical in nature. As defined by the Director of Developmental Services, in consultation with the Superintendent of Public Instruction, this term shall include mental retardation, cerebral palsy, epilepsy, and autism. This term shall also include handicapping conditions found to be closely related to mental retardation or to require treatment similar to that required for mentally retarded individuals, but shall not include other handicapping conditions that are solely physical in nature.

(2) Prior to making the order directing the defendant be confined in a state hospital, developmental center, or other residential facility or be placed on outpatient status, the court shall order the regional center director or designee to evaluate the defendant and to submit to the court within 15 judicial days of the order a written recommendation as to whether the defendant should be committed to a state hospital or developmental center or to any other available residential facility approved by the regional center director. No person shall be admitted to a state hospital, developmental center, or other residential facility or accepted for outpatient status under Section 1370.4 without having been evaluated by the regional center director or designee.

(3) When the court orders that the defendant be confined in a state hospital or other secure treatment facility pursuant to clause (ii) or (iii) of subparagraph (B) of paragraph (1), the court shall provide copies of the following documents which shall be taken with the defendant to the state hospital or other secure treatment facility where the defendant is to be confined:

(A) State summary criminal history information.

(B) Any arrest reports prepared by the police department or other law enforcement agency.

(C) Records of any finding of mental incompetence pursuant to this chapter arising out of a complaint charging a felony offense specified in Section 290 or any pending Section 1368 proceeding arising out of a charge of a Section 290 offense.

(4) When the defendant is committed to a residential facility pursuant to clause (i) of subparagraph (B) of paragraph (1) or the court makes the findings specified in clause (ii) or (iii) of subparagraph (B) of paragraph (1) to assign the defendant to a facility other than a state hospital or other secure treatment facility, the court shall order that notice be given to the appropriate law enforcement agency or agencies having local jurisdiction at the site of the placement facility of any finding of mental incompetence pursuant to this chapter arising out of a charge of a Section 290 offense.

(5)(A) If the defendant is committed or transferred to a state hospital or developmental center pursuant to this section, the court may, upon receiving the written recommendation of the executive director of the state hospital or developmental center and the regional center director that the defendant be transferred to a residential facility approved by the regional center director, order the defendant transferred to that facility. If the defendant is committed or transferred to a residential facility approved by the regional center director, the court may, upon receiving the written recommendation of the regional center director, transfer the defendant to a state hospital or developmental center or to another residential facility approved by the regional center director.

In the event of dismissal of the criminal charges before the defendant recovers competence, the person shall be subject to the applicable provisions of the Lanterman–Petris–Short Act (Part 1 (commencing with Section 5000) of Division 5 of the Welfare and Institutions Code) or to commitment or detention pursuant to a petition filed pursuant to Section 6502 of the Welfare and Institutions Code.

The defendant or prosecuting attorney may contest either kind of order of transfer by filing a petition with the court for a hearing, which shall be held if the court determines that sufficient grounds exist. At the hearing the prosecuting attorney or the defendant may present evidence bearing on the order of transfer. The court shall use the same standards as used in conducting probation revocation hearings pursuant to Section 1203.2.

Prior to making an order for transfer under this section, the court shall notify the defendant, the attorney of record for the defendant, the prosecuting attorney, and the regional center director or designee.

(B) If the defendant is committed to a state hospital or secure treatment facility pursuant to clause (ii) or (iii) of subparagraph (B) of paragraph (1) and is subsequently transferred to any other facility, copies of the documents specified in paragraph (3) shall be taken with the defendant to the new facility. The transferring facility shall also notify the appropriate law enforcement agency or agencies having local jurisdiction at the site of the new facility that the defendant is a person subject to clause (ii) or (iii) of subparagraph (B) of paragraph (1).

(b)(1) Within 90 days of admission of a person committed pursuant to subdivision (a), the executive director or designee of the state hospital, developmental center, or other facility to which the defendant is committed or the outpatient supervisor where the

defendant is placed on outpatient status shall make a written report to the committing court and the regional center director or a designee concerning the defendant's progress toward becoming mentally competent. If the defendant has not become mentally competent, but the report discloses a substantial likelihood the defendant will become mentally competent within the next 90 days, the court may order that the defendant shall remain in the state hospital, developmental center, or other facility or on outpatient status for that period of time. Within 150 days of an admission made pursuant to subdivision (a) or if the defendant becomes mentally competent, the executive director or designee of the hospital or developmental center or person in charge of the facility or the outpatient supervisor shall report to the court and the regional center director or his or her designee regarding the defendant's progress toward becoming mentally competent. The court shall provide to the prosecutor and defense counsel copies of all reports under this section. If the report indicates that there is no substantial likelihood that the defendant has become mentally competent, the committing court shall order the defendant to be returned to the court for proceedings pursuant to paragraph (2) of subdivision (c). The court shall transmit a copy of its order to the regional center director or designee and to the executive director of the developmental center.

(2) Any defendant who has been committed or has been on outpatient status for 18 months, and is still hospitalized or on outpatient status shall be returned to the committing court where a hearing shall be held pursuant to the procedures set forth in Section 1369. The court shall transmit a copy of its order to the regional center director or designee and the executive director of the developmental center.

(3) If it is determined by the court that no treatment for the defendant's mental impairment is being conducted, the defendant shall be returned to the committing court. A copy of this order shall be sent to the regional center director or designee and to the executive director of the developmental center.

(4) At each review by the court specified in this subdivision, the court shall determine if the security level of housing and treatment is appropriate and may make an order in accordance with its determination.

(c)(1)(A) At the end of three years from the date of commitment or a period of commitment equal to the maximum term of imprisonment provided by law for the most serious offense charged in the information, indictment, or misdemeanor complaint, whichever is shorter, any defendant who has not become mentally competent shall be returned to the committing court.

(B) The court shall notify the regional center director or designee and the executive director of the developmental center of that return and of any resulting court orders.

(2) In the event of dismissal of the criminal charges before the defendant becomes mentally competent, the defendant shall be subject to the applicable provisions of the Lanterman–Petris–Short Act (Part 1 (commencing with Section 5000) of Division 5 of the Welfare and Institutions Code), or to commitment and detention pursuant to a petition filed pursuant to Section 6502 of the Welfare and Institutions Code. If it is found that the person is not subject to commitment or detention pursuant to the applicable provision of the Lanterman–Petris–Short Act (Part 1 (commencing with Section 5000) of Division 5 of the Welfare and Institutions Code) or to commitment or detention pursuant to a petition filed pursuant to Section 6502 of the Welfare and Institutions Code, the individual shall not be subject to further confinement pursuant to this article and the criminal action remains subject to dismissal pursuant to Section 1385. The court shall notify the regional center director and the executive director of the developmental center of any dismissal.

(d) Notwithstanding any other provision of this section, the criminal action remains subject to dismissal pursuant to Section 1385. If at any time prior to the maximum period of time allowed for proceedings under this article, the regional center director concludes that the behavior of the defendant related to the defendant's criminal offense has been eliminated during time spent in court–ordered programs, the court may, upon recommendation of the regional center director, dismiss the criminal charges. The court shall transmit a copy of any order of dismissal to the regional center director and to the executive director of the developmental center.

(e) For the purpose of this section, "secure treatment facility" shall not include, except for state mental hospitals, state developmental centers, and correctional treatment facilities, any facility licensed pursuant to Chapter 2 (commencing with Section 1250) of, Chapter 3 (commencing with Section 1500) of, or Chapter 3.2 (commencing with Section 1569) of, Division 2 of the Health and Safety Code, or any community board and care facility.

(Added by Stats.1977, c. 695, p. 2245, § 5. Amended by Stats.1978, c. 429, p. 1422, § 159, eff. July 17, 1978, operative July 1, 1978; Stats.1980, c. 547, § 9; Stats.1980, c. 859, § 2; Stats.1980, c. 1253, § 2; Stats.1992, c. 722 (S.B.485), § 13, eff. Sept. 15, 1992; Stats.1996, c. 1026 (A.B.2104), § 2; Stats.1996, c. 1076 (S.B.1391), § 2.5.)

§ 1370.2. Dismissal of misdemeanor charges against one mentally incompetent

If a person is adjudged mentally incompetent pursuant to the provisions of this chapter, the superior court may dismiss any misdemeanor charge pending against the mentally incompetent person. Ten days notice shall be given to the district attorney of any motion to dismiss pursuant to this section. The court shall transmit a copy of any order dismissing a misdemeanor charge pursuant to this section to the community program director, the county mental health director, or the regional center director and the Director of Developmental Services, as appropriate.

(Added by Stats.1974, c. 1511, p. 3320, § 7, eff. Sept. 27, 1974. Amended by Stats.1980, c. 547, § 10; Stats.1985, c. 1232, § 6, eff. Sept. 30, 1985; Stats.1992, c. 722 (S.B.485), § 14, eff. Sept. 15, 1992.)

§ 1370.3. Placement on outpatient status from commitment

A person committed to a state hospital or other treatment facility under the provisions of this chapter may be placed on outpatient status from such commitment as provided in Title 15 (commencing with Section 1600) of Part 2.

(Added by Stats.1980, c. 547, § 12.)

§ 1370.4. Conditions for order for outpatient treatment; law applicable

If, in the evaluation ordered by the court under Section 1370.1, the regional center director, or a designee, is of the opinion that the defendant is not a danger to the health and safety of others while on outpatient treatment and will benefit from such treatment, and has obtained the agreement of the person in charge of a residential facility and of the defendant that the defendant will receive and submit to outpatient treatment and that the person in charge of the facility will designate a person to be the outpatient supervisor of the defendant, the court may order the defendant to undergo outpatient treatment. All of the provisions of Title 15 (commencing with Section 1600) of Part 2 shall apply where a defendant is placed on outpatient status under this section, except that the regional center director shall be substituted for the community program director, the Director of Developmental Services for the Director of Mental Health, and a residential facility for a treatment facility for the purposes of this section.

(Added by Stats.1980, c. 547, § 13. Amended by Stats.1985, c. 1232, § 7, eff. Sept. 30, 1985.)

§ 1370.5. Escape of one committed to mental health facility

(a) Every person committed to a state hospital or other public or private mental health facility pursuant to the provisions of Section 1370, 1370.01, or 1370.1, who escapes from or who escapes while being conveyed to or from a state hospital or facility, is punishable by imprisonment in the county jail not to exceed one year or in the state prison for a determinate term of one year and one day. The term of imprisonment imposed pursuant to this section shall be served consecutively to any other sentence or commitment.

(b) The medical director or person in charge of a state hospital or other public or private mental health facility to which a person has been committed pursuant to the provisions of Section 1370, 1370.01, or 1370.1 shall promptly notify the chief of police of the city in which the hospital or facility is located, or the sheriff of the county if the hospital or facility is located in an unincorporated area, of the escape of the person, and shall request the assistance of the chief of police or sheriff in apprehending the person, and shall within 48 hours of the escape of the person orally notify the court that made the commitment, the prosecutor in the case, and the Department of Justice of the escape.
(Added by Stats.1981, c. 1054, § 2. Amended by Stats.1989, c. 568, § 2; Stats.1992, c. 722 (S.B.485), § 15, eff. Sept. 15, 1992.)

§ 1371. Commitment of defendant; exoneration of bail or return of deposit

The commitment of the defendant, as described in Section 1370 or 1370.01, exonerates his or her bail, or entitles a person, authorized to receive the property of the defendant, to a return of any money he or she may have deposited instead of bail, or gives, to the person or persons found by the court to have deposited any money instead of bail on behalf of the defendant, a right to the return of that money.
(Enacted 1872. Amended by Stats.1935, c. 657, p. 1815, § 10; Stats.1992, c. 722 (S.B.485), § 16, eff. Sept. 15, 1992.)

§ 1372. Restoration of competency; return to court; notice; hearing; release of defendant or return to secure facility; payment of costs

(a)(1) If the medical director of the state hospital or other facility to which the defendant is committed, or the community program director, county mental health director, or regional center director providing outpatient services, determines that the defendant has regained mental competence, the director shall immediately certify that fact to the court by filing a certificate of restoration with the court by certified mail, return receipt requested. For purposes of this section, the date of filing shall be the date on the return receipt.

(2) The court's order committing an individual to a state hospital or other treatment facility pursuant to Section 1370 shall include direction that the sheriff shall redeliver the patient to the court without any further order from the court upon receiving from the state hospital or treatment facility a copy of the certificate of restoration.

(3) The defendant shall be returned to the committing court in the following manner:

(A) A patient who remains confined in a state hospital or other treatment facility shall be redelivered to the sheriff of the county from which the patient was committed. The sheriff shall immediately return the person from the state hospital or other treatment facility to the court for further proceedings.

(B) The patient who is on outpatient status shall be returned by the sheriff to court through arrangements made by the outpatient treatment supervisor.

(C) all cases, the patient shall be returned to the committing court no later than 10 days following the filing of a certificate of restoration. The state shall only pay for 10 hospital days for patients following the filing of a certificate of restoration of competency. The State Department of Mental Health shall report to the fiscal and appropriate policy committees of the Legislature on an annual basis in February, on the number of days that exceed the 10–day limit prescribed in this subparagraph. This report shall include, but not be limited to, a data sheet that itemizes by county the number of days that exceed this 10–day limit during the preceding year.

(b) If the defendant becomes mentally competent after a conservatorship has been established pursuant to the applicable provisions of the Lanterman–Petris–Short Act, Part 1 (commencing with Section 5000) of Division 5 of the Welfare and Institutions Code, and Section 1370, the conservator shall certify that fact to the sheriff and district attorney of the county in which the defendant's case is pending, defendant's attorney of record, and the committing court.

(c) When a defendant is returned to court with a certification that competence has been regained, the court shall notify either the community program director, the county mental health director, or the regional center director and the Director of Developmental Services, as appropriate, of the date of any hearing on the defendant's competence and whether or not the defendant was found by the court to have recovered competence.

(d) Where the committing court approves the certificate of restoration to competence as to a person in custody, the court shall hold a hearing to determine whether the person is entitled to be admitted to bail or released on own recognizance status pending conclusion of the proceedings. Where the superior court approves the certificate of restoration to competence regarding a person on outpatient status, unless it appears that the person has refused to come to court, that person shall remain released either on own recognizance status, or, in the case of a developmentally disabled person, either on the defendant's promise or on the promise of a responsible adult to secure the person's appearance in court for further proceedings. Where the person has refused to come to court, the court shall set bail and may place the person in custody until bail is posted.

(e) A defendant subject to either subdivision (a) or (b) who is not admitted to bail or released under subdivision (d) may, at the discretion of the court, upon recommendation of the director of the facility where the defendant is receiving treatment, be returned to the hospital or facility of his or her original commitment or other appropriate secure facility approved by the community program director, the county mental health director, or the regional center director. The recommendation submitted to the court shall be based on the opinion that the person will need continued treatment in a hospital or treatment facility in order to maintain competence to stand trial or that placing the person in a jail environment would create a substantial risk that the person would again become incompetent to stand trial before criminal proceedings could be resumed.

(f) Notwithstanding subdivision (e), if a defendant is returned by the court to a hospital or other facility for the purpose of maintaining competency to stand trial and that defendant is already under civil commitment to that hospital or facility from another county pursuant to the Lanterman–Petris–Short Act (Part 1 (commencing with Section 5000) of Division 5 of the Welfare and Institutions Code) or as a developmentally disabled person committed pursuant to Article 2 (commencing with Section 6500) of Chapter 2 of Part 2 of Division 6 of the Welfare and Institutions Code, the costs of housing and treating the defendant in that facility following return pursuant to subdivision (e) shall be the responsibility of the original county of civil commitment.
(Enacted 1872. Amended by Stats.1905, c. 541, p. 704, § 2; Stats.1968, c. 599, p. 1270, § 1; Stats.1974, c. 1511, p. 3320, § 8, eff. Sept. 27, 1974; Stats.1980, c. 547, § 14; Stats.1981, c. 611, § 1; Stats.1985, c. 1232, § 8, eff. Sept. 30, 1985; Stats.1992, c. 722 (S.B.485), § 17, eff. Sept. 15, 1992; Stats.1997, c. 294 (S.B.391), § 31, eff. Aug. 18, 1997; Stats.2003, c. 356 (A.B.941), § 1.)

§ 1373. Transportation of defendant to and from hospital; county charge; recovery from estate or relative

The expense of sending the defendant to the state hospital or other facility, and of bringing him back, are chargeable to the county in which the indictment was found or information filed; but the county may recover them from the estate of the defendant, if he has any, or from a relative, bound to provide for and maintain him.
(Enacted 1872. Amended by Code Am.1880, c. 47, p. 29, § 105; Stats.1905, c. 541, p. 704, § 3; Stats.1929, c. 168, p. 321, § 1; Stats.1974, c. 1511, p. 3320, § 9, eff. Sept. 27, 1974.)

§ 1373.5. Rejected claim for transportation expense; interest

In every case where a claim is presented to the county for money due under the provisions of section 1373 of this code, interest shall be allowed from the date of rejection, if rejected and recovery is finally had thereon.
(Added by Stats.1939, c. 441, p. 1775, § 1.)

§ 1374. Outpatient's recovery of competence

When a defendant who has been found incompetent is on outpatient status under Title 15 (commencing with Section 1600) of Part 2 and the outpatient treatment staff is of the opinion that the defendant has recovered competence, the supervisor shall communicate such opinion to the community program director. If the community program director concurs, that opinion shall be certified by such director to the committing court. The court shall calendar the case for further proceeding pursuant to Section 1372.

(Added by Stats.1980, c. 547, § 15.5. Amended by Stats.1985, c. 1232, § 9, eff. Sept. 30, 1985.)

§ 1375. Processing and payment of claims for amounts due from county to state

Claims by the state for all amounts due from any county by reason of the provisions of Section 1373 of this code shall be processed and paid by the county pursuant to the provisions of Chapter 4 (commencing with Section 29700) of Division 3 of Title 3 of the Government Code.

(Added by Stats.1935, c. 178, p. 844, § 1. Amended by Stats.1965, c. 263, p. 1257, § 13.)

§ 1375.5. Credit on sentence for time spent in hospital or other facility

Time spent by a defendant in a hospital or other facility as a result of a commitment therein as a mentally incompetent pursuant to this chapter shall be credited on the term of any imprisonment, if any, for which the defendant is sentenced in the criminal case which was suspended pursuant to Section 1370 or 1370.1.

As used in this section, "time spent in a hospital or other facility" includes days a defendant is treated as an outpatient pursuant to Title 15 (commencing with Section 1600) of Part 2.

(Added by Stats.1974, c. 1511, p. 3320, § 11, eff. Sept. 27, 1974. Amended by Stats.1977, c. 695, p. 2248, § 6; Stats.1980, c. 547, § 16.)

§ 1376. "Mentally retarded" defined; mental retardation hearing; decision of court or jury; presentation of evidence and arguments; death penalty

(a) As used in this section, "mentally retarded" means the condition of significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested before the age of 18.

(b)(1) In any case in which the prosecution seeks the death penalty, the defendant may, at a reasonable time prior to the commencement of trial, apply for an order directing that a mental retardation hearing be conducted. Upon the submission of a declaration by a qualified expert stating his or her opinion that the defendant is mentally retarded, the court shall order a hearing to determine whether the defendant is mentally retarded. At the request of the defendant, the court shall conduct the hearing without a jury prior to the commencement of the trial. The defendant's request for a court hearing prior to trial shall constitute a waiver of a jury hearing on the issue of mental retardation. If the defendant does not request a court hearing, the court shall order a jury hearing to determine if the defendant is mentally retarded. The jury hearing on mental retardation shall occur at the conclusion of the phase of the trial in which the jury has found the defendant guilty with a finding that one or more of the special circumstances enumerated in Section 190.2 are true. Except as provided in paragraph (3), the same jury shall make a finding that the defendant is mentally retarded, or that the defendant is not mentally retarded.

(2) For the purposes of the procedures set forth in this section, the court or jury shall decide only the question of the defendant's mental retardation. The defendant shall present evidence in support of the claim that he or she is mentally retarded. The prosecution shall present its case regarding the issue of whether the defendant is mentally retarded. Each party may offer rebuttal evidence. The court, for good cause in furtherance of justice, may permit either party to reopen its case to present evidence in support of or opposition to the claim of retardation. Nothing in this section shall prohibit the court from making orders reasonably necessary to ensure the production of evidence sufficient to determine whether or not the defendant is mentally retarded, including, but not limited to, the appointment of, and examination of the defendant by, qualified experts. No statement made by the defendant during an examination ordered by the court shall be admissible in the trial on the defendant's guilt.

(3) At the close of evidence, the prosecution shall make its final argument, and the defendant shall conclude with his or her final argument. The burden of proof shall be on the defense to prove by a preponderance of the evidence that the defendant is mentally retarded. The jury shall return a verdict that either the defendant is mentally retarded or the defendant is not mentally retarded. The verdict of the jury shall be unanimous. In any case in which the jury has been unable to reach a unanimous verdict that the defendant is mentally retarded, and does not reach a unanimous verdict that the defendant is not mentally retarded, the court shall dismiss the jury and order a new jury impaneled to try the issue of mental retardation. The issue of guilt shall not be tried by the new jury.

(c) In the event the hearing is conducted before the court prior to the commencement of the trial, the following shall apply:

(1) If the court finds that the defendant is mentally retarded, the court shall preclude the death penalty and the criminal trial thereafter shall proceed as in any other case in which a sentence of death is not sought by the prosecution. If the defendant is found guilty of murder in the first degree, with a finding that one or more of the special circumstances enumerated in Section 190.2 are true, the court shall sentence the defendant to confinement in the state prison for life without the possibility of parole. The jury shall not be informed of the prior proceedings or the findings concerning the defendant's claim of mental retardation.

(2) If the court finds that the defendant is not mentally retarded, the trial court shall proceed as in any other case in which a sentence of death is sought by the prosecution. The jury shall not be informed of the prior proceedings or the findings concerning the defendant's claim of mental retardation.

(d) In the event the hearing is conducted before the jury after the defendant is found guilty with a finding that one or more of the special circumstances enumerated in Section 190.2 are true, the following shall apply:

(1) If the jury finds that the defendant is mentally retarded, the court shall preclude the death penalty and shall sentence the defendant to confinement in the state prison for life without the possibility of parole.

(2) If the jury finds that the defendant is not mentally retarded, the trial shall proceed as in any other case in which a sentence of death is sought by the prosecution.

(e) In any case in which the defendant has not requested a court hearing as provided in subdivision (b), and has entered a plea of not guilty by reason of insanity under Sections 190.4 and 1026, the hearing on mental retardation shall occur at the conclusion of the sanity trial if the defendant is found sane.

(Added by Stats.2003, c. 700 (S.B.3), § 1.)

Title 12 SPECIAL PROCEEDINGS OF A CRIMINAL NATURE

Chapter 3.5 DISCLOSURE OF MEDICAL RECORDS TO LAW ENFORCEMENT AGENCIES

§ 1543. Health care facility patient records; procedure to obtain disclosure; exceptions

(a) Records of the identity, diagnosis, prognosis, or treatment of any patient maintained by a health care facility which are not privileged records required to be secured by the special master procedure in Section 1524, or records required by law to be

confidential, shall only be disclosed to law enforcement agencies pursuant to this section:

(1) In accordance with the prior written consent of the patient; or

(2) If authorized by an appropriate order of a court of competent jurisdiction in the county where the records are located, granted after application showing good cause therefor. In assessing good cause, the court:

(A) Shall weigh the public interest and the need for disclosure against the injury to the patient, to the physician–patient relationship, and to the treatment services;

(B) Shall determine that there is a reasonable likelihood that the records in question will disclose material information or evidence of substantial value in connection with the investigation or prosecution; or

(3) By a search warrant obtained pursuant to Section 1524.

(b) The prohibitions of this section continue to apply to records concerning any individual who has been a patient, irrespective of whether or when he ceases to be a patient.

(c) Except where an extraordinary order under Section 1544 is granted or a search warrant is obtained pursuant to Section 1524, any health care facility whose records are sought under this chapter shall be notified of the application and afforded an opportunity to appear and be heard thereon.

(d) Both disclosure and dissemination of any information from the records shall be limited under the terms of the order to assure that no information will be unnecessarily disclosed and that dissemination will be no wider than necessary.

This chapter shall not apply to investigations of fraud in the provision or receipt of Medi–Cal benefits, investigations of insurance fraud performed by the Department of Insurance or the California Highway Patrol and investigations and research regarding occupational health and safety performed by or under agreement with the Department of Industrial Relations. Access to medical records in such investigations shall be governed by all laws in effect at the time access is sought.

(e) Nothing in this chapter shall prohibit disclosure by a medical facility or medical provider of information contained in medical records where disclosure to specific agencies is mandated by statutes or regulations.

(f) This chapter shall not be construed to authorize disclosure of privileged records to law enforcement agencies by the procedure set forth in this chapter, where such privileged records are required to be secured by the special master procedure set forth in subdivision (c) of Section 1524 or required by law to be confidential.

(Added by Stats.1980, c. 1080, § 1.)

Chapter 4 PROCEEDINGS AGAINST FUGITIVES FROM JUSTICE

§ 1551.05. Mentally disordered and developmentally disabled offenders on outpatient status; departure from state without approval; application for extradition

(a) Any person on outpatient status pursuant to Title 15 (commencing with Section 1600) of Part 2 or pursuant to subdivision (d) of Section 2972 who leaves this state without complying with Section 1611, or who fails to return to this state on the date specified by the committing court, shall be subject to extradition in accordance with this section.

(b) When the return to this state is required by a person who is subject to extradition pursuant to subdivision (a), the Director of Mental Health shall present to the Governor a written application for requisition for the return of that person. In the requisition application there shall be stated the name of the person, the type of judicial commitment the person is under, the nature of the underlying criminal act which was the basis for the judicial commitment, the circumstances of the noncompliance with Section 1611, and the state in which the person is believed to be, including the specific location of the person, if known.

(c) The application shall be verified, shall be executed in duplicate, and shall be accompanied by two certified copies of the court order of judicial commitment and of the court order authorizing outpatient status. The director may also attach any affidavits or other documents in duplicate as are deemed proper to be submitted with the application. One copy of the application, with the action of the Governor indicated by endorsement thereon, and one copy of the court orders shall be filed in the office of the Secretary of State. The other copies of all papers shall be forwarded with the Governor's requisition.

(d) Upon receipt of an application under this section, the Governor or agent authorized in writing by the Governor whose authorization has been filed with the Secretary of State, may sign a requisition for the return of the person.

(Added by Stats.1988, c. 74, § 1.)

Title 15 OUTPATIENT STATUS FOR MENTALLY DISORDERED AND DEVELOPMENTALLY DISABLED OFFENDERS

§ 1600. Eligibility

Any person committed to a state hospital or other treatment facility under the provisions of Section 1026, or Chapter 6 (commencing with Section 1367) of Title 10 of this code, or Section 6316 or 6321 of the Welfare and Institutions Code may be placed on outpatient status from that commitment subject to the procedures and provisions of this title, except that a developmentally disabled person may be placed on outpatient status from that commitment under the provisions of this title as modified by Section 1370.4. Any person committed as a sexually violent predator under the provisions of Article 4 (commencing with Section 6600) of Chapter 2 of Part 2 of Division 6 of the Welfare and Institutions Code may be placed on outpatient status from that commitment in accordance with the procedures described in Title 15 (commencing with Section 1600) of Part 2 of the Penal Code.

(Added by Stats.1980, c. 547, § 17. Amended by Stats.1996, c. 462 (A.B.3130), § 1, eff. Sept. 13, 1996.)

§ 1600.5. Actual custody and credit toward maximum term of commitment or term of extended commitment; time spent in locked facilities

For a person committed as a mentally disordered sex offender under former Section 6316 or 6316.2 of the Welfare and Institutions Code, or committed pursuant to Section 1026 or 1026.5, or committed pursuant to Section 2972, who is placed on outpatient status under the provisions of this title, time spent on outpatient status, except when placed in a locked facility at the direction of the outpatient supervisor, shall not count as actual custody and shall not be credited toward the person's maximum term of commitment or toward the person's term of extended commitment. Nothing in this section shall be construed to extend the maximum period of parole of a mentally disordered offender.

(Added by Stats.1985, c. 1416, § 2. Amended by Stats.1993–94, 1st Ex.Sess., c. 9 (S.B.39), § 2; Stats.2000, c. 324 (A.B.1881), § 1.)

§ 1601. Felonies of violence, required confinement; other offenses

(a) In the case of any person charged with and found incompetent on a charge of, convicted of, or found not guilty by reason of insanity of murder, mayhem, aggravated mayhem, a violation of Section 207, 209, or 209.5 in which the victim suffers intentionally inflicted great bodily injury, robbery or carjacking with a deadly or dangerous weapon or in which the victim suffers great bodily injury, a violation of subdivision (a) or (b) of Section 451, a violation of paragraph (2), (3), or (6) of subdivision (a) of Section 261, a violation of paragraph (1) or (4) of subdivision (a) of Section 262, a violation of Section 459

in the first degree, a violation of Section 220 in which the victim suffers great bodily injury, a violation of Section 288, a violation of Section 12303.1, 12303.2, 12303.3, 12308, 12309, or 12310, or any felony involving death, great bodily injury, or an act which poses a serious threat of bodily harm to another person, outpatient status under this title shall not be available until that person has actually been confined in a state hospital or other facility for 180 days or more after having been committed under the provisions of law specified in Section 1600.

(b) In the case of any person charged with, and found incompetent on a charge of, or convicted of, any misdemeanor or any felony other than those described in subdivision (a), or found not guilty of any misdemeanor by reason of insanity, outpatient status under this title may be granted by the court prior to actual confinement in a state hospital or other treatment facility under the provisions of law specified in Section 1600.

(Added by Stats.1980, c. 547, § 17. Amended by Stats.1984, c. 1488, § 6; Stats.1987, c. 828, § 105; Stats.1989, c. 897, § 42; Stats.1993, c. 610 (A.B.6), § 24, eff. Oct. 1, 1993; Stats.1993, c. 611 (S.B.60), § 26, eff. Oct. 1, 1993; Stats.1994, c. 224 (S.B.1436), § 7; Stats.1994, c. 1188 (S.B.59), § 17.)

§ 1602. Conditions; evaluation and treatment plan

(a) Any person subject to the provisions of subdivision (b) of Section 1601 may be placed on outpatient status, if all of the following conditions are satisfied:

(1) In the case of a person who is an inpatient, the director of the state hospital or other treatment facility to which the person has been committed advises the court that the defendant will not be a danger to the health and safety of others while on outpatient status, and will benefit from such outpatient status.

(2) In all cases, the community program director or a designee advises the court that the defendant will not be a danger to the health and safety of others while on outpatient status, will benefit from such status, and identifies an appropriate program of supervision and treatment.

(3) After actual notice to the prosecutor and defense counsel, and after a hearing in court, the court specifically approves the recommendation and plan for outpatient status.

(b) The community program director or a designee shall prepare and submit the evaluation and the treatment plan specified in paragraph (2) of subdivision (a) to the court within 15 calendar days after notification by the court to do so, except that in the case of a person who is an inpatient, the evaluation and treatment plan shall be submitted within 30 calendar days after notification by the court to do so.

(c) Any evaluations and recommendations pursuant to paragraphs (1) and (2) of subdivision (a) shall include review and consideration of complete, available information regarding the circumstances of the criminal offense and the person's prior criminal history.

(Added by Stats.1980, c. 547, § 17. Amended by Stats.1985, c. 1232, § 10, eff. Sept. 30, 1985.)

§ 1603. Conditions; felonies of violence

(a) Any person subject to subdivision (a) of Section 1601 may be placed on outpatient status if all of the following conditions are satisfied:

(1) The director of the state hospital or other treatment facility to which the person has been committed advises the committing court that the defendant would no longer be a danger to the health and safety of others, including himself or herself, while under supervision and treatment in the community, and will benefit from that status.

(2) The community program director advises the court that the defendant will benefit from that status, and identifies an appropriate program of supervision and treatment.

(3) After actual notice to the prosecutor and defense counsel, and to the victim or next of kin of the victim of the offense for which the person was committed where a request for the notice has been filed with the court, and after a hearing in court, the court specifically approves the recommendation and plan for outpatient status pursuant to Section 1604. The burden shall be on the victim or next of kin to the victim to keep the court apprised of the party's current mailing address.

In any case in which the victim or next of kin to the victim has filed a request for notice with the director of the state hospital or other treatment facility, he or she shall be notified by the director at the inception of any program in which the committed person would be allowed any type of day release unattended by the staff of the facility.

(b) The community program director shall prepare and submit the evaluation and the treatment plan specified in paragraph (2) of subdivision (a) to the court within 30 calendar days after notification by the court to do so.

(c) Any evaluations and recommendations pursuant to paragraphs (1) and (2) of subdivision (a) shall include review and consideration of complete, available information regarding the circumstances of the criminal offense and the person's prior criminal history.

(Added by Stats.1980, c. 547, § 17. Amended by Stats.1982, c. 1232, p. 4543, § 1; Stats.1984, c. 1488, § 7; Stats.1985, c. 1232, § 11, eff. Sept. 30, 1985; Stats.1987, c. 1343, § 3; Stats.1993, c. 1141 (S.B.476), § 4; Stats.1994, c. 1086 (S.B.1487), § 4.)

§ 1604. Recommendations; hearing; determination; transmittal of record

(a) Upon receipt by the committing court of the recommendation of the director of the state hospital or other treatment facility to which the person has been committed that the person may be eligible for outpatient status as set forth in subdivision (a)(1) of Section 1602 or 1603, the court shall immediately forward such recommendation to the community program director, prosecutor, and defense counsel. The court shall provide copies of the arrest reports and the state summary criminal history information to the community program director.

(b) Within 30 calendar days the community program director or a designee shall submit to the court and, when appropriate, to the director of the state hospital or other treatment facility, a recommendation regarding the defendant's eligibility for outpatient status, as set forth in subdivision (a)(2) of Section 1602 or 1603 and the recommended plan for outpatient supervision and treatment. The plan shall set forth specific terms and conditions to be followed during outpatient status. The court shall provide copies of this report to the prosecutor and the defense counsel.

(c) The court shall calendar the matter for hearing within 15 judicial days of the receipt of the community program director's report and shall give notice of the hearing date to the prosecutor, defense counsel, the community program director, and, when appropriate, to the director of the state hospital or other facility. In any hearing conducted pursuant to this section, the court shall consider the circumstances and nature of the criminal offense leading to commitment and shall consider the person's prior criminal history.

(d) The court shall, after a hearing in court, either approve or disapprove the recommendation for outpatient status. If the approval of the court is given, the defendant shall be placed on outpatient status subject to the terms and conditions specified in the supervision and treatment plan. If the outpatient treatment occurs in a county other than the county of commitment, the court shall transmit a copy of the case record to the superior court in the county where outpatient treatment occurs, so that the record will be available if revocation proceedings are initiated pursuant to Section 1608 or 1609.

(Added by Stats.1980, c. 547, § 17. Amended by Stats.1985, c. 1232, § 14, eff. Sept. 30, 1985.)

§ 1605. Supervision; progress reports

(a) In accordance with Section 1615 of this code and Section 5709.8 of the Welfare and Institutions Code, the State Department of Mental Health shall be responsible for the supervision of persons placed on outpatient status under this title. The State Department of

Mental Health shall designate, for each county or region comprised of two or more counties, a community program director who shall be responsible for administering the community treatment programs for persons committed from that county or region under the provisions specified in Section 1600.

(b) The State Department of Mental Health shall notify in writing the superior court, the district attorney, the county public defender or public defense agency, and the county mental health director of each county as to the person designated to be the community program director for that county, and timely written notice shall be given whenever a new community program director is to be designated.

(c) The community program director shall be the outpatient treatment supervisor of persons placed on outpatient status under this title. The community program director may delegate the outpatient treatment supervision responsibility to a designee.

(d) The outpatient treatment supervisor shall, at 90–day intervals following the beginning of outpatient treatment, submit to the court, the prosecutor and defense counsel, and to the community program director, where appropriate, a report setting forth the status and progress of the defendant.

(Added by Stats.1980, c. 547, § 17. Amended by Stats.1985, c. 1232, § 15, eff. Sept. 30, 1985; Stats.1991, c. 435 (A.B.655), § 1.)

§ 1606. Annual review; notice and hearing; powers of court

Outpatient status shall be for a period not to exceed one year. At the end of the period of outpatient status approved by the court, the court shall, after actual notice to the prosecutor, the defense counsel, and the community program director, and after a hearing in court, either discharge the person from commitment under appropriate provisions of the law, order the person confined to a treatment facility, or renew its approval of outpatient status. Prior to such hearing, the community program director shall furnish a report and recommendation to the medical director of the state hospital, where appropriate, and to the court, which the court shall make available to the prosecutor and defense counsel. The person shall remain on outpatient status until the court renders its decision unless hospitalized under other provision of the law. The hearing pursuant to the provisions of this section shall be held no later than 30 days after the end of the one–year period of outpatient status unless good cause exists. The court shall transmit a copy of its order to the community program director or a designee.

(Added by Stats.1980, c. 547, § 17. Amended by Stats.1985, c. 1232, § 16, eff. Sept. 30, 1985.)

§ 1607. Supervisor's opinion as to recovery of competence; procedure

If the outpatient supervisor is of the opinion that the person has regained competence to stand trial, or is no longer insane, is no longer a mentally disordered offender, or is no longer a mentally disordered sex offender, the community program director shall submit his or her opinion to the medical director of the state hospital, where appropriate, and to the court which shall calendar the case for further proceedings under the provisions of Section 1372, 1026.2, or 2972 of this code or Section 6325 of the Welfare and Institutions Code.

(Added by Stats.1980, c. 547, § 17. Amended by Stats.1985, c. 1232, § 17, eff. Sept. 30, 1985; Stats.2000, c. 324 (A.B.1881), § 2.)

§ 1608. Request for revocation of outpatient status by treatment supervisor

If at any time during the outpatient period, the outpatient treatment supervisor is of the opinion that the person requires extended inpatient treatment or refuses to accept further outpatient treatment and supervision, the community program director shall notify the superior court in either the county which approved outpatient status or in the county where outpatient treatment is being provided of such opinion by means of a written request for revocation of outpatient status. The community program director shall furnish a copy of this request to the defense counsel and to the prosecutor in both counties if the request is made in the county of treatment rather than the county of commitment.

Within 15 judicial days, the court where the request was filed shall hold a hearing and shall either approve or disapprove the request for revocation of outpatient status. If the court approves the request for revocation, the court shall order that the person be confined in a state hospital or other treatment facility approved by the community program director. The court shall transmit a copy of its order to the community program director or a designee. Where the county of treatment and the county of commitment differ and revocation occurs in the county of treatment, the court shall enter the name of the committing county and its case number on the order of revocation and shall send a copy of the order to the committing court and the prosecutor and defense counsel in the county of commitment.

(Added by Stats.1980, c. 547, § 17. Amended by Stats.1985, c. 1232, § 18, eff. Sept. 30, 1985.)

§ 1609. Request for revocation of outpatient status by prosecutor

If at any time during the outpatient period or placement with a local mental health program pursuant to subdivision (b) of Section 1026.2 the prosecutor is of the opinion that the person is a danger to the health and safety of others while on that status, the prosecutor may petition the court for a hearing to determine whether the person shall be continued on that status. Upon receipt of the petition, the court shall calendar the case for further proceedings within 15 judicial days and the clerk shall notify the person, the community program director, and the attorney of record for the person of the hearing date. Upon failure of the person to appear as noticed, if a proper affidavit of service and advisement has been filed with the court, the court may issue a body attachment for such person. If, after a hearing in court conducted using the same standards used in conducting probation revocation hearings pursuant to Section 1203.2, the judge determines that the person is a danger to the health and safety of others, the court shall order that the person be confined in a state hospital or other treatment facility which has been approved by the community program director.

(Added by Stats.1980, c. 547, § 17. Amended by Stats.1984, c. 1488, § 9; Stats.1985, c. 1232, § 19, eff. Sept. 30, 1985.)

§ 1610. Confinement pending decision on request for revocation; review

(a) Upon the filing of a request for revocation under Section 1608 or 1609 and pending the court's decision on revocation, the person subject to revocation may be confined in a facility designated by the community program director when it is the opinion of that director that the person will now be a danger to self or to another while on outpatient status and that to delay confinement until the revocation hearing would pose an imminent risk of harm to the person or to another. The facility so designated shall continue the patient's program of treatment, shall provide adequate security so as to ensure both the safety of the person and the safety of others in the facility, and shall, to the extent possible, minimize interference with the person's program of treatment. Upon the request of the community program director or a designee, a peace officer shall take, or cause to be taken, the person into custody and transport the person to a facility designated by the community program director for confinement under this section. Within one judicial day after the person is confined in a jail under this section, the community program director shall apply in writing to the court for authorization to confine the person pending the hearing under Section 1608 or Section 1609 or subdivision (c). The application shall be in the form of a declaration, and shall specify the behavior or other reason justifying the confinement of the person in a jail. Upon receipt of the application for confinement, the court shall consider and rule upon it, and if the court authorizes detention in a jail, the court shall actually serve copies of all orders and all documents filed by the community program director upon the prosecuting and defense counsel. The community program director shall notify the court in writing of the confinement of the person and of the factual basis for the opinion that the immediate confinement in a jail was necessary. The court shall supply a copy of these documents to the prosecutor and defense counsel.

(b) The facility designated by the community program director may be a state hospital, a local treatment facility, a county jail, or any other appropriate facility, so long as the facility can continue the person's program of treatment, provide adequate security, and minimize interference with the person's program of treatment. If the facility designated by the community program director is a county jail, the patient shall be separated from the general population of the jail. In the case of a sexually violent predator, as defined in Section 6600 of the Welfare and Institutions Code, who is held pending civil process under the sexually violent predator laws, the person may be housed as provided by Section 4002. The designated facility need not be approved for 72–hour treatment and evaluation pursuant to the provisions of the Lanterman–Petris–Short Act (Part 1 (commencing with Section 5000) of Division 5 of the Welfare and Institutions Code); however, a county jail may not be designated unless the services specified above are provided, and accommodations are provided which ensure both the safety of the person and the safety of the general population of the jail. Within three judicial days of the patient's confinement in a jail, the community program director shall report to the court regarding what type of treatment the patient is receiving in the facility. If there is evidence that the treatment program is not being complied with, or accommodations have not been provided which ensure both the safety of the committed person and the safety of the general population of the jail, the court shall order the person transferred to an appropriate facility, including an appropriate state hospital. Nothing in this subdivision shall be construed as authorizing jail facilities to operate as health facilities, as defined in Section 1250 of the Health and Safety Code, without complying with applicable requirements of law.

(c) A person confined under this section shall have the right to judicial review of his or her confinement in a jail under this section in a manner similar to that which is prescribed in Article 5 (commencing with Section 5275) of Chapter 2 of Part 1 of Division 5 of the Welfare and Institutions Code and to an explanation of rights in the manner prescribed in Section 5325 of the Welfare and Institutions Code.

Nothing in this section shall prevent hospitalization pursuant to the provisions of Section 5150, 5250, 5350, or 5353 of the Welfare and Institutions Code.

(d) A person whose confinement in a treatment facility under Section 1608 or 1609 is approved by the court shall not be released again to outpatient status unless court approval is obtained under Section 1602 or 1603.

(Added by Stats.1980, c. 547, § 17. Amended by Stats.1984, c. 1488, § 10; Stats.1985, c. 1232, § 20, eff. Sept. 30, 1985; Stats.1988, c. 996, § 1, eff. Sept. 20, 1988; Stats.2001, c. 248 (A.B.659), § 1.)

§ 1611. Departure from state; approval from committing court; contents; notice of approval; hearing; penalty

(a) No person who is on outpatient status pursuant to this title or Section 2972 shall leave this state without first obtaining prior written approval to do so from the committing court. The prior written approval of the court for the person to leave this state shall specify when the person may leave, when the person is required to return, and may specify other conditions or limitations at the discretion of the court. The written approval for the person to leave this state may be in a form and format chosen by the committing court.

In no event shall the court give written approval for the person to leave this state without providing notice to the prosecutor, the defense counsel, and the community program director. The court may conduct a hearing on the question of whether the person should be allowed to leave this state and what conditions or limitations, if any, should be imposed.

(b) Any person who violates subdivision (a) is guilty of a misdemeanor.

(Added by Stats.1988, c. 74, § 2.)

§ 1612. Restrictions on release

Any person committed to a state hospital or other treatment facility under the provisions of Section 1026, or Chapter 6 (commencing with Section 1367) of Title 10 of this code, or former Section 6316 or 6321 of the Welfare and Institutions Code shall not be released therefrom except as expressly provided in this title or Section 1026.2.

(Added by Stats.1980, c. 547, § 17. Amended by Stats.1984, c. 1488, § 13.)

§ 1614. Outpatients under former law

Persons ordered to undergo outpatient treatment under former Sections 1026.1 and 1374 of the Penal Code and subdivision (a) of Section 6325.1 of the Welfare and Institutions Code shall, on January 1, 1981, be considered as being on outpatient status under this title and this title shall apply to such persons.

(Added by Stats.1980, c. 547, § 17.)

§ 1615. Treatment and supervision of judicially committed patients; availability of services; forensic conditional release program; contact of county mental health program; data gathering and program standards

Pursuant to Section 5709.8 of the Welfare and Institutions Code, the State Department of Mental Health shall be responsible for the community treatment and supervision of judicially committed patients. These services shall be available on a county or regional basis. The department may provide these services directly or through contract with private providers or counties. The program or programs through which these services are provided shall be known as the Forensic Conditional Release Program.

The department shall contact all county mental health programs by January 1, 1986, to determine their interest in providing an appropriate level of supervision and treatment of judicially committed patients at reasonable cost. County mental health agencies may agree or refuse to operate such a program.

The State Department of Mental Health shall ensure consistent data gathering and program standards for use statewide by the Forensic Conditional Release Program.

(Added by Stats.1984, c. 1415, § 2. Amended by Stats.1985, c. 1416, § 3; Stats.1987, c. 687, § 2; Stats.1988, c. 37, § 1.)

§ 1616. Research agency study of the prevalence of severe mental disorder among state prison inmates and parolees; content; departments cooperating; design of study

The state shall contract with a research agency which shall determine the prevalence of severe mental disorder among the state prison inmates and parolees, including persons admitted to prison, the resident population, and those discharged to parole. An evaluation of the array of services shall be performed, including the correctional, state hospital, and local inpatient programs; residential–level care and partial day care within the institutions as well as in the community; and the individual and group treatment which may be provided within the correctional setting and in the community upon release. The review shall include the interrelationship between the security and clinical staff, as well as the architectural design which aids meeting the treatment needs of these mentally ill offenders while maintaining a secure setting. Administration of these programs within the institutions and in the community shall be reviewed by the contracting agency. The ability of treatment programs to prevent reoffenses by inmates with severe mental disorders shall also be addressed. The process for evaluating inmates and parolees to determine their need for treatment and the ability to differentiate those who will benefit from treatment and those who will not shall be reviewed.

The State Department of Mental Health, the Department of Corrections, and the Department of Justice shall cooperate with the research agency conducting this study.

The research agency conducting this study shall consult with the State Department of Mental Health, the Department of Corrections,

the Department of Justice, and the Forensic Mental Health Association of California in the design of the study.
(Added by Stats.1985, c. 1416, § 4.)

§ 1617. Research and evaluation of forensic conditional release program

The State Department of Mental Health shall research the demographic profiles and other related information pertaining to persons receiving supervision and treatment in the Forensic Conditional Release Program. An evaluation of the program shall determine its effectiveness in successfully reintegrating these persons into society after release from state institutions. This evaluation of program effectiveness shall include, but not be limited to, a determination of the rates of reoffense while these persons are served by the program and after their discharge. This evaluation shall also address the effectiveness of the various treatment components of the program and their intensity.

The State Department of Mental Health may contract with an independent research agency to perform this research and evaluation project. Any independent research agency conducting this research shall consult with the Forensic Mental Health Association concerning the development of the research and evaluation design.
(Added by Stats.1985, c. 1416, § 5. Amended by Stats.1987, c. 687, § 3; Stats.1988, c. 37, § 2.)

§ 1618. Waiver of criminal and civil liability for criminal acts committed by persons on parole or judicial commitment status receiving supervision or treatment; administrators and supervision and treatment staff

The administrators and the supervision and treatment staff of the Forensic Conditional Release Program shall not be held criminally or civilly liable for any criminal acts committed by the persons on parole or judicial commitment status who receive supervision or treatment. This waiver of liability shall apply to employees of the State Department of Mental Health, the Board of Prison Terms, and the agencies or persons under contract to those agencies, who provide screening, clinical evaluation, supervision, or treatment to mentally ill parolees or persons under judicial commitment or considered for placement under a hold by the Board of Prison Terms.
(Added by Stats.1985, c. 1416, § 6. Amended by Stats.1987, c. 687, § 4; Stats.1988, c. 37, § 3; Stats.1996, c. 462 (A.B.3130), § 2, eff. Sept. 13, 1996.)

§ 1619. Automation of criminal histories of persons treated in forensic conditional release program and mentally disordered offenders

The Department of Justice shall automate the criminal histories of all persons treated in the Forensic Conditional Release Program, as well as all persons committed as not guilty by reason of insanity pursuant to Section 1026, incompetent to stand trial pursuant to Section 1370 or 1370.2, any person currently under commitment as a mentally disordered sex offender, and persons treated pursuant to Section 1364 or 2684 or Article 4 (commencing with Section 2960) of Chapter 7 of Title 1 of Part 3.
(Added by Stats.1985, c. 1416, § 7. Amended by Stats.1987, c. 687, § 5; Stats.1988, c. 37, § 4.)

§ 1620. Access to criminal histories of mentally ill offenders receiving treatment and supervision by agencies providing treatment; confidentiality

The Department of Justice shall provide mental health agencies providing treatment to patients pursuant to Sections 1600 to 1610, inclusive, or pursuant to Article 4 (commencing with Section 2960) of Chapter 7 of Title 1 of Part 3, with access to criminal histories of those mentally ill offenders who are receiving treatment and supervision. Treatment and supervision staff who have access to these criminal histories shall maintain the confidentiality of the information and shall sign a statement to be developed by the Department of Justice which informs them of this obligation.
(Added by Stats.1985, c. 1416, § 8. Amended by Stats.1987, c. 687, § 6.)

PENAL CODE — IMPRISONMENT AND THE DEATH PENALTY

Part 3 OF IMPRISONMENT AND THE DEATH PENALTY

Title 1 IMPRISONMENT OF MALE PRISONERS IN STATE PRISONS

Chapter 4 TREATMENT OF PRISONERS

Article 3 DISPOSITION OF INSANE PRISONERS

§ 2684. Transfer to state hospital; mentally ill, mentally deficient, or insane prisoner; conviction of stalking; duration of treatment

(a) If, in the opinion of the Director of Corrections, the rehabilitation of any mentally ill, mentally deficient, or insane person confined in a state prison may be expedited by treatment at any one of the state hospitals under the jurisdiction of the State Department of Mental Health or the State Department of Developmental Services, the Director of Corrections, with the approval of the Board of Prison Terms for persons sentenced pursuant to subdivision (b) of Section 1168, shall certify that fact to the director of the appropriate department who shall evaluate the prisoner to determine if he or she would benefit from care and treatment in a state hospital. If the director of the appropriate department so determines, the superintendent of the hospital shall receive the prisoner and keep him or her until in the opinion of the superintendent the person has been treated to the extent that he or she will not benefit from further care and treatment in the state hospital.

(b) Whenever the Director of Corrections receives a recommendation from the court that a defendant convicted of a violation of Section 646.9 and sentenced to confinement in the state prison would benefit from treatment in a state hospital pursuant to subdivision (a), the director shall consider the recommendation. If appropriate, the director shall certify that the rehabilitation of the defendant may be expedited by treatment in a state hospital and subdivision (a) shall apply.
(Added by Stats.1941, c. 106, p. 1095, § 15. Amended by Stats.1953, c. 1666, p. 3392, § 10; Stats.1955, c. 483, p. 953, § 1; Stats.1977, c. 165, p. 659, § 32, eff. June 29, 1977, operative July 1, 1977; Stats.1977, c. 1252, p. 4444, § 362, operative July 1, 1978; Stats.1978, c. 429, p. 1335, § 160, eff. July 17, 1978, operative July 1, 1978; Stats.1979, c. 255, p. 554, § 14; Stats.1993, c. 581 (A.B.1178), § 2.)

§ 2685. Receipt of prisoner; administrative procedure; return to prison; time of hospitalization as part of sentence

Upon the receipt of a prisoner, as herein provided, the superintendent of the state hospital shall notify the Director of

Corrections of that fact, giving his name, the date, the prison from which he was received, and from whose hands he was received. When in the opinion of the superintendent the mentally ill, mentally deficient or insane prisoner has been treated to such an extent that such person will not benefit by further care and treatment in the state hospital, the superintendent shall immediately notify the Director of Corrections of that fact. The Director of Corrections shall immediately send for, take and receive the prisoner back into prison. The time passed at the state hospital shall count as part of the prisoner's sentence.

(Added by Stats.1941, c. 106, p. 1095, § 15. Amended by Stats.1953, c. 1666, p. 3392, § 11; Stats.1955, c. 483, p. 954, § 2; Stats.1963, c. 372, p. 1163, § 15.)

Article 4 TEMPORARY REMOVAL OF PRISONERS

§ 2690. Order for removal; custody; duration; reimbursement of state

The Director of Corrections may authorize the temporary removal from prison or any other institution for the detention of adults under the jurisdiction of the Department of Corrections of any inmate, including removal for the purpose of attending college classes. The director may require that such temporary removal be under custody. Unless the inmate is removed for medical treatment, the removal shall not be for a period longer than three days. The director may require the inmate to reimburse the state, in whole or in part, for expenses incurred by the state in connection with such temporary removal other than for medical treatment.

(Added by Stats.1945, c. 103, p. 412, § 2. Amended by Stats.1953, c. 388, p. 1648, § 1; Stats.1961, c. 944, p. 2575, § 1; Stats.1963, c. 981, p. 2242, § 1; Stats.1965, c. 238, p. 1215, § 2; Stats.1965, c. 1469, p. 3434, § 1; Stats.1968, c. 530, p. 1184, § 1; Stats.1970, c. 830, p. 1563, § 1; Stats.1970, c. 1323, p. 2464, § 1, operative Jan. 1, 1972; Stats.1972, c. 1033, p. 1911, § 1.)

Chapter 7 EXECUTION OF SENTENCES OF IMPRISONMENT

Article 4 DISPOSITION OF MENTALLY DISORDERED PRISONERS UPON DISCHARGE

§ 2960. Legislative findings and declarations

The Legislature finds that there are prisoners who have a treatable, severe mental disorder that was one of the causes of, or was an aggravating factor in the commission of the crime for which they were incarcerated. Secondly, the Legislature finds that if the severe mental disorders of those prisoners are not in remission or cannot be kept in remission at the time of their parole or upon termination of parole, there is a danger to society, and the state has a compelling interest in protecting the public. Thirdly, the Legislature finds that in order to protect the public from those persons it is necessary to provide mental health treatment until the severe mental disorder which was one of the causes of or was an aggravating factor in the person's prior criminal behavior is in remission and can be kept in remission.

The Legislature further finds and declares the Department of Corrections should evaluate each prisoner for severe mental disorders during the first year of the prisoner's sentence, and that severely mentally disordered prisoners should be provided with an appropriate level of mental health treatment while in prison and when returned to the community.

(Added by Stats.1969, c. 872, p. 1714, § 1. Amended by Stats.1977, c. 1252, p. 4444, § 363, operative July 1, 1978; Stats.1982, c. 1529, p. 5952, § 3; Stats.1982, c. 1549, p. 6044, § 31; Stats.1985, c. 1419, § 1, operative July 1, 1986; Stats.1986, c. 858, § 1.)

§ 2962. Treatment by state department of mental health as condition of parole; criteria for prisoners

As a condition of parole, a prisoner who meets the following criteria shall be required to be treated by the State Department of Mental Health, and the State Department of Mental Health shall provide the necessary treatment:

(a) The prisoner has a severe mental disorder that is not in remission or cannot be kept in remission without treatment.

The term "severe mental disorder" means an illness or disease or condition that substantially impairs the person's thought, perception of reality, emotional process, or judgment; or which grossly impairs behavior; or that demonstrates evidence of an acute brain syndrome for which prompt remission, in the absence of treatment, is unlikely. The term "severe mental disorder" as used in this section does not include a personality or adjustment disorder, epilepsy, mental retardation or other developmental disabilities, or addiction to or abuse of intoxicating substances.

The term "remission" means a finding that the overt signs and symptoms of the severe mental disorder are controlled either by psychotropic medication or psychosocial support. A person "cannot be kept in remission without treatment" if during the year prior to the question being before the Board of Prison Terms or a trial court, he or she has been in remission and he or she has been physically violent, except in self–defense, or he or she has made a serious threat of substantial physical harm upon the person of another so as to cause the target of the threat to reasonably fear for his or her safety or the safety of his or her immediate family, or he or she has intentionally caused property damage, or he or she has not voluntarily followed the treatment plan. In determining if a person has voluntarily followed the treatment plan, the standard shall be whether the person has acted as a reasonable person would in following the treatment plan.

(b) The severe mental disorder was one of the causes of or was an aggravating factor in the commission of a crime for which the prisoner was sentenced to prison.

(c) The prisoner has been in treatment for the severe mental disorder for 90 days or more within the year prior to the prisoner's parole or release.

(d)(1) Prior to release on parole, the person in charge of treating the prisoner and a practicing psychiatrist or psychologist from the State Department of Mental Health have evaluated the prisoner at a facility of the Department of Corrections, and a chief psychiatrist of the Department of Corrections has certified to the Board of Prison Terms that the prisoner has a severe mental disorder, that the disorder is not in remission, or cannot be kept in remission without treatment, that the severe mental disorder was one of the causes or was an aggravating factor in the prisoner's criminal behavior, that the prisoner has been in treatment for the severe mental disorder for 90 days or more within the year prior to his or her parole release day, and that by reason of his or her severe mental disorder the prisoner represents a substantial danger of physical harm to others. For prisoners being treated by the State Department of Mental Health pursuant to Section 2684, the certification shall be by a chief psychiatrist of the Department of Corrections, and the evaluation shall be done at a state hospital by the person at the state hospital in charge of treating the prisoner and a practicing psychiatrist or psychologist from the Department of Corrections.

(2) If the professionals doing the evaluation pursuant to paragraph (1) do not concur that (A) the prisoner has a severe mental disorder, (B) that the disorder is not in remission or cannot be kept in remission without treatment, or (C) that the severe mental disorder was a cause of, or aggravated, the prisoner's criminal behavior, and a chief psychiatrist has certified the prisoner to the Board of Prison Terms pursuant to this paragraph, then the Board of Prison Terms shall order a further examination by two independent professionals, as provided for in Section 2978.

(3) Only if both independent professionals who evaluate the

prisoner pursuant to paragraph (2) concur with the chief psychiatrist's certification of the issues described in paragraph (2), shall this subdivision be applicable to the prisoner. The professionals appointed pursuant to Section 2978 shall inform the prisoner that the purpose of their examination is not treatment but to determine if the prisoner meets certain criteria to be involuntarily treated as a mentally disordered offender. It is not required that the prisoner appreciate or understand that information.

(e) The crime referred to in subdivision (b) meets both of the following criteria:

(1) The defendant received a determinate sentence pursuant to Section 1170 for the crime.

(2) The crime is one of the following:

(A) Voluntary manslaughter.

(B) Mayhem.

(C) Kidnapping in violation of Section 207.

(D) Any robbery wherein it was charged and proved that the defendant personally used a deadly or dangerous weapon, as provided in subdivision (b) of Section 12022, in the commission of that robbery.

(E) Carjacking, as defined in subdivision (a) of Section 215, if it is charged and proved that the defendant personally used a deadly or dangerous weapon, as provided in subdivision (b) of Section 12022, in the commission of the carjacking.

(F) Rape, as defined in paragraph (2) or (6) of subdivision (a) of Section 261 or paragraph (1) or (4) of subdivision (a) of Section 262.

(G) Sodomy by force, violence, duress, menace, or fear of immediate and unlawful bodily injury on the victim or another person.

(H) Oral copulation by force, violence, duress, menace, or fear of immediate and unlawful bodily injury on the victim or another person.

(I) Lewd acts on a child under the age of 14 years in violation of Section 288.

(J) Continuous sexual abuse in violation of Section 288.5.

(K) The offense described in subdivision (a) of Section 289 where the act was accomplished against the victim's will by force, violence, duress, menace, or fear of immediate and unlawful bodily injury on the victim or another person.

(L) Arson in violation of subdivision (a) of Section 451, or arson in violation of any other provision of Section 451 or in violation of Section 455 where the act posed a substantial danger of physical harm to others.

(M) Any felony in which the defendant used a firearm which use was charged and proved as provided in Section 12022.5, 12022.53, or 12022.55.

(N) A violation of Section 12308.

(O) Attempted murder.

(P) A crime not enumerated in subparagraphs (A) to (O), inclusive, in which the prisoner used force or violence, or caused serious bodily injury as defined in paragraph (4) of subdivision (f) of Section 243.

(Q) A crime in which the perpetrator expressly or impliedly threatened another with the use of force or violence likely to produce substantial physical harm in such a manner that a reasonable person would believe and expect that the force or violence would be used. For purposes of this subparagraph, substantial physical harm shall not require proof that the threatened act was likely to cause great or serious bodily injury.

(f) As used in this chapter, "substantial danger of physical harm" does not require proof of a recent overt act.

(Added by Stats.1986, c. 858, § 2. Amended by Stats.1987, c. 687, § 7; Stats.1989, c. 228, § 1, eff. July 27, 1989; Stats.1991, c. 435 (A.B.655), § 2; Stats.1995, c. 761 (S.B.34), § 1; Stats.1998, c. 936 (A.B.105), § 16, eff. Sept. 28, 1998; Stats.1999, c. 16 (S.B.279), § 1, eff. April 22, 1999; Stats.2000, c. 135 (A.B.2539), § 137.)

§ 2964. Inpatient or outpatient treatment; hearing; informing prisoner of right; burden of proof

(a) The treatment required by Section 2962 shall be inpatient unless the State Department of Mental Health certifies to the Board of Prison Terms that there is reasonable cause to believe the parolee can be safely and effectively treated on an outpatient basis, in which case the Board of Prison Terms shall permit the State Department of Mental Health to place the parolee in an outpatient treatment program specified by the State Department of Mental Health. Any prisoner who is to be required to accept treatment pursuant to Section 2962 shall be informed in writing of his or her right to request a hearing pursuant to Section 2966. Prior to placing a parolee in a local outpatient program, the State Department of Mental Health shall consult with the local outpatient program as to the appropriate treatment plan. Notwithstanding any other law, a parolee ordered to have outpatient treatment pursuant to this section may be placed in an outpatient treatment program used to provide outpatient treatment under Title 15 (commencing with Section 1600) of Part 2, but the procedural provisions of Title 15 shall not apply. The community program director or a designee of an outpatient program used to provide treatment under Title 15 in which a parolee is placed, may place the parolee, or cause the parolee to be placed, in a secure mental health facility if the parolee can no longer be safely or effectively treated in the outpatient program, and until the parolee can be safely and effectively treated in the program. Upon the request of the community program director or a designee, a peace officer shall take the parolee into custody and transport the parolee, or cause the parolee to be taken into custody and transported, to a facility designated by the community program director, or a designee, for confinement under this section. Within 15 days after placement in a secure facility the State Department of Mental Health shall conduct a hearing on whether the parolee can be safely and effectively treated in the program unless the patient or the patient's attorney agrees to a continuance, or unless good cause exists that prevents the State Department of Mental Health from conducting the hearing within that period of time. If good cause exists, the hearing shall be held within 21 days after placement in a secure facility. For purposes of this section, "good cause" means the inability to secure counsel, an interpreter, or witnesses for the hearing within the 15–day time period. Before deciding to seek revocation of the parole of a parolee receiving mental health treatment pursuant to Section 2962, and return him or her to prison, the parole officer shall consult with the director of the parolee's outpatient program. Nothing in this section shall prevent hospitalization pursuant to Section 5150, 5250, or 5353 of the Welfare and Institutions Code.

(b) If the State Department of Mental Health has not placed a parolee on outpatient treatment within 60 days after receiving custody of the parolee or after parole is continued pursuant to Section 3001, the parolee may request a hearing before the Board of Prison Terms, and the board shall conduct a hearing to determine whether the prisoner shall be treated as an inpatient or an outpatient. At the hearing, the burden shall be on the State Department of Mental Health to establish that the prisoner requires inpatient treatment as described in this subdivision. If the prisoner or any person appearing on his or her behalf at the hearing requests it, the board shall appoint two independent professionals as provided for in Section 2978.

(Added by Stats.1986, c. 858, § 3. Amended by Stats.1988, c. 657, § 1; Stats.1991, c. 435 (A.B.655), § 3.)

§ 2966. Treatment as condition of parole; hearing by board to prove prisoner meets criteria; judicial review; petition; procedure; jury trial; application to continuation of parole

(a) A prisoner may request a hearing before the Board of Prison Terms, and the board shall conduct a hearing if so requested, for the purpose of proving that the prisoner meets the criteria in Section 2962. At the hearing, the burden of proof shall be on the person or agency who certified the prisoner under subdivision (d) of Section 2962. If the prisoner or any person appearing on his or her behalf at the hearing requests it, the board shall appoint two independent professionals as provided for in Section 2978. The prisoner shall be informed at the

hearing of his or her right to request a trial pursuant to subdivision (b). The Board of Prison Terms shall provide a prisoner who requests a trial, a petition form and instructions for filing the petition.

(b) A prisoner who disagrees with the determination of the Board of Prison Terms that he or she meets the criteria of Section 2962, may file in the superior court of the county in which he or she is incarcerated or is being treated a petition for a hearing on whether he or she, as of the date of the Board of Prison Terms hearing, met the criteria of Section 2962. The court shall conduct a hearing on the petition within 60 calendar days after the petition is filed, unless either time is waived by the petitioner or his or her counsel, or good cause is shown. Evidence offered for the purpose of proving the prisoner's behavior or mental status subsequent to the Board of Prison Terms hearing shall not be considered. The order of the Board of Prison Terms shall be in effect until the completion of the court proceedings. The court shall advise the petitioner of his or her right to be represented by an attorney and of the right to a jury trial. The attorney for the petitioner shall be given a copy of the petition, and any supporting documents. The hearing shall be a civil hearing; however, in order to reduce costs, the rules of criminal discovery, as well as civil discovery, shall be applicable. The standard of proof shall be beyond a reasonable doubt, and if the trial is by jury, the jury shall be unanimous in its verdict. The trial shall be by jury unless waived by both the person and the district attorney. The court may, upon stipulation of both parties, receive in evidence the affidavit or declaration of any psychiatrist, psychologist, or other professional person who was involved in the certification and hearing process, or any professional person involved in the evaluation or treatment of the petitioner during the certification process. The court may allow the affidavit or declaration to be read and the contents thereof considered in the rendering of a decision or verdict in any proceeding held pursuant to subdivision (b) or (c), or subdivision (a) of Section 2972. If the court or jury reverses the determination of the Board of Prison Terms, the court shall stay the execution of the decision for five working days to allow for an orderly release of the prisoner.

(c) If the Board of Prison Terms continues a parolee's mental health treatment under Section 2962 when it continues the parolee's parole under Section 3001, the procedures of this section shall only be applicable for the purpose of determining if the parolee has a severe mental disorder, whether the parolee's severe mental disorder is not in remission or cannot be kept in remission without treatment, and whether by reason of his or her severe mental disorder, the parolee represents a substantial danger of physical harm to others.

(Added by Stats.1986, c. 858, § 4. Amended by Stats.1987, c. 687, § 8; Stats.1988, c. 658, § 1; Stats.1989, c. 228, § 2, eff. July 27, 1989; Stats.1994, c. 706 (S.B.1918), § 1.)

§ 2968. Remission of prisoner's severe mental disorder; notice; discontinuation of treatment

If the prisoner's severe mental disorder is put into remission during the parole period, and can be kept in remission, the Director of Mental Health shall notify the Board of Prison Terms and the State Department of Mental Health shall discontinue treating the parolee.

(Added by Stats.1986, c. 858, § 5.)

§ 2970. Evaluation on remission where severe mental disorder is not in, or cannot be kept in, remission

Not later than 180 days prior to the termination of parole, or release from prison if the prisoner refused to agree to treatment as a condition of parole as required by Section 2962, unless good cause is shown for the reduction of that 180–day period, if the prisoner's severe mental disorder is not in remission or cannot be kept in remission without treatment, the medical director of the state hospital which is treating the parolee, or the community program director in charge of the parolee's outpatient program, or the Director of Corrections, shall submit to the district attorney of the county in which the parolee is receiving outpatient treatment, or for those in prison or in a state mental hospital, the district attorney of the county of commitment, his or her written evaluation on remission. If requested by the district attorney, the written evaluation shall be accompanied by supporting affidavits.

The district attorney may then file a petition with the superior court for continued involuntary treatment for one year. The petition shall be accompanied by affidavits specifying that treatment, while the prisoner was released from prison on parole, has been continuously provided by the State Department of Mental Health either in a state hospital or in an outpatient program. The petition shall also specify that the prisoner has a severe mental disorder, that the severe mental disorder is not in remission or cannot be kept in remission if the person's treatment is not continued, and that, by reason of his or her severe mental disorder, the prisoner represents a substantial danger of physical harm to others.

(Added by Stats.1985, c. 1418, § 1, operative July 1, 1986. Amended by Stats.1986, c. 858, § 6; Stats.1988, c. 657, § 2; Stats.1988, c. 658, § 2; Stats.1989, c. 228, § 3, eff. July 27, 1989; Stats.1991, c. 435 (A.B.655), § 4.)

§ 2972. Hearing on petition for continued treatment; jury trial; order; petition for recommitment; rights of patient; modification by regulations

(a) The court shall conduct a hearing on the petition under Section 2970 for continued treatment. The court shall advise the person of his or her right to be represented by an attorney and of the right to a jury trial. The attorney for the person shall be given a copy of the petition, and any supporting documents. The hearing shall be a civil hearing, however, in order to reduce costs the rules of criminal discovery, as well as civil discovery, shall be applicable.

The standard of proof under this section shall be proof beyond a reasonable doubt, and if the trial is by jury, the jury shall be unanimous in its verdict. The trial shall be by jury unless waived by both the person and the district attorney. The trial shall commence no later than 30 calendar days prior to the time the person would otherwise have been released, unless the time is waived by the person or unless good cause is shown.

(b) The people shall be represented by the district attorney. If the person is indigent, the county public defender shall be appointed.

(c) If the court or jury finds that the patient has a severe mental disorder, that the patient's severe mental disorder is not in remission or cannot be kept in remission without treatment, and that by reason of his or her severe mental disorder, the patient represents a substantial danger of physical harm to others, the court shall order the patient recommitted to the facility in which the patient was confined at the time the petition was filed, or recommitted to the outpatient program in which he or she was being treated at the time the petition was filed, or committed to the State Department of Mental Health if the person was in prison. The commitment shall be for a period of one year from the date of termination of parole or a previous commitment or the scheduled date of release from prison as specified in Section 2970. Time spent on outpatient status, except when placed in a locked facility at the direction of the outpatient supervisor, shall not count as actual custody and shall not be credited toward the person's maximum term of commitment or toward the person's term of extended commitment.

(d) A person shall be released on outpatient status if the committing court finds that there is reasonable cause to believe that the committed person can be safely and effectively treated on an outpatient basis. Except as provided in this subdivision, the provisions of Title 15 (commencing with Section 1600) of Part 2, shall apply to persons placed on outpatient status pursuant to this paragraph. The standard for revocation under Section 1609 shall be that the person cannot be safely and effectively treated on an outpatient basis.

(e) Prior to the termination of a commitment under this section, a petition for recommitment may be filed to determine whether the patient's severe mental disorder is not in remission or cannot be kept

in remission without treatment, and whether by reason of his or her severe mental disorder, the patient represents a substantial danger of physical harm to others. The recommitment proceeding shall be conducted in accordance with the provisions of this section.

(f) Any commitment under this article places an affirmative obligation on the treatment facility to provide treatment for the underlying causes of the person's mental disorder.

(g) Except as provided in this subdivision, the person committed shall be considered to be an involuntary mental health patient and he or she shall be entitled to those rights set forth in Article 7 (commencing with Section 5325) of Chapter 2 of Part 1 of Division 5 of the Welfare and Institutions Code. Commencing January 1, 1986, the State Department of Mental Health may adopt regulations to modify those rights as is necessary in order to provide for the reasonable security of the inpatient facility in which the patient is being held. This subdivision and the regulations adopted pursuant thereto shall become operative on January 1, 1987, except that regulations may be adopted prior to that date.

(Added by Stats.1986, c. 858, § 7. Amended by Stats.1987, c. 687, § 9; Stats.1989, c. 228, § 4, eff. July 27, 1989; Stats.2000, c. 324 (A.B.1881), § 3.)

§ 2972.1. Outpatient status; continuation, termination, or confinement to treatment facility; procedure

(a) Outpatient status for persons committed pursuant to Section 2972 shall be for a period not to exceed one year. Pursuant to Section 1606, at the end of a period of outpatient status approved by the court, the court shall, after actual notice to the prosecutor, the defense attorney, the community program director or a designee, the medical director of the facility that is treating the person, and the person on outpatient status, and after a hearing in court, either discharge the person from commitment under appropriate provisions of law, order the person confined to a treatment facility, or renew its approval of outpatient status.

(b) Prior to the hearing described in subdivision (a), the community program director or a designee shall furnish a report and recommendation to the court, the prosecution, the defense attorney, the medical director of the facility that is treating the person, and the person on outpatient status. If the recommendation is that the person continue on outpatient status or be confined to a treatment facility, the report shall also contain a statement that conforms with requirements of subdivision (c).

(c)(1) Upon receipt of a report prepared pursuant to Section 1606 that recommends confinement or continued outpatient treatment, the court shall direct prior defense counsel, or, if necessary, appoint new defense counsel, to meet and confer with the person who is on outpatient status and explain the recommendation contained therein. Following this meeting, both defense counsel and the person on outpatient status shall sign and return to the court a form which shall read as follows:

"Check One:

"_____ I do not believe that I need further treatment and I demand a jury trial to decide this question.

"_____ I accept the recommendation that I continue treatment."

(2) The signed form shall be returned to the court at least 10 days prior to the hearing described in subdivision (a). If the person on outpatient status refuses or is unable to sign the form, his or her counsel shall indicate, in writing, that the form and the report prepared pursuant to Section 1606 were explained to the person and the person refused or was unable to sign the form.

(d) If the person on outpatient status either requests a jury trial or fails to waive his or her right to a jury trial, a jury trial meeting all of the requirements of Section 2972 shall be set within 60 days of the initial hearing.

(e) The trier of fact, or the court if trial is waived, shall determine whether or not the requirements of subdivisions (c) and (d) of Section 2972 have been met. The court shall then make an appropriate disposition under subdivision (a) of this section.

(f) The court shall notify the community program director or a designee, the person on outpatient status, and the medical director or person in charge of the facility providing treatment of the person whether or not the person was found suitable for release.

(Added by Stats.2000, c. 324 (A.B.1881), § 4.)

§ 2974. Placement of certain inmates prior to release or parolees in state hospital; probable cause

Before releasing any inmate or terminating supervision of any parolee who is a danger to self or others, or gravely disabled as a result of mental disorder and who does not come within the provisions of Section 2962, the Director of Corrections may, upon probable cause, place, or cause to be placed, the person in a state hospital pursuant to the Lanterman–Petris–Short Act, Part 1 (commencing with Section 5000) of Division 5 of the Welfare and Institutions Code.

(Added by Stats.1986, c. 858, § 8.)

§ 2976. Cost of treatment; state expense; inpatient treatment of person placed outside of department of corrections facility not deemed release from imprisonment or custody

(a) The cost of inpatient or outpatient treatment under Section 2962 or 2972 shall be a state expense while the person is under the jurisdiction of the Department of Corrections or the State Department of Mental Health.

(b) Any person placed outside of a facility of the Department of Corrections for the purposes of inpatient treatment under this article shall not be deemed to be released from imprisonment or from the custody of the Department of Corrections prior to the expiration of the maximum term of imprisonment of the person.

(Added by Stats.1986, c. 858, § 9. Amended by Stats.1991, c. 435 (A.B.655), § 5.)

§ 2978. Independent professionals appointed by board of prison terms; qualifications; list

(a) Any independent professionals appointed by the Board of Prison Terms for purposes of this article shall not be state government employees; shall have at least five years of experience in the diagnosis and treatment of mental disorders; and shall include psychiatrists, and licensed psychologists who have a doctoral degree in psychology.

(b) On July 1 of each year the Department of Corrections and the State Department of Mental Health shall submit to the Board of Prison Terms a list of 20 or more independent professionals on which both departments concur. The professionals shall not be state government employees and shall have at least five years of experience in the diagnosis and treatment of mental disorders and shall include psychiatrists and licensed psychologists who have a doctoral degree in psychology. For purposes of this article, when the Board of Prison Terms receives the list, they shall only appoint independent professionals from the list. The list shall not be binding on the Board of Prison Terms until they have received it, and shall not be binding after June 30 following receipt of the list.

(Added by Stats.1986, c. 858, § 10. Amended by Stats.1987, c. 687, § 10.)

§ 2980. Application of article

This article applies to persons who committed their crimes on and after January 1, 1986.

(Added by Stats.1986, c. 858, § 11. Amended by Stats.1989, c. 228, § 5, eff. July 27, 1989.)

§ 2981. Proof of treatment within year prior to parole or release; certified prison or state hospital records or copies

For the purpose of proving the fact that a prisoner has received 90 days or more of treatment within the year prior to the prisoner's parole or release, the records or copies of records of any state penitentiary, county jail, federal penitentiary, or state hospital in which that person has been confined, when the records or copies thereof have been certified by the official custodian of those records, may be admitted as evidence.

(Added by Stats.1987, c. 687, § 11.)

Title 4 COUNTY JAILS, FARMS AND CAMPS

Chapter 1 COUNTY JAILS

§ 4011.6. Treatment and evaluation of prisoner; notice; confidential reports; remand to facility; effect on sentence

In any case in which it appears to the person in charge of a county jail, city jail, or juvenile detention facility, or to any judge of a court in the county in which the jail or juvenile detention facility is located, that a person in custody in that jail or juvenile detention facility may be mentally disordered, he or she may cause the prisoner to be taken to a facility for 72–hour treatment and evaluation pursuant to Section 5150 of the Welfare and Institutions Code and he or she shall inform the facility in writing, which shall be confidential, of the reasons that the person is being taken to the facility. The local mental health director or his or her designee may examine the prisoner prior to transfer to a facility for treatment and evaluation. Upon transfer to a facility, Article 1 (commencing with Section 5150), Article 4 (commencing with Section 5250), Article 4.5 (commencing with Section 5260), Article 5 (commencing with Section 5275), Article 6 (commencing with Section 5300), and Article 7 (commencing with Section 5325) of Chapter 2 and Chapter 3 (commencing with Section 5350) of Part 1 of Division 5 of the Welfare and Institutions Code shall apply to the prisoner.

Where the court causes the prisoner to be transferred to a 72–hour facility, the court shall forthwith notify the local mental health director or his or her designee, the prosecuting attorney, and counsel for the prisoner in the criminal or juvenile proceedings about that transfer. Where the person in charge of the jail or juvenile detention facility causes the transfer of the prisoner to a 72–hour facility the person shall immediately notify the local mental health director or his or her designee and each court within the county where the prisoner has a pending proceeding about the transfer. Upon notification by the person in charge of the jail or juvenile detention facility the court shall forthwith notify counsel for the prisoner and the prosecuting attorney in the criminal or juvenile proceedings about that transfer.

If a prisoner is detained in, or remanded to, a facility pursuant to those articles of the Welfare and Institutions Code, the facility shall transmit a report, which shall be confidential, to the person in charge of the jail or juvenile detention facility or judge of the court who caused the prisoner to be taken to the facility and to the local mental health director or his or her designee, concerning the condition of the prisoner. A new report shall be transmitted at the end of each period of confinement provided for in those articles, upon conversion to voluntary status, and upon filing of temporary letters of conservatorship.

A prisoner who has been transferred to an inpatient facility pursuant to this section may convert to voluntary inpatient status without obtaining the consent of the court, the person in charge of the jail or juvenile detention facility, or the local mental health director. At the beginning of that conversion to voluntary status, the person in charge of the facility shall transmit a report to the person in charge of the jail or juvenile detention facility or judge of the court who caused the prisoner to be taken to the facility, counsel for the prisoner, prosecuting attorney, and local mental health director or his or her designee.

If the prisoner is detained in, or remanded to, a facility pursuant to those articles of the Welfare and Institutions Code, the time passed in the facility shall count as part of the prisoner's sentence. When the prisoner is detained in, or remanded to, the facility, the person in charge of the jail or juvenile detention facility shall advise the professional person in charge of the facility of the expiration date of the prisoner's sentence. If the prisoner is to be released from the facility before the expiration date, the professional person in charge shall notify the local mental health director or his or her designee, counsel for the prisoner, the prosecuting attorney, and the person in charge of the jail or juvenile detention facility, who shall send for, take, and receive the prisoner back into the jail or juvenile detention facility.

A defendant, either charged with or convicted of a criminal offense, or a minor alleged to be within the jurisdiction of the juvenile court, may be concurrently subject to the Lanterman–Petris–Short Act (Part 1 (commencing with Section 5000) of Division 5 of the Welfare and Institutions Code).

If a prisoner is detained in a facility pursuant to those articles of the Welfare and Institutions Code and if the person in charge of the facility determines that arraignment or trial would be detrimental to the well–being of the prisoner, the time spent in the facility shall not be computed in any statutory time requirements for arraignment or trial in any pending criminal or juvenile proceedings. Otherwise, this section shall not affect any statutory time requirements for arraignment or trial in any pending criminal or juvenile proceedings.

For purposes of this section, the term "juvenile detention facility" includes any state, county, or private home or institution in which wards or dependent children of the juvenile court or persons awaiting a hearing before the juvenile court are detained.

(Added by Stats.1963, c. 1731, p. 3451, § 1. Amended by Stats.1968, c. 1374, p. 2637, § 4; Stats.1970, c. 1027, p. 3440, § 3.5; Stats.1971, c. 1117, p. 2131, § 1; Stats.1974, c. 22, p. 36, § 1; Stats.1975, c. 1258, p. 3297, § 2; Stats.1976, c. 445, p. 1176, § 1, eff. July 10, 1976; Stats.1987, c. 828, § 132; Stats.1988, c. 160, § 138.)

§ 4011.7. Removal of guard from hospitalized prisoner; escape

Notwithstanding the provisions of Sections 4011 and 4011.5, when it appears that the prisoner in need of medical or surgical treatment necessitating hospitalization or in need of medical or hospital care was arrested for, charged with, or convicted of an offense constituting a misdemeanor, the court in proceedings under Section 4011 or the sheriff or jailer in action taken under Section 4011.5 may direct that the guard be removed from the prisoner while he is in the hospital. If such direction is given, any such prisoner who knowingly escapes or attempts to escape from such hospital shall upon conviction thereof be guilty of a misdemeanor and punishable by imprisonment for not to exceed one year in the county jail if such escape or attempt to escape was not by force or violence. However, if such escape is by force or violence such prisoner shall be guilty of a felony and punishable by imprisonment in the state prison, or in the county jail for not exceeding one year; provided, that when such second term of imprisonment is to be served in the county jail it shall commence from the time such prisoner would otherwise be discharged from such jail.

(Added by Stats.1968, c. 741, p. 1445, § 1. Amended by Stats.1980, c. 1117, § 15.)

§ 4011.8. Voluntary application for inpatient or outpatient mental health services; consent; notice; effect on sentence; denial of application

A person in custody who has been charged with or convicted of a criminal offense may make voluntary application for inpatient or outpatient mental health services in accordance with Section 5003 of the Welfare and Institutions Code. If such services require absence from the jail premises, consent from the person in charge of the jail or from any judge of a court in the county in which the jail is located, and from the director of the county mental health program in which services are to be rendered, shall be obtained. The local mental health director or his designee may examine the prisoner prior to transfer from the jail.

Where the court approves voluntary treatment for a jail inmate for whom criminal proceedings are pending, the court shall forthwith notify counsel for the prisoner and the prosecuting attorney about such approval. Where the person in charge of the jail approves voluntary treatment for a prisoner for whom criminal proceedings are pending, the person in charge of the jail shall immediately notify each

court within the county where the prisoner has a pending proceeding about such approval; upon notification by the jailer the court shall forthwith notify the prosecuting attorney and counsel for the prisoner in the criminal proceedings about such transfer.

If the prisoner voluntarily obtains treatment in a facility or is placed on outpatient treatment pursuant to Section 5003 of the Welfare and Institutions Code, the time passed therein shall count as part of the prisoner's sentence. When the prisoner is permitted absence from the jail for voluntary treatment, the person in charge of the jail shall advise the professional person in charge of the facility of the expiration date of the prisoner's sentence. If the prisoner is to be released from the facility before such expiration date, the professional person in charge shall notify the local mental health director or his designee, counsel for the prisoner, the prosecuting attorney, and the person in charge of the jail, who shall send for, take, and receive the prisoner back into the jail.

A denial of an application for voluntary mental health services shall be reviewable only by mandamus.

(Added by Stats.1975, c. 1258, p. 3299, § 3.)

Title 5 OFFENSES RELATING TO PRISONS AND PRISONERS

Chapter 2 ESCAPES AND RESCUES

Article 1 ESCAPES

§ 4536. Mental health facility

(a) Every person committed to a state hospital or other public or private mental health facility as a mentally disordered sex offender, who escapes from or who escapes while being conveyed to or from such state hospital or other public or private mental health facility, is punishable by imprisonment in the state prison or in the county jail not to exceed one year. The term imposed pursuant to this section shall be served consecutively to any other sentence or commitment.

(b) The medical director or person in charge of a state hospital or other public or private mental health facility to which a person has been committed as a mentally disordered sex offender shall promptly notify the chief of police of the city in which the hospital or facility is located, or the sheriff of the county if the hospital or facility is located in an unincorporated area, of the escape of the person, and shall request the assistance of the chief of police or sheriff in apprehending the person, and shall, within 48 hours of the escape of the person, orally notify the court that made the commitment, the prosecutor in the case, and the Department of Justice of the escape.

(Added by Stats.1981, c. 1054, § 4.)

§ 4536.5. Mental health facility; sexually violent predator; escape; notification

The medical director or person in charge of a state hospital or other public or private mental health facility to which a person has been committed under the provisions of Article 4 (commencing with Section 6600) of Chapter 2 of Part 2 of the Welfare and Institutions Code, shall promptly notify the Department of Corrections' Sexually Violent Predator Parole Coordinator, the chief of police of the city in which the hospital or facility is located, or the sheriff of the county if the hospital or facility is located in an unincorporated area, of the escape of the person, and shall request the assistance of the chief of police or sheriff in apprehending the person, and shall, within 48 hours of the escape of the person, orally notify the court that made the commitment, the prosecutor in the case, and the Department of Justice of the escape.

(Added by Stats.1998, c. 961 (S.B.1976), § 1, eff. Sept. 29, 1998. Amended by Stats.1999, c. 83 (S.B.966), § 156.)

Title 7 ADMINISTRATION OF THE STATE CORRECTIONAL SYSTEM

Chapter 2 THE DIRECTOR OF CORRECTIONS

§ 5058.5. Physicians and surgeons; additional services which may be provided

In addition to the services rendered by physicians and surgeons, including psychiatrists, or by psychologists, pursuant to Sections 5068 and 5079, physicians and surgeons, including psychiatrists and psychologists, employed by, or under contract to provide mental health services to, the Department of Corrections may also provide the following medically or psychologically necessary services: prescreening of mental disorders; determination of the mental competency of inmates to participate in classification hearings; evaluation of parolees during temporary detention; determining whether mental health treatment should be a condition of parole; and such other services as may be required which are consistent with their licensure.

(Added by Stats.1984, c. 1123, § 2.)

§ 5068.5. Persons employed or under contract to provide mental health services, supervision or consultation on such services; qualifications; exemptions

(a) Notwithstanding any other provision of law, except as provided in subdivision (b), any person employed or under contract to provide diagnostic, treatment, or other mental health services in the state or to supervise or provide consultation on these services in the state correctional system shall be a physician and surgeon, a psychologist, or other health professional, licensed to practice in this state.

(b) Notwithstanding Section 5068 or Section 704 of the Welfare and Institutions Code, the following persons are exempt from the requirements of subdivision (a), so long as they continue in employment in the same class and in the same department:

(1) Persons employed on January 1, 1985, as psychologists to provide diagnostic or treatment services including those persons on authorized leave but not including intermittent personnel.

(2) Persons employed on January 1, 1989, to supervise or provide consultation on the diagnostic or treatment services including persons on authorized leave but not including intermittent personnel.

(c) The requirements of subdivision (a) may be waived in order for a person to gain qualifying experience for licensure as a psychologist or clinical social worker in this state in accordance with Section 1277 of the Health and Safety Code.

(Added by Stats.1984, c. 1123, § 4. Amended by Stats.1987, c. 828, § 153; Stats.1988, c. 473, § 1; Stats.1989, c. 1360, § 120; Stats.2000, c. 356 (A.B.1975), § 2, eff. Sept. 8, 2000.)

Chapter 3 THE BOARD OF PRISON TERMS

§ 5079. Psychiatric and diagnostic clinic; facilities and personnel; administration; duties; recommendations

The Director of Corrections shall provide facilities and licensed professional personnel for a psychiatric and diagnostic clinic and such branches thereof as may be required at one or more of the state prisons or institutions under the jurisdiction of the Department of Corrections. The director shall have full administrative authority and responsibility for operation of the clinics. All required mental health treatment or diagnostic services shall be provided under the supervision of a psychiatrist licensed to practice in this state, or a psychologist licensed to practice in this state and who holds a doctoral degree and has at least two years of experience in the diagnosis and treatment of emotional and mental disorders. All such clinics shall be under the direction of such a psychiatrist or psychologist. A psychiatrist shall be available to assume responsibility for all acts of diagnosis or treatment which may only be performed by a licensed physician and surgeon.

The work of the clinic shall include a scientific study of each prisoner, his or her career and life history, the cause of his or her criminal acts and recommendations for his or her care, training, and employment with a view to his or her reformation and to the protection of society. The recommendation shall be submitted to the Director of Corrections and shall not be effective until approved by the director. The Director of Corrections may modify or reject the recommendations as he or she sees fit.
(Added by Stats.1944, 3rd Ex.Sess., c. 2, p. 16, § 1. Amended by Stats.1945, c. 322, p. 781, § 3; Stats.1949, c. 869, p. 1643, § 2; Stats.1953, c. 1666, p. 3396, § 27; Stats.1984, c. 1123, § 5.)

Chapter 5 THE BOARD OF CORRECTIONS

Article 4 MENTALLY ILL OFFENDER CRIME REDUCTION GRANTS

REPEAL

This article is repealed by terms of Penal Code § 6045.9 on Jan. 1, 2005.

§ 6045. Administration and award of crime reduction grants

The Board of Corrections shall administer and award mentally ill offender crime reduction grants on a competitive basis to counties that expand or establish a continuum of swift, certain, and graduated responses to reduce crime and criminal justice costs related to mentally ill offenders, as defined in paragraph (1) of subdivision (b) and subdivision (c) of Section 5600.3 of the Welfare and Institutions Code.
(Added by Stats.1998, c. 501 (S.B.1485), § 2.)

§ 6045.2. Strategy committee; development of comprehensive plan

(a) To be eligible for a grant, each county shall establish a strategy committee that shall include, at a minimum, the sheriff or director of the county department of corrections in a county where the sheriff is not in charge of administering the county jail system, who shall chair the committee, representatives from other local law enforcement agencies, the chief probation officer, the county mental health director, a superior court judge, a client of a mental health treatment facility, and representatives from organizations that can provide, or have provided, treatment or stability, including income, housing, and caretaking, for persons with mental illnesses.

(b) The committee shall develop a comprehensive plan for providing a cost–effective continuum of graduated responses, including prevention, intervention, and incarceration, for mentally ill offenders. Strategies for prevention and intervention shall include, but are not limited to, both of the following:

(1) Mental health or substance abuse treatment for mentally ill offenders who have been released from law enforcement custody.

(2) The establishment of long–term stability for mentally ill offenders who have been released from law enforcement custody, including a stable source of income, a safe and decent residence, and a conservator or caretaker.

(c) The plan shall include the identification of specific outcome and performance measures and a plan for annual reporting that will allow the Board of Corrections to evaluate, at a minimum, the effectiveness of the strategies in reducing:

(1) Crime and offenses committed by mentally ill offenders.

(2) Criminal justice costs related to mentally ill offenders.
(Added by Stats.1998, c. 501 (S.B.1485), § 2.)

§ 6045.4. Award of grants; duration and conditions of grant funding

The Board of Corrections, in consultation with the State Department of Mental Health, and the State Department of Alcohol and Drug Programs, shall award grants that provide funding for four years. Funding shall be used to supplement, rather than supplant, funding for existing programs and shall not be used to facilitate the early release of prisoners or alternatives to incarceration. No grant shall be awarded unless the applicant makes available resources in an amount equal to at least 25 percent of the amount of the grant. Resources may include in–kind contributions from participating agencies. In awarding grants, priority shall be given to those proposals which include additional funding that exceeds 25 percent of the amount of the grant.
(Added by Stats.1998, c. 501 (S.B.1485), § 2.)

§ 6045.6. Minimum standards, funding schedules and procedures for awarding grants

The Board of Corrections, in consultation with the State Department of Mental Health and the State Department of Alcohol and Drug Programs, shall establish minimum standards, funding schedules, and procedures for awarding grants, which shall take into consideration, but not be limited to, all of the following:

(a) Percentage of the jail population with severe mental illness.

(b) Demonstrated ability to administer the program.

(c) Demonstrated ability to develop effective responses to provide treatment and stability for persons with severe mental illness.

(d) Demonstrated history of maximizing federal, state, local, and private funding sources.

(e) Likelihood that the program will continue to operate after state grant funding ends.
(Added by Stats.1998, c. 501 (S.B.1485), § 2.)

§ 6045.8. Program evaluation

The Board of Corrections, in consultation with the State Department of Mental Health and the State Department of Alcohol and Drug Programs, shall create an evaluation design for mentally ill offender crime reduction grants that will assess the effectiveness of the program in reducing crime, the number of early releases due to jail overcrowding, and local criminal justice costs. Commencing on June 30, 2000, and annually thereafter, the board shall submit a report to the Legislature based on the evaluation design, with an interim report due on March 1, 2003, and a final report due on December 31, 2004.
(Added by Stats.1998, c. 501 (S.B.1485), § 2. Amended by Stats.2002, c. 1124 (A.B.3000), § 48, eff. Sept. 30, 2002.)

§ 6045.9. Termination of article

This article shall remain in effect only until January 1, 2005, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2005, deletes or extends that date.
(Added by Stats.1998, c. 501 (S.B.1485), § 2.)

§ 6046. Appropriations for grants

Funding for mentally ill offender crime reduction grants shall be provided, upon appropriation by the Legislature, in the annual Budget Act. It is the intent of the Legislature to appropriate twenty–five million dollars ($25,000,000) for the purposes of Mentally Ill Offender Crime Reduction Grants in the 1999–2000 fiscal year, subject to the availability of funds. Up to 5 percent of the amount appropriated in the budget may be available for the board to administer this program, including technical assistance to counties and the development of an evaluation component.
(Added by Stats.1998, c. 501 (S.B.1485), § 2.)

PENAL CODE — PREVENTION AND APPREHENSION

Part 4 PREVENTION OF CRIMES AND APPREHENSION OF CRIMINALS

Title 4 STANDARDS AND TRAINING OF LOCAL LAW ENFORCEMENT OFFICERS

Chapter 1 COMMISSION ON PEACE OFFICER STANDARDS AND TRAINING

Article 2 FIELD SERVICES AND STANDARDS FOR RECRUITMENT AND TRAINING

§ 13510.5. Rules of minimum standards; certain peace officers

For the purpose of maintaining the level of competence of state law enforcement officers, the commission shall adopt, and may, from time to time amend, rules establishing minimum standards for training of peace officers as defined in Chapter 4.5 (commencing with Section 830) of Title 3 of Part 2, who are employed by any railroad company, the California State Police Division, the University of California Police Department, a California State University police department, the Department of Alcoholic Beverage Control, the Division of Investigation of the Department of Consumer Affairs, the Wildlife Protection Branch of the Department of Fish and Game, the Department of Forestry and Fire Protection, including the Office of the State Fire Marshal, the Department of Motor Vehicles, the California Horse Racing Board, the Bureau of Food and Drug, the Division of Labor Law Enforcement, the Director of Parks and Recreation, the State Department of Health Services, the Department of Toxic Substances Control, the State Department of Social Services, the State Department of Mental Health, the State Department of Developmental Services, the State Department of Alcohol and Drug Programs, the Office of Statewide Health Planning and Development, and the Department of Justice. All rules shall be adopted and amended pursuant to Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

(Added by Stats.1975, c. 1172, p. 2894, § 1. Amended by Stats.1979, c. 229, p. 483, § 2; Stats.1983, c. 143, § 211; Stats.1992, c. 427 (A.B.3355), § 135; Stats.1993, c. 409 (A.B.2308), § 3, eff. Sept. 17, 1993; Gov.Reorg.Plan No. 1 of 1995, § 55, eff. July 12, 1995; Gov.Reorg.Plan No. 3 of 1995, § 8, eff. Sept. 6, 1995; Stats.1996, c. 305 (A.B.3103), § 56; Stats.1996, c. 332 (A.B.3080), § 33.)

§ 13515.25. Developmentally disabled and mentally ill persons; law enforcement interaction; training course

(a) The Commission on Peace Officer Standards and Training shall, on or before June 30, 2001, establish and keep updated a continuing education classroom training course relating to law enforcement interaction with developmentally disabled and mentally ill persons. The training course shall be developed by the commission in consultation with appropriate community, local, and state organizations and agencies that have expertise in the area of mental illness and developmental disability, and with appropriate consumer and family advocate groups. In developing the course, the commission shall also examine existing courses certified by the commission that relate to mentally ill and developmentally disabled persons. The commission shall make the course available to law enforcement agencies in California.

(b) The course described in subdivision (a) shall consist of classroom instruction and shall utilize interactive training methods to ensure that the training is as realistic as possible. The course shall include, at a minimum, core instruction in all of the following:

(1) The cause and nature of mental illnesses and developmental disabilities.

(2) How to identify indicators of mental illness and developmental disability and how to respond appropriately in a variety of common situations.

(3) Conflict resolution and de–escalation techniques for potentially dangerous situations involving mentally ill and developmentally disabled persons.

(4) Appropriate language usage when interacting with mentally ill and developmentally disabled persons.

(5) Alternatives to lethal force when interacting with potentially dangerous mentally ill and developmentally disabled persons.

(6) Community and state resources available to serve mentally ill and developmentally disabled persons and how these resources can be best utilized by law enforcement to benefit the mentally ill and developmentally disabled community.

(c) The commission shall submit a report to the Legislature by October 1, 2004, that shall include all of the following:

(1) A description of the process by which the course was established, including a list of the agencies and groups that were consulted.

(2) Information on the number of law enforcement agencies that utilized, and the number of officers that attended, the course or other courses certified by the commission relating to mentally ill and developmentally disabled persons from July 1, 2001, to July 1, 2003, inclusive.

(3) Information on the number of law enforcement agencies that utilized, and the number of officers that attended, courses certified by the commission relating to mentally ill and developmentally disabled persons from July 1, 2000, to July 1, 2001, inclusive.

(4) An analysis of the Police Crisis Intervention Training (CIT) Program used by the San Francisco and San Jose Police Departments, to assess the training used in these programs and compare it with existing courses offered by the commission in order to evaluate the adequacy of mental illness and developmental disability training available to local law enforcement officers.

(d) The Legislature encourages law enforcement agencies to include the course created in this section, or any other course certified by the commission relating to mentally ill and developmentally disabled persons, as part of their advanced officer training program.

(e) It is the intent of the Legislature to reevaluate, on the basis of its review of the report required in subdivision (c), the extent to which law enforcement officers are receiving adequate training in how to interact with mentally ill and developmentally disabled persons.

(Added by Stats.2000, c. 200 (A.B.1718), § 1. Amended by Stats.2003, c. 269 (A.B.1102), § 2, eff. Sept. 4, 2003.)

§ 13519.2. Persons with developmental disabilities or mental illness; training course and guidelines

(a) The commission shall, on or before July 1, 1990, include in the basic training course for law enforcement officers, adequate instruction in the handling of persons with developmental disabilities or mental illness, or both. Officers who complete the basic training prior to July 1, 1990, shall participate in supplementary training on this topic. This supplementary training shall be completed on or before July 1, 1992. Further training courses to update this instruction shall be established, as deemed necessary by the commission.

(b) The course of instruction relating to the handling of developmentally disabled or mentally ill persons shall be developed by the commission in consultation with appropriate groups and individuals having an interest and expertise in this area. In addition to providing instruction on the handling of these persons, the course shall also include information on the cause and nature of developmental disabilities and mental illness, as well as the community resources available to serve these persons.
(Added by Stats.1988, c. 593, § 1.)

PROBATE CODE — GENERAL PROVISIONS

PROBATE CODE

Division 2 GENERAL PROVISIONS

Part 17 LEGAL MENTAL CAPACITY

§ 810. Findings and declarations; capabilities of persons with mental or physical disorders; judicial determination; evidence

The Legislature finds and declares the following:

(a) For purposes of this part, there shall exist a rebuttable presumption affecting the burden of proof that all persons have the capacity to make decisions and to be responsible for their acts or decisions.

(b) A person who has a mental or physical disorder may still be capable of contracting, conveying, marrying, making medical decisions, executing wills or trusts, and performing other actions.

(c) A judicial determination that a person is totally without understanding, or is of unsound mind, or suffers from one or more mental deficits so substantial that, under the circumstances, the person should be deemed to lack the legal capacity to perform a specific act, should be based on evidence of a deficit in one or more of the person's mental functions rather than on a diagnosis of a person's mental or physical disorder.

(Added by Stats.1995, c. 842 (S.B.730), § 2. Amended by Stats.1998, c. 581 (A.B.2801), § 19.)

§ 811. Deficits in mental functions

(a) A determination that a person is of unsound mind or lacks the capacity to make a decision or do a certain act, including, but not limited to, the incapacity to contract, to make a conveyance, to marry, to make medical decisions, to execute wills, or to execute trusts, shall be supported by evidence of a deficit in at least one of the following mental functions, subject to subdivision (b), and evidence of a correlation between the deficit or deficits and the decision or acts in question:

(1) Alertness and attention, including, but not limited to, the following:

(A) Level of arousal or consciousness.

(B) Orientation to time, place, person, and situation.

(C) Ability to attend and concentrate.

(2) Information processing, including, but not limited to, the following:

(A) Short– and long–term memory, including immediate recall.

(B) Ability to understand or communicate with others, either verbally or otherwise.

(C) Recognition of familiar objects and familiar persons.

(D) Ability to understand and appreciate quantities.

(E) Ability to reason using abstract concepts.

(F) Ability to plan, organize, and carry out actions in one's own rational self–interest.

(G) Ability to reason logically.

(3) Thought processes. Deficits in these functions may be demonstrated by the presence of the following:

(A) Severely disorganized thinking.

(B) Hallucinations.

(C) Delusions.

(D) Uncontrollable, repetitive, or intrusive thoughts.

(4) Ability to modulate mood and affect. Deficits in this ability may be demonstrated by the presence of a pervasive and persistent or recurrent state of euphoria, anger, anxiety, fear, panic, depression, hopelessness or despair, helplessness, apathy or indifference, that is inappropriate in degree to the individual's circumstances.

(b) A deficit in the mental functions listed above may be considered only if the deficit, by itself or in combination with one or more other mental function deficits, significantly impairs the person's ability to understand and appreciate the consequences of his or her actions with regard to the type of act or decision in question.

(c) In determining whether a person suffers from a deficit in mental function so substantial that the person lacks the capacity to do a certain act, the court may take into consideration the frequency, severity, and duration of periods of impairment.

(d) The mere diagnosis of a mental or physical disorder shall not be sufficient in and of itself to support a determination that a person is of unsound mind or lacks the capacity to do a certain act.

(e) This part applies only to the evidence that is presented to, and the findings that are made by, a court determining the capacity of a person to do a certain act or make a decision, including, but not limited to, making medical decisions. Nothing in this part shall affect the decisionmaking process set forth in Section 1418.8 of the Health and Safety Code, nor increase or decrease the burdens of documentation on, or potential liability of, health care providers who, outside the judicial context, determine the capacity of patients to make a medical decision.

(Added by Stats.1996, c. 178 (S.B.1650), § 3. Amended by Stats.1998, c. 581 (A.B.2801), § 20.)

§ 812. Capacity to make decisions

Except where otherwise provided by law, including, but not limited to, Section 813 and the statutory and decisional law of testamentary capacity, a person lacks the capacity to make a decision unless the person has the ability to communicate verbally, or by any other means, the decision, and to understand and appreciate, to the extent relevant, all of the following:

(a) The rights, duties, and responsibilities created by, or affected by the decision.

(b) The probable consequences for the decisionmaker and, where appropriate, the persons affected by the decision.

(c) The significant risks, benefits, and reasonable alternatives involved in the decision.

(Added by Stats.1996, c. 178 (S.B.1650), § 5.)

§ 813. Capacity to give informed consent to proposed medical treatment; judicial determination

(a) For purposes of a judicial determination, a person has the capacity to give informed consent to a proposed medical treatment if the person is able to do all of the following:

(1) Respond knowingly and intelligently to queries about that medical treatment.

(2) Participate in that treatment decision by means of a rational thought process.

(3) Understand all of the following items of minimum basic medical treatment information with respect to that treatment:

(A) The nature and seriousness of the illness, disorder, or defect that the person has.

(B) The nature of the medical treatment that is being recommended by the person's health care providers.

(C) The probable degree and duration of any benefits and risks of any medical intervention that is being recommended by the person's health care providers, and the consequences of lack of treatment.

(D) The nature, risks, and benefits of any reasonable alternatives.

(b) A person who has the capacity to give informed consent to a proposed medical treatment also has the capacity to refuse consent to that treatment.

(Added by Stats.1995, c. 842 (S.B.730), § 5. Amended by Stats.1996, c. 178 (S.B.1650), § 6.)

PROBATE CODE — GUARDIANSHIP CONSERVATORSHIP LAW

Division 4 GUARDIANSHIP, CONSERVATORSHIP, AND OTHER PROTECTIVE PROCEEDINGS

Part 1 DEFINITIONS AND GENERAL PROVISIONS

Chapter 1 SHORT TITLE AND DEFINITIONS

§ 1400. Guardianship–conservatorship law

The portion of this division consisting of Part 1 (commencing with Section 1400), Part 2 (commencing with Section 1500), Part 3 (commencing with Section 1800), and Part 4 (commencing with Section 2100) may be cited as the Guardianship–Conservatorship Law.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 1401. Application of definitions

Unless the provision or context otherwise requires, the definitions in this chapter govern the construction of this division.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 1403. Absentee

"Absentee" means either of the following:

(a) A member of a uniformed service covered by United States Code, Title 37, Chapter 10, who is determined thereunder by the secretary concerned, or by the authorized delegate thereof, to be in missing status as missing status is defined therein.

(b) An employee of the United States government or an agency thereof covered by United States Code, Title 5, Chapter 55, Subchapter VII, who is determined thereunder by the head of the department or agency concerned, or by the authorized delegate thereof, to be in missing status as missing status is defined therein.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 1418. Court

"Court," when used in connection with matters in the guardianship or conservatorship proceeding, means the court in which such proceeding is pending.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 1419. Court investigator

"Court investigator" means the person referred to in Section 1454.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 1419.5. Custodial parent

"Custodial parent" means the parent who either (a) has been awarded sole legal and physical custody of the child in another proceeding, or (b) with whom the child resides if there is currently no operative custody order. If the child resides with both parents, then they are jointly the custodial parent.

(Added by Stats.1993, c. 978 (S.B.305), § 1.)

§ 1420. Developmental disability

"Developmental disability" means a disability which originates before an individual attains age 18, continues, or can be expected to continue, indefinitely, and constitutes a substantial handicap for such individual. As defined by the Director of Developmental Services, in consultation with the Superintendent of Public Instruction, this term includes mental retardation, cerebral palsy, epilepsy, and autism. This term also includes handicapping conditions found to be closely related to mental retardation or to require treatment similar to that required for mentally retarded individuals, but does not include other handicapping conditions that are solely physical in nature.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 1424. Interested person

"Interested person" includes, but is not limited to:

(a) Any interested state, local, or federal entity or agency.

(b) Any interested public officer or employee of this state or of a local public entity of this state or of the federal government.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 1430. Petition

"Petition" includes an application or request in the nature of a petition.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 1431. Proceedings to establish a limited conservatorship

"Proceedings to establish a limited conservatorship" include proceedings to modify or revoke the powers or duties of a limited conservator.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 1440. Secretary concerned

"Secretary concerned" has the same meaning as provided in United States Code, Title 37, Section 101.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 1446. Single–premium deferred annuity

"Single–premium deferred annuity" means an annuity offered by an admitted life insurer for the payment of a one–time lump–sum premium and for which the insurer neither assesses any initial charges or administrative fees against the premium paid nor exacts or assesses any penalty for withdrawal of any funds by the annuitant after a period of five years.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

Chapter 3 NOTICES

§ 1460. Notice of time and place; mailing; posting; special notice; dispensation

(a) Subject to Sections 1202 and 1203, if notice of hearing is required under this division but the applicable provision does not fix the manner of giving notice of hearing, the notice of the time and place of the hearing shall be given at least 15 days before the day of the hearing as provided in this section.

(b) Subject to subdivision (e), the petitioner, who includes for the purposes of this section a person filing a petition, report, or account, shall cause the notice of hearing to be mailed to each of the following persons:

(1) The guardian or conservator.

(2) The ward or the conservatee.

(3) The spouse of the ward or conservatee, if the ward or conservatee has a spouse, or the domestic partner of the conservatee, if the conservatee has a domestic partner.

(4) Any person who has requested special notice of the matter, as provided in Section 2700.

(5) For any hearing on a petition to terminate a guardianship, to accept the resignation of, or to remove the guardian, the persons described in subdivision (c) of Section 1510.

(6) For any hearing on a petition to terminate a conservatorship, to accept the resignation of, or to remove the conservator, the persons described in subdivision (b) of Section 1821.

(c) The clerk of the court shall cause the notice of the hearing to be posted as provided in Section 1230 if the posting is required by subdivision (c) of Section 2543.

(d) Except as provided in subdivision (e), nothing in this section excuses compliance with the requirements for notice to a person who has requested special notice pursuant to Chapter 10 (commencing with Section 2700) of Part 4.

(e) The court for good cause may dispense with the notice otherwise required to be given to a person as provided in this section.
(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991. Amended by Stats.1994, c. 806 (A.B.3686), § 8; Stats.1996, c. 862 (A.B.2751), § 5; Stats.2001, c. 893 (A.B.25), § 14.)

§ 1460.1. Children under 12 years of age; exceptions to notice requirements

Notwithstanding any other provision of this division, no notice is required to be given to any child under the age of 12 years if the court determines either of the following:

(a) Notice was properly given to a parent, guardian, or other person having legal custody of the minor, with whom the minor resides.

(b) The petition is brought by a parent, guardian, or other person having legal custody of the minor, with whom the minor resides.
(Added by Stats.1997, c. 724 (A.B.1172), § 9.)

§ 1461. Notice to director; conditions; certificate; limitations

(a) As used in this section, "director" means:

(1) The Director of Mental Health when the state hospital referred to in subdivision (b) is under the jurisdiction of the State Department of Mental Health.

(2) The Director of Developmental Services when the state hospital referred to in subdivision (b) is under the jurisdiction of the State Department of Developmental Services.

(b) Notice of the time and place of hearing on the petition, report, or account, and a copy of the petition, report, or account, shall be mailed to the director at the director's office in Sacramento at least 15 days before the hearing if both of the following conditions exist:

(1) The ward or conservatee is or has been during the guardianship or conservatorship proceeding a patient in, or on leave from, a state hospital under the jurisdiction of the State Department of Mental Health or the State Department of Developmental Services.

(2) The petition, report, or account is filed under any one or more of the following provisions: Section 1510, 1820, 1861, 2212, 2403, 2421, 2422, or 2423; Article 7 (commencing with Section 2540) of Chapter 6 of Part 4; Section 2580, 2592, or 2620; Chapter 9.5 (commencing with Section 2670) of Part 4; Section 3080 or 3088; or Chapter 3 (commencing with Section 3100) of Part 6. Notice under this section is not required in the case of an account pursuant to Section 2620 if the total guardianship or conservatorship assets are less than one thousand five hundred dollars ($1,500) and the gross annual income, exclusive of any public assistance income, is less than six thousand dollars ($6,000), and the ward or conservatee is not a patient in, or on leave or on outpatient status from, a state hospital at the time of the filing of the petition.

(c) If the ward or conservatee has been discharged from the state hospital, the director, upon ascertaining the facts, may file with the court a certificate stating that the ward or conservatee is not indebted to the state and waive the giving of further notices under this section. Upon the filing of the certificate of the director, compliance with this section thereafter is not required unless the certificate is revoked by the director and notice of the revocation is filed with the court.

(d) The statute of limitations does not run against any claim of the State Department of Mental Health or the State Department of Developmental Services against the estate of the ward or conservatee for board, care, maintenance, or transportation with respect to an account that is settled without giving the notice required by this section.
(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 1461.4. Regional center for developmentally disabled; notice of hearing and copy of petition; report and recommendation

(a) The petitioner shall mail or personally serve a notice of the hearing and a copy of the petition to the director of the regional center for the developmentally disabled at least 30 days before the day of the hearing on a petition for appointment in any case in which all of the following conditions exist:

(1) The proposed ward or conservatee has developmental disabilities.

(2) The proposed guardian or conservator is not the natural parent of the proposed ward or conservatee.

(3) The proposed guardian or conservator is a provider of board and care, treatment, habilitation, or other services to persons with developmental disabilities or is a spouse or employee of a provider.

(4) The proposed guardian or conservator is not a public entity.

(b) The regional center shall file a written report and recommendation with the court regarding the suitability of the petitioners to meet the needs of the proposed ward or conservatee in any case described in subdivision (a).
(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 1461.5. Veterans Administration; notice of hearing on petition, report, account or inventory; time; conditions

Notice of the time and place of hearing on a petition, report, or account, and a notice of the filing of an inventory, together with a copy of the petition, report, inventory, or account, shall be mailed to the office of the Veterans Administration having jurisdiction over the area in which the court is located at least 15 days before the hearing, or within 15 days after the inventory is filed, if both of the following conditions exist:

(a) The guardianship or conservatorship estate consists or will consist wholly or in part of any of the following:

(1) Money received from the Veterans Administration.

(2) Revenue or profit from such money or from property acquired wholly or in part from such money.

(3) Property acquired wholly or in part with such money or from such property.

(b) The petition, report, inventory, or account is filed under any one or more of the following provisions: Section 1510, 1601, 1820, 1861, 1874, 2422, or 2423; Article 7 (commencing with Section 2540) of Chapter 6 of Part 4; Section 2570, 2571, 2580, 2592, 2610, 2613, or 2620; Chapter 8 (commencing with Section 2640) of Part 4; Chapter 9.5 (commencing with Section 2670) of Part 4; Section 3080 or 3088; or Chapter 3 (commencing with Section 3100) of Part 6.
(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 1461.7. Time and place of hearing on petition, report, or account; copies

Unless the court for good cause dispenses with such notice, notice of the time and place of the hearing on a petition, report, or account, together with a copy of the petition, report, or account, shall be given to the same persons who are required to be given notice under Section 2581 for the period and in the manner provided in this chapter if both of the following conditions exist:

(a) A conservator of the estate has been appointed under Article 5 (commencing with Section 1845) of Chapter 1 of Part 3 for a person who is missing and whose whereabouts is unknown.

(b) The petition, report, or account is filed in the conservatorship proceeding under any one or more of the following provisions:

(1) Section 1861 or 2423.

(2) Article 7 (commencing with Section 2540) of Chapter 6 of Part 4.

(3) Section 2570, 2571, 2580, 2592, or 2620.

(4) Chapter 8 (commencing with Section 2640) of Part 4.

(5) Chapter 9.5 (commencing with Section 2670) of Part 4.

(6) Chapter 3 (commencing with Section 3100) of Part 6.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 1467. Service by mail deemed complete

If service is made by mail pursuant to this division in the manner authorized in Section 415.30 of the Code of Civil Procedure, the service is complete on the date a written acknowledgment of receipt is executed.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 1469. References to § 1220 deemed references to this chapter

Where a provision of this division applies the provisions of this code applicable to personal representatives to proceedings under this division, a reference to Section 1220 in the provisions applicable to personal representatives shall be deemed to be a reference to this chapter.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

Part 2 GUARDIANSHIP

Chapter 1 ESTABLISHMENT OF GUARDIANSHIP

Article 2 APPOINTMENT OF GUARDIAN GENERALLY

§ 1510. Petition for appointment; contents

(a) A relative or other person on behalf of the minor, or the minor if 12 years of age or older, may file a petition for the appointment of a guardian of the minor.

(b) The petition shall request that a guardian of the person or estate of the minor, or both, be appointed, shall specify the name and address of the proposed guardian and the name and date of birth of the proposed ward, and shall state that the appointment is necessary or convenient.

(c) The petition shall set forth, so far as is known to the petitioner, the names and addresses of all of the following:

(1) The parents of the proposed ward.

(2) The person having legal custody of the proposed ward and, if that person does not have the care of the proposed ward, the person having the care of the proposed ward.

(3) The relatives of the proposed ward within the second degree.

(4) In the case of a guardianship of the estate, the spouse of the proposed ward.

(5) Any person nominated as guardian for the proposed ward under Section 1500 or 1501.

(d) If the proposed ward is a patient in or on leave of absence from a state institution under the jurisdiction of the State Department of Mental Health or the State Department of Developmental Services and that fact is known to the petitioner, the petition shall state that fact and name the institution.

(e) The petition shall state, so far as is known to the petitioner, whether or not the proposed ward is receiving or is entitled to receive benefits from the Veterans Administration and the estimated amount of the monthly benefit payable by the Veterans Administration for the proposed ward.

(f) If the petitioner has knowledge of any pending adoption, juvenile court, marriage dissolution, domestic relations, custody, or other similar proceeding affecting the proposed ward, the petition shall disclose the pending proceeding.

(g) If the petitioners have accepted or intend to accept physical care or custody of the child with intent to adopt, whether formed at the time of placement or formed subsequent to placement, the petitioners shall so state in the guardianship petition, whether or not an adoption petition has been filed.

(h) If the proposed ward is or becomes the subject of an adoption petition, the court shall order the guardianship petition consolidated with the adoption petition.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991. Amended by Stats.1992, c. 1064 (S.B.1445), § 1.)

§ 1511. Notice of hearing

(a) Except as provided in subdivisions (f) and (g), at least 15 days before the hearing on the petition for the appointment of a guardian, notice of the time and place of the hearing shall be given as provided in subdivisions (b), (c), (d), and (e) of this section. The notice shall be accompanied by a copy of the petition. The court may not shorten the time for giving the notice of hearing under this section.

(b) Notice shall be served in the manner provided in Section 415.10 or 415.30 of the Code of Civil Procedure, or in any manner authorized by the court, on all of the following persons:

(1) The proposed ward if 12 years of age or older.

(2) Any person having legal custody of the proposed ward, or serving as guardian of the estate of the proposed ward.

(3) The parents of the proposed ward.

(4) Any person nominated as a guardian for the proposed ward under Section 1500 or 1501.

(c) Notice shall be given by mail sent to their addresses stated in the petition, or in any manner authorized by the court, to all of the following:

(1) The spouse named in the petition.

(2) The relatives named in the petition, except that if the petition is for the appointment of a guardian of the estate only the court may dispense with the giving of notice to any one or more or all of the relatives.

(3) The person having the care of the proposed ward if other than the person having legal custody of the proposed ward.

(d) If notice is required by Section 1461 or Section 1542 to be given to the Director of Mental Health or the Director of Developmental Services or the Director of Social Services, notice shall be mailed as so required.

(e) If the petition states that the proposed ward is receiving or is entitled to receive benefits from the Veterans Administration, notice shall be mailed to the office of the Veterans Administration referred to in Section 1461.5.

(f) Unless the court orders otherwise, notice shall not be given to any of the following:

(1) The parents or other relatives of a proposed ward who has been relinquished to a licensed adoption agency.

(2) The parents of a proposed ward who has been judicially declared free from their custody and control.

(g) Notice need not be given to any person if the court so orders upon a determination of either of the following:

(1) The person cannot with reasonable diligence be given the notice.

(2) The giving of the notice would be contrary to the interest of justice.

(h) Before the appointment of a guardian is made, proof shall be made to the court that each person entitled to notice under this section either:

(1) Has been given notice as required by this section.

(2) Has not been given notice as required by this section because the person cannot with reasonable diligence be given the notice or because the giving of notice to that person would be contrary to the interest of justice.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991. Amended by Stats.1992, c. 1064 (S.B.1445), § 2; Stats.1996, c. 563 (S.B.392), § 6.)

§ 1512. Amendment of petition to disclose newly discovered proceeding affecting custody

Within 10 days after the petitioner in the guardianship proceeding becomes aware of any proceeding not disclosed in the guardianship petition affecting the custody of the proposed ward (including any adoption, juvenile court, marriage dissolution, domestic relations, or other similar proceeding affecting the proposed ward), the petitioner shall amend the guardianship petition to disclose the other proceeding.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 1513. Investigation; filing of report and recommendation concerning proposed guardianship; contents of report; confidentiality; application of section

(a) Unless waived by the court, a court investigator, probation officer, or domestic relations investigator may make an investigation and file with the court a report and recommendation concerning each proposed guardianship of the person or guardianship of the estate. Investigations where the proposed guardian is a relative shall be made by a court investigator. Investigations where the proposed guardian is a nonrelative shall be made by the county agency designated to investigate potential dependency. The report for the guardianship of the person shall include, but need not be limited to, an investigation and discussion of all of the following:

(1) A social history of the guardian.

(2) A social history of the proposed ward, including, to the extent feasible, an assessment of any identified developmental, emotional, psychological, or educational needs of the proposed ward and the capability of the petitioner to meet those needs.

(3) The relationship of the proposed ward to the guardian, including the duration and character of the relationship, where applicable, the circumstances whereby physical custody of the proposed ward was acquired by the guardian, and a statement of the proposed ward's attitude concerning the proposed guardianship, unless the statement of the attitude is affected by the proposed ward's developmental, physical, or emotional condition.

(4) The anticipated duration of the guardianship and the plans of both natural parents and the proposed guardian for the stable and permanent home for the child. The court may waive this requirement for cases involving relative guardians.

(b) The report shall be read and considered by the court prior to ruling on the petition for guardianship, and shall be reflected in the minutes of the court. The person preparing the report may be called and examined by any party to the proceeding.

(c) If the investigation finds that any party to the proposed guardianship alleges the minor's parent is unfit, as defined by Section 300 of the Welfare and Institutions Code, the case shall be referred to the county agency designated to investigate potential dependencies. Guardianship proceedings shall not be completed until the investigation required by Sections 328 and 329 of the Welfare and Institutions Code is completed and a report is provided to the court in which the guardianship proceeding is pending.

(d) The report authorized by this section is confidential and shall only be made available to persons who have been served in the proceedings or their attorneys. The clerk of the court shall make provisions for the limitation of the report exclusively to persons entitled to its receipt.

(e) For the purpose of writing the report authorized by this section, the person making the investigation and report shall have access to the proposed ward's school records, probation records, and public and private social services records, and to an oral or written summary of the proposed ward's medical records and psychological records prepared by any physician, psychologist, or psychiatrist who made or who is maintaining those records. The physician, psychologist, or psychiatrist shall be available to clarify information regarding these records pursuant to the investigator's responsibility to gather and provide information for the court.

(f) This section does not apply to guardianships resulting from a permanency plan for a dependent child pursuant to Section 366.25 of the Welfare and Institutions Code.

(g) For purposes of this section, a "relative" means a person who is a spouse, parent, stepparent, brother, sister, stepbrother, stepsister, half–brother, half–sister, uncle, aunt, niece, nephew, first cousin, or any person denoted by the prefix "grand" or "great," or the spouse of any of these persons, even after the marriage has been terminated by death or dissolution.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991. Amended by Stats.1992, c. 572 (S.B.1455), § 3; Stats.1993, c. 59 (S.B.443), § 16, eff. June 30, 1993; Stats.1996, c. 563 (S.B.392), § 7; Stats.2002, c. 784 (S.B.1316), § 576.)

§ 1513.1. Assessments

(a) Each court or county shall assess (1) the parent, parents, or other person charged with the support and maintenance of the ward or proposed ward, and (2) the guardian, proposed guardian, or the estate of the ward or proposed ward, for court or county expenses incurred for any investigation or review conducted by the court investigator, probation officer, or domestic relations investigator. The court may order reimbursement to the court or to the county in the amount of the assessment, unless the court finds that all or any part of the assessment would impose a hardship on the ward or the ward's estate. A county may waive any or all of an assessment against the guardianship on the basis of hardship. There shall be a rebuttable presumption that the assessment would impose a hardship if the ward is receiving Medi–Cal benefits.

(b) Any amount chargeable as state–mandated local costs incurred by a county for the cost of the investigation or review shall be reduced by any assessments actually collected by the county pursuant to subdivision (a) during that fiscal year.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991. Amended by Stats.1991, c. 82 (S.B.896), § 4, eff. June 30, 1991, operative July 1, 1991; Stats.1996, c. 563 (S.B.392), § 8; Stats.2002, c. 1008 (A.B.3028), § 27; Stats.2003, c. 62 (S.B.600), § 242.)

§ 1513.2. Status report; form; contents; confidentiality

(a) To the extent resources are available, the court shall implement procedures, as described in this section, to ensure that every guardian annually completes and returns to the court a status report, including the statement described in subdivision (b). A guardian who willfully submits any material information required by the form which he or she knows to be false shall be guilty of a misdemeanor. Not later than one month prior to the date the status report is required to be returned, the clerk of the court shall mail to the guardian by first–class mail a notice informing the guardian that he or she is required to complete and return the status report to the court. The clerk shall enclose with the letter a blank status report form for the guardian to complete and return by mail. If the status report is not completed and returned as required, or if the court finds, after a status report has been completed and returned, that further information is needed, the court shall attempt to obtain the information required in the report from the guardian or other sources. If the court is unable to obtain this information within 30 days after the date the status report is due, the court shall either order the guardian to make himself or herself available to the investigator for purposes of investigation of the guardianship, or to show cause why the guardian should not be removed.

(b) The Judicial Council shall develop a form for the status report. The form shall include the following statement: "A guardian who willfully submits any material information required by this form which he or she knows to be false is guilty of a misdemeanor." The form shall request information the Judicial Council deems necessary to determine the status of the guardianship, including, but not limited to, the following:

(1) The guardian's present address.

(2) The name and birth date of the child under guardianship.

(3) The name of the school in which the child is enrolled, if any.

(4) If the child is not in the guardian's home, the name, relationship,

address, and telephone number of the person or persons with whom the child resides.

(5) If the child is not in the guardian's home, why the child was moved.

(c) The report authorized by this section is confidential and shall only be made available to persons who have been served in the proceedings or their attorneys. The clerk of the court shall implement procedures for the limitation of the report exclusively to persons entitled to its receipt.

(d) The Judicial Council shall report to the Legislature no later than December 31, 2004, regarding the costs and benefits of utilizing the annual status report.

(Added by Stats.2002, c. 1115 (A.B.3036), § 2.)

§ 1514. Appointment of guardian

(a) Upon hearing of the petition, if it appears necessary or convenient, the court may appoint a guardian of the person or estate of the proposed ward or both.

(b) In appointing a guardian of the person, the court is governed by Chapter 1 (commencing with Section 3020) and Chapter 2 (commencing with Section 3040) of Part 2 of Division 8 of the Family Code, relating to custody of a minor.

(c) The court shall appoint a guardian nominated under Section 1500 insofar as the nomination relates to the guardianship of the estate unless the court determines that the nominee is unsuitable.

(d) The court shall appoint the person nominated under Section 1501 as guardian of the property covered by the nomination unless the court determines that the nominee is unsuitable. If the person so appointed is appointed only as guardian of the property covered by the nomination, the letters of guardianship shall so indicate.

(e) Subject to subdivisions (c) and (d), in appointing a guardian of the estate:

(1) The court is to be guided by what appears to be in the best interest of the proposed ward, taking into account the proposed guardian's ability to manage and to preserve the estate as well as the proposed guardian's concern for and interest in the welfare of the proposed ward.

(2) If the proposed ward is of sufficient age to form an intelligent preference as to the person to be appointed as guardian, the court shall give consideration to that preference in determining the person to be so appointed.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991. Amended by Stats.1992, c. 163 (A.B.2641), § 123, operative Jan. 1, 1994.)

§ 1515. No guardian of person for married minor

Notwithstanding any other provision of this part, no guardian of the person may be appointed for a minor who is married or whose marriage has been dissolved. This section does not apply in the case of a minor whose marriage has been adjudged a nullity.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 1516. Petitions for guardianship of the person; mailing of notice of hearing and copy of petition; screening of guardians; application of section

(a) In each case involving a petition for guardianship of the person, the petitioner shall mail a notice of the hearing and a copy of the petition, at least 15 days prior to the hearing, to the local agency designated by the board of supervisors to investigate guardianships for the court. The local social services agency providing child protection services shall screen the name of the guardian for prior referrals of neglect or abuse of minors. The results of this screening shall be provided to the court.

(b) This section does not apply to guardianships resulting from a permanency plan for a dependent child pursuant to Section 366.25 of the Welfare and Institutions Code.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 1516.5. Proceeding to have child declared free from custody and control of one or both parents

(a) A proceeding to have a child declared free from the custody and control of one or both parents may be brought in the guardianship proceeding pursuant to Part 4 (commencing with Section 7800) of Division 12 of the Family Code, if all of the following requirements are satisfied:

(1) One or both parents do not have the legal custody of the child.

(2) The child has been in the physical custody of the guardian for a period of not less than two years.

(3) The court finds that the child would benefit from being adopted by his or her guardian. In making this determination, the court shall consider all factors relating to the best interest of the child, including but not limited to, the nature and extent of the relationship between all of the following:

(A) The child and the birth parent.

(B) The child and the guardian, including family members of the guardian.

(C) The child and any siblings or half–siblings.

(b) The court shall appoint a court investigator or other qualified professional to investigate all factors enumerated in subdivision (a). The findings of the investigator or professional regarding those issues shall be included in the written report required pursuant to Section 7851 of the Family Code.

(c) The rights of the parent, including the rights to notice and counsel provided in Part 4 (commencing with Section 7800) of Division 12 of the Family Code, shall apply to actions brought pursuant to this section.

(d) This section does not apply to any child who is a dependent of the juvenile court.

(Added by Stats.2003, c. 251 (S.B.182), § 11.)

§ 1517. Guardianships resulting from selection and implementation of a permanent plan; application of part

This part does not apply to guardianships resulting from the selection and implementation of a permanent plan pursuant to Section 366.25 or 366.26 of the Welfare and Institutions Code. For those minors, the applicable sections of the Welfare and Institutions Code and Division Ia[1] (commencing with Rule 1400) of Title Four of the California Rules of Court specify the exclusive procedures for establishing, modifying, and terminating legal guardianships. If no specific provision of the Welfare and Institutions Code or the California Rules of Court is applicable, the provisions applicable to the administration of estates under Part 4 (commencing with Section 2100) govern so far as they are applicable to like situations.

(Added by Stats.1991, c. 82 (S.B.896), § 6, eff. June 30, 1991, operative July 1, 1991.)

[1]Now designated Division Ic.

Part 3 CONSERVATORSHIP

Chapter 1 ESTABLISHMENT OF CONSERVATORSHIP

Article 1 PERSONS FOR WHOM CONSERVATOR MAY BE APPOINTED

§ 1800. Purpose of chapter

It is the intent of the Legislature in enacting this chapter to do the following:

(a) Protect the rights of persons who are placed under conservatorship.

(b) Provide that an assessment of the needs of the person is performed in order to determine the appropriateness and extent of a conservatorship and to set goals for increasing the conservatee's functional abilities to whatever extent possible.

(c) Provide that the health and psychosocial needs of the proposed conservatee are met.

(d) Provide that community–based services are used to the greatest extent in order to allow the conservatee to remain as independent and in the least restrictive setting as possible.

(e) Provide that the periodic review of the conservatorship by the court investigator shall consider the best interests of the conservatee.

(f) Ensure that the conservatee's basic needs for physical health, food, clothing, and shelter are met.

(g) Provide for the proper management and protection of the conservatee's real and personal property.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 1800.3. Conservatorship for adults, married minors, or nonresidents

(a) If the need therefor is established to the satisfaction of the court and the other requirements of this chapter are satisfied, the court may appoint:

(1) A conservator of the person or estate of an adult, or both.

(2) A conservator of the person of a minor who is married or whose marriage has been dissolved.

(b) Notwithstanding subdivision (a), a conservatorship of the person may not be established for a nonresident of this state if a conservatorship has been established, or a protective court order has been issued, in another state with respect to that person, or a proceeding to establish a conservatorship or obtain a protective court order is pending in another state with respect to that person, unless both of the following are met:

(1) The person who is or would be protected by the conservatorship or protective order is in this state.

(2) The out–of–state court in which the conservatorship has been established or the protective order has been issued, or in which there is a proceeding to establish a conservatorship or other protective order, has authorized the permanent removal of the person described in paragraph (1) to this state.

(c) Subdivision (b) shall be operative only until January 1, 2001.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991. Amended by Stats.1997, c. 663 (S.B.628), § 1.)

§ 1801. Conservator of person or estate or person and estate; limited conservator; appointment; standard of proof

Subject to Section 1800.3:

(a) A conservator of the person may be appointed for a person who is unable to provide properly for his or her personal needs for physical health, food, clothing, or shelter, except as provided for the person as described in subdivision (b) or (c) of Section 1828.5.

(b) A conservator of the estate may be appointed for a person who is substantially unable to manage his or her own financial resources or resist fraud or undue influence, except as provided for that person as described in subdivision (b) or (c) of Section 1828.5. Substantial inability may not be proved solely by isolated incidents of negligence or improvidence.

(c) A conservator of the person and estate may be appointed for a person described in subdivisions (a) and (b).

(d) A limited conservator of the person or of the estate, or both, may be appointed for a developmentally disabled adult. A limited conservatorship may be utilized only as necessary to promote and protect the well–being of the individual, shall be designed to encourage the development of maximum self–reliance and independence of the individual, and shall be ordered only to the extent necessitated by the individual's proven mental and adaptive limitations. The conservatee of the limited conservator shall not be presumed to be incompetent and shall retain all legal and civil rights except those which by court order have been designated as legal disabilities and have been specifically granted to the limited conservator. The intent of the Legislature, as expressed in Section 4501 of the Welfare and Institutions Code, that developmentally disabled citizens of this state receive services resulting in more independent, productive, and normal lives is the underlying mandate of this division in its application to adults alleged to be developmentally disabled.

(e) The standard of proof for the appointment of a conservator pursuant to this section shall be clear and convincing evidence.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991. Amended by Stats.1995, c. 842 (S.B.730), § 7.)

§ 1802. Appointment upon request of proposed conservatee; good cause

Subject to Section 1800.3, a conservator of the person or estate, or both, may be appointed for a person who voluntarily requests the appointment and who, to the satisfaction of the court, establishes good cause for the appointment.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 1803. Conservator of estate of absentee; appointment

A conservator of the estate may be appointed for a person who is an absentee as defined in Section 1403.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 1804. Missing persons; appointment of conservator of estate

Subject to Section 1800.3, a conservator of the estate may be appointed for a person who is missing and whose whereabouts is unknown.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

Article 3 ESTABLISHMENT OF CONSERVATORSHIP

§ 1820. Petition; filing; persons authorized

(a) A petition for the appointment of a conservator may be filed by any of the following:

(1) The proposed conservatee.

(2) The spouse or domestic partner of the proposed conservatee.

(3) A relative of the proposed conservatee.

(4) Any interested state or local entity or agency of this state or any interested public officer or employee of this state or of a local public entity of this state.

(5) Any other interested person or friend of the proposed conservatee.

(b) If the proposed conservatee is a minor, the petition may be filed during his or her minority so that the appointment of a conservator may be made effective immediately upon the minor's attaining the age of majority. An existing guardian of the minor may be appointed as conservator under this part upon the minor's attaining the age of majority, whether or not the guardian's accounts have been settled.

(c) A creditor of the proposed conservatee may not file a petition for appointment of a conservator unless the creditor is a person described in paragraph (2), (3), or (4) of subdivision (a).

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991. Amended by Stats.2001, c. 893 (A.B.25), § 17.)

§ 1821. Contents of petition; supplemental information; form

(a) The petition shall request that a conservator be appointed for the person or estate, or both, shall specify the name, address, and telephone number of the proposed conservator and the name, address, and telephone number of the proposed conservatee, and state the reasons why a conservatorship is necessary. Unless the petitioner is a bank or other entity authorized to conduct the business of a trust company, the petitioner shall also file supplemental information as to why the appointment of a conservator is required. The supplemental information to be submitted shall include a brief statement of facts addressed to each of the following categories:

(1) The inability of the proposed conservatee to properly provide for his or her needs for physical health, food, clothing, and shelter.

(2) The location of the proposed conservatee's residence and the

ability of the proposed conservatee to live in the residence while under conservatorship.

(3) Alternatives to conservatorship considered by the petitioner and reasons why those alternatives are not available.

(4) Health or social services provided to the proposed conservatee during the year preceding the filing of the petition, when the petitioner has information as to those services.

(5) The inability of the proposed conservatee to substantially manage his or her own financial resources, or to resist fraud or undue influence.

The facts required to address the categories set forth in paragraphs (1) to (5), inclusive, shall be set forth by the petitioner when he or she has knowledge of the facts or by the declarations or affidavits of other persons having knowledge of those facts.

Where any of the categories set forth in paragraphs (1) to (5), inclusive, are not applicable to the proposed conservatorship, the petitioner shall so indicate and state on the supplemental information form the reasons therefor.

The Judicial Council shall develop a supplemental information form for the information required pursuant to paragraphs (1) to (5), inclusive, after consultation with individuals or organizations approved by the Judicial Council, who represent public conservators, court investigators, the State Bar, specialists with experience in performing assessments and coordinating community–based services, and legal services for the elderly and disabled.

The supplemental information form shall be separate and distinct from the form for the petition. The supplemental information shall be confidential and shall be made available only to parties, persons given notice of the petition who have requested this supplemental information or who have appeared in the proceedings, their attorneys, and the court. The court shall have discretion at any other time to release the supplemental information to other persons if it would serve the interests of the conservatee. The clerk of the court shall make provision for limiting disclosure of the supplemental information exclusively to persons entitled thereto under this section.

(b) The petition shall set forth, so far as they are known to the petitioner, the names and addresses of the spouse or domestic partner, and of the relatives of the proposed conservatee within the second degree. If no spouse or domestic partner of the proposed conservatee or relatives of the proposed conservatee within the second degree are known to the petitioner, the petition shall set forth, so far as they are known to the petitioner, the names and addresses of the following persons who, for the purposes of Section 1822, shall all be deemed to be relatives:

(1) A spouse or domestic partner of a predeceased parent of a proposed conservatee.

(2) The children of a predeceased spouse or domestic partner of a proposed conservatee.

(3) The siblings of the proposed conservatee's parents, if any, but if none, then the natural and adoptive children of the proposed conservatee's parents' siblings.

(4) The natural and adoptive children of the proposed conservatee's siblings.

(c) If the petition is filed by a person other than the proposed conservatee, the petition shall state whether or not the petitioner is a creditor or debtor, or the agent of a creditor or debtor, of the proposed conservatee.

(d) If the proposed conservatee is a patient in or on leave of absence from a state institution under the jurisdiction of the State Department of Mental Health or the State Department of Developmental Services and that fact is known to the petitioner, the petition shall state that fact and name the institution.

(e) The petition shall state, so far as is known to the petitioner, whether or not the proposed conservatee is receiving or is entitled to receive benefits from the Veterans Administration and the estimated amount of the monthly benefit payable by the Veterans Administration for the proposed conservatee.

(f) The petition may include an application for any order or orders authorized under this division, including, but not limited to, orders under Chapter 4 (commencing with Section 1870).

(g) The petition may include a further statement that the proposed conservatee is not willing to attend the hearing on the petition, does not wish to contest the establishment of the conservatorship, and does not object to the proposed conservator or prefer that another person act as conservator.

(h) In the case of an allegedly developmentally disabled adult, the petition shall set forth the following:

(1) The nature and degree of the alleged disability, the specific duties and powers requested by or for the limited conservator, and the limitations of civil and legal rights requested to be included in the court's order of appointment.

(2) Whether or not the proposed limited conservatee is or is alleged to be developmentally disabled.

Reports submitted pursuant to Section 416.8 of the Health and Safety Code meet the requirements of this section, and conservatorships filed pursuant to Article 7.5 (commencing with Section 416) of Part 1 of Division 1 of the Health and Safety Code are exempt from providing the supplemental information required by this section, so long as the guidelines adopted by the State Department of Developmental Services for regional centers require the same information that is required pursuant to this section.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991. Amended by Stats. 1991, c. 82 (S.B.896), § 8, eff. June 30, 1991, operative July 1, 1991; Stats.2001, c. 893 (A.B.25), § 18; Stats.2002, c. 784 (S.B.1316), § 577.)

§ 1822. Notice of hearing; mailing

(a) At least 15 days before the hearing on the petition for appointment of a conservator, notice of the time and place of the hearing shall be given as provided in this section. The notice shall be accompanied by a copy of the petition. The court may not shorten the time for giving the notice of hearing under this section.

(b) Notice shall be mailed to the following persons:

(1) The spouse, if any, or domestic partner, if any, of the proposed conservatee at the address stated in the petition.

(2) The relatives named in the petition at their addresses stated in the petition.

(c) If notice is required by Section 1461 to be given to the Director of Mental Health or the Director of Developmental Services, notice shall be mailed as so required.

(d) If the petition states that the proposed conservatee is receiving or is entitled to receive benefits from the Veterans Administration, notice shall be mailed to the office of the Veterans Administration referred to in Section 1461.5.

(e) If the proposed conservatee is a person with developmental disabilities, at least 30 days before the day of the hearing on the petition, the petitioner shall mail a notice of the hearing and a copy of the petition to the regional center identified in Section 1827.5.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991. Amended by Stats.1991, c. 82 (S.B.896), § 10, eff. June 30, 1991, operative July 1, 1991; Stats.2001, c. 893 (A.B.25), § 19.)

§ 1823. Citation to proposed conservatee; contents

(a) If the petition is filed by a person other than the proposed conservatee, the clerk shall issue a citation directed to the proposed conservatee setting forth the time and place of hearing.

(b) The citation shall include a statement of the legal standards by which the need for a conservatorship is adjudged as stated in Section 1801 and shall state the substance of all of the following:

(1) The proposed conservatee may be adjudged unable to provide for personal needs or to manage financial resources and, by reason thereof, a conservator may be appointed for the person or estate or both.

(2) Such adjudication may affect or transfer to the conservator the proposed conservatee's right to contract, in whole or in part, to

manage and control property, to give informed consent for medical treatment, and to fix a residence.

(3) The proposed conservatee may be disqualified from voting if not capable of completing an affidavit of voter registration.

(4) The court or a court investigator will explain the nature, purpose, and effect of the proceeding to the proposed conservatee and will answer questions concerning the explanation.

(5) The proposed conservatee has the right to appear at the hearing and to oppose the petition, and in the case of an alleged developmentally disabled adult, to oppose the petition in part, by objecting to any or all of the requested duties or powers of the limited conservator.

(6) The proposed conservatee has the right to choose and be represented by legal counsel and has the right to have legal counsel appointed by the court if unable to retain legal counsel.

(7) The proposed conservatee has the right to a jury trial if desired.
(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 1824. Service of citation and petition upon proposed conservatee

The citation and a copy of the petition shall be served on the proposed conservatee at least 15 days before the hearing. Service shall be made in the manner provided in Section 415.10 or 415.30 of the Code of Civil Procedure or in such manner as may be authorized by the court. If the proposed conservatee is outside this state, service may also be made in the manner provided in Section 415.40 of the Code of Civil Procedure.
(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 1825. Attendance of proposed conservatee at hearing; exceptions; inability to attend; affidavit

(a) The proposed conservatee shall be produced at the hearing except in the following cases:

(1) Where the proposed conservatee is out of the state when served and is not the petitioner.

(2) Where the proposed conservatee is unable to attend the hearing by reason of medical inability.

(3) Where the court investigator has reported to the court that the proposed conservatee has expressly communicated that the proposed conservatee (i) is not willing to attend the hearing, (ii) does not wish to contest the establishment of the conservatorship, and (iii) does not object to the proposed conservator or prefer that another person act as conservator, and the court makes an order that the proposed conservatee need not attend the hearing.

(b) If the proposed conservatee is unable to attend the hearing because of medical inability, such inability shall be established (1) by the affidavit or certificate of a licensed medical practitioner or (2) if the proposed conservatee is an adherent of a religion whose tenets and practices call for reliance on prayer alone for healing and is under treatment by an accredited practitioner of that religion, by the affidavit of the practitioner. The affidavit or certificate is evidence only of the proposed conservatee's inability to attend the hearing and shall not be considered in determining the issue of need for the establishment of a conservatorship.

(c) Emotional or psychological instability is not good cause for the absence of the proposed conservatee from the hearing unless, by reason of such instability, attendance at the hearing is likely to cause serious and immediate physiological damage to the proposed conservatee.
(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 1826. Court investigator; duties; report; distribution; confidentiality

Regardless of whether the proposed conservatee attends the hearing, the court investigator shall do all of the following:

(a) Interview the proposed conservatee personally.

(b) Inform the proposed conservatee of the contents of the citation, of the nature, purpose, and effect of the proceeding, and of the right of the proposed conservatee to oppose the proceeding, to attend the hearing, to have the matter of the establishment of the conservatorship tried by jury, to be represented by legal counsel if the proposed conservatee so chooses, and to have legal counsel appointed by the court if unable to retain legal counsel.

(c) Determine whether it appears that the proposed conservatee is unable to attend the hearing and, if able to attend, whether the proposed conservatee is willing to attend the hearing.

(d) Review the allegations of the petition as to why the appointment of the conservator is required and, in making his or her determination, do the following:

(1) Refer to the supplemental information form submitted by the petitioner and consider the facts set forth in the form that address each of the categories specified in paragraphs (1) to (5), inclusive, of subdivision (a) of Section 1821.

(2) Consider, to the extent practicable, whether he or she believes the proposed conservatee suffers from any of the mental function deficits listed in subdivision (a) of Section 811 that significantly impairs the proposed conservatee's ability to understand and appreciate the consequences of his or her actions in connection with any of the functions described in subdivision (a) or (b) of Section 1801 and identify the observations that support that belief.

(e) Determine whether the proposed conservatee wishes to contest the establishment of the conservatorship.

(f) Determine whether the proposed conservatee objects to the proposed conservator or prefers another person to act as conservator.

(g) Determine whether the proposed conservatee wishes to be represented by legal counsel and, if so, whether the proposed conservatee has retained legal counsel and, if not, the name of an attorney the proposed conservatee wishes to retain.

(h) Determine whether the proposed conservatee is capable of completing an affidavit of voter registration.

(i) If the proposed conservatee has not retained legal counsel, determine whether the proposed conservatee desires the court to appoint legal counsel.

(j) Determine whether the appointment of legal counsel would be helpful to the resolution of the matter or is necessary to protect the interests of the proposed conservatee in any case where the proposed conservatee does not plan to retain legal counsel and has not requested the appointment of legal counsel by the court.

(k) Report to the court in writing, at least five days before the hearing, concerning all of the foregoing, including the proposed conservatee's express communications concerning both of the following:

(1) Representation by legal counsel.

(2) Whether the proposed conservatee is not willing to attend the hearing, does not wish to contest the establishment of the conservatorship, and does not object to the proposed conservator or prefer that another person act as conservator.

(*l*) Mail, at least five days before the hearing, a copy of the report referred to in subdivision (k) to all of the following:

(1) The attorney, if any, for the petitioner.

(2) The attorney, if any, for the proposed conservatee.

(3) Any other persons as the court orders.

(m) The court investigator has discretion to release the report required by this section to the public conservator, interested public agencies, and the long–term care ombudsman.

(n) The report required by this section is confidential and shall be made available only to parties, persons given notice of the petition who have requested this report or who have appeared in the proceedings, their attorneys, and the court. The court has discretion at any other time to release the report, if it would serve the interests of the conservatee. The clerk of the court shall provide for the limitation of the report exclusively to persons entitled to its receipt.

(*o*) This section does not apply to a proposed conservatee who has

personally executed the petition for conservatorship, or one who has nominated his or her own conservator, if he or she attends the hearing.

(p) If the court investigator has performed an investigation within the preceding six months and furnished a report thereon to the court, the court may order, upon good cause shown, that another investigation is not necessary or that a more limited investigation may be performed.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991. Amended by Stats.1998, c. 581 (A.B.2801), § 21; Stats.2002, c. 784 (S.B.1316), § 578.)

§ 1827. Law and procedure applicable to hearing

The court shall hear and determine the matter of the establishment of the conservatorship according to the law and procedure relating to the trial of civil actions, including trial by jury if demanded by the proposed conservatee.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991. Amended by Stats.2000, c. 17 (A.B.1491), § 4.2.)

§ 1827.5. Assessment of proposed limited or general conservatee

(a) In the case of any proceeding to establish a limited conservatorship for a person with developmental disabilities, within 30 days after the filing of a petition for limited conservatorship, a proposed limited conservatee, with his or her consent, shall be assessed at a regional center as provided in Chapter 5 (commencing with Section 4620) of Division 4.5 of the Welfare and Institutions Code. The regional center shall submit a written report of its findings and recommendations to the court.

(b) In the case of any proceeding to establish a general conservatorship for a person with developmental disabilities, the regional center, with the consent of the proposed conservatee, may prepare an assessment as provided in Chapter 5 (commencing with Section 4620) of Division 4.5 of the Welfare and Institutions Code. If an assessment is prepared, the regional center shall submit its findings and recommendations to the court.

(c) A report prepared under subdivision (a) or (b) shall include a description of the specific areas, nature, and degree of disability of the proposed conservatee or proposed limited conservatee. The findings and recommendations of the regional center are not binding upon the court.

In a proceeding where the petitioner is a provider of board and care, treatment, habilitation, or other services to persons with developmental disabilities or a spouse or employee of a provider, is not the natural parent of the proposed conservatee or proposed limited conservatee, and is not a public entity, the regional center shall include a recommendation in its report concerning the suitability of the petitioners to meet the needs of the proposed conservatee or proposed limited conservatee.

(d) At least five days before the hearing on the petition, the regional center shall mail a copy of the report referred to in subdivision (a) to all of the following:

(1) The proposed limited conservatee.

(2) The attorney, if any, for the proposed limited conservatee.

(3) If the petitioner is not the proposed limited conservatee, the attorney for the petitioner or the petitioner if the petitioner does not have an attorney.

(4) Such other persons as the court orders.

(e) The report referred to in subdivisions (a) and (b) shall be confidential and shall be made available only to parties listed in subdivision (d) unless the court, in its discretion, determines that the release of the report would serve the interests of the conservatee who is developmentally disabled. The clerk of the court shall make provision for limiting disclosure of the report exclusively to persons entitled thereto under this section.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991. Amended by Stats.1991, c. 82 (S.B.896), § 12, eff. June 30, 1991, operative July 1, 1991; Stats.2002, c. 784 (S.B.1316), § 579.)

§ 1828. Information to proposed conservatee by court

(a) Except as provided in subdivision (c), prior to the establishment of a conservatorship of the person or estate, or both, the court shall inform the proposed conservatee of all of the following:

(1) The nature and purpose of the proceeding.

(2) The establishment of a conservatorship is a legal adjudication of the conservatee's inability properly to provide for the conservatee's personal needs or to manage the conservatee's own financial resources, or both, depending on the allegations made and the determinations requested in the petition, and the effect of such an adjudication on the conservatee's basic rights.

(3) The proposed conservatee may be disqualified from voting if not capable of completing an affidavit of voter registration.

(4) The identity of the proposed conservator.

(5) The nature and effect on the conservatee's basic rights of any order requested under Chapter 4 (commencing with Section 1870), and in the case of an allegedly developmentally disabled adult, the specific effects of each limitation requested in such order.

(6) The proposed conservatee has the right to oppose the proceeding, to have the matter of the establishment of the conservatorship tried by jury, to be represented by legal counsel if the proposed conservatee so chooses, and to have legal counsel appointed by the court if unable to retain legal counsel.

(b) After the court so informs the proposed conservatee and prior to the establishment of the conservatorship, the court shall consult the proposed conservatee to determine the proposed conservatee's opinion concerning all of the following:

(1) The establishment of the conservatorship.

(2) The appointment of the proposed conservator.

(3) Any order requested under Chapter 4 (commencing with Section 1870), and in the case of an allegedly developmentally disabled adult, of each limitation requested in such order.

(c) This section does not apply where both of the following conditions are satisfied:

(1) The proposed conservatee is absent from the hearing and is not required to attend the hearing under the provisions of subdivision (a) of Section 1825.

(2) Any showing required by Section 1825 has been made.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 1828.5. Limited conservator for developmentally disabled adult; appointment; hearing

(a) At the hearing on the petition for appointment of a limited conservator for an allegedly developmentally disabled adult, the court shall do each of the following:

(1) Inquire into the nature and extent of the general intellectual functioning of the individual alleged to be developmentally disabled.

(2) Evaluate the extent of the impairment of his or her adaptive behavior.

(3) Ascertain his or her capacity to care for himself or herself and his or her property.

(4) Inquire into the qualifications, abilities, and capabilities of the person seeking appointment as limited conservator.

(5) If a report by the regional center, in accordance with Section 1827.5, has not been filed in court because the proposed limited conservatee withheld his or her consent to assessment by the regional center, the court shall determine the reason for withholding such consent.

(b) If the court finds that the proposed limited conservatee possesses the capacity to care for himself or herself and to manage his or her property as a reasonably prudent person, the court shall dismiss the petition for appointment of a limited conservator.

(c) If the court finds that the proposed limited conservatee lacks the capacity to perform some, but not all, of the tasks necessary to provide properly for his or her own personal needs for physical health, food, clothing, or shelter, or to manage his or her own financial resources, the court shall appoint a limited conservator for the person or the estate or the person and the estate.

(d) If the court finds that the proposed limited conservatee lacks the capacity to perform all of the tasks necessary to provide properly for his or her own personal needs for physical health, food, clothing, or shelter, or to manage his or her own financial resources, the court shall appoint either a conservator or a limited conservator for the person or the estate, or the person and the estate.

(e) The court shall define the powers and duties of the limited conservator so as to permit the developmentally disabled adult to care for himself or herself or to manage his or her financial resources commensurate with his or her ability to do so.

(f) Prior to the appointment of a limited conservator for the person or estate or person and estate of a developmentally disabled adult, the court shall inform the proposed limited conservatee of the nature and purpose of the limited conservatorship proceeding, that the appointment of a limited conservator for his or her person or estate or person and estate will result in the transfer of certain rights set forth in the petition and the effect of such transfer, the identity of the person who has been nominated as his or her limited conservator, that he or she has a right to oppose such proceeding, and that he or she has a right to have the matter tried by jury. After communicating such information to the person and prior to the appointment of a limited conservator, the court shall consult the person to determine his or her opinion concerning the appointment.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 1829. Persons who may support or oppose petition

Any of the following persons may appear at the hearing to support or oppose the petition:

(a) The proposed conservatee.

(b) The spouse or domestic partner of the proposed conservatee.

(c) A relative of the proposed conservatee.

(d) Any interested person or friend of the proposed conservatee.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991. Amended by Stats.2001, c. 893 (A.B.25), § 20.)

§ 1830. Order appointing conservator or limited conservator for developmentally disabled adult; contents

(a) The order appointing the conservator shall contain, among other things, the names, addresses, and telephone numbers of:

(1) The conservator.

(2) The conservatee's attorney, if any.

(3) The court investigator, if any.

(b) In the case of a limited conservator for a developmentally disabled adult, any order the court may make shall include the findings of the court specified in Section 1828.5. The order shall specify the powers granted to and duties imposed upon the limited conservator, which powers and duties may not exceed the powers and duties applicable to a conservator under this code. The order shall also specify the following:

(1) The properties of the limited conservatee to which the limited conservator is entitled to possession and management, giving a description of the properties that will be sufficient to identify them.

(2) The debts, rentals, wages, or other claims due to the limited conservatee which the limited conservator is entitled to collect, or file suit with respect to, if necessary, and thereafter to possess and manage.

(3) The contractual or other obligations which the limited conservator may incur on behalf of the limited conservatee.

(4) The claims against the limited conservatee which the limited conservator may pay, compromise, or defend, if necessary.

(5) Any other powers, limitations, or duties with respect to the care of the limited conservatee or the management of the property specified in this subdivision by the limited conservator which the court shall specifically and expressly grant.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 1834. Acknowledgment of receipt by conservator; statement of duties and liabilities; conservatorship information

(a) Before letters are issued, the conservator (other than a trust company or a public conservator) shall file an acknowledgment of receipt of (1) a statement of duties and liabilities of the office of conservator, and (2) a copy of the conservatorship information required under Section 1835. The acknowledgment and the statement shall be in the form prescribed by the Judicial Council.

(b) The court may by local rules require the acknowledgment of receipt to include the conservator's birth date and driver's license number, if any, provided that the court ensures their confidentiality.

(c) The statement of duties and liabilities prescribed by the Judicial Council shall not supersede the law on which the statement is based.

(Added by Stats.1991, c. 1019 (S.B.1022), § 1. Amended by Stats.1994, c. 806 (A.B.3686), § 9.)

§ 1835. Conservator's rights, duties, limitations and responsibilities; dissemination of information by county; failure to provide information

(a) Every county, either through the appropriate court or the office of the public conservator, shall provide all private conservators with written information concerning a conservator's rights, duties, limitations, and responsibilities under this division.

(b) The information to be provided shall include, but need not be limited to, the following:

(1) The rights, duties, limitations, and responsibilities of a conservator.

(2) The rights of a conservatee.

(3) How to assess the needs of the conservatee.

(4) How to use community–based services to meet the needs of the conservatee.

(5) How to ensure that the conservatee is provided with the least restrictive possible environment.

(6) The court procedures and processes relevant to conservatorships.

(7) The procedures for inventory and appraisal, and the filing of accounts.

(c) An information package shall be developed by the Judicial Council, after consultation with the following organizations or individuals:

(1) The California State Association of Public Administrators, Public Guardians, and Public Conservators, or other comparable organizations.

(2) The State Bar.

(3) Individuals or organizations, approved by the Judicial Council, who represent court investigators, specialists with experience in performing assessments and coordinating community–based services, and legal services programs for the elderly.

(d) The failure of any court, public guardian, public officer, or public agency, or any employee or agent thereof, to provide information to a conservator as required by this section does not:

(1) Relieve the conservator of any of the conservator's duties as required by this division.

(2) Make the court, public guardian, public officer, or public agency, or the employee or agent thereof, liable, in either a personal or official capacity, for damages to a conservatee, conservator, the conservatorship of a person or an estate, or any other person or entity.

(e) The information package shall be made available to individual counties. The Judicial Council shall periodically update the information package when changes in the law warrant revision. The revisions shall be provided to individual counties.

(f) To cover the costs of providing the written information required by this section, a county may charge each private conservator a fee, not to exceed twenty dollars ($20).

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991. Amended by Stats.1991, c. 1019 (S.B.1022), § 2.)

Chapter 4 LEGAL CAPACITY OF CONSERVATEE

Article 2 CAPACITY TO GIVE INFORMED CONSENT FOR MEDICAL TREATMENT

§ 1880. Determination by court; order

If the court determines that there is no form of medical treatment for which the conservatee has the capacity to give an informed consent, the court shall (1) adjudge that the conservatee lacks the capacity to give informed consent for medical treatment and (2) by order give the conservator of the person the powers specified in Section 2355. If an order is made under this section, the letters shall include a statement that the conservator has the powers specified in Section 2355.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 1881. Inability of conservatee to give informed medical consent; judicial determination; factors

(a) A conservatee shall be deemed unable to give informed consent to any form of medical treatment pursuant to Section 1880 if, for all medical treatments, the conservatee is unable to respond knowingly and intelligently to queries about medical treatment or is unable to participate in a treatment decision by means of a rational thought process.

(b) In order for a court to determine that a conservatee is unable to respond knowingly and intelligently to queries about his or her medical treatment or is unable to participate in treatment decisions by means of a rational thought process, a court shall do both of the following:

(1) Determine that, for all medical treatments, the conservatee is unable to understand at least one of the following items of minimum basic medical treatment information:

(A) The nature and seriousness of any illness, disorder, or defect that the conservatee has or may develop.

(B) The nature of any medical treatment that is being or may be recommended by the conservatee's health care providers.

(C) The probable degree and duration of any benefits and risks of any medical intervention that is being or may be recommended by the conservatee's health care providers, and the consequences of lack of treatment.

(D) The nature, risks, and benefits of any reasonable alternatives.

(2) Determine that one or more of the mental functions of the conservatee described in subdivision (a) of Section 811 is impaired and that there is a link between the deficit or deficits and the conservatee's inability to give informed consent.

(c) A deficit in the mental functions listed in subdivision (a) of Section 811 may be considered only if the deficit by itself, or in combination with one or more other mental function deficits, significantly impairs the conservatee's ability to understand the consequences of his or her decisions regarding medical care.

(d) In determining whether a conservatee's mental functioning is so severely impaired that the conservatee lacks the capacity to give informed consent to any form of medical treatment, the court may take into consideration the frequency, severity, and duration of periods of impairment.

(e) In the interest of minimizing unnecessary expense to the parties to a proceeding, paragraph (2) of subdivision (b) shall not apply to a petition pursuant to Section 1880 wherein the conservatee, after notice by the court of his or her right to object which, at least, shall include an interview by a court investigator pursuant to Section 1826 prior to the hearing on the petition, does not object to the proposed finding of incapacity, or waives any objections.

(Added by Stats.1995, c. 842 (S.B.730), § 8. Amended by Stats.1996, c. 178 (S.B.1650), § 8.)

§ 1890. Order; inclusion in order appointing conservator; limited conservatee; physician's declaration

(a) An order of the court under Section 1880 may be included in the order of appointment of the conservator if the order was requested in the petition for the appointment of the conservator or, except in the case of a limited conservator, may be made subsequently upon a petition made, noticed, and heard by the court in the manner provided in this article.

(b) In the case of a petition filed under this chapter requesting that the court make an order under this chapter or that the court modify or revoke an order made under this chapter, when the order applies to a limited conservatee, the order may only be made upon a petition made, noticed, and heard by the court in the manner provided by Article 3 (commencing with Section 1820) of Chapter 1.

(c) No court order under Section 1880, whether issued as part of an order granting the original petition for appointment of a conservator or issued subsequent thereto, may be granted unless supported by a declaration, filed at or before the hearing on the request, executed by a licensed physician, or a licensed psychologist within the scope of his or her licensure, and stating that the proposed conservatee or the conservatee, as the case may be, lacks the capacity to give an informed consent for any form of medical treatment and the reasons therefor. Nothing in this section shall be construed to expand the scope of practice of psychologists as set forth in the Business and Professions Code.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991. Amended by Stats.1992, c. 572 (S.B.1455), § 4; Stats.1996, c. 563 (S.B.392), § 10; Stats.1997, c. 724 (A.B.1172), § 10.)

§ 1891. Petition for order; modification or revocation; contents

(a) A petition may be filed under this article requesting that the court make an order under Section 1880 or that the court modify or revoke an order made under Section 1880. The petition shall state facts showing that the order requested is appropriate.

(b) The petition may be filed by any of the following:

(1) The conservator.

(2) The conservatee.

(3) The spouse, domestic partner, or any relative or friend of the conservatee.

(c) The petition shall set forth, so far as they are known to the petitioner, the names and addresses of the spouse or domestic partner and of the relatives of the conservatee within the second degree.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991. Amended by Stats.2001, c. 893 (A.B.25), § 26.)

§ 1892. Notice of hearing

Notice of the hearing on the petition shall be given for the period and in the manner provided in Chapter 3 (commencing with Section 1460) of Part 1.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 1893. Attendance of conservatee at hearing

The conservatee shall be produced at the hearing except in the following cases:

(a) Where the conservatee is out of state when served and is not the petitioner.

(b) Where the conservatee is unable to attend the hearing by reason of medical inability established (1) by the affidavit or certificate of a licensed medical practitioner or (2) if the conservatee is an adherent of a religion whose tenets and practices call for reliance on prayer alone for healing and is under treatment by an accredited practitioner of that religion, by the affidavit of the practitioner. The affidavit or certificate is evidence only of the conservatee's inability to attend the hearing and shall not be considered in determining the issue of the legal capacity of the conservatee. Emotional or psychological instability is not good cause for the absence of the conservatee from the hearing unless, by reason of such instability, attendance at the hearing is likely to cause serious and immediate physiological damage to the conservatee.

(c) Where the court investigator has reported to the court that the conservatee has expressly communicated that the conservatee (1) is not willing to attend the hearing and (2) does not wish to contest the petition, and the court makes an order that the conservatee need not attend the hearing.
(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 1894. Court investigator; duties; report

If the petition alleges that the conservatee is not willing to attend the hearing or upon receipt of an affidavit or certificate attesting to the medical inability of the conservatee to attend the hearing, the court investigator shall do all of the following:

(a) Interview the conservatee personally.

(b) Inform the conservatee of the contents of the petition, of the nature, purpose, and effect of the proceeding, and of the right of the conservatee to oppose the petition, attend the hearing, and be represented by legal counsel.

(c) Determine whether it appears that the conservatee is unable to attend the hearing and, if able to attend, whether the conservatee is willing to attend the hearing.

(d) Determine whether the conservatee wishes to contest the petition.

(e) Determine whether the conservatee wishes to be represented by legal counsel and, if so, whether the conservatee has retained legal counsel and, if not, the name of an attorney the conservatee wishes to retain.

(f) If the conservatee has not retained counsel, determine whether the conservatee desires the court to appoint legal counsel.

(g) Determine whether the appointment of legal counsel would be helpful to the resolution of the matter or is necessary to protect the interests of the conservatee in any case where the conservatee does not plan to retain legal counsel and has not requested the court to appoint legal counsel.

(h) Report to the court in writing, at least five days before the hearing, concerning all of the foregoing, including the conservatee's express communications concerning both (1) representation by legal counsel and (2) whether the conservatee is not willing to attend the hearing and does not wish to contest the petition.
(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 1895. Hearing, appearances; information to conservatee

(a) The conservatee, the spouse, the domestic partner, any relative, or any friend of the conservatee, the conservator, or any other interested person may appear at the hearing to support or oppose the petition.

(b) Except where the conservatee is absent from the hearing and is not required to attend the hearing under the provisions of Section 1893 and any showing required by Section 1893 has been made, the court shall, prior to granting the petition, inform the conservatee of all of the following:

(1) The nature and purpose of the proceeding.

(2) The nature and effect on the conservatee's basic rights of the order requested.

(3) The conservatee has the right to oppose the petition, to be represented by legal counsel if the conservatee so chooses, and to have legal counsel appointed by the court if unable to retain legal counsel.

(c) After the court informs the conservatee of the matters listed in subdivision (b) and prior to granting the petition, the court shall consult the conservatee to determine the conservatee's opinion concerning the order requested in the petition.
(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991. Amended by Stats.2001, c. 893 (A.B.25), § 27.)

§ 1896. Order; termination

(a) If the court determines that the order requested in the petition is proper, the court shall make the order.

(b) The court, in its discretion, may provide in the order that, unless extended by subsequent order of the court, the order or specific provisions of the order terminate at a time specified in the order.
(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 1897. Duration of order

An order of the court under Section 1880 continues in effect until the earliest of the following times:

(1) The time specified in the order, if any.

(2) The time the order is modified or revoked.

(3) The time the conservatorship is terminated.
(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 1898. Modification or revocation of order

An order of the court under Section 1880 may be modified or revoked upon a petition made, noticed, and heard by the court in the manner provided in this article.
(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

Part 4 PROVISIONS COMMON TO GUARDIANSHIP AND CONSERVATORSHIP

Chapter 5 POWERS AND DUTIES OF GUARDIAN OR CONSERVATOR OF THE PERSON

§ 2350. Definitions

As used in this chapter:

(a) "Conservator" means the conservator of the person.

(b) "Guardian" means the guardian of the person.
(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 2351. Care, custody, control and education

(a) Subject to subdivision (b), the guardian or conservator, but not a limited conservator, has the care, custody, and control of, and has charge of the education of, the ward or conservatee.

(b) Where the court determines that it is appropriate in the circumstances of the particular conservatee, the court, in its discretion, may limit the powers and duties that the conservator would otherwise have under subdivision (a) by an order stating either of the following:

(1) The specific powers that the conservator does not have with respect to the conservatee's person and reserving the powers so specified to the conservatee.

(2) The specific powers and duties the conservator has with respect to the conservatee's person and reserving to the conservatee all other rights with respect to the conservatee's person that the conservator otherwise would have under subdivision (a).

(c) An order under this section (1) may be included in the order appointing a conservator of the person or (2) may be made, modified, or revoked upon a petition subsequently filed, notice of the hearing on the petition having been given for the period and in the manner provided in Chapter 3 (commencing with Section 1460) of Part 1.

(d) The guardian or conservator, in exercising his or her powers, may not hire or refer any business to an entity in which he or she has a financial interest except upon authorization of the court. Prior to authorization from the court, the guardian or conservator shall disclose to the court in writing his or her financial interest in the entity. For the purposes of this subdivision, "financial interest" shall mean (1) an ownership interest in a sole proprietorship, a partnership, or a closely held corporation, or (2) an ownership interest of greater than 1 percent of the outstanding shares in a publicly traded corporation, or (3) being an officer or a director of a corporation. This subdivision shall apply only to conservators and guardians required to register with the Statewide Registry under Chapter 13 (commencing with Section 2850).
(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991. Amended by Stats.2000, c. 565 (A.B.1950), § 4.)

§ 2351.5. Limited conservator; modification of powers; notice; hearing

(a) Subject to subdivision (b):

(1) The limited conservator has the care, custody, and control of the limited conservatee.

(2) The limited conservator shall secure for the limited conservatee such habilitation or treatment, training, education, medical and psychological services, and social and vocational opportunity as appropriate and as will assist the limited conservatee in the development of maximum self–reliance and independence.

(b) A limited conservator does not have any of the following powers or controls over the limited conservatee unless such powers or controls are specifically requested in the petition for appointment of a limited conservator and granted by the court in its order appointing the limited conservator:

(1) To fix the residence or specific dwelling of the limited conservatee.

(2) Access to the confidential records and papers of the limited conservatee.

(3) To consent or withhold consent to the marriage of the limited conservatee.

(4) The right of the limited conservatee to contract.

(5) The power of the limited conservatee to give or withhold medical consent.

(6) The limited conservatee's right to control his or her own social and sexual contacts and relationships.

(7) Decisions concerning the education of the limited conservatee.

(c) Any limited conservator, the limited conservatee, or any relative or friend of the limited conservatee may apply by petition to the superior court of the county in which the proceedings are pending to have the limited conservatorship modified by the elimination or addition of any of the powers which must be specifically granted to the limited conservator pursuant to subdivision (b). The petition shall state the facts alleged to establish that the limited conservatorship should be modified. The granting or elimination of such powers is discretionary with the court. Notice of the hearing on the petition shall be given for the period and in the manner provided in Chapter 3 (commencing with Section 1460) of Part 1.

(d) The limited conservator or any relative or friend of the limited conservatee may appear and oppose the petition. The court shall hear and determine the matter according to the laws and procedures relating to the trial of civil actions, including trial by jury if demanded. If any of the powers which must be specifically granted to the limited conservator pursuant to subdivision (b) are granted or eliminated, new letters of limited conservatorship shall be issued reflecting the change in the limited conservator's powers.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 2352. Residence of ward or conservatee

(a) The guardian or conservator may fix the residence of the ward or conservatee at either of the following:

(1) Any place within this state without the permission of the court. In fixing the residence, the guardian or conservator shall select the least restrictive appropriate setting which is available and necessary to meet the needs of the ward or conservatee, and which is in the best interests of the ward or conservatee. In making a determination of the appropriate level of care for wards or conservatees, guardians or conservators may utilize the statewide nursing home preadmission screening program or a comparable assessment by a community–based case management organization.

(2) A place not within this state if permission of the court is first obtained.

(b) An order under paragraph (2) of subdivision (a) shall require the guardian or conservator either to return the ward or conservatee to this state, or to cause a guardianship or conservatorship proceeding or its equivalent to be commenced in the place of the new residence, when the ward or conservatee has resided in the place of new residence for a period of four months or such longer or shorter period as is specified in the order.

(c) The guardian or conservator shall promptly mail to the court notice of all changes in the residence of the ward or conservatee.

(d) This section does not apply where the court has made an order under Section 2351 pursuant to which the conservatee retains the right to fix his or her own residence.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 2353. Medical treatment of ward

(a) Subject to subdivision (b), the guardian has the same right as a parent having legal custody of a child to give consent to medical treatment performed upon the ward and to require the ward to receive medical treatment.

(b) Except as provided in subdivision (c), if the ward is 14 years of age or older, no surgery may be performed upon the ward without either (1) the consent of both the ward and the guardian or (2) a court order obtained pursuant to Section 2357 specifically authorizing such treatment.

(c) The guardian may consent to surgery to be performed upon the ward, and may require the ward to receive the surgery, in any case where the guardian determines in good faith based upon medical advice that the case is an emergency case in which the ward faces loss of life or serious bodily injury if the surgery is not performed. In such a case, the consent of the guardian alone is sufficient and no person is liable because the surgery is performed upon the ward without the ward's consent.

(d) Nothing in this section requires the consent of the guardian for medical or surgical treatment for the ward in any case where the ward alone may consent to such treatment under other provisions of law.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 2354. Medical treatment of conservatee not adjudicated to lack capacity to give informed consent

(a) If the conservatee has not been adjudicated to lack the capacity to give informed consent for medical treatment, the conservatee may consent to his or her medical treatment. The conservator may also give consent to the medical treatment, but the consent of the conservator is not required if the conservatee has the capacity to give informed consent to the medical treatment, and the consent of the conservator alone is not sufficient under this subdivision if the conservatee objects to the medical treatment.

(b) The conservator may require the conservatee to receive medical treatment, whether or not the conservatee consents to the treatment, if a court order specifically authorizing the medical treatment has been obtained pursuant to Section 2357.

(c) The conservator may consent to medical treatment to be performed upon the conservatee, and may require the conservatee to receive the medical treatment, in any case where the conservator determines in good faith based upon medical advice that the case is an emergency case in which the medical treatment is required because (1) the treatment is required for the alleviation of severe pain or (2) the conservatee has a medical condition which, if not immediately diagnosed and treated, will lead to serious disability or death. In such a case, the consent of the conservator alone is sufficient and no person is liable because the medical treatment is performed upon the conservatee without the conservatee's consent.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 2355. Medical treatment of conservatee adjudicated to lack capacity to make health care decisions

(a) If the conservatee has been adjudicated to lack the capacity to make health care decisions, the conservator has the exclusive authority to make health care decisions for the conservatee that the conservator in good faith based on medical advice determines to be necessary. The conservator shall make health care decisions for the conservatee in accordance with the conservatee's individual health care instructions, if any, and other wishes to the extent known to the

conservator. Otherwise, the conservator shall make the decision in accordance with the conservator's determination of the conservatee's best interest. In determining the conservatee's best interest, the conservator shall consider the conservatee's personal values to the extent known to the conservator. The conservator may require the conservatee to receive the health care, whether or not the conservatee objects. In this case, the health care decision of the conservator alone is sufficient and no person is liable because the health care is administered to the conservatee without the conservatee's consent. For the purposes of this subdivision, "health care" and "health care decision" have the meanings provided in Sections 4615 and 4617, respectively.

(b) If prior to the establishment of the conservatorship the conservatee was an adherent of a religion whose tenets and practices call for reliance on prayer alone for healing, the treatment required by the conservator under the provisions of this section shall be by an accredited practitioner of that religion.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991. Amended by Stats.1999, c. 658 (A.B.891), § 12, operative July 1, 2000.)

§ 2356. Limitations on application of chapter

(a) No ward or conservatee may be placed in a mental health treatment facility under this division against the will of the ward or conservatee. Involuntary civil placement of a ward or conservatee in a mental health treatment facility may be obtained only pursuant to Chapter 2 (commencing with Section 5150) or Chapter 3 (commencing with Section 5350) of Part 1 of Division 5 of the Welfare and Institutions Code. Nothing in this subdivision precludes the placing of a ward in a state hospital under Section 6000 of the Welfare and Institutions Code upon application of the guardian as provided in that section. The Director of Mental Health shall adopt and issue regulations defining "mental health treatment facility" for the purposes of this subdivision.

(b) No experimental drug as defined in Section 111515 of the Health and Safety Code may be prescribed for or administered to a ward or conservatee under this division. Such an experimental drug may be prescribed for or administered to a ward or conservatee only as provided in Article 4 (commencing with Section 111515) of Chapter 6 of Part 5 of Division 104 of the Health and Safety Code.

(c) No convulsive treatment as defined in Section 5325 of the Welfare and Institutions Code may be performed on a ward or conservatee under this division. Convulsive treatment may be performed on a ward or conservatee only as provided in Article 7 (commencing with Section 5325) of Chapter 2 of Part 1 of Division 5 of the Welfare and Institutions Code.

(d) No minor may be sterilized under this division.

(e) This chapter is subject to a valid and effective advance health care directive under the Health Care Decisions Law (Division 4.7 (commencing with Section 4600)).

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991. Amended by Stats.1990, c. 710 (S.B.1775), § 8, operative July 1, 1991; Stats.1996, c. 1023 (S.B.1497), § 398, eff. Sept. 29, 1996; Stats.1999, c. 658 (A.B.891), § 13, operative July 1, 2000.)

§ 2356.5. Dementia; placement in secured facility; administration of medication; procedures; application

(a) The Legislature hereby finds and declares:

(1) That people with dementia, as defined in the last published edition of the "Diagnostic and Statistical Manual of Mental Disorders," should have a conservatorship to serve their unique and special needs.

(2) That, by adding powers to the probate conservatorship for people with dementia, their unique and special needs can be met. This will reduce costs to the conservatee and the family of the conservatee, reduce costly administration by state and county government, and safeguard the basic dignity and rights of the conservatee.

(3) That it is the intent of the Legislature to recognize that the administration of psychotropic medications has been, and can be, abused by caregivers and, therefore, granting powers to a conservator to authorize these medications for the treatment of dementia requires the protections specified in this section.

(b) Notwithstanding any other provision of law, a conservator may authorize the placement of a conservatee in a secured perimeter residential care facility for the elderly operated pursuant to Section 1569.698 of the Health and Safety Code, or a locked and secured nursing facility which specializes in the care and treatment of people with dementia pursuant to subdivision (c) of Section 1569.691 of the Health and Safety Code, and which has a care plan that meets the requirements of Section 87724 of Title 22 of the California Code of Regulations, upon a court's finding, by clear and convincing evidence, of all of the following:

(1) The conservatee has dementia, as defined in the last published edition of the "Diagnostic and Statistical Manual of Mental Disorders."

(2) The conservatee lacks the capacity to give informed consent to this placement and has at least one mental function deficit pursuant to subdivision (a) of Section 811, and this deficit significantly impairs the person's ability to understand and appreciate the consequences of his or her actions pursuant to subdivision (b) of Section 811.

(3) The conservatee needs or would benefit from a restricted and secure environment, as demonstrated by evidence presented by the physician or psychologist referred to in paragraph (3) of subdivision (f).

(4) The court finds that the proposed placement in a locked facility is the least restrictive placement appropriate to the needs of the conservatee.

(c) Notwithstanding any other provision of law, a conservator of a person may authorize the administration of medications appropriate for the care and treatment of dementia, upon a court's finding, by clear and convincing evidence, of all of the following:

(1) The conservatee has dementia, as defined in the last published edition of the "Diagnostic and Statistical Manual of Mental Disorders."

(2) The conservatee lacks the capacity to give informed consent to the administration of medications appropriate to the care of dementia, and has at least one mental function deficit pursuant to subdivision (a) of Section 811, and this deficit or deficits significantly impairs the person's ability to understand and appreciate the consequences of his or her actions pursuant to subdivision (b) of Section 811.

(3) The conservatee needs or would benefit from appropriate medication as demonstrated by evidence presented by the physician or psychologist referred to in paragraph (3) of subdivision (f).

(d) Pursuant to subdivision (b) of Section 2355, in the case of a person who is an adherent of a religion whose tenets and practices call for a reliance on prayer alone for healing, the treatment required by the conservator under subdivision (c) shall be by an accredited practitioner of that religion in lieu of the administration of medications.

(e) A conservatee who is to be placed in a facility pursuant to this section shall not be placed in a mental health rehabilitation center as described in Section 5675 of the Welfare and Institutions Code, or in an institution for mental disease as described in Section 5900 of the Welfare and Institutions Code.

(f) A petition for authority to act under this section shall be governed by Section 2357, except:

(1) The conservatee shall be represented by an attorney pursuant to Chapter 4 (commencing with Section 1470) of Part 1.

(2) The conservatee shall be produced at the hearing, unless excused pursuant to Section 1893.

(3) The petition shall be supported by a declaration of a licensed physician, or a licensed psychologist within the scope of his or her licensure, regarding each of the findings required to be made under this section for any power requested, except that the psychologist has at least two years of experience in diagnosing dementia.

(4) The petition may be filed by any of the persons designated in Section 1891.

(g) The court investigator shall annually investigate and report to the court every two years pursuant to Sections 1850 and 1851 if the conservator is authorized to act under this section. In addition to the other matters provided in Section 1851, the conservatee shall be specifically advised by the investigator that the conservatee has the right to object to the conservator's powers granted under this section, and the report shall also include whether powers granted under this section are warranted. If the conservatee objects to the conservator's powers granted under this section, or the investigator determines that some change in the powers granted under this section is warranted, the court shall provide a copy of the report to the attorney of record for the conservatee. If no attorney has been appointed for the conservatee, one shall be appointed pursuant to Chapter 4 (commencing with Section 1470) of Part 1. The attorney shall, within 30 days after receiving this report, do one of the following:

(1) File a petition with the court regarding the status of the conservatee.

(2) File a written report with the court stating that the attorney has met with the conservatee and determined that the petition would be inappropriate.

(h) A petition to terminate authority granted under this section shall be governed by Section 2359.

(i) Nothing in this section shall be construed to affect a conservatorship of the estate of a person who has dementia.

(j) Nothing in this section shall affect the laws that would otherwise apply in emergency situations.

(k) Nothing in this section shall affect current law regarding the power of a probate court to fix the residence of a conservatee or to authorize medical treatment for any conservatee who has not been determined to have dementia.

(*l*)(1) Until such time as the conservatorship becomes subject to review pursuant to Section 1850, this section shall not apply to a conservatorship established on or before the effective date of the adoption of Judicial Council forms that reflect the procedures authorized by this section, or January 1, 1998, whichever occurs first.

(2) Upon the adoption of Judicial Council forms that reflect the procedures authorized by this section or January 1, 1998, whichever occurs first, this section shall apply to any conservatorships established after that date.

(Added by Stats.1996, c. 910 (S.B.1481), § 1. Amended by Stats.1997, c. 724 (A.B.1172), § 13; Stats.2003, c. 32 (A.B.167), § 2.)

§ 2357. Court ordered medical treatment

(a) As used in this section:

(1) "Guardian or conservator" includes a temporary guardian of the person or a temporary conservator of the person.

(2) "Ward or conservatee" includes a person for whom a temporary guardian of the person or temporary conservator of the person has been appointed.

(b) If the ward or conservatee requires medical treatment for an existing or continuing medical condition which is not authorized to be performed upon the ward or conservatee under Section 2252, 2353, 2354, or 2355, and the ward or conservatee is unable to give an informed consent to this medical treatment, the guardian or conservator may petition the court under this section for an order authorizing the medical treatment and authorizing the guardian or conservator to consent on behalf of the ward or conservatee to the medical treatment.

(c) The petition shall state, or set forth by medical affidavit attached thereto, all of the following so far as is known to the petitioner at the time the petition is filed:

(1) The nature of the medical condition of the ward or conservatee which requires treatment.

(2) The recommended course of medical treatment which is considered to be medically appropriate.

(3) The threat to the health of the ward or conservatee if authorization to consent to the recommended course of treatment is delayed or denied by the court.

(4) The predictable or probable outcome of the recommended course of treatment.

(5) The medically available alternatives, if any, to the course of treatment recommended.

(6) The efforts made to obtain an informed consent from the ward or conservatee.

(7) The name and addresses, so far as they are known to the petitioner, of the persons specified in subdivision (c) of Section 1510 in a guardianship proceeding or subdivision (b) of Section 1821 in a conservatorship proceeding.

(d) Upon the filing of the petition, unless an attorney is already appointed the court shall appoint the public defender or private counsel under Section 1471, to consult with and represent the ward or conservatee at the hearing on the petition and, if that appointment is made, Section 1472 applies.

(e) Notice of the petition shall be given as follows:

(1) Not less than 15 days before the hearing, notice of the time and place of the hearing, and a copy of the petition shall be personally served on the ward, if 12 years of age or older, or the conservatee, and on the attorney for the ward or conservatee.

(2) Not less than 15 days before the hearing, notice of the time and place of the hearing, and a copy of the petition shall be mailed to the following persons:

(A) The spouse or domestic partner, if any, of the proposed conservatee at the address stated in the petition.

(B) The relatives named in the petition at their addresses stated in the petition.

(f) For good cause, the court may shorten or waive notice of the hearing as provided by this section. In determining the period of notice to be required, the court shall take into account both of the following:

(1) The existing medical facts and circumstances set forth in the petition or in a medical affidavit attached to the petition or in a medical affidavit presented to the court.

(2) The desirability, where the condition of the ward or conservatee permits, of giving adequate notice to all interested persons.

(g) Notwithstanding subdivisions (e) and (f), the matter may be submitted for the determination of the court upon proper and sufficient medical affidavits or declarations if the attorney for the petitioner and the attorney for the ward or conservatee so stipulate and further stipulate that there remains no issue of fact to be determined.

(h) The court may make an order authorizing the recommended course of medical treatment of the ward or conservatee and authorizing the guardian or conservator to consent on behalf of the ward or conservatee to the recommended course of medical treatment for the ward or conservatee if the court determines from the evidence all of the following:

(1) The existing or continuing medical condition of the ward or conservatee requires the recommended course of medical treatment.

(2) If untreated, there is a probability that the condition will become life–endangering or result in a serious threat to the physical or mental health of the ward or conservatee.

(3) The ward or conservatee is unable to give an informed consent to the recommended course of treatment.

(i) Upon petition of the ward or conservatee or other interested person, the court may order that the guardian or conservator obtain or consent to, or obtain and consent to, specified medical treatment to be performed upon the ward or conservatee. Notice of the hearing on the petition under this subdivision shall be given for the period and in the manner provided in Chapter 3 (commencing with Section 1460) of Part 1.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991. Amended by Stats.1990, c. 710 (S.B.1775), § 9, operative July 1, 1991; Stats.1999, c. 175 (A.B.239), § 2; Stats.2000, c. 135 (A.B.2539), § 143; Stats.2001, c. 893 (A.B.25), § 31.)

§ 2358. Additional conditions in order of appointment

When a guardian or conservator is appointed, the court may, with the consent of the guardian or conservator, insert in the order of appointment conditions not otherwise obligatory providing for the care, treatment, education, and welfare of the ward or conservatee. Any such conditions shall be included in the letters. The performance of such conditions is a part of the duties of the guardian or conservator for the faithful performance of which the guardian or conservator and the sureties on the bond are responsible.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 2359. Petitions of guardian, conservator, ward or conservatee; approval of purchase, lease, or rental of property from estate; violations of section

(a) Upon petition of the guardian or conservator or ward or conservatee or other interested person, the court may authorize and instruct the guardian or conservator or approve and confirm the acts of the guardian or conservator.

(b) Notice of the hearing on the petition shall be given for the period and in the manner provided in Chapter 3 (commencing with Section 1460) of Part 1.

(c)(1) When a guardian or conservator petitions for the approval of a purchase, lease, or rental of real or personal property from the estate of a ward or conservatee, the guardian or conservator shall provide a statement disclosing the family or affiliate relationship between the guardian and conservator and the purchaser, lessee, or renter of the property, and the family or affiliate relationship between the guardian or conservator and any agent hired by the guardian or conservator.

(2) For the purposes of this subdivision, "family" means a person's spouse, domestic partner, or relatives within the second degree of lineal or collateral consanguinity of a person or a person's spouse. For the purposes of this subdivision, "affiliate" means an entity that is under the direct control, indirect control, or common control of the guardian or conservator.

(3) A violation of this section shall result in the rescission of the purchase, lease, or rental of the property. Any losses incurred by the estate of the ward or conservatee because the property was sold or leased at less than fair market value shall be deemed as charges against the guardian or conservator under the provisions of Sections 2401.3 and 2401.5. The court shall assess a civil penalty equal to three times the charges against the guardian, conservator, or other person in violation of this section, and may assess punitive damages as it deems proper. If the estate does not incur losses as a result of the violation, the court shall order the guardian, conservator, or other person in violation of this section to pay a fine of up to five thousand dollars ($5,000) for each violation. The fines and penalties provided in this section are in addition to any other rights and remedies provided by law.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991. Amended by Stats.2000, c. 565 (A.B.1950), § 5; Stats.2001, c. 893 (A.B.25), § 32.)

Chapter 6 POWERS AND DUTIES OF GUARDIAN OR CONSERVATOR OF THE ESTATE

Article 2 SUPPORT AND MAINTENANCE OF WARD OR CONSERVATEE AND DEPENDENTS

§ 2420. Support, maintenance and education

(a) Subject to Section 2422, the guardian or conservator shall apply the income from the estate, so far as necessary, to the comfortable and suitable support, maintenance, and education of the ward or conservatee (including care, treatment, and support of a ward or conservatee who is a patient in a state hospital under the jurisdiction of the State Department of Mental Health or the State Department of Developmental Services) and of those legally entitled to support, maintenance, or education from the ward or conservatee, taking into account the value of the estate and the condition of life of the persons required to be furnished such support, maintenance, or education.

(b) If the income from the estate is insufficient for the purpose described in subdivision (a), the guardian or conservator may sell or give a security interest in or other lien on any personal property of the estate, or sell or mortgage or give a deed of trust on any real property of the estate, as provided in this part.

(c) When the amount paid by the guardian or conservator for the purpose described in subdivision (a) satisfies the standard set out in that subdivision, and the payments are supported by proper vouchers or other proof satisfactory to the court, the guardian or conservator shall be allowed credit for such payments when the accounts of the guardian or conservator are settled.

(d) Nothing in this section requires the guardian or conservator to obtain court authorization before making the payments authorized by this section, but nothing in this section dispenses with the need to obtain any court authorization otherwise required for a particular transaction.

(e) Nothing in this section precludes the guardian or conservator from seeking court authorization or instructions or approval and confirmation pursuant to Section 2403.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 2421. Allowance for ward or conservatee

(a) Upon petition of the guardian or conservator or the ward or conservatee, the court may authorize the guardian or conservator to pay to the ward or conservatee out of the estate a reasonable allowance for the personal use of the ward or conservatee. The allowance shall be in such amount as the court may determine to be for the best interests of the ward or conservatee.

(b) Notice of the hearing on the petition shall be given for the period and in the manner provided in Chapter 3 (commencing with Section 1460) of Part 1.

(c) The guardian or conservator is not required to account for such allowance other than to establish that it has been paid to the ward or conservatee. The funds so paid are subject to the sole control of the ward or conservatee.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 2422. Order authorizing support notwithstanding third party liability

(a) Upon petition of the guardian or conservator, the ward or conservatee, or any other interested person, the court may for good cause order the ward or conservatee to be wholly or partially supported, maintained, or educated out of the estate notwithstanding the existence of a third party legally obligated to provide such support, maintenance, or education. Such order may be made for a limited period of time. If not so limited, it continues in effect until modified or revoked.

(b) Notice of the hearing on the petition shall be given for the period and in the manner provided in Chapter 3 (commencing with Section 1460) of Part 1.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 2423. Payment of surplus income to relatives of conservatee

(a) Upon petition of the conservator, the conservatee, the spouse or domestic partner of the conservatee, or a relative within the second degree of the conservatee, the court may by order authorize or direct the conservator to pay and distribute surplus income of the estate or any part of the surplus income (not used for the support, maintenance, and education of the conservatee and of those legally entitled to support, maintenance, or education from the conservatee) to the spouse or domestic partner of the conservatee and to relatives within the second degree of the conservatee whom the conservatee would, in the judgment of the court, have aided but for the existence of the conservatorship. The court in ordering payments under this section may impose conditions if the court determines that the conservatee

would have imposed the conditions if the conservatee had the capacity to act.

(b) The granting of the order and the amounts and proportions of the payments are discretionary with the court, but the court shall consider all of the following:

(1) The amount of surplus income available after adequate provision has been made for the comfortable and suitable support, maintenance, and education of the conservatee and of those legally entitled to support, maintenance, or education from the conservatee.

(2) The circumstances and condition of life to which the conservatee and the spouse or domestic partner and relatives have been accustomed.

(3) The amount that the conservatee would in the judgment of the court have allowed the spouse or domestic partner and relatives but for the existence of the conservatorship.

(c) Notice of the hearing on the petition shall be given for the period and in the manner provided in Chapter 3 (commencing with Section 1460) of Part 1.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991. Amended by Stats.2001, c. 893 (A.B.25), § 34.)

Article 7 SALES

§ 2540. Court supervision; exceptions; personal residence

(a) Except as otherwise provided in Sections 2544 and 2545, and except for the sale of a conservatee's personal residence as set forth in subdivision (b), sales of real or personal property of the estate under this article are subject to authorization, confirmation, or direction of the court, as provided in this article.

(b) In seeking authorization to sell a conservatee's present or former personal residence, the conservator shall notify the court that the personal residence is proposed to be sold and that the conservator has discussed the proposed sale with the conservatee. In addition, the conservator shall inform the court whether the conservatee supports or is opposed to the proposed sale and shall describe the circumstances that necessitate the proposed sale, including whether the conservatee has the ability to live in the residence. The court, in its discretion, may require the court investigator to discuss the proposed sale with the conservatee. This subdivision shall not apply when the conservator is granted the power to sell real property of the estate pursuant to Section 2590.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 2541. Purpose

The guardian or conservator may sell real or personal property of the estate in any of the following cases:

(a) Where the income of the estate is insufficient for the comfortable and suitable support, maintenance, and education of the ward or conservatee (including care, treatment, and support of the ward or conservatee if a patient in a state hospital under the jurisdiction of the State Department of Mental Health or the State Department of Developmental Services) or of those legally entitled to support, maintenance, or education from the ward or conservatee.

(b) Where the sale is necessary to pay the debts referred to in Sections 2430 and 2431.

(c) Where the sale is for the advantage, benefit, and best interest of (1) the ward or conservatee, (2) the estate, or (3) the ward or conservatee and those legally entitled to support, maintenance, or education from the ward or conservatee.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 2542. Terms of sales

(a) All sales shall be for cash or for part cash and part deferred payments. Except as otherwise provided in Sections 2544 and 2545, the terms of sale are subject to the approval of the court.

(b) If real property is sold for part deferred payments, the guardian or conservator shall take the note of the purchaser for the unpaid portion of the purchase money, with a mortgage or deed of trust on the property to secure payment of the note. The mortgage or deed of trust shall be subject only to encumbrances existing at the date of sale and such other encumbrances as the court may approve.

(c) If real or personal property of the estate sold for part deferred payments consists of an undivided interest, a joint tenancy interest, or any other interest less than the entire ownership, and the owner or owners of the remaining interests in the property join in the sale, the note and deed of trust or mortgage may be made to the ward or conservatee and the other owner or owners.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 2543. Manner of sale

(a) If estate property is required or permitted to be sold, the guardian or conservator may:

(1) Use discretion as to which property to sell first.

(2) Sell the entire interest of the estate in the property or any lesser interest therein.

(3) Sell the property either at public auction or private sale.

(b) Subject to Section 1469, unless otherwise specifically provided in this article, all proceedings concerning sales by guardians or conservators, giving notice of sale, reselling the same property, return of sale and application for confirmation thereof, notice and hearing of such application, making orders authorizing sales, rejecting or confirming sales and reports of sales, ordering and making conveyances of property sold, and allowance of commissions, shall conform, as nearly as may be, to the provisions of this code concerning sales by a personal representative, other than the Independent Administration of Estates Act, Part 6 (commencing with Section 10400) of Division 7.

(c) The clerk of the court shall cause notice to be posted pursuant to subdivision (b) only in the following cases:

(1) Where posting of notice of hearing is required on a petition for the confirmation of a sale of real or personal property of the estate.

(2) Where posting of notice of a sale governed by Section 10250 (sales of personal property) is required or authorized.

(3) In any case where posting of notice is ordered by the court.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 2544. Sale of securities

(a) Except as specifically limited by order of the court, subject to Section 2541, the guardian or conservator may sell securities without authorization, confirmation, or direction of the court if any of the following conditions is satisfied:

(1) The securities are to be sold on an established stock or bond exchange.

(2) The securities to be sold are securities designated as a national market system security on an interdealer quotation system or subsystem thereof, by the National Association of Securities Dealers, Inc., sold through a broker–dealer registered under the Securities Exchange Act of 1934 during the regular course of business of the broker–dealer.

(3) The securities are to be directly redeemed by the issuer thereof.

(b) Section 2543 does not apply to sales under this section.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991. Amended by Stats.1996, c. 86 (A.B.2146), § 2.)

§ 2544.5. Sale of mutual funds held without beneficiary designation

Except as specifically limited by the court, subject to Section 2541, the guardian or conservator may sell mutual funds held without designation of a beneficiary without authorization, confirmation, or direction of the court. Section 2543 does not apply to sales under this section.

(Added by Stats.1996, c. 86 (A.B.2146), § 2.5.)

§ 2545. Sale or other disposition of tangible personal property

(a) Subject to subdivisions (b) and (c) and to Section 2541, the guardian or conservator may sell or exchange tangible personal property of the estate without authorization, confirmation, or direction of the court.

(b) The aggregate of the sales or exchanges made during any calendar year under this section may not exceed five thousand dollars ($5,000).

(c) A sale or exchange of personal effects or of furniture or furnishings used for personal, family, or household purposes may be made under this section only if:

(1) In the case of a guardianship, the ward is under the age of 14 or, if 14 years of age or over, consents to the sale or exchange.

(2) In the case of a conservatorship, the conservatee either (i) consents to the sale or exchange or (ii) the conservatee does not have legal capacity to give such consent.

(d) Failure of the guardian or conservator to observe the limitations of subdivision (b) or (c) does not invalidate the title of, or impose any liability upon, a third person who acts in good faith and without actual notice of the lack of authority of the guardian or conservator.

(e) Subdivision (b) of Section 2543 does not apply to sales under this section.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 2547. Disposition of proceeds of sale

The guardian or conservator shall apply the proceeds of the sale to the purposes for which it was made, as far as necessary, and the residue, if any, shall be managed as the other property of the estate.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 2548. Recovery of property sold; limitation of action

No action for the recovery of any property sold by a guardian or conservator may be maintained by the ward or conservatee or by any person claiming under the ward or conservatee unless commenced within the later of the following times:

(a) Three years after the termination of the guardianship or conservatorship.

(b) When a legal disability to sue exists by reason of minority or otherwise at the time the cause of action accrues, within three years after the removal thereof.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

Article 10 SUBSTITUTED JUDGMENT

§ 2580. Petition to authorize proposed action

(a) The conservator or other interested person may file a petition under this article for an order of the court authorizing or requiring the conservator to take a proposed action for any one or more of the following purposes:

(1) Benefiting the conservatee or the estate.

(2) Minimizing current or prospective taxes or expenses of administration of the conservatorship estate or of the estate upon the death of the conservatee.

(3) Providing gifts for any purposes, and to any charities, relatives (including the other spouse or domestic partner), friends, or other objects of bounty, as would be likely beneficiaries of gifts from the conservatee.

(b) The action proposed in the petition may include, but is not limited to, the following:

(1) Making gifts of principal or income, or both, of the estate, outright or in trust.

(2) Conveying or releasing the conservatee's contingent and expectant interests in property, including marital property rights and any right of survivorship incident to joint tenancy or tenancy by the entirety.

(3) Exercising or releasing the conservatee's powers as donee of a power of appointment.

(4) Entering into contracts.

(5) Creating for the benefit of the conservatee or others, revocable or irrevocable trusts of the property of the estate, which trusts may extend beyond the conservatee's disability or life. A special needs trust for money paid pursuant to a compromise or judgment for a conservatee may be established only under Chapter 4 (commencing with Section 3600) of Part 8, and not under this article.

(6) Transferring to a trust created by the conservator or conservatee any property unintentionally omitted from the trust.

(7) Exercising options of the conservatee to purchase or exchange securities or other property.

(8) Exercising the rights of the conservatee to elect benefit or payment options, to terminate, to change beneficiaries or ownership, to assign rights, to borrow, or to receive cash value in return for a surrender of rights under any of the following:

(A) Life insurance policies, plans, or benefits.

(B) Annuity policies, plans, or benefits.

(C) Mutual fund and other dividend investment plans.

(D) Retirement, profit sharing, and employee welfare plans and benefits.

(9) Exercising the right of the conservatee to elect to take under or against a will.

(10) Exercising the right of the conservatee to disclaim any interest that may be disclaimed under Part 8 (commencing with Section 260) of Division 2.

(11) Exercising the right of the conservatee (A) to revoke or modify a revocable trust or (B) to surrender the right to revoke or modify a revocable trust, but the court shall not authorize or require the conservator to exercise the right to revoke or modify a revocable trust if the instrument governing the trust (A) evidences an intent to reserve the right of revocation or modification exclusively to the conservatee, (B) provides expressly that a conservator may not revoke or modify the trust, or (C) otherwise evidences an intent that would be inconsistent with authorizing or requiring the conservator to exercise the right to revoke or modify the trust.

(12) Making an election referred to in Section 13502 or an election and agreement referred to in Section 13503.

(13) Making a will.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991. Amended by Stats.1992, c. 355 (A.B.3328), § 1; Stats.1992, c. 572 (S.B.1455), § 6.5; Stats.1995, c. 730 (A.B.1466), § 4; Stats.1999, c; 175 (A.B.239), § 3; Stats.2001, c. 893 (A.B.25), § 38.)

§ 2581. Notice of hearing of petition

Notice of the hearing of the petition shall be given, regardless of age, for the period and in the manner provided in Chapter 3 (commencing with Section 1460) or Part 1 to all of the following:

(a) The persons required to be given notice under Chapter 3 (commencing with Section 1460) of Part 1.

(b) The persons required to be named in a petition for the appointment of a conservator.

(c) So far as is known to the petitioner, beneficiaries under any document executed by the conservatee which may have testamentary effect unless the court for good cause dispenses with such notice.

(d) So far as is known to the petitioner, the persons who, if the conservatee were to die immediately, would be the conservatee's heirs under the laws of intestate succession unless the court for good cause dispenses with such notice.

(e) Such other persons as the court may order.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991. Amended by Stats.1996, c. 862 (A.B.2751), § 8.)

§ 2582. Consent or lack of capacity of conservatee; adequate provision for conservatee and dependents

The court may make an order authorizing or requiring the proposed action under this article only if the court determines all of the following:

(a) The conservatee either (1) is not opposed to the proposed action or (2) if opposed to the proposed action, lacks legal capacity for the proposed action.

(b) Either the proposed action will have no adverse effect on the estate or the estate remaining after the proposed action is taken will be adequate to provide for the needs of the conservatee and for the

support of those legally entitled to support, maintenance, and education from the conservatee, taking into account the age, physical condition, standards of living, and all other relevant circumstances of the conservatee and those legally entitled to support, maintenance, and education from the conservatee.
(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 2583. Proposed actions by court; relevant circumstances

In determining whether to authorize or require a proposed action under this article, the court shall take into consideration all the relevant circumstances, which may include, but are not limited to, the following:

(a) Whether the conservatee has legal capacity for the proposed transaction and, if not, the probability of the conservatee's recovery of legal capacity.

(b) The past donative declarations, practices, and conduct of the conservatee.

(c) The traits of the conservatee.

(d) The relationship and intimacy of the prospective donees with the conservatee, their standards of living, and the extent to which they would be natural objects of the conservatee's bounty by any objective test based on such relationship, intimacy, and standards of living.

(e) The wishes of the conservatee.

(f) Any known estate plan of the conservatee (including, but not limited to, the conservatee's will, any trust of which the conservatee is the settlor or beneficiary, any power of appointment created by or exercisable by the conservatee, and any contract, transfer, or joint ownership arrangement with provisions for payment or transfer of benefits or interests at the conservatee's death to another or others which the conservatee may have originated).

(g) The manner in which the estate would devolve upon the conservatee's death, giving consideration to the age and the mental and physical condition of the conservatee, the prospective devisees or heirs of the conservatee, and the prospective donees.

(h) The value, liquidity, and productiveness of the estate.

(i) The minimization of current or prospective income, estate, inheritance, or other taxes or expenses of administration.

(j) Changes of tax laws and other laws which would likely have motivated the conservatee to alter the conservatee's estate plan.

(k) The likelihood from all the circumstances that the conservatee as a reasonably prudent person would take the proposed action if the conservatee had the capacity to do so.

(*l*) Whether any beneficiary is a person described in paragraph (1) of subdivision (b) of Section 21350.

(m) Whether a beneficiary has committed physical abuse, neglect, false imprisonment, or fiduciary abuse against the conservatee after the conservatee was substantially unable to manage his or her financial resources, or resist fraud or undue influence, and the conservatee's disability persisted throughout the time of the hearing on the proposed substituted judgment.
(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991. Amended by Stats.1992, c. 871 (A.B.2975), § 6; Stats.1993, c. 293 (A.B.21), § 3; Stats.1998, c. 935 (S.B.1715), § 5.)

§ 2584. Determination and order

After hearing, the court, in its discretion, may approve, modify and approve, or disapprove the proposed action and may authorize or direct the conservator to transfer or dispose of assets or take other action as provided in the court's order.
(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 2585. No duty to propose action

Nothing in this article imposes any duty on the conservator to propose any action under this article, and the conservator is not liable for failure to propose any action under this article.
(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 2586. Production of conservatee's will and other relevant estate plan documents; safekeeping of documents by custodian appointed by the court

(a) As used in this section, "estate plan of the conservatee" includes, but is not limited to, the conservatee's will, any trust of which the conservatee is the settlor or beneficiary, any power of appointment created by or exercisable by the conservatee, and any contract, transfer, or joint ownership arrangement with provisions for payment or transfer of benefits or interests at the conservatee's death to another or others which the conservatee may have originated.

(b) Notwithstanding Article 3 (commencing with Section 950) of Chapter 4 of Division 8 of the Evidence Code (lawyer–client privilege), the court, in its discretion, may order that any person having possession of any document constituting all or part of the estate plan of the conservatee shall deliver the document to the court for examination by the court, and, in the discretion of the court, by the attorneys for the persons who have appeared in the proceedings under this article, in connection with the petition filed under this article.

(c) Unless the court otherwise orders, no person who examines any document produced pursuant to an order under this section shall disclose the contents of the document to any other person. If that disclosure is made, the court may adjudge the person making the disclosure to be in contempt of court.

(d) For good cause, the court may order that a document constituting all or part of the estate plan of the conservatee, whether or not produced pursuant to an order under this section, shall be delivered for safekeeping to the custodian designated by the court. The court may impose those conditions it determines are appropriate for holding and safeguarding the document. The court may authorize the conservator to take any action a depositor may take under Part 15 (commencing with Section 700) of Division 2.
(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991. Amended by Stats.1993, c. 519 (A.B.209), § 5.)

Chapter 7 INVENTORY AND ACCOUNTS

Article 2 INVENTORY AND APPRAISAL OF ESTATE

§ 2610. Filing inventory and appraisal

(a) Within 90 days after appointment, or within such further time as the court for reasonable cause upon ex parte petition of the guardian or conservator may allow, the guardian or conservator shall file with the clerk of the court an inventory and appraisal of the estate, made as of the date of the appointment of the guardian or conservator.

(b) The guardian or conservator shall take and subscribe to an oath that the inventory contains a true statement of all of the estate of the ward or conservatee of which the guardian or conservator has possession or knowledge. The oath shall be endorsed upon or annexed to the inventory.

(c) The property described in the inventory shall be appraised in the manner provided for the inventory and appraisal of estates of decedents. The guardian or conservator may appraise the assets that a personal representative could appraise under Section 8901.

(d) If a conservatorship is initiated pursuant to the Lanterman–Petris–Short Act (Part 1 (commencing with Section 5000) of Division 5 of the Welfare and Institutions Code) and no sale of the estate will occur:

(1) The inventory and appraisal required by subdivision (a) shall be filed within 90 days after appointment of the conservator.

(2) The property described in the inventory may be appraised by the conservator and need not be appraised by a probate referee.
(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 2611. Copy to directors of mental health or developmental services

If the ward or conservatee is or has been during the guardianship or conservatorship a patient in a state hospital under the jurisdiction

of the State Department of Mental Health or the State Department of Developmental Services, the guardian or conservator shall mail a copy of the inventory and appraisal filed under Section 2610 to the director of the appropriate department at the director's office in Sacramento not later than 15 days after the inventory and appraisal is filed with the court. Compliance with this section is not required if an unrevoked certificate described in subdivision (c) of Section 1461 is on file with the court with respect to the ward or conservatee.
(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 2612. Copy to county assessor

If a timely request is made, the clerk of court shall mail a copy of the inventory and appraisal filed under Section 2610 to the county assessor.
(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 2613. Subsequently discovered or acquired property; supplemental inventory and appraisement

Whenever any property of the ward or conservatee is discovered that was not included in the inventory, or whenever any other property is received by the ward or conservatee or by the guardian or conservator on behalf of the ward or conservatee (other than by the actions of the guardian or conservator in the investment and management of the estate), the guardian or conservator shall file a supplemental inventory and appraisal for that property and like proceedings shall be followed with respect thereto as in the case of an original inventory, but the appraisal shall be made as of the date the property was so discovered or received.
(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 2614. Objections to appraisals

(a) Within 30 days after the inventory and appraisal is filed, the guardian or conservator or any creditor or other interested person may file written objections to any or all appraisals. The clerk shall set the objections for hearing not less than 15 days after their filing.

(b) Notice of the hearing, together with a copy of the objections, shall be given for the period and in the manner provided in Chapter 3 (commencing with Section 1460) of Part 1. If the appraisal was made by a probate referee, the person objecting shall also mail notice of the hearing and a copy of the objection to the probate referee at least 15 days before the time set for the hearing.

(c) The court shall determine the objections and may fix the true value of any asset to which objection has been filed. For the purpose of this subdivision, the court may cause an independent appraisal or appraisals to be made by at least one additional appraiser at the expense of the estate or, if the objecting party is not the guardian or conservator and the objection is rejected by the court, the court may assess the cost of any such additional appraisal or appraisals against the objecting party.
(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 2614.5. Failure to file inventory and appraisal; removal of guardian or conservator

(a) If the guardian or conservator fails to file an inventory and appraisal within the time allowed by law or by court order, upon request of the ward or conservatee, the spouse of the ward or the spouse or domestic partner of the conservatee, any relative or friend of the ward or conservatee, or any interested person, the court shall order the guardian or conservator to file the inventory and appraisal within the time prescribed in the order or to show cause why the guardian or conservator should not be removed. The person who requested the order shall serve it upon the guardian or conservator in the manner provided in Section 415.10 or 415.30 of the Code of Civil Procedure or in a manner as is ordered by the court.

(b) If the guardian or conservator fails to file the inventory and appraisal as required by the order within the time prescribed in the order, unless good cause is shown for not doing so, the court, on its own motion or on petition, may remove the guardian or conservator, revoke the letters of guardianship or conservatorship, and enter judgment accordingly, and order the guardian or conservator to file an account and to surrender the estate to the person legally entitled thereto.

(c) The procedure provided in this section is optional and does not preclude the use of any other remedy or sanction when an inventory and appraisal is not timely filed.
(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991. Amended by Stats.2001, c. 893 (A.B.25), § 39.)

§ 2615. Failure to file inventory; liability; damages; bond

If a guardian or conservator fails to file any inventory required by this article within the time prescribed by law or by court order, the guardian or conservator is liable for damages for any injury to the estate, or to any interested person, directly resulting from the failure timely to file the inventory. Damages awarded pursuant to this section are a personal liability of the guardian or conservator and a liability on the bond, if any.
(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

Article 3 ACCOUNTS

§ 2620. Periodic accounting of guardian or conservator; final court accounting; filing of original account statements

(a) At the expiration of one year from the time of appointment and thereafter not less frequently than biennially, unless otherwise ordered by the court, the guardian or conservator shall present the accounting of the assets of the estate of the ward or conservatee to the court for settlement and allowance in the manner provided in Chapter 4 (commencing with Section 1060) of Part 1 of Division 3.

(b) The final court accounting of the guardian or conservator following the death of the ward or conservatee shall include a court accounting for the period that ended on the date of death and a separate accounting for the period subsequent to the date of death.

(c) Along with each court accounting, the guardian or conservator shall file all original account statements from any institution, as defined in Section 2890, or any financial institution, as defined in Section 2892, in which money or other assets of the estate are held or deposited, showing the balance as of the close of the accounting period of the court accounting. If the court accounting is the first court accounting of the guardianship or conservatorship, the guardian or conservator shall provide to the court the account statement for the account balance immediately preceding the date the conservator or guardian was appointed and the account statement or statements for the account through the closing date of the first court accounting. This subdivision shall not apply to the public guardian if the money belonging to the estate is pooled with money belonging to other estates pursuant to Section 2940 and Article 3 (commencing with Section 7640) of Chapter 4 of Part 1 of Division 7. Nothing in this section shall affect any other duty or responsibility of the public guardian with regard to managing money belonging to the estate or filing accountings with the court.

(d) If any document to be filed with the court under this section contains the ward or conservatee's social security number or any other personal information regarding the ward or conservatee that would not ordinarily be disclosed in a court accounting, an inventory and appraisal, or other nonconfidential pleadings filed in the action, the account statement shall be attached to a separate affidavit describing the character of the document in proper form for filing, captioned "CONFIDENTIAL FINANCIAL STATEMENT" in capital letters. Except as otherwise ordered by the court, the clerk of the court shall keep the document confidential except to the court and subject to disclosure only upon an order of the court.
(Added by Stats.1996, c. 862 (A.B.2751), § 10, operative July 1, 1997. Amended by Stats.1998, c. 581 (A.B.2801), § 22; Stats.2000, c. 565 (A.B.1950), § 9; Stats.2001, c. 232 (A.B.1517), § 1; Stats.2001, c. 563 (A.B.1286), § 6.)

§ 2620.2. Failure to file account; notice; citation; contempt; removal

(a) Whenever the conservator or guardian has failed to file an account as required by Section 2620, the court shall require that written notice be given to the conservator or guardian and the attorney of record for the conservatorship or guardianship directing the conservator or guardian to file an account and to set the account for hearing before the court within 60 days of the date of the notice or, if the conservator or guardian is a public agency, within 120 days of the date of the notice.

(b) Failure to file the account within the time specified in the notice and any additional time allowed by the court under subdivision (a), or within 45 days of actual receipt of the notice, whichever is later, shall constitute a contempt of the authority of the court as described in Section 1209 of the Code of Civil Procedure.

(c) If the conservator or guardian does not file an account and set the account for hearing as required by Section 2620 the court shall do one or more of the following:

(1) Remove the conservator or guardian as provided under Article 1 (commencing with Section 2650) of Chapter 9 of Part 4 of Division 4.

(2) Issue and serve a citation requiring a guardian or conservator who does not file a required account to appear and show cause why the guardian or conservator should not be punished for contempt. If the guardian or conservator purposely evades personal service of the citation, the guardian or conservator shall be removed from office.

(3) Suspend the powers of the conservator or guardian and appoint a temporary conservator or guardian, who shall take possession of the assets of the conservatorship or guardianship, investigate the actions of the conservator or guardian, and petition for surcharge if this is in the best interest of the ward or conservatee. Compensation for the temporary conservator or guardian, and counsel for the temporary conservator or guardian, shall be treated as a surcharge against the conservator or guardian, and if unpaid shall be considered a breach of condition of the bond, unless for good cause shown the court finds that the temporary conservator or guardian, and counsel for the temporary conservator or guardian, shall be compensated from the estate.

(4)(A) Appoint legal counsel to represent the ward or conservatee if the court has not suspended the powers of the conservator or guardian and appoint a temporary conservator or guardian pursuant to paragraph (3). Compensation for the counsel appointed for the ward or conservatee shall be treated as a surcharge against the conservator or guardian, and if unpaid shall be considered a breach of a condition on the bond, unless for good cause shown the court finds that counsel for the ward or conservatee shall be compensated according to Section 1470. The court shall order the legal counsel to do one or more of the following:

(i) Investigate the actions of the conservator or guardian, and petition for surcharge if this is in the best interest of the ward or conservatee.

(ii) Recommend to the court whether the conservator or guardian should be removed.

(iii) Recommend to the court whether money or other property in the estate should be deposited pursuant to Section 2453, 2453.5, 2454, or 2455 to be subject to withdrawal only upon authorization of the court.

(B) After resolution of the matters for which legal counsel was appointed in subparagraph (A), the court shall terminate the appointment of legal counsel, unless the court determines that continued representation of the ward or conservatee and the estate is necessary and reasonable.

(5) Order that money or property in the estate be deposited pursuant to Section 2453, 2453.5, 2454, or 2455 to be subject to withdrawal only upon authorization of the court.

(6) Grant, upon ex parte application or such notice as the court may require, time to file the account, not to exceed an additional 60 days after the expiration of the deadline described in subdivision (a), where the court finds there is good cause and that the estate is adequately bonded. After expiration of any extensions, if the account has not been filed, the court shall take action as described in paragraphs (1) to (5), inclusive.

(d) Subdivision (c) does not preclude the court from additionally taking any other appropriate action in response to a failure to file a proper accounting in a timely manner.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991. Amended by Stats.1991, c. 1019 (S.B.1022), § 6; Stats.1992, c. 572 (S.B.1455), § 7; Stats.2001, c. 359 (S.B.140), § 4; Stats.2002, c. 664 (A.B.3034), § 178.5.)

§ 2621. Notice of hearing

Notice of the hearing on the account of the guardian or conservator shall be given for the period and in the manner provided in Chapter 3 (commencing with Section 1460) of Part 1. If notice is required to be given to the Director of Mental Health or the Director of Developmental Services under Section 1461, the account shall not be settled or allowed unless notice has been given as provided in Section 1461.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 2622. Objections to account

The ward or conservatee, the spouse of the ward or the spouse or domestic partner of the conservatee, any relative or friend of the ward or conservatee, or any creditor or other interested person may file written objections to the account of the guardian or conservator, stating the items of the account to which objection is made and the basis for the objection.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991. Amended by Stats.2001, c. 893 (A.B.25), § 40.)

§ 2622.5. Objections or opposition to objections without reasonable cause or in bad faith; payment of costs and expenses; personal liability

(a) If the court determines that the objections were without reasonable cause and in bad faith, the court may order the objector to pay the compensation and costs of the conservator or guardian and other expenses and costs of litigation, including attorney's fees, incurred to defend the account. The objector shall be personally liable to the guardianship or conservatorship estate for the amount ordered.

(b) If the court determines that the opposition to the objections was without reasonable cause and in bad faith, the court may award the objector the costs of the objector and other expenses and costs of litigation, including attorney's fees, incurred to contest the account. The amount awarded is a charge against the compensation of the guardian or conservator, and the guardian or conservator is liable personally and on the bond, if any, for any amount that remains unsatisfied.

(Added by Stats.1996, c. 563 (S.B.392), § 12.)

§ 2623. Compensation and expenses of guardian or conservator

The guardian or conservator shall be allowed all of the following:

(a) The amount of the reasonable expenses incurred in the exercise of the powers and the performance of the duties of the guardian or conservator (including, but not limited to, the cost of any surety bond furnished, reasonable attorney's fees, and such compensation for services rendered by the guardian or conservator of the person as the court determines is just and reasonable).

(b) Such compensation for services rendered by the guardian or conservator as the court determines is just and reasonable.

(c) All reasonable disbursements made before appointment as guardian or conservator.

(d) In the case of termination other than by the death of the ward or conservatee, all reasonable disbursements made after the termination of the guardianship or conservatorship but prior to the discharge of the guardian or conservator by the court.

(e) In the case of termination by the death of the ward or conservatee, all reasonable expenses incurred prior to the discharge of the guardian or conservator by the court for the custody and conservation of the estate and its delivery to the personal representative of the estate of the deceased ward or conservatee or in making other disposition of the estate as provided for by law.
(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 2625. Review of sales, purchases and other transactions

Any sale or purchase of property or other transaction not previously authorized, approved, or confirmed by the court is subject to review by the court upon the next succeeding account of the guardian or conservator occurring after the transaction. Upon such account and review, the court may hold the guardian or conservator liable for any violation of duties in connection with the sale, purchase, or other transaction. Nothing in this section shall be construed to affect the validity of any sale or purchase or other transaction.
(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 2626. Termination of proceeding upon exhaustion of estate

If it appears upon the settlement of any account that the estate has been entirely exhausted through expenditures or disbursements which are approved by the court, the court, upon settlement of the account, shall order the proceeding terminated and the guardian or conservator forthwith discharged unless the court determines that there is reason to continue the proceeding.
(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 2627. Settlement of accounts and release by ward; discharge of guardian

(a) After a ward has reached majority, the ward may settle accounts with the guardian and give the guardian a release which is valid if obtained fairly and without undue influence.

(b) Except as otherwise provided by this code, a guardian is not entitled to a discharge until one year after the ward has attained majority.
(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 2628. Public benefit payments; procedure; conditions

(a) As used in this section, "public benefit payments" means payments received or to be received under either or both of the following:

(1) Part 3 (commencing with Section 11000) of, Part 4 (commencing with Section 16000) of, or Part 5 (commencing with Section 17000) of, Division 9 of the Welfare and Institutions Code.

(2) Subchapter II (commencing with Section 401) of, or Part A of Subchapter XVI (commencing with Section 1382) of, Chapter 7 of Title 42 of the United States Code.

(b) The court may make an order that the guardian or conservator need not present the accounts otherwise required by this chapter so long as all of the following conditions are satisfied:

(1) The estate at the beginning and end of the accounting period for which an account is otherwise required consisted of property, exclusive of the residence of the ward or conservatee, of a total net value of less than seven thousand five hundred dollars ($7,500).

(2) The income of the estate for each month of the accounting period, exclusive of public benefit payments, was less than one thousand dollars ($1,000).

(3) All income of the estate during the accounting period, if not retained, was spent for the benefit of the ward or conservatee.

(c) Notwithstanding that the court has made an order under subdivision (b), the ward or conservatee or any interested person may petition the court for an order requiring the guardian or conservator to present an account as otherwise required by this chapter or the court on its own motion may make that an order. An order under this subdivision may be made ex parte or on such notice of hearing as the court in its discretion requires.

(d) For any accounting period during which all of the conditions of subdivision (b) are not satisfied, the guardian or conservator shall present the account as otherwise required by this chapter.
(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991. Amended by Stats.1991, c. 1019 (S.B.1022), § 7; Stats.1998, c. 103 (S.B.1487), § 1.)

Chapter 9.5 APPOINTMENT OF SUCCESSOR GUARDIAN OR CONSERVATOR

Article 2 APPOINTMENT OF SUCCESSOR CONSERVATOR

§ 2680. Vacancy; appointment of successor

When for any reason a vacancy occurs in the office of conservator, the court may appoint a successor conservator in the manner provided in this article.
(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 2681. Petition; filing; persons or entities authorized

A petition for appointment of a successor conservator may be filed by any of the following:

(a) The conservatee.

(b) The spouse or domestic partner of the conservatee.

(c) A relative of the conservatee.

(d) Any interested state or local entity or agency of this state or any interested public officer or employee of this state or of a local public entity of this state.

(e) Any other interested person or friend of the conservatee.
(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991. Amended by Stats.2001, c. 893 (A.B.25), § 43.)

§ 2682. Petition; contents

(a) The petition shall request that a successor conservator be appointed for the person or estate, or both, and shall specify the name and address of the proposed successor conservator and the name and address of the conservatee.

(b) The petition shall set forth, so far as they are known to the petitioner, the names and addresses of the spouse or domestic partner and of the relatives of the conservatee within the second degree.

(c) If the petition is filed by one other than the conservatee, the petition shall state whether or not the petitioner is a creditor or debtor of the conservatee.

(d) If the conservatee is a patient in or on leave of absence from a state institution under the jurisdiction of the State Department of Mental Health or the State Department of Developmental Services and that fact is known to the petitioner, the petition shall state that fact and name the institution.

(e) The petition shall state, so far as is known to the petitioner, whether or not the conservatee is receiving or is entitled to receive benefits from the Veterans Administration and the estimated amount of the monthly benefit payable by the Veterans Administration for the conservatee.

(f) The petition shall state whether or not the conservatee will be present at the hearing.
(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991. Amended by Stats.2001, c. 893 (A.B.25), § 44.)

§ 2683. Notice of hearing; time and place; mailing

(a) At least 15 days before the hearing on the petition for appointment of a successor conservator, notice of the time and place of the hearing shall be given as provided in this section. The notice shall be accompanied by a copy of the petition.

(b) Notice shall be mailed to the persons designated in Section 1460 and to the relatives named in the petition.

(c) If notice is required by Section 1461 to be given to the Director of Mental Health or the Director of Developmental Services, notice shall be mailed as so required.

(d) If notice is required by Section 1461.5 to be given to the Veterans Administration, notice shall be mailed as so required.
(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991. Amended by Stats.1994, c. 806 (A.B.3686), § 19.)

§ 2684. Court investigator; duties

Unless the petition states that the conservatee will be present at the hearing, the court investigator shall do all of the following:

(a) Interview the conservatee personally.

(b) Inform the conservatee of the nature of the proceeding to appoint a successor conservator, the name of the person proposed as successor conservator, and the conservatee's right to appear personally at the hearing, to object to the person proposed as successor conservator, to nominate a person to be appointed as successor conservator, to be represented by legal counsel if the conservatee so chooses, and to have legal counsel appointed by the court if unable to retain legal counsel.

(c) Determine whether the conservatee objects to the person proposed as successor conservator or prefers another person to be appointed.

(d) If the conservatee is not represented by legal counsel, determine whether the conservatee wishes to be represented by legal counsel and, if so, determine the name of an attorney the conservatee wishes to retain or whether the conservatee desires the court to appoint legal counsel.

(e) Determine whether the appointment of legal counsel would be helpful to the resolution of the matter or is necessary to protect the interests of the conservatee in any case where the conservatee does not plan to retain legal counsel and has not requested the appointment of legal counsel by the court.

(f) Report to the court in writing, at least five days before the hearing, concerning all of the foregoing, including the conservatee's express communications concerning representation by legal counsel and whether the conservatee objects to the person proposed as successor conservator or prefers that some other person be appointed.

(g) Mail, at least five days before the hearing, a copy of the report referred to in subdivision (f) to all of the following:

(1) The attorney, if any, for the petitioner.

(2) The attorney, if any, for the conservatee.

(3) Such other persons as the court orders.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 2685. Presence of conservatee at hearing; duty of court

If the conservatee is present at the hearing, prior to making an order appointing a successor conservator the court shall do all of the following:

(a) Inform the conservatee of the nature and purpose of the proceeding.

(b) Inform the conservatee that the conservatee has the right to object to the person proposed as successor conservator, to nominate a person to be appointed as successor conservator, and, if not represented by legal counsel, to be represented by legal counsel if the conservatee so chooses and to have legal counsel appointed by the court if unable to retain legal counsel.

(c) After the court so informs the conservatee, the court shall consult the conservatee to determine the conservatee's opinion concerning the question of who should be appointed as successor conservator.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 2686. Absence of conservatee from hearing; continuance; duties of court investigator

If the petition states that the conservatee will be present at the hearing and the conservatee fails to appear at the hearing, the court shall continue the hearing and direct the court investigator to perform the duties set forth in Section 2684.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 2687. Persons authorized to support or oppose petition

The conservatee, the spouse, the domestic partner, or any relative or friend of the conservatee, or any other interested person may appear at the hearing to support or oppose the petition.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991. Amended by Stats.2001, c. 893 (A.B.25), § 45.)

§ 2688. Appointment; determination; law governing

(a) The court shall determine the question of who should be appointed as successor conservator according to the provisions of Article 2 (commencing with Section 1810) of Chapter 1 of Part 3.

(b) The order appointing the successor conservator shall contain, among other things, the names, addresses and telephone numbers of the successor conservator, the conservatee's attorney, if any, and the court investigator, if any.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 2689. Absentee conservatee; applicable provisions

If the conservatee is an "absentee" as defined in Section 1403:

(a) The petition for appointment of a successor conservator shall contain the matters required by Section 1841 in addition to the matters required by Section 2682.

(b) Notice of the hearing shall be given as provided by Section 1842 in addition to the requirements of Section 2683, except that notice need not be given to the conservatee.

(c) An interview and report by the court investigator is not required.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

Part 5 PUBLIC GUARDIAN

Chapter 2 APPOINTMENT OF PUBLIC GUARDIAN

§ 2920. Application for appointment; court order; notice and hearing

If any person domiciled in the county requires a guardian or conservator and there is no one else who is qualified and willing to act and whose appointment as guardian or conservator would be in the best interest of the person:

(a) The public guardian may apply for appointment as guardian or conservator of the person, the estate, or the person and estate.

(b) The public guardian shall apply for appointment as guardian or conservator of the person, the estate, or the person and estate, if the court so orders. The court may make an order under this subdivision on motion of an interested person or on the court's own motion in a pending proceeding or in a proceeding commenced for that purpose. The court shall not make an order under this subdivision except after notice to the public guardian for the period and in the manner provided in Chapter 3 (commencing with Section 1460) of Part 1, consideration of the alternatives, and a determination by the court that the appointment is necessary. The notice and hearing under this subdivision may be combined with the notice and hearing required for appointment of a guardian or conservator.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 2920.5. Submission of fingerprints of, and information regarding, person being investigated as potential conservator; persons or entities authorized to make submissions; types of information

(a)(1) When a court or an agency designated to perform adult protective services refers a conservatee or potential conservatee to a person or entity listed in paragraph (2), that person or entity may submit to the Department of Justice the fingerprints of, and information regarding, a person who is being investigated as a potential conservator. A potential conservatee also may request that fingerprints and information regarding a person being investigated as a potential conservator be submitted to the Department of Justice, if the person being investigated has offered to provide assistance that may make a conservatorship unnecessary. The person or entity listed in paragraph (2) shall inform the potential conservatee of this right. If the potential conservatee requests this background check, the person or entity shall submit the necessary fingerprints and information to the Department of Justice. The Department of Justice shall provide the information described in subdivision (b). Fingerprints taken by the use of live–scan technology may be submitted.

(2) The following persons and entities are authorized to make submissions pursuant to subdivision (a):

(A) A public guardian providing conservatorship services pursuant to this part or Chapter 3 (commencing with Section 5350) of Part 2 of Division 5 of the Welfare and Institutions Code.

(B) An agency designated as a county conservatorship investigator pursuant to Section 5351 of the Welfare and Institutions Code.

(b) Upon a proper request pursuant to the provisions of subdivision (a), the Department of Justice shall provide information to the requesting person or agency regarding the existence and nature of the following:

(1) Every conviction rendered against the subject of the request for a violation or attempted violation of an offense specified in subdivision (a) of Section 15660 of the Welfare and Institutions Code. However, excepting those offenses for which registration is required pursuant to Section 290 of the Penal Code, the Department of Justice may only provide information on a conviction that occurred within 10 years of the date of the request, or on a conviction that occurred over 10 years after the date of the request, if the subject of the request was incarcerated within 10 years of the date of the request.

(2) Every arrest for a violation or attempted violation of an offense specified in subdivision (a) of Section 15660 of the Welfare and Institutions Code that the Department of Justice has established is still pending and for which the subject of the request is presently awaiting trial, whether the subject of the request is incarcerated, or has been released on bail or on his or her own recognizance pending trial.

(c) The Department of Justice may not retain fingerprints or related information submitted pursuant to this subdivision to provide subsequent arrest notification pursuant to Section 11105.2 of the Penal Code.

(d) The Department of Justice shall charge a fee sufficient to cover the cost of processing a request for information pursuant to this section. This fee shall be paid by the requesting agency.

(e) Notwithstanding subdivision (a), a private professional conservator who is in compliance with the requirements of Section 2342 in the county conducting the investigation may not be the subject of a background check pursuant to this section.

(f) The criminal records information received by a public guardian shall be kept confidential, except that it may be disclosed under seal to the court and to the attorney for the person for whom a conservatorship is being considered, when the appointment of a conservator as an alternative to the public guardian is being considered by the court. The person or entity described in paragraph (2) of subdivision (a) shall disclose the information provided by the Department of Justice to the subject of the background check. The attorney for the proposed conservatee shall keep any disclosed criminal records information confidential.

(g) The Legislative Analyst's office shall, as part of its analysis of the Budget Bill for the 2006–07 fiscal year, include a sampling of counties, to the extent that data is made available from the persons or entities listed in paragraph (2) of subdivision (a), on the annual number of requests for information that were brought pursuant to this section, and a recommendation as to whether this information helped the public guardian or other person or entity in assessing the competency and trustworthiness of a potential conservator.

(h) This section shall remain in effect only until January 1, 2007, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2007, deletes or extends that date.

(Added by Stats.2002, c. 644 (A.B.1957), § 1.)

REPEAL

For repeal of this section, see its terms.

§ 2921. Persons under jurisdiction of department of mental health or department of developmental services; consent to application

An application of the public guardian for guardianship or conservatorship of the person, the estate, or the person and estate, of a person who is under the jurisdiction of the State Department of Mental Health or the State Department of Developmental Services may not be granted without the written consent of the department having jurisdiction of the person.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 2922. Letters; bond and oath

If the public guardian is appointed as guardian or conservator:

(a) Letters shall be issued in the same manner and by the same proceedings as letters are issued to other persons. Letters may be issued to "the public guardian" of the county without naming the public guardian.

(b) The official bond and oath of the public guardian are in lieu of the guardian or conservator's bond and oath on the grant of letters.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

Part 6 MANAGEMENT OR DISPOSITION OF COMMUNITY PROPERTY WHERE SPOUSE LACKS LEGAL CAPACITY

Chapter 2 MANAGEMENT, CONTROL, AND DISPOSITION

Article 3 ENFORCEMENT OF SUPPORT OF SPOUSE WHO HAS CONSERVATOR

§ 3080. Petition for order

If one spouse has a conservator and the other spouse has the management or control of community property, the conservator or conservatee, a relative or friend of the conservatee, or any interested person may file a petition under this article in the court in which the conservatorship proceeding is pending for an order requiring the spouse who has the management or control of community property to apply the income or principal, or both, of the community property to the support and maintenance of the conservatee as ordered by the court.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 3081. Notice of hearing

(a) Notice of the hearing on the petition shall be given for the period and in the manner provided in Chapter 3 (commencing with Section 1460) of Part 1.

(b) If the spouse who has the management or control of community property is not the conservator, the petitioner shall also cause notice of the hearing and a copy of the petition to be served on that spouse in accordance with Title 5 (commencing with Section 410.10) of Part 2 of the Code of Civil Procedure.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 3082. Citation to and examination of spouse managing or controlling community property

Upon the filing of a petition under this article, the court may cite the spouse who has the management or control of community property to appear before the court, and the court and the petitioner may examine the spouse under oath concerning the community property and other matters relevant to the petition filed under this article. If the person so cited refuses to appear and submit to an examination, the court may proceed against the person as provided in Article 2 (commencing with Section 8870) of Chapter 2 of Part 3 of Division 7. Upon such examination, the court may make an order requiring the person cited to disclose his or her knowledge of the community property and other matters relevant to the petition filed under this article, and if the order is not complied with the court may proceed against the person as provided in Article 2 (commencing with Section 8870) of Chapter 2 of Part 3 of Division 7.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 3083. Support pendente lite, effect of order; modification or revocation

In any proceeding under this article, the court may, after notice and hearing, order the spouse who has the management or control of community property to pay from the community property such amount as the court determines is necessary to the support and maintenance of the conservatee spouse pending the determination of the petition under this article. An order made pursuant to this section does not prejudice the rights of the spouses or other interested parties with respect to any subsequent order which may be made under this article. Any order made under this section may be modified or revoked at any time except as to any amount that may have accrued prior to the date of filing of the petition to modify or revoke the order.
(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 3084. Current income, expense and property declarations; service and filing; forms

When a petition is filed under this article, the spouse having the management or control of community property shall serve and file a current income and expense declaration and a current property declaration on the forms prescribed by the Judicial Council for use in family law proceedings.
(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 3085. Ex parte protective orders

During the pendency of any proceeding under this article, the court, upon the application of the petitioner, may issue ex parte orders:

(a) Restraining the spouse having the management or control of community property from transferring, encumbering, hypothecating, concealing, or in any way disposing of any property, real or personal, whether community, quasi–community, or separate, except in the usual course of business or for the necessities of life.

(b) Requiring the spouse having the management or control of the community property to notify the petitioner of any proposed extraordinary expenditures and to account to the court for all such extraordinary expenditures.
(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 3086. Continuance; preparation for hearing

Any person interested in the proceeding under this article may request time for filing a response to the petition, for discovery proceedings, or for other preparation for the hearing, and the court shall grant a continuance for a reasonable time for any of such purposes.
(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 3087. Character of property; determination

In a proceeding under this article, the court may hear and determine whether property is community property or the separate property of either spouse if that issue is raised in the proceeding.
(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 3088. Application of income and principal for support and maintenance; circumstances; periodic payments; jurisdiction to modify or vacate; orders

(a) The court may order the spouse who has the management or control of community property to apply the income or principal, or both, of the community property to the support and maintenance of the conservatee (including care, treatment, and support of a conservatee who is a patient in a state hospital under the jurisdiction of the State Department of Mental Health or the State Department of Developmental Services) as ordered by the court.

(b) In determining the amount ordered for support and maintenance, the court shall consider the following circumstances of the spouses:

(1) The earning capacity and needs of each spouse.

(2) The obligations and assets, including the separate property, of each spouse.

(3) The duration of the marriage.

(4) The age and health of the spouses.

(5) The standard of living of the spouses.

(6) Any other relevant factors which it considers just and equitable.

(c) At the request of any interested person, the court shall make appropriate findings with respect to the circumstances.

(d) The court may order the spouse who has the management or control of community property to make a specified monthly or other periodic payment to the conservator of the person of the conservatee or to such other person as is designated in the order. The court may order the spouse required to make the periodic payments to give reasonable security therefor.

(e) The court may order the spouse required to make the periodic payments to assign, to the person designated in the order to receive the payments, that portion of the earnings of the spouse due or to be due in the future as will be sufficient to pay the amount ordered by the court for the support and maintenance of the conservatee. Such order operates as an assignment and is binding upon any existing or future employer upon whom a copy of the order is served. The order shall be in the form for an earnings assignment order for support prescribed by the Judicial Council for use in family law proceedings. The employer may deduct the sum of one dollar ($1) for each payment made pursuant to the order. Any such assignment made pursuant to court order shall have priority as against any execution or other assignment unless otherwise ordered by the court or unless the other assignment is made pursuant to Chapter 8 (commencing with Section 5200) of Part 5 of Division 9 of the Family Code. No employer shall use any assignment authorized by this subdivision as grounds for the dismissal of such employee. As used in this subdivision, "employer" includes the United States government and any public entity as defined in Section 811.2 of the Government Code. This subdivision applies to the money and benefits described in Sections 704.110 and 704.113 of the Code of Civil Procedure to the extent that such moneys and benefits are subject to a wage assignment for support under Chapter 4 (commencing with Section 703.010) of Division 2 of Title 9 of Part 2 of the Code of Civil Procedure.

(f) The court retains jurisdiction to modify or to vacate an order made under this section where justice requires, except as to any amount that may have accrued prior to the date of the filing of the petition to modify or revoke the order. At the request of any interested person, the order of modification or revocation shall include findings of fact and may be made retroactive to the date of the filing of the petition to revoke or modify, or to any date subsequent thereto. At least 15 days before the hearing on the petition to modify or vacate the order, the petitioner shall mail a notice of the time and place of the hearing on the petition, accompanied by a copy of the petition, to the spouse who has the management or control of the community property. Notice shall be given for the period and in the manner provided in Chapter 3 (commencing with Section 1460) of Part 1 to any other persons entitled to notice of the hearing under that chapter.

(g) In a proceeding for dissolution of the marriage or for legal separation, the court has jurisdiction to modify or vacate an order made under this section to the same extent as it may modify or vacate an order made in the proceeding for dissolution of the marriage or for legal separation.
(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991. Amended by Stats.1992, c. 163 (A.B.2641), § 130, operative Jan. 1, 1994.)

§ 3089. Division of community property; transfer of property to conservator of estate; after–acquired property

If the spouse who has the management or control of the community property refuses to comply with any order made under this article or an order made in a separate action to provide support for the conservatee spouse, upon request of the petitioner or other interested person, the court may, in its discretion, divide the community property and the quasi–community property of the spouses, as it exists at the

time of division, equally in the same manner as where a marriage is dissolved. If the property is so divided, the property awarded to each spouse is the separate property of that spouse and the court shall order that the property awarded to the conservatee spouse be transferred or paid over to the conservator of the estate of that spouse to be included in the conservatorship estate and be managed, controlled, and disposed of as a part of the conservatorship estate. The fact that property has been divided pursuant to this section has no effect on the nature of property thereafter acquired by the spouses, and the determination whether the thereafter–acquired property is community or separate property shall be made without regard to the fact that property has been divided pursuant to this section.
(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 3090. Enforcement of orders

Any order of the court made under this article may be enforced by the court by execution, the appointment of a receiver, contempt, or by such other order or orders as the court in its discretion may from time to time deem necessary.
(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 3091. Rules for practice and procedure

Notwithstanding any other provision of law, the Judicial Council may provide by rule for the practice and procedure in proceedings under this article.
(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 3092. Use of other procedures for enforcement of support obligation; authority

Nothing in this article affects or limits the right of the conservator or any interested person to institute an action against any person to enforce the duty otherwise imposed by law to support the spouse having a conservator. This article is permissive and in addition to any other procedure otherwise available to enforce the obligation of support.
(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

Chapter 3 PROCEEDING FOR PARTICULAR TRANSACTION

Article 3 PETITION

§ 3120. Permissible allegations

(a) Several proposed transactions may be included in one petition and proceeding under this chapter.

(b) The petition may contain inconsistent allegations and may request relief in the alternative.
(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 3121. Required contents

The petition shall set forth all of the following information:

(a) The name, age, and residence of each spouse.

(b) If one or both spouses is alleged to lack legal capacity for the proposed transaction, a statement that the spouse has a conservator or a statement of the facts upon which the allegation is based.

(c) If there is a conservator of a spouse, the name and address of the conservator, the county in which the conservatorship proceeding is pending, and the court number of the proceeding.

(d) If a spouse alleged to lack legal capacity for the proposed transaction is a patient in or on leave of absence from a state institution under the jurisdiction of the State Department of Mental Health or the State Department of Developmental Services, the name and address of the institution.

(e) The names and addresses of all of the following persons:

(1) Relatives within the second degree of each spouse alleged to lack legal capacity for the proposed transaction.

(2) If the petition is to provide gifts or otherwise affect estate planning of the spouse who is alleged to lack capacity, as would be properly the subject of a petition under Article 10 (commencing with Section 2580) of Chapter 6 of Part 4 (substituted judgment) in the case of a conservatorship, the names and addresses of the persons identified in Section 2581.

(f) A sufficient description of the property that is the subject of the proposed transaction.

(g) An allegation that the property is community property, and, if the proposed transaction involves property in which a spouse also has a separate property interest, an allegation of good cause to include that separate property in the transaction.

(h) The estimated value of the property.

(i) The terms and conditions of the proposed transaction, including the names of all parties thereto.

(j) The relief requested.
(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991. Amended by Stats.1996, c. 877 (A.B.1467), § 3; Stats.2003, c. 32 (A.B.167), § 3.)

§ 3122. Petition for court order authorizing transaction

If the proceeding is brought for a court order authorizing a proposed transaction, the petition shall set forth, in addition to the information required by Section 3121, all of the following:

(a) An allegation that one of the spouses has a conservator or facts establishing lack of legal capacity of the spouse for the proposed transaction.

(b) An allegation that the other spouse has legal capacity for the proposed transaction or has a conservator.

(c) An allegation that each spouse either: (1) joins in or consents to the proposed transaction, (2) has a conservator, or (3) is substantially unable to manage his or her financial resources or resist fraud or undue influence.

(d) Facts that may be relied upon to show that the authorization sought is for one or more of the following purposes:

(1) The advantage, benefit, or best interests of the spouses or their estates.

(2) The care and support of either spouse or of such persons as either spouse may be legally obligated to support.

(3) The payment of taxes, interest, or other encumbrances or charges for the protection and preservation of the community property.

(4) The providing of gifts for such purposes, and to such charities, relatives (including one of the spouses), friends, or other objects of bounty, as would be likely beneficiaries of gifts from the spouses.
(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 3123. Petition for court order declaring legal capacity for transaction

If the proceeding is brought for a court order declaring that one or both spouses has legal capacity for a proposed transaction, the petition shall set forth, in addition to the information required by Section 3121, an allegation of the legal capacity of such spouse or spouses for the proposed transaction.
(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

Article 5 HEARING AND ORDER

§ 3140. Representation of spouse alleged to lack legal capacity; appointment of legal counsel

(a) A conservator served pursuant to this article shall, and the Director of Mental Health or the Director of Developmental Services given notice pursuant to Section 1461 may, appear at the hearing and represent a spouse alleged to lack legal capacity for the proposed transaction.

(b) If a spouse alleged to lack legal capacity is not otherwise represented, the court may in its discretion appoint the public guardian, public administrator, or a guardian ad litem to represent the interests of the spouse.

(c) If a spouse alleged to lack legal capacity is unable to retain legal counsel, upon request of the spouse, the court shall appoint the public

defender or private counsel under Section 1471 to represent the spouse and, if such appointment is made, Section 1472 applies.

(d) Except as provided in subdivision (c), the court may fix a reasonable fee, to be paid out of the proceeds of the transaction or otherwise as the court may direct, for all services rendered by privately engaged counsel, the public guardian, public administrator, or guardian ad litem, and by counsel for such persons.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 3141. Presence of spouse at hearing

(a) If a spouse is alleged to lack legal capacity for the proposed transaction and has no conservator, the spouse shall be produced at the hearing unless unable to attend the hearing.

(b) If the spouse is not able to attend the hearing because of medical inability, such inability shall be established (1) by the affidavit or certificate of a licensed medical practitioner or (2) if the spouse is an adherent of a religion whose tenets and practices call for reliance upon prayer alone for healing and is under treatment by an accredited practitioner of the religion, by the affidavit of the practitioner.

(c) Emotional or psychological instability is not good cause for absence of the spouse from the hearing unless, by reason of such instability, attendance at the hearing is likely to cause serious and immediate physiological damage.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 3142. Information to be given spouse by court

(a) If a spouse is alleged to lack legal capacity for the proposed transaction and has no conservator, the court, before commencement of the hearing on the merits, shall inform the spouse of all of the following:

(1) A determination of lack of legal capacity for the proposed transaction may result in approval of the proposed transaction.

(2) The spouse has the right to legal counsel of the spouse's own choosing, including the right to have legal counsel appointed by the court if unable to retain legal counsel.

(b) This section does not apply if the spouse is absent from the hearing and is not required to attend the hearing under the provisions of subdivision (a) of Section 3141 and any showing required by Section 3141 has been made.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 3143. Order declaring legal capacity

(a) If the petition requests that the court make an order declaring a spouse to have legal capacity for the proposed transaction and the court determines that the spouse has legal capacity for the proposed transaction, the court shall so order.

(b) If the petition alleges that a spouse having no conservator lacks legal capacity for the proposed transaction and the court determines that the spouse has legal capacity for the transaction, the court shall make an order so declaring.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 3144. Order authorizing transaction

(a) The court may authorize the proposed transaction if the court determines all of the following:

(1) The property that is the subject of the proposed transaction is community property of the spouses, and, if the proposed transaction involves property in which a spouse also has a separate property interest, that there is good cause to include that separate property in the transaction.

(2) One of the spouses then has a conservator or otherwise lacks legal capacity for the proposed transaction.

(3) The other spouse either has legal capacity for the proposed transaction or has a conservator.

(4) Each of the spouses either (i) joins in or consents to the proposed transaction, (ii) has a conservator, or (iii) is substantially unable to manage his or her own financial resources or resist fraud or undue influence. Substantial inability may not be proved by isolated incidents of negligence or improvidence.

(5) The proposed transaction is one that should be authorized under this chapter.

(b) If the proposed transaction is to provide gifts or otherwise affect estate planning of the spouse who is alleged to lack capacity, as would be properly the subject of a petition under Article 10 (commencing with Section 2580) of Chapter 6 of Part 4 (substituted judgment) in the case of a conservatorship, the court may authorize the transaction under this chapter only if the transaction is one that the court would authorize under that article.

(c) If the court determines under subdivision (a) that the transaction should be authorized, the court shall so order and may authorize the petitioner to do and perform all acts and to execute and deliver all papers, documents, and instruments necessary to effectuate the order.

(d) In an order authorizing a transaction, the court may prescribe any terms and conditions as the court in its discretion determines appropriate, including, but not limited to, requiring joinder or consent of another person.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991. Amended by Stats.1996, c. 877 (A.B.1467), § 5; Stats.2003, c. 32 (A.B.167), § 4.)

§ 3145. Effect of determination of lack of legal capacity

A court determination pursuant to this chapter that a spouse lacks legal capacity for the proposed transaction affects the legal capacity of the spouse for that transaction alone and has no effect on the legal capacity of the spouse for any other purpose.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

Part 7 CAPACITY DETERMINATIONS AND HEALTH CARE DECISIONS FOR ADULT WITHOUT CONSERVATOR

§ 3200. Definitions

As used in this part:

(a) "Health care" means any care, treatment, service, or procedure to maintain, diagnose, or otherwise affect a patient's physical or mental condition.

(b) "Health care decision" means a decision regarding the patient's health care, including the following:

(1) Selection and discharge of health care providers and institutions.

(2) Approval or disapproval of diagnostic tests, surgical procedures, programs of medication.

(3) Directions to provide, withhold, or withdraw artificial nutrition and hydration and all other forms of health care, including cardiopulmonary resuscitation.

(c) "Health care institution" means an institution, facility, or agency licensed, certified, or otherwise authorized or permitted by law to provide health care in the ordinary course of business.

(d) "Patient" means an adult who does not have a conservator of the person and for whom a health care decision needs to be made.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991. Amended by Stats.1999, c. 658 (A.B.891), § 15, operative July 1, 2000.)

§ 3201. Petition

(a) A petition may be filed to determine that a patient has the capacity to make a health care decision concerning an existing or continuing condition.

(b) A petition may be filed to determine that a patient lacks the capacity to make a health care decision concerning specified treatment for an existing or continuing condition, and further for an order authorizing a designated person to make a health care decision on behalf of the patient.

(c) One proceeding may be brought under this part under both subdivisions (a) and (b).

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991. Amended by Stats.1995, c. 842 (S.B.730), § 9; Stats.1996, c. 178 (S.B.1650), § 9; Stats.1999, c. 658 (A.B.891), § 16, operative July 1, 2000.)

§ 3202. Jurisdiction and venue

The petition may be filed in the superior court of any of the following counties:

(a) The county in which the patient resides.

(b) The county in which the patient is temporarily living.

(c) Such other county as may be in the best interests of the patient.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 3203. Persons authorized to file petition

A petition may be filed by any of the following:

(a) The patient.

(b) The patient's spouse.

(c) A relative or friend of the patient, or other interested person, including the patient's agent under a power of attorney for health care.

(d) The patient's physician.

(e) A person acting on behalf of the health care institution in which the patient is located if the patient is in a health care institution.

(f) The public guardian or other county officer designated by the board of supervisors of the county in which the patient is located or resides or is temporarily living.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991. Amended by Stats.1999, c. 658 (A.B.891), § 17, operative July 1, 2000.)

§ 3204. Contents of petition

The petition shall state, or set forth by a medical declaration attached to the petition, all of the following known to the petitioner at the time the petition is filed:

(a) The condition of the patient's health that requires treatment.

(b) The recommended health care that is considered to be medically appropriate.

(c) The threat to the patient's condition if authorization for the recommended health care is delayed or denied by the court.

(d) The predictable or probable outcome of the recommended health care.

(e) The medically available alternatives, if any, to the recommended health care.

(f) The efforts made to obtain consent from the patient.

(g) If the petition is filed by a person on behalf of a health care institution, the name of the person to be designated to give consent to the recommended health care on behalf of the patient.

(h) The deficit or deficits in the patient's mental functions listed in subdivision (a) of Section 811 that are impaired, and an identification of a link between the deficit or deficits and the patient's inability to respond knowingly and intelligently to queries about the recommended health care or inability to participate in a decision about the recommended health care by means of a rational thought process.

(i) The names and addresses, so far as they are known to the petitioner, of the persons specified in subdivision (b) of Section 1821.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991. Amended by Stats.1995, c. 842 (S.B.730), § 10; Stats.1996, c. 178 (S.B.1650), § 10; Stats.1996, c. 563 (S.B.392), § 15; Stats.1999, c. 658 (A.B.891), § 18, operative July 1, 2000.)

§ 3205. Appointment of legal counsel

Upon the filing of the petition, the court shall determine the name of the attorney the patient has retained to represent the patient in the proceeding under this part or the name of the attorney the patient plans to retain for that purpose. If the patient has not retained an attorney and does not plan to retain one, the court shall appoint the public defender or private counsel under Section 1471 to consult with and represent the patient at the hearing on the petition and, if such appointment is made, Section 1472 applies.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 3206. Notice of hearing and copy of petition; service; exceptions; considerations by court

(a) Not less than 15 days before the hearing, notice of the time and place of the hearing and a copy of the petition shall be personally served on the patient, the patient's attorney, and the agent under the patient's power of attorney for health care, if any.

(b) Not less than 15 days before the hearing, notice of the time and place of the hearing and a copy of the petition shall be mailed to the following persons:

(1) The patient's spouse, if any, at the address stated in the petition.

(2) The patient's relatives named in the petition at their addresses stated in the petition.

(c) For good cause, the court may shorten or waive notice of the hearing as provided by this section. In determining the period of notice to be required, the court shall take into account both of the following:

(1) The existing medical facts and circumstances set forth in the petition or in a medical declaration attached to the petition or in a medical declaration presented to the court.

(2) The desirability, where the condition of the patient permits, of giving adequate notice to all interested persons.

(Added by Stats.1996, c. 563 (S.B.392), § 17. Amended by Stats.1999, c. 658 (A.B.891), § 19, operative July 1, 2000.)

§ 3207. Submission for determination on medical declarations

Notwithstanding Section 3206, the matter presented by the petition may be submitted for the determination of the court upon proper and sufficient medical declarations if the attorney for the petitioner and the attorney for the patient so stipulate and further stipulate that there remains no issue of fact to be determined.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991. Amended by Stats.1999, c. 658 (A.B.891), § 20, operative July 1, 2000.)

§ 3208. Order authorizing health care

(a) Except as provided in subdivision (b), the court may make an order authorizing the recommended health care for the patient and designating a person to give consent to the recommended health care on behalf of the patient if the court determines from the evidence all of the following:

(1) The existing or continuing condition of the patient's health requires the recommended health care.

(2) If untreated, there is a probability that the condition will become life–endangering or result in a serious threat to the physical or mental health of the patient.

(3) The patient is unable to consent to the recommended health care.

(b) In determining whether the patient's mental functioning is so severely impaired that the patient lacks the capacity to make any health care decision, the court may take into consideration the frequency, severity, and duration of periods of impairment.

(c) The court may make an order authorizing withholding or withdrawing artificial nutrition and hydration and all other forms of health care and designating a person to give or withhold consent to the recommended health care on behalf of the patient if the court determines from the evidence all of the following:

(1) The recommended health care is in accordance with the patient's best interest, taking into consideration the patient's personal values to the extent known to the petitioner.

(2) The patient is unable to consent to the recommended health care.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991. Amended by Stats.1990, c. 710 (S.B.1775), § 12, operative July 1, 1991; Stats.1995, c. 842 (S.B.730), § 11; Stats.1999, c. 658 (A.B.891), § 21, operative July 1, 2000.)

§ 3208.5. Patient with capacity to consent; court findings and orders

In a proceeding under this part:

(a) Where the patient has the capacity to consent to the recommended health care, the court shall so find in its order.

(b) Where the court has determined that the patient has the capacity to consent to the recommended health care, the court shall, if requested, determine whether the patient has accepted or refused the recommended health care, and whether the patient's consent to the recommended health care is an informed consent.

(c) Where the court finds that the patient has the capacity to consent to the recommended health care, but that the patient refuses consent, the court shall not make an order authorizing the recommended health care or designating a person to give consent to the recommended health care. If an order has been made authorizing the recommended health care and designating a person to give consent to the recommended health care, the order shall be revoked if the court determines that the patient has recovered the capacity to consent to the recommended health care. Until revoked or modified, the order is effective authorization for the recommended health care.

(Added by Stats.1999, c. 658 (A.B.891), § 22, operative July 1, 2000.)

§ 3209. Continuing jurisdiction of court

The court in which the petition is filed has continuing jurisdiction to revoke or modify an order made under this part upon a petition filed, noticed, and heard in the same manner as an original petition filed under this part.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 3210. Procedure supplemental and alternative

(a) This part is supplemental and alternative to other procedures or methods for obtaining consent to health care or making health care decisions, and is permissive and cumulative for the relief to which it applies.

(b) Nothing in this part limits the providing of health care in an emergency case in which the health care is required because (1) the health care is required for the alleviation of severe pain or (2) the patient has a medical condition that, if not immediately diagnosed and treated, will lead to serious disability or death.

(c) Nothing in this part supersedes the right that any person may have under existing law to make health care decisions on behalf of a patient, or affects the decisionmaking process of a health care institution.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991. Amended by Stats.1999, c. 658 (A.B.891), § 23, operative July 1, 2000.)

§ 3211. Prohibition against placement in mental health treatment facility; restrictions on treatment

(a) No person may be placed in a mental health treatment facility under the provisions of this part.

(b) No experimental drug as defined in Section 111515 of the Health and Safety Code may be prescribed for or administered to any person under this part.

(c) No convulsive treatment as defined in Section 5325 of the Welfare and Institutions Code may be performed on any person under this part.

(d) No person may be sterilized under this part.

(e) The provisions of this part are subject to a valid advance health care directive under the Health Care Decisions Law, Division 4.7 (commencing with Section 4600).

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991. Amended by Stats.1996, c. 1023 (S.B.1497), § 399, eff. Sept. 29, 1996; Stats.1999, c. 658 (A.B.891), § 24, operative July 1, 2000.)

§ 3212. Treatment by spiritual means

Nothing in this part shall be construed to supersede or impair the right of any individual to choose treatment by spiritual means in lieu of medical treatment, nor shall any individual choosing treatment by spiritual means, in accordance with the tenets and practices of that individual's established religious tradition, be required to submit to medical testing of any kind pursuant to a determination of capacity.

(Added by Stats.1999, c. 658 (A.B.891), § 25, operative July 1, 2000.)

Part 8 OTHER PROTECTIVE PROCEEDINGS

Chapter 4 MONEY OR PROPERTY PAID OR DELIVERED PURSUANT TO COMPROMISE OR JUDGMENT FOR MINOR OR INCOMPETENT PERSON

Article 1 GENERAL PROVISIONS

§ 3600. Application of article

This article applies whenever both of the following conditions exist:

(a) A court approves (1) a compromise of, or the execution of a covenant not to sue on or a covenant not to enforce judgment on, a minor's disputed claim or (2) approves a compromise of a pending action or proceeding to which a minor or incompetent person is a party or (3) gives judgment for a minor or incompetent person.

(b) The compromise, covenant, or judgment provides for the payment or delivery of money or other property for the benefit of the minor or incompetent person.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 3601. Order directing payment of expenses, costs and fees

(a) The court making the order or giving the judgment referred to in Section 3600, as a part thereof, shall make a further order authorizing and directing that such reasonable expenses (medical or otherwise and including reimbursement to a parent, guardian, or conservator), costs, and attorney's fees, as the court shall approve and allow therein, shall be paid from the money or other property to be paid or delivered for the benefit of the minor or incompetent person.

(b) The order required by subdivision (a) may be directed to the following:

(1) A parent of the minor, the guardian ad litem, or the guardian of the estate of the minor or the conservator of the estate of the incompetent person.

(2) The payer of any money to be paid pursuant to the compromise, covenant, or judgment for the benefit of the minor or incompetent person.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 3602. Disposition of remaining balance

(a) If there is no guardianship of the estate of the minor or conservatorship of the estate of the incompetent person, the remaining balance of the money and other property (after payment of all expenses, costs, and fees as approved and allowed by the court under Section 3601) shall be paid, delivered, deposited, or invested as provided in Article 2 (commencing with Section 3610).

(b) Except as provided in subdivisions (c) and (d), if there is a guardianship of the estate of the minor or conservatorship of the estate of the incompetent person, the remaining balance of the money and other property (after payment of all expenses, costs, and fees as approved and allowed by the court under Section 3601) shall be paid or delivered to the guardian or conservator of the estate. Upon application of the guardian or conservator, the court making the order or giving the judgment referred to in Section 3600 or the court in which the guardianship or conservatorship proceeding is pending may, with or without notice, make an order that all or part of the money paid or to be paid to the guardian or conservator under this subdivision be deposited or invested as provided in Section 2456.

(c) Upon ex parte petition of the guardian or conservator or upon petition of any person interested in the guardianship or conservatorship estate, the court making the order or giving the judgment referred to in Section 3600 may for good cause shown order one or more of the following:

(1) That all or part of the remaining balance of money not become a part of the guardianship or conservatorship estate and instead be deposited in an insured account in a financial institution in this state, or in a single–premium deferred annuity, subject to withdrawal only upon authorization of the court.

(2) If there is a guardianship of the estate of the minor, that all or part of the remaining balance of money and other property not become a part of the guardianship estate and instead be transferred to a custodian for the benefit of the minor under the California Uniform Transfers to Minors Act, Part 9 (commencing with Section 3900).

(3) That all or part of the remaining balance of money and other property not become a part of the guardianship estate and, instead, be transferred to the trustee of a trust which is either created by, or approved of, in the order or judgment described in Section 3600. This trust shall be revocable by the minor upon attaining the age of 18 years, and shall contain other terms and conditions, including, but not limited to, terms and conditions concerning trustee's accounts and trustee's bond, as the court determines to be necessary to protect the minor's interests.

(d) Upon petition of the guardian, conservator, or any person interested in the guardianship or conservatorship estate, the court making the order or giving the judgment referred to in Section 3600 may order that all or part of the remaining balance of money not become a part of the guardianship or conservatorship estate and instead be paid to a special needs trust established under Section 3604 for the benefit of the minor or incompetent person.

(e) If the petition is by a person other than the guardian or conservator, notice of hearing on a petition under subdivision (c) shall be given for the period and in the manner provided in Chapter 3 (commencing with Section 1460) of Part 1.

(f) Notice of the time and place of hearing on a petition under subdivision (d), and a copy of the petition, shall be mailed to the State Director of Health Services, the Director of Mental Health, and the Director of Developmental Services at the office of each director in Sacramento at least 15 days before the hearing.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991. Amended by Stats.1992, c. 355 (A.B.3328), § 2; Stats.1996, c. 563 (S.B.392), § 18.)

§ 3603. Reference to "incompetent person"

Where reference is made in this chapter to "incompetent person," the reference shall be deemed to include "a person for whom a conservator may be appointed."

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 3604. Payment to special needs trust; trust requirements; jurisdiction of court; court orders

(a) If a court makes an order under Section 3602 or 3611 that money of a minor or incompetent person be paid to a special needs trust, the terms of the trust shall be reviewed and approved by the court and shall satisfy the requirements of this section. The trust is subject to continuing jurisdiction of the court, and is subject to court supervision to the extent determined by the court. The court may transfer jurisdiction to the court in the proper county for commencement of a proceeding as determined under Section 17005.

(b) A special needs trust may be established and continued under this section only if the court determines all of the following:

(1) That the minor or incompetent person has a disability that substantially impairs the individual's ability to provide for the individual's own care or custody and constitutes a substantial handicap.

(2) That the minor or incompetent person is likely to have special needs that will not be met without the trust.

(3) That money to be paid to the trust does not exceed the amount that appears reasonably necessary to meet the special needs of the minor or incompetent person.

(c) If at any time it appears (1) that any of the requirements of subdivision (b) are not satisfied or the trustee refuses without good cause to make payments from the trust for the special needs of the beneficiary, and (2) that the State Department of Health Services, the State Department of Mental Health, the State Department of Developmental Services, or a county or city and county in this state has a claim against trust property, that department, county, or city and county may petition the court for an order terminating the trust.

(d) A court order under Section 3602 or 3611 for payment of money to a special needs trust shall include a provision that all statutory liens in favor of the State Department of Health Services, the State Department of Mental Health, the State Department of Developmental Services, and any county or city and county in this state shall first be satisfied.

(Added by Stats.1992, c. 355 (A.B.3328), § 3.)

§ 3605. Statutes of limitation; death of beneficiary; notice of death; payment of claims; application of section

(a) This section applies only to a special needs trust established under Section 3604 on or after January 1, 1993.

(b) While the special needs trust is in existence, the statute of limitations otherwise applicable to claims of the State Department of Health Services, the State Department of Mental Health, the State Department of Developmental Services, and any county or city and county in this state is tolled. Notwithstanding any provision in the trust instrument, at the death of the special needs trust beneficiary or on termination of the trust, the trust property is subject to claims of the State Department of Health Services, the State Department of Mental Health, the State Department of Developmental Services, and any county or city and county in this state to the extent authorized by law as if the trust property is owned by the beneficiary or is part of the beneficiary's estate.

(c) At the death of the special needs trust beneficiary or on termination of the trust, the trustee shall give notice of the beneficiary's death or the trust termination, in the manner provided in Section 1215, to all of the following:

(1) The State Department of Health Services, the State Department of Mental Health, and the State Department of Developmental Services, addressed to the director of that department at the Sacramento office of the director.

(2) Any county or city and county in this state that has made a written request to the trustee for notice, addressed to that county or city and county at the address specified in the request.

(d) Failure to give the notice required by subdivision (c) prevents the running of the statute of limitations against the claim of the department, county, or city and county not given the notice.

(e) The department, county, or city and county has four months after notice is given in which to make a claim with the trustee. If the trustee rejects the claim, the department, county, or city and county making the claim may petition the court for an order under Chapter 3 (commencing with Section 17200) of Part 5 of Division 9, directing the trustee to pay the claim. A claim made under this subdivision shall be paid as a preferred claim prior to any other distribution. If trust property is insufficient to pay all claims under this subdivision, the trustee shall petition the court for instructions and the claims shall be paid from trust property as the court deems just.

(f) If trust property is distributed before expiration of four months after notice is given without payment of the claim, the department, county, or city and county has a claim against the distributees to the full extent of the claim, or each distributee's share of trust property, whichever is less. The claim against distributees includes interest at a rate equal to that earned in the Pooled Money Investment Account, Article 4.5 (commencing with Section 16480) of Chapter 3 of Part 2 of Division 4 of Title 2 of the Government Code, from the date of distribution or the date of filing the claim, whichever is later, plus other accruing costs as in the case of enforcement of a money judgment.

(Added by Stats.1992, c. 355 (A.B.3328), § 4.)

Article 2 DISPOSITION OF MONEY OR OTHER PROPERTY WHERE NO GUARDIANSHIP OR CONSERVATORSHIP

§ 3610. Disposition of remaining balance

When money or other property is to be paid or delivered for the benefit of a minor or incompetent person under a compromise, covenant, order or judgment, and there is no guardianship of the estate of the minor or conservatorship of the estate of the incompetent person, the remaining balance of the money and other property (after payment of all expenses, costs, and fees as approved and allowed by the court under Section 3601) shall be paid, delivered, deposited, or invested as provided in this article.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 3611. Order of court

In any case described in Section 3610, the court making the order or giving the judgment referred to in Section 3600 shall order any one or more of the following:

(a) That a guardian of the estate or conservator of the estate be appointed and that the remaining balance of the money and other property be paid or delivered to the person so appointed.

(b) That the remaining balance of any money paid or to be paid be deposited with the county treasurer, provided that (1) the county treasurer has been authorized by the county board of supervisors to handle the deposits, (2) the county treasurer shall receive and safely keep all money deposited with the county treasurer pursuant to this subdivision, shall pay the money out only upon the order of the court, and shall credit each estate with the interest earned by the funds deposited less the county treasurer's actual cost authorized to be recovered under Section 27013 of the Government Code, (3) the county treasurer and sureties on the official bond of the county treasurer are responsible for the safekeeping and payment of the money, (4) the county treasurer shall ensure that the money deposited is to earn interest or dividends, or both, at the highest rate which the county can reasonably obtain as a prudent investor, and (5) funds so deposited with the county treasurer shall only be invested or deposited in compliance with the provisions governing the investment or deposit of state funds set forth in Chapter 5 (commencing with Section 16640) of Part 2 of Division 4 of Title 2 of the Government Code, the investment or deposit of county funds set forth in Chapter 4 (commencing with Section 53600) of Part 1 of Division 2 of Title 5 of the Government Code, or as authorized under Chapter 6 (commencing with Section 2400) of Part 4 of this code; or in an insured account in a financial institution in this state, or in a single–premium deferred annuity, subject to withdrawal only upon the authorization of the court, and that the remaining balance of any other property delivered or to be delivered be held on conditions the court determines to be in the best interest of the minor or incompetent person.

(c) After a hearing by the court, that the remaining balance of any money be paid to a special needs trust established under Section 3604 for the benefit of the minor or incompetent person. Notice of the time and place of the hearing and a copy of the petition shall be mailed to the State Director of Health Services, the Director of Mental Health, and the Director of Developmental Services at the office of each director in Sacramento at least 15 days before the hearing.

(d) If the remaining balance of the money and other property to be paid or delivered does not exceed twenty thousand dollars ($20,000) in value, that all or any part of the money and other property be held on any other conditions the court in its discretion determines to be in the best interest of the minor or incompetent person.

(e) If the remaining balance of the money and other property to be paid or delivered does not exceed five thousand dollars ($5,000) in value and is to be paid or delivered for the benefit of a minor, that all or any part of the money and the other property be paid or delivered to a parent of the minor, without bond, upon the terms and under the conditions specified in Article 1 (commencing with Section 3400) of Chapter 2.

(f) If the remaining balance of the money or other property to be paid or delivered is to be paid or delivered for the benefit of the minor, that all or any part of the money and other property be transferred to a custodian for the benefit of the minor under the California Uniform Transfers to Minors Act, Part 9 (commencing with Section 3900).

(g) That the remaining balance of the money or other property be paid or delivered to the trustee of a trust which is created by, or approved of, in the order or judgment referred to in Section 3600. This trust shall be revocable by the minor upon attaining the age of 18 years, and shall contain other terms and conditions, including, but not limited to, terms and conditions concerning trustee's accounts and trustee's bond, as the court determines to be necessary to protect the minor's interests.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991. Amended by Stats.1991, c. 413 (A.B.934), § 3; Stats.1992, c. 355 (A.B.3328), § 5; Stats.1993, c. 978 (S.B.305), § 4; Stats.1996, c. 563 (S.B.392), § 19.)

§ 3612. Continuing jurisdiction until minor reaches majority

Notwithstanding any other provision of law and except to the extent the court orders otherwise, the court making the order under Section 3611 shall have continuing jurisdiction of the money and other property paid, delivered, deposited, or invested under this article until the minor reaches the age of 18 years.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

PROBATE CODE — HEALTH CARE DECISIONS

Division 4.7 HEALTH CARE DECISIONS

Part 1 DEFINITIONS AND GENERAL

Chapter 1 SHORT TITLE AND DEFINITIONS

§ 4600. Short title

This division may be cited as the Health Care Decisions Law.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4603. Definitions governing construction of this division

Unless the provision or context otherwise requires, the definitions in this chapter govern the construction of this division.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4605. Advance health care directive

"Advance health care directive" or "advance directive" means either an individual health care instruction or a power of attorney for health care.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4607. Agent

(a) "Agent" means an individual designated in a power of attorney for health care to make a health care decision for the principal, regardless of whether the person is known as an agent or attorney–in–fact, or by some other term.

(b) "Agent" includes a successor or alternate agent.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4609. Capacity

"Capacity" means a person's ability to understand the nature and consequences of a decision and to make and communicate a decision, and includes in the case of proposed health care, the ability to understand its significant benefits, risks, and alternatives.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000. Amended by Stats.2001, c. 230 (A.B.1278), § 3.)

§ 4611. Community care facility

"Community care facility" means a "community care facility" as defined in Section 1502 of the Health and Safety Code.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4613. Conservator

"Conservator" means a court–appointed conservator having authority to make a health care decision for a patient.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4615. Health care

"Health care" means any care, treatment, service, or procedure to maintain, diagnose, or otherwise affect a patient's physical or mental condition.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4617. Health care decision

"Health care decision" means a decision made by a patient or the patient's agent, conservator, or surrogate, regarding the patient's health care, including the following:

(a) Selection and discharge of health care providers and institutions.

(b) Approval or disapproval of diagnostic tests, surgical procedures, and programs of medication.

(c) Directions to provide, withhold, or withdraw artificial nutrition and hydration and all other forms of health care, including cardiopulmonary resuscitation.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4619. Health care institution

"Health care institution" means an institution, facility, or agency licensed, certified, or otherwise authorized or permitted by law to provide health care in the ordinary course of business.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4621. Health care provider

"Health care provider" means an individual licensed, certified, or otherwise authorized or permitted by the law of this state to provide health care in the ordinary course of business or practice of a profession.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4623. Individual health care instruction

"Individual health care instruction" or "individual instruction" means a patient's written or oral direction concerning a health care decision for the patient.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4625. Patient

"Patient" means an adult whose health care is under consideration, and includes a principal under a power of attorney for health care and an adult who has given an individual health care instruction or designated a surrogate.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4627. Physician

"Physician" means a physician and surgeon licensed by the Medical Board of California or the Osteopathic Medical Board of California.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4629. Power of attorney for health care

"Power of attorney for health care" means a written instrument designating an agent to make health care decisions for the principal.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4631. Primary physician

"Primary physician" means a physician designated by a patient or the patient's agent, conservator, or surrogate, to have primary responsibility for the patient's health care or, in the absence of a designation or if the designated physician is not reasonably available or declines to act as primary physician, a physician who undertakes the responsibility.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4633. Principal

"Principal" means an adult who executes a power of attorney for health care.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4635. Reasonably available

"Reasonably available" means readily able to be contacted without undue effort and willing and able to act in a timely manner considering the urgency of the patient's health care needs.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4637. Residential care facility for the elderly

"Residential care facility for the elderly" means a "residential care facility for the elderly" as defined in Section 1569.2 of the Health and Safety Code.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4639. Skilled nursing facility

"Skilled nursing facility" means a "skilled nursing facility" as defined in Section 1250 of the Health and Safety Code.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4641. Supervising health care provider

"Supervising health care provider" means the primary physician or, if there is no primary physician or the primary physician is not reasonably available, the health care provider who has undertaken primary responsibility for a patient's health care.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4643. Surrogate

"Surrogate" means an adult, other than a patient's agent or conservator, authorized under this division to make a health care decision for the patient.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

Chapter 2 GENERAL PROVISIONS

§ 4650. Legislative findings

The Legislature finds the following:

(a) In recognition of the dignity and privacy a person has a right to expect, the law recognizes that an adult has the fundamental right to control the decisions relating to his or her own health care, including the decision to have life–sustaining treatment withheld or withdrawn.

(b) Modern medical technology has made possible the artificial prolongation of human life beyond natural limits. In the interest of protecting individual autonomy, this prolongation of the process of dying for a person for whom continued health care does not improve the prognosis for recovery may violate patient dignity and cause unnecessary pain and suffering, while providing nothing medically necessary or beneficial to the person.

(c) In the absence of controversy, a court is normally not the proper forum in which to make health care decisions, including decisions regarding life–sustaining treatment.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4651. Application; exemptions

(a) Except as otherwise provided, this division applies to health

care decisions for adults who lack capacity to make health care decisions for themselves.

(b) This division does not affect any of the following:

(1) The right of an individual to make health care decisions while having the capacity to do so.

(2) The law governing health care in an emergency.

(3) The law governing health care for unemancipated minors.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4652. Scope

This division does not authorize consent to any of the following on behalf of a patient:

(a) Commitment to or placement in a mental health treatment facility.

(b) Convulsive treatment (as defined in Section 5325 of the Welfare and Institutions Code).

(c) Psychosurgery (as defined in Section 5325 of the Welfare and Institutions Code).

(d) Sterilization.

(e) Abortion.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4653. Mercy killing, assisted suicide, or euthanasia

Nothing in this division shall be construed to condone, authorize, or approve mercy killing, assisted suicide, or euthanasia. This division is not intended to permit any affirmative or deliberate act or omission to end life other than withholding or withdrawing health care pursuant to an advance health care directive, by a surrogate, or as otherwise provided, so as to permit the natural process of dying.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4654. Health care contrary to generally accepted health care standards

This division does not authorize or require a health care provider or health care institution to provide health care contrary to generally accepted health care standards applicable to the health care provider or health care institution.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4655. Intention of patient

(a) This division does not create a presumption concerning the intention of a patient who has not made or who has revoked an advance health care directive.

(b) In making health care decisions under this division, a patient's attempted suicide shall not be construed to indicate a desire of the patient that health care be restricted or inhibited.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4656. Effect of death resulting from withholding or withdrawing health care

Death resulting from withholding or withdrawing health care in accordance with this division does not for any purpose constitute a suicide or homicide or legally impair or invalidate a policy of insurance or an annuity providing a death benefit, notwithstanding any term of the policy or annuity to the contrary.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4657. Presumption of capacity

A patient is presumed to have the capacity to make a health care decision, to give or revoke an advance health care directive, and to designate or disqualify a surrogate. This presumption is a presumption affecting the burden of proof.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4658. Determination regarding patient's capacity to be made by primary physician

Unless otherwise specified in a written advance health care directive, for the purposes of this division, a determination that a patient lacks or has recovered capacity, or that another condition exists that affects an individual health care instruction or the authority of an agent or surrogate, shall be made by the primary physician.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4659. Persons excluded from making decisions under this division

(a) Except as provided in subdivision (b), none of the following persons may make health care decisions as an agent under a power of attorney for health care or a surrogate under this division:

(1) The supervising health care provider or an employee of the health care institution where the patient is receiving care.

(2) An operator or employee of a community care facility or residential care facility where the patient is receiving care.

(b) The prohibition in subdivision (a) does not apply to the following persons:

(1) An employee, other than the supervising health care provider, who is related to the patient by blood, marriage, or adoption, or is a registered domestic partner of the patient.

(2) An employee, other than the supervising health care provider, who is employed by the same health care institution, community care facility, or residential care facility for the elderly as the patient.

(c) A conservator under the Lanterman–Petris–Short Act (Part 1 (commencing with Section 5000) of Division 5 of the Welfare and Institutions Code) may not be designated as an agent or surrogate to make health care decisions by the conservatee, unless all of the following are satisfied:

(1) The advance health care directive is otherwise valid.

(2) The conservatee is represented by legal counsel.

(3) The lawyer representing the conservatee signs a certificate stating in substance:

"I am a lawyer authorized to practice law in the state where this advance health care directive was executed, and the principal or patient was my client at the time this advance directive was executed. I have advised my client concerning his or her rights in connection with this advance directive and the applicable law and the consequences of signing or not signing this advance directive, and my client, after being so advised, has executed this advance directive."

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000. Amended by Stats.2001, c. 230 (A.B.1278), § 4.)

§ 4660. Copy of directive; effect

A copy of a written advance health care directive, revocation of an advance directive, or designation or disqualification of a surrogate has the same effect as the original.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

Chapter 3 TRANSITIONAL PROVISIONS

§ 4665. Application of division

Except as otherwise provided by statute:

(a) On and after July 1, 2000, this division applies to all advance health care directives, including, but not limited to, durable powers of attorney for health care and declarations under the Natural Death Act (former Chapter 3.9 (commencing with Section 7185) of Part 1 of Division 7 of the Health and Safety Code), regardless of whether they were given or executed before, on, or after July 1, 2000.

(b) This division applies to all proceedings concerning advance health care directives commenced on or after July 1, 2000.

(c) This division applies to all proceedings concerning written advance health care directives commenced before July 1, 2000, unless the court determines that application of a particular provision of this division would substantially interfere with the effective conduct of the proceedings or the rights of the parties and other interested persons, in which case the particular provision of this division does not apply and prior law applies.

(d) Nothing in this division affects the validity of an advance health care directive executed before July 1, 2000, that was valid under prior law.

(e) Nothing in this division affects the validity of a durable power

of attorney for health care executed on a printed form that was valid under prior law, regardless of whether execution occurred before, on, or after July 1, 2000.
(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

Part 2 UNIFORM HEALTH CARE DECISIONS ACT

Chapter 1 ADVANCE HEALTH CARE DIRECTIVES

Article 1 GENERAL PROVISIONS

§ 4670. Persons entitled to give individual health care instruction; method; conditions

An adult having capacity may give an individual health care instruction. The individual instruction may be oral or written. The individual instruction may be limited to take effect only if a specified condition arises.
(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4671. Persons entitled to execute power of attorney for health care; scope authority granted

(a) An adult having capacity may execute a power of attorney for health care, as provided in Article 2 (commencing with Section 4680). The power of attorney for health care may authorize the agent to make health care decisions and may also include individual health care instructions.

(b) The principal in a power of attorney for health care may grant authority to make decisions relating to the personal care of the principal, including, but not limited to, determining where the principal will live, providing meals, hiring household employees, providing transportation, handling mail, and arranging recreation and entertainment.
(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4672. Nomination of conservator

(a) A written advance health care directive may include the individual's nomination of a conservator of the person or estate or both, or a guardian of the person or estate or both, for consideration by the court if protective proceedings for the individual's person or estate are thereafter commenced.

(b) If the protective proceedings are conservatorship proceedings in this state, the nomination has the effect provided in Section 1810 and the court shall give effect to the most recent writing executed in accordance with Section 1810, whether or not the writing is a written advance health care directive.
(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4673. Sufficiency of directive

A written advance health care directive is legally sufficient if all of the following requirements are satisfied:

(a) The advance directive contains the date of its execution.

(b) The advance directive is signed either (1) by the patient or (2) in the patient's name by another adult in the patient's presence and at the patient's direction.

(c) The advance directive is either (1) acknowledged before a notary public or (2) signed by at least two witnesses who satisfy the requirements of Sections 4674 and 4675.
(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4674. Requirements

If the written advance health care directive is signed by witnesses, as provided in Section 4673, the following requirements shall be satisfied:

(a) The witnesses shall be adults.

(b) Each witness signing the advance directive shall witness either the signing of the advance directive by the patient or the patient's acknowledgment of the signature or the advance directive.

(c) None of the following persons may act as a witness:

(1) The patient's health care provider or an employee of the patient's health care provider.

(2) The operator or an employee of a community care facility.

(3) The operator or an employee of a residential care facility for the elderly.

(4) The agent, where the advance directive is a power of attorney for health care.

(d) Each witness shall make the following declaration in substance:

"I declare under penalty of perjury under the laws of California (1) that the individual who signed or acknowledged this advance health care directive is personally known to me, or that the individual's identity was proven to me by convincing evidence, (2) that the individual signed or acknowledged this advance directive in my presence, (3) that the individual appears to be of sound mind and under no duress, fraud, or undue influence, (4) that I am not a person appointed as agent by this advance directive, and (5) that I am not the individual's health care provider, an employee of the individual's health care provider, the operator of a community care facility, an employee of an operator of a community care facility, the operator of a residential care facility for the elderly, nor an employee of an operator of a residential care facility for the elderly."

(e) At least one of the witnesses shall be an individual who is neither related to the patient by blood, marriage, or adoption, nor entitled to any portion of the patient's estate upon the patient's death under a will existing when the advance directive is executed or by operation of law then existing.

(f) The witness satisfying the requirement of subdivision (e) shall also sign the following declaration in substance:

"I further declare under penalty of perjury under the laws of California that I am not related to the individual executing this advance health care directive by blood, marriage, or adoption, and, to the best of my knowledge, I am not entitled to any part of the individual's estate upon his or her death under a will now existing or by operation of law."

(g) The provisions of this section applicable to witnesses do not apply to a notary public before whom an advance health care directive is acknowledged.
(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4675. Patients in skilled nursing facilities; witnesses

(a) If an individual is a patient in a skilled nursing facility when a written advance health care directive is executed, the advance directive is not effective unless a patient advocate or ombudsman, as may be designated by the Department of Aging for this purpose pursuant to any other applicable provision of law, signs the advance directive as a witness, either as one of two witnesses or in addition to notarization. The patient advocate or ombudsman shall declare that he or she is serving as a witness as required by this subdivision. It is the intent of this subdivision to recognize that some patients in skilled nursing facilities are insulated from a voluntary decisionmaking role, by virtue of the custodial nature of their care, so as to require special assurance that they are capable of willfully and voluntarily executing an advance directive.

(b) A witness who is a patient advocate or ombudsman may rely on the representations of the administrators or staff of the skilled nursing facility, or of family members, as convincing evidence of the identity of the patient if the patient advocate or ombudsman believes that the representations provide a reasonable basis for determining the identity of the patient.
(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4676. Instruments from another state or jurisdiction; validity

(a) A written advance health care directive or similar instrument executed in another state or jurisdiction in compliance with the laws of that state or jurisdiction or of this state, is valid and enforceable in this state to the same extent as a written advance directive validly executed in this state.

(b) In the absence of knowledge to the contrary, a physician or other health care provider may presume that a written advance health care directive or similar instrument, whether executed in another state or jurisdiction or in this state, is valid.
(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4677. Requiring execution or revocation of directive as condition for providing health care

A health care provider, health care service plan, health care institution, disability insurer, self–insured employee welfare plan, or nonprofit hospital plan or a similar insurance plan may not require or prohibit the execution or revocation of an advance health care directive as a condition for providing health care, admission to a facility, or furnishing insurance.
(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4678. Examination and disclosure of medical information

Unless otherwise specified in an advance health care directive, a person then authorized to make health care decisions for a patient has the same rights as the patient to request, receive, examine, copy, and consent to the disclosure of medical or any other health care information.
(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

Article 2 POWERS OF ATTORNEY FOR HEALTH CARE

§ 4680. Sufficiency of power of attorney

A power of attorney for health care is legally sufficient if it satisfies the requirements of Section 4673.
(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4681. Limitations on statutory authority

(a) Except as provided in subdivision (b), the principal may limit the application of any provision of this division by an express statement in the power of attorney for health care or by providing an inconsistent rule in the power of attorney.

(b) A power of attorney for health care may not limit either the application of a statute specifically providing that it is not subject to limitation in the power of attorney or a statute concerning any of the following:

(1) Statements required to be included in a power of attorney.

(2) Operative dates of statutory enactments or amendments.

(3) Formalities for execution of a power of attorney for health care.

(4) Qualifications of witnesses.

(5) Qualifications of agents.

(6) Protection of third persons from liability.
(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4682. Authority of agent

Unless otherwise provided in a power of attorney for health care, the authority of an agent becomes effective only on a determination that the principal lacks capacity, and ceases to be effective on a determination that the principal has recovered capacity.
(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4683. Scope of agent's authority

Subject to any limitations in the power of attorney for health care:

(a) An agent designated in the power of attorney may make health care decisions for the principal to the same extent the principal could make health care decisions if the principal had the capacity to do so.

(b) The agent may also make decisions that may be effective after the principal's death, including the following:

(1) Making a disposition under the Uniform Anatomical Gift Act (Chapter 3.5 (commencing with Section 7150) of Part 1 of Division 7 of the Health and Safety Code).

(2) Authorizing an autopsy under Section 7113 of the Health and Safety Code.

(3) Directing the disposition of remains under Section 7100 of the Health and Safety Code.
(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4684. Decisions to be made in principal's best interests

An agent shall make a health care decision in accordance with the principal's individual health care instructions, if any, and other wishes to the extent known to the agent. Otherwise, the agent shall make the decision in accordance with the agent's determination of the principal's best interest. In determining the principal's best interest, the agent shall consider the principal's personal values to the extent known to the agent.
(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4685. Agent; priority in making health care decisions

Unless the power of attorney for health care provides otherwise, the agent designated in the power of attorney who is known to the health care provider to be reasonably available and willing to make health care decisions has priority over any other person in making health care decisions for the principal.
(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4686. Lapse of time since execution of power of attorney; effect

Unless the power of attorney for health care provides a time of termination, the authority of the agent is exercisable notwithstanding any lapse of time since execution of the power of attorney.
(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4687. Rights of agent apart from power of attorney

Nothing in this division affects any right the person designated as an agent under a power of attorney for health care may have, apart from the power of attorney, to make or participate in making health care decisions for the principal.
(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4688. Law of agency; application

Where this division does not provide a rule governing agents under powers of attorney, the law of agency applies.
(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4689. Objection to agent's health care decision by principal; effect

Nothing in this division authorizes an agent under a power of attorney for health care to make a health care decision if the principal objects to the decision. If the principal objects to the health care decision of the agent under a power of attorney, the matter shall be governed by the law that would apply if there were no power of attorney for health care.
(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4690. Incapacity of principal; determination

If the principal becomes wholly or partially incapacitated, or if there is a question concerning the capacity of the principal, the agent may consult with a person previously designated by the principal for this purpose, and may also consult with and obtain information needed to carry out the agent's duties from the principal's spouse, physician, attorney, a member of the principal's family, or other person, including a business entity or government agency, with respect to matters covered by the power of attorney for health care. A person from whom information is requested shall disclose relevant information to the agent. Disclosure under this section is not a waiver of any privilege that may apply to the information disclosed.
(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

Article 3 REVOCATION OF ADVANCE DIRECTIVES

§ 4695. Persons entitled to revoke advance directives; method

(a) A patient having capacity may revoke the designation of an agent only by a signed writing or by personally informing the supervising health care provider.

(b) A patient having capacity may revoke all or part of an advance health care directive, other than the designation of an agent, at any time and in any manner that communicates an intent to revoke.
(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4696. Communication of fact of revocation

A health care provider, agent, conservator, or surrogate who is informed of a revocation of an advance health care directive shall promptly communicate the fact of the revocation to the supervising health care provider and to any health care institution where the patient is receiving care.
(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4697. Dissolution of marriage; effect

(a) If after executing a power of attorney for health care the principal's marriage to the agent is dissolved or annulled, the principal's designation of the former spouse as an agent to make health care decisions for the principal is revoked.

(b) If the agent's authority is revoked solely by subdivision (a), it is revived by the principal's remarriage to the agent.
(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4698. Conflicting directives

An advance health care directive that conflicts with an earlier advance directive revokes the earlier advance directive to the extent of the conflict.
(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

Chapter 2 ADVANCE HEALTH CARE DIRECTIVE FORMS

§ 4700. Use of particular form not required; effect of form or other writing

The form provided in Section 4701 may, but need not, be used to create an advance health care directive. The other sections of this division govern the effect of the form or any other writing used to create an advance health care directive. An individual may complete or modify all or any part of the form in Section 4701.
(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4701. Statutory form

The statutory advance health care directive form is as follows:

ADVANCE HEALTH CARE DIRECTIVE

(California Probate Code Section 4701)

Explanation

You have the right to give instructions about your own health care. You also have the right to name someone else to make health care decisions for you. This form lets you do either or both of these things. It also lets you express your wishes regarding donation of organs and the designation of your primary physician. If you use this form, you may complete or modify all or any part of it. You are free to use a different form.

Part 1 of this form is a power of attorney for health care. Part 1 lets you name another individual as agent to make health care decisions for you if you become incapable of making your own decisions or if you want someone else to make those decisions for you now even though you are still capable. You may also name an alternate agent to act for you if your first choice is not willing, able, or reasonably available to make decisions for you. (Your agent may not be an operator or employee of a community care facility or a residential care facility where you are receiving care, or your supervising health care provider or employee of the health care institution where you are receiving care, unless your agent is related to you or is a coworker.)

Unless the form you sign limits the authority of your agent, your agent may make all health care decisions for you. This form has a place for you to limit the authority of your agent. You need not limit the authority of your agent if you wish to rely on your agent for all health care decisions that may have to be made. If you choose not to limit the authority of your agent, your agent will have the right to:

(a) Consent or refuse consent to any care, treatment, service, or procedure to maintain, diagnose, or otherwise affect a physical or mental condition.

(b) Select or discharge health care providers and institutions.

(c) Approve or disapprove diagnostic tests, surgical procedures, and programs of medication.

(d) Direct the provision, withholding, or withdrawal of artificial nutrition and hydration and all other forms of health care, including cardiopulmonary resuscitation.

(e) Make anatomical gifts, authorize an autopsy, and direct disposition of remains.

Part 2 of this form lets you give specific instructions about any aspect of your health care, whether or not you appoint an agent. Choices are provided for you to express your wishes regarding the provision, withholding, or withdrawal of treatment to keep you alive, as well as the provision of pain relief. Space is also provided for you to add to the choices you have made or for you to write out any additional wishes. If you are satisfied to allow your agent to determine what is best for you in making end–of–life decisions, you need not fill out Part 2 of this form.

Part 3 of this form lets you express an intention to donate your bodily organs and tissues following your death.

Part 4 of this form lets you designate a physician to have primary responsibility for your health care.

After completing this form, sign and date the form at the end. The form must be signed by two qualified witnesses or acknowledged before a notary public. Give a copy of the signed and completed form to your physician, to any other health care providers you may have, to any health care institution at which you are receiving care, and to any health care agents you have named. You should talk to the person you have named as agent to make sure that he or she understands your wishes and is willing to take the responsibility.

You have the right to revoke this advance health care directive or replace this form at any time.

* * * * * * * * * * * * * * * * * * * *

PART 1
POWER OF ATTORNEY FOR HEALTH CARE

(1.1) DESIGNATION OF AGENT: I designate the following individual as my agent to make health care decisions for me:

_____
(name of individual you choose as agent)

_____
(address) (city) (state) (ZIP Code)

_____
(home phone) (work phone)

OPTIONAL: If I revoke my agent's authority or if my agent is not willing, able, or reasonably available to make a health care decision for me, I designate as my first alternate agent:

_____
(name of individual you choose as first alternate agent)

_____
(address) (city) (state) (ZIP Code)

_____
(home phone) (work phone)

OPTIONAL: If I revoke the authority of my agent and first alternate agent or if neither is willing, able, or reasonably available to make a health care decision for me, I designate as my second alternate agent:

_____
(name of individual you choose as second alternate agent)

_____
(address) (city) (state) (ZIP Code)

_____
(home phone) (work phone)

(1.2) AGENT'S AUTHORITY: My agent is authorized to make all health care decisions for me, including decisions to provide, withhold, or withdraw artificial nutrition and hydration and all other forms of health care to keep me alive, except as I state here:

_____
_____
_____
(Add additional sheets if needed.)

(1.3) WHEN AGENT'S AUTHORITY BECOMES EFFECTIVE: My agent's authority becomes effective when my primary physician determines that I am unable to make my own health care decisions unless I mark the following box. If I mark this box □, my agent's authority to make health care decisions for me takes effect immediately.

(1.4) AGENT'S OBLIGATION: My agent shall make health care decisions for me in accordance with this power of attorney for health care, any instructions I give in Part 2 of this form, and my other wishes to the extent known to my agent. To the extent my wishes are unknown, my agent shall make health care decisions for me in accordance with what my agent determines to be in my best interest. In determining my best interest, my agent shall consider my personal values to the extent known to my agent.

(1.5) AGENT'S POSTDEATH AUTHORITY: My agent is authorized to make anatomical gifts, authorize an autopsy, and direct disposition of my remains, except as I state here or in Part 3 of this form:

_____
_____
_____
(Add additional sheets if needed.)

(1.6) NOMINATION OF CONSERVATOR: If a conservator of my person needs to be appointed for me by a court, I nominate the agent designated in this form. If that agent is not willing, able, or reasonably available to act as conservator, I nominate the alternate agents whom I have named, in the order designated.

PART 2
INSTRUCTIONS FOR HEALTH CARE

If you fill out this part of the form, you may strike any wording you do not want.

(2.1) END–OF–LIFE DECISIONS: I direct that my health care providers and others involved in my care provide, withhold, or withdraw treatment in accordance with the choice I have marked below:

□ (a) Choice Not To Prolong Life

I do not want my life to be prolonged if (1) I have an incurable and irreversible condition that will result in my death within a relatively short time, (2) I become unconscious and, to a reasonable degree of medical certainty, I will not regain consciousness, or (3) the likely risks and burdens of treatment would outweigh the expected benefits, OR

□ (b) Choice To Prolong Life

I want my life to be prolonged as long as possible within the limits of generally accepted health care standards.

(2.2) RELIEF FROM PAIN: Except as I state in the following space, I direct that treatment for alleviation of pain or discomfort be provided at all times, even if it hastens my death:

_____
_____
(Add additional sheets if needed.)

(2.3) OTHER WISHES: (If you do not agree with any of the optional choices above and wish to write your own, or if you wish to add to the instructions you have given above, you may do so here.) I direct that:

_____

_____

(Add additional sheets if needed.)

PART 3
DONATION OF ORGANS AT DEATH
(OPTIONAL)

(3.1) Upon my death (mark applicable box):

☐ (a) I give any needed organs, tissues, or parts, OR

☐ (b) I give the following organs, tissues, or parts only.[1]

_____

☐ (c) My gift is for the following purposes (strike any of[2] the following you do not want):

(1) Transplant

(2) Therapy

(3) Research

(4) Education

PART 4
PRIMARY PHYSICIAN
(OPTIONAL)

(4.1) I designate the following physician as my primary[3] physician:

_____
(name of physician)

_____
(address) (city) (state) (ZIP Code)

_____
(phone)

OPTIONAL: If the physician I have designated above is not willing, able, or reasonably available to act as my primary physician, I designate[4] the following physician as my primary physician:
(name of physician)

_____
(name of physician)

_____
(address) (city) (state) (ZIP Code)

_____
(phone)

* * * * * * * * * * * * * * * *

PART 5

(5.1) EFFECT OF COPY: A copy of this form has the same effect as[5] the original.

(5.2) SIGNATURE: Sign and date the form here:[6]

_____ _____
(date) (sign your name)

_____ _____
(address) (print your name)

_____
(city) (state)

(5.3) STATEMENT OF WITNESSES: I declare under penalty of perjury under the laws of California (1) that the individual who signed or acknowledged this advance health care directive is personally known to me, or that the individual's identity was proven to me by convincing evidence, (2) that the individual signed or acknowledged this advance directive in my presence, (3) that the individual appears to be of sound mind and under no duress, fraud, or undue influence, (4) that I am not a person appointed as agent by this advance directive, and (5) that I am not the individual's health care provider, an employee of the individual's health care provider, the operator of a community care facility, an employee of an operator of a community care facility, the operator of a residential care facility for the elderly, nor an employee of an operator of a residential care facility for the elderly.

First witness	Second witness
_____ (print name)	_____ (print name)
_____ (address)	_____ (address)
_____ (city) (state)	_____ (city) (state)
_____ (signature of witness)	_____ (signature of witness)
_____ (date)	_____ (date)

(5.4) ADDITIONAL STATEMENT OF WITNESSES: At least one of the above witnesses must also sign the following declaration:

I further declare under penalty of perjury under the laws of California that I am not related to the individual executing this advance health care directive by blood, marriage, or adoption, and to the best of my knowledge, I am not entitled to any part of the individual's estate upon his or her death under a will now existing or by operation of law.

_____ (signature of witness)	_____ (signature of witness)

PART 6
SPECIAL WITNESS REQUIREMENT

(6.1) The following statement is required only if you are a patient in a skilled nursing facility—a health care facility that provides the following basic services: skilled nursing care and supportive care to patients whose primary need is for availability of skilled nursing care on an extended basis. The patient advocate or ombudsman must sign the following statement:

STATEMENT OF PATIENT ADVOCATE OR OMBUDSMAN

I declare under penalty of perjury under the laws of California that I am a patient advocate or ombudsman as designated by the State Department of Aging and that I am serving as a witness as required by Section 4675 of the Probate Code.

_____ (date)	_____ (sign your name)
_____ (address)	_____ (print your name)
_____ (city) (state)	

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

[1] So in enrolled bill.

[2] So in enrolled bill.

[3] So in enrolled bill.

[4] So in enrolled bill.

[5] So in enrolled bill.

[6] So in enrolled bill.

Chapter 3 HEALTH CARE SURROGATES

§ 4711. Designation of surrogate for health care decisions; expiration; priority and revocation

(a) A patient may designate an adult as a surrogate to make health care decisions by personally informing the supervising health care provider. The designation of a surrogate shall be promptly recorded in the patient's health care record.

(b) Unless the patient specifies a shorter period, a surrogate designation under subdivision (a) is effective only during the course of treatment or illness or during the stay in the health care institution when the surrogate designation is made, or for 60 days, whichever period is shorter.

(c) The expiration of a surrogate designation under subdivision (b) does not affect any role the person designated under subdivision (a) may have in making health care decisions for the patient under any other law or standards of practice.

(d) If the patient has designated an agent under a power of attorney for health care, the surrogate designated under subdivision (a) has priority over the agent for the period provided in subdivision (b), but the designation of a surrogate does not revoke the designation of an agent unless the patient communicates the intention to revoke in compliance with subdivision (a) of Section 4695.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000. Amended by Stats.2001, c. 230 (A.B.1278), § 5.)

§ 4714. Decisions based on patient's best interests

A surrogate, including a person acting as a surrogate, shall make a health care decision in accordance with the patient's individual health care instructions, if any, and other wishes to the extent known to the surrogate. Otherwise, the surrogate shall make the decision in accordance with the surrogate's determination of the patient's best interest. In determining the patient's best interest, the surrogate shall consider the patient's personal values to the extent known to the surrogate.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4715. Disqualification of person from acting as surrogate

A patient having capacity at any time may disqualify another person, including a member of the patient's family, from acting as the patient's surrogate by a signed writing or by personally informing the supervising health care provider of the disqualification.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4716. Authority to make health care decisions on behalf of patient who is unconscious or incapable of communication; duty of hospital to make reasonable efforts to contact patient's agent, surrogate or family member; exceptions

Text of section as added by Stats.2001, c. 329 (S.B.751), § 1.

(a) Notwithstanding any other provision of law, within 24 hours of the arrival in the emergency department of a general acute care hospital of a patient who is unconscious or otherwise incapable of communication, the hospital shall make reasonable efforts to contact the patient's agent, surrogate, or a family member or other person the hospital reasonably believes has the authority to make health care decisions on behalf of the patient. A hospital shall be deemed to have made reasonable efforts, and to have discharged its duty under this section, if it does both of the following:

(1) Examines the personal effects, if any, accompanying the patient and any medical records regarding the patient in its possession, and reviews any verbal or written report made by emergency medical technicians or the police, to identify the name of any agent, surrogate, or a family member or other person the hospital reasonably believes has the authority to make health care decisions on behalf of the patient.

(2) Contacts or attempts to contact any agent, surrogate, or a family member or other person the hospital reasonably believes has the authority to make health care decisions on behalf of the patient, as identified in paragraph (1).

(b) The hospital shall document in the patient's medical record all efforts made to contact any agent, surrogate, or a family member or other person the hospital reasonably believes has the authority to make health care decisions on behalf of the patient.

(c) Application of this section shall be suspended during any period in which the hospital implements its disaster and mass casualty program, or its fire and internal disaster program.

(Added by Stats.2001, c. 329 (S.B.751), § 1.)

For another section of the same number, added by Stats.2001, c. 893 (A.B.25), § 49, see Probate Code § 4716, post.

§ 4716. Domestic partner of patient

Text of section as added by Stats.2001, c. 893 (A.B.25), § 49.

(a) If a patient lacks the capacity to make a health care decision, the patient's domestic partner shall have the same authority as a spouse has to make a health care decision for his or her incapacitated spouse. This section may not be construed to expand or restrict the ability of a spouse to make a health care decision for an incapacitated spouse.

(b) For the purposes of this section, the following definitions shall apply:

(1) "Capacity" has the same meaning as defined in Section 4609.

(2) "Health care" has the same meaning as defined in Section 4615.

(3) "Health care decision" has the same meaning as defined in Section 4617.

(4) "Domestic partner" has the same meaning as that term is used in Section 297 of the Family Code.

(Added by Stats.2001, c. 893 (A.B.25), § 49.)

For another section of the same number, added by Stats.2001, c. 329 (S.B.751), § 1, see Probate Code § 4716, ante.

Chapter 4 DUTIES OF HEALTH CARE PROVIDERS

§ 4730. Communication to patient

Before implementing a health care decision made for a patient, a supervising health care provider, if possible, shall promptly communicate to the patient the decision made and the identity of the person making the decision.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4731. Recording of information in patient's health care record; notification to agent or surrogate regarding revocation or disqualification

(a) A supervising health care provider who knows of the existence of an advance health care directive, a revocation of an advance health care directive, or a designation or disqualification of a surrogate, shall promptly record its existence in the patient's health care record and, if it is in writing, shall request a copy. If a copy is furnished, the supervising health care provider shall arrange for its maintenance in the patient's health care record.

(b) A supervising health care provider who knows of a revocation of a power of attorney for health care or a disqualification of a surrogate shall make a reasonable effort to notify the agent or surrogate of the revocation or disqualification.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4732. Primary physician; duty to record information regarding patient's capacity

A primary physician who makes or is informed of a determination that a patient lacks or has recovered capacity, or that another condition exists affecting an individual health care instruction or the authority of an agent, conservator of the person, or surrogate, shall promptly record the determination in the patient's health care record and communicate the determination to the patient, if possible, and to a person then authorized to make health care decisions for the patient.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4733. Compliance with health care instructions and health care decisions

Except as provided in Sections 4734 and 4735, a health care provider or health care institution providing care to a patient shall do the following:

(a) Comply with an individual health care instruction of the patient and with a reasonable interpretation of that instruction made by a person then authorized to make health care decisions for the patient.

(b) Comply with a health care decision for the patient made by a person then authorized to make health care decisions for the patient to the same extent as if the decision had been made by the patient while having capacity.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4734. Declining to comply with health care instruction or decision due to reasons of conscience

(a) A health care provider may decline to comply with an individual health care instruction or health care decision for reasons of conscience.

(b) A health care institution may decline to comply with an individual health care instruction or health care decision if the instruction or decision is contrary to a policy of the institution that is expressly based on reasons of conscience and if the policy was timely communicated to the patient or to a person then authorized to make health care decisions for the patient.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4735. Declining to comply with health care instruction or decision that is medically ineffective

A health care provider or health care institution may decline to comply with an individual health care instruction or health care decision that requires medically ineffective health care or health care contrary to generally accepted health care standards applicable to the health care provider or institution.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4736. Duties upon declining to comply with health care instruction or decision

A health care provider or health care institution that declines to comply with an individual health care instruction or health care decision shall do all of the following:

(a) Promptly so inform the patient, if possible, and any person then authorized to make health care decisions for the patient.

(b) Unless the patient or person then authorized to make health care decisions for the patient refuses assistance, immediately make all reasonable efforts to assist in the transfer of the patient to another health care provider or institution that is willing to comply with the instruction or decision.

(c) Provide continuing care to the patient until a transfer can be accomplished or until it appears that a transfer cannot be accomplished. In all cases, appropriate pain relief and other palliative care shall be continued.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

Chapter 5 IMMUNITIES AND LIABILITIES

§ 4740. Health care provider or institution; immunity from civil or criminal liability

A health care provider or health care institution acting in good faith and in accordance with generally accepted health care standards applicable to the health care provider or institution is not subject to civil or criminal liability or to discipline for unprofessional conduct for any actions in compliance with this division, including, but not limited to, any of the following conduct:

(a) Complying with a health care decision of a person that the health care provider or health care institution believes in good faith has the authority to make a health care decision for a patient, including a decision to withhold or withdraw health care.

(b) Declining to comply with a health care decision of a person based on a belief that the person then lacked authority.

(c) Complying with an advance health care directive and assuming that the directive was valid when made and has not been revoked or terminated.

(d) Declining to comply with an individual health care instruction or health care decision, in accordance with Sections 4734 to 4736, inclusive.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4741. Agent or surrogate; immunity from civil or criminal liability

A person acting as agent or surrogate under this part is not subject to civil or criminal liability or to discipline for unprofessional conduct for health care decisions made in good faith.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4742. Intentional violations and acts; liability; damages

(a) A health care provider or health care institution that intentionally violates this part is subject to liability to the aggrieved individual for damages of two thousand five hundred dollars ($2,500) or actual damages resulting from the violation, whichever is greater, plus reasonable attorney's fees.

(b) A person who intentionally falsifies, forges, conceals, defaces, or obliterates an individual's advance health care directive or a revocation of an advance health care directive without the individual's consent, or who coerces or fraudulently induces an individual to give, revoke, or not to give an advance health care directive, is subject to liability to that individual for damages of ten thousand dollars ($10,000) or actual damages resulting from the action, whichever is greater, plus reasonable attorney's fees.

(c) The damages provided in this section are cumulative and not exclusive of any other remedies provided by law.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4743. Altering or forging health care directive; criminal liability

Any person who alters or forges a written advance health care directive of another, or willfully conceals or withholds personal knowledge of a revocation of an advance directive, with the intent to cause a withholding or withdrawal of health care necessary to keep the patient alive contrary to the desires of the patient, and thereby directly causes health care necessary to keep the patient alive to be withheld or withdrawn and the death of the patient thereby to be hastened, is subject to prosecution for unlawful homicide as provided in Chapter 1 (commencing with Section 187) of Title 8 of Part 1 of the Penal Code.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

Part 3 JUDICIAL PROCEEDINGS

Chapter 1 GENERAL PROVISIONS

§ 4750. Necessity of judicial intervention or approval

Subject to this division:

(a) An advance health care directive is effective and exercisable free of judicial intervention.

(b) A health care decision made by an agent for a principal is effective without judicial approval.

(c) A health care decision made by a surrogate for a patient is effective without judicial approval.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4751. Cumulative nature of remedies

The remedies provided in this part are cumulative and not exclusive of any other remedies provided by law.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4752. Ability to limit judicial intervention or authority

Except as provided in Section 4753, this part is not subject to limitation in an advance health care directive.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4753. Limitation on ability of person to petition court; requirements; restrictions

(a) Subject to subdivision (b), an advance health care directive may expressly eliminate the authority of a person listed in Section 4765 to petition the court for any one or more of the purposes enumerated in Section 4766, if both of the following requirements are satisfied:

(1) The advance directive is executed by an individual having the advice of a lawyer authorized to practice law in the state where the advance directive is executed.

(2) The individual's lawyer signs a certificate stating in substance:

"I am a lawyer authorized to practice law in the state where this advance health care directive was executed, and _____ [insert name] was my client at the time this advance directive was executed. I have advised my client concerning his or her rights in connection with this advance directive and the applicable law and the consequences of signing or not signing this advance directive, and my client, after being so advised, has executed this advance directive."

(b) An advance health care directive may not limit the authority of the following persons to petition under this part:

(1) The conservator of the person, with respect to a petition relating to an advance directive, for a purpose specified in subdivision (b) or (d) of Section 4766.

(2) The agent, with respect to a petition relating to a power of attorney for health care, for a purpose specified in subdivision (b) or (c) of Section 4766.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4754. Jury trial

There is no right to a jury trial in proceedings under this division.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4755. Application of Division 3

Except as otherwise provided in this division, the general provisions in Division 3 (commencing with Section 1000) apply to proceedings under this division.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

Chapter 2 JURISDICTION AND VENUE

§ 4760. Superior court jurisdiction

(a) The superior court has jurisdiction in proceedings under this division.

(b) The court in proceedings under this division is a court of general jurisdiction and the court, or a judge of the court, has the same power and authority with respect to the proceedings as otherwise provided by law for a superior court, or a judge of the superior court, including, but not limited to, the matters authorized by Section 128 of the Code of Civil Procedure.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4761. Exercise of jurisdiction

The court may exercise jurisdiction in proceedings under this division on any basis permitted by Section 410.10 of the Code of Civil Procedure.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4762. Agent or surrogate subject to personal jurisdiction

Without limiting Section 4761, a person who acts as an agent under a power of attorney for health care or as a surrogate under this division is subject to personal jurisdiction in this state with respect to matters relating to acts and transactions of the agent or surrogate performed in this state or affecting a patient in this state.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4763. Venue

The proper county for commencement of a proceeding under this division shall be determined in the following order of priority:

(a) The county in which the patient resides.

(b) The county in which the agent or surrogate resides.

(c) Any other county that is in the patient's best interest.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

Chapter 3 PETITIONS AND ORDERS

§ 4765. Persons entitled to file petition

Subject to Section 4753, a petition may be filed under this part by any of the following persons:

(a) The patient.

(b) The patient's spouse, unless legally separated.

(c) A relative of the patient.

(d) The patient's agent or surrogate.

(e) The conservator of the person of the patient.

(f) The court investigator, described in Section 1454, of the county where the patient resides.

(g) The public guardian of the county where the patient resides.

(h) The supervising health care provider or health care institution involved with the patient's care.

(i) Any other interested person or friend of the patient.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4766. Purposes for filing petition

A petition may be filed under this part for any one or more of the following purposes:

(a) Determining whether or not the patient has capacity to make health care decisions.

(b) Determining whether an advance health care directive is in effect or has terminated.

(c) Determining whether the acts or proposed acts of an agent or surrogate are consistent with the patient's desires as expressed in an advance health care directive or otherwise made known to the court or, where the patient's desires are unknown or unclear, whether the acts or proposed acts of the agent or surrogate are in the patient's best interest.

(d) Declaring that the authority of an agent or surrogate is terminated, upon a determination by the court that the agent or surrogate has made a health care decision for the patient that authorized anything illegal or upon a determination by the court of both of the following:

(1) The agent or surrogate has violated, has failed to perform, or is unfit to perform, the duty under an advance health care directive to act consistent with the patient's desires or, where the patient's desires are unknown or unclear, is acting (by action or inaction) in a manner that is clearly contrary to the patient's best interest.

(2) At the time of the determination by the court, the patient lacks the capacity to execute or to revoke an advance health care directive or disqualify a surrogate.

(e) Compelling a third person to honor individual health care instructions or the authority of an agent or surrogate.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000. Amended by Stats.2001, c. 230 (A.B.1278), § 7.)

§ 4767. Commencement of proceeding

A proceeding under this part is commenced by filing a petition stating facts showing that the petition is authorized under this part, the grounds of the petition, and, if known to the petitioner, the terms of any advance health care directive in question.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4768. Dismissal of petition

The court may dismiss a petition if it appears that the proceeding is not reasonably necessary for the protection of the interests of the patient and shall stay or dismiss the proceeding in whole or in part when required by Section 410.30 of the Code of Civil Procedure.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4769. Notice of time and place of hearing

(a) Subject to subdivision (b), at least 15 days before the time set for hearing, the petitioner shall serve notice of the time and place of the hearing, together with a copy of the petition, on the following:

(1) The agent or surrogate, if not the petitioner.

(2) The patient, if not the petitioner.

(b) In the case of a petition to compel a third person to honor individual health care instructions or the authority of an agent or surrogate, notice of the time and place of the hearing, together with a copy of the petition, shall be served on the third person in the manner provided in Chapter 4 (commencing with Section 413.10) of Title 5 of Part 2 of the Code of Civil Procedure.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000. Amended by Stats.2001, c. 230 (A.B.1278), § 8.)

§ 4770. Temporary order prescribing health care

The court in its discretion, on a showing of good cause, may issue a temporary order prescribing the health care of the patient until the disposition of the petition filed under Section 4766. If a power of attorney for health care is in effect and a conservator (including a temporary conservator) of the person is appointed for the principal, the court that appoints the conservator in its discretion, on a showing of good cause, may issue a temporary order prescribing the health care of the principal, the order to continue in effect for the period ordered by the court but in no case longer than the period necessary to permit the filing and determination of a petition filed under Section 4766.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4771. Attorney's fees

In a proceeding under this part commenced by the filing of a petition by a person other than the agent or surrogate, the court may in its discretion award reasonable attorney's fees to one of the following:

(a) The agent or surrogate, if the court determines that the proceeding was commenced without any reasonable cause.

(b) The person commencing the proceeding, if the court determines that the agent or surrogate has clearly violated the duties under the advance health care directive.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

Part 4 REQUEST TO FORGO RESUSCITATIVE MEASURES

§ 4780. Definitions

(a) As used in this part:

(1) "Request to forgo resuscitative measures" means a written document, signed by (A) an individual, or a legally recognized surrogate health care decisionmaker, and (B) a physician, that directs a health care provider to forgo resuscitative measures for the individual.

(2) "Request to forgo resuscitative measures" includes a prehospital "do not resuscitate" form as developed by the Emergency Medical Services Authority or other substantially similar form.

(b) A request to forgo resuscitative measures may also be evidenced by a medallion engraved with the words "do not resuscitate" or the letters "DNR," a patient identification number, and a 24–hour toll–free telephone number, issued by a person pursuant to an agreement with the Emergency Medical Services Authority.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4781. "Health care provider"

As used in this part, "health care provider" includes, but is not limited to, the following:

(a) Persons described in Section 4621.

(b) Emergency response employees, including, but not limited to, firefighters, law enforcement officers, emergency medical technicians I and II, paramedics, and employees and volunteer members of legally organized and recognized volunteer organizations, who are trained in accordance with standards adopted as regulations by the Emergency Medical Services Authority pursuant to Sections 1797.170, 1797.171, 1797.172, 1797.182, and 1797.183 of the Health and Safety Code to respond to medical emergencies in the course of performing their volunteer or employee duties with the organization.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4782. Immunity from criminal or civil liability or other sanction

A health care provider who honors a request to forgo resuscitative measures is not subject to criminal prosecution, civil liability, discipline for unprofessional conduct, administrative sanction, or any other sanction, as a result of his or her reliance on the request, if the health care provider (a) believes in good faith that the action or decision is consistent with this part, and (b) has no knowledge that the action or decision would be inconsistent with a health care decision that the individual signing the request would have made on his or her own behalf under like circumstances.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4783. Forms; contents

(a) Forms for requests to forgo resuscitative measures printed after January 1, 1995, shall contain the following:

"By signing this form, the surrogate acknowledges that this request to forgo resuscitative measures is consistent with the known desires of, and with the best interest of, the individual who is the subject of the form."

(b) A substantially similar printed form is valid and enforceable if all of the following conditions are met:

(1) The form is signed by the individual, or the individual's legally recognized surrogate health care decisionmaker, and a physician.

(2) The form directs health care providers to forgo resuscitative measures.

(3) The form contains all other information required by this section.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4784. Presumption of validity or request

In the absence of knowledge to the contrary, a health care provider may presume that a request to forgo resuscitative measures is valid and unrevoked.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4785. Persons within or outside of hospital; application of part

This part applies regardless of whether the individual executing a request to forgo resuscitative measures is within or outside a hospital or other health care institution.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4786. Effect on other laws

This part does not repeal or narrow laws relating to health care decisionmaking.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

Part 5 ADVANCE HEALTH CARE DIRECTIVE REGISTRY

§ 4800. Registry system; establishment

(a) The Secretary of State shall establish a registry system through which a person who has executed a written advance health care directive may register in a central information center, information regarding the advance directive, making that information available upon request to any health care provider, the public guardian, or other person authorized by the registrant.

(b) Information that may be received and released is limited to the registrant's name, social security or driver's license or other individual identifying number established by law, if any, address, date

and place of birth, the intended place of deposit or safekeeping of the written advance health care directive, and the name and telephone number of the agent and any alternative agent.

(c) The Secretary of State, at the request of the registrant, may transmit the information received regarding the written advance health care directive to the registry system of another jurisdiction as identified by the registrant.

(d) The Secretary of State may charge a fee to each registrant in an amount such that, when all fees charged to registrants are aggregated, the aggregated fees do not exceed the actual cost of establishing and maintaining the registry.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4801. Procedures to verify identities; fees

The Secretary of State shall establish procedures to verify the identities of health care providers, the public guardian, and other authorized persons requesting information pursuant to Section 4800. No fee shall be charged to any health care provider, the public guardian, or other authorized person requesting information pursuant to Section 4800.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4802. Procedures to advise registrants of certain matters

The Secretary of State shall establish procedures to advise each registrant of the following:

(a) A health care provider may not honor a written advance health care directive until it receives a copy from the registrant.

(b) Each registrant must notify the registry upon revocation of the advance directive.

(c) Each registrant must reregister upon execution of a subsequent advance directive.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4803. Failure to register; effect on validity of directive

Failure to register with the Secretary of State does not affect the validity of any advance health care directive.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4804. Effect of registration on ability to revoke directive

Registration with the Secretary of State does not affect the ability of the registrant to revoke the registrant's advance health care directive or a later executed advance directive, nor does registration raise any presumption of validity or superiority among any competing advance directives or revocations.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

§ 4805. Effect of chapter on duties of health care providers

Nothing in this chapter shall be construed to require a health care provider to request from the registry information about whether a patient has executed an advance health care directive. Nothing in this chapter shall be construed to affect the duty of a health care provider to provide information to a patient regarding advance health care directives pursuant to any provision of federal law.

(Added by Stats.1999, c. 658 (A.B.891), § 39, operative July 1, 2000.)

PROBATE CODE — WILLS

Division 6 WILLS AND INTESTATE SUCCESSION

Part 1 WILLS

Chapter 1 GENERAL PROVISIONS

APPLICATION

Chapter 1 applicable where testator died on or after Jan. 1, 1985. For provisions applicable where testator died before Jan. 1, 1985, see § 6103 and Law Revision Commission Comments for sections in Chapter 1.

§ 6100. Persons who may make will

(a) An individual 18 or more years of age who is of sound mind may make a will.

(b) A conservator may make a will for the conservatee if the conservator has been so authorized by a court order pursuant to Section 2580. Nothing in this section shall impair the right of a conservatee who is mentally competent to make a will from revoking or amending a will made by the conservator or making a new and inconsistent will.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991. Amended by Stats.1995, c. 730 (A.B.1466), § 7.)

§ 6100.5. Persons not mentally competent to make a will; specified circumstances

(a) An individual is not mentally competent to make a will if at the time of making the will either of the following is true:

(1) The individual does not have sufficient mental capacity to be able to (A) understand the nature of the testamentary act, (B) understand and recollect the nature and situation of the individual's property, or (C) remember and understand the individual's relations to living descendants, spouse, and parents, and those whose interests are affected by the will.

(2) The individual suffers from a mental disorder with symptoms including delusions or hallucinations, which delusions or hallucinations result in the individual's devising property in a way which, except for the existence of the delusions or hallucinations, the individual would not have done.

(b) Nothing in this section supersedes existing law relating to the admissibility of evidence to prove the existence of mental incompetence or mental disorders.

(c) Notwithstanding subdivision (a), a conservator may make a will on behalf of a conservatee if the conservator has been so authorized by a court order pursuant to Section 2580.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991. Amended by Stats.1995, c. 730 (A.B.1466), § 8.)

§ 6101. Property which may be disposed of by will

A will may dispose of the following property:

(a) The testator's separate property.

(b) The one–half of the community property that belongs to the testator under Section 100.

(c) The one–half of the testator's quasi–community property that belongs to the testator under Section 101.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 6102. Persons to whom will may dispose of property

A will may make a disposition of property to any person, including but not limited to any of the following:

(a) An individual.

(b) A corporation.

(c) An unincorporated association, society, lodge, or any branch thereof.

(d) A county, city, city and county, or any municipal corporation.

(e) Any state, including this state.

(f) The United States or any instrumentality thereof.

(g) A foreign country or a governmental entity therein.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 6103. Application of certain chapters

Except as otherwise specifically provided, Chapter 1 (commencing with Section 6100), Chapter 2 (commencing with Section 6110), Chapter 3 (commencing with Section 6120), Chapter 4 (commencing with Section 6130), Chapter 6 (commencing with Section 6200), and Chapter 7 (commencing with Section 6300) of this division, and Part 1 (commencing with Section 21101) of Division 11, do not apply where the testator died before January 1, 1985, and the law applicable prior to January 1, 1985, continues to apply where the testator died before January 1, 1985.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991. Amended by Stats.2002, c. 138 (A.B.1784), § 6.)

§ 6104. Duress, menace, fraud, or undue influence; effect on execution or revocation

The execution or revocation of a will or a part of a will is ineffective to the extent the execution or revocation was procured by duress, menace, fraud, or undue influence.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

§ 6105. Conditional validity

A will, the validity of which is made conditional by its own terms, shall be admitted to probate or rejected, or denied effect after admission to probate, in conformity with the condition.

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991.)

PUBLIC CONTRACT CODE

Division 2 GENERAL PROVISIONS

Part 2 CONTRACTING BY STATE AGENCIES

Chapter 2 STATE ACQUISITION OF GOODS AND SERVICES

Article 2 APPROVAL OF CONTRACTS

§ 10295.3. Contracts for acquisition of goods or services between state agency and contractor; discrimination against employees with domestic partners; definitions; application of section; conditions; confidentiality; waiver of section requirements; violation of section

(a)(1) Notwithstanding any other provision of law, no state agency may enter into any contract for the acquisition of goods or services in the amount of one hundred thousand dollars ($100,000) or more with a contractor who, in the provision of benefits, discriminates between employees with spouses and employees with domestic partners, or discriminates between the domestic partners and spouses of those employees.

(2) For purposes of this section, "contract" includes contracts with a cumulative amount of one hundred thousand dollars ($100,000) or more per contractor in each fiscal year.

(3) For purposes of this section, "domestic partner" means one of two persons who has filed a declaration of domestic partnership with the Secretary of State pursuant to Division 2.5 (commencing with Section 297) of the Family Code.

(4)(A) Subject to subparagraph (B), this section does not apply to any contracts executed or amended prior to January 1, 2007, or to bid packages advertised and made available to the public, or any competitive or sealed bids received by the state, prior to January 1, 2007, unless and until those contracts or property contracts are amended after December 31, 2006, and would otherwise be subject to this section.

(B) If a duration of a contract executed or amended prior to January 1, 2007, is for more than one year going beyond January 1, 2008, this section shall apply to the contract on January 1, 2008.

(5) The requirements of this section shall apply only to those portions of a contractor's operations that occur under any of the following conditions:

(A) Within the state.

(B) On real property outside the state if the property is owned by the state or if the state has a right to occupy the property, and if the contractor's presence at that location is connected to a contract with the state.

(C) Elsewhere in the United States where work related to a state contract is being performed.

(b) Contractors shall treat as confidential to the maximum extent allowed by law or by the requirement of the contractor's insurance provider, any request by an employee or applicant for employment for domestic partner or spousal benefits or any documentation of eligibility for domestic partner or spousal benefits submitted by an employee or applicant for employment.

(c) After taking all reasonable measures to find a contractor that complies with this section as determined by the state agency, the requirements of this section may be waived under any of the following circumstances:

(1) Whenever there is only one prospective contractor willing to enter into a specific contract with the state agency.

(2) If the contract is necessary to respond to an emergency, as determined by the state agency, that endangers the public health, welfare, or safety, or the contract is necessary for the provision of essential services, and no entity that complies with the requirements of this section capable of responding to the emergency is immediately available.

(3) Where the requirements of this section violate, or are inconsistent, with the terms or conditions of a grant, subvention, or agreement, provided that a good faith attempt has been made by the agency to change the terms or conditions of any grant, subvention, or agreement to authorize application of this section.

(4) Where the contractor is providing wholesale or bulk water, power, or natural gas, the conveyance or transmission of the same, or ancillary services, as required for assuring reliable services in accordance with good utility practice, provided that the purchase of the same may not practically be accomplished through the standard competitive bidding procedures; and further provided that this exemption does not apply to contractors providing direct retail services to end users.

(d)(1) If there is a difference in the cost to provide a certain benefit to a domestic partner or spouse, the contractor is not deemed to be in violation of this section so long as it permits the employee to pay any excess costs.

(2) The contractor is not deemed to discriminate in the provision of benefits if the contractor, in providing the benefits, pays the actual costs incurred in obtaining the benefit.

(3) In the event a contractor is unable to provide a certain benefit, despite taking reasonable measures to do so, the contractor may not be deemed to discriminate in the provision of benefits.

(4) For any contracts executed or amended on or after July 1, 2004, and prior to January 1, 2007, and to bid packages advertised and made available to the public, or any competitive or sealed bids received by the state, on or after July 1, 2004, and prior to January 1, 2007, unless and until those contracts or bid packages are amended after June 30, 2004, but prior to January 1, 2007, and would otherwise be subject to this section, a contractor may require an employee to pay the costs of providing additional benefits that are offered to comply with this section if an employee elects to have the additional benefits. This paragraph shall not be construed to permit a contractor to require an employee to cover the costs of providing any benefits, which have otherwise been provided to all employees regardless of marital or domestic partner status.

(e) A contractor is not deemed to be in violation of this section if the contractor does any of the following:

(1) Offers the same benefits to employees with domestic partners and employees with spouses and offers the same benefits to domestic partners and spouses of employees.

(2) Elects to provide the same benefits to individuals that are provided to employees' spouses and employees' domestic partners.

(3) Elects to provide benefits on a basis unrelated to an employee's marital status or domestic partnership status, including, but not limited to, allowing each employee to designate a legally domiciled member of the employee's household as being eligible for benefits.

(4) Elects not to provide benefits to employees based on their marital status or domestic partnership status, or elect not to provide benefits to employees' spouses and to employees' domestic partners.

(f)(1) Every contract subject to this chapter shall contain a

statement by which the contractor certifies that the contractor is in compliance with this section.

(2) The department or other contracting agency shall enforce this section pursuant to its existing enforcement powers.

(3)(A) If a contractor falsely certifies that it is in compliance with this section, the contract with that contractor shall be subject to Article 9 (commencing with Section 10420), unless, within a time period specified by the department or other contracting agency, the contractor provides to the department or agency proof that it has complied, or is in the process of complying, with this section.

(B) The application of the remedies or penalties contained in Article 9 (commencing with Section 10420) to a contract subject to this chapter shall not preclude the application of any existing remedies otherwise available to the department or other contracting agency under its existing enforcement powers.

(g) Nothing in this section is intended to regulate the contracting practices of any local jurisdiction.

(h) This section shall be construed so as not to conflict with applicable federal laws, rules, or regulations. In the event that a court or agency of competent jurisdiction holds that federal law, rule, or regulation invalidates any clause, sentence, paragraph, or section of this code or the application thereof to any person or circumstances, it is the intent of the state that the court or agency sever that clause, sentence, paragraph, or section so that the remainder of this section shall remain in effect.

(Added by Stats.2003, c. 752 (A.B.17), § 1.)

WELFARE AND INSTITUTIONS CODE

Division 2 CHILDREN

Part 1 DELINQUENTS AND WARDS OF THE JUVENILE COURT

Chapter 2 JUVENILE COURT LAW

Article 1 GENERAL PROVISIONS

§ 208. Detention or sentence to adult institutions; contact with adults; adults committed for sex offenses

(a) When any person under 18 years of age is detained in or sentenced to any institution in which adults are confined, it shall be unlawful to permit such person to come or remain in contact with such adults.

(b) No person who is a ward or dependent child of the juvenile court who is detained in or committed to any state hospital or other state facility shall be permitted to come or remain in contact with any adult person who has been committed to any state hospital or other state facility as a mentally disordered sex offender under the provisions of Article 1 (commencing with Section 6300) of Chapter 2 of Part 2 of Division 6, or with any adult person who has been charged in an accusatory pleading with the commission of any sex offense for which registration of the convicted offender is required under Section 290 of the Penal Code and who has been committed to any state hospital or other state facility pursuant to Section 1026 or 1370 of the Penal Code.

(c) As used in this section, "contact" does not include participation in supervised group therapy or other supervised treatment activities, participation in work furlough programs, or participation in hospital recreational activities which are directly supervised by employees of the hospital, so long as living arrangements are strictly segregated and all precautions are taken to prevent unauthorized associations.

(d) This section shall be operative January 1, 1998.

(Added by Stats.1993–94, 1st Ex.Sess., c. 23 (A.B.45), § 2, operative Jan. 1, 1998.)

Article 3 PROBATION COMMISSION

§ 241.1. Minor who appears to be dependent child and ward of court; initial determination of status pursuant to jointly developed written protocol

(a) Whenever a minor appears to come within the description of both Section 300 and Section 601 or 602, the county probation department and the child protective services department shall, pursuant to a jointly developed written protocol described in subdivision (b), initially determine which status will serve the best interests of the minor and the protection of society. The recommendations of both departments shall be presented to the juvenile court with the petition that is filed on behalf of the minor, and the court shall determine which status is appropriate for the minor. Any other juvenile court having jurisdiction over the minor shall receive notice from the court, within five calendar days, of the presentation of the recommendations of the departments. The notice shall include the name of the judge to whom, or the courtroom to which, the recommendations were presented.

(b) The probation department and the child protective services department in each county shall jointly develop a written protocol to ensure appropriate local coordination in the assessment of a minor described in subdivision (a), and the development of recommendations by these departments for consideration by the juvenile court. These protocols shall require, which requirements shall not be limited to, consideration of the nature of the referral, the age of the minor, the prior record of the minor's parents for child abuse, the prior record of the minor for out–of–control or delinquent behavior, the parents' cooperation with the minor's school, the minor's functioning at school, the nature of the minor's home environment, and the records of other agencies which have been involved with the minor and his or her family. The protocols also shall contain provisions for resolution of disagreements between the probation and child protective services departments regarding the need for dependency or ward status and provisions for determining the circumstances under which a new petition should be filed to change the minor's status.

(c) Whenever a minor who is under the jurisdiction of the juvenile court of a county pursuant to Section 300, 601, or 602 is alleged to come within the description of Section 300, 601, or 602 by another county, the county probation department or child protective services department in the county that has jurisdiction under Section 300, 601, or 602 and the county probation department or child protective services department of the county alleging the minor to be within one of those sections shall initially determine which status will best serve the best interests of the minor and the protection of society. The recommendations of both departments shall be presented to the juvenile court in which the petition is filed on behalf of the minor, and the court shall determine which status is appropriate for the minor. In making their recommendation to the juvenile court, the departments shall conduct an assessment consistent with the requirements of subdivision (b). Any other juvenile court having jurisdiction over the minor shall receive notice from the court in which the petition is filed within five calendar days of the presentation of the recommendations of the departments. The notice shall include the name of the judge to whom, or the courtroom to which, the recommendations were presented.

(d) Nothing in this section shall be construed to authorize the filing of a petition or petitions, or the entry of an order by the juvenile court, to make a minor simultaneously both a dependent child and a ward of the court.

(Added by Stats.1989, c. 1441, § 1. Amended by Stats.1998, c. 390 (S.B.2017), § 2; Stats.2001, c. 830 (S.B.940), § 3.)

Article 7 DEPENDENT CHILDREN TEMPORARY CUSTODY AND DETENTION

§ 319.1. Minors in need of specialized mental health treatment; notification of county mental health department

When the court finds a minor to be a person described by Section 300, and believes that the minor may need specialized mental health treatment while the minor is unable to reside in his or her natural home, the court shall notify the director of the county mental health department in the county where the minor resides. The county mental health department shall perform the duties required under Section 5694.7 for all those minors.

Nothing in this section shall restrict the provisions of emergency psychiatric services to those minors who are involved in dependency cases and have not yet reached the point of adjudication or disposition, nor shall it operate to restrict evaluations at an earlier stage of the proceedings or to restrict orders removing the minor from a detention facility for psychiatric treatment.

(Added by Stats.1985, c. 1286, § 1.6, eff. Sept. 30, 1985. Amended by Stats.1999, c. 892 (A.B.1672), § 16; Stats.2001, c. 854 (S.B.205), § 70.)

Article 9 DEPENDENT CHILDREN HEARINGS

§ 357. Holding minor in psychopathic ward of county hospital

Whenever the court, before or during the hearing on the petition, is of the opinion that the minor is mentally ill or if the court is in doubt concerning the mental health of any such person, the court may order that such person be held temporarily in the psychopathic ward of the county hospital or hospital whose services have been approved and/or contracted for by the department of health of the county, for observation and recommendation concerning the future care, supervision, and treatment of such person.

(Added by Stats.1976, c. 1068, p. 4769, § 9.)

Article 17 WARDS HEARINGS

§ 702.3. Insanity plea joined with general denial; hearings; treatment; period of commitment

Notwithstanding any other provision of law:

(a) When a minor denies, by a plea of not guilty by reason of insanity, the allegations of a petition filed pursuant to Section 602 of the Welfare and Institutions Code, and also joins with that denial a general denial of the conduct alleged in the petition, he or she shall first be subject to a hearing as if he or she had made no allegation of insanity. If the petition is sustained or if the minor denies the allegations only by reason of insanity, then a hearing shall be held on the question of whether the minor was insane at the time the offense was committed.

(b) If the court finds that the minor was insane at the time the offense was committed, the court, unless it appears to the court that the minor has fully recovered his or her sanity, shall direct that the minor be confined in a state hospital for the care and treatment of the mentally disordered or any other appropriate public or private mental health facility approved by the community program director, or the court may order the minor to undergo outpatient treatment as specified in Title 15 (commencing with Section 1600) of Part 2 of the Penal Code. The court shall transmit a copy of its order to the community program director or his or her designee. If the allegations of the petition specifying any felony are found to be true, the court shall direct that the minor be confined in a state hospital or other public or private mental health facility approved by the community program director for a minimum of 180 days, before the minor may be released on outpatient treatment. Prior to making the order directing that the minor be confined in a state hospital or other facility or ordered to undergo outpatient treatment, the court shall order the community program director or his or her designee to evaluate the minor and to submit to the court within 15 judicial days of the order his or her written recommendation as to whether the minor should be required to undergo outpatient treatment or committed to a state hospital or another mental health facility. If, however, it shall appear to the court that the minor has fully recovered his or her sanity the minor shall be remanded to the custody of the probation department until his or her sanity shall have been finally determined in the manner prescribed by law. A minor committed to a state hospital or other facility or ordered to undergo outpatient treatment shall not be released from confinement or the required outpatient treatment unless and until the court which committed him or her shall, after notice and hearing, in the manner provided in Section 1026.2 of the Penal Code, find and determine that his or her sanity has been restored.

(c) When the court, after considering the placement recommendation for the community program director required in subdivision (b), orders that the minor be confined in a state hospital or other public or private mental health facility, the court shall provide copies of the following documents which shall be taken with the minor to the state hospital or other treatment facility where the minor is to be confined:

(1) The commitment order, including a specification of the charges.

(2) The computation or statement setting forth the maximum time of commitment in accordance with Section 1026.5 and subdivision (e).

(3) A computation or statement setting forth the amount of credit, if any, to be deducted from the maximum term of commitment.

(4) State Summary Criminal History information.

(5) Any arrest or detention reports prepared by the police department or other law enforcement agency.

(6) Any court–ordered psychiatric examination or evaluation reports.

(7) The community program director's placement recommendation report.

(d) The procedures set forth in Sections 1026, 1026.1, 1026.2, 1026.3, 1026.4, 1026.5, and 1027 of the Penal Code, and in Title 15 (commencing with Section 1600) of Part 2 of the Penal Code, shall be applicable to minors pursuant to this section, except that, in cases involving minors, the probation department rather than the sheriff, shall have jurisdiction over the minor.

(e) No minor may be committed pursuant to this section for a period longer than the jurisdictional limits of the juvenile court, pursuant to Section 607, unless, at the conclusion of the commitment, by reason of a mental disease, defect, or disorder, he or she represents a substantial danger of physical harm to others, in which case the commitment for care and treatment beyond the jurisdictional age may be extended by proceedings in superior court in accordance with and under the circumstances specified in subdivision (b) of Section 1026.5 of the Penal Code.

(f) The provision of a jury trial in superior court on the issue of extension of commitment shall not be construed to authorize the determination of any issue in juvenile court proceedings to be made by a jury.

(Added by Stats.1978, c. 867, p. 2729, § 1. Amended by Stats.1984, c. 1415, § 3; Stats.1984, c. 1488, § 14.5; Stats.1989, c. 625, § 3.)

§ 705. Holding minor in psychopathic ward of county hospital

Whenever the court, before or during the hearing on the petition, is of the opinion that the minor is mentally disordered or if the court is in doubt concerning the mental health of any such person, the court may proceed as provided in Section 6550 of this code or Section 4011.6 of the Penal Code.

(Added by Stats.1961, c. 1616, p. 3484, § 2. Amended by Stats.1967, c. 1267, p. 3072, § 1; Stats.1976, c. 445, p. 1178, § 3, eff. July 10, 1976.)

WELFARE AND INSTITUTIONS CODE — MENTAL HEALTH

Division 4 MENTAL HEALTH

Part 1 GENERAL ADMINISTRATION, POWERS AND DUTIES OF THE DEPARTMENT

Chapter 1 GENERAL

§ 4000. Department

There is in the Health and Welfare Agency a State Department of Mental Health.

(Added by Stats.1977, c. 1252, p. 4482, § 486, operative July 1, 1978.)

§ 4001. Definitions

As used in this division:

(a) "Department" means the State Department of Mental Health.

(b) "Director" means the Director of Mental Health.

(c) "State hospital" means any hospital specified in Section 4100.

(Added by Stats.1967, c. 1667, p. 4055, § 35, operative July 1, 1969. Amended by Stats.1971, c. 1593, p. 3323, § 329, operative July 1, 1973; Stats.1977, c. 1252, p. 4482, § 487, operative July 1, 1978.)

§ 4004. Director as executive officer

The department is under the control of an executive officer known as the Director of Mental Health.

(Added by Stats.1967, c. 1667, p. 4055, § 35, operative July 1, 1969. Amended by Stats.1971, c. 1593, p. 3323, § 332, operative July 1, 1973; Stats.1977, c. 1252, p. 4483, § 492, operative July 1, 1978.)

§ 4005. Director; chief deputy; appointment; compensation; powers

With the consent of the Senate, the Governor shall appoint, to serve at his pleasure, the Director of Mental Health. He shall have the powers of a head of a department pursuant to Chapter 2 (commencing with Section 11150), Part 1, Division 3, Title 2 of the Government Code, and shall receive the salary provided for by Chapter 6 (commencing with Section 11550), Part 1, Division 3, Title 2 of the Government Code.

Upon recommendation of the director, the Governor may appoint a chief deputy director of the department who shall hold office at the pleasure of the Governor. The salary of the chief deputy director shall be fixed in accordance with law.

(Added by Stats.1977, c. 1252, p. 4483, § 493, operative July 1, 1978. Amended by Stats.1978, c. 432, p. 1499, § 8.9, eff. July 17, 1978, operative July 1, 1978.)

§ 4005.1. Rules and regulations

The department may adopt and enforce rules and regulations necessary to carry out its duties under this division.

(Added by Stats.1991, c. 89 (A.B.1288), § 4.)

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

§ 4005.4. Continuation of regulations

All regulations heretofore adopted by the State Department of Health pursuant to authority now vested in the State Department of Mental Health by Section 4005.1 and in effect immediately preceding the operative date of this section, shall remain in effect and shall be fully enforceable unless and until readopted, amended or repealed by the Director of Mental Health.

(Added by Stats.1977, c. 1252, p. 4483, § 496.5, operative July 1, 1978. Amended by Stats.1978, c. 429, p. 1439, § 178.5, eff. July 17, 1978, operative July 1, 1978.)

§ 4006. Grants and gifts

With the approval of the Department of Finance and for use in the furtherance of the work of the State Department of Mental Health, the director may accept any or all of the following:

(a) Grants of interest in real property.

(b) Grants of money received by this state from the United States, the expenditure of which is administered through or under the direction of any department of this state.

(c) Gifts of money from public agencies or from persons, organizations, or associations interested in the scientific, educational, charitable, or mental health fields.

(Added by Stats.1967, c. 1667, p. 4055, § 35, operative July 1, 1969. Amended by Stats.1973, c. 142, p. 414, § 65.4, eff. June 30, 1973, operative July 1, 1973; Stats.1977, c. 1252, p. 4484, § 497, operative July 1, 1978; Stats.1977, c. 327, p. 1276, § 1; Stats.1978, c. 429, p. 1439, § 179, eff. July 17, 1978, operative July 1, 1978; Stats.1991, c. 89 (A.B.1288), § 7, eff. June 30, 1991.)

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

§ 4007. Expenditures

The department may expend in accordance with law all money now or hereafter made available for its use, or for the administration of any statute administered by the department.

(Added by Stats.1967, c. 1667, p. 4055, § 35, operative July 1, 1969.)

§ 4008. Travel expenses; official business

(a) The department may expend money in accordance with law for the actual and necessary travel expenses of officers and employees of the department who are authorized to absent themselves from the State of California on official business.

(b) For the purposes of this section and of Sections 11030 and 11032 of the Government Code, the following constitutes, among other purposes, official business for officers and employees of the department for which these officers and employees shall be allowed actual and necessary traveling expenses when incurred either in or out of this state upon approval of the Governor and Director of Finance:

(1) Attending meetings of any national or regional association or organization having as its principal purpose the study of matters relating to the care and treatment of mentally ill persons.

(2) Conferring with officers or employees of the United States or other states, relative to problems of institutional care, treatment or management.

(3) Obtaining information from organizations, associations, or persons described in paragraphs (1) and (2) which would be useful in the conduct of the activities of the State Department of Mental Health.

(Added by Stats.1967, c. 1667, p. 4055, § 35, operative July 1, 1969. Amended by Stats.1971, c. 1593, p. 3323, § 334, operative July 1, 1973; Stats.1977, c. 1252, p. 4484, § 498, operative July 1, 1978; Stats.1991, c. 89 (A.B.1288), § 8, eff. June 30, 1991.)

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

§ 4009. Employees

The department may appoint and fix the compensation of such employees as it deems necessary, subject to the laws governing civil service.

(Added by Stats.1967, c. 1667, p. 4055, § 35, operative July 1, 1969.)

§ 4010. Applicable laws

Except as in this chapter otherwise prescribed, the provisions of the Government Code relating to state officers and departments shall apply to the State Department of Mental Health.

(Added by Stats.1967, c. 1667, p. 4055, § 35, operative July 1, 1969. Amended by Stats.1973, c. 142, p. 414, § 65.5, eff. June 30, 1973, operative July 1, 1973; Stats.1977, c. 1252, p. 4484, § 499, operative July 1, 1978.)

§ 4011. Execution of laws by department

Unless otherwise indicated in this code, the State Department of Mental Health has jurisdiction over the execution of the laws relating to the care, custody, and treatment of mentally disordered persons, as provided in this code.

As used in this division, "establishment" and "institution" include every hospital, sanitarium, boarding home, or other place receiving or caring for mentally disordered persons.

(Added by Stats.1967, c. 1667, p. 4055, § 35, operative July 1, 1969. Amended by Stats.1971, c. 1593, p. 3324, § 335, operative July 1, 1973; Stats.1977, c. 1252, p. 4484, § 500, operative July 1, 1978.)

§ 4011.5. State hospitals; special education and related services for individuals with exceptional needs

In counties where State Department of Mental Health hospitals are located, the state hospitals shall ensure that appropriate special education and related services, pursuant to Chapter 8 (commencing with Section 56850) of Part 30 of the Education Code, are provided eligible individuals with exceptional needs residing in state hospitals.

(Added by Stats.1980, c. 1191, p. 4001, § 5, eff. Sept. 29, 1980. Amended by Stats.1981, c. 1044, p. 4027, § 38.)

§ 4012. Powers and duties of department

The State Department of Mental Health may:

(a) Disseminate educational information relating to the prevention, diagnosis and treatment of mental disorder.

(b) Upon request, advise all public officers, organizations and agencies interested in the mental health of the people of the state.

(c) Conduct such educational and related work as will tend to encourage the development of proper mental health facilities throughout the state.

(d) Coordinate state activities involving other departments whose actions affect mentally ill persons.

(e) Coordinate with, and provide information to, other states and national organizations, on issues involving mental health.

(f) Disseminate information and federal and private foundation funding opportunities to counties and cities that administer mental health programs.

(Added by Stats.1967, c. 1667, p. 4055, § 35, operative July 1, 1969. Amended by Stats.1971, c. 1593, p. 3324, § 336, operative July 1, 1973; Stats.1977, c. 1252, p. 4484, § 501, operative July 1, 1978; Stats.1991, c. 89 (A.B.1288), § 9, eff. June 30, 1991; Stats.1991, c. 611 (A.B.1491), § 15, eff. Oct. 7, 1991.)

§ 4012.5. Aftercare services for patients on leave from state hospitals; contracts

The State Department of Mental Health may obtain psychiatric, medical and other necessary aftercare services for judicially committed patients on leave of absence from state hospitals by contracting with any city, county, local health district, or other public officer or agency, or with any private person or agency to furnish such services to patients in or near the home community of the patient. Any city, county, local health district, or other public officer or agency authorized by law to provide mental health and aftercare services is authorized to enter such contracts.

(Added by Stats.1968, c. 1374, p. 2637, § 5, operative July 1, 1969. Amended by Stats.1971, c. 1593, p. 3324, § 337, operative July 1, 1973; Stats.1977, c. 1252, p. 4485, § 502, operative July 1, 1978.)

§ 4015. Persons who have died while residing at state hospitals and developmental centers; inventory of materials and records to create record; location of gravesites; names of patients who donated remains for medical research; restoration of gravesites and cemeteries; protocol for future interment of patients who die while residing in state hospital or developmental center; creation of task force; status update on implementation

(a) The State Department of Mental Health shall, in coordination with the task force described in subdivision (c) and with other state entities, including, but not limited to, the Department of General Services, the State Department of Developmental Services, the Secretary of State, and the California State Library, do all of the following:

(1) Conduct and complete inventories of all of the following:

(A) All materials and records necessary to create the most complete record of persons who died while residing at any state hospital as defined in Section 7200, or any developmental center as defined in Section 4440.

(B) Within existing resources, identify the location of all gravesites at existing state hospitals and developmental center lands and of gravesites not located on state lands but designated by the state for burial of state hospital or developmental center residents. This shall include the location of remains that may have been moved from their original burial site and the location of grave markers that may have been moved from gravesites.

(C) Within existing resources, identify the names of patients whose remains were donated for medical research, the entity to which the remains were donated, and the final disposition of those remains.

(2) Assist and cooperate with the California Memorial Project in conducting research regarding the records of deaths and burials of persons at state hospitals and developmental centers and cemeteries based on the grounds of these facilities. This assistance shall, subject to paragraph (3), include the granting of access to those state records as necessary to perform the inventories described in this section.

(3) Notwithstanding Sections 4514 and 5328 or any other provision of law regarding confidentiality of patient records, the information described in this section shall be limited to the name, date of birth, date of death, and photographic images of any person who died while in residency at any state hospital or developmental center and shall be made available for the purposes of the implementation of this section. The exportation and use of these records or photographic images from state facilities shall be limited to the information delineated within, and the purposes of, this section.

(4) Assist the California Memorial Project in developing a plan for the restoration of gravesites and cemeteries at state hospitals and developmental centers and gravesites not located on state lands but designated by the state for burial of state hospital or developmental center residents.

(5) Develop a protocol for the future interment of patients who die while residing at a state hospital or developmental center and are unclaimed by a family member.

(b) The department may develop a protocol to coordinate the efforts of the state entities described in subdivision (a).

(c)(1) The department shall establish a task force to provide leadership and direction in carrying out the activities described in this section. The task force shall consist of representatives selected by each of the following entities:

(A) The Peer Self–Advocacy Unit of Protection and Advocacy, Inc.

(B) California Network of Mental Health Clients.

(C) Capitol People First.

(2) To the extent that funding is available, task force members shall be reimbursed for necessary travel expenses associated with serving

on the task force. When requested by a task force member with a disability, the state shall pay the cost of a facilitator chosen by the task force member.

(d) In implementing this section, the state shall make no structural changes to existing gravesites on state hospital or developmental center lands prior to the submission of, and which do not conform with, the restoration plan described in paragraph (4) of subdivision (a).

(e) The department shall submit a status update on the implementation of this section, including a description of barriers, if any, to conducting the activities described in this section, to the Legislature by January 31, 2004.

(Added by Stats.2002, c. 440 (S.B.1448), § 2. Amended by Stats.2003, c. 62 (S.B.600), § 322.)

§ 4016. Right to examine copies of code

In every place in which a mentally disordered person may be involuntarily held, the persons confined therein shall be permitted access to and examination or inspection of copies of this code.

(Added by Stats.1967, c. 1667, p. 4055, § 35, operative July 1, 1969.)

§ 4017. Resources and services

(a) The department may provide information to the Controller to guide distribution of resources dedicated for mental health services under Chapter 6 (commencing with Section 17600) of Part 5 of Division 9, and may distribute to a county or combination of counties acting jointly resources described in Part 2 (commencing with Section 5600) of Division 5, pursuant to Section 5701.

(b) The department may contract with a county or combination of counties for services described in this division and Division 5 (commencing with Section 5000), to the extent that those services are funded directly by the department.

(Added by Stats.1967, c. 1667, p. 4055, § 35, operative July 1, 1969. Amended by Stats.1968, c. 1374, p. 2638, § 6, operative July 1, 1969; Stats.1970, c. 1627, p. 3440, § 4.5; Stats.1985, c. 106, § 174; Stats.1991, c. 89 (A.B.1288), § 16, eff. June 30, 1991; Stats.1991, c. 611 (A.B.1491), § 16, eff. Oct. 7, 1991.)

§ 4021. Investigatory powers; notice to attorney general

When the department has reason to believe that any person held in custody as mentally disordered is wrongfully deprived of his liberty, or is cruelly or negligently treated, or that inadequate provision is made for the skillful medical care, proper supervision, and safekeeping of any such person, it may ascertain the facts. It may issue compulsory process for the attendance of witnesses and the production of papers, and may exercise the powers conferred upon a referee in a superior court. It may make such orders for the care and treatment of such person as it deems proper.

Whenever the department undertakes an investigation into the general management and administration of any establishment or place of detention for the mentally disordered, it may give notice of such investigation to the Attorney General, who shall appear personally or by deputy, to examine witnesses in attendance and to assist the department in the exercise of the powers conferred upon it in this code.

(Added by Stats.1967, c. 1667, p. 4055, § 35, operative July 1, 1969. Amended by Stats.1977, c. 1252, p. 4486, § 506, operative July 1, 1978; Stats.1978, c. 429, p. 1440, § 180, eff. July 17, 1978, operative July 1, 1978.)

§ 4022. Complaints; verification; service; notice

When complaint is made to the department regarding the officers or management of any hospital or institution for the mentally disordered, or regarding the management of any person detained therein or regarding any person held in custody as mentally disordered, the department may, before making an examination regarding such complaint, require it to be made in writing and sworn to before an officer authorized to administer oaths. On receipt of such a complaint, sworn to if so required, the department shall direct that a copy of the complaint be served on the authorities of the hospital or institution or the person against whom complaint is made, together with notice of the time and place of the investigation, as the department directs.

(Added by Stats.1967, c. 1667, p. 4055, § 35, operative July 1, 1969. Amended by Stats.1977, c. 1252, p. 4486, § 507, operative July 1, 1978.)

§ 4024. Review and approval of proposed allocations for level–of–care staffing in state hospitals serving persons with mental disabilities; assumptions underlying estimates of state hospital mentally disabled population; comparison of actual and estimated population levels; analysis of causes of change and fiscal impact

The State Department of Mental Health proposed allocations for level–of–care staffing in state hospitals that serve persons with mental disabilities shall be submitted to the Department of Finance for review and approval in July and again on a quarterly basis. Each quarterly report shall include an analysis of client characteristics of admissions and discharges in addition to information on any changes in characteristics of current residents.

The State Department of Mental Health shall submit by January 1 and May 1 to the Department of Finance for its approval: (a) all assumptions underlying estimates of state hospital mentally disabled population; and (b) a comparison of the actual and estimated population levels for the year to date. If the actual population differs from the estimated population by 50 or more, the department shall include in its reports an analysis of the causes of the change and the fiscal impact. The Department of Finance shall approve or modify the assumptions underlying all population estimates within 15 working days of their submission. If the Department of Finance does not approve or modify the assumptions by such date, the assumptions, as presented by the submitting department, shall be deemed to be accepted by the Department of Finance as of that date. The estimates of populations and the comparison of actual versus estimated population levels shall be made available to the Joint Legislative Budget Committee immediately following approval by the Department of Finance.

The Department of Finance shall also make available to the Joint Legislative Budget Committee a listing of all of the approved assumptions and the impact of each assumption, as well as all supporting data provided by the State Department of Mental Health or developed independently by the Department of Finance. However, such departmental estimates, assumptions, and other supporting data as have been prepared shall be forwarded to the Joint Legislative Budget Committee not later than January 15 or May 15 by the State Department of Mental Health in the event this information has not been released earlier.

(Added by Stats.1984, c. 268, § 33, eff. June 30, 1984.)

§ 4024.5. Multiple diagnoses; treatment; combined funding; plan

(a) The State Department of Mental Health and the State Department of Alcohol and Drug Programs, jointly, shall develop a plan, by July 1, 1994, to appropriately combine funding from both departments for the treatment of persons with multiple diagnoses.

(b) For purposes of this section, “multiple diagnoses” means diagnoses of chronic mental illness together with substance abuse of either illegal or legal drugs, including alcohol, or both.

(Added by Stats.1990, c. 845 (A.B.3054), § 1.)

§ 4025. Limit on charges; care; care treatment

Charges made by the department for the care and treatment of each patient in a facility maintained by the department shall not exceed the actual cost thereof as determined by the director in accordance with standard accounting practices. The director is not prohibited from including the amount of expenditures for capital outlay or the interest thereon, or both, in his determination of actual cost.

As used in this section, the terms “care” and “care and treatment”

include care, treatment, support, maintenance, and other services rendered by the department to a patient in the state hospital or other facility maintained by or under the jurisdiction of the department.
(Added by Stats.1968, c. 1374, p. 2638, § 8, operative July 1, 1969.)

§ 4026. Legislative findings and declarations; mentally disordered patients in need of long–term health care; extent of shortage of long–term health care services and programs; report to governor and legislature

(a) The Legislature finds and declares all of the following:

(1) That there is a severe shortage of adequate facilities for mentally disordered patients of all ages since the closing of the 48 out of 94 facilities in the mental illness program in 1968.

(2) That most of these mentally disordered people, who do not have families and money, are turned away from any treatment or therapy from the state and are forced to be sent out on the street.

(3) That these mentally disordered patients are not receiving the care that they are entitled to.

(4) That this shortage is demonstrated by the current practice of placing mentally disordered patients in jails and in transferring them from county to county.

(5) That mentally disordered patients are currently displacing potential residents over the age of 55 at our existing long–term health care facilities.

(6) That since the closing of these mental health facilities, the counties have been instructed by the State Department of Mental Health to commit the mentally disordered to skilled and long–term care nursing facilities.

(7) That when long–term care facilities house both mentally disordered patients and seniors, severe disruption and stress results, particularly in the nonmentally disordered senior population.

(8) That in order to meet the needs of seniors residing in long–term health care facilities, as well as mentally disordered patients, it would be of immense value to preclude mentally disordered persons from residing in long–term health care facilities, while, at the same time, ensuring that adequate facilities exist for the housing of mentally disordered patients.

(b) The State Department of Mental Health shall determine the extent of the problem, and identify the number of mentally disordered patients who are in need of long–term health care.

The department also shall determine how many people, whose primary illness is a mental disorder, are residing in long–term health care facilities, as defined in Section 1418 of the Health and Safety Code. If deemed appropriate, the department shall ask that any person whose primary illness is a mental disorder be precluded from residing in long–term health care facilities, if the residence is not in accordance with the then current licensing requirements.

The department also shall identify the extent of the shortage of long–term health care services and programs and make a preliminary estimate of costs of providing long–term health care services and programs for those patients. Those services and programs shall be ready to serve mentally disordered persons prior to any mentally disordered patient being denied admission to, or discharged from, the health care facility, when the denial or discharge has been made to comply with the then current licensing requirements.

The department shall report the results of its investigation to the Governor and the Legislature by January 1, 1990, with recommendations on the desired course of action to alleviate any problems identified resulting from inappropriate placement of mentally disordered persons in these facilities.
(Added by Stats.1988, c. 1494, § 1.)

§ 4027. Regulations concerning inpatient rights of certain mentally ill offenders

The State Department of Mental Health may adopt regulations concerning patients' rights and related procedures applicable to the inpatient treatment of mentally ill offenders receiving treatment pursuant to Sections 1026, 1026.2, 1364, 1370, 1610, and 2684 of the Penal Code, Section 1756 of the Welfare and Institutions Code, persons receiving treatment as mentally disordered sex offenders, and inmates of jail psychiatric units.
(Added by Stats.1986, c.933, § 1.)

Chapter 2 PLANNING, RESEARCH, EVALUATION AND QUALITY ASSURANCE

Article 1 PLANNING, RESEARCH, EVALUATION AND QUALITY ASSURANCE

§ 4030. Organization of staff to assure implementation

The Director of Mental Health shall organize appropriate staff of the department to ensure implementation of the planning, research, evaluation, technical assistance, and quality assurance responsibilities set forth in this chapter.
(Added by Stats.1978, c. 1393, p. 4608, § 2. Amended by Stats.1991, c. 89 (A.B.1288), § 19, eff. June 30, 1991.)

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

§ 4031. Duties of state department of mental health

The State Department of Mental Health shall, to the extent resources are available, do all of the following:

(a) Conduct, sponsor, coordinate, and disseminate results of research and evaluation directed to the public policy issues entailed in the selection of resource utilization and service delivery in the state.

(b) Make available technical assistance to local mental health programs incorporating the results of research, evaluation, and quality assurance to local mental health programs.

(c) Implement a system of required performance reporting by local mental health programs.

(d) Perform any other activities useful to improving and maintaining the quality of state mental hospital and community mental health programs.
(Added by Stats.1978, c. 1393, p. 4608, § 2. Amended by Stats.1991, c. 89 (A.B.1288), § 20, eff. June 30, 1991.)

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

§ 4032. Grants and contracts; giving and receipt

The department shall, when appropriate, give and receive grants and contracts for research, evaluation, and quality assurance efforts.
(Added by Stats.1978, c. 1393, p. 4608, § 2.)

§ 4033. Federal planning requirements; compliance by state

(a) The State Department of Mental Health shall, to the extent resources are available, comply with federal planning requirements. The department shall update and issue a state plan, which may also be any federally required state service plan, so that citizens may be informed regarding the implementation of, and long–range goals for, programs to serve mentally ill persons in the state. The department shall gather information from counties necessary to comply with this section.

(b)(1) If the State Department of Mental Health makes a decision not to comply with any federal planning requirement to which this section applies, the State Department of Mental Health shall submit the decision, for consultation, to the California Conference of Local Mental Health Directors, the California Council on Mental Health, and affected mental health entities.

(2) The State Department of Mental Health shall not implement any decision not to comply with federal planning requirements sooner

than 30 days after notification of that decision, in writing, by the Department of Finance, to the chairperson of the committee in each house of the Legislature which considers appropriations, and the Chairperson of the Joint Legislative Budget Committee.
(Added by Stats.1991, c. 89 (A.B.1288), § 21, eff. June 30, 1991. Amended by Stats.1991, c. 611 (A.B.1491), § 17, eff. Oct. 7, 1991.)

Article 2 RESEARCH AND EVALUATION

§ 4040. Clinical research or evaluation studies

The State Department of Mental Health may conduct, or contract for, research or evaluation studies which have application to policy and management issues. In selecting areas for study the department shall be guided by the information needs of state and local policymakers and managers, and suggestions from the California Conference of Local Mental Health Directors.
(Added by Stats.1978, c. 1393, p. 4608, § 2. Amended by Stats.1991, c. 89 (A.B.1288), § 22, eff. June 30, 1991.)

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

§ 4041. Clearinghouse for information; review and dissemination of results

The department shall serve as a clearinghouse for information on research and evaluation studies relevant to mental health. The department shall review and disseminate the results of local, state, and national research and evaluation studies that have important implications for mental health policy or management.
(Added by Stats.1978, c. 1393, p. 4608, § 2.)

§ 4042. Cooperation and coordination with other state and local agencies

The department shall cooperate and coordinate with other state and local agencies engaged in research and evaluation studies. Effort shall be made to coordinate with research, evaluation, and demonstration efforts of local mental health programs, state hospitals serving the mentally disordered, the Department of Rehabilitation, the State Department of Alcohol and Drug Programs, the State Department of Developmental Services, the State Department of Health Services, universities, and other special projects conducted or contracted for by the State Department of Mental Health.
(Added by Stats.1978, c. 1393, p. 4608, § 2. Amended by Stats.1991, c. 89 (A.B.1288), § 23, eff. June 30, 1991.)

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

§ 4043. Mental health research projects; intent; priorities

(a) It is the intent of the Legislature that the department provide leadership in the establishment and funding of mental health research projects. The projects shall lead to better understanding of the etiology of serious mental illness and the development of treatment alternatives necessary to meet the needs of the citizens of this state.

(b) The director shall appoint a Mental Health Research Advisory Committee. The committee shall consult with program administrators, providers, consumers, families, and research scientists. The committee shall advise and assist the director in establishing research priorities and in other research related activities as appropriate.
(Added by Stats.1991, c. 89 (A.B.1288), § 24, eff. June 30, 1991.)

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

§ 4044. Research priorities; funding

Research performed pursuant to this chapter shall have as a priority serious mental disorders. Research shall be conducted in, or in collaboration with, state or local mental health program facilities that serve public needs. In order to preserve continuity, research programs may be funded for up to five years depending upon the nature of the project and availability of funds.
(Added by Stats.1991, c. 89 (A.B.1288), § 25, eff. June 30, 1991.)

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

§ 4045. County requests for funds

In order to improve the quality of mental health care in this state, a portion of the funding for research pursuant to this chapter shall be used to provide technical advice, consultation, and education on diagnosis and treatment within the public mental health system upon request of a county.
(Added by Stats.1991, c. 89 (A.B.1288), § 26, eff. June 30, 1991.)

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

Article 3 TECHNICAL ASSISTANCE

§ 4050. Availability to county and other local mental health agencies

The State Department of Mental Health shall provide, to the extent resources are available, technical assistance, through its own staff, or by contract, to county mental health programs and other local mental health agencies in the areas of program operations, research, evaluation, demonstration, or quality assurance projects.
(Added by Stats.1978, c. 1393, p. 4608, § 2. Amended by Stats.1991, c. 89 (A.B.1288), § 27, eff. June 30, 1991; Stats.1991, c. 611 (A.B.1491), § 18, eff. Oct. 7, 1991.)

§ 4051. Guidelines, models and operational assistance

The State Department of Mental Health shall, to the extent resources are available, provide program development guidelines, evaluation models, and operational assistance on all aspects of services to mentally ill persons of all ages. These services include, but are not limited to, the following:

(a) Self–help programs.
(b) Housing development.
(c) Disaster preparation.
(d) Vocational services.
(e) Regional programs.
(f) Multiple diagnosis programs.

(Added by Stats.1991, c. 89 (A.B.1288), § 28, eff. June 30, 1991.)

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

§ 4052. Training

The State Department of Mental Health shall, to the extent resources are available, provide training in performance standards, model programs, cultural competency, and program development.
(Added by Stats.1991, c. 89 (A.B.1288), § 29, eff. June 30, 1991.)

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

§ 4060. Joint state–county decisionmaking process; implementation of § 4050

The department shall, in order to implement Section 4050, utilize

a joint state–county decisionmaking process that shall include local mental health directors and representatives of local mental health boards. The purpose of this collaboration shall be to promote effective and efficient quality mental health services to the residents of the state under the realigned mental health system.
(Added by Stats.1992, c. 1374 (A.B.14), § 2, eff. Oct. 28, 1992. Amended by Stats.1993, c. 564 (S.B.43), § 1.)

§ 4061. Joint state–county decisionmaking process; areas of use; inclusion of mental health board members; resources

(a) The department shall utilize a joint state–county decisionmaking process to determine the appropriate use of state and local training, technical assistance, and regulatory resources to meet the mission and goals of the state's mental health system. The department shall use the decisionmaking collaborative process required by this section in all of the following areas:

(1) Provide technical assistance to the State Department of Mental Health and local mental health departments through direction of existing state and local mental health staff and other resources.

(2) Analyze mental health programs, policies, and procedures.

(3) Provide forums on specific topics as they relate to the following:

(A) Identifying current level of services.

(B) Evaluating existing needs and gaps in current services.

(C) Developing strategies for achieving statewide goals and objectives in the provision of services for the specific area.

(D) Developing plans to accomplish the identified goals and objectives.

(4) Providing forums on policy development and direction with respect to mental health program operations and clinical issues.

(b) Local mental health board members shall be included in discussions pursuant to Section 4060 when the following areas are discussed:

(1) Training and education program recommendations.

(2) Establishment of statewide forums for all organizations and individuals involved in mental health matters to meet and discuss program and policy issues.

(3) Distribution of information between the state, local programs, local mental health boards, and other organizations as appropriate.

(c) The State Department of Mental Health and local mental health departments may provide staff or other resources, including travel reimbursement, for consultant and advisory services; for the training of personnel, board members, or consumers and families in state and local programs and in educational institutions and field training centers approved by the department; and for the establishment and maintenance of field training centers.
(Added by Stats.1992, c. 1374 (A.B.14), § 3, eff. Oct. 28, 1992.)

Article 4 MEDI–CAL QUALITY ASSURANCE

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

§ 4070. Development of quality assurance program; standards and guidelines

(a) The State Department of Mental Health shall develop a quality assurance program to govern the delivery of Short–Doyle Medi–Cal services, in order to assure quality patient care based on community standards of practice.

(b) The department shall issue standards and guidelines for local quality assurance activities. These standards and guidelines shall be reviewed and revised in consultation with the Conference of Local Mental Health Directors. The standards and guidelines shall be based on federal medicaid requirements.

(c) The standards and guidelines developed by the department shall reflect the special problems that small rural counties have in undertaking comprehensive quality assurance systems.
(Added by Stats.1978, c. 1393, p. 4608, § 2. Amended by Stats.1991, c. 89 (A.B.1288), § 32, eff. June 30, 1991.)

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

§ 4071. Approval of each local program

The department shall approve each local program's initial quality assurance plan, and shall thereafter review and approve each program's Short–Doyle Medi–Cal quality assurance plan whenever the plan is amended or changed.
(Added by Stats.1978, c. 1393, p. 4608, § 2. Amended by Stats.1991, c. 89 (A.B.1288), § 33, eff. June 30, 1991; Stats.1991, c. 611 (A.B.1491), § 19, eff. Oct. 7, 1991.)

Chapter 3 FACILITY LICENSING, PROGRAM CERTIFICATION, AND RATESETTING

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

Article 1 LICENSING AND RATESETTING ASSESSMENT

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

§ 4074. Assessment of need

To the extent resources are available, the department shall utilize state and federal laws, research findings, and information collected for county programs to assess the need for licensing and ratesetting activities statewide. County competition, including practices which supplement rates to ensure access, are an indicator of the need for revised ratesetting activities.
(Added by Stats.1991, c. 89 (A.B.1288), § 37, eff. June 30, 1991.)

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

Article 2 PRIVATE RESIDENTIAL CARE FACILITIES

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

§ 4075. Payment for special needs of mentally disordered persons; rates; eligibility criteria; establishment of standardized assessment tool and client monitoring system

The department shall establish and maintain an equitable system of payment for the special needs of mentally disordered persons in private residential care facilities for the mentally disabled as follows:

(a) The department shall establish the rates of payment which shall be based on the functional ability and programmatic needs of clients. The department shall establish a standardized assessment tool and client monitoring system for counties to use in determining the functional ability and programmatic needs of mentally disordered clients pursuant to this chapter.

(b) The department shall adopt regulations necessary to establish eligibility criteria for private residential care facilities, including, but not limited to, training and educational requirements for facility

operators and staff and ability to meet specified special needs of clients.

(c) The department shall establish rates annually in consultation with the California Conference of Local Mental Health Directors and provider groups. These rates shall include, but not be limited to, each of the cost elements in this section as follows:

(1) Rates established for all facilities shall include an adequate amount to care for basic living needs of a mentally disordered person. "Basic living needs" are defined to include housing, including shelter, utilities, and furnishings; food; and personal care. These amounts may be adjusted annually to reflect cost–of–living changes. A redetermination of basic living costs shall be undertaken every three years by the department using the best available estimating methods.

(2) To the extent applicable, rates established for facilities shall include a reasonable amount for unallocated services. These costs shall be determined using generally accepted accounting principles. "Unallocated services," for the purposes of this section, means the indirect costs of managing a facility and includes costs of managerial personnel, facility operation, maintenance and repair, employee benefits, taxes, interest, insurance, depreciation, and general and administrative support. If a facility serves other persons in addition to mentally disordered persons, unallocated services expenses shall be reimbursed under this section, only for the proportion of the costs associated with the care of mentally disordered persons.

(3) Rates established for facilities shall include an amount to reimburse facilities for the depreciation of mandated capital improvements and equipment as established in the state's uniform accounting manual. For purposes of this section, "mandated capital improvements and equipment" are only those remodeling and equipment costs incurred by a facility because an agency of government has required the remodeling or equipment as a condition for the use of the facility as a provider of care to mentally disordered persons.

(4) To the extent applicable, rates established for all facilities shall include as a factor an amount to reflect differences in the cost of living for different geographic areas in the state.

(5) Rates established for facilities shall include an amount for supervision where the functional ability or programmatic needs of residents require augmented supervisory staff.

(6) Rates of payment for private residential care facilities shall be established in such ways as to ensure the maximum utilization of all federal and other sources of funding, to which mentally disordered persons are legally entitled, prior to the commitment of state funds for those purposes.

(d) In no case shall the rates established under this section be less than the rates paid for equivalent categories of regional center clients which were in effect on July 1, 1985.

(Added by Stats.1979, c. 1194, p. 4700, § 2, eff. Sept. 30, 1979. Amended by Stats.1982, c. 115, § 41, eff. March 13, 1982; Stats.1985, c. 1352, § 2, eff. Oct. 1, 1985; Stats.1991, c. 89 (A.B.1288), § 39, eff. June 30, 1991; Stats.1991, c. 611 (A.B.1491), § 20, eff. Oct. 7, 1991.)

§ 4076. Contracts for additional services; payment rate system

Counties which contract with private residential care facilities for additional services for mentally disabled persons involving payment of supplemental rates shall utilize the payment rate system and facility guidelines for residential care facilities established pursuant to this chapter.

(Added by Stats.1991, c. 89 (A.B.1288), § 41, eff. June 30, 1991.)

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

§ 4078. Licensing of facilities

Facilities funded by contract for supplemental rates in accordance with this chapter shall be licensed under existing licensing categories, including provisional licenses.

(Added by Stats.1979, c. 1194, p. 4700, § 2, eff. Sept. 30, 1979. Amended by Stats.1991, c. 89 (A.B.1288), § 43, eff. June 30, 1991.)

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

Article 3 PSYCHIATRIC HEALTH FACILITIES

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

§ 4080. Licensing of facilities; review; standards; penalties

(a) Psychiatric health facilities, as defined in Section 1250.2 of the Health and Safety Code, shall only be licensed by the State Department of Mental Health subsequent to application by counties, county contract providers, or other organizations pursuant to this part.

(b)(1) For counties or county contract providers that choose to apply, the local mental health director shall first present to the local mental health advisory board for its review an explanation of the need for the facility and a description of the services to be provided. The local mental health director shall then submit to the governing body the explanation and description. The governing body, upon its approval, may submit the application to the State Department of Mental Health.

(2) Other organizations that will be applying for licensure and do not intend to use any Bronzan–McCorquodale funds pursuant to Section 5707 shall submit to the local mental health director and the governing body in the county in which the facility is to be located a written and dated proposal of the services to be provided. The local mental health director and governing body shall have 30 days during which to provide any advice and recommendations regarding licensure, as they deem appropriate. At any time after the 30–day period, the organizations may then submit their applications, along with the mental health director's and governing body's advice and recommendations, if any, to the State Department of Mental Health.

(c) The State Fire Marshal and other appropriate state agencies, to the extent required by law, shall cooperate fully with the State Department of Mental Health to ensure that the State Department of Mental Health approves or disapproves the licensure applications not later than 90 days after the application submission by a county, county contract provider, or other organization.

(d) Every psychiatric health facility and program for which a license has been issued shall be periodically inspected by a multidisciplinary team appointed or designated by the State Department of Mental Health. The inspection shall be conducted no less than once every two years and as often as necessary to ensure the quality of care provided. During the inspections the review team shall offer such advice and assistance to the psychiatric health facility as it deems appropriate.

(e)(1) The program aspects of a psychiatric health facility that shall be reviewed and may be approved by the State Department of Mental Health shall include, but not be limited to:

(A) Activities programs.
(B) Administrative policies and procedures.
(C) Admissions, including provisions for a mental evaluation.
(D) Discharge planning.
(E) Health records content.
(F) Health records services.
(G) Interdisciplinary treatment teams.
(H) Nursing services.
(I) Patient rights.
(J) Pharmaceutical services.
(K) Program space requirements.

(L) Psychiatrist and clinical psychological services.

(M) Rehabilitation services.

(N) Restraint and seclusion.

(O) Social work services.

(P) Space, supplies, and equipment.

(Q) Staffing standards.

(R) Unusual occurrences.

(S) Use of outside resources, including agreements with general acute care hospitals.

(T) Linguistic access and cultural competence.

(U) Structured outpatient services to be provided under special permit.

(2) The State Department of Mental Health has the sole authority to grant program flexibility.

(f) The State Department of Mental Health shall adopt regulations that shall include, but not be limited to, all of the following:

(1) Procedures by which the State Department of Mental Health shall review and may approve the program and facility requesting licensure as a psychiatric health facility as being in compliance with program standards established by the department.

(2) Procedures by which the Director of Mental Health shall approve, or deny approval of, the program and facility licensed as a psychiatric health facility pursuant to this section.

(3) Provisions for site visits by the State Department of Mental Health for the purpose of reviewing a facility's compliance with program and facility standards.

(4) Provisions for the State Department of Mental Health for any administrative proceeding regarding denial, suspension, or revocation of a psychiatric health facility license.

(5) Procedures for the appeal of an administrative finding or action pursuant to paragraph (4) of this subdivision and subdivision (j).

(g) Regulations shall be adopted by the State Department of Mental Health, which shall establish standards for pharmaceutical services in psychiatric health facilities. Licensed psychiatric health facilities shall be exempt from requirements to obtain a separate pharmacy license or permit.

(h)(1) It is the intent of the Legislature that the State Department of Mental Health shall license the facility in order to establish innovative and more competitive and specialized acute care services.

(2) The State Department of Mental Health shall review and may approve the program aspects of public or private facilities, with the exception of those facilities that are federally certified or accredited by a nationally recognized commission that accredits health care facilities, only if the average per diem charges or costs of service provided in the facility is approximately 60 percent of the average per diem charges or costs of similar psychiatric services provided in a general hospital.

(3)(A) When a private facility is accredited by a nationally recognized commission that accredits health care facilities, the department shall review and may approve the program aspects only if the average per diem charges or costs of service provided in the facility do not exceed approximately 75 percent of the average per diem charges or costs of similar psychiatric service provided in a psychiatric or general hospital.

(B) When a private facility serves county patients, the department shall review and may approve the program aspects only if the facility is federally certified by the Health Care Financing Administration and serves a population mix that includes a proportion of Medi–Cal patients sufficient to project an overall cost savings to the county, and the average per diem charges or costs of service provided in the facility do not exceed approximately 75 percent of the average per diem charges or costs of similar psychiatric service provided in a psychiatric or general hospital.

(4) When a public facility is federally certified by the Health Care Financing Administration and serves a population mix that includes a proportion of Medi–Cal patients sufficient to project an overall program cost savings with certification, the department shall approve the program aspects only if the average per diem charges or costs of service provided in the facility do not exceed approximately 75 percent of the average per diem charges or costs of similar psychiatric service provided in a psychiatric or general hospital.

(5)(A) The State Department of Mental Health may set a lower rate for private or public facilities than that required by paragraph (3) or paragraph (4), respectively if so required by the federal Health Care Financing Administration as a condition for the receipt of federal matching funds.

(B) This section does not impose any obligation on any private facility to contract with a county for the provision of services to Medi–Cal beneficiaries, and any contract for that purpose is subject to the agreement of the participating facility.

(6)(A) In using the guidelines specified in this subdivision, the department shall take into account local conditions affecting the costs or charges.

(B) In those psychiatric health facilities authorized by special permit to offer structured outpatient services not exceeding 10 daytime hours, the following limits on per diem rates shall apply:

(i) The per diem charge for patients in both a morning and an afternoon program on the same day shall not exceed 60 percent of the facility's authorized per diem charge for inpatient services.

(ii) The per diem charge for patients in either a morning or afternoon program shall not exceed 30 percent of the facility's authorized per diem charge for inpatient services.

(i) The licensing fees charged for these facilities shall be credited to the State Department of Mental Health for its costs incurred in the review of psychiatric health facility programs, in connection with the licensing of these facilities.

(j)(1) The State Department of Mental Health shall establish a system for the imposition of prompt and effective civil sanctions against psychiatric health facilities in violation of the laws and regulations of this state pertaining to psychiatric health facilities. If the State Department of Mental Health determines that there is or has been a failure, in a substantial manner, on the part of a psychiatric health facility to comply with the laws and regulations, the director may impose the following sanctions:

(A) Cease and desist orders.

(B) Monetary sanctions, which may be imposed in addition to the penalties of suspension, revocation, or cease and desist orders. The amount of monetary sanctions permitted to be imposed pursuant to this subparagraph shall not be less than fifty dollars ($50) nor more than one hundred dollars ($100) multiplied by the licensed bed capacity, per day, for each violation. However, the monetary sanction shall not exceed three thousand dollars ($3,000) per day. A facility that is assessed a monetary sanction under this subparagraph, and that repeats the deficiency, may, in accordance with the regulations adopted pursuant to this subdivision, be subject to immediate suspension of its license until the deficiency is corrected.

(2) The department shall adopt regulations necessary to implement this subdivision and paragraph (5) of subdivision (f) in accordance with the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code). No later than January 1, 1998, the department shall adopt emergency regulations necessary to implement this subdivision and paragraph (5) of subdivision (f) in accordance with the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code). This initial adoption of emergency regulations shall be deemed to be an emergency and necessary for the immediate preservation of the public peace, health and safety, or general welfare. These emergency regulations shall remain in effect for no more than 180 days. The certificate of compliance, as provided for in subdivision (e) of Section 11346.1 of the Government Code, for the emergency regulations adopted pursuant to this paragraph shall be submitted to

the Office of Administrative Law no later than July 1, 1998.

(k) Proposed changes in the standards or regulations affecting health facilities that serve the mentally disordered shall be effected only with the review and coordination of the Health and Welfare Agency.

(*l*) In psychiatric health facilities where the clinical director is not a physician, a psychiatrist, or if one is temporarily not available, a physician shall be designated who shall direct those medical treatments and services that can only be provided by, or under the direction of, a physician.

(Added by Stats.1991, c. 89 (A.B.1288), § 44, eff. June 30, 1991. Amended by Stats.1992, c. 4 (A.B.1902), § 3; Stats.1992, c. 1374 (A.B.14), § 4, eff. Oct. 28, 1992; Stats.1994, c. 329 (S.B.894), § 1; Stats.1996, c. 245 (A.B.2616), § 2, eff. July 22, 1996; Stats.1996, c. 403 (S.B.1608), § 1.)

Article 4 SOCIAL REHABILITATION FACILITIES AND COMMUNITY RESIDENTIAL TREATMENT PROGRAMS

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

§ 4090. Standards for residential treatment programs and facilities

(a) The State Department of Mental Health shall establish, by regulation, standards for the programs listed in Chapter 2.5 (commencing with Section 5670) of Part 2 of Division 5. These standards shall also be applied by the department to any facility licensed as a social rehabilitation facility pursuant to paragraph (7) of subdivision (a) of Section 1502 of the Health and Safety Code.

(b) In establishing the standards required by this section, the department shall not establish standards which in themselves impose any new or increased costs on the programs or facilities affected by the standards.

(Added by Stats.1991, c. 89 (A.B.1288), § 46, eff. June 30, 1991.)

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

§ 4091. Evaluation and enforcement of standards; delegation

Nothing in Section 4090 limits the authority of the State Department of Mental Health to delegate the evaluation and enforcement of the program standards to a county mental health program when a licensed social rehabilitation facility has a contractual relationship with a county mental health program and the county has requested the delegation.

(Added by Stats.1991, c. 89 (A.B.1288), § 46, eff. June 30, 1991. Amended by Stats.1991, c. 611 (A.B.1491), § 21, eff. Oct. 7, 1991; Stats.1992, c. 1374 (A.B.14), § 5, eff. Oct. 28, 1992.)

Article 5 PROGRAMS FOR SERIOUSLY EMOTIONALLY DISTURBED CHILDREN AND COURT WARDS AND DEPENDENTS

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

§ 4094. Program standards; compliance; delegation of certification and supervision; regulations; admission of minors

(a) The State Department of Mental Health shall establish, by regulations adopted at the earliest possible date, but no later than December 31, 1994, program standards for any facility licensed as a community treatment facility. This section shall apply only to community treatment facilities described in this subdivision.

(b) A certification of compliance issued by the State Department of Mental Health shall be a condition of licensure for the community treatment facility by the State Department of Social Services. The department may, upon the request of a county, delegate the certification and supervision of a community treatment facility to the county department of mental health.

(c) The State Department of Mental Health shall adopt regulations to include, but not be limited to, the following:

(1) Procedures by which the Director of Mental Health shall certify that a facility requesting licensure as a community treatment facility pursuant to Section 1502 of the Health and Safety Code is in compliance with program standards established pursuant to this section.

(2) Procedures by which the Director of Mental Health shall deny a certification to a facility or decertify a facility <u>that is</u> licensed as a community treatment facility pursuant to Section 1502 of the Health and Safety Code, but no longer complying with program standards established pursuant to this section, in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.

(3) Provisions for site visits by the State Department of Mental Health for the purpose of reviewing a facility's compliance with program standards established pursuant to this section.

(4) Provisions for the community care licensing staff of the State Department of Social Services to report to the State Department of Mental Health when there is reasonable cause to believe that a community treatment facility is not in compliance with program standards established pursuant to this section.

(5) Provisions for the State Department of Mental Health to provide consultation and documentation to the State Department of Social Services in any administrative proceeding regarding denial, suspension, or revocation of a community treatment facility license.

(d) The standards adopted by regulations pursuant to subdivision (a) shall include, but not be limited to, standards for treatment<u>,</u> staffing<u>,</u> and for the use of psychotropic medication, discipline, and <u>restraints</u> in the facilities. The standards shall also meet the requirements of Section 4094.5.

<u>(e)(1) Until January 1, 2007, all of the following are applicable:</u>

<u>(A) A community treatment facility shall not be required by the State Department of Mental Health to have 24–hour onsite licensed nursing staff, but shall retain at least one full–time, or full–time equivalent, registered nurse onsite if both of the following are applicable:</u>

<u>(i) The facility does not use mechanical restraint.</u>

<u>(ii) The facility only admits children who have been assessed, at the point of admission, by a licensed primary care provider and a licensed psychiatrist, who have concluded, with respect to each child, that the child does not require medical services that require 24–hour nursing coverage. For purposes of this section, a "primary care provider" includes a person defined in Section 14254, or a nurse practitioner who has the responsibility for providing initial and primary care to patients, for maintaining the continuity of care, and for initiating referral for specialist care.</u>

<u>(B) Other medical or nursing staff shall be available on call to provide appropriate services, when necessary, within one hour.</u>

<u>(C) All direct care staff shall be trained in first aid and cardiopulmonary resuscitation, and in emergency intervention techniques and methods approved by the Community Care Licensing Division of the State Department of Social Services.</u>

<u>(2) The State Department of Mental Health may adopt emergency regulations as necessary to implement this subdivision. The adoption of these regulations shall be deemed to be an emergency and necessary for the immediate preservation of the public peace, health and safety, and general welfare. The regulations shall be exempt from</u>

review by the Office of Administrative Law and shall become effective immediately upon filing with the Secretary of State. The regulations shall not remain in effect more than 180 days unless the adopting agency complies with all the provisions of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, as required by subdivision (e) of Section 11346.1 of the Government Code.

(f) During the initial public comment period for the adoption of the regulations required by this section, the community care facility licensing regulations proposed by the State Department of Social Services and the program standards proposed by the State Department of Mental Health shall be presented simultaneously.

(g) A minor shall be admitted to a community treatment facility only if the requirements of Section 4094.5 and either of the following conditions are met:

(1) The minor is within the jurisdiction of the juvenile court, and has made voluntary application for mental health services pursuant to Section 6552.

(2) Informed consent is given by a parent, guardian, conservator, or other person having custody of the minor.

(h) Any minor admitted to a community treatment facility shall have the same due process rights afforded to a minor who may be admitted to a state hospital, pursuant to the holding in In re Roger S. (1977) 19 Cal.3d 921. Minors who are wards or dependents of the court and to whom this subdivision applies shall be afforded due process in accordance with Section 6552 and related case law, including In re Michael E. (1975) 15 Cal.3d 183. Regulations adopted pursuant to Section 4094 shall specify the procedures for ensuring these rights, including provisions for notification of rights and the time and place of hearings.

(i) Notwithstanding Section 13340 of the Government Code, the sum of forty–five thousand dollars ($45,000) is hereby appropriated annually from the General Fund to the State Department of Mental Health for one personnel year to carry out the provisions of this section.

(Added by Stats.1991, c. 89 (A.B.1288), § 47, eff. June 30, 1991. Amended by Stats.1991, c. 610 (A.B.1727), § 2, eff. Oct. 7, 1991; Stats.1991, c. 611 (A.B.1491), § 22, eff. Oct. 7, 1991; Stats.1993, c. 1245 (S.B.282), § 4, eff. Oct. 11, 1993; Stats.2003, c. 62 (S.B.600), § 323; Stats.2003, c. 575 (A.B.1370), § 1.)

§ 4094.1. Joint protocols for oversight of community treatment facilities

(a)(1) The department and the State Department of Social Services, in consultation with community treatment providers, local mental health departments, and county welfare departments, shall develop joint protocols for the oversight of community treatment facilities.

(2) Subject to subdivision (b), until the protocols and regulatory changes required by paragraph (1) are implemented, entities operating community treatment facilities shall comply with the current reporting requirements and other procedural and administrative mandates established in State Department of Mental Health regulations governing community treatment facilities.

(b) In accordance with all of the following, the State Department of Social Services shall modify existing regulations governing reporting requirements and other procedural and administrative mandates, to take into account the seriousness and frequency of behaviors that are likely to be exhibited by children placed in community treatment facilities. The modifications required by this subdivision shall apply for the entire 2000–01 fiscal year.

(1) Notwithstanding existing regulations, the State Department of Social Services shall issue alternative training and education requirements for community treatment facility managers and staff, which shall be developed in consultation with the State Department of Mental Health, patients' rights advocates, local mental health departments, county welfare offices, and providers.

(2) The department and the State Department of Social Services shall conduct joint bimonthly visits to licensed community treatment facilities to monitor operational progress and to provide technical assistance.

(3) The appropriate department shall centrally review any certification or licensure deficiency before notice of the citation is issued to the community care facility.

(4) A community treatment facility shall be exempt from reporting any occurrence of the use of restraint to the State Department of Social Services, unless physical injury is sustained or unconsciousness or other medical conditions arise from the restraint. All other reporting requirements shall apply.

(Added by Stats.2000, c. 93 (A.B.2877), § 41, eff. July 7, 2000.)

§ 4094.2. Community treatment facility programs; payment rates; budgets; foster care rate; supplemental rate; documents to facilitate study; federal financial participation; emergency regulations

(a) For the purpose of establishing payment rates for community treatment facility programs, the private nonprofit agencies selected to operate these programs shall prepare a budget that covers the total costs of providing residential care and supervision and mental health services for their proposed programs. These costs shall include categories that are allowable under California's Foster Care program and existing programs for mental health services. They shall not include educational, nonmental health medical, and dental costs.

(b) Each agency operating a community treatment facility program shall negotiate a final budget with the local mental health department in the county in which its facility is located (the host county) and other local agencies, as appropriate. This budget agreement shall specify the types and level of care and services to be provided by the community treatment facility program and a payment rate that fully covers the costs included in the negotiated budget. All counties that place children in a community treatment facility program shall make payments using the budget agreement negotiated by the community treatment facility provider and the host county.

(c) A foster care rate shall be established for each community treatment facility program by the State Department of Social Services. These rates shall be established using the existing foster care ratesetting system for group homes, with modifications designed as necessary. It is anticipated that all community treatment facility programs will offer the level of care and services required to receive the highest foster care rate provided for under the current group home ratesetting system.

(d) For the 2001–02 fiscal year, the 2002–03 fiscal year, and the 2003–04 fiscal year, community treatment facility programs shall also be paid a community treatment facility supplemental rate of up to two thousand five hundred dollars ($2,500) per child per month on behalf of children eligible under the foster care program and children placed out of home pursuant to an individualized education program developed under Section 7572.5 of the Government Code. Subject to the availability of funds, the supplemental rate shall be shared by the state and the counties. Counties shall be responsible for paying a county share of cost equal to 60 percent of the community treatment rate for children placed by counties in community treatment facilities and the state shall be responsible for 40 percent of the community treatment facility supplemental rate. The community treatment facility supplemental rate is intended to supplement, and not to supplant, the payments for which children placed in community treatment facilities are eligible to receive under the foster care program and the existing programs for mental health services.

(e) For initial ratesetting purposes for community treatment facility funding, the cost of mental health services shall be determined by deducting the foster care rate and the community treatment facility supplemental rate from the total allowable cost of the community treatment facility program. Payments to certified providers for mental health services shall be based on eligible services provided to children who are Medi–Cal beneficiaries, up to the statewide maximum allowances for these services.

(f) Although there is statutory authorization for up to 400 community treatment facility beds statewide, it is anticipated that there will be a phased–in implementation of community treatment facilities, and that the average monthly community treatment facility caseload * * *, by fiscal year, will be as follows:

(1) During the 2001–02 fiscal year, approximately 100.

(2) During the 2002–03 fiscal year, approximately 140.

(3) During the 2003–04 fiscal year, approximately 175.

(g) The department shall provide the community treatment facility supplemental rates to the counties for advanced payment to the community treatment facility providers in the same manner as the regular foster care payment and within the same required payment time limits.

(h) In order to facilitate a study of the costs of community treatment facilities, licensed community treatment facilities shall provide all documents regarding facility operations, treatment, and placements requested by the department.

(i) It is the intent of the Legislature that the department and the State Department of Social Services work to maximize federal financial participation in funding for children placed in community treatment facilities through funds available pursuant to Titles IV–E and XIX of the federal Social Security Act (Title 42 U.S.C. Sec. 670 and following and Sec. 1396 and following) and other appropriate federal programs.

(j) The department and the State Department of Social Services may adopt emergency regulations necessary to implement joint protocols for the oversight of community treatment facilities, to modify existing licensing regulations governing reporting requirements and other procedural and administrative mandates to take into account the seriousness and frequency of behaviors that are likely to be exhibited by the seriously emotionally disturbed children placed in community treatment facility programs, to modify the existing foster care ratesetting regulations, and to pay the community treatment facility supplemental rate. The adoption of these regulations shall be deemed to be an emergency and necessary for the immediate preservation of the public peace, health and safety, and general welfare. The regulations shall become effective immediately upon filing with the Secretary of State. The regulations shall not remain in effect more than 180 days unless the adopting agency complies with all the provisions of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, as required by subdivision (e) of Section 11346.1 of the Government Code.

(Added by Stats.2000, c. 93 (A.B.2877), § 42, eff. July 7, 2000. Amended by Stats.2001, c. 171 (A.B.430), § 18, eff. August 10, 2001; Stats.2002, c. 1161 (A.B.442), § 25, eff. Sept. 30, 2002; Stats.2003, c. 230 (A.B.1762), § 44, eff. Aug. 11, 2003.)

§ 4094.5. Regulations; admission of children; containment; use of secure facility programs; fire clearance approval; certification of child as seriously emotionally disturbed; costs to counties

Regulations for community treatment facilities adopted pursuant to Section 4094 shall include, but not be limited to, the following:

(a) Only seriously emotionally disturbed children, as defined in Section 5699.2, for whom other less restrictive mental health interventions have been tried, as documented in the case plan, or who are currently placed in an acute psychiatric hospital or state hospital or in a facility outside the state for mental health treatment, and who may require periods of containment to participate in, and benefit from, mental health treatment, shall be placed in a community treatment facility. For purposes of this subdivision, lesser restrictive interventions shall include, but are not limited to, outpatient therapy, family counseling, case management, family preservation efforts, special education classes, or nonpublic schooling.

(b) A facility shall have the capacity to provide secure containment. For purposes of this section, a facility or an area of a facility shall be defined as secure if residents are not permitted to leave the premises of their own volition. All or part of a facility, including its perimeter, but not a room alone, may be locked or secure. If a facility uses perimeter fencing, all beds within the perimeter shall be considered secure beds. All beds outside of a locked or secure wing or facility shall be considered nonsecure beds.

(c) A locked or secure program in a facility shall not be used for disciplinary purposes, but shall be used for the protection of the minor. It may be used as a treatment modality for a child needing that level of care. The use of the secure facility program shall be for as short a period as possible, consistent with the child's case plan and safety. The department shall develop regulations governing the oversight, review, and duration of the use of secure beds.

(d) Fire clearance approval shall be obtained pursuant to Section 1531.2 of the Health and Safety Code.

(e)(1) Prior to admission, any child admitted to a community treatment facility shall have been certified as seriously emotionally disturbed, as defined in Section 5699.2, by a licensed mental health professional. The child shall, prior to admission, have been determined to be in need of the level of care provided by a community treatment facility, by a county interagency placement committee, as prescribed by Section 4096.

(2) Any county cost associated with the certification and the determination provided for in paragraph (1) may be billed as a utilization review expense.

(Added by Stats.1993, c. 1245 (S.B.282), § 5, eff. Oct. 11, 1993.)

§ 4094.6. Children; patients' rights provisions; habeas corpus hearings; regulations

The patients' rights provisions contained in Sections 5325, 5325.1, 5325.2, and 5326 shall be available to any child admitted to, or eligible for admission to, a community treatment facility. Every child placed in a community treatment facility shall have a right to a hearing by writ of habeas corpus, within two judicial days of the filing of a petition for the writ of habeas corpus with the superior court of the county in which the facility is located, for his or her release. Regulations adopted pursuant to Section 4094 shall specify the procedures by which this right shall be ensured. These regulations shall generally be consistent with the procedures contained in Section 5275 et seq., concerning habeas corpus for individuals, including children, subject to various involuntary holds.

(Added by Stats.1993, c. 1245 (S.B.282), § 6, eff. Oct. 11, 1993.)

§ 4094.7. Community treatment facilities; secure and nonsecure beds; number of beds; location of facilities; criteria used to determine programs to be licensed; nonprofit status

(a) A community treatment facility may have both secure and nonsecure beds. However, the State Department of Mental Health shall limit the total number of beds in community treatment facilities to not more than 400 statewide. The State Department of Mental Health shall certify community treatment facilities in such a manner as to ensure an adequate dispersal of these facilities within the state. The State Department of Mental Health shall ensure that there is at least one facility in each of the State Department of Social Services' four regional licensing divisions.

(b) The State Department of Mental Health shall notify the State Department of Social Services when a facility has been certified and has met the program standards pursuant to Section 4094. The State Department of Social Services shall license a community treatment facility for a specified number of secure beds and a specified number of nonsecure beds. The number of secure and nonsecure beds in a facility shall be modified only with the approval of both the State Department of Social Services and the State Department of Mental Health.

(c) The State Department of Mental Health shall develop, with the advice of the State Department of Social Services, county representatives, providers, and interested parties, the criteria to be used to determine which programs among applicant providers shall be licensed. The State Department of Mental Health shall determine

which agencies best meet the criteria, certify them in accordance with Section 4094, and refer them to the State Department of Social Services for licensure.

(d) Any community treatment facility proposing to serve seriously emotionally disturbed foster children shall be incorporated as a nonprofit organization.

(e) No later than January 1, 1996, the State Department of Mental Health shall submit its recommendation to the appropriate policy committees of the Legislature relative to the limitation on the number of beds set forth in this section.

(Added by Stats.1993, c. 1245 (S.B.282), § 7, eff. Oct. 11, 1993.)

§ 4095. Legislative intent; duties of department; eligibility requirements; information to be made available to legislature

(a) It is the intent of the Legislature that essential and culturally relevant mental health assessment, case management, and treatment services be available to wards of the court and dependent children of the court placed out of home or who are at risk of requiring out–of–home care. This can be best achieved at the community level through the active collaboration of county social service, probation, education, mental health agencies, and foster care providers.

(b) Therefore, using the Children's Mental Health Services Act (Part 4 (commencing with Section 5850) of Division 5) as a guideline, the State Department of Mental Health, in consultation with the California Conference of Local Mental Health Directors, the State Department of Social Services, the County Welfare Directors Association, the Chief Probation Officer's Association, county alcohol and drug program administrators, and foster care providers, shall do all of the following:

(1) By July 1, 1994, develop an individualized mental health treatment needs assessment protocol for wards of the court and dependent children of the court.

(2) Define supplemental services to be made available to the target population, including, but not limited to, services defined in Section 540 and following of Title 9 of the California Code of Regulations as of January 1, 1994, family therapy, prevocational services, and crisis support activities.

(3) Establish statewide standardized rates for the various types of services defined by the department in accordance with paragraph (2), and provided pursuant to this section. The rates shall be designed to reduce the impact of competition for scarce treatment resources on the cost and availability of care. The rates shall be implemented only when the state provides funding for the services described in this section.

(4) By January 1, 1994, to the extent state funds are available to implement this section, establish, by regulation, all of the following:

(A) Definitions of priority ranking of subsets of the court wards and dependents target population.

(B) A procedure to certify the mental health programs.

(c)(1) Only those individuals within the target population as defined in regulation and determined to be eligible for services as a result of a mental health treatment needs assessment may receive services pursuant to this section.

(2) Allocation of funds appropriated for the purposes of this section shall be based on the number of wards and dependents and may be adjusted in subsequent fiscal years to reflect costs.

(3) The counties shall be held harmless for failure to provide any assessment, case management, and treatment services to those children identified in need of services for whom there is no funding.

(d)(1) The department shall make information available to the Legislature, on request, on the service populations provided mental health treatment services pursuant to this section, the types and costs of services provided, and the number of children identified in need of treatment services who did not receive the services.

(2) The information required by paragraph (1) may include information on need, cost, and service impact experience from the following:

(A) Family preservation pilot programs.

(B) Pilot programs implemented under the former Children's Mental Health Services Act, as contained in Chapter 6.8 (commencing with Section 5565.10) of Part 1 of Division 5.

(C) Programs implemented under Chapter 26 (commencing with Section 7570) of Division 7 of Title 1 of the Government Code and Section 11401.

(D) County experience in the implementation of Section 4096.

(Added by Stats.1991, c. 89 (A.B.1288), § 47, eff. June 30, 1991. Amended by Stats.1991, c. 610 (A.B.1727), § 3, eff. Oct. 7, 1991; Stats.1991, c. 611 (A.B.1491), § 23, eff. Oct. 7, 1991; Stats.1992, c. 714 (S.B.307), § 3, eff. Sept. 15, 1992.)

§ 4096. Interagency collaboration; state–county contracts; allocation of funds; procedures for assessment of placed child

(a)(1) Interagency collaboration and children's program services shall be structured in a manner that will facilitate future implementation of the goals of the Children's Mental Health Services Act.

(2) Components shall be added to state–county performance contracts required in Section 5650 that provide for reports from counties on how this section is implemented.

(3) The department shall develop performance contract components required by paragraph (2).

(4) Performance contracts subject to this section shall document that the procedures to be implemented in compliance with this section have been approved by the county social services department and the county probation department.

(b) Funds specified in subdivision (a) of Section 17601 for services to wards of the court and dependent children of the court shall be allocated and distributed to counties based on the number of wards of the court and dependent children of the court in the county.

(c) A county may utilize funds allocated pursuant to subdivision (b) only if the county has an established and operational interagency placement committee, with a membership that includes at least the county placement agency and a licensed mental health professional from the county department of mental health. If necessary, the funds may be used for costs associated with establishing the interagency placement committee.

(d) Subsequent to the establishment of an interagency placement committee, funds allocated pursuant to subdivision (b) shall be used to provide services to wards of the court and dependent children of the court jointly identified by county mental health, social services, and probation departments as the highest priority. Every effort shall be made to match those funds with funds received pursuant to Title XIX of the federal Social Security Act, contained in Subchapter 19 (commencing with Section 1396) of Chapter 7 of Title 42 of the United States Code.

(e)(1) Each interagency placement committee shall establish procedures whereby a ward of the court or dependent child of the court, or a voluntarily placed child whose placement is funded by the Aid to Families with Dependent Children–Foster Care Program, who is to be placed or is currently placed in a group home program at a rate classification level 13 or rate classification level 14 as specified in Section 11462.01, is assessed as seriously emotionally disturbed, as defined in Section 5600.3 and Section 1502.4 of the Health and Safety Code.

(2) The assessment required by paragraph (1) shall also indicate that the child is in need of the care and services provided by that group home program.

(f) The interagency placement committee shall document the results of the assessment required by subdivision (e) and shall notify the appropriate group home provider and county placing agency, in writing, of those results within 10 days of the completion of the assessment.

(g) If the child's placement is not funded by the Aid to Families with Dependent Children–Foster Care Program, a licensed mental health professional, as defined in Sections 629 to 633, inclusive, of Title 9 of the California Code of Regulations, shall certify that the child is seriously emotionally disturbed, as defined in Section 5600.3 and Section 1502.4 of the Health and Safety Code.

(Added by Stats.1992, c. 714 (S.B.307), § 4, eff. Sept. 15, 1992. Amended by Stats.1994, c. 199 (A.B.1377), § 2, eff. July 18, 1994.)

§ 4096.5. Classification of group home program at rate classification level 13 or 14; certification; termination of certification

(a) The department shall make a determination, within 45 days of receiving a request from a group home to be classified at RCL 13 or RCL 14 pursuant to Section 11462.01, to certify or deny certification that the group home program includes provisions for mental health treatment services that meet the needs of seriously emotionally disturbed children. The department shall issue each certification for a period of one year and shall specify the effective date the program met the certification requirements. A program may be recertified if the program continues to meet the criteria for certification.

(b) The department shall, in consultation with the Conference of Local Mental Health Directors and representatives of provider organizations, develop the criteria for the certification required by subdivision (a) by July 1, 1992.

(c)(1) The department may, upon the request of a county, delegate to that county the certification task.

(2) Any county to which the certification task is delegated pursuant to paragraph (1) shall use the criteria and format developed by the department.

(d) The department or delegated county shall notify the State Department of Social Services Community Care Licensing Division immediately upon the termination of any certification issued in accordance with subdivision (a).

(Added by Stats.1992, c. 714 (S.B.307), § 5, eff. Sept. 15, 1992. Amended by Stats.1994, c. 199 (A.B.1377), § 3, eff. July 18, 1994.)

Chapter 4 DUAL DIAGNOSIS PILOT PROJECT

§ 4096.7. Pilot project; proposals; evaluations; report to legislature; duration

(a) Contingent upon the appropriation of funds in the annual Budget Act, commencing September 15, 2000, the State Department of Mental Health shall conduct a three–year pilot project under which funds shall be allocated to serve persons from culturally diverse, underserved populations, including clients from the Asian and Pacific Islander community and clients from the Latino community, who are dually diagnosed with both a mental illness and substance abuse problem.

(b) The department may develop and issue a request for proposals from county mental health departments and nonprofit organizations soliciting participation in the pilot project. System stakeholders shall be consulted in the development of the request for proposals and selection of each pilot area. At least two pilot areas shall be selected.

(c) Each eligible proposal shall, at a minimum, describe how the proposed pilot program will meet the following goals and objectives:

(1) Expand the continuum of culturally competent services and supports.

(2) Improve coordination of substance abuse and mental health services between programs or across counties in order to maximize the utilization of services and supports.

(3) Improve clinical standards in order to be able to provide culturally appropriate services and supports.

(4) Unify administrative policies between programs or across counties in order to provide more seamless services and supports and to better track and record utilization of services and supports.

(5) Develop long–term, cost–effective, multiprogram, or multicounty services to maximize the utilization of public dollars.

(d) Each eligible proposal shall include a description of specific activities to be accomplished by the pilot project, including, but not limited to:

(1) A needs assessment for the target populations.

(2) A description of the roles of community and local government partners under the pilot project.

(3) How service and support infrastructure will be developed to meet the needs of the target population, including the development of new services, enhancement of existing services, recruitment and training of culturally sensitive staff, and development and implementation of clinical policies and protocols.

(4) How outreach and enrollment will be accomplished.

(e) Each eligible proposal shall include an evaluation component, including, but not limited to:

(1) The extent to which goals and objectives have been met.

(2) Client satisfaction.

(3) Community satisfaction.

(4) Cost analysis.

(f) Each pilot project funded under this section shall submit to the department its evaluation, along with recommendations for the continuation or expansion of the program, by July 15, 2002.

(g) The department shall issue a report to the Legislature no later than September 1, 2002, on implementation of the pilot projects funded by this chapter and recommendations with respect to continuation and expansion.

(h) This chapter shall become inoperative on June 30, 2003, and, as of January 1, 2004, is repealed, unless a later enacted statute, that becomes operative on or before January 1, 2004, deletes or extends the dates on which it becomes inoperative and is repealed.

(Added by Stats.2000, c. 93 (A.B.2877), § 43, eff. July 7, 2000.)

Chapter 5 EARLY INTERVENTION MENTAL HEALTH PROGRAM

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

§ 4097. Establishment of program

There is hereby established, under the administration of the State Department of Mental Health, an Early Intervention Mental Health Program. This program shall provide services to infants and toddlers, from birth to three years of age, and their families. To the extent funding is available through the annual Budget Act, and professional collaborative relationships have been established, the program may be expanded beyond the 1999–2000 pilot project focus on children who have been diagnosed with a developmental disability or delay or who are at risk of a developmental disability or delay.

(Added by Stats.2000, c. 93 (A.B.2877), § 44, eff. July 7, 2000.)

§ 4097.1. Funding

Up to three million dollars ($3,000,000) may be allocated on an annual basis for three years to the department for this program. No more than 5 percent of these funds may be used for state administrative costs.

(Added by Stats.2000, c. 93 (A.B.2877), § 44, eff. July 7, 2000.)

§ 4097.2. Program services

Program services shall be designed to facilitate a relationship–based approach that promotes optimal social and emotional development of the child in interactions between parent, or primary caregiver and child, and shall include both prevention and treatment aspects. A key component of the program shall include training of, and technical assistance to, public and private agencies that currently provide, or plan to provide, early intervention mental health services.

(Added by Stats.2000, c. 93 (A.B.2877), § 44, eff. July 7, 2000.)

§ 4097.3. Evaluation of program

The program shall be formally evaluated by the department and the

results of the evaluation reported to the fiscal and policy committees of the Legislature before any additional state funding is authorized beyond June 30, 2003. The department shall provide interim annual progress reports to the Legislature by March 1, 2001, and 2002, which shall include data on the progress of implementation and findings to date.
(Added by Stats.2000, c. 93 (A.B.2877), § 44, eff. July 7, 2000.)

Chapter 6 SUICIDE PREVENTION PROGRAMS

§ 4098. Legislative findings and declarations

The Legislature finds and declares all of the following:

(a) The Surgeon General of the United States has described suicide prevention as a serious public health priority, and has called upon each state to develop a strategy for suicide prevention using a public health approach.

(b) In 1996, 3,401 Californians lost their lives to suicide, an average of nine residents per day. It is estimated that there are between 75,000 and 100,000 suicide attempts in California every year. 11 percent of all suicides in the nation take place in California.

(c) Adolescents are far more likely to attempt suicide than their older California counterparts. Data indicate that there are 100 attempts for every adolescent suicide completed. In 1996, 207 California youth died by suicide. Using this estimate, there were likely more than 20,000 suicide attempts made by California adolescents, and approximately 20 percent of all the estimated suicide attempts occurred in California.

(d) Of all of the violent deaths associated with schools nationwide since 1992, 14 percent were suicides.

(e) Homicide and suicide rank as the third and fifth leading causes of death for youth, respectively. Both are preventable. While the death rates for unintentional injuries decreased by more than 40 percent between 1979 and 1996, the death rates for homicide and suicide increased for youth. Evidence is growing in terms of the links between suicide and other forms of violence. This provides compelling reasons for broadening the state's scope in identifying risk factors for self–harmful behavior. The number of estimated youth suicide attempts; and the growing concerns of youth violence can best be addressed through the implementation of successful gatekeeper training programs to identify and refer youth at risk for self–harmful behavior.

(f) The American Association of Suicidology (AAS) conservatively estimates that the lives of at least six persons related to or connected to individuals who attempt or complete suicide are impacted. Using these estimates, in 1996, more than 600,000 Californians, or 1,644 individuals per day, struggled to cope with the impact of suicide.

(g) Restriction of access to lethal means significantly reduces the number of successful suicides.

(h) Actual incidents of suicide attempts are expected to be higher than reported because attempts not requiring medical attention are less likely to be reported. The underreporting of suicide completion is also likely since suicide classification involves conclusions regarding the intent of the deceased. The stigma associated with suicide is also likely to contribute to underreporting.

(i) Without interagency collaboration and support for proven, community–based, culturally competent suicide prevention and intervention programs, occurrences of suicide are likely to rise.
(Added by Stats.2000, c. 93 (A.B.2877), § 44.5, eff. July 7, 2000.)

§ 4098.1. Short title

This chapter shall be known and may be cited as the California Suicide Prevention Act of 2000.
(Added by Stats.2000, c. 93 (A.B.2877), § 44.5, eff. July 7, 2000. Amended by Stats.2001, c. 159 (S.B.662), § 190.)

§ 4098.2. Establishment and implementation of program

(a) The State Department of Mental Health, contingent upon appropriation in the annual Budget Act, may establish and implement a suicide prevention, education, and gatekeeper training program to reduce the severity, duration, and incidence of suicidal behaviors.

(b) In developing and implementing the components of this program, the department shall build upon the existing network of nonprofit suicide prevention programs in the state, and shall utilize the expertise of existing suicide prevention programs that meet any of the following criteria:

(1) Have been identified by a county as providing suicide prevention services for that county.

(2) Are certified by the American Association of Suicidology.

(3) Meet criteria for suicide prevention programs that may be established by the department.

(c) The program established by this section shall be consistent with the public health model proposed by the Surgeon General of the United States, and the system of care approach pursuant to the Bronzan–McCorquodale Act, Part 2 (commencing with Section 5600) of Division 5.
(Added by Stats.2000, c. 93 (A.B.2877), § 44.5, eff. July 7, 2000.)

§ 4098.3. Public awareness and education campaigns

The department may contract with an outside agency to establish and implement a targeted public awareness and education campaign on suicide prevention and treatment. Target populations shall include junior high and high school students, as well as other selected populations known to be at high risk of suicide.
(Added by Stats.2000, c. 93 (A.B.2877), § 44.5, eff. July 7, 2000.)

§ 4098.4. Assessment and prevention program

(a) The department may contract with local mental health organizations and professionals with expertise in the assessment and treatment of suicidal behaviors to develop an evidence–based assessment and prevention program for suicide that may be integrated with local mental health departments or replicated by public or private suicide treatment programs, or both.

(b) This component may include the creation of guidebooks and training protocols to improve the intervention capabilities of caregivers who work with individuals at risk of suicide. Applicants may reflect several gatekeeper training models that can be replicated in other communities.
(Added by Stats.2000, c. 93 (A.B.2877), § 44.5, eff. July 7, 2000.)

§ 4098.5. Suicide crisis line integrated network

The department may establish and implement, or contract with an outside agency for the development of a multicounty, 24–hour, centralized suicide crisis line integrated network. Existing crisis lines that meet specifications of the department and the American Association of Suicidology may be included in this integrated network. The crisis line established under this section shall link persons at risk of committing suicide with local suicide prevention and treatment resources.
(Added by Stats.2000, c. 93 (A.B.2877), § 44.5, eff. July 7, 2000.)

Part 2 ADMINISTRATION OF STATE INSTITUTIONS FOR THE MENTALLY DISORDERED

Chapter 1 JURISDICTION AND GENERAL GOVERNMENT

§ 4100. Jurisdiction over institutions

The department has jurisdiction over the following institutions:

(a) Atascadero State Hospital.

(b) Coalinga State Hospital.

(c) Metropolitan State Hospital.

(d) Napa State Hospital.

(e) Patton State Hospital.

(Added by Stats.1967, c. 1667, p. 4055, § 35, operative July 1, 1969. Amended by Stats.1971, c. 1593, p. 3325, § 338, operative July 1, 1973; Stats.1977, c. 1252, p. 4487, § 512, operative July 1, 1978; Stats.1981, c. 409, p. 1598, § 1, eff. Sept. 11, 1981; Stats.1986, c. 224, § 5, eff. June 30, 1986, operative July 1, 1986; Stats.2003, c. 356 (A.B.941), § 2.)

§ 4100.5. Contract for services with department of developmental services

The department may contract with the State Department of Developmental Services to provide services to persons with mental disorders in state hospitals under the jurisdiction of the State Department of Developmental Services.

(Added by Stats.1978, c. 429, p. 1440, § 181, eff. July 17, 1978, operative July 1, 1978.)

§ 4101. Uniform rules and regulations

Except as otherwise specifically provided elsewhere in this code, all of the institutions under the jurisdiction of the State Department of Mental Health shall be governed by uniform rule and regulation of the State Department of Mental Health and all of the provisions of this chapter shall apply to the conduct and management of such institutions.

(Added by Stats.1967, c. 1667, p. 4055, § 35, operative July 1, 1969. Amended by Stats.1971, c. 1593, p. 3325, § 339, operative July 1, 1973; Stats.1977, c. 1252, p. 4487, § 513, operative July 1, 1978.)

§ 4102. Corporation

Each state hospital is a corporation.

(Added by Stats.1967, c. 1667, p. 4055, § 35, operative July 1, 1969.)

§ 4103. Acquisition of property

Each such corporation may acquire and hold in its corporate name by gift, grant, devise, or bequest property to be applied to the maintenance of the patients of the hospital and for the general use of the corporation.

(Added by Stats.1967, c. 1667, p. 4055, § 35, operative July 1, 1969.)

§ 4104. Eminent domain

All lands necessary for the use of the state hospitals specified in Section 4100, except those acquired by gift, devise, or purchase, shall be acquired by condemnation as lands for other public uses are acquired.

The terms of every purchase shall be approved by the State Department of Mental Health. No public street or road for railway or other purposes, except for hospital use, shall be opened through the lands of any state hospital, unless the Legislature by special enactment consents thereto.

(Added by Stats.1967, c. 1667, p. 4055, § 35, operative July 1, 1969. Amended by Stats.1971, c. 1593, p. 3325, § 340, operative July 1, 1973; Stats.1977, c. 1252, p. 4487, § 514, operative July 1, 1978.)

§ 4105. Easements and rights–of–way for road purposes; Patton State Hospital

The Director of General Services shall grant to the County of San Bernardino under such terms, conditions, and restrictions as he or she deems to be for the best interests of the state, the necessary easements and rights–of–way for all purposes of a public road on the Patton State Hospital property. The right–of–way shall be across, along, and upon the following described property:

The east 40 feet of the east one–half of the northwest one–quarter of Section 32, Township 1 North, Range 3 West, San Bernardino Base and Meridian, in the County of San Bernardino, State of California.

(Formerly § 4106, added by Stats.1967, c. 1667, p. 4055, § 35, operative July 1, 1969. Renumbered § 4445.5 and amended by Stats.1978, c. 429, p. 1440, § 182, eff. July 17, 1978, operative July 1, 1978. Renumbered § 4105 and amended by Stats.1986, c. 224, § 9, eff. June 30, 1986.)

§ 4106. Right–of–way for road purposes; Napa State Hospital

Notwithstanding the provisions of Section 4104, the Director of General Services, with the consent of the State Department of Mental Health, may grant to the County of Napa a right–of–way for public road purposes over the northerly portion of the Napa State Hospital lands for the widening of Imola Avenue between Penny Lane and Fourth Avenue, upon such terms and conditions as the Director of General Services may deem for the best interests of the state.

(Formerly § 4107.1, added by Stats.1969, c. 1339, p. 2686, § 1, eff. Sept. 2, 1969. Amended by Stats.1971, c. 1593, p. 3326, § 342, operative July 1, 1973. Renumbered § 4446.5 and amended by Stats.1977, c. 1252, p. 4489, § 517, operative July 1, 1978; Stats.1978, c. 429, p. 1445, § 192, eff. July 17, 1978, operative July 1, 1978. Renumbered § 4106 and amended by Stats.1986, c. 224, § 11, eff. June 30, 1986, operative July 1, 1986.)

§ 4107. Security of certain patients committed to Patton State Hospital; plan to transfer patients from Patton State Hospital; maximum patients committed to Patton State Hospital; Department of Corrections and State Department of Mental Health joint plan to ensure security; duration of section

(a) The security of patients committed pursuant to Section 1026 of, and Chapter 6 (commencing with Section 1367) of Title 10 of Part 2 of, the Penal Code, and former Sections 6316 and 6321 of the Welfare and Institutions Code, at Patton State Hospital shall be the responsibility of the Director of the Department of Corrections.

(b) The Department of Corrections and the State Department of Mental Health shall jointly develop a plan to transfer all patients committed to Patton State Hospital pursuant to the provisions in subdivision (a) from Patton State Hospital no later than January 1, 1986, and shall transmit this plan to the Senate Committee on Judiciary and to the Assembly Committee on Criminal Justice, and to the Senate Health and Welfare Committee and Assembly Health Committee by June 30, 1983. The plan shall address whether the transferred patients shall be moved to other state hospitals or to correctional facilities, or both, for commitment and treatment.

(c) Notwithstanding any other provision of law, the State Department of Mental Health shall house no more than 1,336 patients at Patton State Hospital. However, until one year after the activation of the Coalinga Secure Treatment Facility, up to 1,670 patients may be housed at the hospital.

(d) The Department of Corrections and the State Department of Mental Health shall jointly develop a plan for ensuring the external and internal security of the hospital during the construction of additional beds at Patton State Hospital and the establishment of related modular program space for which funding is provided in the Budget Act of 2001. No funds shall be expended for the expansion project until 30 days after the date upon which the plan is submitted to the fiscal committees of the Legislature and the Chair of the Joint Legislative Budget Committee.

(e) The Department of Corrections and the State Department of Mental Health shall also jointly develop a plan for ensuring the external and internal security of the hospital upon the occupation of the additional beds at Patton State Hospital. These beds shall not be occupied by patients until the later of the date that is 30 days after the date upon which the plan is submitted to the Chair of the Joint Legislative Budget Committee or the date upon which it is implemented by the departments.

(f) This section shall remain in effect only until all patients committed, pursuant to the provisions enumerated in subdivision (a), have been removed from Patton State Hospital and shall have no force or effect on or after that date.

(Formerly § 4456.5, added by Stats.1982, c. 9, § 1, eff. Jan. 28, 1982. Amended by Stats.1982, c. 1529, § 4; Stats.1982, c. 1549, § 35; Stats.1984, c. 268, § 36.5, eff. June 30, 1984. Renumbered § 4107 and amended by Stats.1986, c. 224, § 12, eff. June 30, 1986; Stats.1986,

c. 933, § 4. Amended by Stats.2001, c. 171 (A.B.430), § 19, eff. August 10, 2001.)

OPERATIVE EFFECT

Section 4107 becomes ineffective by its own terms when all patients committed pursuant to subd. (a) have been removed from Patton State Hospital.

§ 4107.1. Internal security for patients

Consistent with the authority of the State Department of Mental Health to maintain and operate state hospitals under its jurisdiction, the State Department of Mental Health shall provide internal security for the patient population at Patton State Hospital. The State Department of Mental Health may employ hospital police at Patton State Hospital for this purpose.

This section is not intended to increase or decrease the duties and responsibilities of the Department of Corrections at Patton State Hospital.

(Added by Stats.2000, c. 93 (A.B.2877), § 45, eff. July 7, 2000.)

§ 4109. Powers and duties of department

The State Department of Mental Health has general control and direction of the property and concerns of each state hospital specified in Section 4100. The department shall:

(a) Take care of the interests of the hospital, and see that its purpose and its bylaws, rules, and regulations are carried into effect, according to law.

(b) Establish such bylaws, rules, and regulations as it deems necessary and expedient for regulating the duties of officers and employees of the hospital, and for its internal government, discipline, and management.

(c) Maintain an effective inspection of the hospital.

(Added by Stats.1967, c. 1667, p. 4055, § 35, operative July 1, 1969. Amended by Stats.1971, c. 1593, p. 3326, § 344, operative July 1, 1973; Stats.1977, c. 1252, p. 4490, § 519.5, operative July 1, 1978.)

§ 4109.5. Closure of state hospitals; closure plans; submission to legislature; components; legislative approval; developmental centers

(a) Whenever the department proposes the closure of a state hospital, it shall submit as part of the Governor's proposed budget to the Legislature a complete program, to be developed jointly by the State Department of Mental Health and the county in which the state hospital is located, for absorbing as many of the staff of the hospital into the local mental health programs as may be needed by the county. Those programs shall include a redefinition of occupational positions, if necessary, and a recognition by the counties of licensed psychiatric technicians for treatment of the mentally disordered, developmentally disabled, drug abusers, and alcoholics.

(b) The Director of Mental Health shall submit all plans for the closure of state hospitals as a report with the department's budget. This report shall include all of the following:

(1) The land and buildings affected.

(2) The number of patients affected.

(3) Alternative plans for patients presently in the facilities.

(4) Alternative plans for patients who would have been served by the facility assuming it was not closed.

(5) A joint statement of the impact of the closure by the department and affected local treatment programs.

(c) These plans may be submitted to the Legislature until April 1 of each budget year. Any plans submitted after that date shall not be considered until the fiscal year following that in which it is being considered.

(d) The plan shall not be placed into effect unless the Legislature specifically approves the plan.

(e) This section shall not apply to the proposed closure of a developmental center.

(Added by Stats.1991, c. 89 (A.B.1288), § 48, eff. June 30, 1991. Amended by Stats.1995, c. 513 (S.B.410), § 2.)

§ 4110. Estimates of supplies, expenses, buildings and improvements

The medical superintendent shall make triplicate estimates, in minute detail, as approved by the State Department of Mental Health, of such supplies, expenses, buildings, and improvements as are required for the best interests of the hospital, and for the improvement thereof and of the grounds and buildings connected therewith. These estimates shall be submitted to the State Department of Mental Health, which may revise them. The department shall certify that it has carefully examined the estimates, and that the supplies, expenses, buildings, and improvements contained in such estimates, as approved by it, are required for the best interests of the hospital. The department shall thereupon proceed to purchase such supplies, make such expenditures, or conduct such improvements or buildings in accordance with law.

(Added by Stats.1967, c. 1667, p. 4055, § 35, operative July 1, 1969. Amended by Stats.1971, c. 1593, p. 3326, § 345, operative July 1, 1973; Stats.1977, c. 1252, p. 4490, § 520, operative July 1, 1978.)

§ 4111. Manufacture of supplies and materials

The state hospitals may manufacture supplies and materials necessary or required to be used in any of the state hospitals which can be economically manufactured therein. The necessary cost and expense of providing for and conducting the manufacture of such supplies and materials shall be paid in the same manner as other expenses of the hospitals. No hospital shall enter into or engage in manufacturing any supplies or materials unless permission for the same is obtained from the State Department of Mental Health. If, at any time, it appears to the department that the manufacture of any article is not being or cannot be economically carried on at a state hospital, the department may suspend or stop the manufacture of such article, and on receipt of a certified copy of the order directing the suspension or stopping of such manufacture, by the medical superintendent, the hospital shall cease from manufacturing such article.

(Added by Stats.1967, c. 1667, p. 4055, § 35, operative July 1, 1969. Amended by Stats.1971, c. 1593, p. 3327, § 346, operative July 1, 1973; Stats.1977, c. 1252, p. 4490, § 521, operative July 1, 1978.)

§ 4112. Disposition of money received; appropriation to cover premium for specified third–party Medicare coverage

(a) All money belonging to the state and received by state hospitals from any source, except appropriations, shall, at the end of each month, be deposited in the State Treasury, to the credit of the General Fund. This section shall not apply to the funds known as the industrial or amusement funds.

(b) There is hereby continuously appropriated from the General Fund to the State Department of Mental Health that amount which is necessary to pay the premium, as specified in Section 7353, for third–party health coverage for Medicare beneficiaries who are patients at state hospitals under the jurisdiction of the State Department of Mental Health. It is the intent of the Legislature that the General Fund expenditures authorized by this subdivision not exceed the proceeds to be deposited in the General Fund from Medicare payments to the State Department of Mental Health in any fiscal year. If General Fund expenditures exceed Medicare proceeds in any fiscal year, the State Department of Mental Health shall report to the Joint Legislative Budget Committee and the Department of Finance the following information: (1) the amount of any excess costs compared to the Medicare proceeds; (2) the reasons for the excess costs; and (3) a plan to ensure that in future fiscal years the costs will not exceed proceeds.

(Added by Stats.1967, c. 1667, p. 4055, § 35, operative July 1, 1969. Amended by Stats.1995, c. 305 (A.B.911), § 6, eff. Aug. 3, 1995.)

§ 4112.1. Inapplicability of section 4112 to sheltered workshop funds

Section 4112 does not apply to the funds known as the "sheltered workshop funds."

(Added by Stats.1968, c. 451, p. 1073, § 1; Stats.1969, c. 722, p. 1417, § 1.4, operative July 1, 1969.)

§ 4113. Financial statements

The state hospitals and the officers thereof shall make such financial statements to the Controller as the Controller requires.
(Added by Stats.1967, c. 1667, p. 4055, § 35, operative July 1, 1969.)

§ 4114. Reports to department

The authorities for the several hospitals shall furnish to the State Department of Mental Health the facts mentioned in Section 4019 of this code and such other obtainable facts as the department from time to time requires of them, with the opinion of the superintendent thereon, if requested. The superintendent or other person in charge of a hospital shall, within 10 days after the admission of any person thereto, cause an abstract of the medical certificate and order on which such person was received and a list of all property, books, and papers of value found in the possession of or belonging to such person to be forwarded to the office of the department, and when a patient is discharged, transferred, or dies, the superintendent or person in charge shall within three days thereafter, send the information to the office of the department, in accordance with the form prescribed by it.
(Added by Stats.1967, c. 1667, p. 4055, § 35, operative July 1, 1969. Amended by Stats.1973, c. 142, p. 415, § 65.6, eff. June 30, 1973, operative July 1, 1973; Stats.1977, c. 1252, p. 4491, § 522, operative July 1, 1978.)

§ 4115. Buildings for religious services

The department may permit, subject to such conditions and regulations as it may impose, any religious or missionary corporation or society to erect a building on the grounds of any state hospital for the holding of religious services. Each such building when erected shall become the property of the state and shall be used exclusively for the benefit of the patients and employees of the state hospital.
(Added by Stats.1967, c. 1667, p. 4055, § 35, operative July 1, 1969.)

§ 4116. Training schools and courses

The department may establish and supervise under its rules and regulations training schools or courses for employees of the department or of state institutions under its jurisdiction.
(Added by Stats.1967, c. 1667, p. 4055, § 35, operative July 1, 1969.)

§ 4117. Payment of costs of certain trials and hearings

(a) Whenever a trial is had of any person charged with escape or attempt to escape from a state hospital, whenever a hearing is had on the return of a writ of habeas corpus prosecuted by or on behalf of any person confined in a state hospital except in a proceeding to which Section 5110 applies, whenever a hearing is had on a petition under Section 1026.2, subdivision (b) of Section 1026.5, Section 2972 of the Penal Code, Section 7361 of this code, or former Section 6316.2 of this code for the release of a person confined in a state hospital, and whenever a person confined in a state hospital is tried for any crime committed therein, the appropriate financial officer or other designated official of the county in which the trial or hearing is had shall make out a statement of all mental health treatment costs and shall make out a separate statement of all nontreatment costs incurred by the county for investigation and other preparation for the trial or hearing, and the actual trial or hearing, all costs of maintaining custody of the patient and transporting him or her to and from the hospital, and costs of appeal, which statements shall be properly certified by a judge of the superior court of that county and the statement of mental health treatment costs shall be sent to the State Department of Mental Health and the statement of all nontreatment costs shall be sent to the Controller for approval. After approval, the department shall cause the amount of mental health treatment costs incurred on or after July 1, 1987, to be paid to the county mental health director or his or her designee where the trial or hearing was held out of the money appropriated for this purpose by the Legislature. In addition, the Controller shall cause the amount of all nontreatment costs incurred on and after July 1, 1987, to be paid out of the money appropriated by the Legislature, to the county treasurer of the county where the trial or hearing was had.

(b) Whenever a hearing is held pursuant to Section 1604, 1608, or 1609 of the Penal Code, all transportation costs to and from a state hospital or a facility designated by the community program director during the hearing shall be paid by the Controller as provided in this subdivision. The appropriate financial officer or other designated official of the county in which a hearing is held shall make out a statement of all transportation costs incurred by the county, which statement shall be properly certified by a judge of the superior court of that county and sent to the Controller for approval. The Controller shall cause the amount of transportation costs incurred on and after July 1, 1987, to be paid to the county treasurer of the county where the hearing was had out of the money appropriated by the Legislature.

As used in this subdivision the community program director is the person designated pursuant to Section 1605 of the Penal Code.
(Added by Stats.1967, c. 1667, p. 4055, § 35, operative July 1, 1969. Amended by Stats.1969, c. 722, p. 1418, § 1.5, eff. Aug. 8, 1969, operative July 1, 1969; Stats.1971, c. 1593, p. 3327, § 347, operative July 1, 1973; Stats.1977, c. 1252, p. 4491, § 523, operative July 1, 1978; Stats.1986, c. 1020, § 1, operative July 1, 1987; Stats.1991, c. 435 (A.B.655), § 6; Stats.2002, c. 221 (S.B.1019), § 205.)

§ 4118. Cooperation in deportation of aliens

The State Department of Mental Health shall cooperate with the United States Bureau of Immigration in arranging for the deportation of all aliens who are confined in, admitted, or committed to any state hospital.
(Added by Stats.1967, c. 1667, p. 4055, § 35, operative July 1, 1969. Amended by Stats.1971, c. 1593, p. 3327, § 348, operative July 1, 1973; Stats.1977, c. 1252, p. 4492, § 524, operative July 1, 1978.)

§ 4119. Return of confined nonresidents

The State Department of Mental Health shall investigate and examine all nonresident persons residing in any state hospital for the mentally disordered and shall cause these persons, when found to be nonresidents as defined in this chapter, to be promptly and humanely returned under proper supervision to the states in which they have legal residence. The department may defer such action by reason of a patient's medical condition.

Prior to returning the judicially committed nonresident to his or her proper state of residency, the department shall:

(a) Obtain the written consent of the prosecuting attorney of the committing county, the judicially committed nonresident person, and the attorney of record for the judicially committed nonresident person; or,

(b) In the department's discretion request a hearing in the superior court of the committing county requesting a judicial determination of the proposed transfer, notify the court that the state of residence has agreed to the transfer, and file the department's recommendation with a report explaining the reasons for its recommendation.

The court shall give notice of such a hearing to the prosecuting attorney, the judicially committed nonresident person, the attorney of record for the judicially committed nonresident person and the department, no less than 30 days before such hearing. At the hearing, the prosecuting attorney and the judicially committed nonresident person may present evidence bearing on the intended transfer. After considering all evidence presented, the court shall determine whether the intended transfer is in the best interest of and for the proper protection of the nonresident person and the public. The court shall use the same procedures and standard of proof as used in conducting probation revocation hearings pursuant to Section 1203.2 of the Penal Code.

For the purpose of facilitating the prompt and humane return of such persons, the State Department of Mental Health may enter into reciprocal agreements with the proper boards, commissions, or officers of other states or political subdivision thereof for the mutual exchange or return of persons residing in any state hospital for the

mentally disordered in one state whose legal residence is in the other, and it may in these reciprocal agreements vary the period of residence as defined in this chapter to meet the requirements or laws of the other states.

The department may give written permission for the return of any resident of this state confined in a public institution in another state, corresponding to any state hospital for the mentally disordered of this state. When a resident is returned to this state pursuant to this chapter, he or she may be admitted as a voluntary patient to any institution of the department as designated by the Director of Mental Health. If he or she is mentally disordered and is a danger to himself or herself or others, or he or she is gravely disabled, he or she may be detained and given care and services in accordance with the provisions of Part 1 (commencing with Section 5000) of Division 5.

(Added by Stats.1967, c. 1667, p. 4055, § 35, operative July 1, 1969. Amended by Stats.1968, c. 1374, p. 2639, § 10, operative July 1, 1969; Stats.1969, c. 722, p. 1418, § 2, eff. Aug. 8, 1969, operative July 1, 1969; Stats.1971, c. 1593, p. 3328, § 349, operative July 1, 1973; Stats.1977, c. 1252, p. 4492, § 525, operative July 1, 1978; Stats.1978, c. 429, p. 1441, § 184, eff. July 17, 1978, operative July 1, 1978; Stats.1983, c. 678, § 1; Stats.1984, c. 1192, § 2.)

§ 4120. Determination of residence

Except as otherwise provided in this section in determining residence for purposes of being entitled to hospitalization in this state and for purposes of returning patients to the states of their residence, an adult person who has lived continuously in this state for a period of one year and who has not acquired residence in another state by living continuously therein for at least one year subsequent to his residence in this state shall be deemed to be a resident of this state. Except as otherwise provided in this section a minor is entitled to hospitalization in this state if the parent or guardian or conservator having custody of the minor has lived continuously in this state for a period of one year and has not acquired residence in another state by living continuously therein for at least one year subsequent to his residence in this state. Such parent, guardian, or conservator shall be deemed a resident of this state for the purposes of this section, and such minor shall be eligible for hospitalization in this state as a mentally disordered person. The eligibility of such minor for hospitalization in this state ceases when such parent, guardian, or conservator ceases to be a resident of this state and such minor shall be transferred to the state of residence of the parent, guardian, or conservator in accordance with the applicable provisions of this code. Time spent in a public institution for the care of the mentally disordered or developmentally disabled or on leave of absence therefrom shall not be counted in determining the matter of residence in this or another state.

Residence acquired in this or in another state shall not be lost by reason of military service in the armed forces of the United States.

(Added by Stats.1967, c. 1667, p. 4055, § 35, operative July 1, 1969. Amended by Stats.1974, c. 486, p. 1119, § 1.6, eff. July 11, 1974; Stats.1977, c. 1252, p. 4492, § 526, operative July 1, 1978; Stats.1978, c. 429, p. 1441, § 185, eff. July 17, 1978, operative July 1, 1978; Stats.1979, c. 730, p. 2526, § 129, operative Jan. 1, 1981.)

§ 4121. Expense of return

All expenses incurred in returning these persons to other states shall be paid by this state, the person or his or her relatives, but the expense of returning residents of this state shall be borne by the states making the returns.

The cost and expense incurred in effecting the transportation of these nonresident persons to the states in which they have residence shall be advanced from the funds appropriated for that purpose, or, if necessary, from the money appropriated for the care of delinquent or mentally disordered persons.

(Added by Stats.1967, c. 1667, p. 4055, § 35, operative July 1, 1969. Amended by Stats.1977, c. 1252, p. 4493, § 527, operative July 1, 1978; Stats.1979, c. 373, p. 1390, § 352; Stats.1996, c. 320 (A.B.2160), § 44.)

§ 4122. Transfer of patients

The State Department of Mental Health, when it deems it necessary, may, under conditions prescribed by the director, transfer any patients of a state institution under its jurisdiction to another such institution. Transfers of patients of state hospitals shall be made in accordance with the provisions of Section 7300.

Transfer of a conservatee shall only be with the consent of the conservator.

The expense of any such transfer shall be paid from the moneys available by law for the support of the department or for the support of the institution from which the patient is transferred. Liability for the care, support, and maintenance of a patient so transferred in the institution to which he has been transferred shall be the same as if he had originally been committed to such institution. The State Department of Mental Health shall present to the county, not more frequently than monthly, a claim for the amount due the state for care, support, and maintenance of any such patients and which the county shall process and pay pursuant to the provisions of Chapter 4 (commencing with Section 29700) of Division 3 of Title 3 of the Government Code.

(Added by Stats.1967, c. 1667, p. 4055, § 35, operative July 1, 1969. Amended by Stats.1971, c. 1593, p. 3328, § 350, operative July 1, 1973; Stats.1977, c. 1252, p. 4493, § 528, operative July 1, 1978.)

§ 4123. Transfer to federal institution

The Director of Mental Health may authorize the transfer of persons from any institution within the department to any institution authorized by the federal government to receive such person.

(Added by Stats.1967, c. 1667, p. 4055, § 35, operative July 1, 1969. Amended by Stats.1971, c. 1593, p. 3329, § 351, operative July 1, 1973; Stats.1977, c. 1252, p. 4493, § 529, operative July 1, 1978.)

§ 4124. List of veterans

The State Department of Mental Health shall send to the Department of Veterans Affairs whenever requested a list of all persons who have been patients for six months or more in each state institution within the jurisdiction of the State Department of Mental Health and who are known to have served in the armed forces of the United States.

(Added by Stats.1967, c. 1667, p. 4055, § 35, operative July 1, 1969. Amended by Stats.1971, c. 1593, p. 3329, § 352, operative July 1, 1973; Stats.1977, c. 1252, p. 4494, § 530, operative July 1, 1978.)

§ 4125. Deposit and investment of patients' funds; benefit fund; report to legislature

(a) The director may deposit any funds of any patient in the possession of each hospital administrator of a state hospital in trust with the treasurer pursuant to Section 16305.3 of the Government Code or, subject to the approval of the Department of Finance, may deposit these funds in an interest–bearing bank account or invest and reinvest these funds in any security described in Article 1 (commencing with Section 16430) of Chapter 3 of Part 2 of Division 4 of Title 2 of the Government Code, and for the purposes of deposit or investment only may mingle the funds of any patient with the funds of any other patient. The hospital administrator with the consent of the patient may deposit the interest or increment on the funds of a patient in the state hospital in a special fund for each state hospital, to be designated the "Benefit Fund," of which the hospital administrator shall be the trustee. He or she may, with the approval of the director, after taking into consideration the recommendations of representatives of patient government and recommendations submitted by patient groups, expend the moneys in this fund for the education or entertainment of the patients of the institution.

(b) On and after December 1, 1970:

(1) The funds of a patient in a state hospital or a patient on leave of absence from a state hospital shall not be deposited in interest–bearing bank accounts or invested and reinvested pursuant to this section except when authorized by the patient.

(2) Any interest or increment accruing on the funds of a patient on

leave of absence from a state hospital shall be deposited in his or her account.

(3) Any interest or increment accruing on the funds of a patient in a state hospital shall be deposited in his or her account, unless the patient authorizes their deposit in the state hospital's benefit fund.

(c) Any state hospital charges for patient care against the funds of a patient in the possession of a hospital administrator or deposited pursuant to this section and used to pay for that care, shall be stated in an itemized bill to the patient.

(d) No later than August 15 of each year, the director shall provide to the Legislature a summary data sheet containing information on how the benefit fund at each state hospital was expended in the previous fiscal year.

(Added by Stats.1967, c. 1667, p. 4055, § 35, operative July 1, 1969. Amended by Stats.1969, c. 1272, p. 2484, § 2; Stats.1971, c. 1593, p. 3329, § 353, operative July 1, 1973; Stats.1974, c. 1221, p. 2655, § 49; Stats.1977, c. 1252, p. 4494, § 531, operative July 1, 1978; Stats.2002, c. 352 (S.B.1404), § 1.)

§ 4126. Unclaimed personalty of deceased patient

Whenever any patient in any state institution subject to the jurisdiction of the State Department of Mental Health dies, and any personal funds or property of such patient remains in the hands of the superintendent thereof, and no demand is made upon said superintendent by the owner of the funds or property or his legally appointed representative all money and other personal property of such decedent remaining in the custody or possession of the superintendent thereof shall be held by him for a period of one year from the date of death of the decedent, for the benefit of the heirs, legatees, or successors in interest of such decedent.

Upon the expiration of said one–year period, any money remaining unclaimed in the custody or possession of the superintendent shall be delivered by him to the State Treasurer for deposit in the Unclaimed Property Fund under the provision of Article 1 (commencing with Section 1440) of Chapter 6 of Title 10 of Part 3 of the Code of Civil Procedure.

Upon the expiration of said one–year period, all personal property and documents of the decedent, other than cash, remaining unclaimed in the custody or possession of the superintendent, shall be disposed of as follows:

(a) All deeds, contracts or assignments shall be filed by the superintendent with the public administrator of the county of commitment of the decedent;

(b) All other personal property shall be sold by the superintendent at public auction, or upon a sealed–bid basis, and the proceeds of the sale delivered by him to the State Treasurer in the same manner as is herein provided with respect to unclaimed money of the decedent. If he deems it expedient to do so, the superintendent may accumulate the property of several decedents and sell the property in such lots as he may determine, provided that he makes a determination as to each decedent's share of the proceeds;

(c) If any personal property of the decedent is not salable at public auction, or upon a sealed–bid basis, or if it has no intrinsic value, or if its value is not sufficient to justify the deposit of such property in the State Treasury, the superintendent may order it destroyed;

(d) All other unclaimed personal property of the decedent not disposed of as provided in paragraph (a), (b), or (c) hereof, shall be delivered by the superintendent to the State Controller for deposit in the State Treasury under the provisions of Article 1 (commencing with Section 1440) of Chapter 6 of Title 10 of Part 3 of the Code of Civil Procedure.

(Added by Stats.1967, c. 1667, p. 4055, § 35, operative July 1, 1969. Amended by Stats.1971, c. 1593, p. 3330, § 354, operative July 1, 1973; Stats.1977, c. 1252, p. 4494, § 532, operative July 1, 1978; Stats.1978, c. 429, p. 1442, § 186, eff. July 17, 1978, operative July 1, 1978.)

§ 4127. Unclaimed personalty of escaped or discharged patient

Whenever any patient in any state institution subject to the jurisdiction of the State Department of Mental Health escapes, or is discharged or is on leave of absence from such institution, and any personal funds or property of such patient remains in the hands of the superintendent thereof, and no demand is made upon said superintendent by the owner of the funds or property or his legally appointed representative, all money and other intangible personal property of such patient, other than deeds, contracts, or assignments, remaining in the custody or possession of the superintendent thereof shall be held by him for a period of seven years from the date of such escape, discharge, or leave of absence, for the benefit of such patient or his successors in interest; provided, however, that unclaimed personal funds or property of minors on leave of absence may be exempted from the provisions of this section during the period of their minority and for a period of one year thereafter, at the discretion of the Director of Mental Health.

Upon the expiration of said seven–year period, any money and other intangible property, other than deeds, contracts, or assignments, remaining unclaimed in the custody or possession of the superintendent shall be subject to the provisions of Chapter 7 (commencing with Section 1500) of Title 10 of Part 3 of the Code of Civil Procedure.

Upon the expiration of one year from the date of such escape, discharge or parole:

(a) All deeds, contracts or assignments shall be filed by the superintendent with the public administrator of the county of commitment of such patient.

(b) All tangible personal property other than money, remaining unclaimed in his custody or possession, shall be sold by the superintendent at public auction, or upon a sealed–bid basis, and the proceeds of the sale shall be held by him subject to the provisions of Section 4125 of this code, and subject to the provisions of Chapter 7 (commencing with Section 1500) of Title 10 of Part 3 of the Code of Civil Procedure. If he deems it expedient to do so, the superintendent may accumulate the property of several patients and may seal[1] the property in such lots as he may determine, provided that he makes a determination as to each patient's share of the proceeds.

If any tangible personal property covered by this section is not salable at public auction or upon a sealed–bid basis, or if it has no intrinsic value, or if its value is not sufficient to justify its retention by the superintendent to be offered for sale at public auction or upon a sealed–bid basis at a later date, the superintendent may order it destroyed.

(Added by Stats.1967, c. 1667, p. 4055, § 35, operative July 1, 1969. Amended by Stats.1971, c. 1593, p. 3330, § 355, operative July 1, 1973; Stats.1977, c. 1252, p. 4495, § 533, operative July 1, 1978; Stats.1978, c. 429, p. 1443, § 187, eff. July 17, 1978, operative July 1, 1978.)

[1]So in chaptered copy.

§ 4128. Notice of intended disposition

Before any money or other personal property or documents are delivered to the State Treasurer, State Controller, or public administrator, or sold at auction or upon a sealed–bid basis, or destroyed, under the provisions of Section 4126, and before any personal property or documents are delivered to the public administrator, or sold at auction or upon a sealed–bid basis, or destroyed, under the provisions of Section 4127, of this code, notice of said intended disposition shall be posted at least 30 days prior to the disposition, in a public place at the institution where the disposition is to be made, and a copy of such notice shall be mailed to the last known address of the owner or deceased owner, at least 30 days prior to such disposition. The notice prescribed by this section need not specifically describe each item of property to be disposed of.

(Added by Stats.1967, c. 1667, p. 4055, § 35, operative July 1, 1969.)

§ 4129. Schedule of property

At the time of delivering any money or other personal property to the State Treasurer or State Controller under the provisions of Section 4126 or of Chapter 7 of Title 10 of Part 3 of the Code of Civil Procedure, the superintendent shall deliver to the State Controller a schedule setting forth a statement and description of all money and other personal property delivered, and the name and last known address of the owner or deceased owner.

(Added by Stats.1967, c. 1667, p. 4055, § 35, operative July 1, 1969.)

§ 4130. Destroyed property; bar to action

When any personal property has been destroyed as provided in Sections 4126 or 4127, no suit shall thereafter be maintained by any person against the state or any officer thereof for or on account of such property.

(Added by Stats.1967, c. 1667, p. 4055, § 35, operative July 1, 1969.)

§ 4131. Retroactive application

Notwithstanding any other provision of law, the provisions of Sections 4126 and 4127 shall apply (1) to all money and other personal property delivered to the State Treasurer or State Controller prior to the effective date of said sections, which would have been subject to the provisions thereof if they had been in effect on the date of such delivery; and (2) to all money and other personal property delivered to the State Treasurer or State Controller prior to the effective date of the 1961 amendments to said sections, as said provisions would have applied on the date of such delivery if, on said date of delivery, the provisions of Chapter 1809, Statutes of 1959, had not been in effect.

(Added by Stats.1967, c. 1667, p. 4055, § 35, operative July 1, 1969.)

§ 4132. Mentally disordered persons to be regarded as patients and not as inmates

It is hereby declared that the provisions of this code reflect the concern of the Legislature that mentally disordered persons are to be regarded as patients to be provided care and treatment and not as inmates of institutions for the purposes of secluding them from the rest of the public.

Whenever any provision of this code heretofore or hereafter enacted uses the term "inmate," it shall be construed to mean "patient."

(Added by Stats.1967, c. 1667, p. 4055, § 35, operative July 1, 1969.)

§ 4133. Day hospitals and rehabilitation centers; law governing

All day hospitals and rehabilitation centers maintained by the State Department of Mental Health shall be subject to the provisions of this code pertaining to the admission, transfer, and discharge of patients at the state hospitals, except that all admissions to such facilities shall be subject to the approval of the chief officer thereof. Charges for services rendered to patients at such facilities shall be determined pursuant to Section 4025. The liability for such charges shall be governed by the provisions of Article 4 (commencing with Section 7275) of Chapter 2 of Division 7, except at the hospitals maintained by the State Department of Developmental Services such liability shall be governed by the provisions of Article 4 (commencing with Section 6715) of Chapter 3 of Part 2 of Division 6 and Chapter 3 (commencing with Section 7500) of Division 7.

(Added by Stats.1967, c. 1667, p. 4055, § 35, operative July 1, 1969. Amended by Stats.1968, c. 1374, p. 2639, § 11, operative July 1, 1969; Stats.1971, c. 1593, p. 3331, § 356, operative July 1, 1973; Stats.1977, c. 1252, p. 4496, § 534, operative July 1, 1978; Stats.1979, c. 373, p. 1390, § 353.)

§ 4134. Sanitation, health and hygiene standards; compliance

The state mental hospitals under the jurisdiction of the State Department of Mental Health shall comply with the California Food Sanitation Act, Article 1 (commencing with Section 111950) of Chapter 4 of Part 6 of Division 104 of the Health and Safety Code.

The state mental hospitals under the jurisdiction of the State Department of Mental Health shall also comply with the California Uniform Retail Food Facilities Law, Chapter 4 (commencing with Section 113700) of Part 7 of Division 104 of the Health and Safety Code.

Sanitation, health and hygiene standards that have been adopted by a city, county, or city and county that are more strict than those of the California Uniform Retail Food Facilities Law or the California Food Sanitation Act shall not be applicable to state mental hospitals that are under the jurisdiction of the State Department of Mental Health.

(Added by Stats.1968, c. 1374, p. 2640, § 12, operative July 1, 1969. Amended by Stats.1971, c. 1593, p. 3332, § 357, operative July 1, 1973; Stats.1977, c. 1252, p. 4496, § 535, operative July 1, 1978; Stats.1996, c. 1023 (S.B.1497), § 461, eff. Sept. 29, 1996.)

§ 4135. Mentally abnormal sex offender; commitment; discharge; records; inspection

Any person committed to the State Department of Mental Health as a mentally abnormal sex offender shall remain a patient committed to the department for the period specified in the court order of commitment or until discharged by the medical director of the state hospital in which the person is a patient, whichever occurs first. The medical director may grant such patient a leave of absence upon such terms and conditions as the medical director deems proper. The petition for commitment of a person as a mentally abnormal sex offender, the reports, the court orders and other court documents filed in the court in connection therewith shall not be open to inspection by any other than the parties to the proceeding, the attorneys for the party or parties, and the State Department of Mental Health, except upon the written authority of a judge of the superior court of the county in which the proceedings were had.

Records of the supervision, care and treatment given to each person committed to the State Department of Mental Health as a mentally abnormal sex offender shall not be open to the inspection of any person not in the employ of the department or of the state hospital, except that a judge of the superior court may by order permit examination of such records.

The charges for the care and treatment rendered to persons committed as mentally abnormal sex offenders shall be in accordance with the provisions of Article 4 (commencing with Section 7275) of Chapter 3 of Division 7.

(Added by Stats.1970, c. 339, p. 734, § 1. Amended by Stats.1971, c. 1593, p. 3332, § 358, operative July 1, 1973; Stats.1977, c. 1252, p. 4497, § 536, operative July 1, 1978.)

§ 4136. Patients in state hospitals for mentally disordered; aid for personal and incidental needs; letter–writing materials and postage

(a) Each patient in a state hospital for the mentally disordered who has resided in the state hospital for a period of at least 30 days shall be paid an amount of aid for his or her personal and incidental needs that, when added to his or her income, equals twelve dollars and fifty cents ($12.50) per month. If a patient elects to do so, a patient may save all or any portion of his or her monthly amount of aid provided for personal and incidental needs for expenditure in subsequent months.

(b) Each indigent patient in a state hospital for the mentally disordered shall be allotted sufficient materials for one letter each week, including postage in an amount not to exceed the cost of one stamp for first–class mail for a one–ounce letter, at no cost to the patient.

(c) Each newly admitted patient, for the first 30 days after his or her initial admission, shall be allotted sufficient materials for two letters each week, including postage for first–class mail for up to two one–ounce letters per week. The hospital administrator shall ensure that additional writing materials and postage are available for purchase by patients at the store or canteen on hospital grounds.

(d) For purposes of this section, "indigent patient" means any

patient whose income is no more than twelve dollars and fifty cents ($12.50) per month.
(Added by Stats.1977, c. 985, p. 2268, § 1. Amended by Stats.1978, c. 429, p. 1444, § 188, eff. July 17, 1978, operative July 1, 1978; Stats.2001, c. 171 (A.B.430), § 20, eff. August 10, 2001; Stats.2002, c. 352 (S.B.1404), § 2.)

§ 4137. Death of patient by act of state employee; notice; inquiry; termination of employment; disciplinary action

Whenever a patient dies in a state mental hospital and the coroner finds that the death was by accident or at the hands of another person other than by accident, the State Department of Mental Health shall determine upon review of the coroner's investigation if such death resulted from the negligence, recklessness, or intentional act of a state employee. If it is determined that such death directly resulted from the negligence, recklessness, or intentional act of a state employee, the department shall immediately notify the State Personnel Board and any appropriate licensing agency and shall terminate the employment of such employee as provided by law. In addition, if such state employee is a licensed mental health professional, the appropriate licensing board shall inquire into the circumstances of such death, examine the findings of the coroner's investigation, and make a determination of whether such mental health professional should have his license revoked or suspended or be subject to other disciplinary action. "Licensed mental health professional," as used in this section, means a person licensed by any board, bureau, department, or agency pursuant to a state law and employed in a state mental hospital.
(Added by Stats.1978, c. 69, p. 189, § 3.)

Chapter 2 BOARDS OF TRUSTEES AND OTHER ADVISORY BOARDS

§ 4200. Hospital advisory boards; separate boards for mentally disordered and developmentally disordered; members; appointment; term; vacancy

(a) Each state hospital under the jurisdiction of the State Department of Mental Health shall have a hospital advisory board of eight members appointed by the Governor from a list of nominations submitted to him or her by the boards of supervisors of counties within each hospital's designated service area. If a state hospital provides services for both the mentally disordered and the developmentally disabled, there shall be a separate advisory board for the program provided the mentally disordered and a separate board for the program provided the developmentally disabled. To the extent feasible, an advisory board serving a hospital for the mentally disordered shall consist of one member who has been a patient in a state mental hospital and two members shall be the parents, spouse, siblings, or adult children of persons who are or have been patients in a state mental hospital, three representatives of different professional disciplines selected from primary user counties for patients under Part 1 (commencing with Section 5000) of Division 5, and two representatives of the general public who have demonstrated an interest in services to the mentally disordered.

(b) Of the members first appointed after the operative date of the amendments made to this section during the 1975–76 legislative session, one shall be appointed for a term of two years, and one for three years. Thereafter, each appointment shall be for the term of three years, except that an appointment to fill a vacancy shall be for the unexpired term only. No person shall be appointed to serve more than a maximum of two terms as a member of the board.

(c) Notwithstanding any provision of this section, members serving on the hospital advisory board on the operative date of the amendments made to this section during the 1987–88 legislative session, may continue to serve on the board until the expiration of their term. The Legislature intends that changes in the composition of the board required by these amendments apply to future vacancies on the board.
(Added by Stats.1967, c. 1667, p. 4055, § 35, operative July 1, 1969. Amended by Stats.1969, c. 459, p. 1017, § 1; Stats.1971, c. 1593, p. 3333, § 359, operative July 1, 1973; Stats.1975, c. 1057, p. 2539, § 1; Stats.1977, c. 1252, p. 4498, § 538, operative July 1, 1978; Stats.1987, c. 1004, § 1; Stats.1991, c. 89 (A.B.1288), § 49, eff. June 30, 1991.)

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

§ 4201. Eligibility; vacancies

No person shall be eligible for appointment to a hospital advisory board if he is a Member of the Legislature or an elective state officer, and if he becomes such after his appointment his office shall be vacated and a new appointment made. If any appointee fails to attend three consecutive regular meetings of the board, unless he is ill or absent from the state, his office becomes vacant, and the board, by resolution, shall so declare, and shall forthwith transmit a certified copy of such resolution to the Governor.
(Added by Stats.1967, c. 1667, p. 4055, § 35, operative July 1, 1969. Amended by Stats.1969, c. 459, p. 1018, § 2.)

§ 4202. Advisory boards; powers; compensation; meetings; expenses

The advisory boards of the several state hospitals are advisory to the State Department of Mental Health and the Legislature with power of visitation and advice with respect to the conduct of the hospitals and coordination with community mental health programs. The members of the boards shall serve without compensation other than necessary expenses incurred in the performance of duty. They shall organize and elect a chairman. They shall meet at least once every three months and at such other times as they are called by the chairman, by the medical director, by the head of the department or a majority of the board. No expenses shall be allowed except in connection with meetings so held.
(Added by Stats.1967, c. 1667, p. 4055, § 35, operative July 1, 1969. Amended by Stats.1969, c. 459, p. 1018, § 3; Stats.1971, c. 1593, p. 3333, § 360, operative July 1, 1973; Stats.1977, c. 1252, p. 4498, § 539, operative July 1, 1978; Stats.1986, c. 1166, § 3.)

§ 4202.5. Annual meetings; expenses; development of annual regional meetings

(a) The chairman of a hospital advisory board advising a hospital for the mentally disordered shall meet annually with the hospital director, the community mental health directors, and the chairmen of the mental health advisory boards representing counties within the hospital's designated service area.

(b) The chairmen shall be allowed necessary expenses incurred in attending such meetings.

(c) It is the intent of the Legislature that the department assist the development of annual regional meetings required by this section.
(Added by Stats.1975, c. 1057, p. 2540, § 3. Amended by Stats.1976, c. 962, p. 2198, § 1; Stats.1977, c. 1252, p. 4499, § 540, operative July 1, 1978.)

§ 4203. Atascadero State Hospital; advisory board

The Atascadero State Hospital shall have an advisory board of seven persons appointed by the Governor, each of whom holds office for the term of three years. To the extent feasible the composition of board membership shall consist of two persons, who at the time of their appointment are relatives of the patient population, three representatives of professional disciplines serving the patient population, and two representatives of the general public. The board shall advise and consult with the department with respect to the conduct of the hospital. The members of the board shall serve without compensation other than necessary expenses incurred in attendance at meetings.
(Added by Stats.1967, c. 1667, p. 4055, § 35, operative July 1, 1969. Amended by Stats.1969, c. 459, p. 1018, § 5; Stats.1971, c. 1593, p. 3333, § 361, operative July 1, 1973; Stats.1975, c. 1057, p. 2540, § 4.)

Chapter 2.5 FAMILIES OF PERSONS WITH SERIOUS MENTAL DISORDERS

§ 4240. Legislative findings and declarations

The Legislature finds and declares all of the following:

(a) The symptoms and behaviors of persons with serious mental disorders may cause severe disruption of normal family relationships.

(b) Families are often the principal caregivers, housing providers, and case managers for family members with serious mental disorders.

(c) Families of persons with serious mental disorders more often than not have little or no legal authority over their adult mentally disordered and sometimes difficult to manage family members and consequently need advice, skills, emotional support, and guidance to cope with the stressful burden of caregiving in order to be effective and helpful.

(d) Involved families are of inestimable value to the publicly funded and professionally operated state and county mental health system and programs emphasizing self–help can be the best way to assist families in maintaining the cohesion of family life while caring for and assisting a mentally disordered family member.

(e) Since the state's mental health resources are limited and are increasingly being directed on a priority basis toward provision of services to persons with serious mental disorders, informed and active families helping one another can effectively extend and amplify the value of state mental health dollars.

(Added by Stats.1989, c. 1225, § 1.)

§ 4241. Legislative intent

It is the intent of the Legislature, by this chapter, to support an organized program of self–help in which families exchange information, advice, and emotional support to enable them to maintain and strengthen family life and secure or provide more effective treatment, care, and rehabilitation for mentally disordered family members.

It is further the intent of the Legislature to utilize an existing organized statewide network of families, who have mentally disordered family members, as a means of delivering the services designated in this chapter.

(Added by Stats.1989, c. 1225, § 1.)

§ 4242. Definitions

As used in this chapter:

(a) "Family" means persons whose children, spouses, siblings, parents, grandparents, or grandchildren have a serious mental disorder.

(b) "Serious mental disorder" means a mental disorder which is severe in degree and pesistent[1] in duration and which may cause behavioral disorder or impair functioning so as to interfere substantially with activities of daily living. Serious mental disorders include schizophrenia, major affective disorders, and other severely disabling mental disorders.

(Added by Stats.1989, c. 1225, § 1.)

[1]So in chaptered copy.

§ 4243. Funds; request for proposal seeking applicants capable of supplying services

(a) All funds appropriated for the purposes of this chapter shall be used to contract with an organization to establish a statewide network of families who have mentally disordered family members for the purpose of providing information, advice, support, and other assistance to these families.

(b) A request for proposal shall be issued seeking applicants who are capable of supplying the services specified in Section 4244. The respondent organizations shall demonstrate that they:

(1) Focus their activities exclusively on the seriously mentally disordered.

(2) Have experience in successfully working with state agencies, including, but not limited to, the State Department of Mental Health.

(3) Have the ability to reach and involve the target population as active members.

(4) Have proven experience providing structured self–help services that benefit the target population.

(5) Have experience holding statewide and local conferences to educate families and professionals regarding the needs of the mentally disordered.

(6) Have the financial and organizational structure and experience to manage the funds provided under the proposed contract.

(Added by Stats.1989, c. 1225, § 1.)

§ 4244. Contract to provide specified services

The Director of Mental Health shall enter into a contract with the successful bidder to provide services which shall include, but not be necessarily limited to, all of the following:

(a) Production and statewide dissemination of information to families regarding methods of obtaining and evaluating services needed by mentally disordered family members.

(b) Provision of timely advice, counseling, and other supportive services to assist families in coping with emotional stress and to enable them to care for or otherwise assist mentally disordered family members.

(c) Organizing family self–help services in local communities, accessible to families throughout the state.

(d) Conducting training programs for mental health practitioners and college and university students to inform current and future mental health professionals of the needs of families and methods of utilizing family resources to assist mentally disordered clients.

(Added by Stats.1989, c. 1225, § 1.)

§ 4245. Contracts; annual period; annual report

Contracts entered in pursuant to this chapter shall:

(a) Have an annual contract period from July 1 through June 30 of each fiscal year unless the Director of Mental Health or the contractor terminates the contract earlier.

(b) Require an annual report by the contractor accounting for all expenditures and program accomplishments.

(Added by Stats.1989, c. 1225, § 1.)

Chapter 3 OFFICERS AND EMPLOYEES

§ 4300. Officers

As used in this article, "officers" of a state hospital means:

(a) Clinical director.

(b) Hospital administrator.

(c) Hospital director.

(Added by Stats.1976, c. 962, p. 2199, § 3.)

§ 4301. Clinical director and hospital administrator; appointment; duties; program director

The Director of Mental Health shall appoint and define the duties, subject to the laws governing civil service, of the clinical director and the hospital administrator for each state hospital. The director shall appoint either the clinical director or the hospital administrator to be the hospital director.

The director shall appoint a program director for each program at a state hospital.

(Added by Stats.1976, c. 962, p. 2199, § 3. Amended by Stats.1977, c. 1252, p. 4499, § 542, operative July 1, 1978.)

§ 4302. Determination of employee needs

The Director of the State Department of Mental Health shall have the final authority for determining all other employee needs after consideration of program requests from the various hospitals.

(Added by Stats.1976, c 962, p. 2199, § 3. Amended by Stats.1977, c. 1252, p. 4499, § 543, operative July 1, 1978.)

§ 4303. Salaries and wages; inclusion in estimate; payment

Salaries of resident and other officers and wages of employees

shall be included in the budget estimates of, and paid in the same manner as other expenses of, the state hospitals.
(Added by Stats.1976, c. 962, p. 2199, § 3.)

§ 4304. Primary purpose of state hospital; duties of officers and employees

The primary purpose of a state hospital is the medical and nursing care of patients who are mentally disordered. The efforts and direction of the officers and employees of each state hospital shall be directed to this end.
(Added by Stats.1976, c. 962, p. 2199, § 3. Amended by Stats.1977, c. 1252, p. 4499, § 544, operative July 1, 1978.)

§ 4305. Planning, development, etc., of patient services and supervision of research and clinical training

Subject to the rules and regulations established by the department, and under the supervision of the hospital director when the hospital director is the hospital administrator, the clinical director of each state hospital shall be responsible for the planning, development, direction, management, supervision, and evaluation of all patient services, and of the supervision of research and clinical training.
(Added by Stats.1976, c. 962, p. 2199, § 3. Amended by Stats.1977, c. 1252, p. 4499, § 545 operative July 1, 1978.)

§ 4306. Planning, development, etc., of administrative and supportive services

Subject to the rules and regulations established by the department, under the supervision of the hospital director when the hospital director is the clinical director, the hospital administrator shall be responsible for the planning, development, direction, management and supervision of all administrative and supportive services in the hospital facility. Such services include, but are not limited to:

(1) All administrative functions such as personnel, accounting, budgeting, and patients' accounts.

(2) All life–support functions such as food services, facility maintenance and patient supplies.

(3) All other business and security functions.

It shall be the responsibility of the hospital administrator to provide support services, as specified in this section, within available resources, to all hospital treatment programs.
(Added by Stats.1976, c. 962, p. 2199, § 3.)

§ 4307. Chief executive officer; responsibilities

The hospital director is the chief executive officer of the hospital and is responsible for all hospital operations. If the hospital director is the clinical director, then the hospital administrator is responsible to him; if the hospital director is the hospital administrator, then the clinical director is responsible to him.
(Added by Stats.1976, c. 962, p. 2199, § 3.)

§ 4308. Clinical director, hospital administrator, hospital director and program directors; vacancies; appointments; salary; qualifications

As often as a vacancy occurs in a hospital under the jurisdiction of the Director of Mental Health, he shall appoint, as provided in Section 4301, a clinical director, a hospital administrator, a hospital director, and program directors.

A hospital administrator shall be a college graduate preferably with an advanced degree in hospital, business or public administration and shall have had experience in this area. He shall receive a salary which is competitive with other private and public mental hospital administrators.

A clinical director for a state hospital for the mentally disordered shall be a physician who has passed, or shall pass, an examination for a license to practice medicine in California and shall be a qualified specialist in a branch of medicine that includes diseases affecting the brain and nervous system. The clinical director for any state hospital shall be well qualified by training or experience to have proven skills in mental hospital program administration.

The hospital director shall be either the hospital administrator or the clinical director. He shall be selected based on his overall knowledge of the hospital, its programs, and its relationship to its community, and on his demonstrated abilities to administer a large facility.

The standards for the professional qualifications of a program director shall be established by the Director of Mental Health for each patient program. The director shall not adopt any regulations which prohibit a licensed psychiatrist, psychologist, psychiatric technician, or clinical social worker from employment in a patient program in any professional, administrative, or technical position; provided, however, that the program director of a medical–surgical unit shall be a licensed physician.

If the program director is not a physician, a physician shall be available to assume responsibility for all those acts of diagnosis, treatment, or prescribing or ordering of drugs which may only be performed by a licensed physician.
(Added by Stats.1976, c. 962, p. 2199, § 3. Amended by Stats.1977, c. 1252, p. 4500, § 546, operative July 1, 1978; Stats.1979, c. 373, p. 1390, § 354.)

§ 4309. Hospital director; responsibilities; substitutes

The hospital director is responsible for the overall management of the hospital. In his absence one of the other hospital officers or in the absence of both officers a program director shall be designated to perform his duties and assume his responsibilities.
(Added by Stats.1976, c. 962, p. 2199, § 3.)

§ 4311. Hospital administrator; preservation of peace; arrests

The hospital administrator shall be responsible for preserving the peace in the hospital buildings and grounds and may arrest or cause the arrest and appearance before the nearest magistrate for examination, of all persons who attempt to commit or have committed a public offense thereon.
(Added by Stats.1976, c. 962, p. 2199, § 3.)

§ 4312. Rules and regulations

The hospital director may establish rules and regulations not inconsistent with law or departmental regulations, concerning the care and treatment of patients, research, clinical training, and for the government of the hospital buildings and grounds. Any person who knowingly or willfully violates such rules and regulations may, upon the order of either of the hospital officers, be ejected from the buildings and premises of the hospital.
(Added by Stats.1976, c. 962, p. 2199, § 3.)

§ 4313. Police; powers of peace officers; compensation; duties

The hospital administrator of each state hospital may designate, in writing, as a police officer, one or more of the bona fide employees of the hospital. The hospital administrator and each such police officer have the powers and authority conferred by law upon peace officers listed in Section 830.38 of the Penal Code. Such police officers shall receive no compensation as such and the additional duties arising therefrom shall become a part of the duties of their regular positions. When and as directed by the hospital administrator, such police officers shall enforce the rules and regulations of the hospital, preserve peace and order on the premises thereof, and protect and preserve the property of the state.
(Added by Stats.1976, c. 962, p. 2199, § 3. Amended by Stats.1989, c. 1165, § 49.)

§ 4314. Stores and canteens

The Director of Mental Health may set aside and designate any space on the grounds of any of the institutions under the jurisdiction of the department that is not needed for other authorized purposes, to enable such institution to establish and maintain therein a store or canteen for the sale to or for the benefit of patients of the institution of candies, cigarettes, sundries and other articles. The stores shall be conducted subject to the rules and regulations of the department and the rental, utility and service charges shall be fixed as will reimburse

the institutions for the cost thereof. The stores when conducted under the direction of a hospital administrator shall be operated on a nonprofit basis but any profits derived shall be deposited in the benefit fund of each such institution as set forth in Section 4125.

Before any store is authorized or established, the Director of Mental Health shall first determine that such facilities are not being furnished adequately by private enterprise in the community where it is proposed to locate the store, and may hold public hearings or cause surveys to be made, to determine the same.

The Director of Mental Health may rent such space to private individuals, for the maintenance of a store or canteen at any of the said institutions upon such terms and subject to such regulations as are approved by the Department of General Services, in accordance with the provisions of Section 13109 of the Government Code. The terms imposed shall provide that the rental, utility and service charges to be paid shall be fixed so as to reimburse the institution for the cost thereof and any additional charges required to be paid shall be deposited in the benefit fund of such institution as set forth in Section 4125.

(Added by Stats.1976, c. 962, p. 2199, § 3. Amended by Stats.1977, c. 1252, p. 4500, § 547, operative July 1, 1978.)

§ 4315. Meaning of "superintendent", "medical superintendent", "superintendent or medical director" or "medical director"

Wherever the term "superintendent", "medical superintendent", or "superintendent or medical director" appears, the term shall be deemed to mean clinical director, except in Sections 4110, 4126, 4127, 4129, 7281, and 7289, where the term shall be deemed to mean hospital administrator.

Wherever the term "medical director" appears, the term shall be deemed to mean clinical director.

(Added by Stats.1976, c. 962, p. 2199, § 3.)

§ 4316. Sheltered workshop; establishment purpose; operation

Subject to rules and regulations adopted by the department, the hospital director may establish a sheltered workshop at a state hospital to provide patients with remunerative work performed in a setting which simulates that of industry and is performed in such a manner as to meet standards of industrial quality. The workshop shall be so operated as to provide the treatment staff with a realistic atmosphere for assessing patients' capabilities in work settings, and to provide opportunities to strengthen and expand patient interests and aptitudes.

(Added by Stats.1976, c. 962, p. 2199, § 3.)

§ 4317. Sheltered workshop fund; administration; use; insurance of goods and products; use of money

At each state hospital at which there is established a sheltered workshop, there shall be a sheltered workshop fund administered by the clinical director. The fund shall be used for the purchase of materials, for the purchase or rental of equipment needed in the manufacturing, fabricating, or assembly of products, for the payment of remuneration to patients engaged in work at the workshop, and for the payment of such other costs of the operation of the workshop as may be directed by the medical director. The clinical director may cause the raw materials, goods in process, finished products, and equipment necessary for the production thereof to be insured against any and all risks of loss, subject to the approval of the Department of General Services. The costs of such insurance shall be paid from the sheltered workshop fund.

All money received from the manufacture, fabrication, assembly, or distribution of products at any state hospital sheltered workshop shall be deposited and credited to the hospital's sheltered workshop fund.

(Added by Stats.1976, c. 962, p. 2203, § 3.)

§ 4318. Written recommended aftercare plan; contents; transmittal

Each state hospital shall, prior to the discharge of any patient who was placed in the facility under a county Short–Doyle plan, prepare a written recommended aftercare plan which shall be transmitted to the local director of mental health services in the county of the patient's placement.

Notwithstanding any other provision of law, such aftercare plan shall specify the following:

(a) Diagnoses;

(b) Treatment initiated;

(c) Medications and their dosage schedules;

(d) Date of discharge;

(e) Location of community placement;

(f) Plan for continuing treatment; and

(g) List of referrals indicated, including, but not limited to:

(1) Public social services.

(2) Legal aid.

(3) Educational services.

(4) Vocational services.

(5) Medical treatment other than mental health services.

(Added by Stats.1976, c. 962, p. 2199, § 3.)

§ 4319. In–service training programs; state hospital treatment personnel

To assure a continuous level of competency for all state hospital treatment personnel under the jurisdiction of the State Department of Mental Health, the department shall provide adequate in–service training programs for such state hospital treatment personnel.

(Formerly § 4315, added by Stats.1977, c. 72, p. 476, § 3, eff. May 24, 1977. Renumbered § 4319 and amended by Stats.1978, c. 429, p. 1444, § 189, eff. July 17, 1978, operative July 1, 1978.)

§ 4320. Psychiatric technicians; equivalency training program; state hospitals for mentally disordered

To assure an adequate supply of licensed psychiatric technicians for state hospitals for the mentally disordered, the State Department of Mental Health, to the extent necessary, shall establish in state hospitals for the mentally disordered a course of study and training equivalent, as determined by the Board of Vocational Nurse and Psychiatric Technician Examiners, to the minimum requirements of an accredited program for psychiatric technicians in the state. No unlicensed psychiatric technician trainee shall be permitted to perform the duties of a licensed psychiatric technician as provided by Section 4502 of the Business and Professions Code unless such trainee performs such duties pursuant to a plan of supervision approved by the Board of Vocational Nurse and Psychiatric Technician Examiners as part of the equivalency trainee program. This section shall not be construed to reduce the effort presently expended by the community college system or private colleges in training psychiatric technicians.

(Formerly § 4316, added by Stats.1977, c. 72, p. 476, § 4, eff. May 24, 1977. Renumbered § 4320 and amended by Stats.1978, c. 429, p. 1444, § 190, eff. July 17, 1978, operative July 1, 1978.)

Chapter 4 COUNTY USE OF STATE HOSPITALS

§ 4330. Reimbursement for use of state hospital beds

The State Department of Mental Health shall be reimbursed for use of state hospital beds by counties pursuant to Part 1 (commencing with Section 5000) of Division 5 as follows:

(a)(1) For the 1991–92 fiscal year, the department shall receive reimbursement in accordance with subdivision (b) of Section 17601. This total may be adjusted to reflect any and all amounts previously unallocated or held in reserve for use by small counties and any adjustments made pursuant to Chapter 1341 of the Statutes of 1990.

(2) It is the intent of the Legislature to encourage and allow greater flexibility with respect to resources during the first transitional year,

and, to this end, the Director of Mental Health may implement proposals for purchase in or purchase out of, state hospital beds which were proposed in accordance with Chapter 1341 of the Statutes of 1990.

(3) Funds and bed days historically allocated to small counties shall be allocated to counties with no allocation.

(b) Commencing with the 1992–93 fiscal year and each fiscal year thereafter, the department shall be reimbursed in accordance with the contracts entered into pursuant to Section 4331.

(c) The rate of reimbursement which shall apply each fiscal year shall be determined by the department and shall include all actual costs determined by hospital and by type of service provided. Any costs resulting from overexpenditure in the previous year shall be clearly separated from actual costs projected for the contract year and identified as a part of the rate negotiation. Costs shall not include costs incurred for capital outlay relating to existing facilities or capacity, which shall remain the responsibility of the state. Costs for capital outlay related to future expansions or construction of new facilities requested by any county or cost related to innovative arrangements under Section 4355 shall be a cost to the county unless the expansion, construction or innovative arrangements are determined to be of statewide benefit. Pursuant to Section 11343 of the Government Code, the rate of reimbursement shall not be subject to Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

(d) After final determination of state hospital costs for patients covered under Part 1 (commencing with Section 5000) of Division 5, funds that remain unencumbered at the close of the fiscal year shall be made available to counties that used fewer state hospital beds than their contracted number, proportional to the contracted amount not used, but this amount shall not exceed the value of the unused contracted amount. These funds shall be used for mental health purposes.

(Added by Stats.1991, c. 89 (A.B.1288), § 50, eff. June 30, 1991. Amended by Stats.1991, c. 611 (A.B.1491), § 24, eff. Oct. 7, 1991; Stats.1992, c. 1374 (A.B.14), § 7, eff. Oct. 28, 1992.)

§ 4331. Contracts for hospital beds

(a) No later than July 1, 1992, and in each subsequent year, each county acting singly or in combination with other counties shall contract with the department for the number and types of state hospital beds that the department will make available to the county or counties during the fiscal year. Each county contract shall be subject to the provisions of this chapter, as well as other applicable provisions of law, but shall not be subject to Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the State Administrative Manual, or the Public Contract Code and shall not be subject to review and approval by the Department of General Services.

(b)(1) No later than January 1, 1992, each county acting singly or in combination with other counties, shall notify the department in writing as to the number and type of state hospital beds the county or counties will contract for with the state in the 1992–93 fiscal year.

(2) No later than July 1, 1992, and no later than July 1 of each subsequent year, each county acting singly or in combination with other counties shall give the department preliminary written notification of the number and types of state hospital beds that the county or counties will contract for with the state during the subsequent fiscal year. Counties may include in their notification a request for additional beds beyond their previous year's contract.

(3) No later than January 1, 1993, and no later than January 1 of each subsequent year, each county acting singly or in combination with other counties shall give the department final written notifications of the number and types of state hospital beds that the county or counties will contract for with the state during the subsequent fiscal year. These notifications shall not preclude subsequent changes agreed to by both the state and the county in the contract negotiation process.

(4) The department shall provide counties with preliminary cost and utilization information based on the best data possible, 60 days in advance of the preliminary notification deadline, and a proposed final cost estimate, based on the best data possible, 60 days in advance of the final deadline. Final rates shall be subject to contract agreement.

(c) There shall be no increase in the number of beds provided to a county or group of counties during a fiscal year unless the contract between the department and that county or group of counties is amended by mutual agreement. Any significant change in services requested by a county shall require amendment of the contract.

(d) If a county or group of counties has not contracted with the department by July 1 of any given year, the number of beds to be provided that fiscal year shall be the same as the number provided the previous fiscal year, unless the department and a county have formally agreed otherwise, and the rate of reimbursement that shall be paid to the department shall be at the amount set by the department for the fiscal year commencing July 1 of that year. The department shall provide a mechanism for formal agreement of bed levels no later than June 15 of each year. However, after July 1 the department and a county or group of counties may enter into a contract pursuant to this chapter and the contract shall govern the number of state hospital beds and rates of reimbursement for the fiscal year commencing July 1 of that year.

(Added by Stats.1991, c. 89, (A.B.1288), § 50, eff. June 30, 1991. Amended by Stats.1991, c. 611 (A.B.1491), § 25, eff. Oct. 7, 1991; Stats.1992, c. 1374 (A.B.14), § 8, eff. Oct. 28, 1992.)

§ 4332. Contract provisions

(a) Contracts entered into pursuant to Section 4331 shall do all of the following:

(1) Specify the number of beds to be provided.

(2) Specify the rate or rates of reimbursement.

(3) Set forth the specific type of services requested by the county, in detail.

(4) Specify procedures for admission and discharge.

(5) Include any other pertinent terms as agreed to by the department and the county.

(b) The department shall consult, in advance, with the counties regarding any changes in state hospital facilities or operations which would significantly impact access to care or quality of care, or significantly increase costs.

(c) Beginning with the 1992–93 fiscal year and annually thereafter, the department shall make available to counties upon request the basis upon which its rates have been set, including any indirect cost allocation formulas.

(Added by Stats.1991, c. 89 (A.B.1288), § 50, eff. June 30, 1991. Amended by Stats.1991, c. 611 (A.B.1491), § 26, eff. Oct. 7, 1991.)

§ 4333. Hospital net bed reductions; exempted counties; annual contracts for state hospital beds

(a) In the event a county or counties elect to reduce their state hospital resources, beginning July 1, 1992, systemwide state hospital net bed reduction in any one year may not exceed 10 percent of the total for patients under Part 1 (commencing with Section 5000) of Division 5 in the prior year without the specific approval of the Director of Mental Health.

(b) Net bed reductions at any one hospital may not exceed 10 percent of its contracted beds without specific approval of the Director of Mental Health.

(c) If the proposed reduction in any year exceeds the maximum permitted amount, the department, with the assistance of counties, shall make every effort to contract for beds with other purchasers.

(d) If total county requests for bed reduction in any one year or at any one facility still exceed the amount of reduction allowed, each county's share of the reduction shall be determined by taking the ratio of its contracted beds to the total contracted and multiplying this by the total beds permitted to be reduced.

(e)(1) Small counties shall be exempted from the limitations of this

section and shall have the amount of their reduction determined by the Director of Mental Health.

(2) For purposes of this chapter, "small counties" means counties with a population of 125,000 or less based on the most recent available estimates of population data determined by the Population Research Unit of the Department of Finance.

(f) It is the intent of the Legislature that counties have maximum flexibility in planning the use of these resources, which includes making full use of existing facilities and that the Director of Mental Health enforce his or her exemption authority in a manner consistent with this intent. Because freed–up beds may be purchased by other counties or may be used for other purposes, it is anticipated that individual county flexibility will be substantially greater than the 10–percent figure described in subdivisions (a) and (b).

(g) Counties may annually contract for state hospital beds as single entities or in combination with other counties. For purposes of this section, small counties, as defined in subdivision (e):

(1) Are encouraged to establish regional authorities to pool their resources to assure their ability to provide the necessary array of services to their mentally ill populations not otherwise available to them on an individual basis.

(2) May receive loans from the General Fund when emergency state hospital beds are needed, not to exceed one year in duration, with interest payable at the same rate as that earned through the Pooled Money Investment Fund. Any interest due may be waived based upon a finding of emergency by the Secretary of Health and Welfare and the Director of Finance.

(Added by Stats.1991, c. 89 (A.B.1288), § 50, eff. June 30, 1991. Amended by Stats.1991, c. 611 (A.B.1491), § 27, eff. Oct. 7, 1991; Stats.1992, c. 713 (A.B.3564), § 32, eff. Sept. 15, 1992.)

§ 4333.5. Use of facilities; costs

(a) The department shall encourage the counties to use state hospital facilities, in addition to utilizing state hospital beds pursuant to contract, for additional treatment programs through contracts, on either an individual county or regional basis.

(b) For purposes of contracts entered into through encouragement provided by the department pursuant to subdivision (a), costs shall be based on the actual costs to the state, and shall be prorated on an annual lease basis.

(Added by Stats.1992, c. 1374 (A.B.14), § 9, eff. Oct. 28, 1992.)

§ 4334. Catalogue of state hospital services; county involvement in planning

By July 1, 1992, the State Department of Mental Health, in collaboration with counties, shall do all of the following:

(a) Prepare and publish a catalogue of available state hospital services. The catalogue shall be updated annually.

(b) Develop a process by which a county or group of counties constituting the primary user of a particular hospital may, upon their request individually, or through selected representatives, participate in long–range planning and program development to ensure the provision of appropriate services.

(c) Ensure direct county involvement in admission to, and discharge from, beds contracted for patients under Part 1 (commencing with Section 5000) of Division 5.

(Added by Stats.1991, c. 89 (A.B.1288), § 50, eff. June 30, 1991.)

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

§ 4335. Other arrangements for delivery of services

Nothing in this chapter is intended to prevent the department from entering into innovative arrangements with counties for delivery of state hospital services. The Director of Mental Health may contract with a county, or group of counties, for excess state hospital space for purposes of staffing and operating their own program.

(Added by Stats.1991, c. 89 (A.B.1288), § 50, eff. June 30, 1991.)

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

Part 3 DEPARTMENTAL PROGRAM INITIATIVES

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

Chapter 1 SELF–HELP PROGRAMS

§ 4340. Mental health prevention program; establishment of self–help groups

The department shall maintain a statewide mental health prevention program directed toward a reduction in the need for utilization of the treatment system and the development and strengthening of community support and self–help networks. The department shall support the establishment of self–help groups, which may be facilitated by an outside entity, subject to the approval of the hospital administrator, at state hospitals.

(Added by Stats.1991, c. 89 (A.B.1288), § 51, eff. June 30, 1991. Amended by Stats.2002, c. 352 (S.B.1404), § 3.)

Chapter 2 HUMAN RESOURCE DEVELOPMENT

§ 4341. Human resources development program; implementation; areas of emphasis

(a) In order to ensure the availability of an adequate number of persons from all disciplines necessary to implement appropriate and effective services to severely mentally ill persons of all ages and ethnic groups, the department shall, to the extent resources are available, implement a Human Resources Development Program.

(b) Implementation of the program shall include negotiation with any or all of the following: the University of California, state colleges, community colleges, private universities and colleges, public and private hospitals, and public and private rehabilitation, community care, treatment providers, and professional associations, to arrange affiliations and contracts for educational and training programs to ensure appropriate numbers of graduates with experience in serving severely mentally ill persons in the most cost–effective programs.

(c) The human resources development effort shall be undertaken with active participation of the California Conference of Local Mental Health Directors, client and family representatives, and professional and academic institutions.

(d) The program shall give particular attention to areas of specific expertise where local programs and state hospitals have difficulty recruiting qualified staff, including programs for forensic persistently severely mentally ill children and youth, and severely mentally ill elderly persons. Specific attention shall be given to ensuring the development of a mental health work force with the necessary bilingual and bicultural skills to deliver effective service to the diverse population of the state.

(Added by Stats.1991, c. 89 (A.B.1288), § 51, eff. June 30, 1991. Amended by Stats.1991, c. 611 (A.B.1491), § 28, eff. Oct. 7, 1991.)

§ 4341.1. Task force for staffing needs of health, human services, and criminal justice agencies; members; objectives of task force; progress report

(a) The task force funded by Schedule (a) of Item 4440–001–0001 of Section 2.00 of the Budget Act of 2000 (Ch. 52, Stats. 2000) to address and identify options for meeting the staffing needs of state and county health, human services, and criminal justice agencies shall include a representative from the State Department of Mental Health, who shall serve as chair, the Secretary of the Health and Human

Services Agency or his or her designee, a representative of the Youth and Adult Correctional Agency, the Secretary for Education or his or her designee, a representative of the California Mental Health Planning Council, and representatives of the University of California, including the University of California medical schools and medical residency training programs, the California State University, the California Community Colleges, the California School Boards Association, the Association of California School Administrators, the Medical Board of California, the Board of Behavioral Sciences, the Board of Psychology, the California Mental Health Directors Association, the California Council of Community Mental Health Agencies, the National Alliance for the Mentally Ill–California, the California Network of Mental Health Clients, the United Advocates for Children of California, and the California Alliance of Child and Family Services. The State Department of Mental Health shall provide staff to the task force.

(b) The task force shall do all of the following:

(1) Study the shortage of mental health workers in publicly funded mental health services and develop recommendations for expansion of all of the following:

(A) Programs such as the Human Services Academy currently established by the Mental Health Association of Los Angeles and the Los Angeles Unified School District to offer high school students education about mental health problems, services, and information about the meaning and value to society of service in publicly funded mental health care.

(B) Programs that expand graduate school programs.

(C) Ways to expand the utilization of those who have been consumers of mental health services.

(D) Ways to engage community college students, four–year college undergraduates, and college graduates in careers leading to mental health service.

(E) Efforts to change the curriculum of programs, undergraduate, graduate, and postgraduate, including medical residency programs, that could lead to employment in public mental health programs to make sure there is clinical training and education that complements and supports employment in public mental health programs.

(F) Revisions, as may be necessary, to licensing requirements including recommendations for proposed legislation, and scope of practice issues that maximize the opportunity to utilize consumers and are consistent with the types of services likely to be required to serve seriously emotionally disturbed children and severely mentally ill adults who need a wide array of services as set forth in the children's and adults' systems of care.

(G) Financial supports in the form of stipends, loan forgiveness, or other programs that could be accomplished through state or federal funds that would further support the need for employment.

(2) Annually quantify the need for different types of providers in different regions of the state including the cost, positions, and projected future needs.

(3) Evaluate the impact of competition from the private sector on the availability of mental health professionals in the public sector.

(4) Address other issues of collaboration and coordination between the educational system, the licensing boards, and the mental health system that are impeding progress in expanding the mental health workforce.

(5) Address issues of collaboration and coordination within the various levels of the educational system that are impeding progress in expanding the mental health workforce.

(6) Develop recommendations to ensure all of the following:

(A) Two–year and four–year colleges have sufficient capacity to train all the mental health staff needed.

(B) Issues that obstruct development of a career ladder between two–year and four–year schools are eliminated.

(C) Community college programs have clear delineation of both skills and theory that need to be mastered for each type of position.

(D) There are new certificate programs for psychosocial rehabilitation at the community college level and post baccalaureate case management.

(7) Examine options for collaboration on curriculum between employees in the public mental health system, and high schools, community colleges, and undergraduate and graduate education programs.

(c) The task force shall issue a progress report to the Legislature on its findings on or before May 1, 2001, and shall issue a final report to the Legislature on or before May 1, 2002.

(Added by Stats.2000, c. 814 (S.B.1748), § 2.)

§ 4341.5. Forensic skills; training programs

In order to ensure an adequate number of qualified psychiatrists and psychologists with forensic skills, the State Department of Mental Health shall, to the extent resources are available, plan with the University of California, private universities, and the California Postsecondary Education Commission, for the development of programs for the training of psychiatrists and psychologists with forensic skills, and recommend appropriate incentive measures, such as state scholarships.

(Added by Stats.1991, c. 89 (A.B.1288), § 51, eff. June 30, 1991.)

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

Chapter 4 PRIMARY INTERVENTION PROGRAM

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

§ 4343. Legislative intent; goals

The Legislature recognizes that prevention and early intervention services have long been slighted in the community mental health programs and has identified, as a goal of the Bronzan–McCorquodale program, the prevention of serious mental disorders and psychological problems. It is the intent of the Legislature to establish throughout the state a school–based primary intervention program designed for the early detection and prevention of emotional, behavioral, and learning problems in primary grade children with services provided by child aides or unpaid volunteers under the supervision of mental health professionals. The Legislature recognizes the documented significant improvement of children who have participated in the program over time. The goal of the primary intervention program is to help young children derive maximum profit from the school experience and, in so doing, prevent later–life problems of school failure, unemployment, delinquency, criminal behavior, and substance abuse.

(Added by Stats.1991, c. 89 (A.B.1288), § 51, eff. June 30, 1991. Amended by Stats.1991, c. 858 (A.B.1635), § 2, eff. Oct. 14, 1991.)

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

§ 4344. Development of programs

Primary intervention programs shall be developed in accordance with the guidelines and principles set forth in this chapter. To this end, school districts, publicly funded preschool programs, and local mental health programs may implement primary intervention programs with available funds, or may jointly apply to the State Department of Mental Health to be considered for grant programs outlined in this chapter.

(Added by Stats.1991, c. 89 (A.B.1288), § 51, eff. June 30, 1991. Amended by Stats.1991, c. 858 (A.B.1635), § 3, eff. Oct. 14, 1991.)

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

§ 4345. Program guidelines

The Director of Mental Health shall develop guidelines for primary intervention programs in accordance with the following:

(a) School–based programs shall serve children in grades kindergarten through three.

(b) The programs may serve children beyond grade three who could benefit from the program but the number of children accepted into the program from grades four and above shall not represent more than 15 percent of the total number of children served.

(c) The programs may serve children enrolled in a publicly funded preschool program.

(d) The programs shall serve children referred by either a screening process, a teacher, school–based mental health professionals, other school personnel who have had opportunities to observe children in interpersonal contacts, or parents. If a screening process is utilized, behavior rating scales shall constitute the primary instrument from which referrals to primary intervention programs are made. To a more limited extent, observations of children working on structured tasks and standardized projective tests may also be used.

(e) The programs may include a parent involvement component.

(f) Before acceptance of a child into a primary intervention program, parental consent is required.

(Added by Stats.1991, c. 89 (A.B.1288), § 51, eff. June 30, 1991. Amended by Stats.1991, c. 858 (A.B.1635), § 4, eff. Oct. 14, 1991.)

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

§ 4346. Program teams; responsibilities; training

(a) Each primary intervention program shall have a core team consisting of school–based mental health professionals, including credentialed school psychologists, school counselors, school social workers, or local mental health program professionals, or a combination thereof, and child aides.

(b) The school–based mental health professionals shall be responsible for accepting referred children into the program, supervision of the child aides, assignment of a child to an aide, evaluation of progress, and determination of termination from the program. The mental health professionals shall supervise the scoring and interpretation of screening and assessment test data, conduct conferences with parents, and evaluate the effectiveness of individual aides.

(c) Child aides, under supervision of the school–based mental health professional, shall conduct weekly play sessions with children served in the primary intervention programs. Child aides may be salaried school aides, unpaid volunteers or other persons with time and interest in working with young children, and who may be provided stipends to meet expenses.

(d) All aides shall undergo a time–limited period of training that is focused on the main intervention strategies of the particular program and is provided prior to direct contacts with the children served in the primary intervention programs. Training shall, at a minimum, include basic child development, crisis intervention, techniques of nondirective play, other intervention skills appropriate to identified problem areas, and instruction in utilizing supervision and consultation.

(Added by Stats.1991, c. 89 (A.B.1288), § 51, eff. June 30, 1991. Amended by Stats.1991, c. 858 (A.B.1635), § 5, eff. Oct. 14, 1991; Stats.1992, c. 722 (S.B.485), § 18, eff. Sept. 15, 1992.)

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

§ 4347. Referrals

School districts or publicly funded preschools receiving funds under this chapter shall demonstrate a capability for referral to appropriate public and private community services. The referrals shall be made through contacts with families in response to information regarding the need for referral arising from the child aide sessions.

(Added by Stats.1991, c. 89 (A.B.1288), § 51, eff. June 30, 1991. Amended by Stats.1991, c. 858 (A.B.1635), § 6, eff. Oct. 14, 1991.)

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

§ 4348. Grants; program financing

(a)(1) Subject to the availability of funding each year, the State Department of Mental Health shall award primary intervention program grants pursuant to a request for proposal consistent with the provisions of this chapter.

(2) In counties over 100,000 in population, each application shall be the product of a proposal developed jointly between the local mental health program and a school district or publicly funded preschool. The grant award shall be administered by the local mental health program.

(3) In counties 100,000 in population and under, an application may be submitted pursuant to paragraph (2) or by the county superintendent of schools on behalf of one or more school districts, or by a school district. If an application is submitted by the county superintendent of schools or by a school district, the county office of education or the school district shall administer the grant and the application shall include evidence satisfactory to the department that adequate mental health training and consultation will be provided at each program site.

(b) Prior to dissemination of a request for proposal, the department shall establish a maximum figure for the amount of program funds available per project site and for the number of sites that may be funded per school district or regional area. The department shall be guided in its decisions by the availability of uncommitted funds designated for the primary intervention program.

(c) Primary intervention program grants shall be funded from funds appropriated for programs pursuant to Part 4 (commencing with Section 4370) and shall receive first priority for these funds.

(d) Upon approving a primary intervention grant, the State Department of Mental Health shall contract with the grant recipient to provide a primary intervention program for a period of up to three years.

(e) Costs of a primary intervention program shall be financed on a basis of:

(1) A maximum of 50 percent from primary intervention program grant funds or a maximum established by the department, whichever is less.

(2) At least 50 percent from a combination of school district or preschool and local mental health program funds.

(f) The school district or preschool share may be in–kind contributions, including staff, space, equipment, materials, and reasonable administrative services.

(1) Contributed space to be used for child aide sessions must be comfortable, attractive, and engaging to young children. Small individual rooms are preferable.

(2) Space to be used for group meetings and consultation sessions may also be contributed.

(3) Equipment and materials may be contributed if they include items that encourage child participation in nondirective play.

(g) The local mental health program share may include either the cost of the mental health professionals as described in subdivision (b) of Section 4346 or the contribution of professional staff to provide case consultation to the child aides and assistance in child aide training.

(Added by Stats.1991, c. 89 (A.B.1288), § 51, eff. June 30, 1991. Amended by Stats.1991, c. 858 (A.B.1635), § 7, eff. Oct. 14, 1991; Stats.1992, c. 722 (S.B.485), § 19, eff. Sept. 15, 1992.)

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

§ 4349. Selection criteria

The State Department of Mental Health shall, on the basis of applications submitted pursuant to a request for proposal, select recipients of primary intervention program grants based on the following criteria:

(a) Availability of professional and other program staff with related experience and interest in early intervention.

(b) Reasonable evidence of future stability of the program and its personnel.

(c) Representation of a wide range of economic, ethnic, and cultural populations.

(d) Demonstration of strong support by the teaching, pupil services, and administrative personnel at the school or preschool and by the local mental health program.

(e) Assurance that grants would supplement existing local resources.

(Added by Stats.1991, c. 89 (A.B.1288), § 51, eff. June 30, 1991. Amended by Stats.1991, c. 858 (A.B.1635), § 8, eff. Oct. 14, 1991.)

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

§ 4349.5. Application of chapter to grants awarded prior to effective date of this section

Grants that have been awarded prior to the effective date of this section shall continue to be subject to the provisions of this chapter, including the grant recipient, matching, and eligibility requirements.

(Added by Stats.1992, c. 722 (S.B.485), § 20, eff. Sept. 15, 1992.)

§ 4349.7. Proposals submitted between April 1, 1992, and May 1, 1992, receiving passing score; funding

Proposals submitted to the department between April 1, 1992, and May 1, 1992, pursuant to Sections 4343 to 4350, inclusive, that received a passing score shall be funded pursuant to Part 4 (commencing with Section 4370). Those grants shall continue to be subject to this chapter, including the matching and eligibility requirements.

(Added by Stats.1992, c. 722 (S.B.485), § 21, eff. Sept. 15, 1992.)

§ 4350. Program roles

(a) The role of the school district or preschool in each approved primary intervention program shall be to do all of the following:

(1) Arrange for mental health professionals based at the program site to supervise program staff and procedures. These persons may be either pupil personnel staff or local mental health program staff.

(2) Recruit and train child aides.

(3) Screen and assess children in accordance with guidelines established by the department.

(4) Provide individual and group play sessions to selected children in accordance with guidelines established by the department.

(5) Provide space and equipment for child aide sessions with children and for staff meetings.

(6) Establish and maintain program records.

(7) Prepare program reports in accordance with guidelines established by the department.

(8) Submit periodic statements of program grant fund expenditures to the local mental health program for reimbursement in accordance with the approved program budget.

(b) The role of the local mental health program in each approved jointly proposed primary intervention program shall be to:

(1) Administer state program grant funds awarded by the department by contracting with the school district or preschool to provide a primary intervention program in accordance with this chapter and the joint proposal of the local mental health program and the school district or preschool as approved by the department.

(2) Contribute professional staff to the program to do both of the following:

(A) Assist the school district or preschool in the recruiting and initial training of child aides.

(B) Provide ongoing case consultation and training to the child aides at regular intervals at the program site.

(3) Ensure access to appropriate mental health treatment services available within the county's program for those children in the program and their families who require services that are beyond the scope and purposes of the primary intervention program.

(c) The role of the State Department of Mental Health in each approved primary intervention program shall be to:

(1) (A) Develop a contract with the local mental health program for provision of a primary intervention program in accordance with this chapter and the joint proposal of the local mental health program and school district or preschool as approved by the department.

(B) Develop contracts with the county superintendent of schools or a school district for provision of a primary intervention program in accordance with this chapter and the proposal submitted by the county superintendent of schools or a school district pursuant to paragraph (3) of subdivision (a) of Section 4348.

(2) Develop contracts with school districts or local mental health programs to permit the establishment of technical assistance centers to support in the timely and effective implementation of the primary intervention programs. Technical assistance centers shall be in districts which have successfully implemented programs over a period of time.

(3) Disburse program grant funds to the local mental health program or county superintendent of schools or school district in accordance with terms of the contract.

(4) Conduct visits to each program site at least once during the first year of funding, and thereafter as necessary, in order to determine compliance with this chapter and the contract and to determine training needs of program staff.

(5) Provide for periodic training workshops for program staff.

(6) Establish guidelines for program procedures, screening and assessment of children, records, and reports.

(Added by Stats.1991, c. 89 (A.B.1288), § 51, eff. June 30, 1991. Amended by Stats.1991, c. 858 (A.B.1635), § 9, eff. Oct. 14, 1991.)

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

§ 4350.5. School districts or county superintendents of schools; responsibilities

(a) School districts or county superintendents of schools proposing to serve as grant recipients pursuant to paragraph (3) of subdivision (a) of Section 4348 shall perform the functions described in subdivision (a) of Section 4350.

(b) The county office of education or school district subject to subdivision (a) shall ensure the provision of adequate initial and ongoing case consultation and training for child aides at regular intervals at each program site from qualified mental health professionals.

(Added by Stats.1991, c. 858 (A.B.1635), § 10, eff. Oct. 14, 1991.)

§ 4351. Training of personnel

The department shall provide for training of program personnel. Funds for this purpose may be appropriated under Section 11489 of the Health and Safety Code, through other special funds, or through the state budget. Training of program personnel may be contracted out to programs designated by the State Department of Mental Health appropriate to provide these services.

(Added by Stats.1991, c. 89 (A.B.1288), § 51, eff. June 30, 1991. Amended by Stats.1991, c. 858 (A.B.1635), § 11, eff. Oct. 14, 1991.)

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

§ 4352. Review of programs

(a) The State Department of Mental Health shall conduct a review of each primary intervention program at least once during the first year of funding, and thereafter as necessary.

(b) The purposes of the reviews are program improvement and compliance with the guidelines set forth in this chapter. The review procedure shall be adequately flexible for application to primary intervention programs of varying sizes and models.

(c) The State Department of Mental Health may contract for the conducting of reviews with programs appropriate for providing these services. Funds may be appropriated for this purpose pursuant to Section 11489 of the Health and Safety Code, from other special funds, or through the annual Budget Act.

(Added by Stats.1991, c. 89 (A.B.1288), § 51, eff. June 30, 1991. Amended by Stats.1991, c. 858 (A.B.1635), § 12, eff. Oct. 14, 1991.)

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

§ 4352.5. Administrative costs

Up to 10 percent of the total state funds available annually for the primary intervention program from all sources may be utilized by the department for administration, training, consultation, and evaluation.

(Added by Stats.1991, c. 858 (A.B.1635), § 13, eff. Oct. 14, 1991.)

Chapter 5 PERSONS WITH ACQUIRED TRAUMATIC BRAIN INJURY

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

REPEAL

For repeal of Chapter 5, see Welfare and Institutions Code § 4359.

§ 4353. Legislative findings and declarations

The Legislature finds and declares all of the following:

(a) There is a large population of persons who have suffered traumatic head injuries resulting in significant functional impairment.

(b) Approximately 80 percent of these injuries have occurred as a direct result of motor vehicle accidents.

(c) There is a lack of awareness of the problems associated with head injury resulting in a significant lack of services for persons with head 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 head injuries, there is no clearly defined ultimate responsibility vested in any single state agency. Nothing in this section shall be construed to mandate services for persons with acquired traumatic injury through county and city programs.

(e) There is no programmatic coordination among agencies to facilitate the provision of a continuing range of services appropriate for persons with traumatic head injuries.

(f) There is a serious gap in postacute care services 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 head injuries enabling them to return to work and to lead productive lives.

(Added by Stats.1991, c. 89 (A.B.1288), § 51, eff. June 30, 1991. Amended by Stats.1991, c. 611 (A.B.1491), § 30, eff. Oct. 7, 1991.)

REPEAL

For repeal of Chapter 5, see Welfare and Institutions Code § 4359.

§ 4354. Definitions

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.

(c) "Director" means the Director of Mental Health.

(d) " 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.

(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.

(Added by Stats.1991, c. 89 (A.B.1288), § 51, eff. June 30, 1991. Amended by Stats.1999, c. 1023 (A.B.1492), § 2.)

REPEAL

For repeal of Chapter 5, see Welfare and Institutions Code § 4359.

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

§ 4354.5. Traumatic brain injuries; legislative findings and intent

The Legislature finds and declares the following:

(a) Ascertaining the number of Californians who survive traumatic brain injuries is difficult, but the best estimates are that there are approximately 225,000 survivors who have sustained "closed" or "open" head injuries.

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

(c) 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.

(d) California must develop an action plan with a timetable for implementation to ensure that there will be an array of appropriate services and assistance funded and administered by a state structure that has a focus and commitment to integration and coordination.

(e) The state must pursue, in a timely manner, all available sources of federal financial participation, including, but not limited to, the medicaid home and community–based services waiver program (42 U.S.C. Sec. 1396n(c)) and Part J of Subchapter II of the Public Health Service Act (42 U.S.C. Sec. 280b et seq.).

(f) The department, pursuant to this chapter, has funded and demonstrated, successfully, through four projects for a postacute continuum–of–care model for adults 18 years of age or older with acquired traumatic brain injuries, the array of services and assistance that meet the needs of these individuals and their families.

(g) The state shall replicate these models toward developing a statewide system that has as a goal the support of existing community–based agencies and organizations with a proven record of serving survivors of traumatic brain injuries.

(h) Implementation of the act that added this section 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.

(Added by Stats.1999, c. 1023 (A.B.1492), § 3.)

REPEAL

For repeal of Chapter 5, see Welfare and Institutions Code § 4359.

§ 4355. Project sites; postacute continuum–of–care models

The department shall designate sites in order to develop a system of postacute continuum–of–care models for adults 18 years of age or older with an acquired traumatic brain injury. The project sites shall coordinate vocational supportive services, community reintegration services, and supported living services. The purpose of the project is to demonstrate the effectiveness of a coordinated service approach which furthers the goal of assisting those persons to attain productive, independent lives which may include paid employment.

(Added by Stats.1991, c. 89 (A.B.1288), § 51, eff. June 30, 1991. Amended by Stats.1999, c. 1023 (A.B.1492), § 4.)

REPEAL

For repeal of Chapter 5, see Welfare and Institutions Code § 4359.

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

§ 4356. Pilot sites; additional sites; evaluation; collection of data; report

(a) The department shall provide support to the four original pilot sites.

(b)(1) The department shall award and administer grants to four additional sites, to be selected through a competitive bidding process. One site shall be within each of the regions listed in Section 4357.2. It is the intent of the Legislature that one site be located in a rural area. Implementation of new project sites shall be contingent upon the availability of funds, and new project sites shall be selected on an incremental basis as funds become available.

(2) Priority shall be given to applicants that have proven experience in providing services to persons with an acquired traumatic brain injury including, but not limited to, supported living services, community reintegration services, vocational support services, caregiver support, and family and community education.

(3) The department shall convene a working group, established pursuant to Section 4357.1, to assist them in developing requests for proposals and evaluating bids. In addition, the department shall use this working group as an advisory committee in accordance with requirements of Part J of Subchapter II of the Public Health Service Act (42 U.S.C. Sec. 280b et seq.) in order to pursue available federal funds including, but not limited to, Section 300d–52 of Title 42 of the United States Code.

(4) Each new site shall be in operation within six months following the grant award.

(5) The four additional sites prescribed by this subdivision shall be established to the extent that the availability of federal funds or other appropriate funds permit.

(c)(1) The department, with the advice and assistance of the working group, shall develop an independent evaluation and assist sites in collecting uniform data on all clients.

(2) The evaluation shall test the efficacy, individually and in the aggregate, of the existing and new project sites in the following areas:

(A) The degree of community reintegration achieved by clients, including their increased ability to independently carry out activities of daily living, increased participation in community life, and improved living arrangements.

(B) The improvements in clients' prevocational and vocational abilities, educational attainment, and paid and volunteer job placements.

(C) Client and family satisfaction with services provided.

(D) Number of clients, family members, health and social service professionals, law enforcement professionals, and other persons receiving education and training designed to improve their understanding of the nature and consequences of traumatic brain injury, as well as any documented outcomes of that training and education.

(E) The extent to which participating programs result in reduced state costs for institutionalization or higher levels of care, if such an estimate can be obtained within the 10 percent of funds allowed for the evaluation.

(3) The department shall expend not more than 10 percent of the annual program amount on the evaluation. The evaluator shall be chosen by means of competitive bid and shall report to the department.

(4) The evaluator shall make a final report to the Legislature by January 1, 2005.

(Added by Stats.1999, c. 1023 (A.B.1492), § 6. Amended by Stats.2001, c. 171 (A.B.430), § 20.5, eff. August 10, 2001.)

REPEAL

For repeal of Chapter 5, see Welfare and Institutions Code § 4359.

§ 4357. Site requirements

(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.

(3) Vocational supportive services.

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

(5) 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.

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

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

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

(g) The sites 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) The sites 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.

(Added by Stats.1991, c. 89 (A.B.1288), § 51, eff. June 30, 1991. Amended by Stats.1999, c. 1023 (A.B.1492), § 7.)

REPEAL

For repeal of Chapter 5, see Welfare and Institutions Code § 4359.

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

§ 4357.1. Working group; members; compensation; consultation with department; contracts

(a) The department shall convene a working group including the following persons as selected by the director:

(1) A survivor currently using services in the program.

(2) Two family members of persons surviving traumatic brain injuries, one of whom shall be a family member of a person with significant disabilities resulting from injuries.

(3) A representative of the Brain Injury Association of California.

(4) A representative of each of the existing sites.

(5) A representative of the Caregiver Resource Centers.

(6) A representative of the California Foundation for Independent Living Centers.

(7) A representative of the Public Interest Center for Long–term Care.

(8) A representative of the California Rehabilitation Association.

(9) A member from a survivor's organization.

(10) Representatives of the Department of Rehabilitation and the State Department of Health Services and others as determined by the director.

(b) Members of the working group shall participate without compensation. The working group may be reimbursed by the department for expenses related to the meetings, as determined by the director.

(c) The department shall consult with the working group on the following, as determined by the director:

(1) Development of the evaluation instrument and plan.

(2) Selection and development of the four new sites.

(3) Progress reports and input from participating state or local agencies and the public.

(4) Project implementation, achievements, and recommendations regarding project improvement.

(5) Development of recommended strategies and guidelines for accident prevention and training of peace officers in awareness of brain injury issues. These recommendations shall be made available for use by the department, project sites, other state agencies, and other appropriate entities.

(6) A recommended plan including financial requirements for expansion of the project to all regions of the state to be completed and issued by January 1, 2003.

(d) Contracts awarded pursuant to this part and Part 4 (commencing with Section 4370), 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.

(Added by Stats.1999, c. 1023 (A.B.1492), § 8.)

REPEAL

For repeal of Chapter 5, see Welfare and Institutions Code § 4359.

§ 4357.2. New sites; location; training, technical assistance, and mentoring; caregiver services

(a) New sites shall be chosen from areas of the state that are not currently served by a site. Two new sites shall be located in the southern portion of the state and two new sites shall be located in the northern portion of the state. Of these, at least one site shall be located in a rural area. Nothing in this chapter shall prohibit a site from serving multiple counties. Implementation of the new sites shall be contingent upon funds appropriated by the Legislature and funds becoming available for this purpose.

(b) The department, in conjunction with the existing sites, shall develop guidelines and procedures for the coordinated continuum–of–care model and its component services. The existing sites shall assist the department in providing orientation, training, and technical assistance to the new sites.

(c) Up to 10 percent of funds allocated to new sites during their first year of operation may be expended for training, technical assistance, and mentoring by existing sites and any other source of assistance appropriate to the needs of the new sites. A plan and budget for technical assistance and mentoring shall be included in the proposals submitted by potential sites.

(d) Mentoring activities shall include, but not be limited to, assisting new sites in refining their continuum–of–care model and its component services, developing guidelines and procedures, and providing advice in meeting the needs of traumatic brain injury survivors and their caregivers, as well as carrying out community outreach and networking with community groups and service providers. Mentoring shall be carried out with the goal of responding to the needs identified by the new sites, transferring the knowledge and expertise of the existing sites, and helping each new site to be successful in developing an effective program that takes into account the needs, resources, and priorities of their local community. Mentoring shall be coordinated with and overseen by the department.

(e) Department staff and site directors shall meet quarterly as a group for ongoing technical assistance, transfer of knowledge, and refinement of the models of continuum of care.

(f) Existing and new sites may allocate up to 15 percent of annual program funds to any appropriate caregiver resource center to assist in caregiver services.

(Added by Stats.1999, c. 1023 (A.B.1492), § 9.)

REPEAL

For repeal of Chapter 5, see Welfare and Institutions Code § 4359.

§ 4358. Traumatic brain injury fund

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, c. 89 (A.B.1288), § 51, eff. June 30, 1991.)

REPEAL

For repeal of Chapter 5, see Welfare and Institutions Code § 4359.

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

§ 4358.5. Traumatic brain injury fund; matching federal funds

(a) Funds deposited into the Traumatic Brain Injury Fund pursuant to paragraph (8) of subdivision (f) of Section 1464 of the Penal Code shall 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 be required only to the extent it is required 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 of Rehabilitation regarding funding.

(b) The department shall seek and secure funding from available federal resources, including, but not limited to, medicaid and drug and alcohol funds, utilizing the Traumatic Brain Injury Fund as match and shall seek any necessary waiver of federal program requirements to maximize available federal dollars.

(Added by Stats.1999, c. 1023 (A.B.1492), § 10.)

REPEAL

For repeal of Chapter 5, see Welfare and Institutions Code § 4359.

§ 4359. Duration of chapter

This chapter shall remain in effect until July 1, 2007, and as of that date is repealed, unless a later enacted statute enacted prior to that date extends or deletes that date.

(Added by Stats.1991, c. 89 (A.B.1288), § 51, eff. June 30, 1991. Amended by Stats.1992, c. 508 (S.B.1457), § 2; Stats.1996, c. 197 (A.B.3483), § 14, eff. July 22, 1996; Stats.1999, c. 1023 (A.B.1492), § 11; Stats.2001, c. 171 (A.B.430), § 20.7, eff. August 10, 2001.)

Chapter 6 CONDITIONAL RELEASE PROGRAM

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

§ 4360. Establishment of program; care and services in community; exemptions for services

(a) The department shall provide mental health treatment and supervision in the community for judicially committed persons. The program established and administered by the department under this chapter to provide these services shall be known as the Forensic Conditional Release Program and may be used by the department in accordance with this section to provide services in the community to other patient populations for which the department has direct responsibility.

(b) The department may provide directly, or through contract with private providers or counties, for these services, including administrative and ancillary services related to the provision of direct services. These contracts shall be exempt from the requirements contained in the Public Contract Code and the State Administrative Manual, and from approval by the Department of General Services. Subject to approval by the department, a county or private provider under contract to the department to provide these services may subcontract with private providers for those services.

(Added by Stats.1991, c. 89 (A.B.1288), § 51, eff. June 30, 1991. Amended by Stats.1991, c. 611 (A.B.1491), § 32, eff. Oct. 7, 1991.)

Chapter 7 COMPREHENSIVE ACT FOR FAMILIES AND CAREGIVERS OF BRAIN–IMPAIRED ADULTS

§ 4362. Legislative findings

The Legislature finds all of the following:

(a) That state public policy discriminates against adults with brain damage or degenerative brain disease, such as Alzheimer's disease. This damage or disease is referred to as "brain impairments" in this chapter.

(b) That the Legislature has declared state public policy and accepted responsibility to ensure that persons under the age of 18 years who are developmentally disabled pursuant to Division 4.5 (commencing with Section 4500), receive services necessary to meet their needs, which are often similar to those of persons who suffer from brain impairments.

(c) That persons over the age of 18 who sustain brain impairment have a variety of program and service needs for which there is no clearly defined, ultimate responsibility vested in any single state agency and for which there are currently a number of different programs attempting to meet their needs.

(d) That the lack of clearly defined ultimate responsibility has resulted in severe financial liability and physical and mental strain on brain–impaired persons, their families, and caregivers.

(e) That terminology and nomenclature used to describe brain impairments are varied and confusing, in part because of different medical diagnoses and professional opinions, as well as differences in terminology used by the various funding sources for programs and services. Uniformity is required in order to ensure that appropriate programs and services are available throughout the state to serve these persons.

(f) That the term "brain damage" covers a wide range of organic and neurological disorders, and that these disorders, as identified below, are not necessarily to be construed as mental illnesses. These disorders include, but are not limited to, all of the following:

(1) Progressive, degenerative, and dementing illnesses, including, but not limited to, presenile and senile dementias, Alzheimer's disease, multiinfarct disease, Pick's disease, and Kreutzfeldt–Jakob's disease.

(2) Degenerative diseases of the central nervous system that can lead to dementia or severe brain impairment, including, but not limited to, epilepsy, multiple sclerosis, Parkinson's disease, amyotrophic lateral sclerosis (ALS), and hereditary diseases such as Huntington's disease.

(3) Permanent damage caused by cerebrovascular accidents more commonly referred to as "strokes," including, but not limited to, cerebral hemorrhage, aneurysm, and embolism.

(4) Posttraumatic, postanoxic, and postinfectious damage caused by incidents, including, but not limited to, coma, accidental skull and closed head injuries, loss of oxygen (anoxia), and infections such as encephalitis, herpes simplex, and tuberculosis.

(5) Permanent brain damage or temporary or progressive dementia as a result of tumors (neoplasm), hydrocephalus, abscesses, seizures, substance toxicity, and other disorders.

(g) That brain damage frequently results in functional impairments that adversely affect personality, behavior, and ability to perform daily activities. These impairments cause dependency on others for

care and decisionmaking. The manifestations of brain damage include impairments of memory, cognitive ability, orientation, judgment, emotional response, and social inhibition. Brain damage can strike anyone regardless of age, race, sex, occupation, or economic status.

(h) That Family Survival Project for Brain–Damaged Adults of San Francisco, a three–year pilot project established pursuant to former Chapter 4 (commencing with Section 4330), has demonstrated that the most successful, cost–effective service model is one which allows a nonprofit community agency to provide a full array of support services to families that have a member who suffers from a brain impairment. This agency provides direct services, coordinates existing resources, and assists in the development of new programs and services on a regional basis.

(i) That respite care services provide a combination of time–limited, in–home, and out–of–home services that significantly decrease the stress of family members and increase their ability to maintain a brain–impaired person at home at less cost than other alternatives. This ability is further increased when complemented by case planning, care training, and other support services for family members.

(j) That, since 1977, the State Department of Mental Health has attempted to identify service gaps and determine a cost–effective, feasible approach to funding and providing services to brain–damaged adults, their families, and caregivers. That department has the experience of offering more in the continuum of programs and services than any other state agency and is willing to continue in the lead state agency capacity.

(k) That providing services to brain–impaired adults, and to their families and caregivers, requires the coordinated services of many state departments and community agencies to ensure that no gaps occur in communication, in the availability of programs, or in the provision of services. Although the services may include mental health interventions, they cannot be met solely by services of the State Department of Mental Health.

(Added by Stats.1992, c. 1374 (A.B.14), § 13, eff. Oct. 28, 1992.)

§ 4362.5. Definitions

As used in this chapter:

(a) "Brain damage," "degenerative brain diseases," and "brain impairment" mean significant destruction of brain tissue with resultant loss of brain function. Examples of causes of the impairments are Alzheimer's disease, stroke, traumatic brain injury, and other impairments described in subdivision (f) of Section 4330.

(b) "Brain–impaired adult" means a person whose brain impairment has occurred after the age of 18.

(c) "Respite care" means substitute care or supervision in support of the caregiver for the purposes of providing relief from the stresses of constant care provision and so as to enable the caregiver to pursue a normal routine and responsibilities. Respite care may be provided in the home or in an out–of–home setting, such as day care centers or short–term placements in inpatient facilities.

(d) "Family member" means any relative or court appointed guardian or conservator who is responsible for the care of a brain–impaired adult.

(e) "Caregiver" means any unpaid family member or individual who assumes responsibility for the care of a brain–impaired adult.

(Added by Stats.1992, c. 1374 (A.B.14), § 13, eff. Oct. 28, 1992.)

§ 4363. Administration; standards and procedures

The director shall administer this chapter and establish standards and procedures, as the director deems necessary in carrying out the provisions of this chapter. The standards and procedures are not required to be adopted as regulations pursuant to the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code).

(Added by Stats.1992, c. 1374 (A.B.14), § 13, eff. Oct. 28, 1992.)

§ 4363.5. Director's duties

The director shall do both of the following:

(a) Contract with a nonprofit community agency meeting the requirements of this chapter to act as the Statewide Resources Consultant, to be selected through a bid procedure.

(b) With the advice of the Statewide Resources Consultant and within four years from the effective date of this chapter, contract with nonprofit community resource agencies, selected in a manner determined by the director, to establish regionally based resource centers in order to ensure the existence of an array of appropriate programs and services for brain–impaired adults. Each resource center shall place a high priority on utilizing community resources in creating opportunities for families to maintain a brain–impaired adult at home when possible and in other community–based alternatives when necessary.

(Added by Stats.1992, c. 1374 (A.B.14), § 13, eff. Oct. 28, 1992.)

§ 4364. Statewide resources consultant; duties

The Statewide Resources Consultant shall do all of the following:

(a) Serve as the centralized information and technical assistance clearinghouse for brain–impaired adults, their families, caregivers, service professionals and agencies, and volunteer organizations, and in this capacity may assist organizations that serve families with adults with Huntington's disease and Alzheimer's disease by reviewing data collected by those organizations in their efforts to determine the means of providing high–quality appropriate care in health facilities and other out–of–home placements; and shall disseminate information, including, but not limited to, the results of research and activities conducted pursuant to its responsibilities set forth in this chapter as determined by the director, and which may include forwarding quality of care and related information to appropriate state departments for consideration.

(b) Work closely and coordinate with organizations serving brain–impaired adults, their families, and caregivers in order to ensure, consistent with requirements for quality of services as may be established by the director, that the greatest number of persons are served and that the optimal number of organizations participate.

(c) Develop and conduct training that is appropriate for a variety of persons, including, but not limited to, all of the following:

(1) Families.

(2) Caregivers and service professionals involved with brain–impaired adults.

(3) Advocacy and self–help family and caregiver support organizations.

(4) Educational institutions.

(d) Provide other training services, including, but not limited to, reviewing proposed training curricula regarding the health, psychological, and caregiving aspects of individuals with brain damage as defined in subdivision (f) of Section 4362. The proposed curricula may be submitted by providers or statewide associations representing individuals with brain damage, their families, or caregivers.

(e) Provide service and program development consultation to resource centers and to identify funding sources that are available.

(f) Assist the appropriate state agencies in identifying and securing increased federal financial participation and third–party reimbursement, including, but not limited to, Title XVIII (42 U.S.C. Sec. 1395 and following) and Title XIX (42 U.S.C. Sec. 1396 and following) of the federal Social Security Act.

(g) Conduct public social policy research based upon the recommendations of the Director of Mental Health.

(h) Assist the director, as the director may require, in conducting directly, or through contract, research in brain damage epidemiology and data collection, and in developing a uniform terminology and nomenclature.

(i) Assist the director in establishing criteria for, and in selecting resource centers and in designing a methodology for, the consistent

assessment of resources and needs within the geographic areas to be serviced by the resource centers.

(j) Conduct conferences, as required by the director, for families, caregivers, service providers, advocacy organizations, educational institutions, business associations, community groups, and the general public, in order to enhance the quality and availability of high–quality, low–cost care and treatment of brain–impaired adults.

(k) Make recommendations, after consultation with appropriate state department representatives, to the Director of Mental Health and the Secretary of Health and Welfare for a comprehensive statewide policy to support and strengthen family caregivers, including the provision of respite and other support services, in order to implement more fully this chapter. The Statewide Resources Consultant shall coordinate its recommendations to assist the Health and Welfare Agency to prepare its report on long–term care programs pursuant to Chapter 1.5 (commencing with Section 100145) of Part 1 of Division 101 of the Health and Safety Code.

(*l*) Conduct an inventory and submit an analysis of California's publicly funded programs serving family caregivers of older persons and functionally impaired adults.

(Added by Stats.1992, c. 1374 (A.B.14), § 13, eff. Oct. 28, 1992. Amended by Stats.1995, c. 551 (S.B.472), § 3; Stats.1998, c. 222 (A.B.2622), § 1, eff. July 27, 1998.)

§ 4364.5. Statewide resources consultant; duties regarding respite care

The Statewide Resources Consultant, pursuant to subdivision (c) of Section 4362.5, shall do the following:

(a) Develop respite care training materials, with consultation by other appropriate organizations including the California Association of Homes for the Aging, and under the direction of the director, for distribution to all resource centers established under this chapter.

(b) Provide the respite care training materials described in subdivision (a) to other appropriate state entities, including the Department of Aging, the State Department of Health Services, and the State Job Training Coordinating Council, for distribution to their respective services and programs.

(c) Pursuant to the requirements of Section 4365.5, report on the utilization of the respite care training materials, developed pursuant to subdivision (a), by all the resource centers for the period ending December 31, 1990, only, and make recommendations for the future use of these materials.

(Added by Stats.1992, c. 1374 (A.B.14), § 13, eff. Oct. 28, 1992.)

§ 4365. Statewide resources consultant; criteria for selection

In choosing an appropriate nonprofit community agency to act as the Statewide Resources Consultant, the director shall give priority to an agency which meets both of the following:

(a) An agency that has a proven record of experience in providing information, technical assistance and direct services to adults with all types of brain impairments, their families, and caregivers.

(b) An agency that includes family members and caregivers of brain–impaired adults on its board of directors.

(Added by Stats.1992, c. 1374 (A.B.14), § 13, eff. Oct. 28, 1992.)

§ 4365.5. Progress reports; annual report

(a) The Statewide Resources Consultant shall submit progress reports on its activities as required by the director. These reports shall include, but not be limited to, a summary and evaluation of the activities of the resource centers. Client, caregiver, service, and cost data shall be provided for each operating resource center.

(b) The department, in consultation with the Statewide Resources Consultant, shall report to the Legislature annually on the effectiveness of the resource centers. The report shall be submitted within six months after the end of each fiscal year. The evaluation shall include, but not be limited to, all of the following:

(1) The costs and amount of each type of service provided.

(2) An assessment of the nature and extent of the demand for services which provide respite, and an evaluation of their success in meeting this demand.

(3) Recommendations for improving the effectiveness of the program in deterring the institutionalization of brain–impaired adults, allowing caregivers to maintain a normal routine and promoting the continuance of quality care for brain–impaired adults.

(4) Recommendations for ensuring that unmet needs of brain–impaired persons and their families are identified and addressed with appropriate programs and services.

(Added by Stats.1992, c. 1374 (A.B.14), § 13, eff. Oct. 28, 1992.)

§ 4366. Resource centers; functions

Resource centers shall serve all of the following functions:

(a) Provide directly or assist families in securing information, advice, and referral services, legal services and financial consultation, planning and problem–solving consultation, family support services, and respite care services, as specified in Section 4338.

(b) Provide centralized access to information about, and referrals to, local, state, and federal services and programs in order to assure a comprehensive approach for brain–impaired adults, their families, and caregivers. Nothing in this chapter shall prohibit access to services through other organizations which provide similar programs and services to brain–impaired adults and their families, nor shall other organizations be prevented from providing these programs and services.

(c) Assist in the identification and documentation of service needs and the development of necessary programs and services to meet the needs of brain–impaired adults in the geographic area.

(d) Cooperate with the Statewide Resources Consultant and the Director of Mental Health in any activities which they deem necessary for the proper implementation of this chapter.

(e) Work closely and coordinate with organizations serving brain–impaired adults, their families, and caregivers in order to ensure, consistent with requirements for quality of services as may be established by the director, that the greatest number of persons are served and that the optimal number of organizations participate.

(Added by Stats.1992, c. 1374 (A.B.14), § 13, eff. Oct. 28, 1992.)

§ 4366.5. Resource centers; governing or advisory boards; selection criteria

(a) Agencies designated as resource centers by the director after consultation with the Statewide Resources Consultant shall include in their governing or advisory boards, or both, as required by the director, persons who are representative of the ethnic and socioeconomic character of the area served and the client groups served in the geographic area.

(b) Criteria to be used in selecting resource centers shall include, but not be limited to, the following:

(1) Fiscal stability and sound financial management, including the capability of successful fundraising.

(2) Ability to obtain community support for designation as a resource center with the region recommended by the director.

(3) Demonstrated ability to carry out the functions specified in Section 4366, particularly in delivering necessary programs and services to brain–impaired adults as defined in subdivision (c) of Section 4362.

(Added by Stats.1992, c. 1374 (A.B.14), § 13, eff. Oct. 28, 1992.)

§ 4367. Programs and services; use of funds; direct services

Resource centers shall carry out the functions specified in Section 4366 through the administration and provision of programs and services that reflect the most progressive care and treatment alternatives available for brain–impaired adults, their families, and caregivers. These programs and services may be provided directly or through the establishment of subcontracts as specified in their contract and within the limitations imposed by budget appropriations. The department shall make efforts to achieve a goal that not less than 90 percent of the funds appropriated through contracts with resource

centers shall be utilized for direct services, including, but not limited to, the following:

(a) Information, advice, and referral and family support services, including, but not limited to, all of the following:

(1) Information and counseling about diagnostic procedures and resources.

(2) Long–term care planning and consultation.

(3) Legal and financial resources, consultation, and representation.

(4) Mental health interventions.

(5) Caregiving techniques.

(b) Respite care services through the flexible and creative use of existing local resources, including, but not limited to, all of the following:

(1) In–home care.

(2) Adult day health and social day care services.

(3) Foster and group care.

(4) Temporary placement in a community or health facility.

(5) Transportation.

(c) Training and education programs for brain–impaired adults, their family members, caregivers, and service providers that will lead to the high–quality, low–cost care and treatment of service clients.

(Added by Stats.1992, c. 1374 (A.B.14), § 13, eff. Oct. 28, 1992.)

§ 4367.5. Client eligibility

The director shall establish criteria for client eligibility, including financial liability, pursuant to Section 4368. However, persons eligible for services provided by regional centers or the State Department of Developmental Services are not eligible for services provided under this chapter. Income shall not be the sole basis for client eligibility. The director shall assume responsibility for the coordination of existing funds and services for brain–impaired adults, and for the purchase of respite care, as defined in subdivision (c) of Section 4362.5, with other departments that may serve brain–impaired adults, including the Department of Rehabilitation, the State Department of Health Services, the State Department of Social Services, the State Department of Developmental Services, the Department of Aging, the Office of Statewide Health Planning and Development, and the State Department of Alcohol and Drug Programs.

(Added by Stats.1992, c. 1374 (A.B.14), § 13, eff. Oct. 28, 1992.)

§ 4368. Client contributions

Persons receiving services pursuant to this chapter may be required to contribute to the cost of services depending upon their ability to pay, but not to exceed the actual cost thereof. The criteria for determining client contributions which may be paid to the resource center under this chapter and standards for their utilization by the resource center in developing new programs and services shall be determined by the director after consultation with the Statewide Resources Consultant.

(Added by Stats.1992, c. 1374 (A.B.14), § 13, eff. Oct. 28, 1992.)

§ 4368.5. Funding

In considering total service funds available for the project, the director shall utilize funding available from appropriate state departments, including, but not limited to: the State Department of Health Services, the State Department of Social Services, the Department of Rehabilitation, the Department of Aging, and the State Department of Alcohol and Drug Programs. The director in conjunction with the Statewide Resources Consultant shall coordinate his or her activities with the implementation of the Torres–Felando Long–Term Care Reform Act (Chapter 1453, Statutes of 1982) in order to further the goal of obtaining comprehensive, coordinated public policy and to maximize the availability of funding for programs and services for persons with brain impairments.

(Added by Stats.1992, c. 1374 (A.B.14), § 13, eff. Oct. 28, 1992.)

Chapter 8 STATE PROGRAM OF PROBLEM GAMBLING

CONTINGENT OPERATION

Operation of Chapter 8 is contingent upon appropriation of funds, see Welfare and Institutions Code § 4369.5.

§ 4369. Office of Problem and Pathological Gambling; creation

There is within the State Department of Alcohol and Drug Programs, the Office of * * * Problem and Pathological Gambling.

(Added by Stats.1997, c. 867 (S.B.8), § 61. Amended by Stats.2003, c. 210 (A.B.673), § 3, eff. Aug. 11, 2003.)

§ 4369.1. Definitions

As used in this chapter, the following definitions shall apply:

* * *

(a) "Department" means the State Department of Alcohol and Drug Programs.

(b) "Office" means the Office of * * * Problem and Pathological Gambling.

(c) "Pathological gambling disorder" means * * * a progressive mental disorder meeting the diagnostic criteria set forth * * * by the American Psychiatric Association's Diagnostic and Statistical Manual * * *, Fourth Edition.

(d) "Problem gambling" means participation in any form of gambling to the extent that it creates a negative consequence to the gambler, the gambler's family, place of employment, or community. This includes patterns of * * * gambling and subsequent related behaviors that compromise, disrupt, or damage personal, family, educational, * * * financial, or vocational interests. * * * The problem gambler does not meet the diagnostic criteria for pathological gambling disorder.

(e) "Problem gambling prevention programs" means programs designed to reduce the prevalence of problem and pathological gambling among California residents. These programs shall include, but are not limited to, public education and awareness, outreach to high–risk populations, early identification and responsible gambling programs.

(Added by Stats.1997, c. 867 (S.B.8), § 61. Amended by Stats.2003, c. 210 (A.B.673), § 4, eff. Aug. 11, 2003.)

§ 4369.2. Problem gambling prevention program; contents and requirements of program; treatment services for problem and pathological gamblers; information availability

(a) The office shall develop a problem gambling prevention program * * *, which shall be the first priority for funding appropriated to this office. The prevention program shall * * * be based upon the allocation priorities established by the department and subject to funding being appropriated for the purpose of this subdivision, and shall consist of all of the following:

* * *

(1) A toll–free telephone service for * * * immediate crisis management and containment with subsequent referral of problem and pathological gamblers to health providers who can provide treatment for gambling related problems and to self–help groups.

* * *

(2) Public awareness campaigns that focus on prevention and education among the general public including, for example, dissemination of youth oriented preventive literature, educational experiences, and public service announcements in the media.

(3) Empirically driven research programs focusing on epidemiology/prevalence, etiology/causation, and best practices in prevention and treatment.

(4) Training of health care professionals and educators, and training for law enforcement agencies and nonprofit organizations in the identification of problem gambling behavior and knowledge of referral services and treatment programs.

(5) Training of gambling industry personnel in identifying customers at risk for problem and pathological gambling and knowledge of referral and treatment services.

(b) The office shall develop a program to support treatment services for California residents with problem and pathological gambling issues. The program shall be based upon the allocation priorities established by the department and subject to funding being appropriated for the purposes of this subdivision. These priorities shall also be based on the best available existing state programs as well as on continuing research into best practices and on the needs of California. The treatment program shall consist of all of the following components:

(1) Treatment services for problem and pathological gamblers and * * * directly involved family members. These treatment services will be created through partnerships with established health facilities that can provide treatment for gambling related problems, substance abuse facilities, and providers. State funded treatment may include, but is not limited to, * * * the following: self–administered, home–based educational programs; outpatient treatment; residential treatment; and inpatient treatment when medically necessary.

(2) A funding allocation methodology that ensures treatment services are delivered efficiently and effectively to areas of the state most in need.

(3) Appropriate review and monitoring of treatment programs by the director of the office or a designated institution, including grant oversight and monitoring, standards for treatment, and outcome monitoring.

(4) Treatment efforts shall provide services that are relevant to the needs of a diverse multicultural population with attention to groups with unique needs, including female gamblers, underserved ethnic groups, the elderly, and the physically challenged.

* * *

(c) The office shall make information available as requested by the Governor and the Legislature with respect to the comprehensive program.

(Added by Stats.1997, c. 867 (S.B.8), § 61. Amended by Stats.2003, c. 210 (A.B.673), § 5, eff. Aug. 11, 2003.)

§ 4369.3. Program design and development; office duties

In designing and developing the overall program, the office shall do all of the following:

(a) Develop a statewide plan to address * * * problem and pathological gambling.

(b) Adopt any regulations necessary to administer the program.

(c) Develop priorities for funding services and * * * criteria for distributing program funds.

(d) Monitor the expenditures of state funds by agencies and organizations receiving program funding.

(e) Evaluate the effectiveness of services provided through the program.

(f) Notwithstanding any other provision of law, any contracts required to meet the requirements of this chapter are exempt from the requirements contained in the Public Contract Code and the State Administrative Manual, and are exempt from the approval of the Department of General Services.

(g) The first and highest priority of the office with respect to the use of any funds appropriated for the purposes of this chapter shall be to carry out subdivision (a).

(h) Administrative costs for the program may not exceed 10 percent of the total funding budgeted for the program.

(Added by Stats.1997, c. 867 (S.B.8), § 61. Amended by Stats.2003, c. 210 (A.B.673), § 6, eff. Aug. 11, 2003.)

§ 4369.4. State agency coordination; state program account of problem and pathological gamblers

All state agencies, including, but not limited to, the California Horse Racing Board, the California Gambling Control Commission, the Department of Justice, and any other agency that * * * regulates casino gambling or cardrooms within the state, and the Department of Corrections, the California Youth Authority, the State Departments of Health Services, * * * Alcohol and Drug Programs, * * * and Mental Health, and the California State Lottery, shall coordinate with the office to ensure that state programs take into account, as much as practicable, problem and pathological gamblers. The office shall also coordinate and work with other entities involved in gambling and the treatment of problem and pathological gamblers.

(Added by Stats.1997, c. 867 (S.B.8), § 61. Amended by Stats.2003, c. 210 (A.B.673), § 7, eff. Aug. 11, 2003.)

Part 4 SCHOOL–BASED EARLY MENTAL HEALTH INTERVENTION AND PREVENTION SERVICES FOR CHILDREN ACT

Chapter 1 GENERAL PROVISIONS AND DEFINITIONS

§ 4370. Short title

This part shall be known and may be cited as the School–based Early Mental Health Intervention and Prevention Services for Children Act of 1991.

(Added by Stats.1991, c. 757 (A.B.1650), § 1, eff. Oct. 9, 1991.)

§ 4371. Legislative findings and declaration

The Legislature finds and declares all of the following:

(a) Each year in California over 65,000 teenagers become adolescent mothers and 230 teenagers commit suicide. Each year more than 20 percent of California's teenagers drop out of high school.

(b) Thirty percent of California's elementary school pupils experience school adjustment problems, many of which are evident the first four years of school, that is, kindergarten and grades 1 to 3, inclusive.

(c) Problems that our children experience, whether in school or at home, that remain undetected and untreated grow and manifest themselves in all areas of their later lives.

(d) There is a clear relationship between early adjustment problems and later adolescent problems, including, but not limited to, poor school attendance, low achievement, delinquency, drug abuse, and high school dropout rates. In many cases, signs of these problems can be detected in the early grades.

(e) It is in California's best interest, both in economic and human terms, to identify and treat the minor difficulties that our children are experiencing before those difficulties become major barriers to later success. It is far more humane and cost–effective to make a small investment in early mental health intervention and prevention services now and avoid larger costs, including, but not limited to, foster care, group home placement, intensive special education services, mental health treatment, or probation supervised care.

(f) Programs like the Primary Intervention Program and the San Diego Unified Counseling Program for Children have proven very effective in helping children adjust to the school environment and learn more effective coping skills that in turn result in better school achievement, increased attendance, and increased self–esteem.

(g) To create the optimum learning environment for our children, schools, teachers, parents, public and private service providers, and community–based organizations must enter into locally appropriate cooperative agreements to ensure that all pupils will receive the benefits of school–based early mental health intervention and prevention services that are designed to meet their personal, social, and educational needs.

(Added by Stats.1991, c. 757 (A.B.1650), § 1, eff. Oct. 9, 1991. Amended by Stats.1992, c. 722 (S.B.485), § 22, eff. Sept. 15, 1992.)

§ 4372. Definitions

For the purposes of this part, the following definitions shall apply:

(a) "Cooperating entity" means any federal, state, or local, public or private nonprofit agency providing school–based early mental health intervention and prevention services that agrees to offer services at a schoolsite through a program assisted under this part.

(b) "Eligible pupil" means a pupil who attends a publicly funded elementary school and who is in kindergarten or grades 1 to 3, inclusive.

(c) "Local educational agency" means any school district or county office of education, or state special school.

(d) "Director" means the State Director of Mental Health.

(e) "Supportive service" means a service that will enhance the mental health and social development of children.

(Added by Stats.1991, c. 757 (A.B.1650), § 1, eff. Oct. 9, 1991. Amended by Stats.1992, c. 722 (S.B.485), § 23, eff. Sept. 15, 1992.)

Chapter 2 SCHOOL–BASED EARLY MENTAL HEALTH INTERVENTION AND PREVENTION SERVICES MATCHING GRANT PROGRAM

§ 4380. Award of matching grants; authorization; time; state and local shares; priority; supportive services; applications; use

Subject to the availability of funding each year, the Legislature authorizes the director, in consultation with the Secretary of Child Development and Education and the Superintendent of Public Instruction, to award matching grants to local educational agencies to pay the state share of the costs of providing programs that provide school–based early mental health intervention and prevention services to eligible pupils at schoolsites of eligible pupils, as follows:

(a) The director shall award matching grants pursuant to this chapter to local educational agencies throughout the state.

(b) Matching grants awarded under this part shall be awarded for a period of not more than three years and no single schoolsite shall be awarded more than one grant, except for a schoolsite that received a grant prior to July 1, 1992.

(c) The director shall pay to each local educational agency having an application approved pursuant to requirements in this part the state share of the cost of the activities described in the application.

(d) Commencing July 1, 1993, the state share of matching grants shall be a maximum of 50 percent in each of the three years.

(e) Commencing July 1, 1993, the local share of matching grants shall be at least 50 percent, from a combination of school district and cooperating entity funds.

(f) The local share of the matching grant may be in cash or payment in–kind.

(g) Priority shall be given to those applicants that demonstrate the following:

(1) The local educational agency will serve the greatest number of eligible pupils from low–income families.

(2) The local educational agency will provide a strong parental involvement component.

(3) The local educational agency will provide supportive services with one or more cooperating entities.

(4) The local educational agency will provide services at a low cost per child served in the project.

(5) The local educational agency will provide programs and services that are based on adoption or modification, or both, of existing programs that have been shown to be effective. No more than 20 percent of the grants awarded by the director may be utilized for new models.

(6) The local educational agency will provide services to children who are in out–of–home placement or who are at risk of being in out–of–home placement.

(h) Eligible supportive services may include the following:

(1) Individual and group intervention and prevention services.

(2) Parent involvement through conferences or training, or both.

(3) Teacher and staff conferences and training related to meeting project goals.

(4) Referral to outside resources when eligible pupils require additional services.

(5) Use of paraprofessional staff, who are trained and supervised by credentialed school psychologists, school counselors, or school social workers, to meet with pupils on a short–term weekly basis, in a one–on–one setting as in the Primary Intervention Program established pursuant to Chapter 4 (commencing with Section 4343) of Part 3. A minimum of 80 percent of the grants awarded by the director shall include the basic components of the Primary Intervention Program.

(6) Any other service or activity that will improve the mental health of eligible pupils.

Prior to participation by an eligible pupil in either individual or group services, consent of a parent or guardian shall be obtained.

(i) Each local educational agency seeking a grant under this chapter shall submit an application to the director at the time, in a manner, and accompanied by any information the director may reasonably require.

(j) Each matching grant application submitted shall include all of the following:

(1) Documentation of need for the school–based early mental health intervention and prevention services.

(2) A description of the school–based early mental health intervention and prevention services expected to be provided at the schoolsite.

(3) A statement of program goals.

(4) A list of cooperating entities that will participate in the provision of services. A letter from each cooperating entity confirming its participation in the provision of services shall be included with the list. At least one letter shall be from a cooperating entity confirming that it will agree to screen referrals of low–income children the program has determined may be in need of mental health treatment services and that, if the cooperating entity determines that the child is in need of those services and if the cooperating entity determines that according to its priority process the child is eligible to be served by it, the cooperating entity will agree to provide those mental health treatment services.

(5) A detailed budget and budget narrative.

(6) A description of the proposed plan for parent involvement in the program.

(7) A description of the population anticipated to be served, including number of pupils to be served and socioeconomic indicators of sites to receive funds.

(8) A description of the matching funds from a combination of local education agencies and cooperating entities.

(9) A plan describing how the proposed school–based early mental health intervention and prevention services program will be continued after the matching grant has expired.

(10) Assurance that grants would supplement and not supplant existing local resources provided for early mental health intervention and prevention services.

(11) A description of an evaluation plan that includes quantitative and qualitative measures of school and pupil characteristics, and a comparison of children's adjustment to school.

(k) Matching grants awarded pursuant to this article may be used for salaries of staff responsible for implementing the school–based early mental health intervention and prevention services program, equipment and supplies, training, and insurance.

(*l*) Salaries of administrative staff and other administrative costs associated with providing services shall be limited to 5 percent of the state share of assistance provided under this section.

(m) No more than 10 percent of each matching grant awarded pursuant to this article may be used for matching grant evaluation.

(n) No more than 10 percent of the moneys allocated to the director pursuant to this chapter may be utilized for program administration and evaluation.

Program administration shall include both state staff and field staff who are familiar with and have successfully implemented school–based early mental health intervention and prevention services. Field staff may be contracted with by local school districts or community mental health programs. Field staff shall provide support in the timely and effective implementation of school–based early mental health intervention and prevention services. Reviews of each project shall be conducted at least once during the first year of funding.

(*o*) Subject to the approval of the director, at the end of the fiscal year, a school district may apply unexpended funds to the budget for the subsequent funding year.

(p) Contracts for the program and administration, or ancillary services in support of the program, 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.

(Added by Stats.1991, c. 757 (A.B.1650), § 1, eff. Oct. 9, 1991. Amended by Stats.1992, c. 23 (S.B.984), § 1, eff. April 1, 1992; Stats.1992, c. 722 (S.B.485), § 24, eff. Sept. 15, 1992; Stats.2002, c. 1161 (A.B.442), § 26, eff. Sept. 30, 2002; Stats.2003–2004, 1st Ex.Sess., c. 9 (S.B.26), § 2, eff. May 5, 2003.)

§ 4381. Conditions for funding

No funding shall be made available to any program or facility pursuant to this chapter unless all of the following conditions are met:

(a) The program facility is open to children without regard to any child's religious beliefs or any other factor related to religion.

(b) No religious instruction is included in the program.

(c) The space in which the program is operated is not utilized in any manner to foster religion during the time used for the program.

(Added by Stats.1991, c. 757 (A.B.1650), § 1, eff. Oct. 9, 1991.)

§ 4383. Award of funds under this part and healthy start support services for children act; criteria

(a) For the 1991–92 and 1992–93 fiscal years, a local schoolsite may be awarded funding from the director pursuant to this part and from the Superintendent of Public Instruction pursuant to the Healthy Start Support Services for Children Act of 1991 (Chapter 5 (commencing with Section 8800) of Part 6 of the Education Code) if both of the following criteria are met:

(1) The application to the director for funding under this part delineates how the program will coordinate and interface with, and is not duplicative of, the program proposed for funding under the Healthy Start Support Services for Children Act of 1991.

(2) The application to the Superintendent of Public Instruction for funding under the Healthy Start Support Services for Children Act of 1991 delineates how the program will coordinate and interface with, and is not duplicative of, this part.

(b) Up to 20 percent of the schoolsites which receive operational grants from the Healthy Start Support Services for Children program and which apply for grants under this part may receive these grants. The State Department of Mental Health and the State Department of Education shall jointly review the effectiveness of providing both grants to a single schoolsite and make this information available no later than January 1, 1993.

(Added by Stats.1992, c. 23 (S.B.984), § 2, eff. April 1, 1992.)

Chapter 3 SCHOOL–BASED EARLY MENTAL HEALTH INTERVENTION AND PREVENTION SERVICES MATCHING GRANT PROGRAM EVALUATIONS AND REPORTS

§ 4390. Reports of local education agencies and director; evaluation

The Legislature finds that an evaluation of program effectiveness is both desirable and necessary and accordingly requires the following:

(a) No later than June 30, 1993, and each year thereafter through the term of the grant award, each local education agency that receives a matching grant under this part shall submit a report to the director that shall include the following:

(1) An evaluation of the effectiveness of the local educational agency in achieving stated goals.

(2) A description of the problems encountered in the design and operation of the school–based early mental health intervention and prevention services program, including, but not limited to, identification of any federal, state, or local regulations that impeded program implementation.

(3) The number of eligible pupils served by the program.

(4) The number of additional eligible pupils who have not been served.

(5) An evaluation of the impact of the school–based early mental health intervention and prevention services program on the local educational agency and the children completing the program. The program shall be deemed successful if at least 75 percent of the children who complete the program show an improvement in at least one of the four following areas:

(A) Learning behaviors.

(B) Attendance.

(C) School adjustment.

(D) School–related competencies. Improvement shall be compared with comparable children in that school district that do not complete or participate in the program.

(6) An accounting of local budget savings, if any, resulting from the implementation of the school–based early mental health intervention and prevention services program.

(7) A revised plan of how the proposed school–based early mental health intervention and prevention services program will be continued after the state matching grant has expired, including a list of cooperative entities that will assist in providing the necessary funds and services. Beginning in 1993, this shall, to the extent information is provided by the local mental health department, include a description of the availability of federal financial participation under Title XIX of the federal Social Security Act (42 U.S.C. 1396 and following) through a cooperative agreement or contract with the local mental health department. The county office of education may submit the report on the availability of federal financial participation on behalf of the participating local education agencies with the county. In any county in which there is an interagency children's services coordination council established pursuant to Section 18986.10, a report submitted pursuant to this paragraph shall be submitted to the council for its review and approval.

(b) No later than April 30, 1994, the director shall, through grants, contracts, or cooperative agreements with independent organizations, provide for an evaluation of the effectiveness of matching grants awarded under Chapter 2 (commencing with Section 4380). This evaluation shall allow for the comparison of the impact of different models of school–based mental health early intervention and prevention services programs on the local educational agency and on the children participating in the program. That comparison shall be done with comparable schools or school districts that operate without the school–based mental health early intervention and prevention services program.

(c) No later than June 30, 1994, the director shall submit a report to the Governor, the Legislature, and the Secretary of Child Development and Education summarizing the reports submitted under subdivision (a) and reporting the results of the evaluation described in subdivision (b).

(Added by Stats.1991, c. 757 (A.B.1650), § 1, eff. Oct. 9, 1991. Amended by Stats.1992, c. 23 (S.B.984), § 3, eff. April 1, 1992; Stats.1992, c. 722 (S.B.485), § 25, eff. Sept. 15, 1992.)

WELFARE AND INSTITUTIONS CODE — DEVELOPMENTALLY DISABLED

Division 4.5 SERVICES FOR THE DEVELOPMENTALLY DISABLED

Chapter 1 GENERAL PROVISIONS

§ 4514. Confidential information and records; disclosure; consent

All information and records obtained in the course of providing intake, assessment, and services under Division 4.1 (commencing with Section 4400), Division 4.5 (commencing with Section 4500), Division 6 (commencing with Section 6000), or Division 7 (commencing with Section 7100) to persons with developmental disabilities shall be confidential. Information and records obtained in the course of providing similar services to either voluntary or involuntary recipients prior to 1969 shall also be confidential. Information and records shall be disclosed only in any of the following cases:

(a) In communications between qualified professional persons, whether employed by a regional center or state developmental center, or not, in the provision of intake, assessment, and services or appropriate referrals. The consent of the person with a developmental disability, or his or her guardian or conservator, shall be obtained before information or records may be disclosed by regional center or state developmental center personnel to a professional not employed by the regional center or state developmental center, or a program not vendored by a regional center or state developmental center.

(b) When the person with a developmental disability, who has the capacity to give informed consent, designates individuals to whom information or records may be released, except that nothing in this article shall be construed to compel a physician, psychologist, social worker, marriage and family therapist, nurse, attorney, or other professional to reveal information that has been given to him or her in confidence by a family member of the person unless a valid release has been executed by that family member.

(c) To the extent necessary for a claim, or for a claim or application to be made on behalf of a person with a developmental disability for aid, insurance, government benefit, or medical assistance to which he or she may be entitled.

(d) If the person with a developmental disability is a minor, ward, or conservatee, and his or her parent, guardian, conservator, or limited conservator with access to confidential records, designates, in writing, persons to whom records or information may be disclosed, except that nothing in this article shall be construed to compel a physician, psychologist, social worker, marriage and family therapist, nurse, attorney, or other professional to reveal information that has been given to him or her in confidence by a family member of the person unless a valid release has been executed by that family member.

(e) For research, provided that the Director of Developmental Services designates by regulation rules for the conduct of research and requires the research to be first reviewed by the appropriate institutional review board or boards. These rules shall include, but need not be limited to, the requirement that all researchers shall sign an oath of confidentiality as follows:

"_____"
Date

As a condition of doing research concerning persons with developmental disabilities who have received services from ____ (fill in the facility, agency or person), I, _____, agree to obtain the prior informed consent of persons who have received services to the maximum degree possible as determined by the appropriate institutional review board or boards for protection of human subjects reviewing my research, or the person's parent, guardian, or conservator, and I further agree not to divulge any information obtained in the course of the research to unauthorized persons, and not to publish or otherwise make public any information regarding persons who have received services so those persons who received services are identifiable.

I recognize that the unauthorized release of confidential information may make me subject to a civil action under provisions of the Welfare and Institutions Code.

_____"
Signed

(f) To the courts, as necessary to the administration of justice.

(g) To governmental law enforcement agencies as needed for the protection of federal and state elective constitutional officers and their families.

(h) To the Senate Rules Committee or the Assembly Rules Committee for the purposes of legislative investigation authorized by the committee.

(i) To the courts and designated parties as part of a regional center report or assessment in compliance with a statutory or regulatory requirement, including, but not limited to, Section 1827.5 of the Probate Code, Sections 1001.22 and 1370.1 of the Penal Code, Section 6502 of the Welfare and Institutions Code, and Section 56557 of Title 17 of the California Code of Regulations.

(j) To the attorney for the person with a developmental disability in any and all proceedings upon presentation of a release of information signed by the person, except that when the person lacks the capacity to give informed consent, the regional center or state developmental center director or designee, upon satisfying himself or herself of the identity of the attorney, and of the fact that the attorney represents the person, shall release all information and records relating to the person except that nothing in this article shall be construed to compel a physician, psychologist, social worker, marriage and family therapist, nurse, attorney, or other professional to reveal information that has been given to him or her in confidence by a family member of the person unless a valid release has been executed by that family member.

(k) Upon written consent by a person with a developmental disability previously or presently receiving services from a regional center or state developmental center, the director of the regional center or state developmental center, or his or her designee, may release any information, except information that has been given in confidence by members of the family of the person with developmental disabilities, requested by a probation officer charged with the evaluation of the person after his or her conviction of a crime if the regional center or state developmental center director or designee determines that the information is relevant to the evaluation. The consent shall only be operative until sentence is passed on the crime of which the person was convicted. The confidential information released pursuant to this subdivision shall be transmitted to the court separately from the probation report and shall not be placed in the probation report. The confidential information shall remain confidential except for purposes of sentencing. After sentencing, the confidential information shall be sealed.

(*l*) Between persons who are trained and qualified to serve on "multidisciplinary personnel" teams pursuant to subdivision (d) of Section 18951. The information and records sought to be disclosed shall be relevant to the prevention, identification, management, or treatment of an abused child and his or her parents pursuant to Chapter 11 (commencing with Section 18950) of Part 6 of Division 9.

(m) When a person with a developmental disability dies from any cause, natural or otherwise, while hospitalized in a state

developmental center, the State Department of Developmental Services, the physician in charge of the client, or the professional in charge of the facility or his or her designee, shall release information and records to the coroner. The State Department of Developmental Services, the physician in charge of the client, or the professional in charge of the facility or his or her designee, shall not release any notes, summaries, transcripts, tapes, or records of conversations between the resident and health professional personnel of the hospital relating to the personal life of the resident that is not related to the diagnosis and treatment of the resident's physical condition. Any information released to the coroner pursuant to this section shall remain confidential and shall be sealed and shall not be made part of the public record.

(n) To authorized licensing personnel who are employed by, or who are authorized representatives of, the State Department of Health Services, and who are licensed or registered health professionals, and to authorized legal staff or special investigators who are peace officers who are employed by, or who are authorized representatives of, the State Department of Social Services, as necessary to the performance of their duties to inspect, license, and investigate health facilities and community care facilities, and to ensure that the standards of care and services provided in these facilities are adequate and appropriate and to ascertain compliance with the rules and regulations to which the facility is subject. The confidential information shall remain confidential except for purposes of inspection, licensing, or investigation pursuant to Chapter 2 (commencing with Section 1250) and Chapter 3 (commencing with Section 1500) of Division 2 of the Health and Safety Code, or a criminal, civil, or administrative proceeding in relation thereto. The confidential information may be used by the State Department of Health Services or the State Department of Social Services in a criminal, civil, or administrative proceeding. The confidential information shall be available only to the judge or hearing officer and to the parties to the case. Names which are confidential shall be listed in attachments separate to the general pleadings. The confidential information shall be sealed after the conclusion of the criminal, civil, or administrative hearings, and shall not subsequently be released except in accordance with this subdivision. If the confidential information does not result in a criminal, civil, or administrative proceeding, it shall be sealed after the State Department of Health Services or the State Department of Social Services decides that no further action will be taken in the matter of suspected licensing violations. Except as otherwise provided in this subdivision, confidential information in the possession of the State Department of Health Services or the State Department of Social Services shall not contain the name of the person with a developmental disability.

(*o*) To any board which licenses and certifies professionals in the fields of mental health and developmental disabilities pursuant to state law, when the Director of Developmental Services has reasonable cause to believe that there has occurred a violation of any provision of law subject to the jurisdiction of a board and the records are relevant to the violation. The information shall be sealed after a decision is reached in the matter of the suspected violation, and shall not subsequently be released except in accordance with this subdivision. Confidential information in the possession of the board shall not contain the name of the person with a developmental disability.

(p) To governmental law enforcement agencies by the director of a regional center or state developmental center, or his or her designee, when (1) the person with a developmental disability has been reported lost or missing or (2) there is probable cause to believe that a person with a developmental disability has committed, or has been the victim of, murder, manslaughter, mayhem, aggravated mayhem, kidnapping, robbery, carjacking, assault with the intent to commit a felony, arson, extortion, rape, forcible sodomy, forcible oral copulation, assault or battery, or unlawful possession of a weapon, as provided in Section 12020 of the Penal Code.

This subdivision shall be limited solely to information directly relating to the factual circumstances of the commission of the enumerated offenses and shall not include any information relating to the mental state of the patient or the circumstances of his or her treatment unless relevant to the crime involved.

This subdivision shall not be construed as an exception to, or in any other way affecting, the provisions of Article 7 (commencing with Section 1010) of Chapter 4 of Division 8 of the Evidence Code, or Chapter 11 (commencing with Section 15600) and Chapter 13 (commencing with Section 15750) of Part 3 of Division 9.

(q) To the Youth Authority and Adult Correctional Agency or any component thereof, as necessary to the administration of justice.

(r) To an agency mandated to investigate a report of abuse filed pursuant to either Section 11164 of the Penal Code or Section 15630 of the Welfare and Institutions Code for the purposes of either a mandated or voluntary report or when those agencies request information in the course of conducting their investigation.

(s) When a person with developmental disabilities, or the parent, guardian, or conservator of a person with developmental disabilities who lacks capacity to consent, fails to grant or deny a request by a regional center or state developmental center to release information or records relating to the person with developmental disabilities within a reasonable period of time, the director of the regional or developmental center, or his or her designee, may release information or records on behalf of that person provided both of the following conditions are met:

(1) Release of the information or records is deemed necessary to protect the person's health, safety, or welfare.

(2) The person, or the person's parent, guardian, or conservator, has been advised annually in writing of the policy of the regional center or state developmental center for release of confidential client information or records when the person with developmental disabilities, or the person's parent, guardian, or conservator, fails to respond to a request for release of the information or records within a reasonable period of time. A statement of policy contained in the client's individual program plan shall be deemed to comply with the notice requirement of this paragraph.

(Added by Stats.1982, c. 1141, § 1. Amended by Stats.1985, c. 994, § 1; Stats.1985, c. 1121, § 1.5; Stats.1989, c. 897, § 45; Stats.1990, c. 693 (A.B.3403), § 1; Stats.1991, c. 534 (S.B.1088), § 4; Stats.1993, c. 610 (A.B.6), § 31, eff. Oct. 1, 1993; Stats.1993, c. 611 (S.B.60), § 35, eff. Oct. 1, 1993; Stats.2002, c. 1013 (S.B.2026), § 96.)

§ 4514.3. Disclosure of information and records to protection and advocacy agency for rights of persons with developmental disabilities

(a) Notwithstanding Section 4514, information and records shall be disclosed to the protection and advocacy agency designated by the Governor in this state to fulfill the requirements and assurances of the federal Developmental Disabilities Assistance and Bill of Rights Act of 2000, contained in Chapter 144 (commencing with Section 15001) of Title 42 of the United States Code, for the protection and advocacy of the rights of persons with developmental disabilities, as defined in Section 15002(8) of Title 42 of the United States Code.

(b) Access to information and records to which subdivision (a) applies shall be in accord with Division 4.7 (commencing with Section 4900).

(Added by Stats.1991, c. 534 (S.B.1088), § 3. Amended by Stats.2003, c. 878 (S.B.577), § 3.)

§ 4514.5. Information to patient's family or designee; patient authorization

Upon request of a family member of a resident of a state hospital, community care facility, or health facility, or other person designated by the resident, the facility shall give such family member or the designee notification of the resident's presence in the facility, the transfer, the diagnosis, the prognosis, the medications prescribed, the side effects of medications prescribed, if any, the progress of the

resident, and the serious illness of the resident, if, after notification of the resident that such information is requested, the resident authorizes such disclosure. If, when initially informed of the request for notification, the resident is unable to authorize the release of such information, notation of the attempt shall be made into the resident's treatment record, and daily efforts shall be made to secure the resident's consent or refusal of such authorization. However, if a request for information is made by the spouse, parent, child, or sibling of the resident and the resident is unable to authorize the release of such information, such requester shall be given notification of the resident's presence in the facility, except to the extent prohibited by federal law. Upon request of a family member of a resident or the designee, the facility shall notify such family member or designee of the release or death of the resident. Nothing in this section shall be construed to require photocopying of the resident's medical records in order to satisfy its provisions.
(Added by Stats.1982, c. 1141, § 2.)

WELFARE AND INSTITUTIONS CODE — PROTECTION AND ADVOCACY AGENCY

Division 4.7 PROTECTION AND ADVOCACY AGENCY

Chapter 1 DEFINITIONS

§ 4900. Definitions

(a) The definitions contained in this section shall govern the construction of this division, unless the context requires otherwise. These definitions shall not be construed to alter or impact the definitions or other provisions of the Elder and Dependent Adult Civil Protection Act (Chapter 11 (commencing with Section 15600), or Chapter 13 (commencing with Section 15750), of Part 3 of Division 9.

(b) "Abuse" means an act, or failure to act, that would constitute abuse as that term is defined in * * * federal regulations pertaining to the authority of protection and advocacy agencies, including Section 51.2 of Title 42 of the Code of Federal Regulations or Section 1386.19 of Title 45 of the Code of Federal Regulations. " Abuse" also means an act, or failure to act, that would constitute abuse as that term is defined in Section 15610.07 of the Welfare and Institutions Code or Section 11165.6 of the Penal Code.

(c) "Complaint" has the same meaning as "complaint" as defined in federal statutes and regulations pertaining to the authority of protection and advocacy agencies, including Section 10802(1) of Title 42 of the United States Code, Section 51.2 of Title 42 of the Code of Federal Regulations, or Section 1386.19 of Title 45 of the Code of Federal Regulations.

* * *

(d) "Disability" means a developmental disability, as defined in Section 15002(8) of Title 42 of the United States Code, a mental illness, as defined in Section 10802(4) of Title 42 of the United States Code, a disability within the meaning of the Americans with Disabilities Act of 1990 (42 U.S.C. Sec. 12101 et seq.), as defined in Section 12102(2) of Title 42 of the United States Code, or a disability within the meaning of the California Fair Employment and Housing Act (Part 2.8 (commencing with Section 12900) of Division 3 of Title 2 of the Government Code), as defined in subdivision (i) or (k) of Section 12926 of the Government Code.

(e) "Facility" or "program" means * * * a public or private facility or program providing services, support, care, or treatment to persons with * * * disabilities * * *, even if only on an as–needed basis or under contractual arrangement. " Facility" or "program" includes, but is not limited to, a hospital, a long–term health care facility, a community living arrangement for people with disabilities, including a group home, a board and care home, an individual residence or apartment of a person with a disability where services are provided, a day program, a juvenile detention facility, a homeless shelter, a jail, or a prison, including all general areas, as well as special, mental health, or forensic units. The term includes any facility licensed under Division 2 (commencing with Section 1200) of the Health and Safety Code and any facility that is unlicensed but is not exempt from licensure as provided in subdivision (a) of Section 1503.5 of the Health and Safety Code. The term also includes a public or private * * * school or other institution or program providing education, training, habilitation, therapeutic, or residential services to persons with * * * disabilities * * *.

(f) "Legal guardian," "conservator," or "legal representative," means a person appointed by a state court or agency empowered under state law to appoint and review the legal guardian, conservator, or legal representative, as appropriate. With respect to an individual described under paragraph (2) of subdivision (i), this person is one who has the legal authority to consent to health or mental health care or treatment on behalf of the individual. With respect to an individual described under paragraphs (1) or (3) of subdivision (i), this person is one who has the legal authority to make all decisions on behalf of the individual. These terms include the parent of a minor who has legal custody of the minor. These terms do not include a person acting solely as a representative payee, a person acting solely to handle financial matters, an attorney or other person acting on behalf of an individual with a disability solely in individual legal matters, or an official or his or her designee who is responsible for the provision of treatment or services to an individual with a disability.

(g) "Neglect" means * * * a negligent act, or omission to act, that would constitute neglect as that term is defined in * * * federal statutes and regulations pertaining to the authority of protection and advocacy agencies, including Section 10802(5) of Title 42 of the United States Code, Section 51.2 of Title 42 of the Code of Federal Regulations, or Section 1386.19 of Title 45 of the Code of Federal Regulations. "Neglect" also means a negligent act, or omission to act, that would constitute neglect as that term is defined in subdivision (b) of Section 15610.07 of the Welfare and Institutions Code or Section 11165.2 of the Penal Code.

* * *

(h) "Probable cause" to believe that an individual has been subject to abuse or neglect, or is at significant risk of being subjected to abuse or neglect, exists when the protection and advocacy agency determines that it is objectively reasonable for a person to entertain * * * that belief * * *. The individual making a probable cause determination may base the decision on reasonable inferences drawn from his or her experience or training regarding similar incidents, conditions, or problems that are usually associated with abuse or neglect. Information supporting a probable cause determination may result from monitoring or other activities, including, but not limited to, media reports and newspaper articles.

(i) "Protection and advocacy agency" means the private nonprofit corporation designated by the Governor in this state pursuant to federal law for the protection and advocacy of the rights of * * * persons with disabilities, including the following:

(1) People with developmental disabilities, as authorized under the federal Developmental Disabilities Assistance and Bill of Rights Act

* * * of 2000, contained in Chapter 144 (commencing with Section 15001) of Title 42 of the United States Code.

(2) People with mental illness * * *, as authorized under the federal Protection and Advocacy for Mentally Ill Individuals Amendments Act of * * * 1991, contained in Chapter 114 (commencing with Section 10801) of Title 42 of the United States Code.

(3) People with disabilities within the meaning of the Americans with Disabilities Act of 1990 (42 U.S.C. Sec. 12101 et seq.) as defined in Section 12102(2) of Title 42 of the United States Code, who do not have a developmental disability as defined in Section 15002(8) of Title 42 of the United States Code, people with a mental illness as defined in Section 10802(4) of Title 42 of the United States Code, and who are receiving services under the federal Protection and Advocacy of Individual Rights Act as defined in Section 794e of Title 29 of the United States Code, or people with a disability within the meaning of the California Fair Employment and Housing Act (Part 2.8 (commencing with Section 12900) of Division 3 of Title 2 of the Government Code), as defined in subdivision (i) or (k) of Section 12926 of the Government Code.

(j) "Reasonable unaccompanied access" means access that permits the protection and advocacy agency, without undue interference, to monitor, inspect, and observe conditions in facilities and programs, to meet and communicate with residents and service recipients privately and confidentially on a regular basis, formally or informally, by telephone, mail, electronic mail, and in person, and to review records privately and confidentially, in a manner that minimizes interference with the activities of the program or service, that respects residents' privacy interests and honors a resident's request to terminate an interview, and that does not jeopardize the physical health or safety of facility or program staff, residents, service recipients, or protection and advocacy agency staff.

(Added by Stats.1991, c. 534 (S.B.1088), § 7. Amended by Stats.2003, c. 878 (S.B.577), § 4.)

§ 4901. Private nonprofit corporation; conformance with requirements of federal law by agency and by state officers and employees; authority of protection and advocacy systems; cooperation with state officers and employees; investigations of reports of adult abuse or neglect

(a) The protection and advocacy agency, for purposes of this division, shall be a private nonprofit corporation and shall meet all of the requirements of federal law applicable to protection and advocacy systems, including, but not limited to, the requirement that it establish a grievance procedure for clients or prospective clients of the system to ensure that people with * * * disabilities * * * have full access to services of the system.

(b) State officers and employees, in taking any action relating to the protection and advocacy agency, shall meet the requirements of federal law applicable to protection and advocacy systems.

(c) The authority of the protection and advocacy agency set forth in this division shall not diminish the authority of the protection and advocacy agency under federal statutes pertaining to the authority of protection and advocacy systems, or under federal rules and regulations adopted in implementation of those statutes.

(d) Nothing in this division shall be construed to supplant the jurisdiction or the responsibilities of adult protective services programs pursuant to Chapter 11 (commencing with Section 15600), or Chapter 13 (commencing with Section 15750), of Part 3 of Division 9.

(e)(1) Nothing in this division shall be construed to supplant the duties or authority of the State Long–Term Care Ombudsman Program pursuant to Chapter 11 (commencing with Section 9700) of Division 8.5.

(2) The protection and advocacy agency shall cooperate with the Office of the State Long–Term Care Ombudsman when appropriate, as provided in Section 9717.

(f)(1) Nothing in this division shall be construed to alter or impact the Elder and Dependent Adult Civil Protection Act (Chapter 11 (commencing with Section 15600), or Chapter 13 (commencing with Section 15750), of Part 3 of Division 9, including the confidentiality requirements of Section 15633 and the legal responsibility of the protection and advocacy agency to report elder or dependent adult abuse or neglect as required by paragraph (1) of subdivision (b) of Section 15630.

(2) The adult protective services agency shall retain the responsibility to investigate any report of abuse or neglect in accordance with Chapter 13 (commencing with Section 15750) of Part 3 of Division 9 when the reported abuse or neglect is within the jurisdiction of the adult protective services agency.

(Added by Stats.1991, c. 534 (S.B.1088), § 7. Amended by Stats.2003, c. 878 (S.B.577), § 5.)

§ 4902. Powers and duties

(a) The protection and advocacy agency, in protecting and advocating for the rights of * * * people with disabilities * * *, pursuant to the federal mandate, may do all of the following:

(1) Investigate any incident of abuse or neglect of * * * any person with a disability if the incident is reported to the protection and advocacy agency or if the protection and advocacy agency determines there is probable cause to believe the * * * abuse or neglect occurred. This authority shall include reasonable access to a facility or program and authority to examine all relevant records and interview any facility or program service recipient, employee, or other person who might have knowledge of the alleged abuse or neglect.

(2) Pursue administrative, legal, and other appropriate remedies or approaches to ensure the protection of the rights of people with * * * disabilities.

* * *

(3) Provide information and training on, and referral to, programs and services addressing the needs of people with * * * disabilities * * *, including information and training regarding individual rights and the services available from the protection and advocacy agency.

(b) The protection and advocacy agency shall, in addition, have reasonable access to facilities or programs in the state that provide care and treatment to * * * people with disabilities * * *, and access to those persons.

(1) The protection and advocacy agency shall have reasonable unaccompanied access to public or private facilities, programs, and services, and to recipients of services therein, at all times as are necessary to investigate incidents of abuse and neglect in accord with paragraph (1) of subdivision (a) * * *. Access shall be afforded, upon request, to the agency when any of the following has occurred:

(A) An incident is reported or a complaint is made to the agency.

(B) The agency determines there is probable cause to believe that an incident has or may have occurred.

(C) The agency determines that there is or may be imminent danger of serious abuse or neglect of an individual with a disability.

(2) The protection and advocacy agency shall have reasonable unaccompanied access to public and private facilities, programs, and services, and recipients of services therein during normal working hours and visiting hours for other advocacy services. In the case of information and training services, access shall be at times mutually agreeable to the protection and advocacy agency and facility management. This access shall be for the purpose of any of the following:

(A) Providing information and training on, and referral to programs addressing the needs of, individuals with disabilities, and information and training on individual rights and the protection and advocacy services available from the agency, including, but not limited to, the name, address, and telephone number of the protection and advocacy agency.

(B) Monitoring compliance with respect to the rights and safety of residents or service recipients.

(C) Inspecting, viewing, and photographing all areas of the facility or program that are used by residents or service recipients, or that are accessible to them.

(c) If the protection and advocacy agency's access to facilities, programs, service recipients, residents, or records covered by this division is delayed or denied by a facility, program, or service, the facility, program, or service shall promptly provide the agency with a written statement of reasons. In the case of denial of access for alleged lack of authorization, the facility, program, or service shall promptly provide to the agency the name, address, and telephone number of the legal guardian, conservator, or other legal representative of the individual with a disability for whom authorization is required. Access to a facility, program, service recipient, resident, or to records, shall not be delayed or denied without the prompt provision of a written statement of the reasons for the denial.

(d) The protection and advocacy agency may not enter an individual residence or apartment of a client or his or her family without the consent of an adult occupant. In the absence of this consent, the protection and advocacy agency may enter only if it has obtained the legal authority to enforce its access authority pursuant to legal remedies available under this division or applicable federal law.

(e) A care provider, including, but not limited to, any individual, state entity, or other organization that is required to respond to these requests, may charge a reasonable fee to cover the cost of copying records pursuant to this division that may take into account the costs incurred by the care provider in locating, identifying, and making the records available as required pursuant to this division. Charges for copying records that would otherwise be available to the protection and advocacy agency or the person with a disability whose records are requested, under other statutes providing for access to records, may not exceed any rates for obtaining copies of the records specified in the applicable provisions.

(Added by Stats.1991, c. 534 (S.B.1088), § 7. Amended by Stats.2003, c. 878 (S.B.577), § 6.)

§ 4903. Access to information and records; confidentiality of records of agency

(a) The protection and advocacy agency shall have access to the records of any of the following people with * * * disabilities * * *:

(1) Any person who is a client of the agency, or any person who has requested assistance from the agency, if that person or the agent designated by that person, or the legal guardian, conservator, or other legal representative of that person, has authorized the protection and advocacy agency to have access to the records and information. If a person with a disability who is able to authorize the protection and advocacy agency to access his or her records expressly denies this access after being informed by the protection and advocacy agency of his or her right to authorize or deny access, the protection and advocacy agency may not have access to that person's records.

(2) Any person, including any individual who * * * cannot be located, to whom all of the following conditions apply:

(A) The individual, due to his or her mental or physical condition, is unable to authorize the protection and advocacy agency to have access to his or her records.

(B) The individual does not have a legal guardian, conservator, or other legal representative, or the individual's representative is a public entity, including the state or one of its political subdivisions.

(C) The protection and advocacy agency has received a complaint that the individual has been subject to abuse or neglect, or has determined that probable cause exists to believe that the individual has been subject to abuse or neglect.

(3) Any person who is deceased, and for whom the protection and advocacy agency has received a complaint that the individual had been subjected to abuse or neglect, or for whom the agency has determined that probable cause exists to believe that the individual had been subjected to abuse or neglect.

(4) Any person who has a legal guardian, conservator, or other legal representative with respect to whom a complaint has been received by the protection and advocacy agency, or with respect to whom the protection and advocacy agency has determined that probable cause exists to believe that the * * * person has been subjected to abuse or neglect, whenever all of the following conditions exist:

(A) The representative has been contacted by the protection and advocacy agency upon receipt of the representative's name and address.

(B) The protection and advocacy agency has offered assistance to the representatives to resolve the situation.

(C) The representative has failed or refused to act on behalf of the person.

(b) * * * Individual records that shall be available to the protection and advocacy agency under this section shall include, but not be limited to, all of the following information and records * * * related to the investigation, whether written or in another medium, draft or final, including, but not limited to, handwritten notes, electronic files, photographs, videotapes, or audiotapes:

(1) Information and records * * * prepared or received in the course of providing intake, assessment, * * * evaluation, education, training, or other supportive services, including, but not limited to, medical records, financial records, monitoring reports, or other reports, prepared or received by a member of the staff of a facility, program * * *, or service that is providing care, treatment, or services.

(2) Reports prepared by an agency charged with investigating reports of incidents of abuse, neglect, * * * injury, or death occurring at the program, facility, or service while the individual with a disability is under the care of a member of the staff of a program, facility, or service, or by or for a program, facility, or service, that describe any or all of the following:

(A) Abuse, neglect, * * * injury * * *, or death.

(B) The steps taken to investigate the incidents.

(C) Reports and records, including, but not limited to, personnel records prepared or maintained by the facility, program, or service in connection with reports of incidents, subject to the following:

(i) If a state statute specifies procedures with respect to personnel records, the protection and advocacy agency shall follow those procedures.

(ii) Personnel records shall be protected from disclosure in compliance with the fundamental right of privacy established pursuant to Section 1 of Article I of the California Constitution. The custodian of personnel records shall have a right and a duty to resist attempts to allow the unauthorized disclosure of personnel records, and may not waive the privacy rights that are guaranteed pursuant to Section 1 of Article I of the California Constitution.

(D) Supporting information that was relied upon in creating a report, including, but not limited to, all information and records that document interviews with persons who were interviewed, physical and documentary evidence that was reviewed, or related investigative findings.

(3) Discharge planning records.

(c) Information in the possession of a program, facility, or service that must be available to the agency investigating instances of abuse or neglect pursuant to paragraph (1) of subdivision (a) of Section 4902, whether written or in another medium, draft or final, including, but not limited to, handwritten notes, electronic files, photographs, videotapes, audiotapes, or records, shall include, but not be limited to, all of the following:

(1) Information in reports prepared by individuals and entities performing certification or licensure reviews, or by professional accreditation organizations, as well as related assessments prepared for a program, facility, or service by its staff, contractors, or related entities, subject to any other provision of state law protecting records produced by medical care evaluation or peer review committees.

(2) Information in professional, performance, building, or other safety standards, or demographic and statistical information, relating to the facility.

(d) The authority of the protection and advocacy agency to have access to records does not supersede any prohibition on discovery specified in Sections 1157 and 1157.6 of the Evidence Code, nor does it supersede any prohibition on disclosure subject to the physician–patient privilege or the psychotherapist–patient privilege.

(e)(1) The protection and advocacy agency shall have access to records of individuals described in paragraph (1) of subdivision (a) of Section 4902 and in subdivision (a), and other records that are relevant to conducting an investigation, under the circumstances described in those subdivisions, not later than three business days after the agency makes a written request for the records involved.

(2) The protection and advocacy agency shall have immediate access to the records, not later than 24 hours after the agency makes a request, without consent from another party, in a situation in which treatment, services, supports, or other assistance is provided to an individual with a disability, if the agency determines there is probable cause to believe that the health or safety of the individual is in serious and immediate jeopardy, or in a case of death of an individual with a disability.

(f) Confidential information kept or obtained by the protection and advocacy agency shall remain confidential and may not be subject to disclosure. This subdivision shall not, however, prevent the protection and advocacy agency from doing any of the following:

(1) Sharing the information with the individual client who is the subject of the record or report or other document, or with his or her legally authorized representative, subject to any limitation on disclosure to recipients of mental health services as provided in subsection (b) of Section 10806 of Title 42 of the United States Code.

(2) Issuing a public report of the results of an investigation that maintains the confidentiality of individual service recipients.

(3) Reporting the results of an investigation to responsible investigative or enforcement agencies should an investigation reveal information concerning the facility, its staff, or employees warranting possible sanctions or corrective action. This information may be reported to agencies that are responsible for facility licensing or accreditation, employee discipline, employee licensing or certification suspension or revocation, or criminal prosecution.

(4) Pursuing alternative remedies, including the initiation of legal action.

(5) Reporting suspected elder or dependent adult abuse pursuant to the Elder Abuse and Dependent Adult Civil Protection Act (Chapter 11 (commencing with Section 15600) of Part 3 of Division 9).

(g) The protection and advocacy agency shall inform and train employees as appropriate regarding the confidentiality of client records.

(Added by Stats.1991, c. 534 (S.B.1088), § 7. Amended by Stats.2003, c. 878 (S.B.577), § 7.)

§ 4904. Immunity from liability

(a) The protection and advocacy agency, its employees, and designated agents, shall not be liable for an injury resulting from an employee's or agent's act or omission where the act or omission was the result of the exercise, in good faith, of the discretion vested in him or her.

(b) The protection and advocacy agency, its employees, and designated agents, shall not be liable for damages awarded under Section 3294 of the Civil Code or other damages imposed primarily for the sake of example and by way of punishing the defendant.

(c) The protection and advocacy agency, its employees, and designated agents, when participating in filing a complaint or providing information pursuant to this division or participating in a judicial proceeding resulting therefrom shall be presumed to be acting in good faith and unless the presumption is rebutted, shall be immune from any liability, civil or criminal, and shall be immune from any penalty, sanction, or restriction that might be incurred or imposed.

(Added by Stats.1991, c. 534 (S.B.1088), § 7.)

§ 4905. Reprisal or harassment, or directly or indirectly take or threaten to take any actions to prevent reports to agency of abuse, neglect or other violations; attempt to remove from facility or program or to deny rights as retaliation for complaint

(a) No employee or agent of a facility, program, or service shall subject a person with * * * a disability to reprisal or harassment or directly or indirectly take or threaten to take any * * * action that would prevent the person, his or her legally authorized representative, or family member from reporting or otherwise bringing to the attention of the protection and advocacy agency any facts or information relative to suspected abuse, neglect, or other violations of * * * the person's rights.

(b) Any attempt to involuntarily remove from a facility, program, or service, or to deny privileges or rights without good cause to a person with * * * a disability by whom or for whom a complaint has been made to the protection and advocacy agency, within 60 days after the date the complaint is made or within 60 days after the conclusion of any proceeding resulting from the complaint, shall raise a presumption that the action was taken in retaliation for the filing of the complaint.

(Added by Stats.1991, c. 534 (S.B.1088), § 7. Amended by Stats.2003, c. 878 (S.B.577), § 8.)

§ 4906. Prohibition against use of force to obtain access to information

(a) The protection and advocacy agency may not obtain access through the use of physical force to facilities, programs, service recipients, residents, or records required by the division if this access is delayed or denied.

(b) Notwithstanding subdivision (a), nothing in this division is intended to preclude the protection and advocacy agency from pursuing appropriate legal remedies to enforce its access authority under this division or applicable federal law.

(Added by Stats.2003, c. 878 (S.B.577), § 9.)

WELFARE AND INSTITUTIONS CODE — COMMUNITY MENTAL HEALTH SERVICES

Division 5 COMMUNITY MENTAL HEALTH SERVICES

Part 1 THE LANTERMAN–PETRIS–SHORT ACT

Chapter 1 GENERAL PROVISIONS

§ 5000. Short title

This part shall be known and may be cited as the Lanterman–Petris–Short Act.

(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969.)

§ 5001. Legislative intent

The provisions of this part shall be construed to promote the legislative intent as follows:

(a) To end the inappropriate, indefinite, and involuntary commitment of mentally disordered persons, developmentally disabled persons, and persons impaired by chronic alcoholism, and to eliminate legal disabilities;

(b) To provide prompt evaluation and treatment of persons with serious mental disorders or impaired by chronic alcoholism;

(c) To guarantee and protect public safety;

(d) To safeguard individual rights through judicial review;

(e) To provide individualized treatment, supervision, and placement services by a conservatorship program for gravely disabled persons;

(f) To encourage the full use of all existing agencies, professional personnel and public funds to accomplish these objectives and to prevent duplication of services and unnecessary expenditures;

(g) To protect mentally disordered persons and developmentally disabled persons from criminal acts.

(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969. Amended by Stats.1977, c. 1167, p. 3824, § 1.)

§ 5002. Persons who may not be judicially committed; receipt of services

Mentally disordered persons and persons impaired by chronic alcoholism may no longer be judicially committed.

Mentally disordered persons shall receive services pursuant to this part. Persons impaired by chronic alcoholism may receive services pursuant to this part if they elect to do so pursuant to Article 3 (commencing with Section 5225) of Chapter 2 of this part.

Epileptics may no longer be judicially committed.

This part shall not be construed to repeal or modify laws relating to the commitment of mentally disordered sex offenders, mentally retarded persons, and mentally disordered criminal offenders, except as specifically provided in Penal Code Section 4011.6, or as specifically provided in other statutes.

(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969. Amended by Stats.1970, c. 516, p. 1003, § 4; Stats.1971, c. 1459, p. 2875, § 1.)

§ 5003. Voluntary applications for mental health services

Nothing in this part shall be construed in any way as limiting the right of any person to make voluntary application at any time to any public or private agency or practitioner for mental health services, either by direct application in person, or by referral from any other public or private agency or practitioner.

(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969.)

§ 5004. Protection from criminal acts

Mentally disordered persons and developmentally disabled persons shall receive protection from criminal acts equal to that provided any other resident in this state.

(Added by Stats.1977, c. 1167, p. 3825, § 2.)

§ 5004.5. Reports of crime; complaints

Notwithstanding any other provision of law, a legal guardian, conservator, or any other person who reasonably believes a mentally disordered or developmentally disabled person is the victim of a crime may file a report with an appropriate law enforcement agency. The report shall specify the nature of the alleged offense and any pertinent evidence. Notwithstanding any other provision of law, the information in such report shall not be deemed confidential in any manner. No person shall incur any civil or criminal liability as a result of making any report authorized by this section unless it can be shown that a false report was made and the person knew or should have known that the report was false.

Where the district attorney of the county in which the alleged offense occurred finds, based upon the evidence contained in the report and any other evidence obtained through regular investigatory procedures, that a reasonable probability exists that a crime or public offense has been committed and that the mentally disordered or developmentally disabled person is the victim, the district attorney may file a complaint verified on information and belief.

The filing of a report by a legal guardian, conservator, or any other person pursuant to this section shall not constitute evidence that a crime or public offense has been committed and shall not be considered in any manner by the trier of fact.

(Added by Stats.1977, c. 1167, p. 3825, § 3.)

§ 5005. Rights of person complained against

Unless specifically stated, a person complained against in any petition or proceeding initiated by virtue of the provisions of this part shall not forfeit any legal right or suffer legal disability by reason of the provisions of this part.

(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969.)

§ 5006. Prayer treatment

The provisions of this part shall not be construed to deny treatment by spiritual means through prayer in accordance with the tenets and practices of a recognized church or denomination for any person detained for evaluation or treatment who desires such treatment, or to a minor if his parent, guardian, or conservator desires such treatment.

(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969.)

§ 5007. Prospective application

Unless otherwise indicated, the provisions of this part shall not be construed to apply retroactively to terminate court commitments of mentally ill persons or inebriates under preexisting law.

(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969.)

§ 5008. Definitions

Unless the context otherwise requires, the following definitions shall govern the construction of this part:

(a) "Evaluation" consists of multidisciplinary professional analyses of a person's medical, psychological, educational, social, financial, and legal conditions as may appear to constitute a problem. Persons providing evaluation services shall be properly qualified professionals and may be full–time employees of an agency providing evaluation services or may be part–time employees or may be employed on a contractual basis.

(b) "Court–ordered evaluation" means an evaluation ordered by a superior court pursuant to Article 2 (commencing with Section 5200) or by a court pursuant to Article 3 (commencing with Section 5225) of Chapter 2.

(c) "Intensive treatment" consists of such hospital and other services as may be indicated. Intensive treatment shall be provided by properly qualified professionals and carried out in facilities qualifying for reimbursement under the California Medical Assistance Program (Medi–Cal) set forth in Chapter 7 (commencing with Section 14000) of Part 3 of Division 9, or under Title XVIII of the federal Social Security Act and regulations thereunder. Intensive treatment may be provided in hospitals of the United States government by properly qualified professionals. Nothing in this part shall be construed to prohibit an intensive treatment facility from also providing 72–hour treatment and evaluation.

(d) "Referral" is referral of persons by each agency or facility providing intensive treatment or evaluation services to other agencies or individuals. The purpose of referral shall be to provide for continuity of care, and may include, but need not be limited to, informing the person of available services, making appointments on the person's behalf, discussing the person's problem with the agency or individual to which the person has been referred, appraising the outcome of referrals, and arranging for personal escort and transportation when necessary. Referral shall be considered complete when the agency or individual to whom the person has been referred accepts responsibility for providing the necessary services. All persons shall be advised of available precare services which prevent initial recourse to hospital treatment or aftercare services which support adjustment to community living following hospital treatment. These services may be provided through county welfare departments, State Department of Mental Health, Short–Doyle programs or other local agencies.

Each agency or facility providing evaluation services shall maintain a current and comprehensive file of all community services, both public and private. These files shall contain current agreements with agencies or individuals accepting referrals, as well as appraisals of the results of past referrals.

(e) "Crisis intervention" consists of an interview or series of interviews within a brief period of time, conducted by qualified professionals, and designed to alleviate personal or family situations which present a serious and imminent threat to the health or stability of the person or the family. The interview or interviews may be conducted in the home of the person or family, or on an inpatient or outpatient basis with such therapy, or other services, as may be appropriate. Crisis intervention may, as appropriate, include suicide prevention, psychiatric, welfare, psychological, legal, or other social services.

(f) "Prepetition screening" is a screening of all petitions for court–ordered evaluation as provided in Article 2 (commencing with Section 5200) of Chapter 2, consisting of a professional review of all petitions; an interview with the petitioner and, whenever possible, the person alleged, as a result of mental disorder, to be a danger to others, or to himself or herself, or to be gravely disabled, to assess the problem and explain the petition; when indicated, efforts to persuade the person to receive, on a voluntary basis, comprehensive evaluation, crisis intervention, referral, and other services specified in this part.

(g) "Conservatorship investigation" means investigation by an agency appointed or designated by the governing body of cases in which conservatorship is recommended pursuant to Chapter 3 (commencing with Section 5350).

(h)(1) For purposes of Article 1 (commencing with Section 5150), Article 2 (commencing with Section 5200), and Article 4 (commencing with Section 5250) of Chapter 2, and for the purposes of Chapter 3 (commencing with Section 5350), "gravely disabled" means either of the following:

(A) A condition in which a person, as a result of a mental disorder, is unable to provide for his or her basic personal needs for food, clothing, or shelter.

(B) A condition in which a person, has been found mentally incompetent under Section 1370 of the Penal Code and all of the following facts exist:

(i) The indictment or information pending against the defendant at the time of commitment charges a felony involving death, great bodily harm, or a serious threat to the physical well–being of another person.

(ii) The indictment or information has not been dismissed.

(iii) As a result of mental disorder, the person is unable to understand the nature and purpose of the proceedings taken against him or her and to assist counsel in the conduct of his or her defense in a rational manner.

(2) For purposes of Article 3 (commencing with Section 5225) and Article 4 (commencing with Section 5250), of Chapter 2, and for the purposes of Chapter 3 (commencing with Section 5350), "gravely disabled" means a condition in which a person, as a result of impairment by chronic alcoholism, is unable to provide for his or her basic personal needs for food, clothing, or shelter.

(3) The term "gravely disabled" does not include mentally retarded persons by reason of being mentally retarded alone.

(i) "Peace officer" means a duly sworn peace officer as that term is defined in Chapter 4.5 (commencing with Section 830) of Title 3 of Part 2 of the Penal Code who has completed the basic training course established by the Commission on Peace Officer Standards and Training, or any parole officer or probation officer specified in Section 830.5 of the Penal Code when acting in relation to cases for which he or she has a legally mandated responsibility.

(j) "Postcertification treatment" means an additional period of treatment pursuant to Article 6 (commencing with Section 5300) of Chapter 2.

(k) "Court," unless otherwise specified, means a court of record.

(*l*) "Antipsychotic medication" means any medication customarily prescribed for the treatment of symptoms of psychoses and other severe mental and emotional disorders.

(m) "Emergency" means a situation in which action to impose treatment over the person's objection is immediately necessary for the preservation of life or the prevention of serious bodily harm to the patient or others, and it is impracticable to first gain consent. It is not necessary for harm to take place or become unavoidable prior to treatment.

(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969. Amended by Stats.1968, c. 1374, p. 2640, § 14, operative July 1, 1969; Stats.1969, c. 722, p. 1419, § 3, eff. Aug. 8, 1969, operative July 1, 1969; Stats.1970, c. 516, p. 1003, § 5; Stats.1971, c. 1593, p. 3335, § 366, operative July 1, 1973; Stats.1974, c. 1511, p. 3321, § 12, eff. Sept. 27, 1974; Stats.1977, c. 1252, p. 4564, § 551, operative July 1, 1978; Stats.1978, c. 429, p. 1450, § 202, eff. July 17, 1978, operative July 1, 1978; Stats.1978, c. 1294, p. 4241, § 1; Stats.1980, c. 77, p. 194, § 1; Stats.1980, c. 1215, p. 4123, § 2; Stats.1980, c. 1340, p. 4740, § 38.5, eff. Sept. 30, 1980; Stats.1988, c. 1202, § 1; Stats.1990, c. 216 (S.B.2510), § 124; Stats.1991, c. 681 (S.B.665), § 1.)

§ 5008.1. Judicially committed; defined

As used in this division and in Division 4 (commencing with Section 4000), Division 4.1 (commencing with Section 4400), Division 6 (commencing with Section 6000), Division 7 (commencing with Section 7100), and Division 8 (commencing with Section 8000), the term "judicially committed" means all of the following:

(a) Persons who are mentally disordered sex offenders placed in a state hospital or institutional unit for observation or committed to the State Department of Mental Health pursuant to Article 1 (commencing with Section 6300) of Chapter 2 of Part 2 of Division 6.

(b) Developmentally disabled persons who are admitted to a state hospital upon application or who are committed to the State Department of Developmental Services by court order pursuant to Article 2 (commencing with Section 6500) of Chapter 2 of Part 2 of Division 6.

(c) Persons committed to the State Department of Mental Health or a state hospital pursuant to the Penal Code.

(Added by Stats.1969, c. 722, p. 1421, § 4, eff. Aug. 8, 1969, operative July 1, 1969. Amended by Stats.1971, c. 1593, p. 3337, § 367, opera-

tive July 1, 1973; Stats.1977, c. 1252, p. 4566, § 552, operative July 1, 1978; Stats.1978, c. 429, p. 1451, § 203, eff. July 17, 1978, operative July 1, 1978; Stats.1979, c. 373, p. 1393, § 359.)

§ 5008.2. Applying definition of mental disorder; consideration of historical course of disorder

(a) When applying the definition of mental disorder for the purposes of Articles 2 (commencing with Section 5200), 4 (commencing with Section 5250), and 5 (commencing with Section 5275) of Chapter 2 and Chapter 3 (commencing with Section 5350), the historical course of the person's mental disorder, as determined by available relevant information about the course of the person's mental disorder, shall be considered when it has a direct bearing on the determination of whether the person is a danger to others, or to himself or herself, or is gravely disabled, as a result of a mental disorder. The historical course shall include, but is not limited to, evidence presented by persons who have provided, or are providing, mental health or related support services to the patient, the patient's medical records as presented to the court, including psychiatric records, or evidence voluntarily presented by family members, the patient, or any other person designated by the patient. Facilities shall make every reasonable effort to make information provided by the patient's family available to the court. The hearing officer, court, or jury shall exclude from consideration evidence it determines to be irrelevant because of remoteness of time or dissimilarity of circumstances.

(b) This section shall not be applied to limit the application of Section 5328 or to limit existing rights of a patient to respond to evidence presented to the court.

(Added by Stats.1986, c. 872, § 1. Amended by Stats.2001, c. 506 (A.B.1424), § 5.)

§ 5009. Choice of physician

Persons receiving evaluation or treatment under this part shall be given a choice of physician or other professional person providing such services, in accordance with the policies of each agency providing services, and within the limits of available staff in the agency.

(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969.)

§ 5010. Agency administering federal Developmental Disabilities Act; access to records

The agency established in this state to fulfill the requirements and assurances of Section 142 of the federal Developmental Disabilities Act of 1984 for a system to protect and advocate the rights of persons with developmental disabilities, as that term is defined by Section 102(7) of the federal act, shall have access to the records of a person with developmental disabilities who resides in a facility for persons with developmental disabilities when both of the following conditions apply:

(1) The agency has received a complaint from or on behalf of the person and the person consents to the disclosure of the records to the extent of his or her capabilities.

(2) The person does not have a parent, guardian or conservator, or the state or the designee of the state is the person's guardian or conservator.

(Added by Stats.1985, c. 1121, § 2.)

§ 5012. Determining eligibility for payment or reimbursement for mental health or other health care services; persons taken into custody under this part

The fact that a person has been taken into custody under this part may not be used in the determination of that person's eligibility for payment or reimbursement for mental health or other health care services for which he or she has applied or received under the Medi–Cal program, any health care service plan licensed under the Knox–Keene Health Care Service Plan Act of 1975 (Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code), or any insurer providing health coverage doing business in the state.

(Added by Stats.2001, c. 506 (A.B.1424), § 6.)

§ 5020.1. Mentally ill minor; release from state hospital; aftercare plan for educational and training needs

A mentally ill minor, between the ages of 3 and 18, upon being considered for release from a state hospital shall have an aftercare plan developed. Such plan shall include educational or training needs, provided these are necessary for the patient's well–being.

(Added by Stats.1973, c. 1161, p. 2418, § 2.)

§ 5110. Proceedings in superior court; costs

Whenever a proceeding is held in a superior court under Article 5 (commencing with Section 5275) or Article 6 (commencing with Section 5300) of this chapter or Chapter 3 (commencing with Section 5350) of this part involving a person who has been placed in a facility located outside the county of residence of the person, the provisions of this section shall apply. The appropriate financial officer or other designated official of the county in which the proceeding is held shall make out a statement of all of the costs incurred by the county for the investigation, preparation, and conduct of the proceedings, and the costs of appeal, if any. The statement shall be certified by a judge of the superior court of the county. The statement shall then be sent to the county of residence of the person, which shall reimburse the county providing the services. If it is not possible to determine the actual county of residence of the person, the statement shall be sent to the county in which the person was originally detained, which shall reimburse the county providing the services.

(Added by Stats.1968, c. 1374, p. 2643, § 15.5, operative July 1, 1969. Amended by Stats.1969, c. 722, p. 1422, § 5, eff. Aug. 8, 1969, operative July 1, 1969; Stats.1970, c. 1627, p. 3440, § 5; Stats.2002, c. 221 (S.B.1019), § 208.)

§ 5111. Compensation of appointed counsel

Any county without a public defender is authorized to compensate the attorneys appointed for persons entitled to be represented by counsel in proceedings under this part.

(Added by Stats.1970, c. 1627, p. 3441, § 6.)

§ 5113. Exemptions from liability

Except as provided in Sections 5154, 5173, 5259.3, 5267, and 5306, the facility providing treatment pursuant to Article 1 (commencing with Section 5150), Article 1.5 (commencing with Section 5170), Article 4 (commencing with Section 5250), Article 4.5 (commencing with Section 5260) or Article 6 (commencing with Section 5300), the superintendent of the facility, the professional person in charge of the facility and his or her designee, or the peace officer responsible for the detainment of the person shall not be civilly or criminally liable for any action by a person released at or before the end of the period for which he or she was admitted pursuant to the provisions of the appropriate article.

(Added by Stats.1970, c. 1627, p. 3441, § 7. Amended by Stats.1985, c. 1288, § 1, eff. Sept. 30, 1985.)

§ 5114. Proceedings by district attorney or county counsel

At any judicial proceeding under the provisions of this division, allegations that the person is a danger to others, or to himself, or gravely disabled as a result of mental disorder or impairment by chronic alcoholism, shall be presented by the district attorney for the county, unless the board of supervisors, by ordinance or resolution, delegates such duty to the county counsel.

(Added by Stats.1970, c. 1627, p. 3441, § 8.)

§ 5115. Legislative intent

The Legislature hereby finds and declares:

(a) It is the policy of this state, as declared and established in this section and in the Lanterman Developmental Disabilities Services Act, Division 4.5 (commencing with Section 4500), that mentally and physically handicapped persons are entitled to live in normal residential surroundings and should not be excluded therefrom because of their disability.

(b) In order to achieve uniform statewide implementation of the

policies of this section and those of the Lanterman Developmental Disabilities Services Act, it is necessary to establish the statewide policy that the use of property for the care of six or fewer mentally disordered or otherwise handicapped persons is a residential use of such property for the purposes of zoning.

(Added by Stats.1970, c. 1219, p. 2136, § 1. Amended by Stats.1978, c. 891, p. 2803, § 4, eff. Sept. 19, 1978.)

§ 5116. Property used for care of six or fewer handicapped persons or dependent or neglected children as residential use for zoning purposes

Pursuant to the policy stated in Section 5115, a state–authorized, certified, or licensed family care home, foster home, or group home serving six or fewer mentally disordered or otherwise handicapped persons or dependent and neglected children, shall be considered a residential use of property for the purposes of zoning if such homes provide care on a 24–hour–a–day basis.

Such homes shall be a permitted use in all residential zones, including, but not limited to, residential zones for single–family dwellings.

(Added by Stats.1970, c. 1219, p. 2136, § 2. Amended by Stats.1971, c. 1163, p. 2223, § 1; Stats.1972, c. 1127, p. 2167, § 1; Stats.1978, c. 891, p. 2803, § 5, eff. Sept. 19, 1978.)

§ 5117. Plan for consolidation of facilities standard setting, licensure and ratesetting functions of departments

In order to further facilitate achieving the purposes of this act and the Lanterman Mental Retardation Act of 1969, [1] it is desirable that there be a consolidation of the facilities standard setting, licensure and ratesetting functions of the various state departments under the jurisdiction of the Health and Welfare Agency.

(Added by Stats.1970, c. 1219, p. 2137, § 3. Amended by Stats.1979, c. 373, p. 1393, § 360.)

[1]See, Lanterman Developmental Disabilities Services Act, Welfare and Institutions Code § 4500 et seq.

§ 5118. Hearings; time and place; conduct; public; validation

For the purpose of conducting hearings under this part, the court in and for the county where the petition is filed may be convened at any time and place within or outside the county suitable to the mental and physical health of the patient, and receive evidence both oral and written, and render decisions, except that the time and place for hearing shall not be different from the time and place for the trial of civil actions for such court if any party to the proceeding, prior to the hearing, objects to the different time or place.

Hearings conducted at any state hospital or any mental health facility designated by any county as a treatment facility under this part or any facility referred to in Section 5358 or Division 7 (commencing with Section 7100), within or outside the county, shall be deemed to be hearings held in a place for the trial of civil actions and in a regular courtroom of the court.

Notwithstanding any other provisions of this section, any party to the proceeding may demand that the hearing be public, and be held in a place suitable for attendance by the public.

Notwithstanding any other provisions of law, any hearing under this part which was held before enactment of this section but which would have been in accordance with this section had it been effective is deemed to be valid for all purposes.

As used in this section, a "hearing under this part" includes conservatorship and other hearings held pursuant to Chapter 3 (commencing with Section 5350) of this part.

(Added by Stats.1971, c. 1162, p. 2220, § 1. Amended by Stats.1979, c. 373, p. 1393, § 361.)

§ 5119. Employment of state employees in county mental health program; retention of benefits; retraining programs

On and after July 1, 1972, when a person who is an employee of the State Department of Mental Health at the time of employment by a county in a county mental health program or on and after July 1, 1972, when a person has been an employee of the State Department of Mental Health within the 12–month period prior to his employment by a county in a county mental health program, the board of supervisors may, to the extent feasible, allow such person to retain as a county employee, those employee benefits to which he was entitled or had accumulated as an employee of the State Department of Mental Health or provide such employee with comparable benefits provided for other county employees whose service as county employees is equal to the state service of the former employee of the State Department of Mental Health. Such benefits include, but are not limited to, retirement benefits, seniority rights under civil service, accumulated vacation and sick leave.

The county may on and after July 1, 1972, establish retraining programs for the State Department of Mental Health employees transferring to county mental health programs provided such programs are financed entirely with state and federal funds made available for that purpose.

For the purpose of this section "employee of the Department of Mental Health" means an employee of such department who performs functions which, prior to July 1, 1973, were vested in the Department of Mental Hygiene.

(Added by Stats.1972, c. 1228, p. 2369, § 6, eff. Dec. 11, 1972. Amended by Stats.1973, c. 142, p. 416, § 68, eff. June 30, 1973, operative July 1, 1973; Stats.1977, c. 1252, p. 4567, § 553, operative July 1, 1978.)

§ 5120. State policy; care and treatment of patients in local community; discrimination in zoning; prohibition

It is the policy of this state as declared and established in this act and in the Lanterman–Petris–Short Act that the care and treatment of mental patients be provided in the local community. In order to achieve uniform statewide implementation of the policies of this act, it is necessary to establish the statewide policy that, notwithstanding any other provision of law, no city or county shall discriminate in the enactment, enforcement, or administration of any zoning laws, ordinances, or rules and regulations between the use of property for the treatment of general hospital or nursing home patients and the use of property for the psychiatric care and treatment of patients, both inpatient and outpatient.

Health facilities for inpatient and outpatient psychiatric care and treatment shall be permitted in any area zoned for hospitals or nursing homes, or in which hospitals and nursing homes are permitted by conditional use permit.

(Added by Stats.1971, c. 815, p. 1573, § 1. Amended by Stats.1972, c. 559, p. 961, § 1, eff. Aug. 4, 1972.)

Chapter 2 INVOLUNTARY TREATMENT

Article 1 DETENTION OF MENTALLY DISORDERED PERSONS FOR EVALUATION AND TREATMENT

§ 5150. Dangerous or gravely disabled person; taking into custody; application; basis of probable cause; liability

When any person, as a result of mental disorder, is a danger to others, or to himself or herself, or gravely disabled, a peace officer, member of the attending staff, as defined by regulation, of an evaluation facility designated by the county, designated members of a mobile crisis team provided by Section 5651.7, or other professional person designated by the county may, upon probable cause, take, or

cause to be taken, the person into custody and place him or her in a facility designated by the county and approved by the State Department of Mental Health as a facility for 72–hour treatment and evaluation.

Such facility shall require an application in writing stating the circumstances under which the person's condition was called to the attention of the officer, member of the attending staff, or professional person, and stating that the officer, member of the attending staff, or professional person has probable cause to believe that the person is, as a result of mental disorder, a danger to others, or to himself or herself, or gravely disabled. If the probable cause is based on the statement of a person other than the officer, member of the attending staff, or professional person, such person shall be liable in a civil action for intentionally giving a statement which he or she knows to be false.

(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969. Amended by Stats.1968, c. 1374, p. 2643, § 16, operative July 1, 1969; Stats.1970, c. 516, p. 1005, § 7; Stats.1971, c. 1593, p. 3337, § 368, operative July 1, 1973; Stats.1975, c. 960, p. 2243, § 2; Stats.1977, c. 1252, p. 4567, § 554, operative July 1, 1978; Stats.1980, c. 968, p. 3064, § 1.)

§ 5150.05. Determination of probable cause to take person into custody or cause person to be taken into custody

(a) When determining if probable cause exists to take a person into custody, or cause a person to be taken into custody, pursuant to Section 5150, any person who is authorized to take that person, or cause that person to be taken, into custody pursuant to that section shall consider available relevant information about the historical course of the person's mental disorder if the authorized person determines that the information has a reasonable bearing on the determination as to whether the person is a danger to others, or to himself or herself, or is gravely disabled as a result of the mental disorder.

(b) For purposes of this section, "information about the historical course of the person's mental disorder" includes evidence presented by the person who has provided or is providing mental health or related support services to the person subject to a determination described in subdivision (a), evidence presented by one or more members of the family of that person, and evidence presented by the person subject to a determination described in subdivision (a) or anyone designated by that person.

(c) If the probable cause in subdivision (a) is based on the statement of a person other than the one authorized to take the person into custody pursuant to Section 5150, a member of the attending staff, or a professional person, the person making the statement shall be liable in a civil action for intentionally giving any statement that he or she knows to be false.

(d) This section shall not be applied to limit the application of Section 5328.

(Added by Stats.2001, c. 506 (A.B.1424), § 7.)

§ 5150.1. Peace officer transporting person to designated facilities; prohibited activities by employees of facilities

No peace officer seeking to transport, or having transported, a person to a designated facility for assessment under Section 5150, shall be instructed by mental health personnel to take the person to, or keep the person at, a jail solely because of the unavailability of an acute bed, nor shall the peace officer be forbidden to transport the person directly to the designated facility. No mental health employee from any county, state, city, or any private agency providing Short–Doyle psychiatric emergency services shall interfere with a peace officer performing duties under Section 5150 by preventing the peace officer from entering a designated facility with the person to be assessed, nor shall any employee of such an agency require the peace officer to remove the person without assessment as a condition of allowing the peace officer to depart.

"Peace officer" for the purposes of this section also means a jailer seeking to transport or transporting a person in custody to a designated facility for assessment consistent with Section 4011.6 or 4011.8 of the Penal Code and Section 5150.

(Added by Stats.1985, c. 1286, § 6.2, eff. Sept. 30, 1985.)

§ 5150.2. Detaining peace officer; documentation; disposition procedures and guidelines for persons not admitted

In each county whenever a peace officer has transported a person to a designated facility for assessment under Section 5150, that officer shall be detained no longer than the time necessary to complete documentation of the factual basis of the detention under Section 5150 and a safe and orderly transfer of physical custody of the person. The documentation shall include detailed information regarding the factual circumstances and observations constituting probable cause for the peace officer to believe that the individual required psychiatric evaluation under the standards of Section 5105.

Each county shall establish disposition procedures and guidelines with local law enforcement agencies as necessary to relate to persons not admitted for evaluation and treatment and who decline alternative mental health services and to relate to the safe and orderly transfer of physical custody of persons under Section 5150, including those who have a criminal detention pending.

(Added by Stats.1985, c. 1286, § 6.4, eff. Sept. 30, 1985.)

§ 5150.3. Alternative services; persons not admitted to facility

Whenever any person presented for evaluation at a facility designated under Section 5150 is found to be in need of mental health services, but is not admitted to the facility, all available alternative services provided for pursuant to Section 5151 shall be offered as determined by the county mental health director.

(Added by Stats.1985, c. 1286, § 6.6, eff. Sept. 30, 1985.)

§ 5150.4. Assessment

"Assessment" for the purposes of this article, means the determination of whether a person shall be evaluated and treated pursuant to Section 5150.

(Added by Stats.1985, c. 1286, § 6.7, eff. Sept. 30, 1985.)

§ 5151. Detention for evaluation; individual assessments prior to admission to determine appropriateness of detention; services provided

If the facility for 72–hour treatment and evaluation admits the person, it may detain him or her for evaluation and treatment for a period not to exceed 72 hours. Saturdays, Sundays, and holidays may be excluded from the 72–hour period if the Department of Mental Health certifies for each facility that evaluation and treatment services cannot reasonably be made available on those days. The certification by the department is subject to renewal every two years. The department shall adopt regulations defining criteria for determining whether a facility can reasonably be expected to make evaluation and treatment services available on Saturdays, Sundays, and holidays.

Prior to admitting a person to the facility for 72–hour treatment and evaluation pursuant to Section 5150, the professional person in charge of the facility or his or her designee shall assess the individual in person to determine the appropriateness of the involuntary detention.

If in the judgment of the professional person in charge of the facility providing evaluation and treatment, or his or her designee, the person can be properly served without being detained, he or she shall be provided evaluation, crisis intervention, or other inpatient or outpatient services on a voluntary basis.

Nothing in this section shall be interpreted to prevent a peace officer from delivering individuals to a designated facility for assessment under Section 5150. Furthermore, the preadmission assessment requirement of this section shall not be interpreted to require peace officers to perform any additional duties other than those specified in Sections 5150.1 and 5150.2.

(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969. Amended by Stats.1978, c. 1294, p. 4243, § 2; Stats.1986, c. 323, § 1.)

§ 5152. Evaluation; treatment and care; written and oral information on effects of medication; release or other disposition

(a) Each person admitted to a facility for 72–hour treatment and evaluation under the provisions of this article shall receive an evaluation as soon as possible after he or she is admitted * * * and shall receive whatever treatment and care his or her condition requires for the full period that he or she is held. The person shall be released before 72 hours have elapsed only if * * * the psychiatrist directly responsible for the person's treatment believes, as a result of * * * the psychiatrist's personal observations, that the person no longer requires evaluation or treatment. However, in those situations in which both a psychiatrist and psychologist have personally evaluated or examined a person who is placed under a 72–hour hold and there is a collaborative treatment relationship between the psychiatrist and psychologist, either the psychiatrist or psychologist may authorize the release of the person from the hold, but only after they have consulted with one another. In the event of a clinical or professional disagreement regarding the early release of a person who has been placed under a 72–hour hold, the hold shall be maintained unless the facility's medical director overrules the decision of the psychiatrist or psychologist opposing the release. Both the psychiatrist and psychologist shall enter their findings, concerns, or objections into the person's medical record. If any other professional person who is authorized to release the person * * * believes the person should be released before 72 hours have elapsed, and the psychiatrist directly responsible for the person's treatment objects, the matter shall be referred to the medical director of the facility for the final decision. However, if the medical director is not a psychiatrist, he or she shall appoint a designee who is a psychiatrist. If the matter is referred, the person shall be released before 72 hours have elapsed only if the psychiatrist making the final decision believes, as a result of * * * the psychiatrist's personal observations, that the person no longer requires evaluation or treatment.

(b) * * * Any person who has been detained for evaluation and treatment shall be released, referred for further care and treatment on a voluntary basis, or certified for intensive treatment, or a conservator or temporary conservator shall be appointed pursuant to this part as required.

(c) * * * A person designated by the mental health facility shall give to any person who has been detained at that facility for evaluation and treatment * * * and who is receiving medication as a result of * * * his or her mental illness, * * * as soon as possible after detention, written and oral information about the probable effects and possible side effects of the medication * * *. The State Department of Mental Health shall develop and promulgate written materials on the effects of medications, for use by county mental health programs as disseminated or as modified by the county mental health program, addressing the probable effects and the possible side effects of the medication. The following information shall be given orally to the patient:

(1) The nature of the mental illness, or behavior, that is the reason the medication is being given or recommended.

(2) The likelihood of improving or not improving without the medication.

(3) Reasonable alternative treatments available.

(4) The name and type, frequency, amount, and method of dispensing the medication, and the probable length of time * * * the medication will be taken.

The fact that the information has or has not been given shall be indicated in the patient's chart. If the information has not been given, the designated person shall document in the patient's chart the justification for not providing the information. A failure to give information about the probable effects and possible side effects of the medication shall not constitute new grounds for release.

(d) The amendments to this section made by Assembly Bill 348 of the 2003–04 Regular Session[1] shall not be construed to revise or expand the scope of practice of psychologists, as defined in Chapter 6.6 (commencing with Section 2900) of Division 2 of the Business and Professions Code.

(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969. Amended by Stats.1968, c. 1374, p. 2644, § 18, operative July 1, 1969; Stats.1970, c. 1627, p. 3441, § 9; Stats.1985, c. 1288, § 2, eff. Sept. 30, 1985; Stats.1986, c. 872, § 1.5; Stats.2003, c. 94 (A.B.348), § 1.)

[1]See Stats.2003, c. 94 (A.B.348), § 1.

§ 5152.1. Notification to county mental health director, peace officer, or person designated by law enforcement agency employing peace officer; conditions

The professional person in charge of the facility providing 72–hour evaluation and treatment, or his or her designee, shall notify the county mental health director or the director's designee and the peace officer who makes the written application pursuant to Section 5150 or a person who is designated by the law enforcement agency that employs the peace officer, when the person has been released after 72–hour detention, when the person is not detained, or when the person is released before the full period of allowable 72–hour detention if all of the following conditions apply:

(a) The peace officer requests such notification at the time he or she makes the application and the peace officer certifies at that time in writing that the person has been referred to the facility under circumstances which, based upon an allegation of facts regarding actions witnessed by the officer or another person, would support the filing of a criminal complaint.

(b) The notice is limited to the person's name, address, date of admission for 72–hour evaluation and treatment, and date of release.

If a police officer, law enforcement agency, or designee of the law enforcement agency, possesses any record of information obtained pursuant to the notification requirements of this section, the officer, agency, or designee shall destroy that record two years after receipt of notification.

(Added by Stats.1975, c. 960, p. 2643, § 3. Amended by Stats.1983, c. 755, § 1.)

§ 5152.2. Methods for prompt notification to peace officers

Each law enforcement agency within a county shall arrange with the county mental health director a method for giving prompt notification to peace officers pursuant to Section 5152.1.

(Added by Stats.1975, c. 960, p. 2643, § 4.)

§ 5153. Plain clothes officers; vehicles

Whenever possible, officers charged with apprehension of persons pursuant to this article shall dress in plain clothes and travel in unmarked vehicles.

(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969. Amended by Stats.1969, c. 722, p. 1422, § 6, eff. Aug. 8, 1969, operative July 1, 1969.)

§ 5154. Exemption from liability

(a) Notwithstanding Section 5113, if the provisions of Section 5152 have been met, the professional person in charge of the facility providing 72–hour treatment and evaluation, his or her designee, the medical director of the facility or his or her designee described in Section 5152, * * * the psychiatrist directly responsible for the person's treatment, or the psychologist shall not be held civilly or criminally liable for any action by a person released before the end of 72 hours pursuant to this article.

(b) The professional person in charge of the facility providing 72–hour treatment and evaluation, his or her designee, the medical director of the facility or his or her designee described in Section 5152, * * * the psychiatrist directly responsible for the person's treatment, or the psychologist shall not be held civilly or criminally liable for any action by a person released at the end of the 72 hours pursuant to this article.

(c) The peace officer responsible for the detainment of the person

shall not be civilly or criminally liable for any action by a person released at or before the end of the 72 hours pursuant to this article.

(d) The amendments to this section made by Assembly Bill 348 of the 2003–04 Regular Session[1] shall not be construed to revise or expand the scope of practice of psychologists, as defined in Chapter 6.6 (commencing with Section 2900) of Division 2 of the Business and Professions Code.

(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969. Amended by Stats.1968, c. 1374, p. 2644, § 19, operative July 1, 1969; Stats.1985, c. 1288, § 3, eff. Sept. 30, 1985; Stats.2003, c. 94 (A.B.348), § 2.)

[1]See Stats.2003, c. 94 (A.B.348), § 2.

§ 5155. Supplementary licenses; issuance by local entities

Nothing in this part shall be construed as granting authority to local entities to issue licenses supplementary to existing state and local licensing laws.

(Added by Stats.1968, c. 1374, p. 2645, § 20, operative July 1, 1969.)

§ 5156. Personal property of person taken into custody; report; responsible relative defined

At the time a person is taken into custody for evaluation, or within a reasonable time thereafter, unless a responsible relative or the guardian or conservator of the person is in possession of the person's personal property, the person taking him into custody shall take reasonable precautions to preserve and safeguard the personal property in the possession of or on the premises occupied by the person. The person taking him into custody shall then furnish to the court a report generally describing the person's property so preserved and safeguarded and its disposition, in substantially the form set forth in Section 5211; except that if a responsible relative or the guardian or conservator of the person is in possession of the person's property, the report shall include only the name of the relative or guardian or conservator and the location of the property, whereupon responsibility of the person taking him into custody for such property shall terminate.

As used in this section, "responsible relative" includes the spouse, parent, adult child, or adult brother or sister of the person, except that it does not include the person who applied for the petition under this article.

(Added by Stats.1969, c. 722, p. 1422, § 6.1, eff. Aug. 8, 1969, operative July 1, 1969.)

§ 5157. Information to be given person taken into custody; contents; record of advisement

(a) Each person, at the time he or she is first taken into custody under provisions of Section 5150, shall be provided, by the person who takes such other person into custody, the following information orally. The information shall be in substantially the following form:

My name is _____.
I am a _____
(peace officer, mental health professional)

with _____.
(name of agency)

You are not under criminal arrest, but I am taking you for examination by mental health professionals at _____
_____.
(name of facility)
You will be told your rights by the mental health staff.

If taken into custody at his or her residence, the person shall also be told the following information in substantially the following form:

You may bring a few personal items with you which I will have to approve. You can make a phone call and/or leave a note to tell your friends and/or family where you have been taken.

(b) The designated facility shall keep, for each patient evaluated, a record of the advisement given pursuant to subdivision (a) which shall include:

(1) Name of person detained for evaluation.

(2) Name and position of peace officer or mental health professional taking person into custody.

(3) Date.

(4) Whether advisement was completed.

(5) If not given or completed, the mental health professional at the facility shall either provide the information specified in subdivision (a), or include a statement of good cause, as defined by regulations of the State Department of Mental Health, which shall be kept with the patient's medical record.

(c) Each person admitted to a designated facility for 72–hour evaluation and treatment shall be given the following information by admission staff at the evaluation unit. The information shall be given orally and in writing and in a language or modality accessible to the person. The written information shall be available in the person's native language or the language which is the person's principal means of communication. The information shall be in substantially the following form:

My name is_____.
My position here is _____.

You are being placed into the psychiatric unit because it is our professional opinion that as a result of mental disorder, you are likely to:

(check applicable)
harm yourself _____
harm someone else _____
be unable to take care of your own
food, clothing, and housing needs _____
We feel this is true because

_____
(herewith a listing of the facts upon which the allegation of dangerous or gravely disabled due to mental disorder is based, including pertinent facts arising from the admission interview.)

You will be held on the ward for a period up to 72 hours.

This does not include weekends or holidays.

Your 72–hour period will begin _____
(day and time.)

During these 72 hours you will be evaluated by the hospital staff, and you may be given treatment, including medications. It is possible for you to be released before the end of the 72 hours. But if the staff decides that you need continued treatment you can be held for a longer period of time. If you are held longer than 72 hours you have the right to a lawyer and a qualified interpreter and a hearing before a judge. If you are unable to pay for the lawyer, then one will be provided free.

(d) For each patient admitted for 72–hour evaluation and treatment, the facility shall keep with the patient's medical record a record of the advisement given pursuant to subdivision (c) which shall include:

(1) Name of person performing advisement.

(2) Date.

(3) Whether advisement was completed.

(4) If not completed, a statement of good cause.

If the advisement was not completed at admission, the advisement process shall be continued on the ward until completed. A record of the matters prescribed by subdivisions (a), (b), and (c) shall be kept with the patient's medical record.

(Added by Stats.1977, c. 1021, p. 3058, § 1. Amended by Stats.1979, c. 373, p. 1394, § 362.)

Article 1.5 DETENTION OF INEBRIATES FOR EVALUATION AND TREATMENT

§ 5170. Dangerous or gravely disabled person; taking into civil protective custody

When any person is a danger to others, or to himself, or gravely

disabled as a result of inebriation, a peace officer, member of the attending staff, as defined by regulation, of an evaluation facility designated by the county, or other person designated by the county may, upon reasonable cause, take, or cause to be taken, the person into civil protective custody and place him in a facility designated by the county and approved by the State Department of Alcohol and Drug Abuse as a facility for 72–hour treatment and evaluation of inebriates.
(Added by Stats.1969, c. 1472, p. 3015, § 2. Amended by Stats.1970, c. 516, p. 1006, § 8; Stats.1970, c. 1627, p. 3441, § 11; Stats.1971, c. 1593, p. 3338, § 369; Stats.1971, c. 1581, p. 3189, § 2; Stats.1973, c. 142, p. 416, § 69, eff. June 30, 1973, operative July 1, 1973; Stats.1977, c. 1252, p. 4568, § 555, operative July 1, 1978; Stats.1978, c. 429, p. 1453, § 204, eff. July 17, 1978, operative July 1, 1978.)

§ 5170.1. Treatment and evaluation facilities; inclusions

A 72–hour treatment and evaluation facility shall include one or more of the following:

(1) A screening, evaluation, and referral facility which may be accomplished by a mobile crisis unit, first aid station or ambulatory detoxification unit;

(2) A detoxification facility for alcoholic and acutely intoxicated persons.

(3) An alcohol recovery house.
(Added by Stats.1974, c. 1024, p. 2222, § 1, eff. Sept. 23, 1974.)

§ 5170.3. Evaluation facility; application

Such evaluation facility shall require an application in writing stating the circumstances under which the person's condition was called to the attention of the officer, member of the attending staff, or other designated person, and stating that the officer, member of the attending staff, or other designated person believes as a result of his personal observations that the person is, as a result of inebriation, a danger to others, or to himself, or gravely disabled or has violated subdivision (f) of Section 647 of the Penal Code.
(Added by Stats.1971, c. 1581, p. 3189, § 3.)

§ 5170.5. Right to make telephone calls

Any person placed in an evaluation facility has, immediately after he is taken to an evaluation facility and except where physically impossible, no later than three hours after he is placed in such facility or taken to such unit, the right to make, at his own expense, at least two completed telephone calls. If the person placed in the evaluation facility does not have money upon him with which to make such calls, he shall be allowed free at least two completed local toll free or collect telephone calls.
(Added by Stats.1971, c. 1581, p. 3189, § 4. Amended by Stats.1974, c. 1024, p. 2223, § 2, eff. Sept. 23, 1974.)

§ 5170.7. Release upon request; determination

A person who requests to be released from the facility before 72 hours have elapsed shall be released only if the psychiatrist directly responsible for the person's treatment believes, as a result of his or her personal observations, that the person is not a danger to others, or to himself or herself. If any other professional person who is authorized to release the person, believes the person should be released before 72 hours have elapsed, and the psychiatrist directly responsible for the person's treatment objects, the matter shall be referred to the medical director of the facility for the final decision. However, if the medical director is not a psychiatrist, he or she shall appoint a designee who is a psychiatrist. If the matter is referred, the person shall be released before 72 hours have elapsed only if the psychiatrist making the final decision believes, as a result of his or her personal observations, that the person is not a danger to others, or to himself or herself.
(Added by Stats.1971, c. 1581, p. 3190, § 5. Amended by Stats.1985, c. 1288, § 4, eff. Sept. 30, 1985.)

§ 5171. Detention for evaluation; services provided

If the facility for 72–hour treatment and evaluation of inebriates admits the person, it may detain him for evaluation and detoxification treatment, and such other treatment as may be indicated, for a period not to exceed 72 hours. Saturdays, Sundays and holidays shall be included for the purpose of calculating the 72–hour period. However, a person may voluntarily remain in such facility for more than 72 hours if the professional person in charge of the facility determines the person is in need of and may benefit from further treatment and care, provided any person who is taken or caused to be taken to the facility shall have priority for available treatment and care over a person who has voluntarily remained in a facility for more than 72 hours.

If in the judgment of the professional person in charge of the facility providing evaluation and treatment, the person can be properly served without being detained, he shall be provided evaluation, detoxification treatment or other treatment, crisis intervention, or other inpatient or outpatient services on a voluntary basis.
(Added by Stats.1969, c. 1472, p. 3016, § 2. Amended by Stats.1971, c. 1581, p. 3190, § 6.)

§ 5172. Evaluation; treatment and care; release or other disposition

Each person admitted to a facility for 72–hour treatment and evaluation under the provisions of this article shall receive an evaluation as soon after he or she is admitted as possible and shall receive whatever treatment and care his or her condition requires for the full period that he or she is held. The person shall be released before 72 hours have elapsed only if, the psychiatrist directly responsible for the person's treatment believes, as a result of his or her personal observations, that the person no longer requires evaluation or treatment. If any other professional person who is authorized to release the person, believes the person should be released before 72 hours have elapsed, and the psychiatrist directly responsible for the person's treatment objects, the matter shall be referred to the medical director of the facility for the final decision. However, if the medical director is not a psychiatrist, he or she shall appoint a designee who is a psychiatrist. If the matter is referred, the person shall be released before 72 hours have elapsed only if the psychiatrist making the final decision believes, as a result of his or her personal observations, that the person no longer requires evaluation or treatment.

Persons who have been detained for evaluation and treatment shall be released, referred for further care and treatment on a voluntary basis, or, if the person, as a result of impairment by chronic alcoholism, is a danger to others or to himself or herself, or gravely disabled, he or she may be certified for intensive treatment, or a conservator or temporary conservator shall be appointed for him or her pursuant to this part as required.
(Added by Stats.1969, c. 1472, p. 3016, § 2. Amended by Stats.1971, c. 1443, p. 2848, § 1; Stats.1985, c. 1288, § 5, eff. Sept. 30, 1985.)

§ 5172.1. Voluntary application by inebriate for admission

Any person who is a danger to others, or to himself, or gravely disabled as a result of inebriation, may voluntarily apply for admission to a 72–hour evaluation and detoxification treatment facility for inebriates.
(Added by Stats.1971, c. 1581, p. 3190, § 7.)

§ 5173. Exemption from liability

(a) Notwithstanding Section 5113, if the provisions of Section 5170.7 or 5172 have been met, the professional person in charge of the facility providing 72–hour treatment and evaluation, the medical director of the facility or his or her designee described in Sections 5170.7 and 5172, and the psychiatrist directly responsible for the person's treatment shall not be held civilly or criminally liable for any action by a person released before the end of 72 hours pursuant to this article.

(b) The professional person in charge of the facility providing 72–hour treatment and evaluation, the medical director of the facility or his or her designee described in Sections 5170.7 and 5172, and the psychiatrist directly responsible for the person's treatment shall not be held civilly or criminally liable for any action by a person released at the end of the 72 hours pursuant to this article.

(c) The peace officer responsible for the detainment of the person shall not be civilly or criminally liable for any action by a person released at or before the end of the 72 hours pursuant to this article.
(Added by Stats.1969, c. 1472, p. 3016, § 2. Amended by Stats.1985, c. 1288, § 6, eff. Sept. 30, 1985.)

§ 5174. Funding

It is the intent of the Legislature (a) that facilities for 72–hour treatment and evaluation of inebriates be subject to state funding under Part 2 (commencing with Section 5600) of this division only if they provide screening, evaluation and referral services and have available medical services in the facility or by referral agreement with an appropriate medical facility, and would normally be considered an integral part of a community health program; (b) that state reimbursement under Part 2 (commencing with Section 5600) for such 72–hour facilities and intensive treatment facilities, under this article shall not be included as priority funding as are reimbursements for other county expenditures under this part for involuntary treatment services, but may be provided on the basis of new and expanded services if funds for new and expanded services are available; that while facilities receiving funds from other sources may, if eligible for funding under this division, be designated as 72–hour facilities, or intensive treatment facilities for the purposes of this article, funding of such facilities under this division shall not be substituted for such previous funding.

No 72–hour facility, or intensive treatment facility for the purposes of this article shall be eligible for funding under Part 2 (commencing with Section 5600) of this division until approved by the Director of Alcohol and Drug Abuse in accordance with standards established by the State Department of Alcohol and Drug Abuse in regulations adopted pursuant to this part. To the maximum extent possible, each county shall utilize services provided for inebriates and persons impaired by chronic alcoholism by federal and other funds presently used for such services, including federal and other funds made available to the State Department of Rehabilitation and the State Department of Alcohol and Drug Abuse. McAteer funds shall not be utilized for the purposes of the 72–hour involuntary holding program as outlined in this chapter.
(Added by Stats.1969, c. 1472, p. 3016, § 2. Amended by Stats.1971, c. 1443, p. 2848, § 2; Stats.1971, c. 1593, p. 3338, § 370; Stats.1971, c. 1581, p. 3190, § 8; Stats.1973, c. 142, p. 416, § 70, eff. June 30, 1973, operative July 1, 1973; Stats.1973, c. 1212, p. 2836, § 326; Stats.1974, c. 1024, p. 2223, § 3, eff. Sept. 23, 1974; Stats.1977, c. 1252, p. 4568, § 556, operative July 1, 1978; Stats.1978, c. 429, p. 1453, § 205, eff. July 17, 1978, operative July 1, 1978.)

§ 5175. Evaluation and treatment of other persons

Nothing in this article shall be construed to prevent a facility designated as a facility for 72–hour evaluation and treatment of inebriates from also being designated as a facility for 72–hour evaluation and treatment of other persons subject to this part, including persons impaired by chronic alcoholism.
(Added by Stats.1969, c. 1472, p. 3016, § 2.)

§ 5176. Counties to which article applicable; designation of facilities and capacities

This article shall apply only to those counties wherein the board of supervisors has adopted a resolution stating that suitable facilities exist within the county for the care and treatment of inebriates and persons impaired by chronic alcoholism, designating the facilities to be used as facilities for 72–hour treatment and evaluation of inebriates and for the extensive treatment of persons impaired by chronic alcoholism, and otherwise adopting the provisions of this article.

Each county Short–Doyle plan for a county to which this article is made applicable shall designate the specific facility or facilities for 72–hour evaluation and detoxification treatment of inebriates and for intensive treatment of persons impaired by chronic alcoholism and for the treatment of such persons on a voluntary basis under this article, and shall specify the maximum number of patients that can be served at any one time by each such facility.
(Added by Stats.1969, c. 1472, p. 3016, § 2. Amended by Stats.1971, c. 1443, p. 2849, § 3; Stats.1974, c. 1024, p. 2223, § 4, eff. Sept. 23, 1974.)

Article 2 COURT–ORDERED EVALUATION FOR MENTALLY DISORDERED PERSONS

§ 5200. Persons who may be given evaluation; consideration of privacy and dignity

Any person alleged, as a result of mental disorder, to be a danger to others, or to himself, or to be gravely disabled, may be given an evaluation of his condition under a superior court order pursuant to this article. The provisions of this article shall be carried out with the utmost consideration for the privacy and dignity of the person for whom a court–ordered evaluation is requested.
(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969.)

§ 5201. Petition by individual

Any individual may apply to the person or agency designated by the county for a petition alleging that there is in the county a person who is, as a result of mental disorder a danger to others, or to himself, or is gravely disabled, and requesting that an evaluation of the person's condition be made.
(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969.)

§ 5202. Pre–petition screening; report of findings

The person or agency designated by the county shall prepare the petition and all other forms required in the proceeding, and shall be responsible for filing the petition. Before filing the petition, the person or agency designated by the county shall request the person or agency designated by the county and approved by the State Department of Mental Health to provide prepetition screening to determine whether there is probable cause to believe the allegations. The person or agency providing prepetition screening shall conduct a reasonable investigation of the allegations and make a reasonable effort to personally interview the subject of the petition. The screening shall also determine whether the person will agree voluntarily to receive crisis intervention services or an evaluation in his own home or in a facility designated by the county and approved by the State Department of Mental Health. Following prepetition screening, the person or agency designated by the county shall file the petition if satisfied that there is probable cause to believe that the person is, as a result of mental disorder, a danger to others, or to himself or herself, or gravely disabled, and that the person will not voluntarily receive evaluation or crisis intervention.

If the petition is filed, it shall be accompanied by a report containing the findings of the person or agency designated by the county to provide prepetition screening. The prepetition screening report submitted to the superior court shall be confidential and shall be subject to the provisions of Section 5328.
(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969. Amended by Stats.1968, c. 1374, p. 2645, § 22, operative July 1, 1969; Stats.1971, c. 1593, p. 3339, § 371, operative July 1, 1973; Stats.1977, c. 1252, p. 4569, § 557, operative July 1, 1978; Stats.1980, c. 1169, p. 3935, § 1.)

§ 5203. False application for petition; offense; civil liability

Any individual who seeks a petition for court–ordered evaluation knowing that the person for whom the petition is sought is not, as a result of mental disorder, a danger to himself, or to others, or gravely disabled is guilty of a misdemeanor, and may be held liable in civil damages by the person against whom the petition was sought.
(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969. Amended by Stats.1969, c. 722, p. 1423, § 7, eff. Aug. 8, 1969, operative July 1, 1969.)

§ 5204. Petition; contents

The petition for a court–ordered evaluation shall contain the following:

(a) The name and address of the petitioner and his interest in the case.

(b) The name of the person alleged, as a result of mental disorder, to be a danger to others, or to himself, or to be gravely disabled, and, if known to the petitioner, the address, age, sex, marital status, and occupation of the person.

(c) The facts upon which the allegations of the petition are based.

(d) The name of, as a respondent thereto, every person known or believed by the petitioner to be legally responsible for the care, support, and maintenance of the person alleged, as a result of mental disorder, to be a danger to others, or to himself, or to be gravely disabled, and the address of each such person, if known to the petitioner.

(e) Such other information as the court may require.

(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969.)

§ 5205. Petition; form

The petition shall be in substantially the following form:

In the Superior Court of the State of California for the County of _____

_____

The People of the State of California
Concerning
_____ and
_____
Respondents

No_____
Petition for
Evaluation

_____

_____, residing at _____ (tel. _____), being duly sworn, alleges: That there is now in the county, in the City or Town of_____, a person named _____, who resides at_____, and who is, as a result of mental disorder:

(1) A danger to others.

(2) A danger to himself.

(3) Gravely disabled as defined in subdivision (h) of Section 5008 of the Welfare and Institutions Code (Strike out all inapplicable classifications).

That the person is _____ years of age; that ___ the person is _____ (sex); and that ___ the person is _____ (single, married, widowed, or divorced); and that ____ occupation is _____.

That the facts upon which the allegations of the petition are based are as follows: That ___ the person, at _____ in the county on the_____day of ____ , 20__ , _____
_____
_____

That petitioner's interest in the case is _____
_____

That the person responsible for the care, support, and maintenance of the person, and their relationship to the person are, so far as known to the petitioner, as follows: (Give names, addresses, and relationship of persons named as respondents).

Wherefore, petitioner prays that evaluation be made to determine the condition of _____ , alleged, as a result of mental disorder, to be a danger to others, or to himself or herself, or to be gravely disabled.

_____
Petitioner

Subscribed and sworn to before me this_____ day of ____ , 20____.

_____ , Clerk of the Court
By_____ Deputy

(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969. Amended by Stats.1968, c. 1374, p. 2645, § 23, operative July 1, 1969; Stats.2002, c. 784 (S.B.1316), § 618; Stats.2003, c. 62 (S.B.600), § 325.)

§ 5206. Order for evaluation; issuance; service; presence of advisors; procedure on non–appearance; release or other disposition

Whenever it appears, by petition pursuant to this article, to the satisfaction of a judge of a superior court that a person is, as a result of mental disorder, a danger to others, or to himself, or gravely disabled, and the person has refused or failed to accept evaluation voluntarily, the judge shall issue an order notifying the person to submit to an evaluation at such time and place as designated by the judge. The order for an evaluation shall be served as provided in Section 5208 by a peace officer, counselor in mental health, or a court–appointed official. The person shall be permitted to remain in his home or other place of his choosing prior to the time of evaluation, and shall be permitted to be accompanied by one or more of his relatives, friends, an attorney, a personal physician, or other professional or religious advisor to the place of evaluation. If the person to receive evaluation so requests, the individual or individuals who accompany him may be present during the evaluation.

If the person refuses or fails to appear for evaluation after having been properly notified, a peace officer, counselor in mental health, or a court–appointed official shall take the person into custody and place him in a facility designated by the county as a facility for treatment and evaluation. The person shall be evaluated as promptly as possible, and shall in no event be detained longer than 72 hours under the court order, excluding Saturdays, Sundays, and holidays if treatment and evaluation services are not available on those days.

Persons who have been detained for evaluation shall be released, referred for care and treatment on a voluntary basis, certified for intensive treatment, or recommended for conservatorship pursuant to this part, as required.

(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969.)

§ 5207. Order for evaluation; form

The order for evaluation shall be in substantially the following form:

In the Superior Court of the State of California for the County of . . . . . .

_____

The People of the State of California
Concerning
. . . . . and
. . . . . .
Respondents

No. . . . . .
Order
for
Evaluation
or Detention

The People of the State of California to . . . . . .
. . . . . :

(Peace officer, counselor in mental health, or other official appointed by the court)

The petition of . . . . . has been presented this day to me, a Judge of the Superior Court for the County of . . . . . , State of California, from which it appears that there is now in this county, at . . . . . , a person by the name of . . . . . , who is, as a result of mental disorder, a danger to others, or to himself, or gravely disabled.

Now, therefore, you are directed to notify . . . . . to submit to an evaluation at . . . . . on the . . . . . day of . . . . . , 19. . . , at . . . . o'clock . . . m.

. . . . . shall be permitted to be accompanied by one or more of his relatives, friends, an attorney, a personal physician, or other professional or religious advisor.

The individual or individuals who accompany . . . . . may be present during the evaluation if so requested by . . . . . .

*Provision for Detention for Evaluation

If the person fails or refuses to appear for evaluation when notified by order of this court, you are hereby directed to detain said . . . . . or cause him to be detained at . . . . . for a period no longer than 72 hours, excluding Saturdays, Sundays, and holidays if

evaluation services are not available on those days, for the purposes of evaluation.

I hereby direct that a copy of this order together with a copy of the petition be delivered to said person and his representative, if any, at the time of his notification; and I further authorize the service of this order at any hour of the day or night.

Witness my hand, this . . . . . day of . . . . , 19. . . .

. . . . . .
Judge of the Superior Court

*This paragraph is applicable only if the person to be evaluated fails or refuses to appear for evaluation after having been properly notified.

Return of Order

I hereby certify that I received the above order for the evaluation of . . . . . and on the . . . . . day of . . . . , 19. . . , personally served a copy of the order and of the petition on . . . . . and the professional person in charge of the . . . . . , a facility for treatment and evaluation, or his designee.

Dated: . . . . . , 19. . . .

. . . . . .
Signature and Title

(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969.)

§ 5208. Service of petition and order; notice of failure to appear

As promptly as possible, a copy of the petition and the order for evaluation shall be personally served on the person to be evaluated and the professional person in charge of the facility for treatment and evaluation named in the order, or his designee.

If the person to be evaluated fails to appear for an evaluation at the time designated in the order, the professional person in charge, or his designee, shall notify the person who served the order to have the person to be evaluated detained pursuant to the order.

(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969.)

§ 5210. Precautions to preserve and safeguard personal property of patient; property report; responsible relative

At the time a person is taken into custody for evaluation, or within a reasonable time thereafter, unless a responsible relative or the guardian or conservator of the person is in possession of the person's personal property, the person taking him into custody shall take reasonable precautions to preserve and safeguard the personal property in the possession of or on the premises occupied by the person. The person taking him into custody shall then furnish to the court a report generally describing the person's property so preserved and safeguarded and its disposition, in substantially the form set forth in Section 5211; except that if a responsible relative or the guardian or conservator of the person is in possession of the person's property, the report shall include only the name of the relative or guardian or conservator and the location of the property, whereupon responsibility of the person taking him into custody for such property shall terminate.

As used in this section, "responsible relative" includes the spouse, parent, adult child, or adult brother or sister of the person, except that it does not include the person who applied for the petition under this article.

(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969.)

§ 5211. Property report; form

The report of a patient's property required by Section 5210 to be made by the person taking him into custody for evaluation shall be in substantially the following form:

Report of Officer

I hereby report to the Superior Court for the County of . . . . . that the personal property of the person apprehended, described generally as . . . . . was preserved and safeguarded by . . . . . (Insert name of person taking him into custody, responsible relative, guardian, or conservator).

That property is now located at . . . . . .

Dated: . . . . . 19. . . .

. . . . . .
Signature and Title

(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969.)

§ 5212. Plain clothes officers; vehicles

Whenever possible, persons charged with service of orders and apprehension of persons pursuant to this article shall dress in plain clothes and travel in unmarked vehicles.

(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969. Amended by Stats.1969, c. 722, p. 1423, § 8, eff. Aug. 8, 1969, operative July 1, 1969.)

§ 5213. Detention for treatment; duration; written and oral information on effects of medication

(a) If, upon evaluation, the person is found to be in need of treatment because he or she is, as a result of mental disorder, a danger to others, or to himself or herself, or is gravely disabled, he or she may be detained for treatment in a facility for 72–hour treatment and evaluation. Saturdays, Sundays, and holidays may be excluded from the 72–hour period if the State Department of Mental Health certifies for each facility that evaluation and treatment services cannot reasonably be made available on those days. The certification by the department is subject to renewal every two years. The department shall adopt regulations defining criteria for determining whether a facility can reasonably be expected to make evaluation and treatment services available on Saturdays, Sundays, and holidays.

(b) Persons who have been detained for evaluation and treatment, who are receiving medications as a result of their mental illness, shall be given, as soon as possible after detention, written and oral information about the probable effects and possible side effects of the medication, by a person designated by the mental health facility where the person is detained. The State Department of Mental Health shall develop and promulgate written materials on the effects of medications, for use by county mental health programs as disseminated or as modified by the county mental health program, addressing the probable effects and the possible side effects of the medication. The following information shall be given orally to the patient:

(1) The nature of the mental illness, or behavior, that is the reason the medication is being given or recommended.

(2) The likelihood of improving or not improving without the medications.

(3) Reasonable alternative treatments available.

(4) The name and type, frequency, amount, and method of dispensing the medications, and the probable length of time that the medications will be taken.

The fact that the information has or has not been given shall be indicated in the patient's chart. If the information has not been given, the designated person shall document in the patient's chart the justification for not providing the information. A failure to give information about the probable effects and possible side effects of the medication shall not constitute new grounds for release.

(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969. Amended by Stats.1986, c. 872, § 2.)

Article 3 COURT–ORDERED EVALUATION FOR PERSONS IMPAIRED BY CHRONIC ALCOHOLISM OR DRUG ABUSE

§ 5225. Order for evaluation; transfer from justice court

Whenever a criminal defendant who appears, as a result of chronic alcoholism or the use of narcotics or restricted dangerous drugs, to be a danger to others, to himself, or to be gravely disabled, is brought

before any judge, the judge may order the defendant's evaluation under conditions set forth in this article, provided evaluation services designated in the county plan pursuant to Section 5654 are available.
(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969. Amended by Stats.1968, c. 1374, p. 2646, § 24, operative July 1, 1969; Stats.1969, c. 722, p. 1423, § 9, eff. Aug. 8, 1969, operative July 1, 1969; Stats.1970, c. 1129, p. 2007, § 4; Stats.1977, c. 1257, p. 4788, § 128, eff. Oct. 3, 1977; Stats.1979, c. 373, p. 1396, § 363.)

§ 5226. Advice as to rights and consequences; right of counsel

Such a criminal defendant must be advised of his right to immediately continue with the criminal proceeding, and it is the duty of the judge to apprise the defendant fully of his option and of the consequences which will occur if the defendant chooses the evaluation procedures. The defendant shall have a right to legal counsel at the proceedings at which the choice is made.
(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969.)

§ 5226.1. Dismissal or suspension of proceedings on order for evaluation; resumption or dismissal of criminal proceedings; conservatorship

If a judge issues an order for evaluation under conditions set forth in this article, proceedings on the criminal charge then pending in the court from which the order for evaluation issued shall be dismissed or suspended until such time as the evaluation of the defendant and the subsequent detention of the defendant for involuntary treatment, if any, are completed. Upon completion of such evaluation and detention, if any, the defendant shall, if such criminal charge has not been dismissed, be returned by the sheriff of the county in which the order of evaluation was made, from the evaluation or intensive treatment facility to the custody of the sheriff who shall return the defendant to the court where the order for evaluation was made, and proceedings on the criminal charge shall be resumed or dismissed. If, during evaluation or detention for involuntary treatment, the defendant is recommended for conservatorship, and if the criminal charge has not previously been dismissed, the defendant shall be returned by the sheriff to the court in which such charge is pending for the disposition of the criminal charge prior to the initiation of the conservatorship proceedings. The judge of such court may order such defendant to be detained in the evaluation or treatment facility until the day set for the resumption of the proceedings on the criminal charge.
(Added by Stats.1968, c. 1199, p. 2274, § 1, operative July 1, 1969. Amended by Stats.1969, c. 722, p. 1423, § 10, eff. Aug. 8, 1969, operative July 1, 1969.)

§ 5227. Order for evaluation; form

The order for evaluation shall be in substantially the following form:

In the . . . . . Court of the State of California for the County of . . . . . .

The People of the State of California Concerning . . . . . and . . . . . . Respondents	No. . . . . . Order for Evaluation

The People of the State of California to . . . . . :

(Professional person in charge of the facility providing evaluation) . . . . . has appeared before me and appears to be, as a result of . . . . . (chronic alcoholism, the use of narcotics, or the use of restricted dangerous drugs), a danger to himself, or others, or gravely disabled.

Now, therefore, you are directed to evaluate . . . . . at . . . . . on the . . . . . day of . . . . . , 19. . . , at . . . o'clock . . . m.

Witness my hand, this . . . . . day of . . . . . , 19. . . .

. . . . . .
Judge of the . . . . . Court

Return of Order

I hereby certify that I received the above order for the evaluation of . . . . . and on the . . . . . day of . . . . . , 19. . . . , personally served a copy of the order and of the petition on the professional person in charge of the . . . . . , a facility for treatment and evaluation, or his designee.

Dated: . . . . . , 19. . . .

. . . . . .
Signature and title

(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969. Amended by Stats.1968, c. 1374, p. 2647, § 25, operative July 1, 1969; Stats.1970, c. 1129, p. 2007, § 5.)

§ 5228. Order of evaluation; service of copy

As promptly as possible, a copy of the order for evaluation shall be personally served on the person to be evaluated and the professional person in charge of the facility for treatment and evaluation named in the order, or his designee.
(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969.)

§ 5229. Precautions to preserve and safeguard personal property of patient; property report; responsible relative

At the time a person is ordered to undergo evaluation, or within a reasonable time thereafter, unless a responsible relative or the guardian or conservator of the person is in possession of the person's personal property, the person shall take reasonable precautions to preserve and safeguard the personal property in the possession of or on the premises occupied by the person. The person responsible for taking him to the evaluation facility shall then furnish to the court a report generally describing the person's property so preserved and safeguarded and its disposition, in substantially the form set forth in Section 5211; except that if a responsible relative or the guardian or conservator of the person is in possession of the person's property, the report shall include only the name of the relative or guardian or conservator and the location of the property, whereupon responsibility of the person responsible for taking him to the evaluation facility for such property shall terminate.

As used in this section, "responsible relative" includes the spouse, parent, adult child, or adult brother or sister of the person.
(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969.)

§ 5230. Detention for treatment

If, upon evaluation, the person is found to be in need of treatment because he is, as a result of impairment by chronic alcoholism or the use of narcotics or restricted dangerous drugs, a danger to others, or to himself, or is gravely disabled, he may be detained for treatment in a facility for 72–hour treatment and evaluation. Except as provided in this section, he shall in no event be detained longer than 72 hours from the time of evaluation or detention for evaluation, excluding Saturdays, Sundays and holidays if treatment services are not available on those days.

Persons who have been detained for evaluation and treatment shall be released if the criminal charge has been dismissed; released to the custody of the sheriff or continue to be detained pursuant to court order under Section 5226.1; referred for further care and treatment on a voluntary basis, subject to the disposition of the criminal action; certified for intensive treatment; or recommended for conservatorship pursuant to this part, subject to the disposition of the criminal charge; as required.
(Formerly § 5231, added by Stats.1967, c. 1667, p. 4085, § 36, operative July 1, 1969. Renumbered § 5230 and amended by Stats.1968, c.

1374, p. 2647, § 27, operative 1, 1969. Amended by Stats.1969, c. 722, p. 1424, § 11, eff. Aug. 8, 1969, operative July 1, 1969; Stats.1970, c. 1129, p. 2008, § 6.)

Article 4 CERTIFICATION FOR INTENSIVE TREATMENT

§ 5250. Time limitation or certification for intensive treatment; grounds for certification

If a person is detained for 72 hours under the provisions of Article 1 (commencing with Section 5150), or under court order for evaluation pursuant to Article 2 (commencing with Section 5200) or Article 3 (commencing with Section 5225) and has received an evaluation, he or she may be certified for not more than 14 days of intensive treatment related to the mental disorder or impairment by chronic alcoholism, under the following conditions:

(a) The professional staff of the agency or facility providing evaluation services has analyzed the person's condition and has found the person is, as a result of mental disorder or impairment by chronic alcoholism, a danger to others, or to himself or herself, or gravely disabled.

(b) The facility providing intensive treatment is designated by the county to provide intensive treatment, and agrees to admit the person. No facility shall be designated to provide intensive treatment unless it complies with the certification review hearing required by this article. The procedures shall be described in the county Short–Doyle plan as required by Section 5651.3.

(c) The person has been advised of the need for, but has not been willing or able to accept, treatment on a voluntary basis.

(d)(1) Notwithstanding paragraph (1) of subdivision (h) of Section 5008, a person is not "gravely disabled" if that person can survive safely without involuntary detention with the help of responsible family, friends, or others who are both willing and able to help provide for the person's basic personal needs for food, clothing, or shelter.

(2) However, unless they specifically indicate in writing their willingness and ability to help, family, friends, or others shall not be considered willing or able to provide this help.

(3) The purpose of this subdivision is to avoid the necessity for, and the harmful effects of, requiring family, friends, and others to publicly state, and requiring the certification review officer to publicly find, that no one is willing or able to assist the mentally disordered person in providing for the person's basic needs for food, clothing, or shelter.
(Added by Stats.1982, c. 1598, § 4. Amended by Stats.1989, c. 999, § 1.)

§ 5250.1. Unconditional release from intensive treatment; notice; destruction of records

The professional person in charge of a facility providing intensive treatment, pursuant to Section 5250 or 5270.15, or that person's designee, shall notify the county mental health director, or the director's designee, and the peace officer who made the original written application for 72–hour evaluation pursuant to Section 5150 or a person who is designated by the law enforcement agency that employs the peace officer, that the person admitted pursuant to the application has been released unconditionally if all of the following conditions apply:

(a) The peace officer has requested notification at the time he or she makes the application for 72–hour evaluation.

(b) The peace officer has certified in writing at the time he or she made the application that the person has been referred to the facility under circumstances which, based upon an allegation of facts regarding actions witnessed by the officer or another person, would support the filing of a criminal complaint.

(c) The notice is limited to the person's name, address, date of admission for 72–hour evaluation, date of certification for intensive treatment, and date of release.

If a police officer, law enforcement agency, or designee of the law enforcement agency, possesses any record of information obtained pursuant to the notification requirements of this section, the officer, agency, or designee shall destroy that record two years after receipt of notification.
(Added by Stats.1983, c. 755, § 2. Amended by Stats.1988, c. 1517, § 2.)

§ 5251. Notice of certification; signatories

For a person to be certified under this article, a notice of certification shall be signed by two people. The first person shall be the professional person, or his or her designee, in charge of the agency or facility providing evaluation services. A designee of the professional person in charge of the agency or facility shall be a physician or a licensed psychologist who has a doctoral degree in psychology and at least five years of postgraduate experience in the diagnosis and treatment of emotional and mental disorders.

The second person shall be a physician or psychologist who participated in the evaluation. The physician shall be, if possible, a board certified psychiatrist. The psychologist shall be licensed and have at least five years of postgraduate experience in the diagnosis and treatment of emotional and mental disorders.

If the professional person in charge, or his or her designee, is the physician who performed the medical evaluation or a psychologist, the second person to sign may be another physician or psychologist unless one is not available, in which case a licensed clinical social worker or a registered nurse who participated in the evaluation shall sign the notice of certification.
(Added by Stats.1982, c. 1598, § 4. Amended by Stats.1998, c. 1013 (A.B.1439), § 2.)

§ 5252. Necessity for, and form of, notice of certification

A notice of certification is required for all persons certified for intensive treatment pursuant to Section 5250 or 5270.15, and shall be in substantially the following form (strike out inapplicable section):

The authorized agency providing evaluation services in the County of _____ has evaluated the condition of:

Name _____
Address _____
Age _____
Sex _____
Marital status _____

We the undersigned allege that the above–named person is, as a result of mental disorder or impairment by chronic alcoholism:

(1) A danger to others.

(2) A danger to himself or herself.

(3) Gravely disabled as defined in paragraph (1) of subdivision (h) or subdivision (*l*) of Section 5008 of the Welfare and Institutions Code.

The specific facts which form the basis for our opinion that the above–named person meets one or more of the classifications indicated above are as follows:

(certifying persons to fill in blanks) _____
_____
_____

[Strike out all inapplicable classifications.]

The above–named person has been informed of this evaluation, and has been advised of the need for, but has not been able or willing to accept treatment on a voluntary basis, or to accept referral to, the following services:

_____
_____
_____
_____
_____

We, therefore, certify the above–named person to receive intensive treatment related to the mental disorder or impairment by chronic alcoholism beginning this _____ day of _____, 19___, in the intensive treatment facility herein named _____.

(Month)

_____

(Date)

Signed _____

Signed _____

Countersigned_____

(Representing facility)

I hereby state that I delivered a copy of this notice this day to the above–named person and that I informed him or her that unless judicial review is requested a certification review hearing will be held within four days of the date on which the person is certified for a period of intensive treatment and that an attorney or advocate will visit him or her to provide assistance in preparing for the hearing or to answer questions regarding his or her commitment or to provide other assistance. The court has been notified of this certification on this day.

Signed _____

(Added by Stats.1982, c. 1598, § 4. Amended by Stats.1983, c. 319, § 1; Stats.1988, c. 1517, § 3.)

§ 5253. Delivery of copy of certification notice; designation of any other person to be informed

A copy of the certification notice shall be personally delivered to the person certified, the person's attorney, or the attorney or advocate designated in Section 5252. The person certified shall also be asked to designate any person who is to be sent a copy of the certification notice. If the person certified is incapable of making this designation at the time of certification, he or she shall be asked to designate a person as soon as he or she is capable.

(Added by Stats.1982, c. 1598, § 4. Amended by Stats.1983, c. 319, § 2.)

§ 5254. Certification review hearing; notice of entitlement; time; issues; rights of person certified

The person delivering the copy of the notice of certification to the person certified shall, at the time of delivery, inform the person certified that he or she is entitled to a certification review hearing, to be held within four days of the date on which the person is certified for a period of intensive treatment in accordance with Section 5256 unless judicial review is requested, to determine whether or not probable cause exists to detain the person for intensive treatment related to the mental disorder or impairment by chronic alcoholism. The person certified shall be informed of his or her rights with respect to the hearing, including the right to the assistance of another person to prepare for the hearing or to answer other questions and concerns regarding his or her involuntary detention or both.

(Added by Stats.1982, c. 1598, § 4. Amended by Stats.1983, c. 319, § 3; Stats.1988, c. 1517, § 4.)

§ 5254.1. Judicial review by habeas corpus; notice of right; explanation of term; right to counsel

The person delivering the copy of the notice of certification to the person certified shall, at the time of delivery, inform the person certified of his or her legal right to a judicial review by habeas corpus, and shall explain that term to the person certified, and inform the person of his or her right to counsel, including court–appointed counsel pursuant to Section 5276.

(Added by Stats.1982, c. 1598, § 4.)

§ 5255. Discussion of commitment process with person certified; assistance

As soon after the certification as practicable, an attorney or patient advocate shall meet with the person certified to discuss the commitment process and to assist the person in preparing for the certification review hearing or to answer questions or otherwise assist the person as is appropriate.

(Added by Stats.1982, c. 1598, § 4.)

§ 5256. Necessity and time for certification review hearing

When a person is certified for intensive treatment pursuant to Sections 5250 and 5270.15, a certification review hearing shall be held unless judicial review has been requested as provided in Sections 5275 and 5276. The certification review hearing shall be within four days of the date on which the person is certified for a period of intensive treatment unless postponed by request of the person or his or her attorney or advocate. Hearings may be postponed for 48 hours or, in counties with a population of 100,000 or less, until the next regularly scheduled hearing date.

(Added by Stats.1982, c. 1598, § 4. Amended by Stats.1983, c. 319, § 4; Stats.1988, c. 1517, § 5.)

§ 5256.1. Conduct of hearing; commissioner, referee, or certification review hearing officer; qualifications; location of hearing

The certification review hearing shall be conducted by either a court–appointed commissioner or a referee, or a certification review hearing officer. The certification review hearing officer shall be either a state qualified administrative law hearing officer, a medical doctor, a licensed psychologist, a registered nurse, a lawyer, a certified law student, a licensed clinical social worker, or a licensed marriage and family therapist. Licensed psychologists, licensed clinical social workers, licensed marriage and family therapists, and registered nurses who serve as certification review hearing officers shall have had a minimum of five years' experience in mental health. Certification review hearing officers shall be selected from a list of eligible persons unanimously approved by a panel composed of the local mental health director, the county public defender, and the county counsel or district attorney designated by the county board of supervisors. No employee of the county mental health program or of any facility designated by the county and approved by the State Department of Mental Health as a facility for 72–hour treatment and evaluation may serve as a certification review hearing officer.

The location of the certification review hearing shall be compatible with, and least disruptive of, the treatment being provided to the person certified. In addition, hearings conducted by certification review officers shall be conducted at an appropriate place at the facility where the person certified is receiving treatment.

(Added by Stats.1982, c. 1598, § 4. Amended by Stats.1983, c. 319, § 5; Stats.1987, c. 139, § 1; Stats.2002, c. 1013 (S.B.2026), § 97.)

§ 5256.2. Evidence; presentation

At the certification review hearing, the evidence in support of the certification decision shall be presented by a person designated by the director of the facility. In addition, either the district attorney or the county counsel may, at his or her discretion, elect to present evidence at the certification review hearing.

(Added by Stats.1982, c. 1598, § 4.)

§ 5256.3. Presence of certified person at certification review hearing; necessity; waiver

The person certified shall be present at the certification review hearing unless he or she, with the assistance of his or her attorney or advocate, waives his or her right to be present at a hearing.

(Added by Stats.1982, c. 1598, § 4.)

§ 5256.4. Rights of certified person at certification review hearing; manner of conducting hearing; notification of family members; admission and consideration of evidence

(a) At the certification review hearing, the person certified shall have the following rights:

(1) Assistance by an attorney or advocate.

(2) To present evidence on his or her own behalf.

(3) To question persons presenting evidence in support of the certification decision.

(4) To make reasonable requests for the attendance of facility employees who have knowledge of, or participated in, the certification decision.

(5) If the person has received medication within 24 hours or such longer period of time as the person conducting the hearing may designate prior to the beginning of the hearing, the person conducting the hearing shall be informed of that fact and of the probable effects of the medication.

(b) The hearing shall be conducted in an impartial and informal manner in order to encourage free and open discussion by participants. The person conducting the hearing shall not be bound by rules of procedure or evidence applicable in judicial proceedings.

(c) Reasonable attempts shall be made by the mental health facility to notify family members or any other person designated by the patient, of the time and place of the certification hearing, unless the patient requests that this information not be provided. The patient shall be advised by the facility that is treating the patient that he or she has the right to request that this information not be provided.

(d) All evidence which is relevant to establishing that the person certified is or is not as a result of mental disorder or impairment by chronic alcoholism, a danger to others, or to himself or herself, or gravely disabled, shall be admitted at the hearing and considered by the hearing officer.

(e) Although resistance to involuntary commitment may be a product of a mental disorder, this resistance shall not, in itself, imply the presence of a mental disorder or constitute evidence that a person meets the criteria of being dangerous to self or others, or gravely disabled.

(Added by Stats.1982, c. 1598, § 4. Amended by Stats.1986, c. 872, § 3.)

§ 5256.5. Termination of involuntary detention upon finding of lack of probable cause; certified person voluntarily remaining at facility

If at the conclusion of the certification review hearing the person conducting the hearing finds that there is not probable cause to believe that the person certified is, as a result of a mental disorder or impairment by chronic alcoholism, a danger to others, or to himself or herself, or gravely disabled, then the person certified may no longer be involuntarily detained. Nothing herein shall prohibit the person from remaining at the facility on a voluntary basis or the facility from providing the person with appropriate referral information concerning mental health services.

(Added by Stats.1982, c. 1598, § 4.)

§ 5256.6. Detention of certified person for involuntary care, protection and treatment upon finding of probable cause

If at the conclusion of the certification review hearing the person conducting the hearing finds that there is probable cause that the person certified is, as a result of a mental disorder or impairment by chronic alcoholism, a danger to others, or to himself or herself, or gravely disabled, then the person may be detained for involuntary care, protection, and treatment related to the mental disorder or impairment by chronic alcoholism pursuant to Sections 5250 and 5270.15.

(Added by Stats.1982, c. 1598, § 4. Amended by Stats.1988, c. 1517, § 6.)

§ 5256.7. Notification of decision at conclusion of certification review hearing; request for release; right to fill; hearing

The person certified shall be given oral notification of the decision at the conclusion of the certification review hearing. As soon thereafter as is practicable, the attorney or advocate for the person certified and the director of the facility where the person is receiving treatment shall be provided with a written notification of the decision, which shall include a statement of the evidence relied upon and the reasons for the decision. The attorney or advocate shall notify the person certified of the certification review hearing decision and of his or her rights to file a request for release and to have a hearing on the request before the superior court as set forth in Article 5 (commencing with Section 5275). A copy of the decision and the certification made pursuant to Section 5250 or 5270.15 shall be submitted to the superior court.

(Added by Stats.1982, c. 1598, § 4. Amended by Stats.1983, c. 319, § 6; Stats.1988, c. 1517, § 7.)

§ 5256.8. Limitation on certification review hearing requirement

The requirement that there is a certification review hearing in accordance with this article shall apply only to persons certified for intensive treatment on or after January 1, 1983.

(Added by Stats.1982, c. 1598, § 4.)

§ 5257. Termination of involuntary commitment; remaining at facility on a voluntary basis; referral information; limitation on involuntary detainment

(a) During the period of intensive treatment pursuant to Section 5250 or 5270.15, the person's involuntary detention shall be terminated and the person shall be released only if the psychiatrist directly responsible for the person's treatment believes, as a result of * * * the psychiatrist's personal observations, that the person certified no longer is, as a result of mental disorder or impairment by chronic alcoholism, a danger to others, or to himself or herself, or gravely disabled * * *. However, in those situations in which both a psychiatrist and psychologist have personally evaluated or examined a person who is undergoing intensive treatment and there is a collaborative treatment relationship between the psychiatrist and the psychologist, either the psychiatrist or psychologist may authorize the release of the person, but only after they have consulted with one another. In the event of a clinical or professional disagreement regarding the early release of a person who is undergoing intensive treatment, the person may not be released unless the facility's medical director overrules the decision of the psychiatrist or psychologist opposing the release. Both the psychiatrist and psychologist shall enter their findings, concerns, or objections into the person's medical record. If any other professional person who is authorized to release the person believes the person should be released during the designated period of intensive treatment, and the psychiatrist directly responsible for the person's treatment objects, the matter shall be referred to the medical director of the facility for the final decision. However, if the medical director is not a psychiatrist, he or she shall appoint a designee who is a psychiatrist. If the matter is referred, the person shall be released during the period of intensive treatment only if the psychiatrist making the final decision believes, as a result of * * * the psychiatrist's personal observations, that the person certified no longer is, as a result of mental disorder or impairment by chronic alcoholism, a danger to others, or to himself or herself, or gravely disabled. Nothing herein shall prohibit * * * the person from remaining at the facility on a voluntary basis or prevent the facility from providing the person with appropriate referral information concerning mental health services.

(b) A person who has been certified for a period of intensive treatment pursuant to Section 5250 shall be released at the end of 14 days unless the patient either:

(1) Agrees to receive further treatment on a voluntary basis.

(2) Is certified for an additional 14 days of intensive treatment pursuant to Article 4.5 (commencing with Section 5260).

(3) Is certified for an additional 30 days of intensive treatment pursuant to Article 4.7 (commencing with Section 5270.10).

(4) Is the subject of a conservatorship petition filed pursuant to Chapter 3 (commencing with Section 5350).

(5) Is the subject of a petition for postcertification treatment of * * * a dangerous person filed pursuant to Article 6 (commencing with Section 5300).

(c) The amendments to this section made by Assembly Bill 348 of the 2003–04 Regular Session[1] shall not be construed to revise or expand the scope of practice of psychologists, as defined in Chapter 6.6 (commencing with Section 2900) of Division 2 of the Business and Professions Code.

(Added by Stats.1982, c. 1598, § 4. Amended by Stats.1985, c. 1288, § 7, eff. Sept. 30, 1985; Stats.1988, c. 1517, § 8; Stats.2003, c. 94 (A.B.348), § 3.)

[1]See Stats.2003, c. 94 (A.B. 348), § 3.

§ 5258. Limitation on total period of detention

After the involuntary detention has begun, the total period of detention, including intervening periods of voluntary treatment, shall not exceed the total maximum period during which the person could have been detained, if the person had been detained continuously on an involuntary basis, from the time of initial involuntary detention.

(Added by Stats.1982, c. 1598, § 4. Amended by Stats.1988, c. 1517, § 9.)

§ 5259. Permitting person certified for intensive treatment to leave facility for short periods during involuntary additional treatment

Nothing in this article shall prohibit the professional person in charge of a treatment facility, or his or her designee, from permitting a person certified for intensive treatment to leave the facility for short periods during the person's involuntary additional treatment.

(Added by Stats.1982, c. 1598, § 4.)

§ 5259.1. Detention in violation of this article; civil damages

Any individual who is knowingly and willfully responsible for detaining a person in violation of the provisions of this article is liable to that person in civil damages.

(Added by Stats.1982, c. 1598, § 4.)

§ 5259.2. Compliance with preference for one of two or more treatment facilities

Whenever a county designates two or more facilities to provide treatment, and the person to be treated, his or her family, conservator, or guardian expresses a preference for one of these facilities, the professional person certifying the person to be treated shall attempt, if administratively possible, to comply with the preference.

(Added by Stats.1982, c. 1598, § 4.)

§ 5259.3. Immunity from civil or criminal liability for release

(a) Notwithstanding Section 5113, if the provisions of Section 5257 have been met, the professional person in charge of the facility providing intensive treatment, his or her designee, the medical director of the facility or his or her designee described in Section 5257, * * * the psychiatrist directly responsible for the person's treatment, or the psychologist shall not be held civilly or criminally liable for any action by a person released before the end of 14 days pursuant to this article.

(b) The professional person in charge of the facility providing intensive treatment, his or her designee, the medical director of the facility or his or her designee described in Section 5257, * * * the psychiatrist directly responsible for the person's treatment, or the psychologist shall not be held civilly or criminally liable for any action by a person released at the end of the 14 days pursuant to this article.

(c) The attorney or advocate representing the person, the court–appointed commissioner or referee, the certification review hearing officer conducting the certification review hearing, and the peace officer responsible for the detainment of the person shall not be civilly or criminally liable for any action by a person released at or before the end of 14 days pursuant to this article.

(d) The amendments to this section made by Assembly Bill 348 of the 2003–04 Regular Session[1] shall not be construed to revise or expand the scope of practice of psychologists, as defined in Chapter 6.6 (commencing with Section 2900) of Division 2 of the Business and Professions Code.

(Added by Stats.1982, c. 1598, § 4. Amended by Stats.1983, c. 319, § 7; Stats.1985, c. 1288, § 8, eff. Sept. 30, 1985; Stats.2003, c. 94 (A.B.348), § 4.)

[1]Stats.2003, c. 94 (A.B.348), § 4.

Article 4.5 ADDITIONAL INTENSIVE TREATMENT OF SUICIDAL PERSONS

§ 5260. Confinement for further intensive treatment; conditions

At the expiration of the 14–day period of intensive treatment any person who, as a result of mental disorder or impairment by chronic alcoholism, during the 14–day period or the 72–hour evaluation period, threatened or attempted to take his own life or who was detained for evaluation and treatment because he threatened or attempted to take his own life and who continues to present an imminent threat of taking his own life, may be confined for further intensive treatment pursuant to this article for an additional period not to exceed 14 days.

Such further intensive treatment may occur only under the following conditions:

(a) The professional staff of the agency or facility providing intensive treatment services has analyzed the person's condition and has found that the person presents an imminent threat of taking his own life.

(b) The person has been advised of, but has not accepted, voluntary treatment.

(c) The facility providing additional intensive treatment is equipped and staffed to provide treatment, is designated by the county to provide such intensive treatment, and agrees to admit the person.

(d) The person has, as a result of mental disorder or impairment by chronic alcoholism, threatened or attempted to take his own life during the 14–day period of intensive treatment or the 72–hour evaluation period or was detained for evaluation and treatment because he threatened or attempted to take his own life.

(Added by Stats.1968, c. 1374, p. 2650, § 33.5, operative July 1, 1969.)

§ 5261. Second notice of certification; necessity; signing

For a person to be certified under this article, a second notice of certification must be signed by the professional person in charge of the facility providing 14–day intensive treatment under Article 4 (commencing with Section 5250) to the person and by a physician, if possible a board–qualified psychiatrist or a licensed psychologist who has a doctoral degree in psychology and at least five years of postgraduate experience in the diagnosis and treatment of emotional and mental disorders. The physician or psychologist who signs shall have participated in the evaluation and finding referred to in subdivision (a) of Section 5260.

If the professional person in charge is the physician who performed the medical evaluation and finding or a psychologist, the second person to sign may be another physician or psychologist unless one is not available, in which case a social worker or a registered nurse who participated in such evaluation and finding shall sign the notice of certification.

(Added by Stats.1968, c. 1374, p. 2651, § 33.5, operative July 1, 1969. Amended by Stats.1969, c. 722, p. 1426, § 15, eff. Aug. 8, 1969, operative July 1, 1969; Stats.1978, c. 391, p. 1243, § 4.)

§ 5262. Form of second notice of certification

A second notice of certification for imminently suicidal persons is required for all involuntary 14–day intensive treatment, pursuant to this article, and shall be in substantially the following form:

To the Superior Court of the State of California for the County of . . . . . .

The authorized agency providing 14–day intensive treatment, County of . . . . . , has custody of: . . . . . .

Name . . . . . .

Address . . . . . .

Age . . . . . .

Sex . . . . . .

Marital status . . . . . .

Religious affiliation . . . . . .

The undersigned allege that the above–named person presents an imminent threat of taking his own life.

This allegation is based upon the following facts: . . . . . .

. . . . . .

. . . . . .

. . . . . .

. . . . . .

This allegation is supported by the accompanying affidavits signed by . . . . . .

The above–named person has been informed of this allegation and has been advised of, but has not been able or willing to accept referral to, the following services:. . . . . .

. . . . . .

. . . . . .

. . . . . .

. . . . . .

We, therefore, certify the above–named person to receive additional intensive treatment for no more than 14 days beginning this . . . . . day of. . . . . , 19 . . . , in the intensive treatment facility herein
(Month)
named . . . . . .

We hereby state that a copy of this notice has been delivered this day to the above–named person and that he has been clearly advised of his continuing legal right to a judicial review by habeas corpus, and this term has been explained to him.

. . . . . .

(Date)

Signed . . . . . .

Countersigned . . . . . .

Representing intensive treatment facility

(Added by Stats.1968, c. 1374, p. 2651, § 33.5, operative July 1, 1969.)

§ 5263. Copies of second notice of certification for imminently suicidal persons; filing; delivery; designation of person to be informed

Copies of the second notice of certification for imminently suicidal persons, as set forth in Section 5262, shall be filed with the court and personally delivered to the person certified. A copy shall also be sent to the person's attorney, to the district attorney, to the public defender, if any, and to the facility providing intensive treatment.

The person certified shall also be asked to designate any person who is to be sent a copy of the certification notice. If the person certified is incapable of making such a designation at the time of certification, he or she shall be asked to designate such person as soon as he or she is capable.

(Added by Stats.1968, c. 1374, p. 2652, § 33.5, operative July 1, 1969. Amended by Stats.1971, c. 1593, p. 3339, § 373, operative July 1, 1973; Stats.1977, c. 1252, p. 4569, § 559, operative July 1, 1978; Stats.1982, c. 1598, § 5; Stats.1983, c. 319, § 8.)

§ 5264. Duration of certification; release; exceptions

(a) A certification for imminently suicidal persons shall be for no more than 14 days of intensive treatment, and shall terminate only as soon as * * * the psychiatrist directly responsible for the person's treatment believes, as a result of * * * the psychiatrist's personal observations, that the person has improved sufficiently for him or her to leave, or is prepared to voluntarily accept * * * treatment on referral or to remain on a voluntary basis in the facility providing intensive treatment * * *. However, in those situations in which both a psychiatrist and psychologist have personally evaluated or examined a person who is undergoing intensive treatment and there is a collaborative treatment relationship between the psychiatrist and psychologist, either the psychiatrist or psychologist may authorize the release of the person, but only after they have consulted with one another. In the event of a clinical or professional disagreement regarding the early release of a person who is undergoing intensive treatment, the person may not be released unless the facility's medical director overrules the decision of the psychiatrist or psychologist opposing the release. Both the psychiatrist and psychologist shall enter their findings, concerns, or objections into the person's medical record. If any other professional person who is authorized to release the person * * * believes the person should be released before 14 days have elapsed, and the psychiatrist directly responsible for the person's treatment objects, the matter shall be referred to the medical director of the facility for the final decision. However, if the medical director is not a psychiatrist, he or she shall appoint a designee who is a psychiatrist. If the matter is referred, the person shall be released before 14 days have elapsed only if the psychiatrist believes, as a result of * * * the psychiatrist's personal observations, that the person has improved sufficiently for him or her to leave, or is prepared to accept voluntary treatment on referral or to remain in the facility providing intensive treatment on a voluntary basis.

* * * (b) Any person who has been certified for 14 days of intensive treatment under this article and to whom Section 5226.1 is not applicable, or with respect to whom the criminal charge has been dismissed under Section 5226.1, shall be released at the end of the 14 days unless any of the following applies:

* * * (1) The patient agrees to receive further treatment on a voluntary basis.

* * * (2) The patient has been recommended for conservatorship pursuant to Chapter 3 (commencing with Section 5350) * * *.

* * * (3) The patient is a person to whom Article 6 (commencing with Section 5300) of this chapter is applicable.

(c) The amendments to this section made by Assembly Bill 348 of the 2003–04 Regular Session[1] shall not be construed to revise or expand the scope of practice of psychologists, as defined in Chapter 6.6 (commencing with Section 2900) of Division 2 of the Business and Professions Code.

(Added by Stats.1968, c. 1374, p. 2652, § 33.5, operative July 1, 1969. Amended by Stats.1969, c. 722, p. 1426, § 16, eff. Aug. 8, 1969, operative July 1, 1969; Stats.1985, c. 1288, § 9, eff. Sept. 30, 1985; Stats.2003, c. 94 (A.B.348), § 5.)

[1] Stats.2003, c. 94 (A.B.348), § 5.

§ 5265. Liability for excessive detention

Any individual who is knowingly and willfully responsible for detaining a person for more than 14 days in violation of the provisions of Section 5264 is liable to that person in civil damages.

(Added by Stats.1968, c. 1374, p. 2652, § 33.5, operative July 1, 1969.)

§ 5266. Preference for treatment facility

Whenever a county designates two or more facilities to provide intensive treatment and the person to be treated, his family, conservator or guardian expresses a preference for one such facility, the professional person certifying the person to be treated shall attempt, if administratively possible, to comply with the preference.

(Added by Stats.1968, c. 1374, p. 2652, § 33.5, operative July 1, 1969.)

§ 5267. Exemption from liability

(a) Notwithstanding Section 5113, if the provisions of Section 5264 have been met, the professional person in charge of the facility

providing intensive treatment, his or her designee, the medical director of the facility or his or her designee described in Section 5264, * * * the psychiatrist directly responsible for the person's treatment, or the psychologist shall not be held civilly or criminally liable for any action by a person released before the end of 14 days pursuant to this article.

(b) The professional person in charge of the facility providing intensive treatment, his or her designee, the medical director of the facility or his or her designee described in Section 5264, * * * the psychiatrist directly responsible for the person's treatment, or the psychologist shall not be held civilly or criminally liable for any action by a person released at the end of 14 days pursuant to this article.

(c) The amendments to this section made by Assembly Bill 348 of the 2003–04 Regular Session[1] shall not be construed to revise or expand the scope of practice of psychologists, as defined in Chapter 6.6 (commencing with Section 2900) of Division 2 of the Business and Professions Code.

(Added by Stats.1968, c. 1374, p. 2653, § 33.5, operative July 1, 1969. Amended by Stats.1985, c. 1288, § 10, eff. Sept. 30, 1985; Stats.2003, c. 94 (A.B.348), § 6.)

[1]Stats.2003, c. 94 (A.B.348), § 6.

§ 5268. Leaves of absence during confinement

Nothing in this article shall prohibit the professional person in charge of an intensive treatment facility, or his designee, from permitting a person certified for intensive treatment to leave the facility for short periods during the person's involuntary intensive treatment.

(Added by Stats.1968, c. 1374, p. 2653, § 33.5, operative July 1, 1969.)

Article 4.7 ADDITIONAL INTENSIVE TREATMENT

§ 5270.10. Legislative intent

It is the intent of the Legislature to reduce the number of gravely disabled persons for whom conservatorship petitions are filed and who are placed under the extensive powers and authority of a temporary conservator simply to obtain an additional period of treatment without the belief that a conservator is actually needed and without the intention of proceeding to trial on the conservatorship petition. This change will substantially reduce the number of conservatorship petitions filed and temporary conservatorships granted under this part which do not result in either a trial or a conservatorship.

(Added by Stats.1988, c. 1517, § 10.)

§ 5270.12. Counties; application of article; monitoring of compliance

This article shall be operative only in those counties in which the county board of supervisors, by resolution, authorizes its application and, by resolution, makes a finding that any additional costs incurred by the county in the implementation of this article are funded either by new funding sufficient to cover the costs incurred by the county resulting from this article, or funds redirected from cost savings resulting from this article, or a combination thereof, so that no current service reductions will occur as a result of the enactment of this article. Compliance with this section shall be monitored by the Department of Mental Health as part of their review and approval of county Short–Doyle plans.

(Added by Stats.1988, c. 1517, § 10.)

§ 5270.15. Certification for additional treatment; conditions

Upon the completion of a 14–day period of intensive treatment pursuant to Section 5250, the person may be certified for an additional period of not more than 30 days of intensive treatment under both of the following conditions:

(a) The professional staff of the agency or facility treating the person has found that the person remains gravely disabled as a result of a mental disorder or impairment by chronic alcoholism.

(b) The person remains unwilling or unable to accept treatment voluntarily.

Any person certified for an additional 30 days pursuant to this article shall be provided a certification review hearing in accordance with Section 5256 unless a judicial review is requested pursuant to Article 5 (commencing with Section 5275).

The professional staff of the agency or facility providing intensive treatment shall analyze the person's condition at intervals of not to exceed 10 days, to determine whether the person continues to meet the criteria established for certification under this section, and shall daily monitor the person's treatment plan and progress. Termination of this certification prior to the 30th day shall be made pursuant to Section 5270.35.

(Added by Stats.1988, c. 1517, § 10.)

§ 5270.20. Second notice of certification; signature by professional person in charge of facility; requirements

For a person to be certified under this article, a second notice of certification shall be signed by the professional person in charge of the facility providing intensive treatment to the person and by either a physician who shall, if possible, be a board–qualified psychiatrist, or a licensed psychologist who has a doctoral degree in psychology and at least five years of postgraduate experience in the diagnosis and treatment of emotional and mental disorders. The physician or psychologist who signs shall have participated in the evaluation and finding referred to in subdivision (a) of Section 5270.15.

If the professional person in charge is the physician who performed the medical evaluation and finding, or a psychologist, the second person to sign may be another physician or psychologist, unless one is not available, in which case a social worker or a registered nurse who participated in the evaluation and finding shall sign the notice of certification.

(Added by Stats.1988, c. 1517, § 10.)

§ 5270.25. Requirement of second notice for involuntary intensive treatment; form

A second notice of certification is required for all involuntary intensive treatment, pursuant to this article, and shall be in substantially the form indicated in Section 5252.

(Added by Stats.1988, c. 1517, § 10.)

§ 5270.30. Second notice of certification; filing; delivery; designation of recipient

Copies of the second notice of certification as set forth in Section 5270.25, shall be filed with the court and personally delivered to the person certified. A copy shall also be sent to the person's attorney, to the district attorney, to the public defender, if any, and to the facility providing intensive treatment.

The person certified shall also be asked to designate any individual who is to be sent a copy of the certification notice. If the person certified is incapable of making the designation at the time of certification, that person shall be given another opportunity to designate when able to do so.

(Added by Stats.1988, c. 1517, § 10.)

§ 5270.35. Certification; length of intensive treatment; termination; release of patient

(a) A certification pursuant to this article shall be for no more than 30 days of intensive treatment, and shall terminate only as soon as the psychiatrist directly responsible for the person's treatment believes, as a result of * * * the psychiatrist's personal observations, that the person no longer meets the criteria for the certification, or is * * * prepared to voluntarily accept * * * treatment on a referral basis or to remain on a voluntary basis in the facility providing intensive treatment * * *. However, in those situations in which both a

psychiatrist and psychologist have personally evaluated or examined a person who is undergoing intensive treatment and there is a collaborative treatment relationship between the psychiatrist and the psychologist, either the psychiatrist or psychologist may authorize the release of the person but only after they have consulted with one another. In the event of a clinical or professional disagreement regarding the early release of a person who is undergoing intensive treatment, the person may not be released unless the facility's medical director overrules the decision of the psychiatrist or psychologist opposing the release. Both the psychiatrist and psychologist shall enter their findings, concerns, or objections into the person's medical record. If any other professional person who is authorized to release the person * * * believes the person should be released before 30 days have elapsed, and the psychiatrist directly responsible for the person's treatment objects, the matter shall be referred to the medical director of the facility for the final decision. However, if the medical director is not a psychiatrist, he or she shall appoint a designee who is a psychiatrist. If the matter is referred, the person shall be released before 30 days have elapsed only if the psychiatrist believes, as a result of * * * the psychiatrist's personal observations, that the person no longer meets the criteria for certification, or is prepared to voluntarily accept * * * treatment on referral or to remain on a voluntary basis in the facility providing intensive treatment * * *.

(b) Any person who has been certified for 30 days of intensive treatment under this article, shall be released at the end of 30 days unless * * * one or more of the following is applicable:

(1) The patient agrees to receive further treatment on a voluntary basis.

* * * (2) The patient is the subject of a conservatorship petition filed pursuant to Chapter 3 (commencing with Section 5350).

* * * (3) The patient is the subject of a petition for * * * postcertification treatment of a dangerous person filed pursuant to Article 6 (commencing with Section 5300).

(c) The amendments to this section made by Assembly Bill 348 of the 2003–04 Regular Session[1] shall not be construed to revise or expand the scope of practice of psychologists, as defined in Chapter 6.6 (commencing with Section 2900) of Division 2 of the Business and Professions Code.

(Added by Stats.1988, c. 1517, § 10. Amended by Stats.2003, c. 94 (A.B.348), § 7.)

[1]Stats.2003, c. 94 (A.B.348), § 7.

§ 5270.40. Knowing and willful detention of a person; civil damages

Any individual who is knowingly and willfully responsible for detaining a person for more than 30 days in violation of the provisions of Section 5270.35 is liable to that person in civil damages.

(Added by Stats.1988, c. 1517, § 10.)

§ 5270.45. Preference for one facility

Whenever a county designates two or more facilities to provide intensive treatment and the person to be treated, his or her family, conservator, or guardian expresses a preference for one facility, the professional person certifying the person to be treated shall attempt, if administratively possible, to comply with the preference.

(Added by Stats.1988, c. 1517, § 10.)

§ 5270.50. Release of person prior to end of 30 days; criminal and civil liability

Notwithstanding Section 5113, if the provisions of Section 5270.35 have been met, the professional person in charge of the facility providing intensive treatment, his or her designee, and the professional person directly responsible for the person's treatment shall not be held civilly or criminally liable for any action by a person released before or at the end of 30 days pursuant to this article.

(Added by Stats.1988, c. 1517, § 10.)

§ 5270.55. Detention beyond 14–day period of intensive treatment; evaluation; appointment of conservator; additional certification; hearing

(a) Whenever it is contemplated that a gravely disabled person may need to be detained beyond the end of the 14–day period of intensive treatment and prior to proceeding with an additional 30–day certification, the professional person in charge of the facility shall cause an evaluation to be made, based on the patient's current condition and past history, as to whether it appears that the person, even after up to 30 days of additional treatment, is likely to qualify for appointment of a conservator. If the appointment of a conservator appears likely, the conservatorship referral shall be made during the 14–day period of intensive treatment.

(b) If it appears that with up to 30 days additional treatment a person is likely to reconstitute sufficiently to obviate the need for appointment of a conservator, then the person may be certified for the additional 30 days.

(c) Where no conservatorship referral has been made during the 14–day period and where during the 30–day certification it appears that the person is likely to require the appointment of a conservator, then the conservatorship referral shall be made to allow sufficient time for conservatorship investigation and other related procedures. If a temporary conservatorship is obtained, it shall run concurrently with and not consecutively to the 30–day certification period. The conservatorship hearing shall be held by the 30th day of the certification period. The maximum involuntary detention period for gravely disabled persons pursuant to Sections 5150, 5250 and 5270.15 shall be limited to 47 days. Nothing in this section shall prevent a person from exercising his or her right to a hearing as stated in Sections 5275 and 5353.

(Added by Stats.1988, c. 1517, § 10. Amended by Stats.2001, c. 854 (S.B.205), § 77.)

§ 5270.65. Permission for certified person to leave facility

Nothing in this article shall prohibit the professional person in charge of an intensive treatment facility, or a designee, from permitting a person certified for intensive treatment to leave the facility for short periods during the person's intensive treatment.

(Added by Stats.1988, c. 1517, § 10.)

Article 5 JUDICIAL REVIEW

§ 5275. Habeas corpus; request for release

Every person detained by certification for intensive treatment shall have a right to a hearing by writ of habeas corpus for his or her release after he or she or any person acting on his or her behalf has made a request for release to either (a) the person delivering the copy of the notice of certification to the person certified at the time of the delivery, or (b) to any member of the treatment staff of the facility providing intensive treatment, at any time during the period of intensive treatment pursuant to Section 5250, 5260, or 5270.10.

Any person delivering a copy of the certification notice or any member of the treatment staff to whom a request for release is made shall promptly provide the person making the request for his or her signature or mark a copy of the form set forth below. The person delivering the copy of the certification notice or the member of the treatment staff, as the case may be, shall fill in his or her own name and the date, and, if the person signs by mark, shall fill in the person's name, and shall then deliver the completed copy to the professional person in charge of the intensive treatment facility, or his or her designee, notifying him or her of the request. As soon as possible, the person notified shall inform the superior court for the county in which the facility is located of the request for release.

Any person who intentionally violates this section is guilty of a misdemeanor.

The form for a request for release shall be substantially as follows:

(Name of the facility) _____ day of ____ 19___

I, _____ (member of the treatment staff, or person delivering

the copy of the certification notice), have today received a request for the release of _____ (name of patient) from the undersigned patient on his or her own behalf or from the undersigned person on behalf of the patient.

_____
Signature or mark of patient making request for release

_____
Signature or mark of person making request on behalf of patient

(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969. Amended by Stats.1968, c. 1374, p. 2653, § 35, operative July 1, 1969; Stats.1969, c. 722, p. 1427, § 16.1, eff. Aug. 8, 1969, operative July 1, 1969; Stats.1988, c. 1517, § 11.)

§ 5276. Jurisdiction and venue; counsel; order for evidentiary hearing; findings; release

Judicial review shall be in the superior court for the county in which the facility providing intensive treatment is located or in the county in which the 72–hour evaluation was conducted if the patient or a person acting in his or her behalf informs the professional staff of the evaluation facility (in writing) that judicial review will be sought. No patient shall be transferred from the county providing evaluation services to a different county for intensive treatment if the staff of the evaluation facility has been informed in writing that a judicial review will be sought, until the completion of the judicial review. The person requesting to be released shall be informed of his or her right to counsel by the member of the treatment staff and by the court; and, if he or she so elects, the court shall immediately appoint the public defender or other attorney to assist him or her in preparation of a petition for the writ of habeas corpus and, if he or she so elects, to represent him or her in the proceedings. The person shall pay the costs of the legal service if he or she is able.

Reasonable attempts shall be made by the mental health facility to notify family members or any other person designated by the patient, of the time and place of the judicial review, unless the patient requests that this information not be provided. The patient shall be advised by the facility that is treating the patient that he or she has the right to request that this information not be provided.

The court shall either release the person or order an evidentiary hearing to be held within two judicial days after the petition is filed. If the court finds, (a) that the person requesting release is not, as a result of mental disorder or impairment by chronic alcoholism, a danger to others, or to himself or herself, or gravely disabled, (b) that he or she had not been advised of, or had accepted, voluntary treatment, or (c) that the facility providing intensive treatment is not equipped and staffed to provide treatment, or is not designated by the county to provide intensive treatment he or she shall be released immediately.

(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969. Amended by Stats.1968, c. 1374, p. 2654, § 37, operative July 1, 1969; Stats.1969, c. 722, p. 1428, § 17, eff. Aug. 8, 1969, operative July 1, 1969; Stats.1970, c. 1627, p. 3443, § 16; Stats.1971, c. 776, p. 1527, § 2; Stats.1986, c. 872, § 4.)

§ 5276.1. Waiver of presence of physician, licensed psychologist, or other professional person; reception of certification of records

The person requesting release may, upon advice of counsel, waive the presence at the evidentiary hearing of the physician, licensed psychologist who meets the requirements of the first paragraph of Section 5251, or other professional person who certified the petition under Section 5251 and of the physician, or licensed psychologist who meets the requirements of the second paragraph of Section 5251, providing intensive treatment. In the event of such a waiver, such physician, licensed psychologist, or other professional person shall not be required to be present at the hearing if it is stipulated that the certification and records of such physicians, licensed psychologists, or other professional persons concerning the mental condition and treatment of the person regarding release will be received in evidence.

(Added by Stats.1971, c. 1162, p. 2221, § 2. Amended by Stats.1980, c. 1206, p. 4067, § 2.)

§ 5276.2. Certification review hearing upon withdrawal of request for judicial review; procedures

In the event that the person, or anyone acting on his or her behalf, withdraws the request for judicial review, a certification review hearing shall be held within four days of the withdrawal of the request, and the procedures in Sections 5255 to 5256.8, inclusive, shall be applicable.

(Added by Stats.1982, c. 1598, § 6.)

§ 5277. Findings as evidence

A finding under Section 5276 shall not be admissible in evidence in any civil or criminal proceeding without the consent of the person who was the subject of the finding.

(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969. Amended by Stats.1969, c. 722, p. 1428, § 18, eff. Aug. 8, 1969, operative July 1, 1969.)

§ 5278. Exemption from liability

Individuals authorized under this part to detain a person for 72–hour treatment and evaluation pursuant to Article 1 (commencing with Section 5150) or Article 2 (commencing with Section 5200), or to certify a person for intensive treatment pursuant to Article 4 (commencing with Section 5250) or Article 4.5 (commencing with Section 5260) or Article 4.7 (commencing with Section 5270.10) or to file a petition for post–certification treatment for a person pursuant to Article 6 (commencing with Section 5300) shall not be held either criminally or civilly liable for exercising this authority in accordance with the law.

(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969. Amended by Stats.1968, c. 1374, p. 2654, § 39, operative July 1, 1969; Stats.1969, c. 722, p. 1428, § 19, eff. Aug. 8, 1969, operative July 1, 1969; Stats.1988, c. 1517, § 12.)

Article 6 POSTCERTIFICATION PROCEDURES FOR IMMINENTLY DANGEROUS PERSONS

§ 5300. Additional confinement; grounds, duration; treatment, necessity, amenability

At the expiration of the 14–day period of intensive treatment, a person may be confined for further treatment pursuant to the provisions of this article for an additional period, not to exceed 180 days if one of the following exists:

(a) The person has attempted, inflicted, or made a serious threat of substantial physical harm upon the person of another after having been taken into custody, and while in custody, for evaluation and treatment, and who, as a result of mental disorder or mental defect, presents a demonstrated danger of inflicting substantial physical harm upon others.

(b) The person had attempted, or inflicted physical harm upon the person of another, that act having resulted in his or her being taken into custody and who presents, as a result of mental disorder or mental defect, a demonstrated danger of inflicting substantial physical harm upon others.

(c) The person had made a serious threat of substantial physical harm upon the person of another within seven days of being taken into custody, that threat having at least in part resulted in his or her being taken into custody, and the person presents, as a result of mental disorder or mental defect, a demonstrated danger of inflicting substantial physical harm upon others.

Any commitment to a licensed health facility under this article places an affirmative obligation on the facility to provide treatment for the underlying causes of the person's mental disorder.

Amenability to treatment is not required for a finding that any person is a person as described in subdivisions (a), (b), or (c).

Treatment programs need only be made available to these persons. Treatment does not mean that the treatment be successful or potentially successful, and it does not mean that the person must recognize his or her problem and willingly participate in the treatment program.

(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969. Amended by Stats.1968, c. 1374, p. 2655, § 41, operative July 1, 1969; Stats.1982, c. 1563, § 1; Stats.1983, c. 754, § 2.)

§ 5300.5. Custody, defined; commitment, conviction unnecessary; demonstrated danger; determination

For purposes of this article:

(a) "Custody" shall be construed to mean involuntary detainment under the provisions of this part uninterrupted by any period of unconditioned release from a licensed health facility providing involuntary care and treatment.

(b) Conviction of a crime is not necessary for commitment under this article.

(c) Demonstrated danger may be based on assessment of present mental condition, which is based upon a consideration of past behavior of the person within six years prior to the time the person attempted, inflicted, or threatened physical harm upon another, and other relevant evidence.

(Added by Stats.1982, c. 1563, § 2. Amended by Stats.1983, c. 754, § 2.5.)

§ 5301. Petition; time; contents; form; affidavits

At any time during the 14–day intensive treatment period the professional person in charge of the licensed health facility, or his or her designee, may ask the public officer required by Section 5114 to present evidence at proceedings under this article to petition the superior court in the county in which the licensed health facility providing treatment is located for an order requiring such person to undergo an additional period of treatment on the grounds set forth in Section 5300. Such petition shall summarize the facts which support the contention that the person falls within the standard set forth in Section 5300. The petition shall be supported by affidavits describing in detail the behavior which indicates that the person falls within the standard set forth in Section 5300.

Copies of the petition for postcertification treatment and the affidavits in support thereof shall be served upon the person named in the petition on the same day as they are filed with the clerk of the superior court.

The petition shall be in the following form:

Petition for Postcertification Treatment of a Dangerous Person

I, _____, (the professional person in charge of the _____ intensive treatment facility) (the designee of _____ the professional person in charge of the _____, treatment facility) in which _____ has been under treatment pursuant to the certification by _____ and _____, hereby petition the court for an order requiring _____ to undergo an additional period of treatment, not to exceed 180 days, pursuant to the provisions of Article 6 (commencing with Section 5300) of Chapter 2 of Part 1 of Division 5 of the Welfare and Institutions Code. Such petition is based upon my allegation that (a) _____ has attempted, inflicted, or made a serious threat of substantial physical harm upon the person of another after having been taken into custody, and while in custody, for evaluation, and that, by reason of mental disorder or mental defect, presents a demonstrated danger of inflicting substantial physical harm upon others, or that (b) _____ had attempted or inflicted physical harm upon the person of another, that act having resulted in his or her being taken into custody, and that he or she presents, as a result of mental disorder or mental defect, a demonstrated danger of inflicting substantial physical harm upon others, or that (c) _____ had made a serious threat of substantial physical harm upon the person of another within seven days of being taken into custody, that threat having at least in part resulted in his or her being taken into custody, and that he or she presents, as a result of mental disorder or mental defect, a demonstrated danger of inflicting substantial physical harm upon others.

My allegation is based upon the following facts:

_____
_____
_____
_____
_____
_____
_____

This allegation is supported by the accompanying affidavits signed by _____.

Signed _____

The courts may receive the affidavits in evidence and may allow the affidavits to be read to the jury and the contents thereof considered in rendering a verdict, unless counsel for the person named in the petition subpoenas the treating professional person. If such treating professional person is subpoenaed to testify, the public officer, pursuant to Section 5114, shall be entitled to a continuance of the hearing or trial.

(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969. Amended by Stats.1968, c. 1374, p. 2656, § 42, operative July 1, 1969; Stats.1982, c. 1563, § 3; Stats.1983, c. 754, § 2.7.)

§ 5302. Attorney for patient; appointment; jury trial

At the time of filing a petition for postcertification treatment the court shall advise the person named in the petition of his right to be represented by an attorney and of his right to demand a jury trial. The court shall assist him in finding an attorney, or, if need be, appoint an attorney if the person is unable to obtain counsel. The court shall appoint the public defender or other attorney to represent the person named in the petition if the person is financially unable to provide his own attorney. The attorney shall advise the person of his rights in relation to the proceeding and shall represent him before the court.

(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969. Amended by Stats.1968, c. 1374, p. 2657, § 43.5, operative July 1, 1969; Stats.1969, c. 722, p. 1428, § 20, eff. Aug. 8, 1969, operative July 1, 1969; Stats.1970, c. 1627, p. 3443, § 17.)

§ 5303. Time for hearing; due process; jury trial; continuation of treatment

The court shall conduct the proceedings on the petition for postcertification treatment within four judicial days of the filing of the petition and in accordance with constitutional guarantees of due process of law and the procedures required under Section 13 of Article 1 of the Constitution of the State of California.

If at the time of the hearing the person named in the petition requests a jury trial, such trial shall commence within 10 judicial days of the filing of the petition for postcertification treatment unless the person's attorney requests a continuance, which may be for a maximum of 10 additional judicial days. The decision of the jury must be unanimous in order to support the finding of facts required by Section 5304.

Until a final decision on the merits by the trial court the person named in the petition shall continue to be treated in the intensive treatment facility until released by order of the superior court having jurisdiction over the action, or unless the petition for postcertification treatment is withdrawn. If no decision has been made within 30 days after the filing of the petition, not including extensions of time requested by the person's attorney, the person shall be released.

(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969. Amended by Stats.1968, c. 1374, p. 2657, § 44, operative July 1, 1969.)

§ 5303.1. Hearing or jury trial; appointment of forensic psychiatrist or psychologist; testimony; waiver of presence of professional or designee and physician; reception of documents

For the purposes of any hearing or jury trial held pursuant to this article, the judge of the court in which such hearing or trial is held may appoint a psychiatrist or psychologist with forensic skills. Such psychiatrist or psychologist shall personally examine the person named in the petition. Such a forensic psychiatrist or psychologist shall testify at the hearing or jury trial concerning the mental condition of the person named in the petition and the threat of substantial physical harm to other beings such person presents, and neither the professional person or his designee who petitioned for the additional period of treatment nor of the physicians providing intensive treatment shall be required, unless the person named in the petition chooses to subpoena such persons, to be present at the hearing or jury trial.

If a psychiatrist or psychologist with forensic skills is not appointed pursuant to this section the person named in the petition may, upon advice of counsel, waive the presence at the hearing or at the jury trial of the professional person or his designee who petitioned for the additional period of treatment and the physicians providing intensive treatment. In the event of such waiver, such professional person, his designee, or other physicians shall not be required to be present at the hearing if it is stipulated that the certification, supporting affidavit and records of such physicians concerning the mental condition of the person named in the petition will be received in evidence.

(Added by Stats.1971, c. 1162, p. 2221, § 3. Amended by Stats.1975, c. 960, p. 2244, § 5.)

§ 5304. Remand for additional treatment; duration; new petition

(a) The court shall remand a person named in the petition for postcertification treatment to the custody of the State Department of Mental Health or to a licensed health facility designated by the county of residence of that person for a further period of intensive treatment not to exceed 180 days from the date of court judgment, if the court or jury finds that the person named in the petition for postcertification treatment has done any of the following:

(1) Attempted, inflicted, or made a serious threat of substantial physical harm upon the person of another after having been taken into custody, and while in custody, for evaluation and treatment, and who, as a result of mental disorder or mental defect, presents a demonstrated danger of inflicting substantial physical harm upon others.

(2) Attempted or inflicted physical harm upon the person of another, that act having resulted in his or her being taken into custody, and who, as a result of mental disorder or mental defect, presents a demonstrated danger of inflicting substantial physical harm upon others.

(3) Expressed a serious threat of substantial physical harm upon the person of another within seven days of being taken into custody, that threat having at least in part resulted in his or her being taken into custody, and who presents, as a result of mental disorder or mental defect, a demonstrated danger of inflicting substantial physical harm upon others.

(b) The person shall be released from involuntary treatment at the expiration of 180 days unless the public officer, pursuant to Section 5114, files a new petition for postcertification treatment on the grounds that he or she has attempted, inflicted, or made a serious threat of substantial physical harm upon another during his or her period of postcertification treatment, and he or she is a person who by reason of mental disorder or mental defect, presents a demonstrated danger of inflicting substantial physical harm upon others. The new petition for postcertification treatment shall be filed in the superior court in which the original petition for postcertification was filed.

(c) The county from which the person was remanded shall bear any transportation costs incurred pursuant to this section.

(Added by Stats.1983, c. 754, § 4.)

§ 5305. Outpatient status; qualifications; notice of outpatient treatment plan; effective date of plan; hearing; outpatient supervision; reports

(a) Any person committed pursuant to Section 5300 may be placed on outpatient status if all of the following conditions are satisfied:

(1) In the evaluation of the superintendent or professional person in charge of the licensed health facility, the person named in the petition will no longer be a danger to the health and safety of others while on outpatient status and will benefit from outpatient status.

(2) The county mental health director advises the court that the person named in the petition will benefit from outpatient status and identifies an appropriate program of supervision and treatment.

(b) After actual notice to the public officer, pursuant to Section 5114, and to counsel of the person named in the petition, to the court and to the county mental health director, the plan for outpatient treatment shall become effective within five judicial days unless a court hearing on that action is requested by any of the aforementioned parties, in which case the release on outpatient status shall not take effect until approved by the court after a hearing. This hearing shall be held within five judicial days of the actual notice required by this subdivision.

(c) The county mental health director shall be the outpatient supervisor of persons placed on outpatient status under provisions of this section. The county mental health director may delegate such outpatient supervision responsibility to a designee.

(d) The outpatient treatment supervisor shall, where the person is placed on outpatient status at least three months, submit at 90–day intervals to the court, the public officer, pursuant to Section 5114, and counsel of the person named in the petition and to the supervisor or professional person in charge of the licensed health facility, where appropriate, a report setting forth the status and progress of the person named in the petition. Notwithstanding the length of the outpatient status, a final report shall be submitted by the outpatient treatment supervisor at the conclusion of the 180–day commitment setting forth the status and progress of the person.

(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969. Amended by Stats.1968, c. 1374, p. 2658, § 45.5, operative July 1, 1969; Stats.1982, c. 1563, § 5.)

§ 5306. Exemption from liability

(a) Notwithstanding Section 5113, if the provisions of Section 5309 have been met, the superintendent, the professional person in charge of the hospital providing 90–day involuntary treatment, the medical director of the facility or his or her designee described in subdivision (a) of Section 5309, and the psychiatrist directly responsible for the person's treatment shall not be held civilly or criminally liable for any action by a person released before the end of a 90–day period pursuant to this article.

(b) The superintendent, the professional person in charge of the hospital providing 90–day involuntary treatment, the medical director of the facility or his or her designee described in subdivision (a) of Section 5309, and the psychiatrist directly responsible for the person's treatment shall not be held civilly or criminally liable for any action by a person released at the end of a 90–day period pursuant to this article.

(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969. Amended by Stats.1968, c. 1374, p. 2659, § 46, operative July 1, 1969; Stats.1985, c. 1288, § 11, eff. Sept. 30, 1985.)

§ 5306.5. Request for outpatient status revocation; copy of request; hearing; order for confinement and revocation

If at any time during the outpatient period, the outpatient treatment supervisor is of the opinion that the person receiving treatment requires extended inpatient treatment or refuses to accept further

outpatient treatment and supervision, the county mental health director shall notify the superior court in either the county which approved outpatient status or in the county where outpatient treatment is being provided of such opinion by means of a written request for revocation of outpatient status. The county mental health director shall furnish a copy of this request to the counsel of the person named in the request for revocation and to the public officer, pursuant to Section 5114, in both counties if the request is made in the county of treatment, rather than the county of commitment.

Within 15 judicial days, the court where the request was filed shall hold a hearing and shall either approve or disapprove the request for revocation of outpatient status. If the court approves the request for revocation, the court shall order that the person be confined in a state hospital or other treatment facility approved by the county mental health director. The court shall transmit a copy of its order to the county mental health director or a designee and to the Director of Mental Health. Where the county of treatment and the county of commitment differ and revocation occurs in the county of treatment, the court shall enter the name of the committing county and its case number on the order of revocation and shall send a copy of the order to the committing court and the public officer, pursuant to Section 5114, and counsel of the person named in the request for revocation in the county of commitment.

(Added by Stats.1982, c. 1563, § 6.)

§ 5307. Petition for hearing to determine whether outpatient should be continued on such status; notice; body attachment order of confinement

If at any time during the outpatient period the public officer, pursuant to Section 5114, is of the opinion that the person is a danger to the health and safety of others while on outpatient status, the public officer, pursuant to Section 5114, may petition the court for a hearing to determine whether the person shall be continued on outpatient status. Upon receipt of the petition, the court shall calendar the case for further proceedings within 15 judicial days and the clerk shall notify the person, the county mental health director, and the attorney of record for the person of the hearing date. Upon failure of the person to appear as noticed, if a proper affidavit of service and advisement has been filed with the court, the court may issue a body attachment for such person. If, after a hearing in court the judge determines that the person is a danger to the health and safety of others, the court shall order that the person be confined in a state hospital or other treatment facility which has been approved by the county mental health director.

(Added by Stats.1982, c. 1563, § 7.)

§ 5308. Confinement of outpatient pending proceeding for revocation of outpatient status; taking into custody and transporting outpatient; notice; review; subsequent release

Upon the filing of a request for revocation of outpatient status under Section 5306.5 or 5307 and pending the court's decision on revocation, the person subject to revocation may be confined in a state hospital or other treatment facility by the county mental health director when it is the opinion of that director that the person will now be a danger to self or to another while on outpatient status and that to delay hospitalization until the revocation hearing would pose a demonstrated danger of harm to the person or to another. Upon the request of the county mental health director or a designee, a peace officer shall take, or cause to be taken, the person into custody and transport the person to a treatment facility for hospitalization under this section. The county mental health director shall notify the court in writing of the admission of the person to inpatient status and of the factual basis for the opinion that such immediate return to inpatient treatment was necessary. The court shall supply a copy of these documents to the public officer, pursuant to Section 5114, and counsel of the person subject to revocation.

A person hospitalized under this section shall have the right to judicial review of the detention in the manner prescribed in Article 5 (commencing with Section 5275) of Chapter 2 and to an explanation of rights in the manner prescribed in Section 5252.1.

Nothing in this section shall prevent hospitalization pursuant to the provisions of Section 5150, 5250, 5350, or 5353.

A person whose confinement in a treatment facility under Section 5306.5 or 5307 is approved by the court shall not be released again to outpatient status unless court approval is obtained under Section 5305.

(Added by Stats.1982, c. 1563, § 8.)

§ 5309. Release prior to expiration of commitment period; grounds; plan for unconditional release, notice, effective date, approval after hearing

(a) Nothing in this article shall prohibit the superintendent or professional person in charge of the hospital in which the person is being involuntarily treated from releasing him or her from treatment prior to the expiration of the commitment period when, the psychiatrist directly responsible for the person's treatment believes, as a result of his or her personal observations, that the person being involuntarily treated no longer constitutes a demonstrated danger of substantial physical harm to others. If any other professional person who is authorized to release the person, believes the person should be released prior to the expiration of the commitment period, and the psychiatrist directly responsible for the person's treatment objects, the matter shall be referred to the medical director of the facility for the final decision. However, if the medical director is not a psychiatrist, he or she shall appoint a designee who is a psychiatrist. If the matter is referred, the person shall be released prior to the expiration of the commitment period only if the psychiatrist making the final decision believes, as a result of his or her personal observations, that the person being involuntarily treated no longer constitutes a demonstrated danger of substantial physical harm to others.

(b) After actual notice to the public officer, pursuant to Section 5114, and to counsel of the person named in the petition, to the court, and to the county mental health director, the plan for unconditional release shall become effective within five judicial days unless a court hearing on that action is requested by any of the aforementioned parties, in which case the unconditional release shall not take effect until approved by the court after a hearing. This hearing shall be held within five judicial days of the actual notice required by this subdivision.

(Added by Stats.1982, c. 1563, § 9. Amended by Stats.1985, c. 1288, § 12, eff. Sept. 30, 1985.)

Article 7 LEGAL AND CIVIL RIGHTS OF PERSONS INVOLUNTARILY DETAINED

§ 5325. List of rights; posting; waiver

Each person involuntarily detained for evaluation or treatment under provisions of this part, each person admitted as a voluntary patient for psychiatric evaluation or treatment to any health facility, as defined in Section 1250 of the Health and Safety Code, in which psychiatric evaluation or treatment is offered, and each mentally retarded person committed to a state hospital pursuant to Article 5 (commencing with Section 6500) of Chapter 2 of Part 2 of Division 6 shall have the following rights, a list of which shall be prominently posted in the predominant languages of the community and explained in a language or modality accessible to the patient in all facilities providing such services and otherwise brought to his or her attention by such additional means as the Director of Mental Health may designate by regulation:

(a) To wear his or her own clothes; to keep and use his or her own personal possessions including his or her toilet articles; and to keep and be allowed to spend a reasonable sum of his or her own money for canteen expenses and small purchases.

(b) To have access to individual storage space for his or her private use.

(c) To see visitors each day.

(d) To have reasonable access to telephones, both to make and receive confidential calls or to have such calls made for them.

(e) To have ready access to letterwriting materials, including stamps, and to mail and receive unopened correspondence.

(f) To refuse convulsive treatment including, but not limited to, any electroconvulsive treatment, any treatment of the mental condition which depends on the induction of a convulsion by any means, and insulin coma treatment.

(g) To refuse psychosurgery. Psychosurgery is defined as those operations currently referred to as lobotomy, psychiatric surgery, and behavioral surgery and all other forms of brain surgery if the surgery is performed for the purpose of any of the following:

(1) Modification or control of thoughts, feelings, actions, or behavior rather than the treatment of a known and diagnosed physical disease of the brain.

(2) Modification of normal brain function or normal brain tissue in order to control thoughts, feelings, actions, or behavior.

(3) Treatment of abnormal brain function or abnormal brain tissue in order to modify thoughts, feelings, actions or behavior when the abnormality is not an established cause for those thoughts, feelings, actions, or behavior.

Psychosurgery does not include prefrontal sonic treatment wherein there is no destruction of brain tissue. The Director of Mental Health shall promulgate appropriate regulations to assure adequate protection of patients' rights in such treatment.

(h) To see and receive the services of a patient advocate who has no direct or indirect clinical or administrative responsibility for the person receiving mental health services.

(i) Other rights, as specified by regulation.

Each patient shall also be given notification in a language or modality accessible to the patient of other constitutional and statutory rights which are found by the State Department of Mental Health to be frequently misunderstood, ignored, or denied.

Upon admission to a facility each patient shall immediately be given a copy of a State Department of Mental Health prepared patients' rights handbook.

The State Department of Mental Health shall prepare and provide the forms specified in this section and in Section 5157.

The rights specified in this section may not be waived by the person's parent, guardian, or conservator.

(Added by Stats.1972, c. 1055, p. 1940, § 3, operative July 1, 1973. Amended by Stats.1974, c. 1534, p. 3459, § 1; Stats.1976, c. 1109, p. 4992, § 1.5; Stats.1977, c. 1252, p. 4570, § 561, operative July 1, 1978; Stats.1977, c. 1021, p. 3060, § 2; Stats.1978, c. 429, p. 1454, § 206, eff. July 17, 1978, operative July 1, 1978; Stats.1981, c. 841, p. 3231, § 2.)

§ 5325.1. Same rights and responsibilities guaranteed others; discrimination by programs or activities receiving public funds; additional rights

Persons with mental illness have the same legal rights and responsibilities guaranteed all other persons by the Federal Constitution and laws and the Constitution and laws of the State of California, unless specifically limited by federal or state law or regulations. No otherwise qualified person by reason of having been involuntarily detained for evaluation or treatment under provisions of this part or having been admitted as a voluntary patient to any health facility, as defined in Section 1250 of the Health and Safety Code, in which psychiatric evaluation or treatment is offered shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity, which receives public funds.

It is the intent of the legislature that persons with mental illness shall have rights including, but not limited to, the following:

(a) A right to treatment services which promote the potential of the person to function independently. Treatment should be provided in ways that are least restrictive of the personal liberty of the individual.

(b) A right to dignity, privacy, and humane care.

(c) A right to be free from harm, including unnecessary or excessive physical restraint, isolation, medication, abuse, or neglect. Medication shall not be used as punishment, for the convenience of staff, as a substitute for program, or in quantities that interfere with the treatment program.

(d) A right to prompt medical care and treatment.

(e) A right to religious freedom and practice.

(f) A right to participate in appropriate programs of publicly supported education.

(g) A right to social interaction and participation in community activities.

(h) A right to physical exercise and recreational opportunities.

(i) A right to be free from hazardous procedures.

(Added by Stats.1978, c. 1320, p. 4319, § 1.)

§ 5325.2. Persons subject to detention pursuant to §§ 5150, 5250, 5260, 5270.15; right to refuse antipsychotic medication

Any person who is subject to detention pursuant to Section 5150, 5250, 5260, or 5270.15 shall have the right to refuse treatment with antipsychotic medication subject to provisions set forth in this chapter.

(Added by Stats.1991, c. 681 (S.B.665), § 2.)

§ 5326. Denial of rights; cause; record

The professional person in charge of the facility or his or her designee may, for good cause, deny a person any of the rights under Section 5325, except under subdivisions (g) and (h) and the rights under subdivision (f) may be denied only under the conditions specified in Section 5326.7. To ensure that these rights are denied only for good cause, the Director of Mental Health shall adopt regulations specifying the conditions under which they may be denied. Denial of a person's rights shall in all cases be entered into the person's treatment record.

(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969. Amended by Stats.1971, c. 1593, p. 3341, § 376, operative July 1, 1973; Stats.1973, c. 959, p. 1804, § 1; Stats.1974, c. 1534, p. 3460, § 2; Stats.1976, c. 1109, p. 4993, § 2; Stats.1977, c. 1252, p. 4571, § 562, operative July 1, 1978; Stats.1981, c. 841, p. 3232, § 3.)

§ 5326.1. Reports; number of persons denied rights; availability of information

Quarterly, each local mental health director shall furnish to the Director of Mental Health, the facility reports of the number of persons whose rights were denied and the right or rights which were denied. The content of the reports from facilities shall enable the local mental health director and Director of Mental Health to identify individual treatment records, if necessary, for further analysis and investigation. These quarterly reports, except for the identity of the person whose rights are denied, shall be available, upon request, to Members of the State Legislature, or a member of a county board of supervisors.

Notwithstanding any other provision of law, information pertaining to denial of rights contained in the person's treatment record shall be made available, on request, to the person, his or her attorney, his or her conservator or guardian, the local mental health director, or his or her designee, or the Patient's Rights Office of the State Department of Mental Health. The information may include consent forms, required documentation for convulsive treatment, documentation regarding the use of restraints and seclusion, physician's orders, nursing notes, and involuntary detention and conservatorship papers. The information, except for the identity of the person whose rights are denied, shall be made available to the Members of the State Legislature or a member of a county board of supervisors.

(Added by Stats.1976, c. 1109, p. 4993, § 2.5. Amended by Stats.1977, c. 1252, p. 4571, § 563, operative July 1, 1978; Stats.1981, c. 841, p. 3233, § 4; Stats.1983, c. 101, § 169.)

§ 5326.15. Reports; persons receiving treatment; categories

(a) Quarterly, any doctor or facility which administers convulsive treatments or psychosurgery, shall report to the local mental health director, who shall transmit a copy to the Director of Mental Health, the number of persons who received such treatments wherever administered, in each of the following categories:

(1) Involuntary patients who gave informed consent.

(2) Involuntary patients who were deemed incapable of giving informed consent and received convulsive treatment against their will.

(3) Voluntary patients who gave informed consent.

(4) Voluntary patients deemed incapable of giving consent.

(b) Quarterly, the Director of Mental Health shall forward to the Medical Board of California any records or information received from such reports indicating violation of the law, and the regulations which have been adopted thereto.

(Added by Stats.1976, c. 1109, p. 4994, § 3. Amended by Stats.1977, c. 1252, p. 4572, § 564, operative July 1, 1978; Stats.1989, c. 886, § 102; Stats.1992, c. 713 (A.B.3564), § 41, eff. Sept. 15, 1992.)

§ 5326.2. Voluntary informed consent; information constituting

To constitute voluntary informed consent, the following information shall be given to the patient in a clear and explicit manner:

(a) The reason for treatment, that is, the nature and seriousness of the patient's illness, disorder or defect.

(b) The nature of the procedures to be used in the proposed treatment, including its probable frequency and duration.

(c) The probable degree and duration (temporary or permanent) of improvement or remission, expected with or without such treatment.

(d) The nature, degree, duration, and the probability of the side effects and significant risks, commonly known by the medical profession, of such treatment, including its adjuvants, especially noting the degree and duration of memory loss (including its irreversibility) and how and to what extent they may be controlled, if at all.

(e) That there exists a division of opinion as to the efficacy of the proposed treatment, why and how it works and its commonly known risks and side effects.

(f) The reasonable alternative treatments, and why the physician is recommending this particular treatment.

(g) That the patient has the right to accept or refuse the proposed treatment, and that if he or she consents, has the right to revoke his or her consent for any reason, at any time prior to or between treatments.

(Added by Stats.1976, c. 1109, p. 4994, § 3.5.)

§ 5326.3. Written consent form; contents

The State Department of Mental Health shall promulgate a standard written consent form, setting forth clearly and in detail the matters listed in Section 5326.2, and such further information with respect to each item as deemed generally appropriate to all patients.

The treating physician shall utilize the standard written consent form and in writing supplement it with those details which pertain to the particular patient being treated.

(Added by Stats.1974, c. 1534, p. 3460, § 3. Amended by Stats.1976, c. 1109, p. 4995, § 4; Stats.1977, c. 1252, p. 4572, § 565, operative July 1, 1978.)

§ 5326.4. Supplemented written consent form; oral explanation by physician; entry on record

The treating physician shall then present to the patient the supplemented form specified under Section 5326.3 and orally, clearly, and in detail explain all of the above information to the patient. The treating physician shall then administer the execution by the patient of the total supplemented written consent form, which shall be dated and witnessed.

The fact of the execution of such written consent form and of the oral explanation shall be entered into the patient's treatment record, as shall be a copy of the consent form itself. Should entry of such latter information into the patient's treatment record be deemed by any court an unlawful invasion of privacy, then such consent form shall be maintained in a confidential manner and place.

The consent form shall be available to the person, and to his or her attorney, guardian, and conservator and, if the patient consents, to a responsible relative of the patient's choosing.

(Added by Stats.1974, c. 1534, p. 3462, § 4. Amended by Stats.1976, c. 1109, p. 4995, § 5.)

§ 5326.5. Written informed consent; definition; when given

(a) For purposes of this chapter, "written informed consent" means that a person knowingly and intelligently, without duress or coercion, clearly and explicitly manifests consent to the proposed therapy to the treating physician and in writing on the standard consent form prescribed in Section 5326.4.

(b) The physician may urge the proposed treatment as the best one, but may not use, in an effort to gain consent, any reward or threat, express or implied, nor any other form of inducement or coercion, including, but not limited to, placing the patient in a more restricted setting, transfer of the patient to another facility, or loss of the patient's hospital privileges. Nothing in this subdivision shall be construed as in conflict with Section 5326.2. No one shall be denied any benefits for refusing treatment.

(c) A person confined shall be deemed incapable of written informed consent if such person cannot understand, or knowingly and intelligently act upon, the information specified in Section 5326.2.

(d) A person confined shall not be deemed incapable of refusal solely by virtue of being diagnosed as a mentally ill, disordered, abnormal, or mentally defective person.

(e) Written informed consent shall be given only after 24 hours have elapsed from the time the information in Section 5326.2 has been given.

(Added by Stats.1974, c. 1534, p. 3463, § 5. Amended by Stats.1976, c. 1109, p. 4995, § 6.)

§ 5326.55. Personal involvement in treatment; committee members; review of cases

Persons who serve on review committees shall not otherwise be personally involved in the treatment of the patient whose case they are reviewing.

(Added by Stats.1976, c. 1109, p. 4996, § 6.5.)

§ 5326.6. Psychosurgery; conditions for performing; responsible relative; refusal to consent

Psychosurgery, wherever administered, may be performed only if:

(a) The patient gives written informed consent to the psychosurgery.

(b) A responsible relative of the person's choosing and with the person's consent, and the guardian or conservator if there is one, has read the standard consent form as defined in Section 5326.4 and has been given by the treating physician the information required in Section 5326.2. Should the person desire not to inform a relative or should such chosen relative be unavailable this requirement is dispensed with.

(c) The attending physician gives adequate documentation entered in the patient's treatment record of the reasons for the procedure, that all other appropriate treatment modalities have been exhausted and that this mode of treatment is definitely indicated and is the least drastic alternative available for the treatment of the patient at the time. Such statement in the treatment record shall be signed by the attending and treatment physician or physicians.

(d) Three physicians, one appointed by the facility and two appointed by the local mental health director, two of whom shall be either board–certified or eligible psychiatrists or board–certified or eligible neurosurgeons, have personally examined the patient and unanimously agree with the attending physicians' determinations pursuant to subdivision (c) and agree that the patient has the capacity to give informed consent. Such agreement shall be documented in the patient's treatment record and signed by each such physician.

Psychosurgery shall in no case be performed for at least 72 hours following the patient's written consent. Under no circumstances shall psychosurgery be performed on a minor.

As used in this section and Sections 5326.4 and 5326.7 "responsible relative" includes the spouse, parent, adult child, or adult brother or sister of the person.

The giving of consent to any of the treatments covered by this chapter may not be construed as a waiver of the right to refuse treatment at a future time. Consent may be withdrawn at any time. Such withdrawal of consent may be either oral or written and shall be given effect immediately.

Refusal of consent to undergo a psychosurgery shall be entered in the patient's treatment record.

(Added by Stats.1976, c. 1109, p. 4996, § 7.)

§ 5326.7. Convulsive treatment; involuntary patients; conditions for administering

Subject to the provisions of subdivision (f) of Section 5325, convulsive treatment may be administered to an involuntary patient, including anyone under guardianship or conservatorship, only if:

(a) The attending or treatment physician enters adequate documentation in the patient's treatment record of the reasons for the procedure, that all reasonable treatment modalities have been carefully considered, and that the treatment is definitely indicated and is the least drastic alternative available for this patient at this time. Such statement in the treatment record shall be signed by the attending and treatment physician or physicians.

(b) A review of the patient's treatment record is conducted by a committee of two physicians, at least one of whom shall have personally examined the patient. One physician shall be appointed by the facility and one shall be appointed by the local mental health director. Both shall be either board–certified or board–eligible psychiatrists or board–certified or board–eligible neurologists. This review committee must unanimously agree with the treatment physician's determinations pursuant to subdivision (a). Such agreement shall be documented in the patient's treatment record and signed by both physicians.

(c) A responsible relative of the person's choosing and the person's guardian or conservator, if there is one, have been given the oral explanation by the attending physician as required by Section 5326.2. Should the person desire not to inform a relative or should such chosen relative be unavailable, this requirement is dispensed with.

(d) The patient gives written informed consent as defined in Section 5326.5 to the convulsive treatment. Such consent shall be for a specified maximum number of treatments over a specified maximum period of time not to exceed 30 days, and shall be revocable at any time before or between treatments. Such withdrawal of consent may be either oral or written and shall be given effect immediately. Additional treatments in number or time, not to exceed 30 days, shall require a renewed written informed consent.

(e) The patient's attorney, or if none, a public defender appointed by the court, agrees as to the patient's capacity or incapacity to give written informed consent and that the patient who has capacity has given written informed consent.

(f) If either the attending physician or the attorney believes that the patient does not have the capacity to give a written informed consent, then a petition shall be filed in superior court to determine the patient's capacity to give written informed consent. The court shall hold an evidentiary hearing after giving appropriate notice to the patient, and within three judicial days after the petition is filed. At such hearing the patient shall be present and represented by legal counsel. If the court deems the above–mentioned attorney to have a conflict of interest, such attorney shall not represent the patient in this proceeding.

(g) If the court determines that the patient does not have the capacity to give written informed consent, then treatment may be performed upon gaining the written informed consent as defined in Sections 5326.2 and 5326.5 from the responsible relative or the guardian or the conservator of the patient.

(h) At any time during the course of treatment of a person who has been deemed incompetent, that person shall have the right to claim regained competency. Should he do so, the person's competency must be reevaluated according to subdivisions (e), (f), and (g).

(Added by Stats.1976, c. 1109, p. 4997, § 8.)

§ 5326.75. Convulsive treatment; other than involuntary patients; condition to administer

Convulsive treatment for all other patients including but not limited to those voluntarily admitted to a facility, or receiving the treatment in a physician's office, clinic or private home, may be administered only if:

(a) The requirements of subdivisions (a), (c), and (d) of Section 5326.7 are met.

(b) A board–certified or board–eligible psychiatrist or a board–certified or board–eligible neurologist other than the patient's attending or treating physician has examined the patient and verifies that the patient has the capacity to give and has given written informed consent. Such verification shall be documented in the patient's treatment record and signed by the treating physician.

(c) If there is not the verification required by subdivision (b) of this section or if the patient has not the capacity to give informed consent, then subdivisions (b), (e), (f), (g), and (h) of Section 5326.7 shall also be met.

(Added by Stats.1976, c. 1109, p. 4998, § 8.5.)

§ 5326.8. Convulsive treatment; minors; conditions to perform

Under no circumstances shall convulsive treatment be performed on a minor under 12 years of age. Persons 16 and 17 years of age shall personally have and exercise the rights under this article.

Persons 12 years of age and over, and under 16, may be administered convulsive treatment only if all the other provisions of this law are complied with and in addition:

(a) It is an emergency situation and convulsive treatment is deemed a lifesaving treatment.

(b) This fact and the need for and appropriateness of the treatment are unanimously certified to by a review board of three board–eligible or board–certified child psychiatrists appointed by the local mental health director.

(c) It is otherwise performed in full compliance with regulations promulgated by the Director of Mental Health under Section 5326.95.

(d) It is thoroughly documented and reported immediately to the Director of Mental Health.

(Added by Stats.1976, c. 1109, p. 4998, § 9. Amended by Stats.1977, c. 1252, p. 4572, § 566, operative July 1, 1978.)

§ 5326.85. Refusal of convulsive treatment; entry on record

No convulsive treatment shall be performed if the patient, whether admitted to the facility as a voluntary or involuntary patient, is deemed to be able to give informed consent and refuses to do so. The physician shall indicate in the treatment record that the treatment was refused despite the physician's advice and that he has explained to the patient the patient's responsibility for any untoward consequences of his refusal.

(Added by Stats.1976, c. 1109, p. 4999, § 9.5.)

§ 5326.9. Violations; investigation; notice; authorized actions; intentional violation by physician of §§ 5326.2 to 5326.8; knowing violations of §§ 5325, 5325.1

(a) Any alleged or suspected violation of the rights described in Chapter 2 (commencing with Section 5150) shall be investigated by the local director of mental health, or his or her designee. Violations of Sections 5326.2 to 5326.8, inclusive, shall also be investigated by the Director of Mental Health, or his or her designee. If it is determined by the local director of mental health or Director of Mental Health that a right has been violated, a formal notice of violation shall be issued.

(b) Either the local director of mental health or the Director of Mental Health upon issuing a notice of violation may take any or all of the following action:

(1) Assign a specified time period during which the violation shall be corrected.

(2) Referral to the Medical Board of California or other professional licensing agency. Such board shall investigate further, if warranted, and shall subject the individual practitioner to any penalty the board finds necessary and is authorized to impose.

(3) Revoke a facility's designation and authorization under Section 5404 to evaluate and treat persons detained involuntarily.

(4) Refer any violation of law to a local district attorney or the Attorney General for prosecution in any court with jurisdiction.

(c) Any physician who intentionally violates Sections 5326.2 to 5326.8, inclusive, shall be subject to a civil penalty of not more than five thousand dollars ($5,000) for each violation. Such penalty may be assessed and collected in a civil action brought by the Attorney General in a superior court. Such intentional violation shall be grounds for revocation of license.

(d) Any person or facility found to have knowingly violated the provisions of the first paragraph of Section 5325.1 or to have denied without good cause any of the rights specified in Section 5325 shall pay a civil penalty, as determined by the court, of fifty dollars ($50) per day during the time in which the violation is not corrected, commencing on the day on which a notice of violation was issued, not to exceed one thousand dollars ($1,000), for each and every violation, except that any liability under this provision shall be offset by an amount equal to a fine or penalty imposed for the same violation under the provisions of Sections 1423 to 1425, inclusive, or 1428 of the Health and Safety Code. These penalties shall be deposited in the general fund of the county in which the violation occurred. The local district attorney or the Attorney General shall enforce this section in any court with jurisdiction. Where the State Department of Health Services, under the provisions of Sections 1423 to 1425, inclusive, of the Health and Safety Code, determines that no violation has occurred, the provisions of paragraph (4) of subdivision (b) shall not apply.

(e) The remedies provided by this subdivision shall be in addition to and not in substitution for any other remedies which an individual may have under law.

(Added by Stats.1976, c. 1109, p. 4999, § 10. Amended by Stats.1977, c. 1252, p. 4573, § 567, operative July 1, 1978; Stats.1978, c. 429, p. 1455, § 207, eff. July 17, 1978, operative July 1, 1978; Stats.1981, c. 841, p. 3233, § 5; Stats.1989, c. 886, § 103.)

§ 5326.91. Committee reviewal of convulsive treatments; records; immunity of members

In any facility in which convulsive treatment is performed on a person whether admitted to the facility as an involuntary or voluntary patient, the facility will designate a qualified committee to review all such treatments and to verify the appropriateness and need for such treatment. The local mental health director shall establish a postaudit review committee for convulsive treatments administered anywhere other than in any facility as defined in Section 1250 of the Health and Safety Code in which psychiatric evaluation or treatment is offered. Records of these committees will be subject to availability in the same manner as are the records of other hospital utilization and audit committees and to such other regulations as are promulgated by the Director of Mental Health. Persons serving on such review committees will enjoy the same immunities as other persons serving on utilization, peer review, and audit committees of health care facilities.

(Added by Stats.1976, c. 1109, p. 4999, § 11. Amended by Stats.1977, c. 1252, p. 4573, § 568, operative July 1, 1978.)

§ 5326.95. Regulations by director; standards for excessive use of convulsive treatment

The Director of Mental Health shall adopt regulations to carry out the provisions of this chapter, including standards defining excessive use of convulsive treatment which shall be developed in consultation with the conference of local mental health directors.

(Added by Stats.1976, c. 1109, p. 5000, § 12. Amended by Stats.1977, c. 1252, p. 4574, § 569, operative July 1, 1978.)

§ 5327. Rights of involuntarily detained persons

Every person involuntarily detained under provisions of this part or under certification for intensive treatment or postcertification treatment in any public or private mental institution or hospital, including a conservatee placed in any medical, psychiatric or nursing facility, shall be entitled to all rights set forth in this part and shall retain all rights not specifically denied him under this part.

(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969.)

§ 5328. Confidential information and records; disclosure; consent

All information and records obtained in the course of providing services under Division 4 (commencing with Section 4000), Division 4.1 (commencing with Section 4400), Division 4.5 (commencing with Section 4500), Division 5 (commencing with Section 5000), Division 6 (commencing with Section 6000), or Division 7 (commencing with Section 7100), to either voluntary or involuntary recipients of services shall be confidential. Information and records obtained in the course of providing similar services to either voluntary or involuntary recipients prior to 1969 shall also be confidential. Information and records shall be disclosed only in any of the following cases:

(a) In communications between qualified professional persons in the provision of services or appropriate referrals, or in the course of conservatorship proceedings. The consent of the patient, or his or her guardian or conservator shall be obtained before information or records may be disclosed by a professional person employed by a facility to a professional person not employed by the facility who does not have the medical or psychological responsibility for the patient's care.

(b) When the patient, with the approval of the physician, licensed psychologist, social worker with a master's degree in social work, or licensed marriage and family therapist, who is in charge of the patient, designates persons to whom information or records may be released, except that nothing in this article shall be construed to compel a physician, licensed psychologist, social worker with a master's degree in social work, licensed marriage and family therapist, nurse, attorney, or other professional person to reveal information that has been given to him or her in confidence by members of a patient's family. Nothing in this subdivision shall be construed to authorize a licensed marriage and family therapist to provide services or to be in charge of a patient's care beyond his or her lawful scope of practice.

(c) To the extent necessary for a recipient to make a claim, or for a claim to be made on behalf of a recipient for aid, insurance, or medical assistance to which he or she may be entitled.

(d) If the recipient of services is a minor, ward, or conservatee, and his or her parent, guardian, guardian ad litem, or conservator designates, in writing, persons to whom records or information may be disclosed, except that nothing in this article shall be construed to compel a physician, licensed psychologist, social worker with a master's degree in social work, licensed marriage and family therapist, nurse, attorney, or other professional person to reveal information that has been given to him or her in confidence by members of a patient's family.

(e) For research, provided that the Director of Mental Health or the Director of Developmental Services designates by regulation, rules for the conduct of research and requires the research to be first reviewed by the appropriate institutional review board or boards. The rules shall include, but need not be limited to, the requirement that all researchers shall sign an oath of confidentiality as follows:

_____

Date

As a condition of doing research concerning persons who have

received services from _____(fill in the facility, agency or person), I, _____, agree to obtain the prior informed consent of such persons who have received services to the maximum degree possible as determined by the appropriate institutional review board or boards for protection of human subjects reviewing my research, and I further agree not to divulge any information obtained in the course of such research to unauthorized persons, and not to publish or otherwise make public any information regarding persons who have received services such that the person who received services is identifiable.

I recognize that the unauthorized release of confidential information may make me subject to a civil action under provisions of the Welfare and Institutions Code.

(f) To the courts, as necessary to the administration of justice.

(g) To governmental law enforcement agencies as needed for the protection of federal and state elective constitutional officers and their families.

(h) To the Committee on Senate Rules or the Committee on Assembly Rules for the purposes of legislative investigation authorized by the committee.

(i) If the recipient of services who applies for life or disability insurance designates in writing the insurer to which records or information may be disclosed.

(j) To the attorney for the patient in any and all proceedings upon presentation of a release of information signed by the patient, except that when the patient is unable to sign the release, the staff of the facility, upon satisfying itself of the identity of the attorney, and of the fact that the attorney does represent the interests of the patient, may release all information and records relating to the patient except that nothing in this article shall be construed to compel a physician, licensed psychologist, social worker with a master's degree in social work, licensed marriage and family therapist, nurse, attorney, or other professional person to reveal information that has been given to him or her in confidence by members of a patient's family.

(k) Upon written agreement by a person previously confined in or otherwise treated by a facility, the professional person in charge of the facility or his or her designee may release any information, except information that has been given in confidence by members of the person's family, requested by a probation officer charged with the evaluation of the person after his or her conviction of a crime if the professional person in charge of the facility determines that the information is relevant to the evaluation. The agreement shall only be operative until sentence is passed on the crime of which the person was convicted. The confidential information released pursuant to this subdivision shall be transmitted to the court separately from the probation report and shall not be placed in the probation report. The confidential information shall remain confidential except for purposes of sentencing. After sentencing, the confidential information shall be sealed.

(*l*) Between persons who are trained and qualified to serve on multidisciplinary personnel teams pursuant to subdivision (d) of Section 18951. The information and records sought to be disclosed shall be relevant to the prevention, identification, management, or treatment of an abused child and his or her parents pursuant to Chapter 11 (commencing with Section 18950) of Part 6 of Division 9.

(m) To county patients' rights advocates who have been given knowing voluntary authorization by a client or a guardian ad litem. The client or guardian ad litem, whoever entered into the agreement, may revoke the authorization at any time, either in writing or by oral declaration to an approved advocate.

(n) To a committee established in compliance with Sections 4070 and 5624.

(*o*) In providing information as described in Section 7325.5. Nothing in this subdivision shall permit the release of any information other than that described in Section 7325.5.

(p) To the county mental health director or the director's designee, or to a law enforcement officer, or to the person designated by a law enforcement agency, pursuant to Sections 5152.1 and 5250.1.

(q) If the patient gives his or her consent, information specifically pertaining to the existence of genetically handicapping conditions, as defined in Section 341.5 of the Health and Safety Code, may be released to qualified professional persons for purposes of genetic counseling for blood relatives upon request of the blood relative. For purposes of this subdivision, "qualified professional persons" means those persons with the qualifications necessary to carry out the genetic counseling duties under this subdivision as determined by the genetic disease unit established in the State Department of Health Services under Section 309 of the Health and Safety Code. If the patient does not respond or cannot respond to a request for permission to release information pursuant to this subdivision after reasonable attempts have been made over a two–week period to get a response, the information may be released upon request of the blood relative.

(r) When the patient, in the opinion of his or her psychotherapist, presents a serious danger of violence to a reasonably foreseeable victim or victims, then any of the information or records specified in this section may be released to that person or persons and to law enforcement agencies as the psychotherapist determines is needed for the protection of that person or persons. For purposes of this subdivision, "psychotherapist" means anyone so defined within Section 1010 of the Evidence Code.

(s) To persons serving on an interagency case management council established in compliance with Section 5606.6 to the extent necessary to perform its duties. This council shall attempt to obtain the consent of the client. If this consent is not given by the client, the council shall justify in the client's chart why these records are necessary for the work of the council.

(t)(1) To the designated officer of an emergency response employee, and from that designated officer to an emergency response employee regarding possible exposure to HIV or AIDS, but only to the extent necessary to comply with provisions of the Ryan White Comprehensive AIDS Resources Emergency Act of 1990 (P.L. 101–381; 42 U.S.C. Sec. 201).

(2) For purposes of this subdivision, "designated officer" and "emergency response employee" have the same meaning as these terms are used in the Ryan White Comprehensive AIDS Resources Emergency Act of 1990 (P.L. 101–381; 42 U.S.C. Sec. 201).

(3) The designated officer shall be subject to the confidentiality requirements specified in Section 120980, and may be personally liable for unauthorized release of any identifying information about the HIV results. Further, the designated officer shall inform the exposed emergency response employee that the employee is also subject to the confidentiality requirements specified in Section 120980, and may be personally liable for unauthorized release of any identifying information about the HIV test results.

(u)(1) To a law enforcement officer who personally lodges with a facility, as defined in paragraph (2), a warrant of arrest or an abstract of such a warrant showing that the person sought is wanted for a serious felony, as defined in Section 1192.7 of the Penal Code, or a violent felony, as defined in Section 667.5 of the Penal Code. The information sought and released shall be limited to whether or not the person named in the arrest warrant is presently confined in the facility. This paragraph shall be implemented with minimum disruption to health facility operations and patients, in accordance with Section 5212. If the law enforcement officer is informed that the person named in the warrant is confined in the facility, the officer may not enter the facility to arrest the person without obtaining a valid search warrant or the permission of staff of the facility.

(2) For purposes of paragraph (1), a facility means all of the following:

(A) A state hospital, as defined in Section 4001.

(B) A general acute care hospital, as defined in subdivision (a) of Section 1250 of the Health and Safety Code, solely with regard to

information pertaining to a mentally disordered person subject to this section.

(C) An acute psychiatric hospital, as defined in subdivision (b) of Section 1250 of the Health and Safety Code.

(D) A psychiatric health facility, as described in Section 1250.2 of the Health and Safety Code.

(E) A mental health rehabilitation center, as described in Section 5675.

(F) A skilled nursing facility with a special treatment program for chronically mentally disordered patients, as described in Sections 51335 and 72445 to 72475, inclusive, of Title 22 of the California Code of Regulations.

(v) Between persons who are trained and qualified to serve on multidisciplinary personnel teams pursuant to Sections 15610.55, 15753.5, or 15761. The information and records sought to be disclosed shall be relevant to the prevention, identification, management, or treatment of an abused elder or dependent adult pursuant to Chapter 13 (commencing with Section 15750) of Part 3 of Division 9.

(w) The amendment of subdivision (d) enacted at the 1970 Regular Session of the Legislature does not constitute a change in, but is declaratory of, the preexisting law.

(x) This section shall not be limited by Section 5150.05 or 5332.

(Added by Stats.1972, c. 1058, p. 1960, § 2, operative July 1, 1973. Amended by Stats.1974, c. 486, p. 1120, § 2, eff. July 11, 1974; Stats.1975, c. 1258, p. 3300, § 6; Stats.1977, c. 1252, p. 4574, § 570, operative July 1, 1978; Stats.1978, c. 69, p. 190, § 5; Stats.1978, c. 432, p. 1502, § 12, eff. July 17, 1978, operative July 1, 1978; Stats.1978, c. 1345, p. 4397, § 1; Stats.1979, c. 373, p. 1396, § 364; Stats.1979, c. 244, p. 529, § 1; Stats.1980, c. 676, p. 2036, § 332; Stats.1981, c. 841, p. 3234, § 6; Stats.1982, c. 234, § 6, eff. June 2, 1982; Stats.1982, c. 1141, § 7; Stats.1982, c. 1415, § 1, eff. Sept. 27, 1982; Stats.1983, c. 755, § 3; Stats.1983, c. 1174, § 1.5; Stats.1985, c. 1121, § 3; Stats.1985, c. 1194, § 1; Stats.1985, c. 1324, § 1.7; Stats.1991, c. 534 (S.B.1088), § 6; Stats.1996, c. 1023 (S.B.1497), § 464, eff. Sept. 29, 1996; Stats.1996, c. 111 (S.B.2082), § 2; Stats.1998, c. 148 (A.B.302), § 1; Stats.2001, c. 37 (A.B.213), § 1; Stats.2001, c. 506 (A.B.1424), § 8.5; Stats.2002, c. 552 (A.B.2735), § 1.)

§ 5328.01. Confidential information and records; disclosure to law enforcement agencies; consent; court orders

Notwithstanding Section 5328, all information and records made confidential under the first paragraph of Section 5328 shall also be disclosed to governmental law enforcement agencies investigating evidence of a crime where the records relate to a patient who is confined or has been confined as a mentally disordered sex offender or pursuant to Section 1026 or 1368 of the Penal Code and the records are in the possession or under the control of any state hospital serving the mentally disabled, as follows:

(a) In accordance with the written consent of the patient; or

(b) If authorized by an appropriate order of a court of competent jurisdiction in the county where the records are located compelling a party to produce in court specified records and specifically describing the records being sought, when the order is granted after an application showing probable cause therefor. In assessing probable cause, the court shall do all of the following:

(1) Weigh the public interest and the need for disclosure against the injury to the patient, to the physician–patient relationship, and to the treatment services.

(2) Determine that there is a reasonable likelihood that the records in question will disclose material information or evidence of substantial value in connection with the investigation or prosecution.

(3) Determine that the crime involves the causing of, or direct threatening of, the loss of life or serious bodily injury.

(4) In granting or denying a subpoena, the court shall state on the record the reasons for its decision and the facts which the court considered in making such a ruling.

(5) If a court grants an order permitting disclosure of such records, the court shall issue all orders necessary to protect, to the maximum extent possible, the patient's privacy and the privacy and confidentiality of the physician–patient relationship.

(6) Any records disclosed pursuant to the provisions of this subdivision and any copies thereof shall be returned to the facility at the completion of the investigation or prosecution unless they have been made a part of the court record.

(c) A governmental law enforcement agency applying for disclosure of patient records under this subdivision may petition the court for an order, upon a showing of probable cause to believe that delay would seriously impede the investigation, which requires the ordered party to produce the records forthwith.

(d) Records obtained by a governmental law enforcement agency pursuant to this section shall not be disseminated to any other agency or person unless such dissemination relates to the criminal investigation for which the records were obtained by the governmental law enforcement agency. The willful dissemination of any record in violation of this paragraph shall constitute a misdemeanor.

(e) If any records obtained pursuant to this section are of a patient presently receiving treatment at the state hospital serving the mentally disabled, the law enforcement agency shall only receive copies of the original records.

(Added by Stats.1985, c. 1036, § 1.)

§ 5328.02. Confidential information and records; disclosure to youth authority and adult correctional agency

Notwithstanding Section 5328, all information and records made confidential under the first paragraph of Section 5328 shall also be disclosed to the Youth Authority and Adult Correctional Agency or any component thereof, as necessary to the administration of justice.

(Added by Stats.1980, c. 1117, p. 3608, § 26.)

§ 5328.05. Confidential information and records; elder abuse or neglect; consent; staff requirements

(a) Notwithstanding Section 5328, information and records may be disclosed when an older adult client, in the opinion of a designee of a human service agency serving older adults through an established multidisciplinary team, presents signs or symptoms of elder abuse or neglect, whether inflicted by another or self–inflicted, the agency designee to the multidisciplinary team may, with the older adult's consent, obtain information from other county agencies regarding, and limited to, whether or not a client is receiving services from any other county agency.

(b) The information obtained pursuant to subdivision (a) shall not include information regarding the nature of the treatment or services provided, and shall be shared among multidisciplinary team members for multidisciplinary team activities pursuant to this section.

(c) The county agencies which may cooperate and share information under this section shall have staff designated as members of an established multidisciplinary team, and include, but not be limited to, the county departments of public social services, health, mental health, and alcohol and drug abuse, the public guardian, and the area agencies on aging.

(d) The county patient's rights advocate shall report any negative consequences of the implementation of this exception to confidentiality requirements to the local mental health director.

(Added by Stats.1990, c. 654 (S.B.2488), § 1.)

§ 5328.06. Disclosure of information and records to protection and advocacy agency for rights of people with mental disabilities and mental illness

(a) Notwithstanding Section 5328, information and records shall be disclosed to the protection and advocacy agency established in this state to fulfill the requirements and assurances of the federal Protection and Advocacy for the Mentally Ill Individuals Amendments Act of * * * 1991, contained in Chapter 114

(commencing with Section 10801) of Title 42 of the United States Code, for the protection and advocacy of the rights of * * * people with mental disabilities, including people with mental illness, as defined in Section 10802(4) of Title 42 of the United States Code.

(b) Access to information and records to which subdivision (a) applies shall be in accord with Division 4.7 (commencing with Section 4900).

(Added by Stats.1991, c. 534 (S.B.1088), § 8. Amended by Stats.2003, c. 878 (S.B.577), § 10.)

§ 5328.1. Information to patient's family; patient authorization; liability for damages

(a) Upon request of a member of the family of a patient, or other person designated by the patient, a public or private treatment facility shall give the family member or the designee notification of the patient's diagnosis, the prognosis, the medications prescribed, the side effects of medications prescribed, if any, and the progress of the patient, if, after notification of the patient that this information is requested, the patient authorizes its disclosure. If, when initially informed of the request for notification, the patient is unable to authorize the release of such information, notation of the attempt shall be made into the patient's treatment record, and daily efforts shall be made to secure the patient's consent or refusal of authorization. However, if a request for information is made by the spouse, parent, child, or sibling of the patient and the patient is unable to authorize the release of such information, the requester shall be given notification of the patient's presence in the facility, except to the extent prohibited by federal law.

(b) Upon the admission of any mental health patient to a 24–hour public or private health facility licensed pursuant to Section 1250 of the Health and Safety Code, the facility shall make reasonable attempts to notify the patient's next of kin or any other person designated by the patient, of the patient's admission, unless the patient requests that this information not be provided. The facility shall make reasonable attempts to notify the patient's next of kin or any other person designated by the patient, of the patient's release, transfer, serious illness, injury, or death only upon request of the family member, unless the patient requests that this information not be provided. The patient shall be advised by the facility that he or she has the right to request that this information not be provided.

(c) No public or private entity or public or private employee shall be liable for damages caused or alleged to be caused by the release of information or the omission to release information pursuant to this section.

Nothing in this section shall be construed to require photocopying of a patient's medical records in order to satisfy its provisions.

(Added by Stats.1969, c. 722, p. 1430, § 22, eff. Aug. 8, 1969, operative July 1, 1969. Amended by Stats.1970, c. 1627, p. 3447, § 22; Stats.1980, c. 924, p. 2932, § 1; Stats.1983, c. 1174, § 2.)

§ 5328.2. Criminal matters; information to department of justice

Notwithstanding Section 5328, movement and identification information and records regarding a patient who is committed to the department, state hospital, or any other public or private mental health facility approved by the county mental health director for observation or for an indeterminate period as a mentally disordered sex offender, or for a person who is civilly committed as a sexually violent predator pursuant to Article 4 (commencing with Section 6600) of Chapter 2 of Part 2 of Division 6, or regarding a patient who is committed to the department, to a state hospital, or any other public or private mental health facility approved by the county mental health director under Section 1026 or 1370 of the Penal Code or receiving treatment pursuant to Section 5300 of this code, shall be forwarded immediately without prior request to the Department of Justice. Except as otherwise provided by law, information automatically reported under this section shall be restricted to name, address, fingerprints, date of admission, date of discharge, date of escape or return from escape, date of any home leave, parole or leave of absence and, if known, the county in which the person will reside upon release. The Department of Justice may in turn furnish information reported under this section pursuant to Section 11105 or 11105.1 of the Penal Code. It shall be a misdemeanor for recipients furnished with this information to in turn furnish the information to any person or agency other than those specified in Section 11105 or 11105.1 of the Penal Code.

(Added by Stats.1970, c. 1627, p. 3447, § 22.5. Amended by Stats.1972, c. 1377, p. 2857, § 121; Stats.1977, c. 691, p. 2231, § 4; Stats.1983, c. 754, § 5; Stats.1984, c. 1415, § 4; Stats.1997, c. 818 (A.B.1303), § 6.)

§ 5328.3. Notice of disappearance of patient

(a) When a voluntary patient would otherwise be subject to the provisions of Section 5150 of this part and disclosure is necessary for the protection of the patient or others due to the patient's disappearance from, without prior notice to, a designated facility and his or her whereabouts is unknown, notice of the disappearance may be made to relatives and governmental law enforcement agencies designated by the physician in charge of the patient or the professional person in charge of the facility or his or her designee.

(b)(1) When an involuntary patient is gravely disabled, as defined in subparagraph (B) of paragraph (1) of subdivision (h) of Section 5008, and the patient has disappeared from a designated facility, or is transferred between state hospitals, notice of the disappearance or transfer shall be made to the court initially ordering the patient's commitment pursuant to Section 1370 of the Penal Code, the district attorney for the county that ordered the commitment, and governmental law enforcement agencies designated by the physician in charge of the patient or the professional person in charge of the facility or his or her designee. This notice shall be made within 24 hours of the patient's disappearance or transfer from the facility.

(2) A designated facility shall not permit the release of an involuntary patient who is gravely disabled, as defined in subparagraph (B) of paragraph (1) of subdivision (h) of Section 5008, without prior written authorization of the court pursuant to paragraph (2) of subdivision (d) of Section 5358. The court may approve the pending release without a hearing unless a party notified pursuant to subdivision (d) of Section 5358 objects to the pending release within 10 days after receiving notice. This paragraph does not apply to the transfer of persons between state hospitals.

(Added by Stats.1970, c. 1627, p. 3447, § 22.6. Amended by Stats.1995, c. 593 (A.B.145), § 2.)

§ 5328.35. Patient escape or walkaway; development of notification policies and procedures

The State Department of Mental Health shall develop policies and procedures no later than 30 days after the effective date of the Budget Act of 1998, at each state hospital, to notify Members of the Legislature who represent the district in which the state hospital is located, local law enforcement, and designated local government officials in the event of a patient escape or walkaway.

(Added by Stats.1998, c. 310 (A.B.2780), § 65, eff. Aug. 19, 1998.)

§ 5328.4. Crimes against person by or upon patient; release of information

The physician in charge of the patient, or the professional person in charge of the facility or his or her designee, when he or she has probable cause to believe that a patient while hospitalized has committed, or has been the victim of, murder, manslaughter, mayhem, aggravated mayhem, kidnapping, carjacking, robbery, assault with intent to commit a felony, arson, extortion, rape, forcible sodomy, forcible oral copulation, unlawful possession of a weapon as provided in Section 12020 of the Penal Code, or escape from a hospital by a mentally disordered sex offender as provided in Section 6330 of the Welfare and Institutions Code, shall release information about the patient to governmental law enforcement agencies.

The physician in charge of the patient, or the professional person

in charge of the facility or his or her designee, when he or she has probable cause to believe that a patient, while hospitalized has committed, or has been the victim of assault or battery may release information about the patient to governmental law enforcement agencies.

This section shall be limited solely to information directly relating to the factual circumstances of the commission of the enumerated offenses and shall not include any information relating to the mental state of the patient or the circumstances of his or her voluntary or involuntary admission, commitment, or treatment.

This section shall not be construed as an exception to or in any other way affecting the provisions of Article 7 (commencing with Section 1010) of Chapter 4 of Division 8 of the Evidence Code.

(Added by Stats.1978, c. 160, p. 391, § 2. Amended by Stats.1989, c. 897, § 46; Stats.1993, c. 610 (A.B.6), § 32, eff. Oct. 1, 1993; Stats.1993, c. 611 (S.B.60), § 36, eff. Oct. 1, 1993.)

§ 5328.5. Confidential information and records; disclosure; elder abuse or dependent adult abuse

Information and records described in Section 5328 may be disclosed in communications relating to the prevention, investigation, or treatment of elder abuse or dependent adult abuse pursuant to Chapter 11 (commencing with Section 15600) and Chapter 13 (commencing with Section 15750), of Part 3 of Division 9.

(Added by Stats.1987, c. 1166, § 1, eff. Sept. 26, 1987.)

§ 5328.6. Record of disclosures

When any disclosure of information or records is made as authorized by the provisions of Section 11878 or 11879 of the Health and Safety Code, subdivision (a) or (d) of Section 5328, Sections 5328.1, 5328.3, or 5328.4, the physician in charge of the patient or the professional person in charge of the facility shall promptly cause to be entered into the patient's medical record: the date and circumstances under which such disclosure was made; the names and relationships to the patient if any, of persons or agencies to whom such disclosure was made; and the specific information disclosed.

(Added by Stats.1970, c. 1627, p. 3448, § 23.5. Amended by Stats.1975, c. 1108, p. 2685, § 3; Stats.1980, c. 676, p. 2038, § 333.)

§ 5328.7. Consent forms; record of forms used; copy for patient

Signed consent forms by a patient for release of any information to which such patient is required to consent under the provisions of Sections 11878 or 11879 of the Health and Safety Code or subdivision (a) or (d) of Section 5328 shall be obtained for each separate use with the use specified, the information to be released, the name of the agency or individual to whom information will be released indicated on the form and the name of the responsible individual who has authorization to release information specified. Any use of this form shall be noted in the patient file. Patients who sign consent forms shall be given a copy of the consent form signed.

(Added by Stats.1975, c. 1108, p. 2685, § 4. Amended by Stats.1980, c. 676, p. 2038, § 334.)

§ 5328.8. Death of patient in state mental hospital; release of information to coroner

The State Department of Mental Health, the physician in charge of the patient, or the professional person in charge of the facility or his or her designee, shall, except as otherwise provided in this section, release information obtained in the course of providing services under Division 5 (commencing with Section 5000), Division 6 (commencing with Section 6000), or Division 7 (commencing with Section 7100), to the coroner when a patient dies from any cause, natural or otherwise, while hospitalized in a state mental hospital. The State Department of Mental Health, the physician in charge of the patient, or the professional person in charge of the facility or his or her designee, shall not release any notes, summaries, transcripts, tapes, or records of conversations between the patient and health professional personnel of the hospital relating to the personal life of the patient which is not related to the diagnosis and treatment of the patient's physical condition. Any information released to the coroner pursuant to this section shall remain confidential and shall be sealed and shall not be made part of the public record.

(Added by Stats.1977, c. 498, p. 1624, § 2. Amended by Stats.1978, c. 69, p. 192, § 6; Stats.1979, c. 373, p. 1398, § 365; Stats.1982, c. 1141, § 8.)

§ 5328.9. Disclosure to employer; conditions; disclosure to patient; notice of nondisclosure to superior court

If at such time as a patient's hospital records are required by an employer to whom the patient has applied for employment, such records shall be forwarded to a qualified physician or psychiatrist representing the employer upon the request of the patient unless the physician or administrative officer responsible for the patient deems the release of such records contrary to the best interest of the patient.

If the physician or administrative officer responsible for a patient deems the release of such records contrary to the best interest of the patient, he shall notify the patient within five days. In the event that the disclosure of the patient's records to the patient himself would not serve his best interests, the physician or administrative officer in question shall render formal notice of his decision to the superior court of the county in which the patient resides.

(Added by Stats.1972, c. 1058, p. 1961, § 3.)

§ 5328.15. Authorized disclosure of confidential information and records

All information and records obtained in the course of providing services under Division 5 (commencing with Section 5000), Division 6 (commencing with Section 6000), or Division 7 (commencing with Section 7000), to either voluntary or involuntary recipients of services shall be confidential. Information and records may be disclosed, however, notwithstanding any other provision of law, as follows:

(a) To authorized licensing personnel who are employed by, or who are authorized representatives of, the State Department of Health Services, and who are licensed or registered health professionals, and to authorized legal staff or special investigators who are peace officers who are employed by, or who are authorized representatives of the State Department of Social Services, as necessary to the performance of their duties to inspect, license, and investigate health facilities and community care facilities and to ensure that the standards of care and services provided in such facilities are adequate and appropriate and to ascertain compliance with the rules and regulations to which the facility is subject. The confidential information shall remain confidential except for purposes of inspection, licensing, or investigation pursuant to Chapter 2 (commencing with Section 1250) of, and Chapter 3 (commencing with Section 1500) of, Division 2 of the Health and Safety Code, or a criminal, civil, or administrative proceeding in relation thereto. The confidential information may be used by the State Department of Health Services or the State Department of Social Services in a criminal, civil, or administrative proceeding. The confidential information shall be available only to the judge or hearing officer and to the parties to the case. Names which are confidential shall be listed in attachments separate to the general pleadings. The confidential information shall be sealed after the conclusion of the criminal, civil, or administrative hearings, and shall not subsequently be released except in accordance with this subdivision. If the confidential information does not result in a criminal, civil, or administrative proceeding, it shall be sealed after the State Department of Health Services or the State Department of Social Services decides that no further action will be taken in the matter of suspected licensing violations. Except as otherwise provided in this subdivision, confidential information in the possession of the State Department of Health Services or the State Department of Social Services shall not contain the name of the patient.

(b) To any board which licenses and certifies professionals in the

fields of mental health pursuant to state law, when the Director of Mental Health has reasonable cause to believe that there has occurred a violation of any provision of law subject to the jurisdiction of that board and the records are relevant to the violation. This information shall be sealed after a decision is reached in the matter of the suspected violation, and shall not subsequently be released except in accordance with this subdivision. Confidential information in the possession of the board shall not contain the name of the patient.

(Added by Stats.1980, c. 695, p. 2095, § 1. Amended by Stats.1982, c. 1141, § 9; Stats.1985, c. 994, § 2.)

§ 5329. Statistical data

Nothing in this chapter shall be construed to prohibit the compilation and publication of statistical data for use by government or researchers under standards set by the Director of Mental Health.

(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969. Amended by Stats.1968, c. 1374, p. 2660, § 49, operative July 1, 1969; Stats.1973, c. 142, p. 417, § 70.5, eff. June 30, 1973, operative July 1, 1973; Stats.1977, c. 1252, p. 4576, § 571, operative July 1, 1978; Stats.1978, c. 429, p. 1455, § 209, eff. July 17, 1978, operative July 1, 1978; Stats.1982, c. 1141, § 10.)

§ 5330. Action for damages

(a) Any person may bring an action against an individual who has willfully and knowingly released confidential information or records concerning him or her in violation of this chapter, or of Chapter 1 (commencing with Section 11860) of Part 3 of Division 10.5 of the Health and Safety Code, for the greater of the following amounts:

(1) Ten thousand dollars ($10,000).

(2) Three times the amount of actual damages, if any, sustained by the plaintiff.

(b) Any person may bring an action against an individual who has negligently released confidential information or records concerning him or her in violation of this chapter, or of Chapter 1 (commencing with Section 11860) of Part 3 of Division 10.5 of the Health and Safety Code, for both of the following:

(1) One thousand dollars ($1,000). In order to recover under this paragraph, it shall not be a prerequisite that the plaintiff suffer or be threatened with actual damages.

(2) The amount of actual damages, if any, sustained by the plaintiff.

(c) Any person may, in accordance with Chapter 3 (commencing with Section 525) of Title 7 of Part 2 of the Code of Civil Procedure, bring an action to enjoin the release of confidential information or records in violation of this chapter, and may in the same action seek damages as provided in this section.

(d) In addition to the amounts specified in subdivisions (a) and (b), the plaintiff shall recover court costs and reasonable attorney's fees as determined by the court.

(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969. Amended by Stats.1975, c. 1108, p. 2685, § 5; Stats.1980, c. 676, p. 2038, § 335; Stats.1998, c. 738 (S.B.2098), § 1, eff. Sept. 22, 1998.)

§ 5331. Evaluation on competency; effect; statement of California Law

No person may be presumed to be incompetent because he or she has been evaluated or treated for mental disorder or chronic alcoholism, regardless of whether such evaluation or treatment was voluntarily or involuntarily received. Any person who leaves a public or private mental health facility following evaluation or treatment for mental disorder or chronic alcoholism, regardless of whether that evaluation or treatment was voluntarily or involuntarily received, shall be given a statement of California law as stated in this paragraph.

Any person who has been, or is, discharged from a state hospital and received voluntary or involuntary treatment under former provisions of this code relating to inebriates or the mentally ill shall, upon request to the state hospital superintendent or the State Department of Mental Health, be given a statement of California law as stated in this section unless the person is found to be incompetent under proceedings for conservatorship or guardianship.

(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969. Amended by Stats.1968, c. 1374, p. 2660, § 50, operative July 1, 1969; Stats.1971, c. 1593, p. 3342, § 378, operative July 1, 1973; Stats.1977, c. 1252, p. 4572, § 572, operative July 1, 1978.)

§ 5332. Administration of antipsychotic medication to persons subject to detention; consideration of treatment alternatives; internal procedures at hospitals; acquisition of person's medication history; emergency procedures

(a) Antipsychotic medication, as defined in subdivision (*l*) of Section 5008, may be administered to any person subject to detention pursuant to Section 5150, 5250, 5260, or 5270.15, if that person does not refuse that medication following disclosure of the right to refuse medication as well as information required to be given to persons pursuant to subdivision (c) of Section 5152 and subdivision (b) of Section 5213.

(b) If any person subject to detention pursuant to Section 5150, 5250, 5260, or 5270.15, and for whom antipsychotic medication has been prescribed, orally refuses or gives other indication of refusal of treatment with that medication, the medication shall be administered only when treatment staff have considered and determined that treatment alternatives to involuntary medication are unlikely to meet the needs of the patient, and upon a determination of that person's incapacity to refuse the treatment, in a hearing held for that purpose.

(c) Each hospital in conjunction with the hospital medical staff or any other treatment facility in conjunction with its clinical staff shall develop internal procedures for facilitating the filing of petitions for capacity hearings and other activities required pursuant to this chapter.

(d) When any person is subject to detention pursuant to Section 5150, 5250, 5260, or 5270.15, the agency or facility providing the treatment shall acquire the person's medication history, if possible.

(e) In the case of an emergency, as defined in subdivision (m) of Section 5008, a person detained pursuant to Section 5150, 5250, 5260, or 5270.15 may be treated with antipsychotic medication over his or her objection prior to a capacity hearing, but only with antipsychotic medication that is required to treat the emergency condition, which shall be provided in the manner least restrictive to the personal liberty of the patient. It is not necessary for harm to take place or become unavoidable prior to intervention.

(Added by Stats.1991, c. 681 (S.B.665), § 3. Amended by Stats.2001, c. 506 (A.B.1424), § 9.)

§ 5333. Capacity hearings; representation by advocate or counsel; petition; notice

(a) Persons subject to capacity hearings pursuant to Section 5332 shall have a right to representation by an advocate or legal counsel. "Advocate," as used in this section, means a person who is providing mandated patients' rights advocacy services pursuant to Chapter 6.2 (commencing with Section 5500), and this chapter. If the Department of Mental Health provides training to patients' rights advocates, that training shall include issues specific to capacity hearings.

(b) Petitions for capacity hearings pursuant to Section 5332 shall be filed with the superior court. The director of the treatment facility or his or her designee shall personally deliver a copy of the notice of the filing of the petition for a capacity hearing to the person who is the subject of the petition.

(c) The mental health professional delivering the copy of the notice of the filing of the petition to the court for a capacity hearing shall, at the time of delivery, inform the person of his or her legal right to a capacity hearing, including the right to the assistance of the patients' rights advocate or an attorney to prepare for the hearing and to answer any questions or concerns.

(d) As soon after the filing of the petition for a capacity hearing is practicable, an attorney or a patients' rights advocate shall meet with the person to discuss the capacity hearing process and to assist the person in preparing for the capacity hearing and to answer questions or to otherwise assist the person, as is appropriate.

(Added by Stats.1991, c. 681 (S.B.665), § 4.)

§ 5334. Capacity hearings; time for hearing; location; hearing officer; determination; notification; appeal; habeas corpus

(a) Capacity hearings required by Section 5332 shall be heard within 24 hours of the filing of the petition whenever possible. However, if any party needs additional time to prepare for the hearing, the hearing shall be postponed for 24 hours. In case of hardship, hearings may also be postponed for an additional 24 hours, pursuant to local policy developed by the county mental health director and the presiding judge of the superior court regarding the scheduling of hearings. The policy developed pursuant to this subdivision shall specify procedures for the prompt filing and processing of petitions to ensure that the deadlines set forth in this section are met, and shall take into consideration the availability of advocates and the treatment needs of the patient. In no event shall hearings be held beyond 72 hours of the filing of the petition. The person who is the subject of the petition and his or her advocate or counsel shall receive a copy of the petition at the time it is filed.

(b) Capacity hearings shall be held in an appropriate location at the facility where the person is receiving treatment, and shall be held in a manner compatible with, and the least disruptive of, the treatment being provided to the person.

(c) Capacity hearings shall be conducted by a superior court judge, a court–appointed commissioner or referee, or a court–appointed hearing officer. All commissioners, referees, and hearing officers shall be appointed by the superior court from a list of attorneys unanimously approved by a panel composed of the local mental health director, the county public defender, and the county counsel or district attorney designated by the county board of supervisors. No employee of the county mental health program or of any facility designated by the county and approved by the department as a facility for 72–hour treatment and evaluation may serve as a hearing officer. All hearing officers shall receive training in the issues specific to capacity hearings.

(d) The person who is the subject of the capacity hearing shall be given oral notification of the determination at the conclusion of the capacity hearing. As soon thereafter as is practicable, the person, his or her counsel or advocate, and the director of the facility where the person is receiving treatment shall be provided with written notification of the capacity determination, which shall include a statement of the evidence relied upon and the reasons for the determination. A copy of the determination shall be submitted to the superior court.

(e)(1) The person who is the subject of the capacity hearing may appeal the determination to the superior court or the court of appeal.

(2) The person who has filed the original petition for a capacity hearing may request the district attorney or county counsel in the county in which the person is receiving treatment to appeal the determination to the superior court or the court of appeal, on behalf of the state.

(3) Nothing shall prohibit treatment from being initiated pending appeal of a determination of incapacity pursuant to this section.

(4) Nothing in this section shall be construed to preclude the right of a person to bring a writ of habeas corpus pursuant to Section 5275, subject to the provisions of this chapter.

(f) All appeals to the superior court pursuant to this section shall be subject to de novo review.

(Added by Stats.1991, c. 681 (S.B.665), § 5.)

§ 5336. Capacity hearings; effect of determination

Any determination of a person's incapacity to refuse treatment with antipsychotic medication made pursuant to Section 5334 shall remain in effect only for the duration of the detention period described in Section 5150 or 5250, or both, or until capacity has been restored according to standards developed pursuant to subdivision (c) of Section 5332, or by court determination, whichever is sooner.

(Added by Stats.1991, c. 681 (S.B.665), § 6.)

§ 5337. Persons determined at certification review hearing to be danger to others; right to file petition for post certification

Notwithstanding Section 5257, nothing shall prohibit the filing of a petition for post certification pursuant to Article 6 (commencing with Section 5300) for persons who have been determined to be a danger to others at a certification review hearing.

(Added by Stats.1991, c. 681 (S.B.665), § 7.)

Article 8 COMMUNITY CONTROLLED SUBSTANCES TREATMENT SERVICES

§ 5340. Legislature intent

It is the intention of the Legislature by enacting this article to provide legal procedures for the custody, evaluation, and treatment of users of controlled substances. The enactment of this article shall not be construed to be evidence that any person subject to its provisions is mentally disordered, or evidence that the Legislature considers that such persons are mentally disordered.

(Added by Stats.1970, c. 1502, p. 2986, § 1. Amended by Stats.1984, c. 1635, § 99.)

§ 5341. Controlled substances defined

As used in this article, "controlled substances" means those substances referred to in Division 10 (commencing with Section 11000) of the Health and Safety Code.

(Added by Stats.1984, c. 1635, § 101.)

§ 5342. Construction

Where other applicable sections of this part contain the phrase "a danger to himself or herself or others, or gravely disabled," such sections shall be deemed to refer to the condition of danger to self or others or grave disability as a result of the use of controlled substances, rather than by mental disorder, as such.

(Added by Stats.1970, c. 1502, p. 2987, § 1. Amended by Stats.1984, c. 1635, § 102.)

§ 5343. Laws applicable

Notwithstanding any other provision of law, if any person is a danger to others or to himself or herself, or gravely disabled, as a result of the use of controlled substances, he or she shall be subject, insofar as possible, to the provisions of Articles 1 (commencing with Section 5150), 2 (commencing with Section 5200), 4 (commencing with Section 5250), 5 (commencing with Section 5275), and 7 (commencing with Section 5325) of this chapter, except that any custody, evaluation and treatment, or any procedure pursuant to such provisions shall only be related to and concerned with the problem of the person's use of controlled substances.

(Added by Stats.1970, c. 1502, p. 2987, § 1. Amended by Stats.1984, c. 1635, § 103.)

§ 5344. Expenditures

Any expenditure for the custody, evaluation, treatment, or other procedures for services rendered a person pursuant to this article shall be considered an expenditure made under the provisions of Part 2 (commencing with Section 5600) of this division, and shall be paid as are other expenditures pursuant to that part. No person shall be admitted to a state hospital for care and treatment of his or her use of controlled substances prior to screening and referral by an agency designated in the county Short–Doyle plan to provide the services.

(Added by Stats.1970, c. 1502, p. 2987, § 1. Amended by Stats.1984, c. 1635, § 104.)

Chapter 3 CONSERVATORSHIP FOR GRAVELY DISABLED PERSONS

§ 5350. Appointment; procedure

A conservator of the person, of the estate, or of the person and the estate may be appointed for any person who is gravely disabled as a result of mental disorder or impairment by chronic alcoholism.

The procedure for establishing, administering, and terminating a conservatorship under this chapter shall be the same as that provided in Division 4 (commencing with Section 1400) of the Probate Code, except as follows:

(a) A conservator may be appointed for a gravely disabled minor.

(b)(1) Appointment of a conservator under this part, including the appointment of a conservator for a person who is gravely disabled, as defined in subparagraph (A) of paragraph (1) of subdivision (h) of Section 5008, shall be subject to the list of priorities in Section 1812 of the Probate Code unless the officer providing conservatorship investigation recommends otherwise to the superior court.

(2) In appointing a conservator, as defined in subparagraph (B) of paragraph (1) of subdivision (h) of Section 5008, the court shall consider the purposes of protection of the public and the treatment of the conservatee.

(c) No conservatorship of the estate pursuant to this chapter shall be established if a conservatorship or guardianship of the estate exists under the Probate Code. When a gravely disabled person already has a guardian or conservator of the person appointed under the Probate Code, the proceedings under this chapter shall not terminate the prior proceedings but shall be concurrent with and superior thereto. The superior court may appoint the existing guardian or conservator of the person or another person as conservator of the person under this chapter.

(d) The person for whom conservatorship is sought shall have the right to demand a court or jury trial on the issue whether he or she is gravely disabled. Demand for court or jury trial shall be made within five days following the hearing on the conservatorship petition. If the proposed conservatee demands a court or jury trial before the date of the hearing as provided for in Section 5365, the demand shall constitute a waiver of the hearing.

Court or jury trial shall commence within 10 days of the date of the demand, except that the court shall continue the trial date for a period not to exceed 15 days upon the request of counsel for the proposed conservatee.

This right shall also apply in subsequent proceedings to reestablish conservatorship.

(e)(1) Notwithstanding subparagraph (A) of paragraph (1) of subdivision (h) of Section 5008, a person is not "gravely disabled" if that person can survive safely without involuntary detention with the help of responsible family, friends, or others who are both willing and able to help provide for the person's basic personal needs for food, clothing, or shelter.

(2) However, unless they specifically indicate in writing their willingness and ability to help, family, friends, or others shall not be considered willing or able to provide this help.

(3) The purpose of this subdivision is to avoid the necessity for, and the harmful effects of, requiring family, friends, and others to publicly state, and requiring the court to publicly find, that no one is willing or able to assist the mentally disordered person in providing for the person's basic needs for food, clothing, or shelter.

(4) This subdivision does not apply to a person who is gravely disabled, as defined in subparagraph (B) of paragraph (1) of subdivision (h) of Section 5008.

(f) Conservatorship investigation shall be conducted pursuant to this part and shall not be subject to Section 1826 or Chapter 2 (commencing with Section 1850) of Part 3 of Division 4 of the Probate Code.

(g) Notice of proceedings under this chapter shall be given to a guardian or conservator of the person or estate of the proposed conservatee appointed under the Probate Code.

(h) As otherwise provided in this chapter.

(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969. Amended by Stats.1969, c. 722, p. 1430, § 23, eff. Aug. 8, 1969, operative July 1, 1969; Stats.1970, c. 68, p. 82, § 1; Stats.1970, c. 1627, p. 3448, § 24; Stats.1971, c. 776, p. 1529, § 4; Stats.1972, c. 574, p. 981, § 1; Stats.1978, c. 1294, p. 4244, § 4; Stats.1979, c. 730, p. 2533, § 145, operative Jan. 1, 1981; Stats.1986, c. 322, § 1; Stats.1989, c. 999, § 2; Stats.1995, c. 593 (A.B.145), § 3.)

§ 5350.1. Purpose

The purpose of conservatorship, as provided for in this article, is to provide individualized treatment, supervision, and placement.

(Added by Stats.1978, c. 1294, p. 4244, § 5.)

§ 5350.2. Notification of family members or other designated persons; time and place of hearing

Reasonable attempts shall be made by the county mental health program to notify family members or any other person designated by the person for whom conservatorship is sought, of the time and place of the conservatorship hearing. The person for whom the conservatorship is sought shall be advised by the facility treating the person that he or she may request that information about the time and place of the conservatorship hearing not be given to family members, in those circumstances where the proposed conservator is not a family member. The request shall be honored by the mental health program. Neither this section nor Section 5350 shall be interpreted to allow the proposed conservatee to request that any proposed conservator not be advised of the time and place of the conservatorship hearing.

(Added by Stats.1986, c. 872, § 5. Amended by Stats.1987, c. 56, § 183.)

§ 5351. Investigating agencies; provision of services

In each county or counties acting jointly under the provisions of Article 1 (commencing with Section 6500) of Chapter 5 of Division 7 of Title 1 of the Government Code, the governing board shall designate the agency or agencies to provide conservatorship investigation as set forth in this chapter. The governing board may designate that conservatorship services be provided by the public guardian or agency providing public guardian services.

(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969. Amended by Stats.1968, c. 1374, p. 2660, § 51.5, operative July 1, 1969; Stats.1986, c. 335, § 1.)

§ 5352. Recommendation; petition; temporary conservator; procedure

When the professional person in charge of an agency providing comprehensive evaluation or a facility providing intensive treatment determines that a person in his care is gravely disabled as a result of mental disorder or impairment by chronic alcoholism and is unwilling to accept, or incapable of accepting, treatment voluntarily, he may recommend conservatorship to the officer providing conservatorship investigation of the county of residence of the person prior to his admission as a patient in such facility.

The professional person in charge of an agency providing comprehensive evaluation or a facility providing intensive treatment may recommend conservatorship for a person without the person being an inpatient in such facility, if both of the following conditions are met: (a) the professional person or another professional person designated by him has examined and evaluated the person and determined that he is gravely disabled; (b) the professional person or another professional person designated by him has determined that future examination on an inpatient basis is not necessary for a determination that the person is gravely disabled.

If the officer providing conservatorship investigation concurs with the recommendation, he shall petition the superior court in the county of residence of the patient to establish conservatorship.

Where temporary conservatorship is indicated, the fact shall be alternatively pleaded in the petition. The officer providing conservatorship investigation or other county officer or employee designated by the county shall act as the temporary conservator.

(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969. Amended by Stats.1968, c. 1374, p. 2661, § 52, operative July 1, 1969; Stats.1969, c. 722, p. 1430, § 24, eff. Aug. 8, 1969, operative July 1, 1969; Stats.1970, c. 35, p. 56, § 1; Stats.1970, c. 1627, p. 3449,

§ 24.1; Stats.1972, c. 692, p. 1274, § 1; Stats.1979, c. 730, p. 2534, § 146, operative Jan. 1, 1981.)

§ 5352.1. Temporary conservatorship

The court may establish a temporary conservatorship for a period not to exceed 30 days and appoint a temporary conservator on the basis of the comprehensive report of the officer providing conservatorship investigation filed pursuant to Section 5354, or on the basis of an affidavit of the professional person who recommended conservatorship stating the reasons for his recommendation, if the court is satisfied that such comprehensive report or affidavit show the necessity for a temporary conservatorship.

Except as provided in this section, all temporary conservatorships shall expire automatically at the conclusion of 30 days, unless prior to that date the court shall conduct a hearing on the issue of whether or not the proposed conservatee is gravely disabled as defined in subdivision (h) of Section 5008.

If the proposed conservatee demands a court or jury trial on the issue whether he is gravely disabled, the court may extend the temporary conservatorship until the date of the disposition of the issue by the court or jury trial, provided that such extension shall in no event exceed a period of six months.

(Added by Stats.1969, c. 722, p. 1431, § 24.05, eff. Aug. 8, 1969, operative July 1, 1969. Amended by Stats.1971, c. 776, p. 1530, § 5; Stats.1972, c. 574, p. 981, § 2.)

§ 5352.2. Public guardian; bond and oath

Where the duly designated officer providing conservatorship investigation is a public guardian, his official oath and bond as public guardian are in lieu of any other bond or oath on the grant of temporary letters of conservatorship to him.

(Added by Stats.1970, c. 566, p. 1138, § 1.)

§ 5352.3. Additional detention pending filing petition; maximum involuntary detention for gravely disabled

If the professional person in charge of the facility providing intensive treatment recommends conservatorship pursuant to Section 5352, the proposed conservatee may be held in that facility for a period not to exceed three days beyond the designated period for intensive treatment if the additional time period is necessary for a filing of the petition for temporary conservatorship and the establishment of the temporary conservatorship by the court. The involuntary detention period for gravely disabled persons pursuant to Sections 5150, 5250, and 5170.15 shall not exceed 47 days unless continuance is granted.

(Added by Stats.1970, c. 1627, p. 3449, § 24.5. Amended by Stats.1988, c. 1517, § 13.)

§ 5352.4. Appeal of judgment establishing conservatorship; continuation of conservatorship; exception

If a conservatee appeals the court's decision to establish conservatorship, the conservatorship shall continue unless execution of judgment is stayed by the appellate court.

(Added by Stats.1972, c. 574, p. 982, § 4.)

§ 5352.5. Initiation of proceedings; reimbursement

Conservatorship proceedings may be initiated for any person committed to a state hospital or local mental health facility or placed on outpatient treatment pursuant to Section 1026 or 1370 of the Penal Code or transferred pursuant to Section 4011.6 of the Penal Code upon recommendation of the medical director of the state hospital, or a designee, or professional person in charge of the local mental health facility, or a designee, or the local mental health director, or a designee, to the conservatorship investigator of the county of residence of the person prior to his or her admission to the hospital or facility or of the county in which the hospital or facility is located. The initiation of conservatorship proceedings or the existence of a conservatorship shall not affect any pending criminal proceedings.

Subject to the provisions of Sections 5150 and 5250, conservatorship proceedings may be initiated for any person convicted of a felony who has been transferred to a state hospital under the jurisdiction of the State Department of Mental Health pursuant to Section 2684 of the Penal Code by the recommendation of the medical director of the state hospital to the conservatorship investigator of the county of residence of the person or of the county in which the state hospital is located.

Subject to the provisions of Sections 5150 and 5250, conservatorship proceedings may be initiated for any person committed to the Youth Authority, or on parole from a facility of the Youth Authority, by the Director of the Department of the Youth Authority or a designee, to the conservatorship investigator of the county of residence of the person or of the county in which the facility is situated.

The county mental health program providing conservatorship investigation services and conservatorship case management services for any persons except those transferred pursuant to Section 4011.6 of the Penal Code shall be reimbursed for the expenditures made by it for the services pursuant to the Short–Doyle Act (commencing with Section 5600) at 100 percent of the expenditures. Each county Short–Doyle plan shall include provision for the services in the plan.

(Added by Stats.1975, c. 1258, p. 3302, § 7. Amended by Stats.1977, c. 1252, p. 4572, § 572, operative July 1, 1978; Stats.1977, c. 691, p. 2231, § 5; Stats.1978, c. 429, p. 1455, § 209.5, eff. July 17, 1978, operative July 1, 1978; Stats.1986, c. 933, § 2.)

§ 5352.6. Individualized treatment plan; development; goals; progress review; termination of conservatorship by court

Within 10 days after conservatorship of the person has been established under the provisions of this article, there shall be an individualized treatment plan unless treatment is specifically found not to be appropriate by the court. The treatment plan shall be developed by the Short–Doyle Act community mental health service, the staff of a facility operating under a contract to provide such services in the individual's county of residence, or the staff of a health facility licensed pursuant to Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code to provide inpatient psychiatric treatment. The person responsible for developing the treatment plan shall encourage the participation of the client and the client's family members, when appropriate, in the development, implementation, revision, and review of the treatment plan. The individualized treatment plan shall specify goals for the individual's treatment, the criteria by which accomplishment of the goals can be judged, and a plan for review of the progress of treatment. The goals of the treatment plan shall be equivalent to reducing or eliminating the behavioral manifestations of grave disability. If a treatment plan is not developed as provided herein then the matter shall be referred to the court by the Short–Doyle Act community mental health service, or the staff of a facility operating under a contract to provide such services, or the conservator, or the attorney of record for the conservatee.

When the progress review determines that the goals have been reached and the person is no longer gravely disabled, a person designated by the county shall so report to the court and the conservatorship shall be terminated by the court.

If the conservator fails to report to the court that the person is no longer gravely disabled as provided herein, then the matter shall be referred to the court by the Short–Doyle Act community mental health service, or the staff of a facility operating under a contract to provide such services, or the attorney of record for the conservatee.

(Added by Stats.1978, c. 1294, p. 4244, § 6. Amended by Stats.1986, c. 872, § 6.)

§ 5353. Temporary conservator; arrangements pending determination of conservatorship; powers; residence of conservatee; sale or relinquishment of property

A temporary conservator under this chapter shall determine what arrangements are necessary to provide the person with food, shelter, and care pending the determination of conservatorship. He shall give preference to arrangements which allow the person to return to his home, family or friends. If necessary, the temporary conservator may require the person to be detained in a facility providing intensive treatment or in a facility specified in Section 5358 pending the determination of conservatorship. Any person so detained shall have the same right to judicial review set forth in Article 5 (commencing with Section 5275) of Chapter 2 of this part.

The powers of the temporary conservator shall be those granted in the decree, but in no event may they be broader than the powers which may be granted a conservator.

The court shall order the temporary conservator to take all reasonable steps to preserve the status quo concerning the conservatee's previous place of residence. The temporary conservator shall not be permitted to sell or relinquish on the conservatee's behalf any estate or interest in any real or personal property, including any lease or estate in real or personal property used as or within the conservatee's place of residence, without specific approval of the court, which may be granted only upon a finding based on a preponderance of the evidence that such action is necessary to avert irreparable harm to the conservatee. A finding of irreparable harm as to real property may be based upon a reasonable showing that such real property is vacant, that it cannot reasonably be rented, and that it is impossible or impractical to obtain fire or liability insurance on such property.

(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969. Amended by Stats.1968, c. 1374, p. 2661, § 53, operative July 1, 1969; Stats.1969, c. 722, p. 1431, § 24.1, eff. Aug. 8, 1969, operative July 1, 1969; Stats.1971, c. 776, p. 1530, § 6; Stats.1972, c. 574, p. 982, § 3; Stats.1977, c. 1237, p. 4157, § 5; Stats.1978, c. 1268, p. 4116, § 2.)

§ 5354. Investigation of alternatives to conservatorship; recommendations of conservatorship; report of investigation, necessity, contents, transmittal, use

The officer providing conservatorship investigation shall investigate all available alternatives to conservatorship and shall recommend conservatorship to the court only if no suitable alternatives are available. This officer shall render to the court a written report of investigation prior to the hearing. The report to the court shall be comprehensive and shall contain all relevant aspects of the person's medical, psychological, financial, family, vocational and social condition, and information obtained from the person's family members, close friends, social worker or principal therapist. The report shall also contain all available information concerning the person's real and personal property. The facilities providing intensive treatment or comprehensive evaluation shall disclose any records or information which may facilitate the investigation. If the officer providing conservatorship investigation recommends against conservatorship, he or she shall set forth all alternatives available. A copy of the report shall be transmitted to the individual who originally recommended conservatorship, to the person or agency, if any, recommended to serve as conservator, and to the person recommended for conservatorship. The court may receive the report in evidence and may read and consider the contents thereof in rendering its judgment.

(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969. Amended by Stats.1974, c. 833, p. 1795, § 1; Stats.1978, c. 1294, p. 4245, § 7; Stats.1982, c. 1598, § 7.)

§ 5354.5. Acceptance or rejection of position as conservator; recommendation of substitute; public guardian

Except as otherwise provided in this section, the person recommended to serve as conservator shall promptly notify the officer providing conservatorship investigation whether he or she will accept the position if appointed. If notified that the person or agency recommended will not accept the position if appointed, the officer providing conservatorship investigation shall promptly recommend another person to serve as conservator.

The public guardian shall serve as conservator of any person found by a court under this chapter to be gravely disabled, if the court recommends the conservatorship after a conservatorship investigation, and if the court finds that no other person or entity is willing and able to serve as conservator.

(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969. Amended by Stats.1986, c. 872, § 6.5.)

§ 5355. Designation of conservator; conflicts of interest; public guardian

If the conservatorship investigation results in a recommendation for conservatorship, the recommendation shall designate the most suitable person, corporation, state or local agency or county officer, or employee designated by the county to serve as conservator. No person, corporation, or agency shall be designated as conservator whose interests, activities, obligations or responsibilities are such as to compromise his or their ability to represent and safeguard the interests of the conservatee. Nothing in this section shall be construed to prevent the State Department of Mental Health from serving as guardian pursuant to Section 7284, or the function of the conservatorship investigator and conservator being exercised by the same public officer or employee.

When a public guardian is appointed conservator, his official bond and oath as public guardian are in lieu of the conservator's bond and oath on the grant of letters of conservatorship. No bond shall be required of any other public officer or employee appointed to serve as conservator.

(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969. Amended by Stats.1970, c. 566, p. 1138, § 2; Stats.1971, c. 1593, p. 3343, § 378.5; Stats.1971, c. 955, p. 1861, § 10; Stats.1973, c. 142, p. 417, § 71, eff. June 30, 1973, operative July 1, 1973; Stats.1974, c. 1060, p. 2284, § 9; Stats.1977, c. 1252, p. 4577, § 574, operative July 1, 1978.)

§ 5356. Investigation report; recommendations; agreement to serve as conservator

The report of the officer providing conservatorship investigation shall contain his or her recommendations concerning the powers to be granted to, and the duties to be imposed upon the conservator, the legal disabilities to be imposed upon the conservatee, and the proper placement for the conservatee pursuant to Section 5358. Except as provided in this section, the report to the court shall also contain an agreement signed by the person or agency recommended to serve as conservator certifying that the person or agency is able and willing to serve as conservator. The public guardian shall serve as conservator of any person found by a court under this chapter to be gravely disabled, if the court recommends the conservatorship after a conservatorship investigation, and if the court finds that no other person or entity is willing and able to serve as conservator.

(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969. Amended by Stats.1980, c. 681, p. 2066, § 1; Stats.1986, c. 872, § 7.)

§ 5357. Conservator; general and special powers; disability of conservatee

All conservators of the estate shall have the general powers specified in Chapter 6 (commencing with Section 2400) of Part 4 of Division 4 of the Probate Code and shall have the additional powers specified in Article 11 (commencing with Section 2590) of Chapter 6 of Part 4 of Division 4 of the Probate Code as the court may designate. The report shall set forth which, if any, of the additional

powers it recommends. The report shall also recommend for or against the imposition of each of the following disabilities on the proposed conservatee:

(a) The privilege of possessing a license to operate a motor vehicle. If the report recommends against this right and if the court follows the recommendation, the agency providing conservatorship investigation shall, upon the appointment of the conservator, so notify the Department of Motor Vehicles.

(b) The right to enter into contracts. The officer may recommend against the person having the right to enter specified types of transactions or transactions in excess of specified money amounts.

(c) The disqualification of the person from voting pursuant to Section 2208 of the Elections Code.

(d) The right to refuse or consent to treatment related specifically to the conservatee's being gravely disabled. The conservatee shall retain all rights specified in Section 5325.

(e) The right to refuse or consent to routine medical treatment unrelated to remedying or preventing the recurrence of the conservatee's being gravely disabled. The court shall make a specific determination regarding imposition of this disability.

(f) The disqualification of the person from possessing a firearm pursuant to subdivision (e) of Section 8103.

(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969. Amended by Stats.1969, c. 722, p. 1431, § 25, eff. Aug. 8, 1969, operative July 1, 1969; Stats.1976, c. 905, p. 2078, § 1; Stats.1978, c. 1363, p. 4531, § 14; Stats.1979, c. 730, p. 2535, § 147, operative Jan. 1, 1981; Stats.1984, c. 1562, § 3; Stats.1990, c. 180 (S.B.2138), § 1; Stats.1994, c. 923 (S.B.1546), § 268.)

§ 5358. Placement of conservatee; treatment

(a)(1) When ordered by the court after the hearing required by this section, a conservator appointed pursuant to this chapter shall place his or her conservatee as follows:

(A) For a conservatee who is gravely disabled, as defined in subparagraph (A) of paragraph (1) of subdivision (h) of Section 5008, in the least restrictive alternative placement, as designated by the court.

(B) For a conservatee who is gravely disabled, as defined in subparagraph (B) of paragraph (1) of subdivision (h) of Section 5008, in a placement that achieves the purposes of treatment of the conservatee and protection of the public.

(2) The placement may include a medical, psychiatric, nursing, or other state–licensed facility, or a state hospital, county hospital, hospital operated by the Regents of the University of California, a United States government hospital, or other nonmedical facility approved by the State Department of Mental Health or an agency accredited by the State Department of Mental Health, or in addition to any of the foregoing, in cases of chronic alcoholism, to a county alcoholic treatment center.

(b) A conservator shall also have the right, if specified in the court order, to require his or her conservatee to receive treatment related specifically to remedying or preventing the recurrence of the conservatee's being gravely disabled, or to require his or her conservatee to receive routine medical treatment unrelated to remedying or preventing the recurrence of the conservatee's being gravely disabled. Except in emergency cases in which the conservatee faces loss of life or serious bodily injury, no surgery shall be performed upon the conservatee without the conservatee's prior consent or a court order obtained pursuant to Section 5358.2 specifically authorizing that surgery.

(c)(1) For a conservatee who is gravely disabled, as defined in subparagraph (A) of paragraph (1) of subdivision (h) of Section 5008, if the conservatee is not to be placed in his or her own home or the home of a relative, first priority shall be to placement in a suitable facility as close as possible to his or her home or the home of a relative. For the purposes of this section, suitable facility means the least restrictive residential placement available and necessary to achieve the purpose of treatment. At the time that the court considers the report of the officer providing conservatorship investigation specified in Section 5356, the court shall consider available placement alternatives. After considering all the evidence the court shall determine the least restrictive and most appropriate alternative placement for the conservatee. The court shall also determine those persons to be notified of a change of placement. The fact that a person for whom conservatorship is recommended is not an inpatient shall not be construed by the court as an indication that the person does not meet the criteria of grave disability.

(2) For a conservatee who is gravely disabled, as defined in subparagraph (B) of paragraph (1) of subdivision (h) of Section 5008, first priority shall be placement in a facility that achieves the purposes of treatment of the conservatee and protection of the public. The court shall determine the most appropriate placement for the conservatee. The court shall also determine those persons to be notified of a change of placement, and additionally require the conservator to notify the district attorney or attorney representing the originating county prior to any change of placement.

(3) For any conservatee, if requested, the local mental health director shall assist the conservator or the court in selecting a placement facility for the conservatee. When a conservatee who is receiving services from the local mental health program is placed, the conservator shall inform the local mental health director of the facility's location and any movement of the conservatee to another facility.

(d)(1) Except for a conservatee who is gravely disabled, as defined in subparagraph (B) of paragraph (1) of subdivision (h) of Section 5008, the conservator may transfer his or her conservatee to a less restrictive alternative placement without a further hearing and court approval. In any case in which a conservator has reasonable cause to believe that his or her conservatee is in need of immediate more restrictive placement because the condition of the conservatee has so changed that the conservatee poses an immediate and substantial danger to himself or herself or others, the conservator shall have the right to place his or her conservatee in a more restrictive facility or hospital. Notwithstanding Section 5328, if the change of placement is to a placement more restrictive than the court–determined placement, the conservator shall provide written notice of the change of placement and the reason therefor to the court, the conservatee's attorney, the county patient's rights advocate and any other persons designated by the court pursuant to subdivision (c).

(2) For a conservatee who is gravely disabled, as defined in subparagraph (B) of paragraph (1) of subdivision (h) of Section 5008, the conservator may not transfer his or her conservatee without providing written notice of the proposed change of placement and the reason therefor to the court, the conservatee's attorney, the county patient's rights advocate, the district attorney of the county that made the commitment, and any other persons designated by the court to receive notice. If any person designated to receive notice objects to the proposed transfer within 10 days after receiving notice, the matter shall be set for a further hearing and court approval. The notification and hearing is not required for the transfer of persons between state hospitals.

(3) At a hearing where the conservator is seeking placement to a less restrictive alternative placement pursuant to paragraph (2), the placement shall not be approved where it is determined by a preponderance of the evidence that the placement poses a threat to the safety of the public, the conservatee, or any other individual.

(4) A hearing as to placement to a less restrictive alternative placement, whether requested pursuant to paragraph (2) or pursuant to Section 5358.3, shall be granted no more frequently than is provided for in Section 5358.3.

(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969. Amended by Stats.1968, c. 1374, p. 2661, § 54, operative July 1, 1969; Stats.1971, c. 1593, p. 3343, § 379, operative July 1, 1973; Stats.1973, c. 523, p. 1011, § 1; Stats.1976, c. 905, p. 2078, § 2;

Stats.1977, c. 1252, p. 4576, § 575, operative July 1, 1978; Stats.1980, c. 681, p. 2067, § 2; Stats.1986, c. 872, § 8; Stats.1990, c. 180 (S.B.2138), § 2; Stats.1995, c. 593 (A.B.145), § 4.)

§ 5358.1. Nonliability of conservator, public guardian or peace officer for action by conservatee

Neither a conservator, temporary conservator, or public guardian appointed pursuant to this chapter, nor a peace officer acting pursuant to Section 5358.5, shall be held civilly or criminally liable for any action by a conservatee.
(Added by Stats.1972, c. 574, p. 982, § 5.)

§ 5358.2. Medical treatment of conservatee; court order; emergencies

If a conservatee requires medical treatment and the conservator has not been specifically authorized by the court to require the conservatee to receive medical treatment, the conservator shall, after notice to the conservatee, obtain a court order for that medical treatment, except in emergency cases in which the conservatee faces loss of life or serious bodily injury. The conservatee, if he or she chooses to contest the request for a court order, may petition the court for hearing which shall be held prior to granting the order.
(Added by Stats.1976, c. 905, p. 2079, § 3. Amended by Stats.1990, c. 180 (S.B.2138), § 3.)

§ 5358.3. Petition to contest rights denied conservatee or powers granted conservator; subsequent petitions; voting rights

At any time, a conservatee or any person on his behalf with the consent of the conservatee or his counsel, may petition the court for a hearing to contest the rights denied under Section 5357 or the powers granted to the conservator under Section 5358. However, after the filing of the first petition for hearing pursuant to this section, no further petition for rehearing shall be submitted for a period of six months.

A request for hearing pursuant to this section shall not affect the right of a conservatee to petition the court for a rehearing as to his status as a conservatee pursuant to Section 5364. A hearing pursuant to this section shall not include trial by jury. If a person's right to vote is restored, the court shall so notify the county elections official pursuant to subdivision (c) of Section 2210 of the Elections Code.
(Added by Stats.1976, c. 905, p. 2079, § 4. Amended by Stats.1978, c. 1363, p. 4531, § 15; Stats.1994, c. 923 (S.B.1546), § 269.)

§ 5358.5. Conservatee leaving facility without approval; return to facility or removal to county designated treatment facility; request to peace officer

When any conservatee placed into a facility pursuant to this chapter leaves the facility without the approval of the conservator or the person in charge of the facility, or when the conservator appointed pursuant to this chapter deems it necessary to remove his conservatee to the county designated treatment facility, the conservator may take the conservatee into custody and return him to the facility or remove him to the county designated treatment facility. A conservator, at his discretion, may request a peace officer to detain the conservatee and return such person to the facility in which he was placed or to transfer such person to the county designated treatment facility, pursuant to Section 7325 of the Welfare and Institutions Code. Such request shall be in writing and accompanied by a certified copy of the letters of conservatorship showing the person requesting detention and transfer to be the conservator appointed pursuant to this chapter as conservator of the person sought to be detained. Either the conservator or his assistant or deputy may request detention under this section. Whenever possible, persons charged with apprehension of persons pursuant to this section shall dress in plain clothes and shall travel in unmarked vehicles.
(Added by Stats.1972, c. 574, p. 982, § 6. Amended by Stats.1974, c. 833, p. 1796, § 2.)

§ 5358.6. Outpatient treatment for conservatee; agreement of person in charge of facility; progress report

Any conservator who places his or her conservatee in an inpatient facility pursuant to Section 5358, may also require the conservatee to undergo outpatient treatment. Before doing so, the conservator shall obtain the agreement of the person in charge of a mental health facility that the conservatee will receive outpatient treatment and that the person in charge of the facility will designate a person to be the outpatient supervisor of the conservatee. The person in charge of these facilities shall notify the county mental health director or his or her designee of such agreement. At 90–day intervals following the commencement of the outpatient treatment, the outpatient supervisor shall make a report in writing to the conservator and to the person in charge of the mental health facility setting forth the status and progress of the conservatee.
(Added by Stats.1975, c. 960, p. 2244, § 6. Amended by Stats.1980, c. 681, p. 2067, § 3.)

§ 5358.7. Challenge by conservatee of placement or conditions of confinement; place of judicial review; place of return upon release

When any conservatee challenges his or her placement or conditions of confinement pursuant to Section 1473 of the Penal Code or Section 7250 of the Welfare and Institutions Code, notwithstanding the continuing jurisdiction of the court which appointed the conservators, judicial review shall be in the county where the conservatorship was established or in the county in which the conservatee is placed or confined. If the conservatee is released as a result of the hearing, he or she shall be returned to the county where the conservatorship originated.
(Added by Stats.1986, c. 226, § 1.)

§ 5359. Alternative placement

A conservator appointed under this chapter shall find alternative placement for his conservatee within seven days after he is notified by the person in charge of the facility serving the conservatee that the conservatee no longer needs the care or treatment offered by that facility.

If unusual conditions or circumstances preclude alternative placement of the conservatee within seven days, the conservator shall find such placement within 30 days.

If alternative placement cannot be found at the end of the 30–day period the conservator shall confer with the professional person in charge of the facility and they shall then determine the earliest practicable date when such alternative placement may be obtained.
(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969. Amended by Stats.1968, c. 1374, p. 2662, § 55, operative July 1, 1969; Stats.1980, c. 676, p. 2039, § 336.)

§ 5360. Recommendations of officer providing conservatorship investigation

The officer providing conservatorship investigation shall recommend, in his report to the court, for or against imposition of a disability set forth in Section 5357 on the basis of the determination of the professional person who recommended conservatorship pursuant to Section 5352.

The officer providing conservatorship investigation shall recommend in his report any of the additional powers of a conservator set forth in Section 2591 of the Probate Code if the needs of the individual patient or his estate require such powers. In making such determination, the officer providing conservatorship investigation shall consult with the professional person who recommended conservatorship pursuant to Section 5352.
(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969. Amended by Stats.1969, c. 722, p. 1432, § 27, eff. Aug. 8, 1969, operative July 1, 1969; Stats.1979, c. 730, p. 2535, § 148, operative Jan. 1, 1981.)

§ 5361. Termination; power and authority over estate; reappointment; opinion of physicians or psychologists; release or detention of conservatee

Conservatorship initiated pursuant to this chapter shall automatically terminate one year after the appointment of the conservator by the superior court. The period of service of a temporary conservator shall not be included in the one–year period. Where the conservator has been appointed as conservator of the estate, the conservator shall, for a reasonable time, continue to have such power and authority over the estate as the superior court, on petition by the conservator, may deem necessary for (1) the collection of assets or income which accrued during the period of conservatorship, but were uncollected before the date of termination, (2) the payment of expenses which accrued during period of conservatorship and of which the conservator was notified prior to termination, but were unpaid before the date of termination, and (3) the completion of sales of real property where the only act remaining at the date of termination is the actual transfer of title. If upon the termination of an initial or a succeeding period of conservatorship the conservator determines that conservatorship is still required, he may petition the superior court for his reappointment as conservator for a succeeding one–year period. The petition must include the opinion of two physicians or licensed psychologists who have a doctoral degree in psychology and at least five years of postgraduate experience in the diagnosis and treatment of emotional and mental disorders that the conservatee is still gravely disabled as a result of mental disorder or impairment by chronic alcoholism. In the event that the conservator is unable to obtain the opinion of two physicians or psychologists, he shall request that the court appoint them.

Any facility in which a conservatee is placed must release the conservatee at his request when the conservatorship terminates. A petition for reappointment filed by the conservator or a petition for appointment filed by a public guardian shall be transmitted to the facility at least 30 days before the automatic termination date. The facility may detain the conservatee after the end of the termination date only if the conservatorship proceedings have not been completed and the court orders the conservatee to be held until the proceedings have been completed.

(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969. Amended by Stats.1968, c. 1374, p. 2662, § 56, operative July 1, 1969; Stats.1969, c. 722, p. 1432, § 28, eff. Aug. 8, 1969, operative July 1, 1969; Stats.1976, c. 110, p. 171, § 1, eff. April 9, 1976; Stats.1978, c. 1294, p. 4246, § 8; Stats.1979, c. 245, p. 534, § 2.)

§ 5362. Notice of impending termination; petition for reappointment; court hearing or jury trial; decree of termination

(a) The clerk of the superior court shall notify each conservator, his or her conservatee and the person in charge of the facility in which the person resides, and the conservatee's attorney, at least 60 days before the termination of the one–year period. If the conservator is a private party, the clerk of the superior court shall also notify the mental health director and the county officer providing conservatorship investigation pursuant to Section 5355, at least 60 days before the termination of the one–year period. Notification shall be given in person or by first–class mail. The notification shall be in substantially the following form:

In the Superior Court of the State of California
for the County of _____

The people of the state of California No.____
Concerning Notice of Termination
_____ of Conservatorship

The people of the State of California to _____
_____:
(conservatee, conservatee's attorney, conservator, and professional person in charge of the facility in which the conservatee resides, county mental health director, and county officer providing conservatorship investigation.)

The one–year conservatorship established for _____ pursuant to Welfare and Institutions Code Section _____ on ____ will terminate on _____. If the conservator, _____, wishes to reestablish conservatorship for another year he or she must petition the court by _____. Subject to a request for a court hearing by jury trial the judge may, on his or her own motion, accept or reject the conservator's petition.

If the conservator petitions to reestablish conservatorship the conservatee, the professional person in charge of the facility in which he or she resides, the conservatee's attorney, and, if the conservator is a private party, the county mental health director and the county officer providing conservatorship investigation shall be notified. If any of them request it, there shall be a court hearing or a jury trial, whichever is requested, on the issue of whether the conservatee is still gravely disabled and in need of conservatorship. If the private conservator does not petition for reappointment, the county officer providing conservatorship investigation may recommend another conservator. Such a petition shall be considered a petition for reappointment as conservator.

Clerk of the Superior Court by
_____
Deputy

(b) Subject to a request for a court hearing or jury trial, the judge may, on his or her own motion, accept or reject the conservator's petition.

If the conservator does not petition to reestablish conservatorship at or before the termination of the one–year period, the court shall issue a decree terminating conservatorship. The decree shall be sent to the conservator and his or her conservatee by first–class mail and shall be accompanied by a statement of California law as set forth in Section 5368.

(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969. Amended by Stats.1968, c. 1374, p. 2662, § 56.5, operative July 1, 1969; Stats.1969, c. 722, p. 1432, § 28.1, eff. Aug. 8, 1969, operative July 1, 1969; Stats.1978, c. 1294, p. 4246, § 9; Stats.1982, c. 1598, § 8; Stats.1983, c. 464, § 4; Stats.1985, c. 1239, § 5.)

§ 5363. Ratification of acts beyond term

In the event the conservator continues in good faith to act within the powers granted him in the original decree of conservatorship beyond the one–year period, he may petition for and shall be granted a decree ratifying his acts as conservator beyond the one–year period. The decree shall provide for a retroactive appointment of the conservator to provide continuity of authority in those cases where the conservator did not apply in time for reappointment.

(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969.)

§ 5364. Petition for rehearing on status as conservatee; notice of voter registration right

At any time, the conservatee may petition the superior court for a rehearing as to his status as a conservatee. However, after the filing of the first petition for rehearing pursuant to this section, no further petition for rehearing shall be submitted for a period of six months. If the conservatorship is terminated pursuant to this section, the court shall, in accordance with subdivision (c) of Section 2210 of the Elections Code, notify the county elections official that the person's right to register to vote is restored.

(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969. Amended by Stats.1976, c. 905, p. 2080, § 5; Stats.1978, c. 1363, p. 4532, § 16; Stats.1994, c. 923 (S.B.1546), § 270.)

§ 5365. Time for hearing petitions; attorney

A hearing shall be held on all petitions under this chapter within 30 days of the date of the petition. The court shall appoint the public defender or other attorney for the conservatee or proposed conservatee within five days after the date of the petition.

(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969. Amended by Stats.1970, c. 509, p. 997, § 1; Stats.1970, c. 1627, p. 3449, § 25; Stats.1971, c. 776, p. 1530, § 7; Stats.1972, c. 574, p. 983, § 7.)

§ 5365.1. Waiver of presence of professionals and physicians; reception of documents

The conservatee or proposed conservatee may, upon advice of counsel, waive the presence at any hearing under this chapter of the physician or other professional person who recommended conservatorship pursuant to Section 5352 and of the physician providing evaluation or intensive treatment. In the event of such a waiver, such physician and professional persons shall not be required to be present at the hearing if it is stipulated that the recommendation and records of such physician or other professional person concerning the mental condition and treatment of the conservatee or proposed conservatee will be received in evidence.

(Added by Stats.1971, c. 1162, p. 2221, § 4.)

§ 5366. Roster of gravely disabled patients; investigation of need for conservatorship

On or before June 30, 1970, the medical director of each state hospital for the mentally disordered shall compile a roster of those mentally disordered or chronic alcoholic patients within the institution who are gravely disabled. The roster shall indicate the county from which each such patient was admitted to the hospital or, if the hospital records indicate that the county of residence of the patient is a different county, the county of residence. The officer providing conservatorship investigation for each county shall be given a copy of the names and pertinent records of the patients from that county and shall investigate the need for conservatorship for such patients as provided in this chapter. After his investigation and on or before July 1, 1972, the county officer providing conservatorship shall file a petition of conservatorship for such patients that he determines may need conservatorship. Court commitments under the provisions of law in effect prior to July 1, 1969, of such patients for whom a petition of conservatorship is not filed shall terminate and the patient shall be released unless he agrees to accept treatment on a voluntary basis.

Each state hospital and the State Department of Mental Health shall make their records concerning such patients available to the officer providing conservatorship investigation.

(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969. Amended by Stats.1968, c. 1374, p. 2663, § 57; Stats.1969, c. 722, p. 1433, § 29, eff. Aug. 8, 1969, operative July 1, 1969; Stats.1970, c. 1627, p. 3449, § 26; Stats.1971, c. 1593, p. 3343, § 380; Stats.1971, c. 242, p. 371, § 1, eff. June 30, 1971; Stats.1973, c. 142, p. 417, § 72, eff. June 30, 1973, operative July 1, 1973; Stats.1977, c. 1252, p. 4578, § 576, operative July 1, 1978.)

§ 5366.1. Detention for evaluation; persons detained under court commitment or upon application of local health officer; disposition

Any person detained as of June 30, 1969, under court commitment, in a private institution, a county psychiatric hospital, facility of the Veterans Administration, or other agency of the United States government, community mental health service, or detained in a state hospital or facility of the Veterans Administration upon application of a local health officer, pursuant to former Section 5567 or Sections 6000 to 6019, inclusive, as they read immediately preceding July 1, 1969, may be detained, after January 1, 1972, for a period no longer than 180 days, except as provided in this section.

Any person detained pursuant to this section on the effective date of this section shall be evaluated by the facility designated by the county and approved by the State Department of Mental Health pursuant to Section 5150 as a facility for 72–hour treatment and evaluation. Such evaluation shall be made at the request of the person in charge of the institution in which the person is detained. If in the opinion of the professional person in charge of the evaluation and treatment facility or his designee, the evaluation of the person can be made by such professional person or his designee at the institution in which the person is detained, the person shall not be required to be evaluated at the evaluation and treatment facility, but shall be evaluated at the institution where he is detained, or other place to determine if the person is a danger to others, himself, or gravely disabled as a result of mental disorder.

Any person evaluated under this section shall be released from the institution in which he is detained immediately upon completion of the evaluation if in the opinion of the professional person in charge of the evaluation and treatment facility, or his designee, the person evaluated is not a danger to others, or to himself, or gravely disabled as a result of mental disorder, unless the person agrees voluntarily to remain in the institution in which he has been detained.

If in the opinion of the professional person in charge of the facility or his designee, the person evaluated requires intensive treatment or recommendation for conservatorship, such professional person or his designee shall proceed under Article 4 (commencing with Section 5250) of Chapter 2, or under Chapter 3 (commencing with Section 5350), of Part 1 of Division 5.

If it is determined from the evaluation that the person is gravely disabled and a recommendation for conservatorship is made, and if the petition for conservatorship for such person is not filed by June 30, 1972, the court commitment or detention under a local health officer application for such person shall terminate and the patient shall be released unless he agrees to accept treatment on a voluntary basis.

(Added by Stats.1971, c. 1459, p. 2875, § 2. Amended by Stats.1973, c. 142, p. 418, § 72.5, eff. June 30, 1973, operative July 1, 1973; Stats.1977, c. 1252, p. 4578, § 577, operative July 1, 1978.)

§ 5367. Effect of conservatorship on prior commitment

Conservatorship established under this chapter shall supersede any commitment under former provisions of this code relating to inebriates or the mentally ill.

(Added by Stats.1967, c. 1667, p. 4075, § 36, operative July 1, 1969. Amended by Stats.1968, c. 1374, p. 2664, § 58, operative July 1, 1969.)

§ 5368. Effect of conservatorship on presumption of competence

A person who is no longer a conservatee shall not be presumed to be incompetent by virtue of his having been a conservatee under the provisions of this part.

(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969.)

§ 5369. Conservatee with criminal charges pending; recovery of competence

When a conservatee who has criminal charges pending against him and has been found mentally incompetent under Section 1370 of the Penal Code recovers his mental competence, the conservator shall certify that fact to the court, sheriff, and district attorney of the county in which the criminal charges are pending and to the defendant's attorney of record.

The court shall order the sheriff to immediately return the defendant to the court in which the criminal charges are pending. Within two judicial days of the defendant's return, the court shall hold a hearing to determine whether the defendant is entitled to be admitted to bail or released upon his own recognizance pending conclusion of criminal proceedings.

(Added by Stats.1974, c. 1511, p. 3323, § 13, eff. Sept. 27, 1974.)

§ 5370. Conservatorship proceeding for one charged with offense

Notwithstanding any other provision of law, a conservatorship proceeding may be initiated pursuant to this chapter for any person who has been charged with an offense, regardless of whether action is pending or has been initiated pursuant to Section 1370 of the Penal Code.

(Added by Stats.1974, c. 1511, p. 3323, § 14, eff. Sept. 27, 1974.)

§ 5370.1. Appointment of counsel for private conservator with insufficient funds

The court in which a petition to establish a conservatorship is filed may appoint the county counsel or a private attorney to represent a private conservator in all proceedings connected with the conservatorship, if it appears that the conservator has insufficient funds to obtain the services of a private attorney. Such appointments of the county counsel, however, may be made only if the board of supervisors have, by ordinance or resolution, authorized the county counsel to accept them.

(Added by Stats.1975, c. 960, p. 2245, § 8. Amended by Stats.1980, c. 415, p. 818, § 1.)

§ 5370.2. Protection and advocacy agency; services to be provided under contract; coordination with the advocates; plan to provide patients' rights advocacy services; reviews and investigations

(a) Beginning January 1, 1996, the State Department of Mental Health shall contract with a single nonprofit agency that meets the criteria specified in subdivision (b) of Section 5510 to conduct the following activities:

(1) Provide patients' rights advocacy services for, and conduct investigations of alleged or suspected abuse and neglect of, including deaths of, persons with mental disabilities residing in state hospitals.

(2) Investigate and take action as appropriate and necessary to resolve complaints from or concerning recipients of mental health services residing in licensed health or community care facilities regarding abuse, and unreasonable denial, or punitive withholding of rights guaranteed under this division that cannot be resolved by county patients' rights advocates.

(3) Provide consultation, technical assistance, and support to county patients' rights advocates in accordance with their duties under Section 5520.

(4) Conduct program review of patients' rights programs.

(b) The services shall be provided in coordination with the appropriate mental health patients' rights advocates.

(c)(1) The contractor shall develop a plan to provide patients' rights advocacy services for, and conduct investigations of alleged or suspected abuse and neglect of, including the deaths of, persons with mental disabilities residing in state hospitals.

(2) The contractor shall develop the plan in consultation with the statewide organization of mental health patients' rights advocates, the statewide organization of mental health clients, and the statewide organization of family members of persons with mental disabilities, and the statewide organization of county mental health directors.

(3) In order to ensure that persons with mental disabilities have access to high quality advocacy services, the contractor shall establish a grievance procedure and shall advise persons receiving services under the contract of the availability of other advocacy services, including services provided by the protection and advocacy agency specified in Section 4901 and the county patients' rights advocates specified in Section 5520.

(d) Nothing contained in this section shall be construed to restrict or limit the authority of the department to conduct the reviews and investigations it deems necessary for personnel, criminal, and litigation purposes.

(e) The State Department of Mental Health shall contract on a multiyear basis for a contract term of up to three years.

(Added by Stats.1992, c. 722 (S.B.485), § 25, eff. Sept. 15, 1992. Amended by Stats.1995, c. 546 (S.B.361), § 2.)

§ 5371. Conflict of interest in evaluation of conservatee; independent conduct of investigation and administration of conservatorship

No person upon whom a duty is placed to evaluate, or who, in fact, does evaluate a conservatee for any purpose under this chapter shall have a financial or other beneficial interest in the facility where the conservatee is to be, or has been placed.

Conservatorship investigation and administration shall be conducted independently from any person or agency which provides mental health treatment for conservatees, if it has been demonstrated that the existing arrangement creates a conflict of interest between the treatment needs of the conservatee and the investigation or administration of the conservatorship. The person or agency responsible for the mental health treatment of conservatees shall execute a written agreement or protocol with the conservatorship investigator and administrator for the provision of services to conservatees. The agreement or protocol shall specify the responsibilities of each person or agency who is a party to the agreement or protocol, and shall specify a procedure to resolve disputes or conflicts of interest between agencies or persons.

(Added by Stats.1975, c. 960, p. 2245, § 9. Amended by Stats.1986, c. 335, § 2.)

Chapter 4 ADMINISTRATION

§ 5400. Director; administrative duties; rules and regulations

The Director of Mental Health shall administer this part and shall adopt rules, regulations and standards as necessary. In developing rules, regulations, and standards, the Director of Mental Health shall consult with the California Conference of Local Mental Health Directors, the California Council on Mental Health, and the office of the Attorney General. Adoption of such standards, rules and regulations shall require approval by the California Conference of Local Mental Health Directors by majority vote of those present at an official session.

Wherever feasible and appropriate, rules, regulations and standards adopted under this part shall correspond to comparable rules, regulations, and standards adopted under the Short–Doyle Act. Such corresponding rules, regulations, and standards shall include qualifications for professional personnel.

Regulations adopted pursuant to this part may provide standards for services for chronic alcoholics which differ from the standards for services for the mentally disordered.

(Added by Stats.1967, c. 1667, p. 4074, § 36, operative July 1, 1969. Amended by Stats.1969, c. 722, p. 1432, § 30, eff. Aug. 8, 1969, operative July 1, 1969; Stats.1971, c. 1593, p. 3344, § 381, operative July 1, 1973; Stats.1977, c. 1252, p. 4579, § 579, operative July 1, 1978; Stats.1985, c. 1232, § 22, eff. Sept. 30, 1985.)

§ 5402. Report of operation of division

(a) The State Department of Mental Health shall collect and publish annually quantitative information concerning the operation of this division including the number of persons admitted for 72–hour evaluation and treatment, 14–day and 30–day periods of intensive treatment, and 180–day postcertification intensive treatment, the number of persons transferred to mental health facilities pursuant to Section 4011.6 of the Penal Code, the number of persons for whom temporary conservatorships are established, and the number of persons for whom conservatorships are established in each county.

(b) Each local mental health director, and each facility providing services to persons pursuant to this division, shall provide the department, upon its request, with any information, records, and reports which the department deems necessary for the purposes of this section. The department shall not have access to any patient name identifiers.

(c) Information published pursuant to this section shall not contain patient name identifiers and shall contain statistical data only.

(d) The department shall make the reports available to medical, legal, and other professional groups involved in the implementation of this division.

(Added by Stats.1975, c. 960, p. 2245, § 10. Amended by Stats.1977, c. 1252, p. 4580, § 581, operative July 1, 1978; Stats.1988, c. 1517, § 14; Stats.1991, c. 89 (A.B.1288), § 52, eff. June 30, 1991; Stats.1991, c. 611 (A.B.1491), § 33, eff. Oct. 7, 1991.)

§ 5402.2. Master plan for utilization of state hospital facilities; levels of care

The Director of Mental Health shall develop a master plan for the utilization of state hospital facilities identifying levels of care. The level of care shall be either general acute care, skilled nursing care, subacute, intermediate care, or residential care.

(Added by Stats.1988, c. 1517, § 15.)

§ 5403. Regulations; approval by California Conference of Local Mental Health Directors

(a) From July 1, 1991 to June 30, 1993, inclusive, regulations promulgated by the department shall not be subject to the approval of the California Conference of Local Mental Health Directors. The impact of this subdivision on regulatory timing shall be included in the department's report to the Legislature on September 30, 1992.

(b) The department shall continue to involve the conference in the development of all regulations which affect local mental health programs prior to the promulgation of those regulations pursuant to the Administrative Procedure Act.

(Added by Stats.1991, c. 89 (A.B.1288), § 55, eff. June 30, 1991. Amended by Stats.1991, c. 611 (A.B.1491), § 34, eff. Oct. 7, 1991.)

§ 5404. Designation of evaluation and treatment facilities; encouragement of use

Each county may designate facilities, which are not hospitals or clinics, as 72–hour evaluation and treatment facilities and as 14–day intensive treatment facilities if such facilities meet such requirements as the Director of Mental Health shall establish by regulation. The Director of Mental Health shall encourage the use by counties of appropriate facilities, which are not hospitals or clinics, for the evaluation and treatment of patients pursuant to this part.

(Added by Stats.1975, c. 960, p. 2245, § 11. Amended by Stats.1977, c. 1252, p. 4581, § 584, operative July 1, 1978.)

§ 5405. Facilities licensed after January 1, 2003; criminal record checks; denial, suspension or revocation of license for certain criminal offenses; additional considerations; director review

(a) This section shall apply to each facility licensed by the State Department of Mental Health, or its delegated agent, on or after January 1, 2003. For purposes of this section, "facility" includes psychiatric health facilities, as defined in Section 1250.2 of the Health and Safety Code, licensed pursuant to Chapter 9 (commencing with Section 77001) of Division 5 of Title 22 of the California Code of Regulations and mental health rehabilitation centers licensed pursuant to Chapter 3.5 (commencing with Section 781.00) of Division 1 of Title 9 of the California Code of Regulations.

(b)(1)(A) Prior to the initial licensure or first renewal of a license on or after January 1, 2003, of any person to operate or manage a facility specified in subdivision (a), the department shall submit fingerprint images and related information pertaining to the applicant or licensee to the Department of Justice for purposes of a criminal record check, as specified in paragraph (2), at the expense of the applicant or licensee. The Department of Justice shall provide the results of the criminal record check to the department. The department shall determine whether the applicant or licensee has ever been convicted of a crime specified in subdivision (c). The department shall submit fingerprint images and related information each time the position of administrator, manager, program director, or fiscal officer of a facility is filled and prior to actual employment for initial licensure or an individual who is initially hired on or after January 1, 2003. For purposes of this subdivision, "applicant" and "licensee" include the administrator, manager, program director, or fiscal officer of a facility.

(B) Commencing January 1, 2003, upon the employment of any direct care staff the department shall submit fingerprint images and related information pertaining to the direct care staff person to the Department of Justice for purposes of a criminal record check, as specified in paragraph (2), at the expense of the direct care staff person or licensee. The Department of Justice shall provide the results of the criminal record check to the department. The department shall determine whether the direct care staff person has ever been convicted of a crime specified in subdivision (c). The department shall notify the licensee of these results.

(C) Commencing January 1, 2003, any contract for services provided directly to patients or residents shall contain provisions to ensure that the direct services contractor submits to the department fingerprint images and related information pertaining to the direct services contractor for submission to the Department of Justice for purposes of a criminal record check, as specified in paragraph (2), at the expense of the direct services contractor or licensee. The Department of Justice shall provide the results of the criminal record check to the department. The department shall determine whether the direct services contractor has ever been convicted of a crime specified in subdivision (c). The department shall notify the licensee of these results.

(2) If the applicant, licensee, direct care staff person, or direct services contractor specified in paragraph (1) has resided in California for at least the previous seven years, the department shall only require the submission of one set of fingerprint images and related information. The Department of Justice shall charge a fee sufficient to cover the reasonable cost of processing the fingerprint submission. Fingerprints submitted pursuant to this subdivision include fingerprints taken by the use of live scan technology. When requested, the Department of Justice shall forward one set of fingerprint images to the Federal Bureau of Investigation for the purpose of obtaining any record of previous convictions or arrests pending adjudication of the applicant, licensee, direct care staff person, or direct services contractor. The results of a criminal record check provided by the Department of Justice shall contain every conviction rendered against an applicant, licensee, direct care staff person, or direct services contractor, and every offense for which the applicant, licensee, direct care staff person, or direct services contractor is presently awaiting trial, whether the person is incarcerated or has been released on bail or on his or her own recognizance pending trial. The department shall request subsequent arrest notification from the Department of Justice pursuant to Section 11105. 2 of the Penal Code.

(c)(1) The department shall deny any application for any license, suspend or revoke any existing license, and disapprove or revoke any employment or contract for direct services, if the applicant, licensee, employee, or direct services contractor has been convicted of, or incarcerated for, a felony defined in subdivision (c) of Section 667.5 of, or subdivision (c) of Section 1192.7 of, the Penal Code, within the preceding 10 years.

(2) The application for licensure or renewal of any license shall be denied, and any employment or contract to provide direct services shall be disapproved or revoked, if the criminal record of the person includes a conviction in another jurisdiction for an offense that, if committed or attempted in this state, would have been punishable as one or more of the offenses referred to in paragraph (1).

(d)(1) The department may approve an application for, or renewal of, a license, or continue any employment or contract for direct services, if the person has been convicted of a misdemeanor offense that is not a crime upon the person of another, the nature of which has no bearing upon the duties for which the person will perform as a

licensee, direct care staff person, or direct services contractor. In determining whether to approve the application, employment, or contract for direct services, the department shall take into consideration the factors enumerated in paragraph (2).

(2) Notwithstanding subdivision (c), if the criminal record of a person indicates any conviction other than a minor traffic violation, the department may deny the application for license or renewal, and may disapprove or revoke any employment or contract for direct services. In determining whether or not to deny the application for licensure or renewal, or to disapprove or revoke any employment or contract for direct services, the department shall take into consideration the following factors:

(A) The nature and seriousness of the offense under consideration and its relationship to the person's employment, duties, and responsibilities.

(B) Activities since conviction, including employment or participation in therapy or education, that would indicate changed behavior.

(C) The time that has elapsed since the commission of the conduct or offense and the number of offenses.

(D) The extent to which the person has complied with any terms of parole, probation, restitution, or any other sanction lawfully imposed against the person.

(E) Any rehabilitation evidence, including character references, submitted by the person.

(F) Employment history and current employer recommendations.

(G) Circumstances surrounding the commission of the offense that would demonstrate the unlikelihood of repetition.

(H) The granting by the Governor of a full and unconditional pardon.

(I) A certificate of rehabilitation from a superior court.

(e) Denial, suspension, or revocation of a license, or disapproval or revocation of any employment or contract for direct services specified in subdivision (c) and paragraph (2) of subdivision (d) are not subject to appeal, except as provided in subdivision (f).

(f) After a review of the record, the director may grant an exemption from denial, suspension, or revocation of any license, or disapproval of any employment or contract for direct services, if the crime for which the person was convicted was a property crime that did not involve injury to any person and the director has substantial and convincing evidence to support a reasonable belief that the person is of such good character as to justify issuance or renewal of the license or approval of the employment or contract.

(g) A plea or verdict of guilty, or a conviction following a plea of nolo contendere shall be deemed a conviction within the meaning of this section. The department may deny any application, or deny, suspend, or revoke a license, or disapprove or revoke any employment or contract for direct services based on a conviction specified in subdivision (c) when the judgment of conviction is entered or when an order granting probation is made suspending the imposition of sentence.

(h)(1) For purposes of this section, "direct care staff" means any person who is an employee, contractor, or volunteer who has contact with other patients or residents in the provision of services. Administrative and licensed personnel shall be considered direct care staff when directly providing program services to participants.

(2) An additional background check shall not be required pursuant to this section if the direct care staff or licensee has received a prior criminal history background check while working in a mental health rehabilitation center or psychiatric health facility licensed by the department, and provided the department has maintained continuous subsequent arrest notification on the individual from the Department of Justice since the prior criminal background check was initiated.

(3) When an application is denied on the basis of a conviction pursuant to this section, the department shall provide the individual whose application was denied with notice, in writing, of the specific grounds for the proposed denial.

(Added by Stats.2002, c. 642 (A.B.1454), § 1. Amended by Stats.2003, c. 62 (S.B.600), § 327.)

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

Former Chapter 6, Mental Health Advocacy, was renumbered Chapter 6.2 and amended by Stats.1986, c. 248, § 251. See Welfare and Institutions Code § 5500 et seq.

Chapter 6.2 MENTAL HEALTH ADVOCACY

Article 1 GENERAL PROVISIONS

§ 5500. Definitions

As used in this chapter:

(a) "Advocacy" means those activities undertaken on behalf of persons who are receiving or have received mental health services to protect their rights or to secure or upgrade treatment or other services to which they are entitled.

(b) "Mental health client" or "client" means any person who is receiving or has received services from a mental health facility, service or program and who has personally or through a guardian ad litem, entered into an agreement with a county patients' rights advocate for the provision of advocacy services.

(c) "Mental health facilities, services, or programs" means any publicly operated or supported mental health facility or program; any private facility or program licensed or operated for health purposes providing services to mentally disordered persons; and publicly supported agencies providing other than mental health services to mentally disordered clients.

(d) "Independent of providers of service" means that the advocate has no direct or indirect clinical or administrative responsibility for any recipient of mental health services in any mental health facility, program, or service for which he or she performs advocacy activities.

(e) "County patients' rights advocate" means any advocate appointed, or whose services are contracted for, by a local mental health director.

(Added by Stats.1981, c. 841, p. 3237, § 7.)

Article 2 PATIENTS' RIGHTS OFFICE

§ 5510. Legislative findings and declarations; legislative intent

(a) The Legislature finds and declares as follows:

(1) The State of California accepts its responsibility to ensure and uphold the right of persons with mental disabilities and an obligation, to be executed by the State Department of Mental Health, to ensure that mental health laws, regulations and policies on the rights of recipients of mental health services are observed and protected in state hospitals and in licensed health and community care facilities.

(2) Persons with mental disabilities are vulnerable to abuse, neglect, and unreasonable and unlawful deprivations of their rights.

(3) Patients' rights advocacy and investigative services concerning patient abuse and neglect currently provided by the State Department of Mental Health, including the department's Office of Human Rights and investigator, and state hospital patients' rights advocates and state hospital investigators may have conflicts of interest or the appearance of a conflict of interest.

(4) The services provided to patients and their families is of such a special and unique nature that they must be contracted out pursuant to paragraph (3) of subdivision (b) of Section 19130 of the Government Code.

(b) Therefore, to avoid the potential for a conflict of interest or the appearance of a conflict of interest, it is the intent of the Legislature that the patients' rights advocacy and investigative services described in this article be provided by a single contractor specified in Section 5370.2 that meets both of the following criteria:

(1) The contractor can demonstrate the capability to provide statewide advocacy services for persons with mental disabilities.

(2) The contractor has no direct or indirect responsibility for providing services to persons with mental disabilities, except advocacy services.

(c) For the purposes of this article, the Legislature further finds and declares, because of a potential conflict of interest or the appearance of a conflict of interest, that the goals and purposes of the state patients' rights advocacy and investigative services cannot be accomplished through the utilization of persons selected pursuant to the regular state civil service system. Accordingly, the contracts into which the department enters pursuant to this section are permitted and authorized by paragraphs (3) and (5) of subdivision (b) of Section 19130 of the Government Code. The State Department of Mental Health shall contract with a single nonprofit entity to provide for the protection and advocacy services to persons with mental disabilities. The entity shall be responsible for ensuring that mental health laws, regulations, and policies on the rights of recipients of mental health services are observed in state hospitals and in licensed health and community care facilities.

(d) The findings and declarations of potential conflict of interest provided in this section shall not apply to advocacy services provided under Article 3 (commencing with Section 5520).

(Added by Stats.1981, c. 841, p. 3237, § 7. Amended by Stats.1992, c. 722 (S.B.485), § 26, eff. Sept. 15, 1992; Stats.1995, c. 546 (S.B.361), § 3.)

§ 5511. Contracts with independent persons or agencies for services in state hospitals

The Director of Mental Health or the executive director of each state hospital serving mentally disordered persons may contract with independent persons or agencies to perform patients' rights advocacy services in state hospitals.

(Added by Stats.1981, c. 841, p. 3237, § 7.)

§ 5512. Training for county patients' rights advocates

Training of county patients' rights advocates shall be provided by the contractor specified in Section 5510 responsible for the provision of protection and advocacy services to persons with mental disabilities. Training shall be directed at ensuring that all county patients' rights advocates possess:

(a) Knowledge of the service system, financial entitlements, and service rights of persons receiving mental health services. This knowledge shall include, but need not be limited to, knowledge of available treatment and service resources in order to ensure timely access to treatment and services.

(b) Knowledge of patients' rights in institutional and community facilities.

(c) Knowledge of civil commitment statutes and procedures.

(d) Knowledge of state and federal laws and regulations affecting recipients of mental health services.

(e) Ability to work effectively and respectfully with service recipients and providers, public administrators, community groups, and the judicial system.

(f) Skill in interviewing and counseling service recipients, including giving information and appropriate referrals.

(g) Ability to investigate and assess complaints and screen for legal problems.

(h) Knowledge of administrative and judicial due process proceedings in order to provide representation at administrative hearings and to assist in judicial hearings when necessary to carry out the intent of Section 5522 regarding cooperation between advocates and legal representatives.

(i) Knowledge of, and commitment to, advocacy ethics and principles.

(j) This section shall become operative on January 1, 1996.

(Added by Stats.1992, c. 722 (S.B.485), § 29, eff. Sept. 15, 1992, operative Jan. 1, 1996. Amended by Stats.1995, c. 546 (S.B.361), § 6.)

§ 5513. Liaison between county patients' rights advocates and state department of mental health

The Patients' Rights Office shall serve as a liaison between county patients' rights advocates and the State Department of Mental Health.

(Added by Stats.1981, c. 841, p. 3238, § 7.)

§ 5514. Patients' rights subcommittee of council on mental health

There shall be a five–person Patients' Rights Subcommittee of the California Council on Mental Health. This subcommittee, supplemented by two ad hoc members appointed by the chairperson of the subcommittee, shall advise the Director of Mental Health regarding department policies and practices that affect patients' rights. The subcommittee shall also review the advocacy and patients' rights components of each county Short–Doyle plan and advise the Director of Mental Health concerning the adequacy of each plan in protecting patients' rights. The ad hoc members of the subcommittee shall be persons with substantial experience in establishing and providing independent advocacy services to recipients of mental health services.

(Added by Stats.1981, c. 841, p. 3238, § 7. Amended by Stats.1985, c. 1232, § 23, eff. Sept. 30, 1985.)

Article 3 COUNTY ADVOCATES

§ 5520. Appointments or contracts for services; duties

Each local mental health director shall appoint, or contract for the services of, one or more county patients' rights advocates. The duties of these advocates shall include, but not be limited to, the following:

(a) To receive and investigate complaints from or concerning recipients of mental health services residing in licensed health or community care facilities regarding abuse, unreasonable denial or punitive withholding of rights guaranteed under the provisions of Division 5 (commencing with Section 5000).

(b) To monitor mental health facilities, services and programs for compliance with statutory and regulatory patients' rights provisions.

(c) To provide training and education about mental health law and patients' rights to mental health providers.

(d) To ensure that recipients of mental health services in all licensed health and community care facilities are notified of their rights.

(e) To exchange information and cooperate with the Patients' Rights Office.

This section does not constitute a change in, but is declarative of the existing law.

(Added by Stats.1981, c. 841, p. 3238, § 7.)

§ 5521. Legal representation

It is the intent of the Legislature that legal representation regarding changes in client legal status or conditions and other areas covered by statute providing for local public defender or court–appointed attorney representation, shall remain the responsibility of local agencies, in particular the county public defender. County patients' rights advocates shall not duplicate, replace, or conflict with these existing or mandated local legal representations. This section shall not be construed to prevent maximum cooperation between legal representatives and providers of advocacy services.

(Added by Stats.1981, c. 841, p. 3239, § 7.)

§ 5522. Investigations

County patients' rights advocates may conduct investigations if there is probable cause to believe that the rights of a past or present recipient of mental health services have been, may have been, or may be violated.

(Added by Stats.1981, c. 841, p. 3239, § 7.)

§ 5523. Competency of recipients of mental health services to contract; investigations without request; agreements with clients; legal representation of recipients; cumulative remedies; investigations of past recipients' rights

(a) Notwithstanding any other provision of law, and without regard to the existence of a guardianship or conservatorship, a recipient of mental health services is presumed competent for the purpose of entering into an agreement with county patients' rights advocates for the provision of advocacy services unless found by the superior court to be incompetent to enter into an agreement with an advocate and a guardian ad litem is appointed for such purposes.

(b) In conducting investigations in cases in which an advocate has not received a request for advocacy services from a recipient of mental health services or from another person on behalf of a recipient of mental health services, the advocate shall notify the treating professional responsible for the care of any recipient of services whom the advocate wishes to interview, and the facility, service, or program administrator, of his or her intention to conduct such an interview. Whenever the treating professional is reasonably available for consultation, the advocate shall consult with the professional concerning the appropriate time to conduct the interview.

(c) Any agreement with any county patients' rights advocate entered into by a mental health client shall be made knowingly and voluntarily or by a guardian ad litem. It shall be in a language or modality which the client understands. Any such agreement may, at any time, be revoked by the client or by the guardian ad litem, whoever has entered into the agreement, either in writing or by oral declaration to the advocate.

(d) Nothing in this chapter shall be construed to prohibit a recipient of mental health services from being represented by public or private legal counsel of his or her choice.

(e) The remedies provided by this chapter shall be in addition to any other remedies which may be available to any person, and the failure to pursue or exhaust the remedies or engage in the procedures provided by this chapter shall not preclude the invocation of any other remedy.

(f) Investigations concerning violations of a past recipients' rights shall be limited to cases involving discrimination, cases indicating the need for education or training, or cases having a direct bearing on violations of the right of a current recipient. This subdivision is not intended to constrain the routine monitoring for compliance with patients' rights provisions described in subdivision (b) of Section 5520.

(Added by Stats.1981, c. 841, p. 3239, § 7. Amended by Stats.1984, c. 193, § 151.)

Article 4 ACCESS TO CLIENTS

§ 5530. Time; appeal of denial of access; interviews; privacy of patients; educational materials and discussions

(a) County patients' rights advocates shall have access to all clients and other recipients of mental health services in any mental health facility, program, or service at all times as are necessary to investigate or resolve specific complaints and in accord with subdivision (b) of Section 5523. County patients' rights advocates shall have access to mental health facilities, programs, and services, and recipients of services therein during normal working hours and visiting hours for other advocacy purposes. Advocates may appeal any denial of access directly to the head of any facility, the director of a county mental health program or the State Department of Mental Health or may seek appropriate relief in the courts. If a petition to a court sets forth prima facie evidence for relief, a hearing on the merits of the petition shall be held within two judicial days of the filing of the petition. The superior court for the county in which the facility is located shall have jurisdiction to review petitions filed pursuant to this chapter.

(b) County patients' rights advocates shall have the right to interview all persons providing the client with diagnostic or treatment services.

(c) Upon request, all mental health facilities shall, when available, provide reasonable space for county patients' rights advocates to interview clients in privacy and shall make appropriate staff persons available for interview with the advocates in connection with pending matters.

(d) Individual patients shall have a right to privacy which shall include the right to terminate any visit by persons who have access pursuant to this chapter and the right to refuse to see any patient advocate.

(e) Notice of the availability of advocacy services and information about patients' rights may be provided by county patients' rights advocates by means of distribution of educational materials and discussions in groups and with individual patients.

(Added by Stats.1981, c. 841, p. 3240, § 7. Amended by Stats.1983, c. 101, § 170.)

Article 5 ACCESS TO RECORDS

§ 5540. Confidential information

Except as otherwise provided in this chapter or in other provisions of law, information about and records of recipients of mental health services shall be confidential in accordance with the provisions of Section 5328.

(Added by Stats.1981, c. 841, p. 3240, § 7.)

§ 5541. Authorization; revocation; inspection and copying of information and records

(a) A specific authorization by the client or by the guardian ad litem is necessary for a county patients' rights advocate to have access to, copy or otherwise use confidential records or information pertaining to the client. Such an authorization shall be given knowingly and voluntarily by a client or guardian ad litem and shall be in writing or be reduced to writing. The client or the guardian ad litem, whoever has entered into the agreement, may revoke such authorization at any time, either in writing or by oral declaration to the advocate.

(b) When specifically authorized by the client or the guardian ad litem, the county patients' rights advocate may inspect and copy confidential client information and records.

(Added by Stats.1981, c. 841, p. 3241, § 7.)

§ 5542. Inspection and copying of materials not subject to confidentiality

County patients' rights advocates shall have the right to inspect or copy, or both, any records or other materials not subject to confidentiality under Section 5328 or other provisions of law in the possession of any mental health program, services, or facilities, or city, county or state agencies relating to an investigation on behalf of a client or which indicate compliance or lack of compliance with laws and regulations governing patients' rights, including, but not limited to, reports on the use of restraints or seclusion, and autopsy reports.

(Added by Stats.1981, c. 841, p. 3241, § 7.)

§ 5543. Communication to client concerning information contained in client records

(a) Notwithstanding any other provision of law, with the authorization of the client, a county patients' rights advocate may, to the extent necessary for effective advocacy, communicate to the client information contained in client records. The facility program, or agency, shall be allowed to remove from the records any information provided in confidence by members of a client's family.

(Added by Stats.1981, c. 841, p. 3241, § 7.)

§ 5544. Use and dissemination of written client information

Any written client information obtained by county patients' rights advocates may be used and disseminated in court or administrative proceedings, and to any public agencies, or authorized officials

thereof, to the extent required in the providing of advocacy services defined in this chapter, and to the extent that authority to so disclose is obtained from the advocate's clients.
(Added by Stats.1981, c. 841, p. 3241, § 7.)

§ 5545. Access to recipients for purposes of subdivision (b) of § 5520

Nothing in this chapter shall be construed to limit access to recipients of mental health services in any mental health facility, program, or service or to information or records of recipients of mental health services for the purposes of subdivision (b) of Section 5520 or when otherwise authorized by law to county patients' rights advocates or other individuals who are not county patients' rights advocates.
(Added by Stats.1981, c. 841, p. 3241, § 7.)

§ 5546. Costs of records and materials

The actual cost of copying any records or other materials authorized under this chapter, plus any additional reasonable clerical costs, incurred in locating and making the records and materials available, shall be borne by the advocate. The additional clerical costs shall be based on a computation of the time spent locating and making the records available multiplied by the employee's hourly wage.
(Added by Stats.1981, c. 841, p. 3241, § 7.)

Article 6 PENALTIES

§ 5550. Immunity from liability; obstructing performance of advocate; discrimination or retaliation against patient or employee; client privacy; confidentiality of information

(a) Any person participating in filing a complaint or providing information pursuant to this chapter or participating in a judicial proceeding resulting therefrom shall be presumed to be acting in good faith and unless the presumption is rebutted shall be immune from any liability, civil or criminal, and shall be immune from any penalty, sanction, or restriction that otherwise might be incurred or imposed.

(b) No person shall knowingly obstruct any county patients' rights advocate in the performance of duties as described in this chapter, including, but not limited to, access to clients or potential clients, or to their records, whether financial, medical, or otherwise, or to other information, materials, or records, or otherwise violate the provisions of this chapter.

(c) No facility to which the provisions of Section 5325 are applicable shall discriminate or retaliate in any manner against a patient or employee on the basis that such patient or employee has initiated or participated in any proceeding specified in this chapter. Any attempt by a facility to expel a patient, or any discriminatory treatment of a patient, who, or upon whose behalf, a complaint has been submitted to a county patients' rights advocate within 120 days of the filing of the complaint shall raise a rebuttable presumption that such action was taken by the facility in retaliation for the filing of the complaint.

(d) No county patients' rights advocate shall knowingly violate any provision of this chapter concerning client privacy and the confidentiality of personally identifiable information.

(e) Any person or facility found in violation of subdivision (b) or (d) shall pay a civil penalty, as determined by a court, of not less than one hundred dollars ($100), or more than one thousand dollars ($1,000) which shall be deposited in the county general funds.
(Added by Stats.1981, c. 841, p. 3242, § 7.)

Part 1.5 CHILDREN'S CIVIL COMMITMENT AND MENTAL HEALTH TREATMENT ACT OF 1988

Chapter 1 GENERAL PROVISIONS

§ 5585. Title

This part shall be known as the Children's Civil Commitment and Mental Health Treatment Act of 1988.
(Added by Stats.1988, c. 1202, § 2.)

§ 5585.10. Legislative intent and purposes

This part shall be construed to promote the legislative intent and purposes of this part as follows:

(a) To provide prompt evaluation and treatment of mentally disordered minors, with particular priority given to seriously emotionally disturbed children and adolescents.

(b) To safeguard the rights to due process for minors and their families through judicial review.

(c) To provide individualized treatment, supervision, and placement services for gravely disabled minors.

(d) To prevent severe and long–term mental disabilities among minors through early identification, effective family service interventions, and public education.
(Added by Stats.1988, c. 1202, § 2.)

§ 5585.20. Application of part; conflicting provisions

This part shall apply only to the initial 72 hours of mental health evaluation and treatment provided to a minor. Notwithstanding the provisions of the Lanterman–Petris–Short Act (Part 1 (commencing with Section 5000)), unless the context otherwise requires, the definitions and procedures contained in this part shall, for the initial 72 hours of evaluation and treatment, govern the construction of state law governing the civil commitment of minors for involuntary treatment. To the extent that this part conflicts with any other provisions of law, it is the intent of the Legislature that this part shall apply. Evaluation and treatment of a minor beyond the initial 72 hours shall be pursuant to the Lanterman–Petris–Short Act (Part 1 (commencing with Section 5000)).
(Added by Stats.1988, c. 1202, § 2.)

§ 5585.21. Regulations

The Director of Mental Health may promulgate regulations as necessary to implement and clarify the provisions of this part as they relate to minors.
(Added by Stats.1988, c. 1202, § 2.)

§ 5585.22. Educational materials and training curriculum

The Director of Mental Health, in consultation with the California Conference of Local Mental Health Directors, may develop the appropriate educational materials and a training curriculum, and may provide training as necessary to assure those persons providing services pursuant to this part fully understand its purpose.
(Added by Stats.1988, c. 1202, § 2.)

§ 5585.25. Gravely disabled minor

"Gravely disabled minor" means a minor who, as a result of a mental disorder, is unable to use the elements of life which are essential to health, safety, and development, including food, clothing, and shelter, even though provided to the minor by others. Mental retardation, epilepsy, or other developmental disabilities, alcoholism, other drug abuse, or repeated antisocial behavior do not, by themselves, constitute a mental disorder.
(Added by Stats.1988, c. 1202, § 2.)

Chapter 2 CIVIL COMMITMENT OF MINORS

§ 5585.50. Custody and placement of minor in facility; notice to parent or legal guardian; probable cause application; civil liability for intentional false statement

When any minor, as a result of mental disorder, is a danger to others, or to himself or herself, or gravely disabled and authorization for voluntary treatment is not available, a peace officer, member of the attending staff, as defined by regulation, of an evaluation facility designated by the county, designated members of a mobile crisis team provided by Section 5651.7, or other professional person designated by the county may, upon probable cause, take, or cause to be taken, the minor into custody and place him or her in a facility designated by the county and approved by the State Department of Mental Health as a facility for seventy–two hour treatment and evaluation of minors. The facility shall make every effort to notify the minor's parent or legal guardian as soon as possible after the minor is detained.

The facility shall require an application in writing stating the circumstances under which the minor's condition was called to the attention of the officer, member of the attending staff, or professional person, and stating that the officer, member of the attending staff, or professional person has probable cause to believe that the minor is, as a result of mental disorder, a danger to others, or to himself or herself, or gravely disabled and authorization for voluntary treatment is not available. If the probable cause is based on the statement of a person other than the officer, member of the attending staff, or professional person, the person shall be liable in a civil action for intentionally giving a statement which he or she knows to be false.
(Added by Stats.1988, c. 1202, § 2.)

§ 5585.52. Clinical evaluation; parent or legal guardian involvement

Any minor detained under the provisions of Section 5585.50 shall receive a clinical evaluation consisting of multidisciplinary professional analyses of the minor's medical, psychological, developmental, educational, social, financial, and legal conditions as may appear to constitute a problem. This evaluation shall include a psychosocial evaluation of the family or living environment, or both. Persons providing evaluation services shall be properly qualified professionals with training or supervised experience, or both, in the diagnosis and treatment of minors. Every effort shall be made to involve the minor's parent or legal guardian in the clinical evaluation.
(Added by Stats.1988, c. 1202, § 2.)

§ 5585.53. Additional treatment; treatment plan; least restrictive placement alternative; consultation and consent; involuntary treatment

If, in the opinion of the professional person conducting the evaluation as specified in Section 5585.52, the minor will require additional mental health treatment, a treatment plan shall be written and shall identify the least restrictive placement alternative in which the minor can receive the necessary treatment. The family, legal guardian, or caretaker and the minor shall be consulted and informed as to the basic recommendations for further treatment and placement requirements. Every effort shall be made to obtain the consent of the minor's parent or legal guardian prior to treatment and placement of the minor. Inability to obtain the consent of the minor's parent or legal guardian shall not preclude the involuntary treatment of a minor who is determined to be gravely disabled or a danger to himself or herself or others. Involuntary treatment shall only be allowed in accordance with the provisions of the Lanterman–Petris–Short Act (Part 1 (commencing with Section 5000)).
(Added by Stats.1988, c. 1202, § 2.)

§ 5585.55. Involuntary treatment; confinement with adults

The minor committed for involuntary treatment under this part shall be placed in a health facility designated by the county and approved by the State Department of Mental Health as a facility for 72–hour evaluation and treatment. Except as provided for in Section 5751.7, each county shall assure that minors under the age of 16 years are not held with adults receiving psychiatric treatment under the provisions of the Lanterman–Petris–Short Act (Part 1 (commencing with Section 5000)).
(Added by Stats.1988, c. 1202, § 2.)

§ 5585.57. Aftercare plan

A mentally ill minor, upon being considered for release from involuntary treatment, shall have an aftercare plan developed. The plan shall include educational or training needs, provided these are necessary for the minor's well–being.
(Added by Stats.1988, c. 1202, § 2.)

§ 5585.58. Funding

This part shall be funded under the Bronzan–McCorquodale Act pursuant to Part 2 (commencing with Section 5600), as part of the county performance contract.
(Added by Stats.1988, c. 1202, § 2. Amended by Stats.1993, c. 1245 (S.B.282), § 8, eff. Oct. 11, 1993.)

§ 5585.59. Legally emancipated minors

For the purposes of this part, legally emancipated minors requiring involuntary treatment shall be considered adults and this part shall not apply.
(Added by Stats.1988, c. 1202, § 2.)

§ 5587. Metropolitan State Hospital Youth Program; admission policy; documentation of prior placement attempts

The Metropolitan State Hospital Youth Program's admission policy shall require the referring agency to document all placement attempts prior to admission. The youth program's discharge planning policy shall require the referring agency to document all attempts to place the child during the discharge planning process.
(Added by Stats.1998, c. 310 (A.B.2780), § 67, eff. Aug. 19, 1998.)

Part 2 THE BRONZAN–MCCORQUODALE ACT

Chapter 1 GENERAL PROVISIONS

§ 5600. Title and purpose

(a) This part shall be known and may be cited as the Bronzan–McCorquodale Act. This part is intended to organize and finance community mental health services for the mentally disordered in every county through locally administered and locally controlled community mental health programs. It is furthermore intended to better utilize existing resources at both the state and local levels in order to improve the effectiveness of necessary mental health services; to integrate state–operated and community mental health programs into a unified mental health system; to ensure that all mental health professions be appropriately represented and utilized in the mental health programs; to provide a means for participation by local governments in the determination of the need for and the allocation of mental health resources under the jurisdiction of the state; and to provide a means of allocating mental health funds deposited in the Local Revenue Fund equitably among counties according to community needs.

(b) With the exception of those referring to Short–Doyle Medi–Cal services, any other provisions of law referring to the Short–Doyle Act shall be construed as referring to the Bronzan–McCorquodale Act.
(Added by Stats.1968, c. 989, p. 1912, § 2, operative July 1, 1969. Amended by Stats.1975, c. 1128, p. 2749, § 2; Stats.1979, c. 557, p. 1765, § 1; Stats.1984, c. 1327, § 2, eff. Sept. 25, 1984; Stats.1985, c. 1081, § 1; Stats.1988, c. 1305, § 1, eff. Sept. 26, 1988; Stats.1990, c. 699 (A.B.3516), § 1; Stats.1991, c. 89 (A.B.1288), § 63, eff. June 30, 1991.)

§ 5600.1. Mental health system; mission statement

The mission of California's mental health system shall be to enable

persons experiencing severe and disabling mental illnesses and children with serious emotional disturbances to access services and programs that assist them, in a manner tailored to each individual, to better control their illness, to achieve their personal goals, and to develop skills and supports leading to their living the most constructive and satisfying lives possible in the least restrictive available settings.

(Added by Stats.1991, c. 89 (A.B.1288), § 65, eff. June 30, 1991. Amended by Stats.1991, c. 611 (A.B.1491), § 35, eff. Oct. 7, 1991.)

§ 5600.2. Health care systems; target populations; factors

To the extent resources are available, public mental health services in this state should be provided to priority target populations in systems of care that are client–centered, culturally competent, and fully accountable, and which include the following factors:

(a) Client–Centered Approach. All services and programs designed for persons with mental disabilities should be client centered, in recognition of varying individual goals, diverse needs, concerns, strengths, motivations, and disabilities. Persons with mental disabilities:

(1) Retain all the rights, privileges, opportunities, and responsibilities of other citizens unless specifically limited by federal or state law or regulations.

(2) Are the central and deciding figure, except where specifically limited by law, in all planning for treatment and rehabilitation based on their individual needs. Planning should also include family members and friends as a source of information and support.

(3) Shall be viewed as total persons and members of families and communities. Mental health services should assist clients in returning to the most constructive and satisfying lifestyles of their own definition and choice.

(4) Should receive treatment and rehabilitation in the most appropriate and least restrictive environment, preferably in their own communities.

(5) Should have an identifiable person or team responsible for their support and treatment.

(6) Shall have available a mental health advocate to ensure their rights as mental health consumers pursuant to Section 5521.

(b) Priority Target Populations. Persons with serious mental illnesses have severe, disabling conditions that require treatment, giving them a high priority for receiving available services.

(c) Systems of Care. The mental health system should develop coordinated, integrated, and effective services organized in systems of care to meet the unique needs of children and youth with serious emotional disturbances, and adults, older adults, and special populations with serious mental illnesses. These systems of care should operate in conjunction with an interagency network of other services necessary for individual clients.

(d) Outreach. Mental health services should be accessible to all consumers on a 24–hour basis in times of crisis. Assertive outreach should make mental health services available to homeless and hard–to–reach individuals with mental disabilities.

(e) Multiple Disabilities. Mental health services should address the special needs of children and youth, adults, and older adults with dual and multiple disabilities.

(f) Quality of Service. Qualified individuals trained in the client–centered approach should provide effective services based on measurable outcomes and deliver those services in environments conducive to clients' well–being.

(g) Cultural Competence. All services and programs at all levels should have the capacity to provide services sensitive to the target populations' cultural diversity. Systems of care should:

(1) Acknowledge and incorporate the importance of culture, the assessment of cross–cultural relations, vigilance towards dynamics resulting from cultural differences, the expansion of cultural knowledge, and the adaptation of services to meet culturally unique needs.

(2) Recognize that culture implies an integrated pattern of human behavior, including language, thoughts, beliefs, communications, actions, customs, values, and other institutions of racial, ethnic, religious, or social groups.

(3) Promote congruent behaviors, attitudes, and policies enabling the system, agencies, and mental health professionals to function effectively in cross–cultural institutions and communities.

(h) Community Support. Systems of care should incorporate the concept of community support for individuals with mental disabilities and reduce the need for more intensive treatment services through measurable client outcomes.

(i) Self–Help. The mental health system should promote the development and use of self–help groups by individuals with serious mental illnesses so that these groups will be available in all areas of the state.

(j) Outcome Measures. State and local mental health systems of care should be developed based on client–centered goals and evaluated by measurable client outcomes.

(k) Administration. Both state and local departments of mental health should manage programs in an efficient, timely, and cost–effective manner.

(*l*) Research. The mental health system should encourage basic research into the nature and causes of mental illnesses and cooperate with research centers in efforts leading to improved treatment methods, service delivery, and quality of life for mental health clients.

(m) Education on Mental Illness. Consumer and family advocates for mental health should be encouraged and assisted in informing the public about the nature of mental illness from their viewpoint and about the needs of consumers and families. Mental health professional organizations should be encouraged to disseminate the most recent research findings in the treatment and prevention of mental illness.

(Added by Stats.1991, c. 89 (A.B.1288), § 67, eff. June 30, 1991. Amended by Stats.1991, c. 611 (A.B.1491), § 36, eff. Oct. 7, 1991; Stats.1992, c. 1374 (A.B.14), § 15, eff. Oct. 28, 1992.)

§ 5600.3. Mental health account funds; populations targeted for use

To the extent resources are available, the primary goal of use of funds deposited in the mental health account of the local health and welfare trust fund should be to serve the target populations identified in the following categories, which shall not be construed as establishing an order of priority:

(a)(1) Seriously emotionally disturbed children or adolescents.

(2) For the purposes of this part, "seriously emotionally disturbed children or adolescents" means minors under the age of 18 years who have a mental disorder as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a primary substance use disorder or developmental disorder, which results in behavior inappropriate to the child's age according to expected developmental norms. Members of this target population shall meet one or more of the following criteria:

(A) As a result of the mental disorder the child has substantial impairment in at least two of the following areas: self–care, school functioning, family relationships, or ability to function in the community; and either of the following occur:

(i) The child is at risk of removal from home or has already been removed from the home.

(ii) The mental disorder and impairments have been present for more than six months or are likely to continue for more than one year without treatment.

(B) The child displays one of the following: psychotic features, risk of suicide or risk of violence due to a mental disorder.

(C) The child meets special education eligibility requirements under Chapter 26.5 (commencing with Section 7570) of Division 7 of Title 1 of the Government Code.

(b)(1) Adults and older adults who have a serious mental disorder.

(2) For the purposes of this part "serious mental disorder" means

a mental disorder which is severe in degree and persistent in duration, which may cause behavioral functioning which interferes substantially with the primary activities of daily living, and which may result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period of time. Serious mental disorders include, but are not limited to, schizophrenia, as well as major affective disorders or other severely disabling mental disorders. This section shall not be construed to exclude persons with a serious mental disorder and a diagnosis of substance abuse, developmental disability, or other physical or mental disorder.

(3) Members of this target population shall meet all of the following criteria:

(A) The person has a mental disorder as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a substance use disorder or developmental disorder or acquired traumatic brain injury pursuant to subdivision (a) of Section 4354 unless that person also has a serious mental disorder as defined in paragraph (2).

(B)(i) As a result of the mental disorder the person has substantial functional impairments or symptoms, or a psychiatric history demonstrating that without treatment there is an imminent risk of decompensation to having substantial impairments or symptoms.

(ii) For the purposes of this part, "functional impairment" means being substantially impaired as the result of a mental disorder in independent living, social relationships, vocational skills, or physical condition.

(C) As a result of a mental functional impairment and circumstances the person is likely to become so disabled as to require public assistance, services, or entitlements .

(4) For the purpose of organizing outreach and treatment options, to the extent resources are available, this target population includes, but is not limited to, persons who are any of the following:

(A) Homeless persons who are mentally ill.

(B) Persons evaluated by appropriately licensed persons as requiring care in acute treatment facilities including state hospitals, acute inpatient facilities, institutes for mental disease, and crisis residential programs.

(C) Persons arrested or convicted of crimes.

(D) Persons who require acute treatment as a result of a first episode of mental illness with psychotic features.

(c) Adults or older adults who require or are at risk of requiring acute psychiatric inpatient care, residential treatment, or outpatient crisis intervention because of a mental disorder with symptoms of psychosis, suicidality, or violence.

(d) Persons who need brief treatment as a result of a natural disaster or severe local emergency.

(Added by Stats.1991, c. 89 (A.B.1288), § 68, eff. June 30, 1991. Amended by Stats.1991, c. 611 (A.B.1491), § 38, eff. Oct. 7, 1991; Stats.1992, c. 1374 (A.B.14), § 16, eff. Oct. 28, 1992.)

§ 5600.35. Statewide access to services

(a) Services should be encouraged in every geographic area to the extent resources are available for clients in the target population categories described in Section 5600.3.

(b) Services to the target populations should be planned and delivered so as to ensure statewide access by members of the target populations, including all ethnic groups in the state.

(Added by Stats.1991, c. 89 (A.B.1288), § 69, eff. June 30, 1991.)

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

§ 5600.4. Treatment options

Community mental health services should be organized to provide an array of treatment options in the following areas, to the extent resources are available:

(a) Precrisis and Crisis Services. Immediate response to individuals in precrisis and crisis and to members of the individual's support system, on a 24–hour, seven–day–a–week basis. Crisis services may be provided offsite through mobile services. The focus of precrisis services is to offer ideas and strategies to improve the person's situation, and help access what is needed to avoid crisis. The focus of crisis services is stabilization and crisis resolution, assessment of precipitating and attending factors, and recommendations for meeting identified needs.

(b) Comprehensive Evaluation and Assessment. Includes, but is not limited to, evaluation and assessment of physical and mental health, income support, housing, vocational training and employment, and social support services needs. Evaluation and assessment may be provided offsite through mobile services.

(c) Individual Service Plan. Identification of the short– and long–term service needs of the individual, advocating for, and coordinating the provision of these services. The development of the plan should include the participation of the client, family members, friends, and providers of services to the client, as appropriate.

(d) Medication Education and Management. Includes, but is not limited to, evaluation of the need for administration of, and education about, the risks and benefits associated with medication. Clients should be provided this information prior to the administration of medications pursuant to state law. To the extent practicable, families and caregivers should also be informed about medications.

(e) Case Management. Client–specific services that assist clients in gaining access to needed medical, social, educational, and other services. Case management may be provided offsite through mobile services.

(f) Twenty–four Hour Treatment Services. Treatment provided in any of the following: an acute psychiatric hospital, an acute psychiatric unit of a general hospital, a psychiatric health facility, an institute for mental disease, a community treatment facility, or community residential treatment programs, including crisis, transitional and long–term programs.

(g) Rehabilitation and Support Services. Treatment and rehabilitation services designed to stabilize symptoms, and to develop, improve, and maintain the skills and supports necessary to live in the community. These services may be provided through various modes of services, including, but not limited to, individual and group counseling, day treatment programs, collateral contacts with friends and family, and peer counseling programs. These services may be provided offsite through mobile services.

(h) Vocational Rehabilitation. Services which provide a range of vocational services to assist individuals to prepare for, obtain, and maintain employment.

(i) Residential Services. Room and board and 24–hour care and supervision.

(j) Services for Homeless Persons. Services designed to assist mentally ill persons who are homeless, or at risk of being homeless, to secure housing and financial resources.

(k) Group Services. Services to two or more clients at the same time.

(Added by Stats.1991, c. 89 (A.B.1288), § 71, eff. June 30, 1991. Amended by Stats.1991, c. 611 (A.B.1491), § 39, eff. Oct. 7, 1991; Stats.1992, c. 1374 (A.B.14), § 17, eff. Oct. 28, 1992; Stats.1993, c. 1245 (S.B.282), § 9, eff. Oct. 11, 1993.)

§ 5600.5. Children and youth in target population; minimum array of services

The minimum array of services for children and youth meeting the target population criteria established in subdivision (a) of Section 5600.3 should include the following modes of service in every geographical area, to the extent resources are available:

(a) Precrisis and crisis services.

(b) Assessment.

(c) Medication education and management.

(d) Case management.

(e) Twenty–four–hour treatment services.

(f) Rehabilitation and support services designed to alleviate symptoms and foster development of age appropriate cognitive, emotional, and behavioral skills necessary for maturation.

(Added by Stats.1991, c. 89 (A.B.1288), § 73, eff. June 30, 1991. Amended by Stats.1991, c. 611 (A.B.1491), § 40, eff. Oct. 7, 1991; Stats.1992, c. 1374 (A.B.14), § 18, eff. Oct. 28, 1992.)

§ 5600.6. Adults in target population; minimum array of services

The minimum array of services for adults meeting the target population criteria established in subdivision (b) of Section 5600.3 should include the following modes of service in every geographical area, to the extent resources are available:

(a) Precrisis and crisis services.

(b) Assessment.

(c) Medication education and management.

(d) Case management.

(e) Twenty–four–hour treatment services.

(f) Rehabilitation and support services.

(g) Vocational services.

(h) Residential services.

(Added by Stats.1991, c. 89 (A.B.1288), § 75, eff. June 30, 1991.)

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

§ 5600.7. Older adults in target population; minimum array of services

The minimum array of services for older adults meeting the target population criteria established in subdivision (b) of Section 5600.3 should include the following modes of service in every geographical area, to the extent resources are available:

(a) Precrisis and crisis services, including mobile services.

(b) Assessment, including mobile services.

(c) Medication education and management.

(d) Case management, including mobile services.

(e) Twenty–four–hour treatment services.

(f) Residential services.

(g) Rehabilitation and support services, including mobile services.

(Added by Stats.1991, c. 89 (A.B.1288), § 77, eff. June 30, 1991. Amended by Stats.1991, c. 611 (A.B.1491), § 41, eff. Oct. 7, 1991.)

§ 5600.8. Allocation of funds

(a) The department may allocate the funds appropriated in Schedule (2) of Item 4440–101–0001 of the annual Budget Act, to county mental health programs that meet programmatic goals and model adult system of care programs to the satisfaction of the department. The department shall audit and monitor the use of these funds to ensure they are used solely in support of Adult System of Care programming. If county programs receiving adult system of care funding do not comply with program and audit requirements determined by the department, funding shall be redistributed to other counties to implement, expand, or model adult systems of care.

(b) The department may allocate the funds appropriated in Schedule (3) of Item 4440–101–0001 of the annual Budget Act, to county mental health programs for Children's System of Care programming. These funds shall be utilized by counties only in support of a mental health system serving seriously emotionally disturbed children, in accordance with the principles and program requirements associated with the system of care model, as set forth in Part 4 (commencing with Section 5850). The department shall audit and monitor the use of these funds to ensure they are used solely in support of the Children's System of Care program. If county programs receiving children's system of care funding do not comply with program and audit requirements determined by the department, funds shall be redistributed to other counties to implement, expand, or model children's system of care programming.

(Added by Stats.2000, c. 93 (A.B.2877), § 50, eff. July 7, 2000. Amended by Stats.2002, c. 1161 (A.B.442), § 35, eff. Sept. 30, 2002.)

§ 5600.9. Planning and delivery of services

(a) Services to the target populations described in Section 5600.3 should be planned and delivered to the extent practicable so that persons in all ethnic groups are served with programs that meet their cultural needs.

(b) Services in rural areas should be developed in flexible ways, and may be designed to meet the needs of the indigent and uninsured who are in need of public mental health services because other private services are not available.

(c) To the extent permitted by law, counties should maximize all available funds for the provision of services to the target populations. Counties are expressly encouraged to develop interagency programs and to blend services and funds for individuals with multiple problems, such as those with mental illness and substance abuse, and children, who are served by multiple agencies. State departments are directed to assist counties in the development of mechanisms to blend funds and to seek any necessary waivers which may be appropriate.

(Added by Stats.1991, c. 89 (A.B.1288), § 79, eff. June 30, 1991. Amended by Stats.1991, c. 611 (A.B.1491), § 42, eff. Oct. 7, 1991.)

§ 5601. Definitions

As used in this part:

(a) "Governing body" means the county board of supervisors or boards of supervisors in the case of counties acting jointly; and in the case of a city, the city council or city councils acting jointly.

(b) "Conference" means the California Conference of Local Mental Health Directors as established under Section 5757.

(c) Unless the context requires otherwise, "to the extent resources are available" means to the extent that funds deposited in the mental health account of the local health and welfare fund are available to an entity qualified to use those funds.

(d) "Part 1" refers to the Lanterman–Petris–Short Act (Part 1 (commencing with Section 5000)).

(e) "Director of Mental Health" or "director" means the Director of the State Department of Mental Health.

(f) "Institution" includes a general acute care hospital, a state hospital, a psychiatric hospital, a psychiatric health facility, a skilled nursing facility, including an institution for mental disease as described in Chapter 1 (commencing with Section 5900) of Part 5, an intermediate care facility, a community care facility or other residential treatment facility, or a juvenile or criminal justice institution.

(g) "Mental health service" means any service directed toward early intervention in, or alleviation or prevention of, mental disorder, including, but not limited to, diagnosis, evaluation, treatment, personal care, day care, respite care, special living arrangements, community skill training, sheltered employment, socialization, case management, transportation, information, referral, consultation, and community services.

(Added by Stats.1968, c. 989, p. 1912, § 2, operative July 1, 1969. Amended by Stats.1971, c. 1593, p. 3345, § 383, operative July 1, 1973; Stats.1977, c. 1252, p. 4582, § 586, operative July 1, 1978; Stats.1979, c. 557, p. 1767, § 7; Stats.1984, c. 1327, § 6, eff. Sept. 25, 1984; Stats.1991, c. 89 (A.B.1288), § 80, eff. June 30, 1991.)

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

§ 5602. Establishment of community mental health service; provision of services

The board of supervisors of every county, or the boards of supervisors of counties acting under the joint powers provisions of Article 1 (commencing with Section 6500) of Chapter 5 of Division

7 of Title 1 of the Government Code shall establish a community mental health service to cover the entire area of the county or counties. Services of the State Department of Mental Health shall be provided to the county, or counties acting jointly, or, if both parties agree, the state facilities may, in whole or in part, be leased, rented or sold to the county or counties for county operation, subject to terms and conditions approved by the Director of General Services.

(Added by Stats.1968, c. 989, p. 1913, § 2, operative July 1, 1969. Amended by Stats.1970, c. 1627, p. 3450, § 26.2; Stats.1971, c. 1593, p. 3345, § 384; Stats.1971, c. 1162, p. 2222, § 6; Stats.1973, c. 142, p. 419, § 73, eff. June 30, 1973, operative July 1, 1973; Stats.1977, c. 1252, p. 4582, § 587, operative July 1, 1978; Stats.1984, c. 1327, § 7, eff. Sept. 25, 1984; Stats.1991, c. 89 (A.B.1288), § 81, eff. June 30, 1991.)

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

§ 5604. Mental health board

(a)(1) Each community mental health service shall have a mental health board consisting of 10 to 15 members, depending on the preference of the county, appointed by the governing body, except that boards in counties with a population of less than 80,000 may have a minimum of five members. One member of the board shall be a member of the local governing body. Any county with more than five supervisors shall have at least the same number of members as the size of its board of supervisors. Nothing in this section shall be construed to limit the ability of the governing body to increase the number of members above 15. Local mental health boards may recommend appointees to the county supervisors. Counties are encouraged to appoint individuals who have experience and knowledge of the mental health system. The board membership should reflect the ethnic diversity of the client population in the county.

(2) Fifty percent of the board membership shall be consumers or the parents, spouses, siblings, or adult children of consumers, who are receiving or have received mental health services. At least 20 percent of the total membership shall be consumers, and at least 20 percent shall be families of consumers.

(3)(A) In counties under 80,000 population, at least one member shall be a consumer, and at least one member shall be a parent, spouse, sibling, or adult child of a consumer, who is receiving, or has received, mental health services.

(B) Notwithstanding subparagraph (A), a board in a county with a population under 80,000 that elects to have the board exceed the five–member minimum permitted under paragraph (1) shall be required to comply with paragraph (2).

(b) The term of each member of the board shall be for three years. The governing body shall equitably stagger the appointments so that approximately one–third of the appointments expire in each year.

(c) If two or more local agencies jointly establish a community mental health service under Article 1 (commencing with Section 6500) of Chapter 5 of Division 7 of Title 1 of the Government Code, the mental health board for the community mental health service shall consist of an additional two members for each additional agency, one of whom shall be a consumer or a parent, spouse, sibling, or adult child of a consumer who has received mental health services.

(d) No member of the board or his or her spouse shall be a full–time or part–time county employee of a county mental health service, an employee of the State Department of Mental Health, or an employee of, or a paid member of the governing body of, a mental health contract agency.

(e) Members of the board shall abstain from voting on any issue in which the member has a financial interest as defined in Section 87103 of the Government Code.

(f) If it is not possible to secure membership as specified from among persons who reside in the county, the governing body may substitute representatives of the public interest in mental health who are not full–time or part–time employees of the county mental health service, the State Department of Mental Health, or on the staff of, or a paid member of the governing body of, a mental health contract agency.

(g) The mental health board may be established as an advisory board or a commission, depending on the preference of the county.

(Added by Stats.1968, c. 989, p. 1913, § 2, operative on the 61st day after final adjournment of the 1968 Regular Session. Amended by Stats.1969, c. 722, p. 1436, § 34, eff. Aug. 8, 1969, operative July 1, 1969; Stats.1969, c. 1120, p. 2185, § 4, operative on the 61st day after final adjournment of the 1969 Regular Session; Stats.1970, c. 1627, p. 3451, § 27; Stats.1971, c. 1593, p. 3345, § 384.5, operative July 1, 1973; Stats.1973, c. 1212, p. 2837, § 328, operative July 1, 1974; Stats.1975, c. 1128, p. 2750, § 3; Stats.1976, c. 679, p. 1675, § 1; Stats.1977, c. 1252, p. 4582, § 588, operative July 1, 1978; Stats.1977, c. 726, p. 2309, § 1; Stats.1978, c. 429, p. 1456, § 210, eff. July 17, 1978, operative July 1, 1978; Stats.1978, c. 852, p. 2695, § 1; Stats.1984, c. 1327, § 9, eff. Sept. 25, 1984; Stats.1985, c. 1295, § 1; Stats.1986, c. 179, § 1; Stats.1987, c. 1004, § 2; Stats.1987, c. 1004, § 3, operative Jan. 1, 1990; Stats.1990, c. 85 (S.B.945), § 1, eff. May 9, 1990; Stats.1991, c. 89 (A.B.1288), § 83, eff. June 30, 1991; Stats.1992, c. 1374 (A.B.14), § 20, eff. Oct. 28, 1992; Stats.1993, c. 564 (S.B.43), § 2; Stats.1995, c. 712 (S.B.227), § 1; Stats.1997, c. 484 (S.B.651), § 1, eff. Sept. 25, 1997.)

§ 5604.1. Meetings of advisory boards

Local mental health advisory boards shall be subject to the provisions of Chapter 9 (commencing with Section 54950) of Part 1 of Division 2 of Title 5 of the Government Code, relating to meetings of local agencies.

(Formerly § 5605, added by Stats.1968, c. 989, p. 1914, § 2, operative July 1, 1969. Renumbered § 5604.1 and amended by Stats.1985, c. 1295, § 5; Stats.1991, c. 89 (A.B.1288), § 84, eff. June 30, 1991; Stats.1992, c. 1374 (A.B.14), § 21, eff. Oct. 28, 1992.)

§ 5604.2. Powers and duties of mental health board

(a) The local mental health board shall do all of the following:

(1) Review and evaluate the community's mental health needs, services, facilities, and special problems.

(2) Review any county agreements entered into pursuant to Section 5650.

(3) Advise the governing body and the local mental health director as to any aspect of the local mental health program.

(4) Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process.

(5) Submit an annual report to the governing body on the needs and performance of the county's mental health system.

(6) Review and make recommendations on applicants for the appointment of a local director of mental health services. The board shall be included in the selection process prior to the vote of the governing body.

(7) Review and comment on the county's performance outcome data and communicate its findings to the California Mental Health Planning Council.

(8) Nothing in this part shall be construed to limit the ability of the governing body to transfer additional duties or authority to a mental health board.

(b) It is the intent of the Legislature that, as part of its duties pursuant to subdivision (a), the board shall assess the impact of the realignment of services from the state to the county, on services delivered to clients and on the local community.

(Formerly § 5606, added by Stats.1968, c. 989, p. 1914, § 2, operative July 1, 1969. Amended by Stats.1978, c. 852, p. 2697, § 4; Stats.1983, c. 1207, § 1.9, eff. Sept. 30, 1938; Stats.1984, c. 1327, § 10, eff. Sept. 25, 1984. Renumbered § 5604.2 and amended by Stats.1985, c. 1295, § 9. Amended by Stats.1991, c. 89 (A.B.1288), § 85, eff. June 30, 1991; Stats.1991, c. 611 (A.B.1491), § 43, eff. Oct. 7, 1991; Stats.1992, c. 1374 (A.B.14), § 22, eff. Oct. 28, 1992; Stats.1993, c. 564 (S.B.43), § 3.)

§ 5604.3. Expenses of board members

The board of supervisors may pay from any available funds the actual and necessary expenses of the members of the mental health board of a community mental health service incurred incident to the performance of their official duties and functions. The expenses may include travel, lodging, child care, and meals for the members of an advisory board while on official business as approved by the director of the local mental health program.

(Formerly § 5604.5, added by Stats.1973, c. 407, p. 872, § 1. Amended by Stats.1978, c. 852, p. 2696, § 3. Renumbered § 5604.3 and amended by Stats.1985, c. 1295, § 3. Amended by Stats.1991, c. 89 (A.B.1288), § 86, eff. June 30, 1991; Stats.1992, c. 1374 (A.B.14), § 23, eff. Oct. 28, 1992.)

§ 5604.5. Bylaws

The local mental health board shall develop bylaws to be approved by the governing body which shall:

(a) Establish the specific number of members on the mental health board, consistent with subdivision (a) of Section 5604.

(b) Ensure that the composition of the mental health board represents the demographics of the county as a whole, to the extent feasible.

(c) Establish that a quorum be one person more than one–half of the appointed members.

(d) Establish that the chairperson of the mental health board be in consultation with the local mental health director.

(e) Establish that there may be an executive committee of the mental health board .

(Added by Stats.1985, c. 1295, § 4. Amended by Stats.1991, c. 89 (A.B.1288), § 87, eff. June 30, 1991; Stats.1992, c. 1374 (A.B.14), § 24, eff. Oct. 28, 1992.)

§ 5607. Administration; qualifications of administrators

The local mental health services shall be administered by a local director of mental health services to be appointed by the governing body. He shall meet such standards of training and experience as the State Department of Mental Health, by regulation, shall require. Applicants for such positions need not be residents of the city, county, or state, and may be employed on a full or part–time basis. If a county is unable to secure the services of a person who meets the standards of the State Department of Mental Health, the county may select an alternate administrator subject to the approval of the Director of Mental Health.

(Added by Stats.1968, c. 989, p. 1914, § 2, operative July 1, 1969. Amended by Stats.1971, c. 1593, p. 3346, § 385, operative July 1, 1973; Stats.1977, c. 1252, p. 4583, § 589, operative July 1, 1978.)

§ 5608. Powers and duties of administrator

The local director of mental health services shall have the following powers and duties:

(a) Serve as chief executive officer of the community mental health service responsible to the governing body through administrative channels designated by the governing body.

(b) Exercise general supervision over mental health services provided under this part.

(c) Recommend to the governing body, after consultation with the advisory board, the provision of services, establishment of facilities, contracting for services or facilities and other matters necessary or desirable in accomplishing the purposes of this division.

(d) Submit an annual report to the governing body reporting all activities of the program, including a financial accounting of expenditures and a forecast of anticipated needs for the ensuing year.

(e) Carry on studies appropriate for the discharge of his or her duties, including the control and prevention of mental disorders.

(f) Possess authority to enter into negotiations for contracts or agreements for the purpose of providing mental health services in the county.

(Added by Stats.1968, c. 989, p. 1914, § 2, operative July 1, 1969. Amended by Stats.1991, c. 89 (A.B.1288), § 92, eff. June 30, 1991.)

§ 5610. Data and reporting requirements; client–based information system

(a) Each county mental health system shall comply with reporting requirements developed by the State Department of Mental Health which shall be uniform and simplified. The department shall review existing data requirements to eliminate unnecessary requirements and consolidate requirements which are necessary. These requirements shall provide comparability between counties in reports.

(b) The department shall develop, in consultation with the Performance Outcome Committee pursuant to Section 5611, and with the Health and Welfare Agency, uniform definitions and formats for a statewide, nonduplicative client–based information system that includes all information necessary to meet federal mental health grant requirements and state and federal medicaid reporting requirements, as well as any other state requirements established by law. The data system, including performance outcome measures reported pursuant to Section 5613, shall be developed by July 1, 1992.

(c) Unless determined necessary by the department to comply with federal law and regulations, the data system developed pursuant to subdivision (b) shall not be more costly than that in place during the 1990–91 fiscal year.

(d)(1) The department shall develop unique client identifiers that permit development of client–specific cost and outcome measures and related research and analysis.

(2) The department's collection and use of client information, and the development and use of client identifiers, shall be consistent with clients' constitutional and statutory rights to privacy and confidentiality.

(3) Data reported to the department may include name and other personal identifiers. That information is confidential and subject to Section 5328 and any other state and federal laws regarding confidential client information.

(4) Personal client identifiers reported to the department shall be protected to ensure confidentiality during transmission and storage through encryption and other appropriate means.

(5) Information reported to the department may be shared with local public mental health agencies submitting records for the same person and that information is subject to Section 5328.

(e) All client information reported to the department pursuant to Chapter 2 (commencing with Section 4030) of Part 1 of Division 4 and Sections 5328 to 5780, inclusive, and any other state and federal laws regarding reporting requirements, consistent with Section 5328, shall not be used for purposes other than those purposes expressly stated in the reporting requirements referred to in this subdivision.

(f) The department may adopt emergency regulations to implement this section in accordance with the Administrative Procedure Act, Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code. The adoption of emergency regulations to implement this section that are filed with the Office of Administrative Law within one year of the date on which the act that added this subdivision took effect shall be deemed to be an emergency and necessary for the immediate preservation of the public peace, health and safety, or general welfare and shall remain in effect for no more than 180 days.

(Added by Stats.1991, c. 89 (A.B.1288), § 94, eff. June 30, 1991. Amended by Stats.1991, c. 611 (A.B.1491), § 44, eff. Oct. 7, 1991; Stats.1992, c. 1374 (A.B.14), § 29, eff. Oct. 28, 1992; Stats.1998, c. 738 (S.B.2098), § 2, eff. Sept. 22, 1998.)

§ 5611. Performance Outcome Committee

(a) The Director of Mental Health shall establish a Performance Outcome Committee, to be comprised of representatives from the PL 99–660 Planning Council and the California Conference of Local Mental Health Directors. Any costs associated with the performance of the duties of the committee shall be absorbed within the resources of the participants.

(b) Major mental health professional organizations representing

licensed clinicians may participate as members of the committee at their own expense.

(c) The committee may seek private funding for costs associated with the performance of its duties.

(Added by Stats.1991, c. 89 (A.B.1288), § 96, eff. June 30, 1991.)

§ 5612. Evaluation of mental health services; performance measures

(a)(1) The Performance Outcome Committee shall develop measures of performance for evaluating client outcomes and cost effectiveness of mental health services provided pursuant to this division. The reporting of performance measures shall utilize the data collected by the State Department of Mental Health in the client–specific, uniform, simplified, and consolidated data system. The performance measures shall take into account resources available overall, resource imbalance between counties, other services available in the community, and county experience in developing data and evaluative information.

(2) During the 1992–93 fiscal year, the committee shall include measures of performance for evaluating client outcomes and cost–effectiveness of mental health services provided by state hospitals.

(b) The committee should consider outcome measures in the following areas:

(1) Numbers of persons in identified target populations served.

(2) Estimated number of persons in identified target populations in need of services.

(3) Treatment plans development for members of the target population served.

(4) Treatment plan goals met.

(5) Stabilization of living arrangements.

(6) Reduction of law enforcement involvement and jail bookings.

(7) Increase in employment or education activities.

(8) Percentage of resources used to serve children and older adults.

(9) Number of patients' rights advocates and their duties.

(10) Quality assurance activities for services, including peer review and medication management.

(11) Identification of special projects, incentives, and prevention programs.

(c) Areas identified for consideration by the committee are for guidance only.

(Added by Stats.1991, c. 89 (A.B.1288), § 98, eff. June 30, 1991. Amended by Stats.1992, c. 1374 (A.B.14), § 30, eff. Oct. 28, 1992.)

§ 5613. Performance measure reports

(a) Counties shall annually report data on performance measures established pursuant to Section 5612 to the local mental health advisory board and to the Director of Mental Health.

(b) The Director of Mental Health shall annually make available to the Legislature, no later than March 15, data on county performance.

(Added by Stats.1991, c. 89 (A.B.1288), § 100, eff. June 30, 1991.)

§ 5614. Protocol for meeting statutory and regulatory requirements

(a) The department, in consultation with the Compliance Advisory Committee that shall have representatives from relevant stakeholders, including, but not limited to, local mental health departments, local mental health boards and commissions, private and community–based providers, consumers and family members of consumers, and advocates, shall establish a protocol for ensuring that local mental health departments meet statutory and regulatory requirements for the provision of publicly funded community mental health services provided under this part.

(b) The protocol shall include a procedure for review and assurance of compliance for all of the following elements, and any other elements required in law or regulation:

(1) Financial maintenance of effort requirements provided for under Section 17608.05.

(2) Each local mental health board has approved procedures that ensure citizen and professional involvement in the local mental health planning process.

(3) Children's services are funded pursuant to the requirements of Sections 5704.5 and 5704.6.

(4) The local mental health department complies with reporting requirements developed by the department.

(5) To the extent resources are available, the local mental health department maintains the program principles and the array of treatment options required under Sections 5600.2 to 5600.9, inclusive.

(6) The local mental health department meets the reporting required by the performance outcome systems for adults and children.

(c) The protocol developed pursuant to subdivision (a) shall focus on law and regulations and shall include, but not be limited to, the items specified in subdivision (b). The protocol shall include data collection procedures so that state review and reporting may occur. The protocol shall also include a procedure for the provision of technical assistance, and formal decision rules and procedures for enforcement consequences when the requirements of law and regulations are not met. These standards and decision rules shall be established through the consensual stakeholder process established by the department.

(Added by Stats.2000, c. 93 (A.B.2877), § 51, eff. July 7, 2000. Amended by Stats.2001, c. 159 (S.B.662), § 191.)

§ 5614.5. Indicators of access and quality

(a) The department, in consultation with the Quality Improvement Committee which shall include representatives of the California Mental Health Planning Council, local mental health departments, consumers and families of consumers, and other stakeholders, shall establish and measure indicators of access and quality to provide the information needed to continuously improve the care provided in California's public mental health system.

(b) The department in consultation with the Quality Improvement Committee shall include specific indicators in all of the following areas:

(1) Structure.

(2) Process, including access to care, appropriateness of care, and the cost effectiveness of care.

(3) Outcomes.

(c) Protocols for both compliance with law and regulations and for quality indicators shall include standards and formal decision rules for establishing when technical assistance, and enforcement in the case of compliance, will occur. These standards and decision rules shall be established through the consensual stakeholder process established by the department.

(d) The department shall report to the legislative budget committees on the status of the efforts in Section 5614 and this section by March 1, 2001. The report shall include presentation of the protocols and indicators developed pursuant to this section or barriers encountered in their development.

(Added by Stats.2000, c. 93 (A.B.2877), § 52, eff. July 7, 2000.)

§ 5615. Maintenance of existing programs; state aid

If they so elect, cities that were operating independent public mental health programs on January 1, 1990, shall continue to receive direct payments .

(Added by Stats.1968, c. 989, p. 1916, § 2, operative July 1, 1969. Amended by Stats.1991, c. 89 (A.B.1288), § 102, eff. June 30, 1991.)

§ 5616. Authority of city to own, finance and operate mental health program

Nothing in this part shall prevent any city or combination of cities from owning, financing, and operating a mental health program .

(Added by Stats.1968, c. 989, p. 1916, § 2, operative July 1, 1969. Amended by Stats.1991, c. 89 (A.B.1288), § 104, eff. June 30, 1991.)

§ 5618. Provision of information to clients, family members, and caregivers

Mental health plans shall be responsible for providing information to potential clients, family members, and caregivers regarding specialty Medi–Cal mental health services offered by the mental health plans upon request of the individual. This information shall be written in a manner that is easy to understand and is descriptive of the complete services offered.

(Added by Stats.2000, c. 93 (A.B.2877), § 53, eff. July 7, 2000.)

§ 5622. Aftercare plan; requirements; refusal

(a) A licensed inpatient mental health facility, as described in subdivision (c) of Section 1262 of the Health and Safety Code, operated by a county or pursuant to a county contract, shall, prior to the discharge of any patient who was placed in the facility, prepare a written aftercare plan. The aftercare plan, to the extent known, shall specify the following:

(1) The nature of the illness and followup required.

(2) Medications, including side effects and dosage schedules. If the patient was given an informed consent form with his or her medications, the form shall satisfy the requirement for information on side effects of the medications.

(3) Expected course of recovery.

(4) Recommendations regarding treatment that are relevant to the patient's care.

(5) Referrals to providers of medical and mental health services.

(6) Other relevant information.

(b) Any person undergoing treatment at a facility under the Lanterman–Petris–Short Act or a county Bronzan–McCorquodale facility and the person's conservator, guardian, or other legally authorized representative shall be given a written aftercare plan prior to being discharged from the facility. The person shall be advised by facility personnel that he or she may designate another person to receive a copy of the aftercare plan.

(c) A copy of the aftercare plan shall be given to any person designated under subdivision (b). A patient who is released from any local treatment facility described in subdivision (c) of Section 1262 of the Health and Safety Code on a voluntary basis may refuse any or all services under the written aftercare plan.

(Formerly § 5620, added by Stats.1971, c. 1609, p. 3463, § 1. Renumbered § 5622 and amended by Stats.1972, c. 694, p. 1275, § 1; Stats.1972, c. 1220, p. 2356, § 1, eff. Dec. 11, 1972. Amended by Stats.1974, c. 566, p. 1385, § 4; Stats.1979, c. 373, p. 1398, § 366. Amended by Stats.1987, c. 835, § 2; Stats.1991, c. 89 (A.B.1288), § 106, eff. June 30, 1991; Stats.1997, c. 512 (A.B.482), § 2.)

§ 5623.5. Access to prescribed medication

Commencing October 1, 1991, and to the extent resources are available, no county shall deny any person receiving services administered by the county mental health program access to any medication which has been prescribed by the treating physician and approved by the federal Food and Drug Administration and the Medi–Cal program for use in the treatment of psychiatric illness.

(Added by Stats.1991, c. 89 (A.B.1288), § 107, eff. June 30, 1991.)

Chapter 2 THE COUNTY PERFORMANCE CONTRACT

§ 5650. County mental health services contract; proposal

(a) The board of supervisors of each county, or boards of supervisors of counties acting jointly, shall adopt, and submit to the Director of Mental Health in the form and according to the procedures specified by the director, a proposed annual county mental health services performance contract for mental health services in the county or counties.

(b) The State Department of Mental Health shall develop and implement the requirements, format, procedure, and submission dates for the preparation and submission of the proposed performance contract.

(Added by Stats.1991, c. 89 (A.B.1288), § 111, eff. June 30, 1991.)

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

§ 5650.5. References to Short–Doyle plan

Any other provision of law referring to the county Short–Doyle plan shall be construed as referring to the county mental health services performance contract described in this chapter.

(Added by Stats.1991, c. 89 (A.B.1288), § 113, eff. June 30, 1991.)

§ 5651. Performance contract; contents

The proposed annual county mental health services performance contract shall include all of the following:

(a) The following assurances:

(1) That the county is in compliance with the expenditure requirements of Section 17608.05.

(2) That the county shall provide the mental health services required by Chapter 26.5 (commencing with Section 7570) of Division 7 of Title 1 of the Government Code and will comply with all requirements of that chapter.

(3) That the county shall provide services to persons receiving involuntary treatment as required by Part 1 (commencing with Section 5000) and Part 1.5 (commencing with Section 5585).

(4) That the county shall comply with all requirements necessary for Medi–Cal reimbursement for mental health treatment services and case management programs provided to Medi–Cal eligible individuals, including, but not limited to, the provisions set forth in Chapter 3 (commencing with Section 5700), and that the county shall submit cost reports and other data to the department in the form and manner determined by the department.

(5) That the local mental health advisory board has reviewed and approved procedures ensuring citizen and professional involvement at all stages of the planning process pursuant to Section 5604.2.

(6) That the county shall comply with all provisions and requirements in law pertaining to patient rights.

(7) That the county shall comply with all requirements in federal law and regulation pertaining to federally funded mental health programs.

(8) That the county shall provide all data and information set forth in Sections 5610 and 5664.

(9) That the county, if it elects to provide the services described in Chapter 2.5 (commencing with Section 5670), shall comply with guidelines established for program initiatives outlined in that chapter.

(10) Assurances that the county shall comply with all applicable laws and regulations for all services delivered.

(b) The county's proposed agreement with the department for state hospital usage as required by Chapter 4 (commencing with Section 4330) of Part 2 of Division 4.

(c) Performance contracts required by this chapter shall include any contractual requirements needed for any program initiatives utilized by the county contained within this part. In addition, any county may choose to include contract provisions for other state directed mental health managed programs within this performance contract.

(d) Other information determined to be necessary by the director, to the extent this requirement does not substantially increase county costs.

(Added by Stats.1991, c. 89 (A.B.1288), § 115, eff. June 30, 1991. Amended by Stats.1991, c. 611 (A.B.1491), § 45, eff. Oct. 7, 1991.)

§ 5651.2. Simplified performance contract; mandatory and discretionary provisions

For the 1991–92 fiscal year, each county shall, no later than October 1, 1991, submit to the department a simplified performance contract. The performance contract shall contain information that the department determines necessary for the provision and funding of

mental health services provided for in law. The performance contract shall include, but not be limited to, assurances necessary to ensure compliance with federal law. In addition, the performance contract may include provisions governing reimbursement to the state for costs associated with state hospitals and institutions for mental disease.
(Added by Stats.1991, c. 89 (A.B.1288), § 118, eff. June 30, 1991. Amended by Stats.1991, c. 611 (A.B.1491), § 46, eff. Oct. 7, 1991.)

§ 5652.5. Utilization of available resources and facilities

(a) Each county shall utilize available private and private nonprofit mental health resources and facilities in the county prior to developing new county–operated resources or facilities when these private and private nonprofit mental health resources or facilities are of at least equal quality and cost as county–operated resources and facilities and shall utilize available county resources and facilities of at least equal quality and cost prior to new private and private nonprofit resources and facilities. All the available local public or private and private nonprofit facilities shall be utilized before state hospitals are used.

(b) Nothing in this section shall prevent a county from restructuring its systems of care in the manner it believes will provide the best overall care.
(Added by Stats.1991, c. 89 (A.B.1288), § 125, eff. June 30, 1991.)

§ 5652.7. Time allowed for review

A county shall have only 60 days from the date of submission of an application to review and certify or deny an application to establish a new mental health care provider. If an application requires review by the State Department of Health Services, the department shall also have only 60 days from the date of submission of the application to review and certify or deny an application to establish a new mental health care provider.
(Added by Stats.1987, c. 884, § 3.)

§ 5653. Use of appropriate local public and private organizations and state agencies, and public and private funds

In developing the county Short–Doyle plan, optimum use shall be made of appropriate local public and private organizations, community professional personnel, and state agencies. Optimum use shall also be made of federal, state, county, and private funds which may be available for mental health planning.

In order that maximum utilization be made of federal and other funds made available to the Department of Rehabilitation, the Department of Rehabilitation may serve as a contractual provider under the provisions of a county Short–Doyle plan of vocational rehabilitation services for the mentally disordered .
(Added by Stats.1971, c. 1609, p. 3463, § 3. Amended by Stats.1975, c. 1128, p. 2754, § 6; Stats.1984, c. 1327, § 30, eff. Sept. 25, 1984.)

§ 5653.1. Contracts with public or private agencies

In conducting evaluation, planning, and research activities to develop and implement the county Short–Doyle plan, counties may contract with public or private agencies.
(Added by Stats.1971, c. 1801, p. 3899, § 1.)

§ 5654. Use of Short–Doyle funds; mental problems of minors; consultation and training

In order to serve the increasing needs of children and adolescents with mental and emotional problems, county mental health programs may use funds allocated under the Short–Doyle Act for the purposes of consultation and training.
(Added by Stats.1986, c. 770, § 2.)

§ 5655. Cooperation with county officials; failure to comply with code or regulation; order to show cause; sanctions

All departments of state government and all local public agencies shall cooperate with county officials to assist them in mental health planning. The State Department of Mental Health shall, upon request and with available staff, provide consultation services to the local mental health directors, local governing bodies, and local mental health advisory boards.

If the Director of Mental Health considers any county to be failing, in a substantial manner, to comply with any provision of this code or any regulation, or with the approved county Short–Doyle plan, the director shall order the county to appear at a hearing, before the director or the director's designee, to show cause why the department should not take action as set forth in this section. The county shall be given at least 20 days' notice of such hearing. The director shall consider the case on the record established at the hearing and make final findings and decision.

If the director determines that there is or has been a failure, in a substantial manner, on the part of the county to comply with any provision of this code or any regulations or the approved county Short–Doyle plan, and that administrative sanctions are necessary, the department may invoke any, or any combination of, the following sanctions:

(a) Withhold part or all of state mental health funds from such county.

(b) Require the county to enter into negotiations for the purpose of assuring county Short–Doyle plan compliance with such laws and regulations.

(c) Bring an action in mandamus or such other action in court as may be appropriate to compel compliance. Any such action shall be entitled to a preference in setting a date for a hearing.
(Added by Stats.1971, c. 1609, p. 3463, § 3. Amended by Stats.1973, c. 142, p. 420, § 76, eff. June 30, 1973, operative July 1, 1973; Stats.1977, c. 1252, p. 4585, § 594, operative July 1, 1978; Stats.1979, c. 429, p. 1545, § 1.4, eff. Aug. 31, 1979.)

§ 5657. Contractual suppliers of mental health services; invoices; penalty for nonpayment by county

(a) The private organization or private nonprofit organization awarded a contract with the county agency to supply mental health services under this part shall provide an invoice to the county for the amount of the payment due within 60 days of the date the services are supplied, as long as that date is at least 60 days from the date the county has received distribution of mental health funds from the state.

(b) Any county which, without reasonable cause, fails to make any payment within 60 days of the required payment date to a private organization or private nonprofit organization awarded a contract with the county agency to supply mental health services under this part, for an indisputed[1] claim which was properly executed by the claimant and submitted to the county, shall pay a penalty of 0.10 percent of the amount due, per day, from the 61st day after the required payment date.

(c) For the purposes of this section, "required payment date" means any of the following:

(1) The date on which payment is due under the terms of the contract.

(2) If a specific date is not established by contract, the date upon which an invoice is received, if the invoice specifies payment is due upon receipt.

(3) If a specific date is not established by contract or invoice, 60 days after receipt of a proper invoice for the amount of the payment due.

(d) The penalty assessed under this section shall not be paid from the Bronzan–McCorquodale program funds or county matching funds. The penalty provisions of this section shall not apply to the late payment of any federal funds or Medi–Cal funds.
(Added by Stats.1987, c. 884, § 4. Amended by Stats.1991, c. 89 (A.B.1288), § 127, eff. June 20, 1991.)

[1]So in enrolled bill.

§ 5664. Reports and data

(a) County mental health systems shall provide reports and data to meet the information needs of the state.

(b) The department shall not implement this section in a manner requiring a higher level of service for state reporting needs than that which it was authorized to require prior to July 1, 1991.
(Added by Stats.1991, c. 89 (A.B.1288), § 129, eff. June 30, 1991.)

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

§ 5664.5. Data to establish definitions and reporting time increments; duration of section

(a) County mental health systems shall continue to provide data required by the State Department of Mental Health to establish uniform definitions and time increments for reporting type and cost of services received by local mental health program clients.

(b) This section shall remain in effect only until January 1, 1994, and as of that date is repealed, unless a later enacted statute, which becomes effective on or before January 1, 1994, deletes or extends the dates on which it is repealed; or until the date upon which the director informs the Legislature that the new data system is established pursuant to Section 5610, whichever is later, unless the provisions of the section are required by the federal government as a condition of funding for the Short–Doyle Medi–Cal program.
(Added by Stats.1991, c. 89 (A.B.1288), § 130, eff. June 30, 1991.)

REPEAL

Section 5664.5 is repealed by its own terms. See subd. (b).

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

§ 5665. Changes in allocation of funds among mental health services; documentation of cost–effectiveness

After the development of performance outcome measures pursuant to Section 5610, whenever a county makes a substantial change in its allocation of mental health funds among services, facilities, programs, and providers, it shall, at a regularly scheduled public hearing of the board of supervisors, document that it based its decision on the most cost–effective use of available resources to maximize overall client outcomes, and provide this documentation to the department.
(Added by Stats.1991, c. 89 (A.B.1288), § 131, eff. June 30, 1991.)

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

§ 5666. Compliance review of performance contract

(a) The Director of Mental Health shall review each proposed county mental health services performance contract to determine that it complies with the requirements of this division.

(b) The director shall require modifications in the proposed county mental health services performance contract which he or she deems necessary to bring the proposed contract into conformance with the requirements of this division.

(c) Upon approval by both parties, the provisions of the performance contract required by Section 5651 shall be deemed to be a contractual arrangement between the state and county.
(Added by Stats.1991, c. 89 (A.B.1288), § 132, eff. June 30, 1991.)

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

§ 5667. Community mental health centers

(a) A community mental health center shall be considered to be a licensed facility for all purposes, including all provisions of the Health and Safety Code and the Insurance Code.

(b) For purposes of this section, "community mental health center" means any entity that is one of the following:

(1) A city or county mental health program.

(2) A facility funded under the federal Community Mental Health Centers Act, contained in Subchapter 3 (commencing with Section 2681) of Chapter 33 of Title 42 of the United States Code.

(3) A nonprofit agency that has a contract with a county mental health program to provide both of the following:

(A) A comprehensive program of mental health services in an outpatient setting designed to improve the function of persons with diagnosed mental health problems pursuant to procedures governing all aspects of the program formulated with the aid of multidisciplinary staff, including physicians and surgeons, all of whom serve on quality assurance and utilization review committees.

(B) Diagnostic and therapeutic services for individuals with diagnosed mental health problems, together with related counseling.
(Added by Stats.1993, c. 788 (A.B.218), § 5, eff. Oct. 4, 1993. Amended by Stats.1995, c. 712 (S.B.227), § 2.)

Chapter 2.5 PROGRAM INITIATIVES

Article 1 COMMUNITY RESIDENTIAL TREATMENT SYSTEM

§ 5670. Legislative intent; residential treatment programs

(a) It is the intent of the Legislature to encourage the development of a system of residential treatment programs in every county which provides a range of alternatives to institutional care based on principles of residential, community–based treatment.

(b) It is further the intent of the Legislature that community residential mental health programs in the State of California be developed in accordance with the guidelines and principles set forth in this chapter. To this end, counties may implement the community residential treatment system described in this chapter either with available county allocations, or as new moneys become available.
(Added by Stats.1991, c. 89 (A.B.1288), § 134, eff. June 30, 1991.)

§ 5670.5. Residential treatment system; program criteria

Criteria for community residential treatment system programs are as follows:

(a) Facilities:

(1) Settings, whether residential or day, should be as close to a normal home environment as possible without sacrificing client safety or care.

(2) Residential treatment centers should be relatively small, preferably 15 beds or less, but in any case with the appearance of a noninstitutional setting.

(3) The individual elements of the system should, where possible, be in separate facilities, and not part of one large facility attempting to serve an entire range of clients.

(b) Staffing patterns:

(1) Staffing patterns should reflect, to the maximum extent feasible, at all levels, the cultural, linguistic, ethnic, sexual and other social characteristics of the community the facility serves.

(2) The programs should be designed to use appropriate multidisciplinary professional consultation and staff to meet the specific diagnostic and treatment needs of the clients.

(3) The programs should use paraprofessionals and persons who have been consumers of mental health services where appropriate.

(c) Programs:

(1) The programs should, to the maximum extent feasible, be designed so as to reduce the dependence on medications as a sole treatment tool. Programs in which prescriptions for medication are a component of the program should be subject to the medications–monitoring.

(2) The programs should have a rehabilitation focus which encourages the client to develop the skills to become self–sufficient and capable of increasing levels of independent functioning. Where

appropriate, they should include prevocational and vocational programs.

(3) The program should encourage the participation of the clients in the daily operation of the setting in development of treatment and rehabilitation planning and evaluation.

(4) Participation in any element of the system should not preclude the involvement of clients in individual therapy. Individual therapists of clients should, where possible, be directly involved in the development and implementation of a treatment plan, including medication and day program decisions.

(d) Coordination:

The programs should demonstrate specific linkages with one another, and with the general treatment and social service system, as a whole. These connections should not be limited to the mental health system, but should include, whenever possible, community resources utilized by the general population.

(Added by Stats.1991, c. 89 (A.B.1288), § 134, eff. June 30, 1991.)

§ 5671. Residential treatment system; program elements

The following should be the programs in the community residential treatment system. These programs should be designed to provide, at every level, alternatives to institutional settings.

(a) A program for a short–term crisis residential alternative to hospitalization for individuals experiencing an acute episode or crisis requiring temporary removal from their home environment. The program should be available for admissions 24 hours a day, seven days a week. The primary focus of this program should be on reduction of the crisis, on stabilization, and on a diagnostic assessment of the person's existing support system, including recommendations for referrals upon discharge.

The services in the program should include, but not be limited to, provision for direct family work, connections to prevocational and vocational programs, and development of a support system, including income and treatment referrals. This program should be designed for persons who would otherwise be referred to an inpatient unit, either locally or in the state hospital. This program should place an emphasis on stabilization and appropriate referral for further treatment or support services, or both.

(b) A long–term residential treatment program, with a full day treatment component as a part of the program, for persons who may require intensive support for as long as two or three years. This program should be designed to provide a rehabilitation program for the so–called "chronic" patient who needs long–term support in order to develop independent living skills. The clients in this program should be those who would otherwise be living marginally in the community with little or no service support, and who would return many times to the hospital for treatment. It should also serve those who are referred to, and maintained in, state hospitals or nursing homes because they require long–term, intensive support. This program should go beyond maintenance to provide an active rehabilitation focus for these individuals.

The services in this program should include, but not be limited to, intensive diagnostic work, including learning disability assessment, full day treatment program with an active prevocational and vocational component, special education services, outreach to develop linkages with the general social service system, and counseling to aid clients in developing the skills to move toward a less structured setting.

(c) A transitional residential program designed for persons who are able to take part in programs in the general community, but who, without the support of counseling, as well as the therapeutic community, would be at risk of returning to the hospital. This program may employ a variety of staffing patterns and should be for persons who may be expected to move toward a more independent living setting within approximately three months to one year. The clients should be expected to play a major role in the functioning of the household, and shall be encouraged to accept increasing levels of responsibility, both in the residential community, and in the community as a whole. Residents should be required to be involved in daytime activities outside of the house which are relevant to their personal goals and conducive to their achieving more self–sufficiency.

The services in this program should include, but are not limited to, counseling and ongoing assessment, development of support systems in the community, a day program which encourages interaction between clients and the community–at–large, and an activity program that encourages socialization and utilization of general community resources.

(d) A program for semisupervised, independent, but structured living arrangement for persons who do not need the intensive support of the other system programs, but who, without some support and structure, are at risk to return to a condition requiring hospitalization. The individual apartments or houses should be shared by three to five persons. These small cooperative housing units should function as independent households with direct linkages to staff support in case of emergencies, as well as for regular assessment and evaluation meetings. Individuals may use satellite housing as a transition to independent living, or may remain in this setting indefinitely in order to avoid the need for more intensive settings.

This program should be for persons who only need minimum support in order to live in the community. These individuals may require rent subsidy, as well as the backup of another system, in order to remain in this setting. The satellite units should be as normative as the general living arrangements in the communities in which they are developed.

(e) A program to provide emergency housing or respite care services, or both. These services should be designed for persons with a mental disability in need of temporary housing, but who do not require hospitalization or the more intensive support and treatment of the crisis residential program. Services provided should include, but not be limited to, advocacy, counseling, and linkages to community mental health and other human services, including referrals to vocational and housing opportunities.

(f) A day rehabilitation program which should be designed to provide structured education, training, and support services to promote the development of independent living skills and community support. Services provided should include, but not be limited to, peer support, education services, prevocational and employment services, recreational and social activities, service brokerage and advocacy, orientation to community resources, training in independent living skills, health education including medication education, individual and group counseling, education and counseling services for family members, and crisis intervention.

(g) The program for socialization centers should be designed to serve a broad range of clients, including those in the system programs, when appropriate, as well as persons living in the community in general. This program should be designed to provide regular daytime, evening, and weekend activities for persons who require long–term, structured support, but who do not receive such services in their living setting. Although the socialization center is meant to provide a maintenance support program for those individuals who only wish or require regular socialization opportunities, the programs should also provide the opportunity to develop the skills to move toward more independent functioning.

The services in this program should include, but not be limited to, outings, recreational activities, cultural events, linkages to community resources, as well as prevocational counseling, life skills training, and other rehabilitation efforts. This program should be for persons who would lose contact with a social or treatment system, or both, if left to their isolated living situation, or their ability to participate in activities for the "general public." With this level of support, persons would be able to lead full and active lives, with the opportunity to develop the skills to move toward independent living.

Also included in the program should be adult education support programs which utilize community college and other adult education agencies. These services would provide opportunities to individuals throughout the community residential treatment system and in other living settings, including independent living, to develop skills necessary for independent living through the utilization of resources available to the general population.

(h) An in–home treatment program designed as an alternative to out–of–home placement for individuals who are otherwise not appropriate for, or do not choose to participate in, other elements of the community residential treatment system. This program should be designed for those individuals who would benefit most from a treatment intervention in their home environment. It is a basic premise of this element that treatment should focus on the development of family and other personal and community supports, rather than exclusively on the individual. The goal of the program should be to reintegrate the individual with the family unit, when appropriate, and with the greater community without removing the person from his or her home environment.

The service may be designed as a crisis intervention for persons experiencing an acute episode or an ongoing independent living service, or both, for persons wishing to obtain or maintain housing and services in the community. Services provided should include, but not be limited to, crisis intervention, family work, when appropriate, development of a specific treatment plan, development of an ongoing rehabilitation plan utilizing available resources in the community, and coordination with such services as case management, vocational rehabilitation, schools and other education services, and various special programs which would act as a support system for the individual.

(i) A volunteer–based companion program designed to encourage the development of personal relationships with residents of community care facilities with the goal of motivating and assisting residents to make a successful transition to independent living, or to programs of the community residential treatment system.

The service should be provided primarily by volunteers, including students as a part of a college or university curriculum, who are supervised and coordinated by trained and experienced personnel. Services provided should include, but not be limited to, recreation, one–to–one companionship, advocacy, and assistance in developing the knowledge and use of community resources, including housing and vocational services, and follow up for persons who make the transition to independent living.

(Added by Stats.1991, c. 89 (A.B.1288), § 134, eff. June 30, 1991.)

§ 5671.5. Programs to serve children and adolescents; legislative intent; criteria

It is the intent of the Legislature that programs serving children and adolescents should be established under this chapter. Such programs should follow the guidelines and principles set forth in this chapter and in addition should meet the following criteria unique to the population to be served:

(a) The programs should, to the maximum extent feasible, be designed so as to reduce the disruption and promote the reintegration of the family unit of which the child is a part.

(b) The programs should have an education focus and should demonstrate specific linkage with community education resources.

(c) The programs should contain a specific followup component.

(Added by Stats.1991, c. 89 (A.B.1288), § 134, eff. June 30, 1991.)

§ 5672. Programs to serve children and adolescents; program types; criteria; licensure requirements

The types of programs serving children and adolescents referred to in Section 5671.5 are those described in this section. The programs should meet the criteria set forth in this section and in Sections 5671 and 5671.5. Nothing in this section should be construed to waive any licensure requirement pursuant to the California Community Care Facilities Act (Chapter 3 (commencing with Section 1500) of Division 2 of the Health and Safety Code) for any community care facility.

(a) A program for a short–term crisis residential alternative to hospitalization. The services in this program should include, but not be limited to, provision of direct services to the family, specific linkages with the child's educational system and community educational resources, and development of a support system, including school and treatment referrals. The program should be designed for children and adolescents who would otherwise be referred to a psychiatric inpatient unit. It should be a 24–hour program, with an emphasis on stabilization and appropriate referral for further treatment or support services.

(b) A long–term residential treatment program. This program should have an educational orientation and should reflect the principle that education be available in the least restrictive environment. The program should serve children and adolescents requiring an intensive support system for a period of six to 18 months, who would otherwise be at risk of periodic hospitalization. The program should provide coordinated intervention with the child, family unit, and community education resources, and should include aftercare services to the child and family unit to solidify gains and develop skills in linking with community services.

(c) A transitional residential program. This program may include group homes, foster homes, or homes adapted for preparing adolescents approaching majority to adjust to emancipation.

The services in this program should include, but not be limited to, coordination with community education resources to meet the child's individual need, family services designed to strengthen the family unity of which the child is a part, and aftercare services to reinforce the gains brought about by the program and assist in community adjustment.

(d) A program for a semisupervised, independent but structured living arrangement. This program should apply to older adolescents, who are either emancipated or who would not be returning home from out–of–home placement. The semisupervised living arrangement should require structured living designed to impart those skills necessary for successful independent living as described in subdivision (d) of Section 5671. Adult supervision should be available 24 hours per day.

The services should include, but not be limited to, prevocational and vocational linkages in the community, financial planning which may include rent subsidy assistance, and development of a social support system.

(e)(1) A day treatment program. This program should provide services to children and adolescents who are residing in their own homes or in out–of–home placements. Schoolsites or other noninstitutional settings are preferred for this program. A day treatment program for children should offer a multidisciplinary approach and should incorporate education, recreation, and rehabilitation activities. Services provided should be age appropriate and age specific intensive remedial programs, including education, counseling, socialization, and recreational services. To the extent feasible, the client's family should be included in these activities.

(2) Day treatment services should be designed to provide an alternative to residential placement, to provide preventive services in the early stages of family breakdown, and to reduce the need for more costly and lengthy treatment services. Aftercare services should be available to maintain gains and prevent family regression.

(f) A socialization center program. This program should provide a multidisciplinary approach and seek funding from a variety of agencies responsible for providing services, including, but not limited to, school districts and recreation departments. The services should promote community acceptance of clients and the integration of their family units. Family involvement in planning activities and developing support system linkages should be encouraged.

(g) An in–home treatment program. This program should be designed to strengthen the child's ties with the family unit and with the greater community without removing the child from his or her home environment and community educational system.

Services provided should include, but not be limited to, crisis intervention, direct family services, development of specific treatment plans, development of ongoing plans utilizing available resources in the community educational system, and special programs which act as a support system for the child and family unit.

(h) Augmentation of crisis intervention program. This program should provide specifically for evaluation, diagnosis, and disposition planning for children and adolescents in psychiatric crisis.

(i) Case management services program. This program should emphasize prevention services and should be designed to divert to noninstitutional programs children and adolescents at risk of involvement with traditional mental health institutions.

(Added by Stats.1991, c. 89 (A.B.1288), § 134, eff. June 30, 1991. Amended by Stats.1991, c. 611 (A.B.1491), § 47, eff. Oct. 7, 1991.)

§ 5673. Napa and Riverside counties; community care facilities; pilot program; funds

(a) A five–year pilot program is hereby authorized in Napa County and Riverside County to establish a 15–bed locked facility in each county, for the provision of community care and treatment for mentally disordered persons who are placed in a state hospital or another health facility because no community placements are available to meet the needs of these patients. It is the intent of the Legislature to carefully evaluate this specific approach to determine its potential for replication in other limited jurisdictions. Participation in this pilot program by the two counties shall be on a voluntary basis. The pilot program shall be implemented notwithstanding the following licensure requirements enforced by the State Department of Social Services:

(1) Subdivision (a) of Section 1502 of the Health and Safety Code, which defines a community care facility as providing nonmedical care.

(2) Subdivision (a) of Section 1505 of the Health and Safety Code, which exempts any health facility, as defined by Section 1250 of the Health and Safety Code, from licensure under the California Community Care Facilities Act (Chapter 3 (commencing with Section 1500) of Division 2 of the Health and Safety Code).

(3) Section 1507 of the Health and Safety Code, which limits the provision of medical services in community care facilities to incidental medical services.

(4) Paragraph (5) of subdivision (a) of Section 80001 of Title 22 of the California Code of Regulations, which states that an adult residential facility provides nonmedical care.

(5) Paragraph (7) of subdivision (a) of Section 80072 of Title 22 of the California Code of Regulations, which relates to a client's right not to be locked in any room, building, or facility premises. However, for purposes of this section, a client shall not be locked in any room.

(b) Clients provided care within these pilot facilities shall be conservatees as defined by Section 5350 who, prior to the establishment of this program, either received care at a state hospital or were placed in facilities for the mentally disordered.

(c) Standards for services provided shall be developed by each county mental health director, in consultation with, and approved by, the State Department of Mental Health and monitored regularly by the department for compliance with these standards. These services shall be on a 24–hour basis in a therapeutic homelike environment. The services shall cover the full range of the social rehabilitation model concept, including, but not limited to, the following:

(1) Counseling.

(2) Day treatment.

(3) Crisis intervention.

(4) Vocational training.

(5) Medication evaluation and management by a licensed physician and other licensed professional and paraprofessional staff who possess a valid license or certificate to perform this function.

(d) Administration of medication and monitoring of medication shall occur notwithstanding statutory and regulatory licensure requirements for community care facilities to the contrary. Standards for use of medications shall be developed and monitored by the State Department of Mental Health.

(e) The facilities shall be licensed and monitored by the State Department of Social Services and shall comply with all licensing requirements except those specifically exempted by this section. In addition, no less than 75 square feet of outdoor space per client shall be made available for client use. The State Department of Social Services shall conduct inspections of the facilities pursuant to Section 1533 of the Health and Safety Code and shall be given immediate access to the facilities.

(f) In staffing the pilot program, each county board of supervisors shall give full consideration to each potential means of implementation, including, but not limited to, the clinical, programmatic, and economic benefits and advantages of each alternative. The pilot program shall meet all of the staffing criteria of subdivision (b) of Section 5670.5. The staff shall use and document the actions of a multidisciplinary professional consultation staff to meet the specific diagnostic and treatment needs of clients. The staff shall include, but need not be limited to, a licensed psychiatrist, a psychologist, a social worker, and a psychiatric technician. The staff may also include a licensed vocational nurse. One or more of the following licensed professionals shall be present at the facility at all times:

(1) A psychiatrist or psychologist.

(2) A registered psychiatric nurse.

(3) A psychiatric technician.

(4) A licensed vocational nurse.

(g) Protocols and training shall be established for licensed vocational nurses employed by these facilities.

(h) The State Department of Mental Health shall certify the program content in each county and monitor the program's functions on a regular basis and the State Department of Social Services shall regularly evaluate the facilities in accord with its statutory and regulatory licensure functions, pursuant to subdivisions (d) and (e).

(i) The pilot program shall be deemed successful if it demonstrates both of the following:

(1) That costs of the program are no greater than public expenditures for providing alternative services to the clients served by the program.

(2) That the benefit to the clients, as described in subdivision (h), is improved by the program.

(j) Commencement of the pilot program in each county pursuant to this section shall be contingent upon the county and the department identifying funds for this purpose, as described in a financial plan that is approved in advance by the Department of Finance.

(Added by Stats.1992, c. 434 (A.B.2756), § 1. Amended by Stats.1994, c. 462 (S.B.1365), § 2; Stats.1995, c. 223 (A.B.245), § 1, eff. July 31, 1995; Stats.2001, c. 745 (S.B.1191), § 237, eff. Oct. 12, 2001.)

§ 5675. Mental health rehabilitation center; pilot project

(a) Subject to Section 5768, Placer County and up to 15 other counties may establish a pilot project for up to six years, to develop a shared mental health rehabilitation center for the provision of community care and treatment for persons with mental disorders who are placed in a state hospital or another health facility because no community placements are available to meet the needs of these patients. Participation in this pilot project by the counties shall be on a voluntary basis.

(b)(1) The department shall establish, by emergency regulation, the standards for the pilot project, and monitor the compliance of the counties with those standards. Participating counties, in consultation with the department, shall be responsible for program monitoring.

(2) The department, in conjunction with the county mental health directors, shall provide an interim report to the Legislature within three years of the commencement of operation of the facilities authorized pursuant to this section regarding the progress and cost effectiveness demonstrated by the pilot project. The department, in conjunction with the county mental health directors, shall report to the Legislature within five years of the commencement of operation of the facilities authorized pursuant to this section regarding the progress and cost effectiveness demonstrated by the pilot project. The report shall evaluate whether the pilot project is effective based on clinical indicators, and is successful in preventing future placement of its clients in state hospitals or other long–term health facilities, and shall report whether the cost of care in the pilot facilities is less than the cost of care in state hospitals or in other long–term health facility options. The evaluation report shall include, but not be limited to, an evaluation of the selected method and the effectiveness of the pilot project staffing, and an analysis of the effectiveness of the pilot project at meeting all of the following objectives:

(A) That the clients placed in the facilities show improved global assessment scores, as measured by preadmission and postadmission tests.

(B) That the clients placed in the facilities demonstrate improved functional behavior as measured by preadmission and postadmission tests.

(C) That the clients placed in the facilities have reduced medication levels as determined by comparison of preadmission and postadmission records.

(3) The pilot project shall be deemed successful if it demonstrates both of the following:

(A) The costs of the program are no greater than public expenditures for providing alternative services to the clients served by the project.

(B) That the benefit to the clients, as described in this subdivision, is improved by the project.

(c) The project shall be subject to existing regulations of the State Department of Health Services applicable to health facilities that the State Department of Mental Health deems necessary for fire and life safety of persons with mental illness.

(d) The department shall consider projects proposed by other counties under Section 5768.

(e)(1) Clients served by the project shall have all of the protections and rights guaranteed to mental health patients pursuant to the following provisions of law:

(A) Part 1 (commencing with Section 5000) and this part.

(B) Article 5 (commencing with Section 835), Article 5.5 (commencing with Section 850), and Article 6 (commencing with Section 860) of Chapter 4 of Title 9 of the California Code of Regulations.

(2) Clients shall have access to the services of a county patients' rights advocates as provided in Chapter 6.2 (commencing with Section 5500) of Part 1.

(Added by Stats.1994, c. 678 (S.B.2017), § 1. Amended by Stats.1998, c. 686 (A.B.2682), § 1; Stats.2000, c. 93 (A.B.2877), § 54, eff. July 7, 2000; Stats.2001, c. 171 (A.B.430), § 29, eff. August 10, 2001.)

§ 5675.1. Civil sanctions

(a) In accordance with subdivision (b), the department may establish a system for the imposition of prompt and effective civil sanctions for long–term care facilities licensed or certified by the department, including facilities licensed under the provisions of Sections 5675 and 5768, and including facilities certified as providing a special treatment program under Sections 72443 to 72474, inclusive, of Title 22 of the California Code of Regulations.

(b) If the department determines that there is or has been a failure, in a substantial manner, on the part of any such facility to comply with the applicable laws and regulations, the director may impose the following sanctions:

(1) A plan of corrective action that addresses all failure identified by the department and includes timelines for correction.

(2) A facility that is issued a plan of corrective action, and that fails to comply with the plan and repeats the deficiency, may be subject to immediate suspension of its license or certification, until the deficiency is corrected, when failure to comply with the plan of correction may cause a health or safety risk to residents.

(c) The department may also establish procedures for the appeal of an administrative action taken pursuant to this section, including a plan of corrective action or a suspension of license or certification.

(Added by Stats.2000, c. 93 (A.B.2877), § 55, eff. July 7, 2000.)

§ 5676. Evaluation and monitoring plan

(a) The department, 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 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 stakeholders, including county mental health programs, consumers, family members of persons residing in long–term care facilities who have serious mental illness, and long–term care providers. The plan shall review resident safety and quality programming, ensure that long–term care facilities engaged primarily in 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.

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

(Added by Stats.2000, c. 93 (A.B.2877), § 56, eff. July 7, 2000.)

§ 5676.5. Use of funds; required contents of applications

(a) It is the intent of the Legislature to ensure that funds allocated to establish or enhance mental health programs are used to integrate the new or enhanced program into an existing system of care.

(b) Counties that apply for funds to establish or enhance their mental health service system shall document, in the application process, how the new funds blend into an existing system of care and do not supplant existing expenditures.

(c) Applications shall include plans for services and supports, and shall specify how the new or enhanced program blends into an existing array of services. Applications shall demonstrate how a collaborative process involving clients, family members, and other system stakeholders was used to develop the proposal.

(d) Applications shall include a commitment to outcome reporting, as defined by the department, including client benefit outcomes, client and family member satisfaction, system of care access, cost savings, cost avoidance, and cost effectiveness outcomes that measure both short– and long–term cost savings.

(e) Applications shall demonstrate, when appropriate, how the county intends to continue the new or enhanced program when the grant funds have ended.

(Added by Stats.2000, c. 93 (A.B.2877), § 57, eff. July 7, 2000.)

Article 2 COMMUNITY SUPPORT SYSTEM FOR HOMELESS MENTALLY DISABLED PERSONS

§ 5680. Establishment of support system

In order to assist homeless mentally disabled persons to secure, stabilize, and maintain safe and adequate living arrangements in the community, the Legislature hereby establishes the Community Support System for Homeless Mentally Disabled.

(Added by Stats.1991, c. 611 (A.B.1491), § 49, eff. Oct. 7, 1991.)

§ 5681. Legislative intent

(a) It is the intent of the Legislature that when funds are made available, counties should assure the delivery of long–range services and community support assistance to homeless mentally disabled persons and those at risk of becoming homeless.

(b) It is further the intent of the Legislature that specific outreach and service priority be given under this chapter to homeless mentally disabled persons not served by any local or state programs as of September 30, 1985.

(Added by Stats.1991, c. 611 (A.B.1491), § 49, eff. Oct. 7, 1991.)

§ 5682. Goal of community support system

The goal of the community support system is to assure that needed community services are provided to homeless mentally disabled persons and those at risk of becoming homeless to stabilize, maintain, and enhance their living in the community. All services of the community support system are offered to these persons on a voluntary basis. The active participation of the clients being provided services is encouraged at all times. Programs are designed to be accessible to the clients intended to be served. No individual service offered should be contingent upon the acceptance of any other community support service or mental health treatment.

(Added by Stats.1991, c. 611 (A.B.1491), § 49, eff. Oct. 7, 1991.)

§ 5683. Function of support system; services available

The function of the community support system is to conduct active outreach to homeless mentally disabled persons, to secure and maintain income, housing, food, and clothing for clients, and to develop social skills and prevocational and vocational skills on a voluntary basis. Each community support system is based upon the range of services as may be necessary to meet a client's needs:

(a) Personal assistance to secure and maintain housing, food, clothing, income, and health benefits.

(b) Accessing social and vocational skill development activities when they are available, case management, and crisis intervention, with a focus on finding alternatives to acute inpatient hospital care, services when they are needed.

(Added by Stats.1991, c. 611 (A.B.1491), § 49, eff. Oct. 7, 1991.)

§ 5683.5. Temporary funds to homeless clients; amount; recoupment of payments

Community support systems may provide temporary funds to their homeless clients for their personal incidental living needs while the clients are in residential placement. Up to seventy–five dollars ($75) may be made available monthly to each client for this purpose. Local mental health programs shall, to the extent possible, recoup payments from clients after they become eligible for a governmental assistance program, including, but not limited to, general relief or SSI/SSP funds or otherwise become financially able to repay the county community support system.

(Added by Stats.1991, c. 611 (A.B.1491), § 49, eff. Oct. 7, 1991.)

§ 5685. County provision of services; contracts with public or private agencies

Counties may provide specific services, contract with a public or private agency, or a combination of both. Nothing contained in this article shall prevent a county from developing a consortium model which involves a number of providers performing specific functions. If a county decides to contract out a portion or all of the community support program functions, priority shall be given to providers, public or private, that have demonstrated an ability and desire to the county to work with the population intended to be served and which possess the management skills needed to perform the functions they propose to perform.

(Added by Stats.1991, c. 611 (A.B.1491), § 49, eff. Oct. 7, 1991.)

§ 5685.5. Finances of mentally ill persons; management services by public guardian; records

(a) A county may contract with the local office of the public guardian to receive and manage income and benefits for mentally ill persons, regardless of whether the persons are under conservatorship. The case management services described in this section shall be provided only with the consent of the client. The public guardian, under the contracts, may perform functions intended to meet the goals of the community support system listed in Section 5683, and may also include, but not be limited to, all of the following case management services:

(1) Outreach and casefinding to locate mentally ill persons in need of services.

(2) Establishing liaison with charitable organizations which serve mentally ill persons.

(3) Assistance in applying for and obtaining public assistance benefits for which they are eligible.

(b) Any office of the public guardian contracting with the county to provide these management services shall maintain a record of those individuals being assisted, including information about whether the individual is under conservatorship, the type of service assistance provided by the office of the public guardian, and any agencies with which the office of the public guardian is coordinating efforts.

(Added by Stats.1991, c. 611 (A.B.1491), § 49, eff. Oct. 7, 1991.)

§ 5686. Management of SSI/SSP funds

Whenever a county believes that a mentally disabled person may be unable to manage his or her SSI/SSP funds, the county mental health program shall advise the person that he or she may have a trusted family member, relative or friend designated as their representative payee under the SSI/SSP program.

(Added by Stats.1991, c. 611 (A.B.1491), § 49, eff. Oct. 7, 1991.)

§ 5686.5. Use of existing resources; management by client of personal funds

In order to make the most efficient use of the public funds appropriated for this purpose, counties are encouraged to maximize the use of existing public and private community resources. If voluntarily requested by the client, the community support agency shall help the client learn to manage his or her own money. Any SSI/SSP money, or other personal funds, if managed by the program or by the local office of the public guardian, shall, at all times, be considered as the client's money. Nothing in this section, however, shall prevent a client from purchasing residential care with SSI/SSP funds.

(Added by Stats.1991, c. 611 (A.B.1491), § 49, eff. Oct. 7, 1991.)

§ 5688.6. Unexpended funds; transfers and appropriations

Any and all funds appropriated for the homeless mentally disabled which have been determined to be unexpended and unencumbered two years after the date the funds were appropriated shall be transferred to the Department of Housing and Community Development. The amount of transfer shall be determined after the State Department of Mental Health settles county cost reports for the fiscal year the funds were appropriated. The funds transferred to the Department of Housing and Community Development shall be administered in accordance with that department's Special Users Housing Rehabilitation or Emergency Shelter programs to provide low–income transitional and long–term housing for homeless mentally disabled persons. Special priority shall be given to project proposals for homeless mentally disabled persons in the same county from which the funds for the support of the community support system were originally allocated.

(Added by Stats.1991, c. 611 (A.B.1491), § 49, eff. Oct. 7, 1991.)

Article 2.5 OLDER ADULTS SYSTEM OF CARE MENTAL HEALTH DEMONSTRATION PROJECT

§ 5689. Older Adults System of Care Demonstration Project

(a) The State Department of Mental Health shall establish and

administer an Older Adults System of Care Demonstration Project, subject to funds appropriated for this purpose, that provides support and funding to develop model systems of care to serve the target population specified in Section 5689.2. Funds appropriated for purposes of this article shall be used to support pilot projects that address the specific needs of older adults with mental illness by testing existing and new models for coordinated, comprehensive service delivery.

(b) The project shall be designed to encourage the development and testing of a coordinated, consumer–focused, comprehensive mental health system of care consistent with the recommendations contained in the California Mental Health Master Plans' Older Adult Chapter.

(Added by Stats.2000, c. 93 (A.B.2877), § 58, eff. July 7, 2000.)

§ 5689.1. Steering committee

The department shall establish a steering committee for the purposes of this article.

(Added by Stats.2000, c. 93 (A.B.2877), § 58, eff. July 7, 2000.)

§ 5689.2. Target population

(a) The target population to be served pursuant to this article shall be adults who are 60 years of age or older, diagnosed with a mental disorder, as defined by the most current edition of the Diagnostic and Statistical Manual of Mental Disorders, who have a functional impairment, and who meet any of the following criteria:

(1) Are severely and persistently disabled.

(2) Are acutely disabled.

(3) Are impacted by disasters or local emergencies.

(b) For purposes of this article, "functional impairment" means a being substantially impaired in major life activities because of a mental disorder in at least two of the following areas on a continuing or intermittent basis:

(1) Independent living.

(2) Social and family relationships.

(3) Vocational skills, employment, or leisure activities.

(4) Basic living skills.

(5) Money management.

(6) Self–care capacities.

(7) Physical condition.

(Added by Stats.2000, c. 93 (A.B.2877), § 58, eff. July 7, 2000.)

§ 5689.3. Proposals and grants

The department shall seek proposals and competitively award grants to local mental health departments for a period of up to three years to implement this demonstration project. Grantees shall be representative of different geographic areas of the state to the extent resources are available. The department shall encourage multicounty collaboration.

(Added by Stats.2000, c. 93 (A.B.2877), § 58, eff. July 7, 2000.)

§ 5689.4. Mental Health and Aging Advisory Coalition

Grantees shall establish or identify a Mental Health and Aging Advisory Coalition comprised of pilot project participants, public and private sector service providers, senior service consortiums, commissions, boards, and advisory councils, consumers and family members of consumers, mental health advocates, and other stakeholders. This coalition shall be advisory to the county mental health department. Coalition participants may include, but are not limited to, area agencies on aging, adult day and adult day health care programs, senior centers, public and private sector health programs, mental health, aging, social service, legal service, and public guardian programs, conservators, drug and alcohol programs, senior ombudsmen, residential care facility operators, family caregivers, family caregiver service providers, and other stakeholders.

(Added by Stats.2000, c. 93 (A.B.2877), § 58, eff. July 7, 2000.)

§ 5689.5. Identification of collaborative efforts; project goals and outcome measurements

(a) Each grantee shall identify collaborative efforts it will undertake to link the Older Adult Mental Health System of Care with other related planning and implementation efforts occurring within the county, including, but not limited to, Long Term Care Integration Pilot Project activities pursuant to Article 4.3 (commencing with Section 14139.05) of Chapter 7 of Part 3 of Division 9.

(b) Each grantee shall define its project goals and establish client and system outcome measurements in collaboration with the department.

(Added by Stats.2000, c. 93 (A.B.2877), § 58, eff. July 7, 2000.)

§ 5689.6. Common data elements

The department, in collaboration with the California Mental Health Planning Council and the grantees, shall identify a set of common data elements that will be used to collect, analyze, and measure performance among grantees.

(Added by Stats.2000, c. 93 (A.B.2877), § 58, eff. July 7, 2000.)

§ 5689.7. Evaluations

(a) To the extent funds are available, evaluation shall be conducted both by the participating county evaluation staff of each participating county and by an independent evaluator contracted for by the department.

(b) Evaluation at both the local and state levels shall assess the extent to which:

(1) The county system of care is serving the targeting population.

(2) Timely performance data related to client outcomes and cost avoidance is collected, analyzed, and reported.

(3) System of care components are implemented as intended.

(4) Information is collected that documents needs for future planning.

(Added by Stats.2000, c. 93 (A.B.2877), § 58, eff. July 7, 2000.)

§ 5689.8. Project reports and recommendations

The department shall provide periodic progress reports and recommendations on the status of the Demonstration Project provided for in this article to the Long Term Care Coordination Council pursuant to Section 12803.2 of the Government Code.

(Added by Stats.2000, c. 93 (A.B.2877), § 58, eff. July 7, 2000.)

§ 5689.9. Additional progress reports

The department shall provide periodic progress reports on the status of the demonstration projects to all Demonstration Project participants and mental health directors to increase statewide awareness about mental health service development for older adults. The department may provide copies of these reports to other individuals or entities.

(Added by Stats.2000, c. 93 (A.B.2877), § 58, eff. July 7, 2000.)

Article 3 COMMUNITY VOCATIONAL REHABILITATION SYSTEM

§ 5690. Legislative intent; establishment of services

It is the intent of the Legislature to, encourage the establishment in each county of a system of community vocational rehabilitation and employment services, for persons with serious psychiatric disabilities. It is further the intent of the Legislature that there be a range of available services whenever possible in each county based on the principle that work is an essential element in the local mental health treatment and support system.

(Added by Stats.1985, c. 1286, § 9, eff. Sept. 30, 1985. Amended by Stats.1991, c. 89 (A.B.1288), § 157, eff. June 30, 1991.)

§ 5691. Implementation; funds

(a) Counties may implement the community vocational

rehabilitation system described in this chapter with existing county allocations, funds available from the Department of Rehabilitation and other state and federal agencies.

(b) It is the intent of the Legislature that on an annual basis five hundred thousand dollars ($500,000), or 17 percent, whichever is less, of the total federal funds available to the State of California pursuant to Section 611 of the Stewart B. McKinney Homeless Assistance Act, Public Law 100–77 (42 U.S.C. Sec. 290aa) shall be used to fund services pursuant to this chapter for homeless mentally disabled persons and those at risk of becoming homeless who have been identified pursuant to Chapter 2.6 (commencing with Section 5680).

Counties may not use these funds to provide services, including, but not limited to, vocational services, which could be funded by the Department of Rehabilitation.

(Added by Stats.1985, c. 1286, § 9, eff. Sept. 30, 1985. Amended by Stats.1988, c. 1449, § 2, operative July 1, 1989; Stats.1991, c. 89 (A.B.1288), § 158, eff. June 30, 1991.)

§ 5692. Implementation and coordination of interagency agreements; role of department of mental health

The State Department of Mental Health shall, to the extent resources are available, have responsibility for the provision of technical assistance, maximizing federal revenue, and ensuring coordination with other state agencies including implementing and coordinating interagency agreements between the Department of Rehabilitation and the State Department of Mental Health.

(Added by Stats.1991, c. 89 (A.B.1288), § 160, eff. June 30, 1991.)

§ 5692.5. Programs; types

Programs that constitute the community vocational rehabilitation system are of the following types:

(a) Prevocational programs should be, but are not limited to, components of day treatment programs, socialization and activity centers, board–and–care facilities, and skilled nursing–special treatment programs. Prevocational programs may use individual and group counseling, educational groups, volunteer service programs, and other modalities to emphasize to individuals the value of work and their right to employment.

(b) Vocational programs providing linkage and coordination for the system and which provide the following:

(1) Information, outreach, and referral services which provide ongoing liaison with assessment prevocational programs .

(2) Intake and evaluation services which may use vocational testing and analysis of work history to identify vocational strengths, weaknesses, and needs. The assessment findings should be used by the client and the program to negotiate the goals and objectives of an individual vocational plan.

(3) Work experience programs which consist of time–limited work opportunities that enable participants to develop work skills and establish a work history. These programs may include, but not be limited to, agency–operated businesses, work placements in the community, or other activities that provide a realistic work environment.

(4) Individual and group counseling services which are separated from the work experience component; individual counseling to assist clients in resolving problems related to the work situation, to update and renegotiate the individual vocational plan, and to assist clients with nonwork–related problems that affect their participation in the program; group counseling to address Social Security Administration rules and regulations: the effects of medication on work performance, the relationship between work and mental health, attributes and attitudes necessary for successful employment, job–seeking skills, and other related topics.

(5) Job development, placement, and referral services which assist clients in the following areas: obtaining competitive employment; admission to job training or education programs; referral to the Department of Rehabilitation; agency operated competitive employment programs; governmental and private sector affirmative action hiring programs for the disabled; or other specialized employment programs. If employment, training, or education programs are not suitable for a client, the client should be actively referred back to a prevocational program or other mental health program that best meets his or her current needs.

(6) Support services which may include peer support groups and job clubs to assist clients in obtaining and maintaining employment; ongoing client counseling and placement followup; employer training, consultation, and placement followup services; and consultation services to prevocational programs.

(7) The preferred method to deliver the vocational rehabilitation services described in this section is supported employment.

(Formerly § 5693, added by Stats.1985, c. 1286, § 9, eff. Sept. 30, 1985. Renumbered § 5692.5 and amended by Stats.1991, c. 89 (A.B.1288), § 161, eff. June 30, 1991.)

§ 5693. Development principles

The following principles should guide development of community vocational rehabilitation systems:

(a) Work:

(1) Work should be meaningful, necessary, and have value to the individual performing it.

(2) For individuals participating in vocational programs every effort should be made to pay them the minimum wage. However, in all cases, wages paid shall be in compliance with all relevant state and federal labor laws.

(3) That work will result in the development of attributes that will enhance further employability.

(b) Staff:

(1) Staffing patterns at all levels should reflect the cultural, linguistic, ethnic, racial, disability, sexual, and other social characteristics of the community the program serves.

(2) All participating programs should take affirmative action to encourage the application and employment of consumers and former consumers of the mental health system at all program levels.

(3) Programs should be designed to use multidisciplinary professional consultation and staff to meet the specific needs of clients.

(4) When operating a business enterprise, programs should employ individuals with the business, management, supervisorial, trade, and occupational skills necessary for successful operation.

(5) Programs should, where appropriate, employ paraprofessionals.

(6) Programs should develop and implement staff training and development plans for personnel at all levels.

(c) Facilities:

(1) The individual elements of the system should, where possible, be in separate facilities.

(2) Facilities housing vocational and employment programs should be modeled on competitive businesses operating in the community.

(3) Facilities shall be in compliance with all relevant state and federal safety, health, and accessibility regulations.

(d) System:

(1) Counties developing a community vocational rehabilitation system should utilize existing program resources to develop prevocational programs and a referral base for vocational programs.

(2) Individual programs operate most effectively within the context of a complete system. Counties undertaking development of a community vocational rehabilitation system should commit themselves to the implementation of regionally integrated prevocational and vocational programs .

(3) Rural counties, where appropriate, should be encouraged to develop intercounty systems, or to integrate their programs with programs serving other target populations.

(4) The system should have the capacity to deliver services tailored to individual needs. If a program is found to be unsuitable for a client at a specific time, an explanation will be provided to the client and he or she shall be referred to a more suitable program and encouraged to reapply. The system should have policies designed to meet changing client needs and to work with individuals over time to develop their vocational potential.
(Formerly § 5694, added by Stats.1985, c. 1286, § 9, eff. Sept. 30, 1985. Renumbered § 5693 and amended by Stats.1991, c. 89 (A.B.1288), § 162, eff. June 30, 1991.

§ 5693.2. Advisory group

Counties undertaking development of a community vocational rehabilitation system are encouraged to establish an advisory group consisting of primary consumers, parents, representatives from the business community, and other individuals who may provide assistance in developing the system.
(Formerly § 5695, added by Stats.1985, c. 1286, § 9, eff. Sept. 30, 1985. Renumbered § 5693.2 and amended by Stats.1992, c. 1374 (A.B.14), § 33, eff. Oct. 28, 1992.)

§ 5693.5. Technical assistance

The director shall provide technical assistance to those counties developing a community vocational rehabilitation system. In the event that the department lacks sufficient resources to provide technical assistance, it may be provided by contract.
(Formerly § 5696, added by Stats.1985, c. 1286, § 9, eff. Sept. 30, 1985. Renumbered § 5693.5 and amended by Stats.1991, c. 89 (A.B.1288), § 163, eff. June 30, 1991.)

Article 4 SELF–HELP

§ 5694. Self–help groups; peer counseling; individualized service plans

Each community support program for the homeless mentally disabled should also assist its clients to establish self–help groups and peer counseling. Each agency should offer each client a written individualized service plan that will specify the services to be provided as a result of discussions with the client and the rights of the client, as well as the expected results or outcomes of the services. Each program should encourage each client to include family members, friends, his or her primary therapist, and his or her physician in the development of his or her individualized service plan.
(Added by Stats.1991, c. 89 (A.B.1288), § 164, eff. June 30, 1991.)

§ 5694.5. Funding of self–help projects

The counties may utilize designated mental health funding pursuant to this part for establishing and maintaining any client self–help mental health projects.
(Added by Stats.1991, c. 89 (A.B.1288), § 164, eff. June 30, 1991.)

Article 5 POLICY INITIATIVES FOR SERIOUSLY EMOTIONALLY DISTURBED CHILDREN

§ 5694.7. Notice of specific case to director; assignment of case for review and assessment to private provider; determination; time

When the director of mental health in a county is notified pursuant to Section 319.1 or 635.1, or Section 7572.5 of the Government Code about a specific case, the county mental health director shall assign the responsibility either directly or through contract with a private provider, to review the information and assess whether or not the child is seriously emotionally disturbed as well as to determine the level of involvement in the case needed to assure access to appropriate mental health treatment services and whether appropriate treatment is available through the minor's own resources, those of the family or another private party, including a third–party payer, or through another agency, and to ensure access to services available within the county's program. This determination shall be submitted in writing to the notifying agency within 30 days. If in the course of evaluating the minor, the county mental health director determines that the minor may be dangerous, the county mental health director may request the court to direct counsel not to reveal information to the minor relating to the name and address of the person who prepared the subject report. If appropriate treatment is not available within the county's Bronzan–McCorquodale program, nothing in this section shall prevent the court from ordering treatment directly or through a family's private resources.
(Formerly § 5697.5, added by Stats.1985, c. 1286, § 10, eff. Sept. 30, 1985. Amended by Stats.1988, c. 1125, § 2. Renumbered § 5694.7 and amended by Stats.1991, c. 89 (A.B.1288), § 168, eff. June 30, 1991; Stats.1991, c. 356 (A.B.910), § 1.)

Article 6 REGIONAL FACILITIES FOR SERIOUSLY EMOTIONALLY DISTURBED WARDS

§ 5695. Legislative findings and declaration

The Legislature finds and declares the following:

(a) The Legislature has declared its intent to provide, at the local level, a range of appropriate mental health services for seriously emotionally disturbed minors. These programs include both outpatient and nonsecure residential care and treatment.

(b) The Legislature recognizes that, while some minors will benefit from this care and treatment, there exists a population within that group who have been adjudged wards of the juvenile court pursuant to Section 602 who are seriously emotionally disturbed, and by lack of behavior control and offense history, are not benefiting from existing programs, including the 24–hour facilities currently being operated under juvenile court law (Chapter 2 (commencing with Section 200) of Part 1 of Division 2).

(c) The Legislature finds that there are no treatment facilities specifically designed and operated to provide both intensive mental health treatment and behavior control to this population of wards in a secure setting. These wards are frequent failures in open residential care and when confined to traditional juvenile justice system facilities, disrupt programming, endanger themselves and others, and require intensive supervision including occasional isolation and provision of a one–to–one supervision ratio. The behavior and needs of this population affect the ability of the existing facilities to meet the program needs of the remainder of the population which is more appropriately detained or committed there.

(d) Psychiatric hospitals frequently refuse to accept these wards because of their offense history or their extremely disruptive behavior, because they do not always meet medical necessity for acute admission, or because the lengths of stay in inpatient programs are too limited in duration. Because of these problems, seriously emotionally disturbed minors adjudged to be wards pursuant to Section 602 do not receive the level of mental health care necessary to interrupt the cycle of emotional disturbance leading to assaultive or self–destructive behavior.

(e) The Legislature therefore declares its intent to establish regional facilities which will provide an additional dispositional resource to the juvenile justice system, and which will demonstrate the feasibility and effectiveness of providing the services described in this chapter to seriously emotionally disturbed minors who have been adjudged wards of the juvenile court pursuant to Section 602 and whose physical and mental treatment needs require a secure facility and program. It is also the intent of the Legislature to secure for the minors committed to such a facility, the protection, custody, care, treatment, and guidance that is consistent with the purpose of the juvenile court law (Chapter 2 (commencing with Section 200) of Part 1 of Division 2).
(Added by Stats.1991, c. 89 (A.B.1288), § 170, eff. June 30, 1991.)

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

§ 5695.2. Regional facilities; maximum term of commitment

There may be established, on a regional basis, secure facilities which are physically and programmatically designed for the commitment and ongoing treatment of seriously emotionally disturbed minors who have been adjudged wards of the juvenile court pursuant to Section 602. No minor shall be committed to the facility for more than 18 months from the date of admission.

(Added by Stats.1991, c. 89 (A.B.1288), § 170, eff. June 30, 1991.)

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

§ 5695.5. Board of directors

A board of directors for a facility shall be established to provide oversight and direction to the design, implementation, and operation of the facility in order to ensure adherence to the statement of legislative intent in Section 5590 and to the overall goals and objectives of the facility.

(Added by Stats.1991, c. 89 (A.B.1288), § 170, eff. June 30, 1991.)

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

§ 5695.7. Composition of board; administration of facility

(a) The board of directors shall be composed of the chief probation officer and the local mental health directors of each of the participating counties.

(b) The regional facilities shall operate under the administration of the onsite director who shall be directly responsible to the board of directors for adherence to all policies and procedures established by the board and to the intent of the Legislature stated in Section 5695.

(Added by Stats.1991, c. 89 (A.B.1288), § 170, eff. June 30, 1991. Amended by Stats.1991, c. 611 (A.B.1491), § 52, eff. Oct. 7, 1991.)

§ 5696. Admission criteria

Prior to the opening of any regional facility, the board of directors shall develop written admission criteria, approved by the Department of the Youth Authority, for those minors who are most at risk of entering the adult criminal justice system as emotionally disordered offenders at high risk of committing predatory and violent crimes, including, but not limited to, the following requirements:

(a) The minor is at the time of commitment between the ages of 12 and 18 years, he or she has been adjudged to be a ward of the juvenile court pursuant to Section 602, and his or her custody has been placed under the supervision of a probation officer pursuant to Section 727.

(b) The ward is seriously emotionally disturbed as is evidenced by a diagnosis from the current edition of the Diagnostic and Statistical Manual of Mental Disorders and evidences behavior inappropriate to the ward's age according to expected developmental norms. Additionally, all of the following must be present:

(1) The behavior presents a danger to the community or self and requires intensive supervision and treatment, but the ward is not amenable to other private or public residential treatment programs because his or her behavior requires a secure setting.

(2) The symptomology is both severe and frequent.

(3) The inappropriate behavior is persistent.

(Added by Stats.1991, c. 89 (A.B.1288), § 170, eff. June 30, 1991.)

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

§ 5696.2. Wards not eligible for admission

No ward shall be admitted to any regional facility described in this chapter who meets any of the following criteria:

(a) The ward has a primary substance abuse problem.

(b) The ward has a primary developmental disability.

(c) The ward requires an acute psychiatric hospital setting.

(d) The ward can benefit from or requires a level of treatment or confinement not provided at the facility.

(e) The ward suffers from a medical condition which requires ongoing nursing and medical care, beyond the level that the program can provide.

(f) The ward is under conservatorship established pursuant to Chapter 3 (commencing with Section 5350) of this part.

(Added by Stats.1991, c. 89 (A.B.1288), § 170, eff. June 30, 1991.)

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

§ 5696.5. Program standards, policies and procedures; required elements

Prior to the opening of a facility, the board of directors shall establish written program standards and policies and procedures, approved by the Department of the Youth Authority that address and include, but are not limited to, the following:

(a) A staffing number and pattern that meets the special behavior, supervision, treatment, health, and educational needs of the population described in this chapter. Staff shall be qualified to provide intensive treatment and services and shall include, at a minimum:

(1) A project or clinical director, a psychiatrist or, psychologist, a social worker, a registered nurse, and a recreation or occupational therapist.

(2) A pediatrician, a dentist, and a licensed marriage and family therapist, on an as–needed basis.

(3) Educational staff in sufficient number and with the qualifications needed to meet the population served.

(4) Child care staff in sufficient numbers and with the qualifications needed to meet the special needs of the population.

(b) Programming to meet the needs of all wards admitted, including, but not limited to, all of the following:

(1) Physical examinations on admission and ongoing health care.

(2) Appropriate and closely monitored use of all behavioral management techniques.

(3) The establishment of written, individual treatment and educational plans and goals for each ward within 10 days of admission and which are updated at least quarterly.

(4) Written discharge planning that addresses each ward's continued treatment, educational, and supervision needs.

(5) Regular, written progress records regarding the care and treatment of each ward.

(6) Regular and structured treatment of all wards, including, but not limited to, individual, group and family therapy, psychological testing, medication, and occupational, or recreational therapy.

(7) Access to neurological testing and laboratory work as needed.

(8) The opportunity for regular family contact and involvement.

(9) A periodic review of the continued need for treatment within the facility.

(10) Educational programming, including special education as needed.

(Added by Stats.1991, c. 89 (A.B.1288), § 170, eff. June 30, 1991. Amended by Stats.2000, c. 140 (A.B.2524), § 1.)

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

§ 5696.7. Admission referrals; screening

Wards shall be referred for admission to the director of a regional facility following screening and approval through a joint mental health and probation screening committee in the county which refers the minor. This screening process shall be defined in the standards, policies, and procedures governing the operation of the facility. The probation officer shall, in consultation and cooperation with the county mental health staff, process the ward's admission to the facility and implement the discharge plan.

(Added by Stats.1991, c. 89 (A.B.1288), § 170, eff. June 30, 1991.)

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

§ 5697. Public education programs

The regional board of directors shall contract with the county in which the regional facility is located for the provision of a public education program which will meet the educational requirements and needs of the wards admitted to the facility.

(Added by Stats.1991, c. 89 (A.B.1288), § 170, eff. June 30, 1991.)

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

§ 5697.2. Reports

The board of directors of a regional facility shall submit to the Director of the Youth Authority, a report which includes, at a minimum, a description of the regional facility, the population to be served, criteria for admission and release, program goals and services, staffing, a postrelease component, appropriate educational programming, an annual evaluation component, and a proposed budget.

(Added by Stats.1991, c. 89 (A.B.1288), § 170, eff. June 30, 1991.)

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

§ 5697.5. Rules and regulations

The Director of the Youth Authority, in conjunction with the Director of Mental Health, shall adopt rules and regulations to establish, monitor, and enforce minimum standards for regional facilities.

(Added by Stats.1991, c. 89 (A.B.1288), § 170, eff. June 30, 1991.)

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

Article 7 SYSTEM OF CARE FOR SERIOUSLY EMOTIONALLY DISTURBED CHILDREN AND YOUTH

§ 5698. Legislative intent; principles for system of care

It is the intent of the Legislature to encourage in each county a system of care for seriously emotionally disturbed children and youth. This system of care should be based upon the following principles:

(a) A defined range of interagency services, blended programs and program standards that facilitate appropriate service delivery in the least restrictive environment as close to home as possible. The system should use available and accessible intensive home and school–based alternatives.

(b) A defined mechanism to ensure that services are child centered and family focused with parental participation in all aspects of the planning and delivery of service.

(c) A formalized multiagency policy making council and an interagency case management services council. The roles and responsibilities of these councils should be specified in existing interagency agreements or memoranda of understanding, or both.

(d) A defined interagency case management system designed to facilitate services to the defined target population.

(e) A defined mechanism to ensure that services are culturally competent.

(Added by Stats.1991, c. 89 (A.B.1288), § 171, eff. June 30, 1991.)

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

Chapter 2.7 CASE MANAGEMENT FOR CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE

§ 5699. Legislative findings and declaration

(a) The Legislature finds and declares all of the following:

(1) That mental health case management services required for children with serious emotional disturbance are different than these services for mentally disordered clients described in Chapter 2.5 (commencing with Section 5670).

(2) That mental health case management services for children with serious emotional disturbance are not defined in statute.

(3) That the development of mental health case management for these children would assure comprehensive appraisal and utilization of the most appropriate resources within the children's environment as well as the maintenance and strengthening of family ties.

(b) It is the intent of the Legislature to encourage the development of mental health case management services for children with serious emotional disturbance who are separated or at risk of being separated from their families and require mental health treatment, to the extent resources are available. It is further the intent of the Legislature that mental health case management for children with serious emotional disturbance in this state be developed in accordance with the definitions and guidelines contained in this chapter.

(Formerly § 5678, added by Stats.1986, c. 806, § 1. Renumbered § 5692 and amended by Stats.1991, c. 89 (A.B.1288), § 136, eff. June 30, 1991. Renumbered § 5699 and amended by Stats.1991, c. 611 (A.B.1491), § 50, eff. Oct. 7, 1991.)

§ 5699.1. Definitions; construction of chapter

Unless the context otherwise requires, the definitions in this article govern the construction of this chapter.

(Formerly § 5678.1, added by Stats.1986, c. 806, § 1. Renumbered § 5692.5 and amended by Stats.1991, c. 89 (A.B.1288), § 137, eff. June 30, 1991. Renumbered § 5699.1 and amended by Stats.1991, c. 611 (A.B.1491), § 51, eff. Oct. 7, 1991.)

§ 5699.2. Seriously emotionally disturbed children; case management services

Children identified for case management services under this section shall be minors under 18 years of age described in Section 5600.3 as seriously emotionally disturbed, and who also meet one or more of the following criteria:

(a) A child who is a ward or dependent of the juvenile court pursuant to Section 300, 601, or 602 and is placed out–of–home.

(b) A child who is a special education student defined in paragraph 8 of subdivision (b) of Section 300.5 of Title 34 of the Code of Federal Regulations and is receiving residential care pursuant to an individual educational program. This section also includes special education students through age 21 identified in paragraph (4) of subdivision (c) of Section 56026 of the Education Code.

(c) An inpatient in a psychiatric hospital, psychiatric health facility,

or residential treatment facility receiving services either on a voluntary or involuntary basis.

(d) An outpatient receiving intensive non–24–hour mental health treatment, such as day treatment or crisis services who is "at risk" of psychiatric hospitalization or out–of–home placement for residential treatment.

(Formerly § 5678.2, added by Stats.1986, c. 806, § 1. Renumbered § 5699 and amended by Stats.1991, c. 89 (A.B.1288), § 138, eff. June 30, 1991. Renumbered § 5699.2 and amended by Stats.1991, c. 611 (A.B.1491), § 53, eff. Oct. 7, 1991. Amended by Stats.1992, c. 1374 (A.B.14), § 34, eff. Oct. 28, 1992.)

§ 5699.3. Individual treatment plan

"Individual treatment plan" means a plan that includes all of the following:

(a) An assessment of the minor's specific capabilities and problems.

(b) A statement of specific, time–limited objectives for improving the capabilities and resolving the problems. The objectives shall be stated in measurable terms which allow measurement of progress.

(c) A schedule of the type and amount of services to achieve treatment plan objectives, including identification of the provider or providers of service responsible for attaining each objective.

(d) A schedule of regular periodic review and reassessment to ascertain that planned services have been provided and that objectives have been reached within the times specified.

(Formerly § 5678.3, added by Stats.1986, c. 806, § 1. Renumbered § 5699.1 and amended by Stats.1991, c. 89 (A.B.1288), § 139, eff. June 30, 1991. Renumbered § 5699.3 and amended by Stats.1991, c. 611 (A.B.1491), § 54, eff. Oct. 7, 1991.)

§ 5699.4. Case management services

On and after January 1, 1987, any county may provide case management services for children with serious emotional disturbance pursuant to this chapter. The case management services may include all of the following:

(a) Development of an individual treatment plan for each child. The plan shall be collaboratively prepared and reviewed and modified, if necessary, at least annually, by one representative of the mental health program, the parents, legal guardian, conservator, or court appointed social worker or probation officer, and, where appropriate, the minor.

(b) Assignment of a mental health case manager to each child. The duties of the mental health case manager may include, but not be limited to, all of the following:

(1) Coordinating an ecological assessment of the child's needs which evaluates the child both individually and in relation to his or her family, school, and community environments.

(2) Developing, implementing, monitoring, and reviewing each individual treatment plan that addresses the identified needs.

(3) Linking and arranging or providing for the needed services.

(4) Monitoring the adequacy of the services provided.

(5) Advocating for the minor.

(Formerly § 5678.5, added by Stats.1986, c. 806, § 1. Renumbered § 5699.2 and amended by Stats.1991, c. 89 (A.B.1288), § 140, eff. June 30, 1991. Renumbered § 5699.4 and amended by Stats.1991, c. 611 (A.B.1491), § 55, eff. Oct. 7, 1991.)

§ 5699.5. Use of state funds

Nothing in this chapter shall be construed to authorize the use of state funds to provide services under this chapter or to enforce the provisions of this chapter.

(Formerly § 5678.6, added by Stats.1986, c. 806, § 1. Renumbered § 5699.5 and amended by Stats.1991, c. 89 (A.B.1288), § 141, eff. June 30, 1991.)

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

Chapter 3 FINANCIAL PROVISIONS

CONTINGENCY

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see Historical and Statutory Notes under Welfare and Institutions Code § 5600.

§ 5700. Legislative findings; funding sources for mental health services

(a) The Legislature recognizes that mental health services provided by county mental health programs are funded from the following general categories or sources of public funding:

(1) Funds received by counties from the Local Revenue Fund and county funds necessary to meet the federal maintenance of effort requirements.

(2) Funds from appropriations made to the department or for which the department is responsible for administering, which are designated for local mental health services.

(3) Reimbursements through the Medi–Cal program for mental health services to Medi–Cal eligible individuals receiving mental health services from county mental health programs.

(4) Funds from county or local appropriations which are designated for local mental health services.

(b) The Legislature further recognizes that there are procedures and requirements which are unique to each category set forth in subdivision (a), as well as procedures and requirements which apply to all four categories.

(Added by Stats.1991, c. 89 (A.B.1288), § 174, eff. June 30, 1991.)

§ 5701. Equity of funding; requirements; exemptions; allocations

(a) To achieve equity of funding, available funding for local mental health programs beyond the funding provided pursuant to Section 17601 shall be distributed to cities, counties, and cities and counties pursuant to the procedures described in subdivision (c) of Section 17606.05.

(b) Funding provided pursuant to Section 6 of Article XIIIB of the California Constitution, funding provided pursuant to subdivision (c), and funding provided for future pilot projects shall be exempt from the requirements of subdivision (a).

(c) Effective in the 1994–95 fiscal year and each year thereafter:

(1) The State Department of Mental Health shall annually identify from mental health block grant funds provided by the federal government, the maximum amount that federal law and regulation permit to be allocated to counties and cities and counties pursuant to this subdivision. This section shall apply to any federal mental health block grant funds in excess of the following:

(A) The amount allocated to counties and cities and counties from the alcohol, drug abuse, and mental health block grant in the 1991–92 fiscal year.

(B) Funds for departmental support.

(C) Amounts awarded to counties and cities and counties for children's systems of care programs pursuant to Part 4 (commencing with Section 5850).

(D) Amounts allocated to small counties for the development of alternatives to state hospitalization in the 1993–94 fiscal year.

(E) Amounts appropriated by the Legislature for the purposes of this part.

(2) Notwithstanding subdivision (a), annually the State Department of Mental Health shall allocate to counties and cities and counties the funds identified in paragraph (1), not to exceed forty million dollars ($40,000,000) in any year. The allocations shall be proportional to each county's and each city and county's percentage of the forty million dollars ($40,000,000) in Cigarette and Tobacco Products Surtax funds that were allocated to local mental health programs in the 1991–92 fiscal year.

(3) Monthly, the Controller shall allocate funds from the Vehicle License Collection Account of the Local Revenue Fund to counties and cities and counties for mental health services. Allocations shall be

made to each county or city and county in the same percentages as described in paragraph (2), until the total of the funds allocated to all counties in each year pursuant to paragraph (2) and this paragraph reaches forty million dollars ($40,000,000).

(4) Funds allocated to counties and cities and counties pursuant to paragraphs (2) and (3) shall not be subject to Section 17606.05.

(5) Funds that are available for allocation in any year in excess of the forty million dollar ($40,000,000) limits described in paragraph (2) or (3) shall be deposited into the Mental Health Subaccount of the Local Revenue Fund.

(6) Nothing in this section is intended to, nor shall it, change the base allocation of any city, county, or city and county as provided in Section 17601.

(Added by Stats.1993, c. 100 (S.B.463), § 5, eff. July 13, 1993. Amended by Stats.1994, c. 1096 (S.B.1795), § 1, eff. Sept. 29, 1994.)

§ 5701.1. Use of funds for development of innovative programs

Notwithstanding Section 5701, the State Department of Mental Health, in consultation with the California Mental Health Directors Association, may utilize funding from the Substance Abuse and Mental Health Services Administration Block Grant, awarded to the State Department of Mental Health, above the funding level provided in federal fiscal year 1998, for the development of innovative programs for identified target populations, upon appropriation by the Legislature.

(Added by Stats.1999, c. 146 (A.B.1107), § 28, eff. July 22, 1999.)

§ 5701.2. Transfer of funds or state hospital beds; allocation of state mental health moneys; records

(a) The department shall maintain records of any transfer of funds or state hospital beds made pursuant to Chapter 1341 of the Statutes of 1991.

(b) Commencing with the 1991–92 fiscal year, the department shall maintain records that set forth that portion of each county's allocation of state mental health moneys that represent the dollar equivalent attributed to each county's state hospital beds or bed days, or both, that were allocated as of May 1, 1991. The department shall provide a written summary of these records to the appropriate committees of the Legislature and the California Mental Health Directors Association within 30 days after the enactment of the annual Budget Act.

(c) Nothing in this section is intended to change the counties' base allocations as provided in subdivisions (a) and (b) of Section 17601.

(Added by Stats.1993, c. 100 (S.B.463), § 6, eff. July 13, 1993.)

§ 5701.3. Psychotherapy and other mental health services; funding responsibilities

Consistent with the annual Budget Act, this chapter shall not affect the responsibility of the state to fund psychotherapy and other mental health services required by Chapter 26.5 (commencing with Section 7570) of Division 7 of Title 1 of the Government Code, and the state shall reimburse counties for all allowable costs incurred by counties in providing services pursuant to that chapter. The reimbursement provided pursuant to this section for purposes of Chapter 26.5 (commencing with Section 7570) of Division 7 of Title 1 of the Government Code shall be provided by the state through an appropriation included in either the annual Budget Act or other statute. Counties shall continue to receive reimbursement from specifically appropriated funds for costs necessarily incurred in providing psychotherapy and other mental health services in accordance with this chapter. For reimbursement claims for services delivered in the 2001–02 fiscal year and thereafter, counties are not required to provide any share of those costs or to fund the cost of any part of these services with money received from the Local Revenue Fund established by Chapter 6 (commencing with Section 17600) of Part 5 of Division 9.

(Added by Stats.1991, c. 89 (A.B.1288), § 174, eff. June 30, 1991. Amended by Stats.2002, c. 1167 (A.B.2781), § 38, eff. Sept. 30, 2002.)

§ 5701.4. Reimbursement of costs

Costs that were reimbursed, prior to July 1, 1991, from the local assistance appropriation contained in Item 4440–101–001 of the annual Budget Act, shall be reimbursed from funds received by counties pursuant to this chapter.

(Added by Stats.1991, c. 89 (A.B.1288), § 174, eff. June 30, 1991.)

§ 5701.5. Funding of city–operated programs

City–operated Bronzan–McCorquodale programs paid by the state under Section 5615 shall be directly funded in accordance with this chapter.

(Added by Stats.1991, c. 89 (A.B.1288), § 174, eff. June 30, 1991.)

§ 5702. Maintenance of effort; definition

For the purposes of this part, the definition of maintenance of effort contained in Section 17608.05 shall apply.

(Added by Stats.1991, c. 89 (A.B.1288), § 174, eff. June 30, 1991.)

§ 5703. Additional appropriations

Nothing in this chapter shall prevent a county, or counties acting jointly, from appropriating additional funds for mental health services. In no event shall counties be required to appropriate more than the amount required under the provisions of this chapter.

(Added by Stats.1991, c. 89 (A.B.1288), § 174, eff. June 30, 1991.)

§ 5704. Deposit of funds; dedicated purposes

Funds described in paragraphs (1) and (2) of subdivision (a) of Section 5700 shall be deposited in the mental health account of the local health and welfare trust fund and shall only be used to fund expenditures for the costs of mental health services as delineated in regulations promulgated by the department, and shall not be used to fund expenditures for costs excluded by Section 5714 or for costs specifically excluded from funding from this source by any other provision of law.

(Added by Stats.1991, c. 89 (A.B.1288), § 174, eff. June 30, 1991. Amended by Stats.1991, c. 611 (A.B.1491), § 58, eff. Oct. 7, 1991.)

§ 5704.5. Children's services; special consideration

(a) It is the intent of the Legislature that special consideration be given to children's services in funding county services to expand existing programs or to establish new programs.

(b) A county may not decrease the proportion of its funding expended for children's services below the proportion expended in the 1983–84 fiscal year unless a determination has been made by the governing body in a noticed public hearing that the need for new or expanded services to persons under age 18 has significantly decreased.

(Added by Stats.1991, c. 89 (A.B.1288), § 174, eff. June 30, 1991.)

§ 5704.6. Allocation of funds for new or expanded programs; services to persons under 18

(a) Except as provided in subdivision (c), each county shall allocate for services to persons under age 18, 50 percent of the amount of any funding augmentation received for new or expanded mental health programs until the amount expended for mental health services to persons under age 18 equals not less than 25 percent of the county's gross budget for mental health or not less than the percentage of persons under age 18 in the total population of the county, whichever percentage is less. Once achieved, this minimum ratio shall be maintained continuously thereafter.

(b) As used in this section, the term "new or expanded mental health programs" does not include any programs which are required by statute, or programs which provide alternatives to hospitalization for patients of state hospitals.

(c) From each funding augmentation for new or expanded mental health programs, a county may allocate to persons under age 18 an

amount less than the percentage required in subdivision (a) when a determination has been made by the governing body in a noticed public hearing that the need for new or expanded services to persons under age 18 does not exist or is less than the need for services to one or more specified groups of adults.
(Added by Stats.1991, c. 89 (A.B.1288), § 174, eff. June 30, 1991.)

§ 5705. Negotiated net amounts or rates; use as cost of services; conditions

(a) It is the intent of the Legislature that the use of negotiated net amounts or rates, as provided in this section, be given preference in contracts for services under this division.

(b) Negotiated net amount or rates may be used as the cost of services in contracts between the state and the county or contracts between the county and a subprovider of services, or both, in accordance with the following provisions:

(1) A negotiated net amount shall be determined by calculating the total budget for services for a program or a component of a program, less the amount of projected revenue. All participating government funding sources, except for the Medi–Cal program (Chapter 7 (commencing with Section 14000) of Part 3 of Division 9), shall be bound to that amount as the cost of providing all or part of the total county mental health program as described in the county performance contract for each fiscal year, to the extent that the governmental funding source participates in funding the county mental health programs. Where the State Department of Health Services promulgates regulations for determining reimbursement of Short–Doyle mental health services allowable under the Medi–Cal program, those regulations shall be controlling as to the rates for reimbursement of Short–Doyle mental health services allowable under the Medi–Cal program and rendered to Medi–Cal beneficiaries. Providers under this subdivision shall report to the State Department of Mental Health and local mental health programs any information required by the State Department of Mental Health in accordance with procedures established by the Director of Mental Health.

(2) A negotiated rate is the payment for services delivered on a per unit of service basis. All participating governmental funding sources shall be bound by that amount as the cost of providing that service for that county mental health program to the extent that the governmental funding source participates in funding the county and mental health program. Where the State Department of Health Services promulgates regulations for determining reimbursement of Short–Doyle mental health services allowable under the Medi–Cal program, those regulations shall be controlling as to the rates for reimbursement of Short–Doyle mental health services allowable under the Medi–Cal program and rendered to Medi–Cal beneficiaries. Providers under this subdivision shall report to the local mental health program and the local mental health program shall report to the State Department of Mental Health any information required by the department in accordance with procedures established by the Director of Mental Health.

(3) A county choosing to participate in the negotiated rate setting process for community mental health services under the Medi–Cal program in any fiscal year shall submit a negotiated rate proposal to the State Department of Mental Health, along with the prior fiscal year cost report, by December 31 following the close of the fiscal year. The department shall respond with comments to the negotiated rate proposal of a participating county by January 31 following the submission of the prior year cost report.

(4) Failure to submit both the rate proposal, as required by paragraph (3), and the prior fiscal year cost report by December 31, as required by subdivision (c) of Section 5718, shall result in disapproval of the rate proposal, and consequent settlement of the current year cost report to actual cost.

(c) Notwithstanding any other provision of this division or Division 9 (commencing with Section 10000), absent a finding of fraud, abuse, or failure to achieve contract objectives, no restrictions, other than any contained in the contract, shall be placed upon a provider's expenditure or retention of funds received pursuant to this section.
(Added by Stats.1991, c. 89 (A.B.1288), § 174, eff. June 30, 1991. Amended by Stats.1991, c. 611 (A.B.1491), § 59, eff. Oct. 7, 1991; Stats.1996, c. 515 (A.B.2801), § 1, eff. Sept. 16, 1996.)

§ 5706. Performance contracts; exemption from public contract provisions

Notwithstanding any other provision of law, the portions of the county mental health services performance contract which become a contractual arrangement between the county and the department shall be exempt from the requirements contained in the Public Contract Code and the State Administrative Manual, and shall be exempt from approval by the Department of General Services.
(Added by Stats.1991, c. 89 (A.B.1288), § 174, eff. June 30, 1991.)

§ 5707. Expenditure of funds designated for local mental health services

Funds appropriated to the department which are designated for local mental health services and funds which the department is responsible for allocating or administering, including, but not limited to, federal block grants funds, shall be expended in accordance with this section and Sections 5708 to 5717, inclusive, except when there are conflicting federal requirements, in which case the federal requirements shall be controlling.
(Added by Stats.1991, c. 89 (A.B.1288), § 174, eff. June 30, 1991.)

§ 5708. Funding during transitional period

(a) To maintain stability during the transition, counties that contracted with the department during the 1990–91 fiscal year on a negotiated net amount basis may continue to use the same funding mechanism.

(b) For those counties that contracted with the department pursuant to subdivision (a) with respect to the 1990–91 fiscal year, the negotiated rate mechanism for Short–Doyle Medi–Cal services for those counties shall be continued until a new ratesetting methodology is developed pursuant to Section 5724.
(Added by Stats.1991, c. 89 (A.B.1288), § 174, eff. June 30, 1991. Amended by Stats.1992, c. 1374 (A.B.14), § 35, eff. Oct. 28, 1992.)

§ 5709. Fees for services

Regardless of the funding source involved, fees shall be charged in accordance with the ability to pay for mental health services rendered but not in excess of actual costs in accordance with Section 5720.
(Added by Stats.1991, c. 89 (A.B.1288), § 174, eff. June 30, 1991.)

§ 5710. Charges for patient care; persons liable for charges; fee schedule

(a) Charges for the care and treatment of each patient receiving service from a county mental health program shall not exceed the actual or negotiated cost thereof as determined or approved by the Director of Mental Health in accordance with standard accounting practices. The director may include the amount of expenditures for capital outlay or the interest thereon, or both, in his or her determination of actual cost. The responsibility of a patient, his or her estate, or his or her responsible relatives to pay the charges and the powers of the director with respect thereto shall be determined in accordance with Article 4 (commencing with Section 7275) of Chapter 3 of Division 7.

(b) The Director of Mental Health may delegate to each county all or part of the responsibility for determining the financial liability of patients to whom services are rendered by a county mental health program and all or part of the responsibility for determining the ability of the responsible parties to pay for services to minor children who are referred by a county for treatment in a state hospital. Liability shall extend to the estates of patients and to responsible relatives, including the spouse of an adult patient and the parents of minor children. The Director of Mental Health may also delegate all or part of the responsibility for collecting the charges for patient fees. Counties may

decline this responsibility as it pertains to state hospitals, at their discretion. If this responsibility is delegated by the director, the director shall establish and maintain the policies and procedures for making the determinations and collections. Each county to which the responsibility is delegated shall comply with the policy and procedures.

(c) The director shall prepare and adopt a uniform sliding scale patient fee schedule to be used in all mental health agencies for services rendered to each patient. In preparing the uniform patient fee schedule, the director shall take into account the existing charges for state hospital services and those for community mental health program services. If the director determines that it is not practicable to devise a single uniform patient fee schedule applicable to both state hospital services and services of other mental health agencies, the director may adopt a separate fee schedule for the state hospital services which differs from the uniform patient fee schedule applicable to other mental health agencies.

(Added by Stats.1991, c. 89 (A.B.1288), § 174, eff. June 30, 1991. Amended by Stats.1995, c. 712 (S.B.227), § 3.)

§ 5711. Federal audit exceptions; offset of county allocation

(a) In the case of federal audit exceptions, federal audit appeal processes shall be followed unless the State Department of Mental Health, in consultation with the California Conference of Local Mental Health Directors, determines that those appeals are not cost beneficial.

(b) Whenever there is a final federal audit exception against the state resulting from expenditure of federal funds by individual counties, the State Department of Mental Health or the State Department of Health Services may request the Controller's office to offset the county's allocation from the Mental Health Subaccount of the Sales Tax Account of the Local Revenue Fund by the amount of the exception. The Controller shall be provided evidence that the county has been notified of the amount of the audit exception no less than 30 days before the offset is to occur. The State Department of Mental Health and the State Department of Health Services shall involve the appropriate counties in developing responses to any draft federal audit reports which may directly impact the counties.

(Added by Stats.1991, c. 89 (A.B.1288), § 174, eff. June 30, 1991. Amended by Stats.1991, c. 611 (A.B.1491), § 60, eff. Oct. 7, 1991.)

§ 5712. Cost of services; allocation between state and county funds

The department shall contract with counties for the funds appropriated to, and allocated by, the department pursuant to paragraph (2) of subdivision (a) of Section 5700 in accordance with the following:

(a) The net cost of all services specified in the contract between the counties and the department shall be financed on a basis of 90 percent state funds and 10 percent county funds except for services to be financed from other public or private sources as indicated in the contracts.

(b) The cost requirement for local financial participation pursuant to this section shall be waived for all counties with a population of 125,000 or less based on the most recent available estimates of population data as determined by the Population Research Unit of the Department of Finance.

(c) The cost requirements for local financial participation pursuant to this section shall be waived for funds provided pursuant to Part 2.5 (commencing with Section 5775).

(Added by Stats.1991, c. 89 (A.B.1288), § 174, eff. June 30, 1991. Amended by Stats.1991, c. 611 (A.B.1491), § 61, eff. Oct. 7, 1991; Stats.1997, c. 484 (S.B.651), § 2, eff. Sept. 25, 1997.)

§ 5713. Advances for funding of services; payment method

Advances for funding mental health services may be made by the Director of Mental Health from funds appropriated to the department for local mental programs and services specified in the annual Budget Act. Any advances made pursuant to this section shall be made in the form and manner the Director of Mental Health shall determine. When certified by the Director of Mental Health, advances shall be presented to the Controller for payment. Each advance shall be payable from the appropriation made for the fiscal year in which the expenses upon which the advance is based are incurred. The advance may be paid monthly in 12 equal increments but the total amount advanced in one fiscal year shall not exceed 95 percent of the county's total allocation for that year.

(Added by Stats.1991, c. 89 (A.B.1288), § 174, eff. June 30, 1991.)

§ 5714. Legal proceedings involving mentally disordered persons; payment of costs

To continue county expenditures for legal proceedings involving mentally disordered persons, the following costs incurred in carrying out Part 1 (commencing with Section 5000) of this division shall not be paid for from funds designated for mental health services.

(a) The costs involved in bringing a person in for 72–hour treatment and evaluation.

(b) The costs of court proceedings for court–ordered evaluation, including the service of the court order and the apprehension of the person ordered to evaluation when necessary.

(c) The costs of court proceedings in cases of appeal from 14–day intensive treatment.

(d) The cost of legal proceedings in conservatorship other than the costs of conservatorship investigation as defined by regulations of the State Department of Mental Health.

(e) The court costs in postcertification proceedings.

(f) The cost of providing a public defender or other court–appointed attorneys in proceedings for those unable to pay.

(Added by Stats.1991, c. 89 (A.B.1288), § 174, eff. June 30, 1991. Amended by Stats.1991, c. 611 (A.B.1491), § 62, eff. Oct. 7, 1991.)

§ 5715. Unexpended funds; retention by county

Subject to the approval of the department, at the end of the fiscal year, a county may retain unexpended funds allocated to it by the department from funds appropriated to the department, with the exception of block grant funds, exclusive of the amount required to pay for the care of patients in state hospitals, for 12 months for expenditure for mental health services in accordance with this part.

(Added by Stats.1991, c. 89 (A.B.1288), § 174, eff. June 30, 1991.)

§ 5716. Contracts with providers; negotiated rates; reimbursements

Counties may contract with providers on a negotiated rate or negotiated net amount basis in the same manner as set forth in Section 5705, except that negotiated rates for Short–Doyle Medi–Cal services shall be approved by the department. If a negotiated rate for Short–Doyle Medi–Cal services is not approved by the department, reimbursement to the county shall be in accordance with applicable provisions of this chapter and department regulation and shall be based upon actual cost.

(Added by Stats.1991, c. 89 (A.B.1288), § 174, eff. June 30, 1991. Amended by Stats.1991, c. 611 (A.B.1491), § 63, eff. Oct. 7, 1991; Stats.1992, c. 1374 (A.B.14), § 36, eff. Oct. 28, 1992.)

§ 5717. Expenditures eligible for funding; audits; repayments

(a) Expenditures that may be funded from amounts allocated to the county by the department from funds appropriated to the department shall include negotiated rates and net amounts; salaries of personnel; approved facilities and services provided through contract; operation, maintenance and service costs including insurance costs or departmental charges for participation in a county self–insurance program if the charges are not in excess of comparable available commercial insurance premiums and on the condition that any surplus reserves be used to reduce future year contributions; depreciation of county facilities as established in the state's uniform accounting manual, disregarding depreciation on the facility to the extent it was financed by state funds under this part; lease of facilities where there

is no intention to, nor option to, purchase; expenses incurred under this act by members of the California Conference of Local Mental Health Directors for attendance at regular meetings of these conferences; expenses incurred by either the chairperson or elected representative of the local mental health advisory boards for attendance at regular meetings of the Organization of Mental Health Advisory Boards; expenditures included in approved countywide cost allocation plans submitted in accordance with the Controller's guidelines, including, but not limited to, adjustments of prior year estimated general county overhead to actual costs, but excluding allowable costs otherwise compensated by state funding; net costs of conservatorship investigation, approved by the Director of Mental Health. Except for expenditures made pursuant to Article 6 (commencing with Section 129225) of Chapter 1 of Part 6 of Division 107 of the Health and Safety Code, it shall not include expenditures for initial capital improvements; the purchaser or construction of buildings except for equipment items and remodeling expense as may be provided for in regulations of the State Department of Mental Health; compensation to members of a local mental health advisory board, except actual and necessary expenses incurred in the performance of official duties that may include travel, lodging, and meals while on official business; or expenditures for a purpose for which state reimbursement is claimed under any other provision of law.

(b) The director may make investigations and audits of expenditures the director may deem necessary.

(c) With respect to funds allocated to a county by the department from funds appropriated to the department, the county shall repay to the state amounts found not to have been expended in accordance with the requirements set forth in this part. Repayment shall be within 30 days after it is determined that an expenditure has been made that is not in accordance with the requirements. In the event that repayment is not made in a timely manner, the department shall offset any amount improperly expended against the amount of any current or future advance payment or cost report settlement from the state for mental health services. Repayment provisions shall not apply to Short–Doyle funds allocated by the department for fiscal years up to and including the 1990–91 fiscal year.

(Added by Stats.1991, c. 89 (A.B.1288), § 174, eff. June 30, 1991. Amended by Stats.1992, c. 1374 (A.B.14), § 37, eff. Oct. 28, 1992; Stats.1996, c. 1023 (S.B.1497), § 465, eff. Sept. 29, 1996.)

§ 5718. Services to persons eligible for Medi–Cal

(a)(1) This section and Sections 5719 to 5724, inclusive, shall apply to mental health services provided by counties to Medi–Cal eligible individuals. Counties shall provide services to Medi–Cal beneficiaries and seek the maximum federal reimbursement possible for services rendered to the mentally ill.

(2) To the extent permitted under federal law, funds deposited into the local health and welfare trust fund from the Sales Tax Account of the Local Revenue Fund may be used to match federal medicaid funds in order to achieve the maximum federal reimbursement possible for services pursuant to this chapter. If a county applies to use local funds, the department may enforce any additional federal requirements that use may involve, based on standards and guidelines designed to enhance, protect, and maximize the claiming of those resources.

(3) The standards and guidelines for the administration of mental health services to Medi–Cal eligible persons shall be based on federal medicaid requirements.

(b) With regard to each person receiving mental health services from a county mental health program, the county shall determine whether the person is Medi–Cal eligible and, if determined to be Medi–Cal eligible, the person shall be referred when appropriate to a facility, clinic, or program which is certified for Medi–Cal reimbursement.

(c) With regard to county operated facilities, clinics, or programs for which claims are submitted to the department for Medi–Cal reimbursement for mental health services to Medi–Cal eligible individuals, the county shall ensure that all requirements necessary for Medi–Cal reimbursement for these services are complied with, including, but not limited to, utilization review and the submission of year–end cost reports by December 31 following the close of the fiscal year.

(d) Counties shall certify to the state that required matching funds are available prior to the reimbursement of federal funds.

(Added by Stats.1991, c. 89 (A.B.1288), § 174, eff. June 30, 1991. Amended by Stats.1996, c. 515 (A.B.2801), § 2, eff. Sept. 16, 1996.)

§ 5719. Admission to facility; certification of eligibility for assistance

Each public or private facility or agency providing local mental health services pursuant to a county performance contract plan shall make a written certification within 30 days after a patient is admitted to the facility as a patient or first given services by such a facility or agency, to the local mental health director of the county, stating whether or not each of these patients is presumed to be eligible for mental health services under the California Medical Assistance Program.

(Added by Stats.1991, c. 89 (A.B.1288), § 174, eff. June 30, 1991.)

§ 5719.5. Capitated, integrated service system of Medi–Cal mental health managed care; field tests

(a) Notwithstanding any other provision of state law, and to the extent permitted by federal law, the State Department of Mental Health may, in consultation with the State Department of Health Services, field test major components of a capitated, integrated service system of Medi–Cal mental health managed care in not less than two, and not more than five participating counties.

(b) County participation in the field test shall be at the counties' option.

(c) Counties eligible to participate in the field test described in subdivision (a) shall include either of the following:

(1) Any county with an existing county organized health system.

(2) Any county that has been designated for the development of a new county organized health system.

(d) The State Department of Mental Health, in consultation with the State Department of Health Services, the counties selected for field testing, and groups representing mental health clients, their families and advocates, county mental health directors, and public and private mental health professionals and providers, shall develop, for the purpose of the field test, major components for an integrated, capitated service system of Medi–Cal mental health managed care, including, but not limited to, all of the following:

(1)(A) A definition of medical necessity.

(B) The preliminary definition developed pursuant to this paragraph shall be submitted to the Legislature no later than February 1, 1994.

(2) Protocols for facilitating access and coordination of mental health, physical health, educational, vocational, and other supportive services for persons receiving services through the field test.

(3) Procedures for promoting quality assurance, performance monitoring measures and outcome evaluation, including measures of client satisfaction, and procedures for addressing beneficiary grievances concerning service denials, changes, or terminations.

(e) Counties participating in the field test shall report to the State Department of Mental Health as the department deems necessary.

(f) Counties participating in the field test shall do both of the following:

(1)(A) Explore, in consultation with the State Department of Mental Health, the State Department of Health Services, and the California Mental Health Directors Association, rates for capitated, integrated Medi–Cal mental health managed care systems, using an actuarially sound ratesetting methodology.

(B) These rates shall be evaluated by the State Department of Mental Health and the State Department of Health Services to

determine their fiscal impact, and shall result in no increase in cost to the General Fund, compared with the cost that would occur under the existing organization of Medi–Cal funded mental health services, except for caseload growth and price increases as included in the Medi–Cal estimates prepared by the State Department of Health Services and approved by the Department of Finance. In evaluating the fiscal impact of these rates, the departments shall take into account any shift in clients between Medi–Cal programs in which the nonfederal match is funded by state funds and those in which the match is funded by local funds.

(2) Demonstrate the appropriate fiscal relationship between county organized health systems for the federal medicaid program and integrated, capitated Medi–Cal mental health managed care programs.

(g) The State Department of Mental Health, in consultation with the State Department of Health Services, the counties participating in the field test, and groups representing mental health clients, their families and advocates, county mental health directors, and public and private mental health professionals and providers, shall prepare and submit a progress report to the Legislature on the results of the field test. The report shall be submitted no later than July 1, 1995, and shall include the following elements:

(1) Evaluation of client satisfaction with capitated, integrated Medi–Cal mental health managed care.

(2) Evaluation of performance outcome measures and, to the extent data is available, information concerning outcomes in the areas of personal and community functioning for persons served in the field test.

(3) Evaluation of the validity of the definition of medical necessity in distinguishing levels of need for mental health services.

(4) Information necessary to determine whether the capitation methodology developed, and as utilized, protects the service needs and rights of beneficiaries of capitated, integrated Medi–Cal mental health managed care and minimizes the financial risks to systems providing that care.

(Added by Stats.1993, c. 640 (S.B.369), § 3.)

§ 5720. Reimbursement for services; eligible Medi–Cal persons; negotiated rate agreements

(a) Notwithstanding any other provision of law, the director, in the 1993–94 fiscal year and fiscal years thereafter, subject to the approval of the Director of Health Services, shall establish the amount of reimbursement for services provided by county mental health programs to Medi–Cal eligible individuals.

(b) Notwithstanding this section, in the event that a health facility has entered into a negotiated rate agreement pursuant to Article 2.6 (commencing with Section 14081) of Chapter 7 of Part 4 of Division 9, the facility's rates shall be governed by that agreement.

(Added by Stats.1991, c. 89 (A.B.1288), § 174, eff. June 30, 1991. Amended by Stats.1993, c. 788 (A.B.218), § 6, eff. Oct. 4, 1993.)

§ 5721. Fees paid by private resources; retention of unanticipated funds

Except as otherwise provided in this section, in determining the amounts which may be paid, fees paid by persons receiving services or fees paid on behalf of persons receiving services by the federal government, by the California Medical Assistance Program set forth in Chapter 7 (commencing with Section 14000) of Part 3 of Division 9, and by other public or private sources, shall be deducted from the costs of providing services. However, a county may negotiate a contract which permits a mental health care provider to retain unanticipated funds above the budgeted contract amount, provided that the unanticipated revenues are utilized for the mental health services specified in the contract. If a provider is permitted by contract to retain unanticipated revenues above the budgeted amount, the mental health provider shall specify the services funded by those revenues in the year end cost report submitted to the county. A county shall not permit the retention of any fees paid by private resources on behalf of Medi–Cal beneficiaries without having those fees deducted from the costs of providing services. Whenever feasible, mentally disordered persons who are eligible for mental health services under the California Medical Assistance Program shall be treated in a facility approved for reimbursement in that program. General unrestricted or undesignated private charitable donations and contributions made to charitable or nonprofit organizations shall not be considered as "fees paid by persons" or "fees paid on behalf of persons receiving services" under this section and the contributions shall not be applied in determining the amounts to be paid. These unrestricted contributions shall not be used in part or in whole to defray the costs or the allocated costs of the California Medical Assistance Program.

(Added by Stats.1991, c. 89 (A.B.1288), § 174, eff. June 30, 1991. Amended by Stats.1991, c. 611 (A.B.1491), § 64, eff. Oct. 7, 1991.)

§ 5722. Investigations and audits of claims

(a) The department shall have responsibility, as delegated by the State Department of Health Services, for conducting investigations and audits of claims and reimbursements for expenditures for mental health services provided by county mental health programs to Medi–Cal eligible individuals.

(b) The amount of the payment or repayment of federal funds in accordance with audit findings pertaining to Short–Doyle Medi–Cal mental health services shall be determined by the State Director of Health Services pursuant to the existing administrative appeals process of the State Department of Health Services.

(Added by Stats.1991, c. 89 (A.B.1288), § 174, eff. June 30, 1991. Amended by Stats.1991, c. 611 (A.B.1491), § 65, eff. Oct. 7, 1991.)

§ 5723. License requirements for reimbursement

The provisions of subdivision (a) of Section 14000 shall not be construed to prevent providers of mental health services pursuant to this part from also being providers of medical assistance mental health services for the purposes of Chapter 7 (commencing with Section 14000) of Part 3 of Division 9. Clinics providing mental health services pursuant to this part shall not be required to be licensed as a condition to reimbursement for providing such medical assistance mental health services.

(Added by Stats.1991, c. 89 (A.B.1288), § 174, eff. June 30, 1991.)

§ 5723.5. Back claims; federal reimbursement

Nothwithstanding[1] any other provision of state law, and to the extent permitted by federal law and consistent with federal regulations governing these claims, the state may seek federal reimbursement for back claims under the Short–Doyle Medi–Cal program.

(Added by Stats.1991, c. 89 (A.B.1288), § 174, eff. June 30, 1991.)

[1]So in chaptered copy.

§ 5724. Ratesetting system; development; implementation

(a) The department and the State Department of Health Services shall jointly develop a new ratesetting methodology for use in the Short–Doyle Medi–Cal system that maximizes federal funding and utilizes, as much as practicable, federal medicare reimbursement principles. The departments shall work with the counties and the federal Health Care Financing Administration in the development of the methodology required by this section.

(b) Rates developed through the methodology required by this section shall apply only to reimbursement for direct client services.

(c) Administrative costs shall be claimed separately and shall be limited to 15 percent of the total cost of direct client services.

(d) The cost of performing utilization reviews shall be claimed separately and shall not be included in administrative cost.

(e) The ratesetting methodology established pursuant to this section shall contain incentives relating to economy and efficiency in service delivery.

(f) The rates established for direct client services pursuant to this

section shall be based on increments of time for all noninpatient services.

(g) The ratesetting methodology shall not be implemented until it has received any necessary federal approvals.

(Added by Stats.1991, c. 89 (A.B.1288), § 174, eff. June 30, 1991. Amended by Stats.1991, c. 611 (A.B.1491), § 66, eff. Oct. 7, 1991; Stats.1993, c. 788 (A.B.218), § 7, eff. Oct. 4, 1993.)

Chapter 3.5 MENTAL HEALTH MASTER PLAN DEVELOPMENT ACT

§ 5730. Short title

This act is to be known as the Mental Health Master Plan Development Act.

(Added by Stats.1989, c. 1313, § 1.)

§ 5731. Legislative findings

The Legislature finds and declares that the mental health system is a large and important segment of California's system of health care. The Legislature further finds and declares all of the following:

(a) Public Law 99–660 requires that the State Department of Mental Health develop a state plan for the Short–Doyle mental health system which includes all of the following:

(1) Plans developed in response to federal planning requirements shall be submitted to the Legislature.

(2) Evidence of broad participation from concerned citizens and mental health consumers.

(3) An analysis of the needs of seriously and persistently mentally ill adults, severely emotionally disturbed children and homeless mentally ill in California.

(4) Improvements in the mental health delivery system are needed for seriously mentally ill adults, severely emotionally disabled children, and homeless mentally ill.

(5) Given the existing mental health funding base, priorities need to be established for the Short–Doyle community mental health system.

(6) There is no minimum range of treatment services which should be available in every county in California.

(7) Most funding formulas for state mental health programs are not client based.

(8) The state has a special responsibility for the care and treatment of seriously and persistently mentally ill adults, seriously emotionally disturbed minors, and homeless mentally ill who are the most vulnerable and who require consistent supportive services to meet their health and safety needs in the community.

(9) Legislative action is required to ensure that a comprehensive policy is developed which addresses the critical problems and key issues currently facing the mental health system in California.

(Added by Stats.1989, c. 1313, § 1.)

§ 5732. Development and implementation of master plan; California planning council; duties; membership; time for completion

(a) Given the requirements of Public Law 99–660 and the significant policy issues currently facing the mental health system in California, a master plan for mental health is required which integrates these planning and reform efforts and which establishes priorities for the service delivery system and analyzes critical policy issues.

(b) The California Planning Council's scope shall be expanded to include the development of the Mental Health Master Plan. This Mental Health Master Plan shall be distinct but compatible with the plan mandated by Public Law 99–660, the development and implementation of which is the responsibility of the State Department of Mental Health.

(c) Therefore, the California Planning Council required by Public Law 99–660 shall be expanded to include the following members:

(1) The Speaker of the Assembly shall recommend to the Governor for appointment, one council member.

(2) The Assembly Minority Floor Leader shall recommend to the Governor for appointment, one council member.

(3) The President pro Tempore of the Senate shall recommend to the Governor for appointment, one council member.

(4) The Senate Minority Floor Leader shall recommend to the Governor for appointment, one council member.

(5) The County Supervisors Association of California shall recommend to the Governor for appointment, one council member.

(d) The Mental Health Master Plan shall be completed and submitted to the Legislature and the Governor by October 1, 1991.

(Added by Stats.1989, c. 1313, § 1.)

§ 5733. Elements of plan; analysis

The Mental Health Master Plan shall include, but not be limited to, an analysis of all of the following:

(a) The specific planning elements required by Public Law 99–660.

(b) Identification of priority populations to be served and a definition of those priority populations.

(c) Proposed methods of allocating resources which result in the most effective system of care possible for the priority populations.

(d) Proposed methods of evaluating the effectiveness of current service delivery methods and the populations which are best served by these models of care.

(e) Recommendations related to the governance and responsibilities of the state, county, or other administrative structures for the delivery of mental health programs which are cost–effective and provide the highest quality of care.

(Added by Stats.1989, c. 1313, § 1.)

§ 5734. Recommendations; review; report

(a) The State Department of Mental Health shall, to the extent resources are available, review the recommendations contained in the Mental Health Master Plan, as submitted by the California Mental Health Planning Council on October 1, 1991.

(b) By March 1, 1993, the State Department of Mental Health shall submit, to the appropriate committees of the Legislature, its findings as to which recommendations are programmatically and fiscally desirable and feasible, with suggested timelines for adoption.

(Added by Stats.1992, c. 1374 (A.B.14), § 38, eff. Oct. 28, 1992. Amended by Stats.1993, c. 564 (S.B.43), § 4.)

Chapter 4 OPERATION AND ADMINISTRATION

§ 5750. Administrative duties; standards; rules and regulations; exception for psychiatric health facilities

(a) The State Department of Mental Health shall administer this part and shall adopt standards for approval of mental health services, and rules and regulations necessary thereto. However, these standards, rules, and regulations shall be adopted only after consultation with the California Council on Mental Health and the California Conference of Local Mental Health Directors. Adoption of these standards, rules, and regulations shall require approval by the California Conference of Local Mental Health Directors by majority vote of those present at an official session except for regulations pertaining to psychiatric health facilities. For regulations pertaining to psychiatric health facilities, the vote by the conference, following consultation, shall be only advisory to the State Department of Mental Health.

(b) If the conference refuses or fails to approve standards, rules, or regulations submitted to it by the State Department of Mental Health for its approval, the State Department of Mental Health may submit these standards, rules, or regulations to the conference at its next meeting, and if the conference again refuses to approve them, the matter shall be referred for decision to a committee composed of the Secretary of the Health and Welfare Agency, the Director of Mental Health, the President of the California Conference of Local Mental Health Directors, the Chairman of the California Council on Mental

Health, and a member designated by the State Advisory Health Council.

(c)(1) From July 1, 1991, to June 30, 1993, inclusive, the conference shall not approve regulations of the State Department of Mental Health. The impact on this subdivision of regulatory timing shall be included in the department's report to the Legislature on September 30, 1992.

(2) The department shall continue during that period to involve the conference in the development of all regulations which affect local mental health programs, prior to the promulgation of those regulations pursuant to the Administrative Procedure Act.

(Added by Stats.1968, c. 989, p. 1924, § 2, operative July 1, 1969. Amended by Stats.1969, c. 722, p. 1441, § 44, eff. Aug. 8, 1969, operative July 1, 1969; Stats.1971, c. 1593, p. 3352, § 401, operative July 1, 1973; Stats.1977, c. 1252, p. 4592, § 618, operative July 1, 1978; Stats.1978, c. 429, p. 1459, § 214, eff. July 17, 1978, operative July 1, 1978; Stats.1980, c. 1089, p. 3499, § 17; Stats.1984, c. 1327, § 85, eff. Sept. 25, 1984; Stats.1984, c. 1329, § 65; Stats.1985, c. 1232, § 27, eff. Sept. 30, 1985; Stats.1988, c. 1047, § 4, eff. Sept. 20, 1988; Stats.1991, c. 89 (A.B.1288), § 176, eff. June 30, 1991; Stats.1991, c. 611 (A.B.1491), § 67, eff. Oct. 7, 1991.)

§ 5750.1. Application of department or county standards, rules or policy

Notwithstanding Section 5750, any standard, rule, or policy, not directly the result of a statutory or administrative law change, adopted by the department or county during the term of an existing county performance contract shall not apply to the negotiated rate and net amount terms of that contract under Sections 5705 and 5716, but shall only apply to contracts established after adoption of the standard, rule, or policy.

(Added by Stats.1987, c. 884, § 6. Amended by Stats.1991, c. 89 (A.B.1288), § 177, eff. June 30, 1991; Stats.1991, c. 611 (A.B.1491), § 68, eff. Oct. 7, 1991.)

§ 5751. Directors of local health services; qualifications; regulations

(a) Regulations pertaining to the qualifications of directors of local mental health services shall be administered in accordance with Section 5607. These standards may include the maintenance of records of service which shall be reported to the State Department of Mental Health in a manner and at times as it may specify.

(b) Regulations pertaining to the position of director of local mental health services, where the local director is other than the local health officer or medical administrator of the county hospitals, shall require that the director be a psychiatrist, psychologist, clinical social worker, marriage and family therapist, registered nurse, or hospital administrator, who meets standards of education and experience established by the Director of Mental Health. Where the director is not a psychiatrist, the program shall have a psychiatrist licensed to practice medicine in this state and who shall provide to patients medical care and services as authorized by Section 2051 of the Business and Professions Code.

(c) The regulations shall be adopted in accordance with the Administrative Procedure Act, Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

(Added by Stats.1973, c. 1061, p. 2110, § 10. Amended by Stats.1977, c. 1252, p. 4593, § 618.5, operative July 1, 1978; Stats.1978, c. 726, p. 2280, § 1; Stats.1980, c. 972, p. 3084, § 2; Stats.1983, c. 500, § 1; Stats.1991, c. 89 (A.B.1288), § 178, eff. June 30, 1991; Stats.2002, c. 1013 (S.B.2026), § 98.)

§ 5751.1. Director of local mental health services; regulations

Regulations pertaining to the position of director of local mental health services, where the local director is other than the local health officer or medical administrator of the county hospitals, shall require that the director meet the standards of education and experience established by the Director of Mental Health and that the appointment be open on the basis of competence to all eligible disciplines pursuant to Section 5751. Regulations pertaining to the qualifications of directors of local mental health services shall be administered in accordance with Section 5607.

Where the director of local mental health services is not a psychiatrist, the program shall have a psychiatrist licensed to practice medicine in this state and who shall provide to patients medical care and services as authorized by Section 2137 of the Business and Professions Code.

(Added by Stats.1973, c. 1061, p. 2111, § 11. Amended by Stats.1977, c. 1252, p. 4593, § 619, operative July 1, 1978; Stats.1978, c. 726, p. 2281, § 2.)

§ 5751.2. Professional licensure of personnel; exemption; waiver

(a) Except as provided in this section, persons employed or under contract to provide mental health services pursuant to this part shall be subject to all applicable requirements of law regarding professional licensure, and no person shall be employed in local mental health programs pursuant to this part to provide services for which a license is required, unless the person possesses a valid license.

(b) Persons employed as psychologists and clinical social workers, while continuing in their employment in the same class as of January 1, 1979, in the same program or facility, including those persons on authorized leave, but not including intermittent personnel, shall be exempt from the requirements of subdivision (a).

(c) While registered with the licensing board of jurisdiction for the purpose of acquiring the experience required for licensure, persons employed or under contract to provide mental health services pursuant to this part as clinical social workers or marriage and family therapists shall be exempt from subdivision (a). Registration shall be subject to regulations adopted by the appropriate licensing board.

(d) The requirements of subdivision (a) shall be waived by the department for persons employed or under contract to provide mental health services pursuant to this part as psychologists who are gaining the experience required for licensure. A waiver granted under this subdivision may not exceed five years from the date of employment by, or contract with, a local mental health program for persons in the profession of psychology.

(e) The requirements of subdivision (a) shall be waived by the department for persons who have been recruited for employment from outside this state as psychologists, clinical social workers, or marriage and family therapists and whose experience is sufficient to gain admission to a licensing examination. A waiver granted under this subdivision may not exceed three years from the date of employment by, or contract with, a local mental health program for persons in these three professions who are recruited from outside this state.

(Formerly § 5600.2, added by Stats.1981, c. 412, p. 1607, § 6, eff. Sept. 11, 1981, operative Jan. 1, 1984. Amended by Stats.1987, c. 227, § 1; Stats.1988, c. 509, § 1; Stats.1989, c. 503, § 1; Stats.1990, c. 962 (A.B.3229), § 2. Renumbered 5751.2 and amended by Stats.1991, c. 611 (A.B.1491), § 37, eff. Oct. 7, 1991. Renumbered § 5603 and amended by Stats.1991, c. 612 (S.B.1112), § 2. Renumbered § 5751.2 and amended by Stats.1992, c. 1374 (A.B.14), § 19, eff. Oct. 28, 1992. Amended by Stats.1995, c. 712 (S.B.227), § 4; Stats.2002, c. 1013 (S.B.2026), § 99.)

§ 5751.7. Minors; admission with adults discouraged

For the purposes of this part and the Lanterman–Petris–Short Act (Part 1 (commencing with Section 5000)), the department shall ensure that, whenever feasible, minors shall not be admitted into psychiatric treatment with adults if the health facility has no specific separate housing arrangements, treatment staff, and treatment programs designed to serve children or adolescents. The director shall provide waivers to counties, upon their request, if this policy creates undue hardship in any county due to inadequate or unavailable alternative resources. In granting the waivers, the director shall require the county to establish specific treatment protocols and administrative procedures for identifying and providing appropriate treatment to minors admitted with adults.

However, notwithstanding any other provision of law, no minor may be admitted for psychiatric treatment into the same treatment ward as any adult receiving treatment who is in the custody of any jailor for a violent crime, is a known registered sex offender, or has a known history of, or exhibits inappropriate, sexual, or other violent behavior which would present a threat to the physical safety of minors.
(Added by Stats.1987, c. 1107, § 1, eff. Sept. 25, 1987.)

§ 5755.1. State mental health plan; submission for review and recommendations

The state mental health plan shall be submitted to the California Council on Mental Health and the Advisory Health Council or its successor for review and recommendations as to conformance with California's comprehensive statewide health plan. The state mental health plan shall be submitted for review and recommendations prior to amendments or changes thereto.
(Formerly § 5765, added by Stats.1968, c. 989, p. 1928, § 2, operative July 1, 1969. Amended by Stats.1969, c. 722, p. 1442, § 46, eff. Aug. 8, 1969, operative July 1, 1969; Stats.1971, c. 1593, p. 3356, § 412, operative July 1, 1973; Stats.1974, c. 486, p. 1122, § 4, eff. July 11, 1974; Stats.1978, c. 429, p. 1461, § 218, eff. July 17, 1978, operative July 1, 1978; Stats.1978, c. 852, p. 2701, § 11. Renumbered § 5755.1 and amended by Stats.1984, c. 1327, § 88, eff. Sept. 25, 1984; Stats.1985, c. 1232, § 29, eff. Sept. 30, 1985.)

§ 5768. New programs; development and implementation; review; licensure requirements; program application and plan; approval; placement of license in suspense; evaluation of programs

(a) Notwithstanding any other provision of law, except as to requirements relating to fire and life safety of persons with mental illness, the department, in its discretion, may permit new programs to be developed and implemented without complying with licensure requirements established pursuant to existing state law.

(b) Any program developed and implemented pursuant to subdivision (a) shall be reviewed at least once each six months, as determined by the department.

(c) The department may establish appropriate licensing requirements for these new programs upon a determination that the programs should be continued.

(d) Within six years, any program shall require a licensure category if it is to be continued. However, in the event that any agency other than the department is responsible for developing a licensure category and fails to do so within the six years, the program may continue to be developed and implemented pursuant to subdivisions (a) and (b) until such time that the licensure category is established.

(e)(1) A nongovernmental entity proposing a program shall submit a program application and plan to the local mental health director that describes at least the following components: clinical treatment programs, activity programs, administrative policies and procedures, admissions, discharge planning, health records content, health records service, interdisciplinary treatment teams, client empowerment, patient rights, pharmaceutical services, program space requirements, psychiatric and psychological services, rehabilitation services, restraint and seclusion, space, supplies, equipment, and staffing standards. If the local mental health director determines that the application and plan are consistent with local needs and satisfactorily address the above components, he or she may approve the application and plan and forward them to the department.

(2) Upon the department's approval, the local mental health director shall implement the program and shall be responsible for regular program oversight and monitoring. The department shall be notified in writing of the outcome of each review of the program by the local mental health director, or his or her designee, for compliance with program requirements. The department shall retain ultimate responsibility for approving the method for review of each program, and the authority for determining the appropriateness of the local program's oversight and monitoring activities.

(f) Governmental entities proposing a program shall submit a program application and plan to the department that describes at least the components described in subdivision (e). Upon approval, the department shall be responsible for program oversight and monitoring.

(g) Implementation of a program shall be contingent upon the department's approval, and the department may reject applications or require modifications as it deems necessary. The department shall respond to each proposal within 90 days of receipt.

(h) The State Department of Health Services shall allow an applicant approved by the department with a current health facility license to place its license in suspense for a period of six years. At that time the department, in consultation with the State Department of Health Services shall determine the most appropriate licensure for the program, pursuant to subdivisions (c) and (d).

(i) The department shall submit an evaluation to the Legislature of all pilot projects authorized pursuant to this section within five years of the commencement of operation of the pilot project, determining the effectiveness of that program or facility, or both, based on, but not limited to, changes in clinical indicators with respect to client functions.
(Added by Stats.1975, c. 1105, p. 2683, § 2. Amended by Stats.1984, c. 1327, § 90, eff. Sept. 25, 1984; Stats.1994, c. 678 (S.B.2017), § 2; Stats.1998, c. 686 (A.B.2682), § 2.)

§ 5768.5. Discharge of patient; distribution of written aftercare plan; components

(a) When a mental health patient is being discharged from any facility authorized under Section 5675 or 5768, the patient and the patient's conservator, guardian, or other legally authorized representative shall be given a written aftercare plan prior to the patient's discharge from the facility. The written aftercare plan shall include, to the extent known, the following components:

(1) The nature of the illness and followup required.

(2) Medications, including side effects and dosage schedules. If the patient was given an informed consent form with his or her medications, the form shall satisfy the requirement for information on side effects of the medications.

(3) Expected course of recovery.

(4) Recommendations regarding treatment that are relevant to the patient's care.

(5) Referrals to providers of medical and mental health services.

(6) Other relevant information.

(b) The patient shall be advised by facility personnel that he or she may designate another person to receive a copy of the aftercare plan. A copy of the aftercare plan shall be given to any person designated by the patient.

(c) For purposes of this section, "mental health patient" means a person who is admitted to the facility primarily for the diagnosis or treatment of a mental disorder.
(Added by Stats.1997, c. 512 (A.B.482), § 3. Amended by Stats.1998, c. 346 (A.B.2746), § 2; Stats.1999, c. 83 (S.B.966), § 200.)

§ 5770. Provision of services by department

Notwithstanding any other provision of law, the department may directly, or by contract, with any public or private agency, provide any of the services under this division when the director determines that the services are necessary to protect the public health, safety, or welfare.
(Added by Stats.1984, c. 1327, § 91, eff. Sept. 25, 1984.)

§ 5770.5. Development and support of local programs assisting self–help groups

The department shall encourage county mental health programs to develop and support local programs designed to provide technical assistance to self–help groups for the purposes of maintaining existing groups, as well as to stimulate development of new self–help groups from locally defined needs.
(Added by Stats.1985, c. 1286, § 14.5, eff. Sept. 30, 1985.)

§ 5771. California Mental Health Planning Council; purpose; membership; officers; terms; modification in structure of council

(a) Pursuant to Public Law 102–321, there is the California Mental Health Planning Council. The purpose of the planning council shall be to fulfill those mental health planning requirements mandated by federal law.

(b)(1) The planning council shall have 40 members, to be comprised of members appointed from both the local and state levels in order to ensure a balance of state and local concerns relative to planning.

(2) As required by federal law, eight members of the planning council shall represent various state departments.

(3) Members of the planning council shall be appointed in * * * a manner * * * that will ensure that at least one–half are persons with mental disabilities, family members of persons with mental disabilities, and representatives of organizations advocating on behalf of persons with mental disabilities. Persons with mental disabilities and family members shall be represented in equal numbers.

(4) The Director of Mental Health shall make appointments from among nominees from various mental health constituency organizations, which shall include representatives of consumer–related advocacy organizations, representatives of mental health professional and provider organizations, and representatives who are direct service providers from both the public and private sectors. The director shall also appoint one representative of the California Coalition on Mental Health.

(c) Members should be balanced according to demography, geography, gender, and ethnicity. Members should include representatives with interest in all target populations, including, but not limited to, children and youth, adults, and older adults.

(d) The planning council shall annually elect a chairperson and a * * * chair–elect.

(e) The term of each member shall be three years, to be staggered so that approximately one–third of the appointments expire in each year.

(f) In the event of changes in the federal requirements regarding the structure and function of the planning council, or the discontinuation of federal funding, the State Department of Mental Health shall propose to the Legislature modifications in the structure of the planning council that the department deems appropriate.

(Added by Stats.1992, c. 1374 (A.B.14), § 45, eff. Oct. 28, 1992. Amended by Stats.1993, c. 564 (S.B.43), § 5; Stats.1995, c. 712 (S.B.227), § 5; Stats.1998, c. 686 (A.B.2682), § 3; Stats.2003, c. 71 (A.B.376), § 1.)

§ 5771.3. Mental health planning council; staff from state mental health department

The California Mental Health Planning Council may utilize staff of the State Department of Mental Health, to the extent they are available, and the staff of any other public or private agencies that have an interest in the mental health of the public and that are able and willing to provide those services.

(Added by Stats.1992, c. 1374 (A.B.14), § 46, eff. Oct. 28, 1992. Amended by Stats.1993, c. 564 (S.B.43), § 6; Stats.1995, c. 712 (S.B.227), § 6; Stats.1998, c. 686 (A.B.2682), § 4.)

§ 5771.5. Executive officer for mental health planning council; appointment; other staff

(a)(1) The Chairperson of the California Mental Health Planning Council, with the concurrence of a majority of the members of the California Mental Health Planning Council, shall appoint an executive officer who shall have those powers delegated to him or her by the council in accordance with this chapter.

(2) The executive officer shall be exempt from civil service.

(b) Within the limit of funds allotted for these purposes, the California Mental Health Planning Council may appoint other staff it may require according to the rules and procedures of the civil service system.

(Added by Stats.1992, c. 1374 (A.B.14), § 47, eff. Oct. 28, 1992. Amended by Stats.1993, c. 564 (S.B.43), § 7; Stats.1995, c. 712 (S.B.227), § 7; Stats.1998, c. 686 (A.B.2682), § 5.)

§ 5772. Powers and duties of mental health planning council

The California Mental Health Planning Council shall have the powers and authority necessary to carry out the duties imposed upon it by this chapter, including, but not limited to, the following:

(a) To advocate for effective, quality mental health programs.

(b) To review, assess, and make recommendations regarding all components of California's mental health system, and to report as necessary to the Legislature, the State Department of Mental Health, local boards, and local programs.

(c) To review program performance in delivering mental health services by annually reviewing performance outcome data as follows:

(1) To review and approve the performance outcome measures.

(2) To review the performance of mental health programs based on performance outcome data and other reports from the State Department of Mental Health and other sources.

(3) To report findings and recommendations on programs' performance annually to the Legislature, the State Department of Mental Health, and the local boards.

(4) To identify successful programs for recommendation and for consideration of replication in other areas. As data and technology are available, identify programs experiencing difficulties.

(d) When appropriate, make a finding pursuant to Section 5655 that a county's performance is failing in a substantive manner. The State Department of Mental Health shall investigate and review the finding, and report the action taken to the Legislature.

(e) To advise the Legislature, the State Department of Mental Health, and county boards on mental health issues and the policies and priorities that this state should be pursuing in developing its mental health system.

(f) To periodically review the state's data systems and paperwork requirements to ensure that they are reasonable and in compliance with state and federal law.

(g) To make recommendations to the State Department of Mental Health on the award of grants to county programs to reward and stimulate innovation in providing mental health services.

(h) To conduct public hearings on the state mental health plan, the Substance Abuse and Mental Health Services Administration block grant, and other topics, as needed.

(i) To participate in the recruitment of candidates for the position of Director of Mental Health and provide advice on the final selection.

(j) In conjunction with other statewide and local mental health organizations, assist in the coordination of training and information to local mental health boards as needed to ensure that they can effectively carry out their duties.

(k) To advise the Director of Mental Health on the development of the state mental health plan and the system of priorities contained in that plan.

(*l*) To assess periodically the effect of realignment of mental health services and any other important changes in the state's mental health system, and to report its findings to the Legislature, the State Department of Mental Health, local programs, and local boards, as appropriate.

(m) To suggest rules, regulations, and standards for the administration of this division.

(n) When requested, to mediate disputes between counties and the state arising under this part.

(*o*) To employ administrative, technical, and other personnel necessary for the performance of its powers and duties, subject to the approval of the Department of Finance.

(p) To accept any federal fund granted, by act of Congress or by executive order, for purposes within the purview of the California Mental Health Planning Council, subject to the approval of the Department of Finance.

(q) To accept any gift, donation, bequest, or grants of funds from private and public agencies for all or any of the purposes within the purview of the California Mental Health Planning Council, subject to the approval of the Department of Finance.
(Added by Stats.1992, c. 1374 (A.B.14), § 48, eff. Oct. 28, 1992. Amended by Stats.1993, c. 564 (S.B.43), § 8; Stats.1995, c. 712 (S.B.227), § 8; Stats.1998, c. 686 (A.B.2682), § 6.)

§ 5772.5. Planning council; duties; legislative intent

(a) It is the intent of the Legislature that the planning council do all of the following:

(1) Review and monitor the implementation of counties' efforts to improve the provision and quality of mental health services to foster children.

(2) Advocate to reduce the stigma and discrimination against persons with mental health needs.

(3) Work with advocacy organizations to remove barriers facing children and youth who need mental health care.

(b) This section shall remain in effect only until January 1, 2007, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2007, deletes or extends that date.
(Added by Stats.2003, c. 71 (A.B.376), § 2.)

REPEAL

For repeal of this section, see its terms.

PART 2.5 MENTAL HEALTH MANAGED CARE CONTRACTS

OPERATION AND IMPLEMENTATION

Implementation and inoperative date of Part 2.5, see Welfare and Institutions Code § 5780.

§ 5775. Implementation of managed mental health care for Medi–Cal beneficiaries through fee–for–service or capitated rate contracts with mental health plans

(a) Notwithstanding any other provision of state law, the State Department of Mental Health shall implement managed mental health care for Medi–Cal beneficiaries through fee–for–service or capitated rate contracts with mental health plans, including individual counties, counties acting jointly, any qualified individual or organization, or a nongovernmental entity. A contract may be exclusive and may be awarded on a geographic basis.

(b) Two or more counties acting jointly may agree to deliver or subcontract for the delivery of mental health services. The agreement may encompass all or any portion of the mental health services provided pursuant to this part. This agreement shall not relieve the individual counties of financial responsibility for providing these services. Any agreement between counties shall delineate each county's responsibilities and fiscal liability.

(c) The department shall offer to contract with each county for the delivery of mental health services to that county's Medi–Cal beneficiary population prior to offering to contract with any other entity, upon terms at least as favorable as any offered to a noncounty contract provider. If a county elects not to contract with the department, does not renew its contract, or does not meet the minimum standards set by the department, the department may elect to contract with any other governmental or nongovernmental entity for the delivery of mental health services in that county and may administer the delivery of mental health services until a contract for a mental health plan is implemented. The county may not subsequently contract to provide mental health services under this part unless the department elects to contract with the county.

(d) If a county does not contract with the department to provide mental health services, the county shall transfer the responsibility for community Medi–Cal reimbursable mental health services and the anticipated county matching funds needed for community Medi–Cal mental health services in that county to the department. The amount of the anticipated county matching funds shall be determined by the department in consultation with the county, and shall be adjusted annually. The amount transferred shall be based on historical cost, adjusted for changes in the number of Medi–Cal beneficiaries and other relevant factors. The anticipated county matching funds shall be used by the department to contract with another entity for mental health services, and shall not be expended for any other purpose but the provision of those services and related administrative costs. The county shall continue to deliver non–Medi–Cal reimbursable mental health services in accordance with this division, and subject to subdivision (i) of Section 5777.

(e) * * * Whenever the department determines that a mental health plan has failed to comply with this part or any regulations adopted pursuant to this part that implement this part, the department may impose sanctions, including, but not limited to, fines, penalties, the withholding of payments, special requirements, probationary or corrective actions, or any other actions deemed necessary to prompt and ensure contract and performance compliance. If fines are imposed by the department, they may be withheld from the state matching funds provided to a mental health plan for Medi–Cal mental health services.

* * *

(f) Notwithstanding any other provision of law, emergency regulations adopted pursuant to Section 14680 to implement the second phase of mental health managed care as provided in this part shall remain in effect until July 1, 2004, or until the regulations are made permanent, whichever occurs first, and shall not be subject to subdivision (g) of Section 11346.1 of the Government Code until that time.

(g) The department may adopt emergency regulations necessary to implement * * * Part 438 (commencing with Section 438.1) of Subpart A of Subchapter C of Chapter IV of Title 42 of the Code of Federal Regulations, in accordance with * * * Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code * * *. The adoption of emergency regulations to implement this part, that are filed with the Office of Administrative Law within one year of the date on which the act that amended this subdivision in 2003 took effect, shall be deemed to be an emergency and necessary for the immediate preservation of the public peace, health, and safety, or general welfare, and shall remain in effect for no more than 180 days.
(Added by Stats.1994, c. 633 (A.B.633), § 1.5, eff. Sept. 20, 1994. Amended by Stats.1996, c. 515 (A.B.2801), § 3, eff. Sept. 16, 1996; Stats.1997, c. 648 (A.B.1306), § 1, eff. Oct. 6, 1997; Stats.2003, c. 230 (A.B.1762), § 56, eff. Aug. 11, 2003.)

OPERATION AND IMPLEMENTATION

Implementation and inoperative date of Part 2.5, see Welfare and Institutions Code § 5780.

§ 5776. Department and mental health plan contractors; compliance with federal and state laws and regulations; intent

(a) The department and its mental health plan contractors shall comply with all applicable federal laws, regulations, and guidelines, and, except as provided in this part, all applicable state statutes and regulations.

(b) If federal requirements that affect the provisions of this part are changed, it is the intent of the Legislature that state requirements be revised to comply with those changes.
(Added by Stats.1994, c. 633 (A.B.757), § 1.5, eff. Sept. 20, 1994.)

OPERATION AND IMPLEMENTATION

Implementation and inoperative date of Part 2.5, see Welfare and Institutions Code § 5780.

§ 5777. Mental health care contractor; financial risk for services; plan and county service protocols; plan duties; contract renewal and termination; oversight; obligations

(a)(1) Except as otherwise specified in this part, a contract entered into pursuant to this part shall include a provision that the mental health plan contractor shall bear the financial risk for the cost of providing medically necessary mental health services to Medi–Cal beneficiaries irrespective of whether the cost of those services exceeds the payment set forth in the contract. If the expenditures for services do not exceed the payment set forth in the contract, the mental health plan contractor shall report the unexpended amount to the department, but shall not be required to return the excess to the department.

(2) If the mental health plan is not the county's, the mental health plan may not transfer the obligation for any mental health services to Medi–Cal beneficiaries to the county. The mental health plan may purchase services from the county. The mental health plan shall establish mutually agreed–upon protocols with the county that clearly establish conditions under which beneficiaries may obtain non–Medi–Cal reimbursable services from the county. Additionally, the plan shall establish mutually agreed–upon protocols with the county for the conditions of transfer of beneficiaries who have lost Medi–Cal eligibility to the county for care under Part 2 (commencing with Section 5600), Part 3 (commencing with Section 5800), and Part 4 (commencing with Section 5850).

(3) The mental health plan shall be financially responsible for ensuring access and a minimum required scope of benefits, consistent with state and federal requirements, to the services to the Medi–Cal beneficiaries of that county regardless of where the beneficiary resides. The department shall require that the definition of medical necessity used, and the minimum scope of benefits offered, by each mental health contractor be the same, except to the extent that any variations receive prior federal approval and are consistent with state and federal statutes and regulations.

(b) Any contract entered into pursuant to this part may be renewed if the plan continues to meet the requirements of this part, regulations promulgated pursuant thereto, and the terms and conditions of the contract. Failure to meet these requirements shall be cause for nonrenewal of the contract. The department may base the decision to renew on timely completion of a mutually agreed upon plan of correction of any deficiencies, submissions of required information in a timely manner, or other conditions of the contract. At the discretion of the department, each contract may be renewed for a period not to exceed three years.

(c)(1) The obligations of the mental health plan shall be changed only by contract or contract amendment.

(2) A change may be made during a contract term or at the time of contract renewal, where there is a change in obligations required by federal or state law or when required by a change in the interpretation or implementation of any law or regulation. To the extent permitted by federal law and except as provided under subdivision (r) of Section 5778, if any change in obligations occurs that affects the cost to the mental health plan of performing under the terms of its contract, the department may reopen contracts to negotiate the state General Fund allocation to the mental health plan under Section 5778, if the mental health plan is reimbursed through a fee–for–service payment system, or the capitation rate to the mental health plan under Section 5779, if the mental health plan is reimbursed through a capitated rate payment system. During the time period required to redetermine the allocation or rate, payment to the mental health plan of the allocation or rate in effect at the time the change occurred shall be considered interim payments and shall be subject to increase or decrease, as the case may be, effective as of the date on which the change is effective.

(3) To the extent permitted by federal law, either the department or the mental health plan may request that contract negotiations be reopened during the course of a contract due to substantial changes in the cost of covered benefits that result from an unanticipated event.

(d) The department shall immediately terminate a contract when the director finds that there is an immediate threat to the health and safety of Medi–Cal beneficiaries. Termination of the contract for other reasons shall be subject to reasonable notice of the department's intent to take that action and notification of affected beneficiaries. The plan may request a public hearing by the Office of Administrative Hearings.

(e) A plan may terminate its contract in accordance with the provisions in the contract. The plan shall provide written notice to the department at least 180 days prior to the termination or nonrenewal of the contract.

(f) Upon the request of the Director of Mental Health, the Director of the Department of Managed Health Care may exempt a mental health plan contractor or a capitated rate contract from the Knox–Keene Health Care Service Plan Act of 1975 (Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code). These exemptions may be subject to conditions the director deems appropriate. Nothing in this part shall be construed to impair or diminish the authority of the Director of the Department of Managed Health Care under the Knox–Keene Health Care Service Plan Act of 1975, nor shall anything in this part be construed to reduce or otherwise limit the obligation of a mental health plan contractor licensed as a health care service plan to comply with the requirements of the Knox–Keene Health Care Service Plan Act of 1975, and the rules of the Director of the Department of Managed Health Care promulgated thereunder. The Director of Mental Health, in consultation with the Director of the Department of Managed Health Care, shall analyze the appropriateness of licensure or application of applicable standards of the Knox–Keene Health Care Service Plan Act of 1975.

(g) The department, pursuant to an agreement with the State Department of Health Services, shall provide oversight to the mental health plans to ensure quality, access, and cost efficiency. At a minimum, the department shall, through a method independent of any agency of the mental health plan contractor, monitor the level and quality of services provided, expenditures pursuant to the contract, and conformity with federal and state law.

(h) County employees implementing or administering a mental health plan act in a discretionary capacity when they determine whether or not to admit a person for care or to provide any level of care pursuant to this part.

(i) If a county chooses to discontinue operations as the local mental health plan, the new plan shall give reasonable consideration to affiliation with nonprofit community mental health agencies that were under contract with the county and that meet the mental health plan's quality and cost efficiency standards.

(j) Nothing in this part shall be construed to modify, alter, or increase the obligations of counties as otherwise limited and defined in Chapter 3 (commencing with Section 5700) of Part 2. The county's maximum obligation for services to persons not eligible for Medi–Cal shall be no more than the amount of funds remaining in the mental health subaccount pursuant to Sections 17600, 17601, 17604, 17605, 17606, and 17609 after fulfilling the Medi–Cal contract obligations. (Added by Stats.1994, c. 633 (A.B.757), § 1.5, eff. Sept. 20, 1994. Amended by Stats.1996, c. 190 (S.B.1192), § 1, eff. July 22, 1996; Stats.1997, c. 648 (A.B.1306), § 2, eff. Oct. 6, 1997; Stats.1999, c. 525 (A.B.78), § 192; Stats.2000, c. 857 (A.B.2903), § 79; Stats.2002, c. 642 (A.B.1454), § 2.)

OPERATION AND IMPLEMENTATION

Implementation and inoperative date of Part 2.5, see Welfare and Institutions Code § 5780.

§ 5777.5. Mental health plans providing Medi–Cal services; memorandum of understanding

(a)(1) The department shall require any mental health plan that provides Medi–Cal services to enter into a memorandum of

understanding with any Medi–Cal managed care plan that provides Medi–Cal health services to some of the same Medi–Cal recipients served by the mental health plan. The memorandum of understanding shall comply with applicable regulations.

(2) For purposes of this section, a "Medi–Cal managed care plan" means any prepaid health plan or Medi–Cal managed care plan contracting with the State Department of Health Services to provide services to enrolled Medi–Cal beneficiaries under Chapter 7 (commencing with Section 14000) or Chapter 8 (commencing with Section 14200) of Part 3 of Division 9, or Part 4 (commencing with Section 101525) of Division 101 of the Health and Safety Code.

(b) The department shall require the memorandum of understanding to include all of the following:

(1) A process or entity to be designated by the local mental health plan to receive notice of actions, denials, or deferrals from the Medi–Cal managed care plan, and to provide any additional information requested in the deferral notice as necessary for a medical necessity determination.

(2) A requirement that the local mental health plan respond by the close of the business day following the day the deferral notice is received.

(c) The department may sanction a mental health plan pursuant to paragraph (1) of subdivision (e) of Section 5775 for failure to comply with this section.

(d) This section shall apply to any contracts entered into, amended, modified, extended, or renewed on or after January 1, 2001.

(Added by Stats.2000, c. 811 (S.B.745), § 3.)

OPERATION AND IMPLEMENTATION

Implementation and inoperative date of Part 2.5, see Welfare and Institutions Code § 5780.

§ 5777.6. Local mental health plans; establishment of procedure for access to outpatient services

(a) Each local mental health plan shall establish a procedure to ensure access to outpatient mental health services, as required by the Early Periodic Screening and Diagnostic Treatment program standards, for any child in foster care who has been placed outside his or her county of adjudication.

(b) The procedure required by subdivision (a) may be established through one or more of the following:

(1) The establishment of, and federal approval, if required, of, a statewide system or procedure.

(2) An arrangement between local mental health plans for reimbursement for services provided by a mental health plan other than the mental health plan in the county of adjudication and designation of an entity to provide additional information needed for approval or reimbursement. This arrangement shall not require providers who are already credentialed or certified by the mental health plan in the beneficiary's county of residence to be credentialed or certified by, or to contract with, the mental health plan in the county of adjudication.

(3) Arrangements between the mental health plan in the county of adjudication and mental health providers in the beneficiary's county of residence for authorization of, and reimbursement for, services. This arrangement shall not require providers credentialed or certified by, and in good standing with, the mental health plan in the beneficiary's county of residence to be credentialed or certified by the mental health plan in the county of adjudication.

(c) The department shall collect and keep statistics that will enable the department to compare access to outpatient specialty mental health services by foster children placed in their county of adjudication with access to outpatient specialty mental health services by foster children placed outside of their county of adjudication.

(Added by Stats.2000, c. 811 (S.B.745), § 4.)

OPERATION AND IMPLEMENTATION

Implementation and inoperative date of Part 2.5, see Welfare and Institutions Code § 5780.

§ 5778. Mental health services; fee–for–service payment system; procedures

(a) This section shall be limited to mental health services reimbursed through a fee–for–service payment system.

(b) During the initial phases of the implementation of this part, as determined by the department, the mental health plan contractor and subcontractors shall submit claims under the Medi–Cal program for eligible services on a fee–for–service basis.

(c) A qualifying county may elect, with the approval of the department, to operate under the requirements of a capitated, integrated service system field test pursuant to Section 5719.5 rather than this part, in the event the requirements of the two programs conflict. A county that elects to operate under that section shall comply with all other provisions of this part that do not conflict with that section.

(d)(1) No sooner than October 1, 1994, state matching funds for Medi–Cal fee–for–service acute psychiatric inpatient services, and associated administrative days, shall be transferred to the department. No later than July 1, 1997, upon agreement between the department and the State Department of Health Services, state matching funds for the remaining Medi–Cal fee–for–service mental health services and the state matching funds associated with field test counties under Section 5719.5 shall be transferred to the department.

(2) The department, in consultation with the State Department of Health Services, a statewide organization representing counties, and a statewide organization representing health maintenance organizations shall develop a timeline for the transfer of funding and responsibility for fee–for–service mental health services from Medi–Cal managed care plans to mental health plans. In developing the timeline, the department shall develop screening, referral, and coordination guidelines to be used by Medi–Cal managed care plans and mental health plans.

(e) The department shall allocate the contracted amount at the beginning of the contract period to the mental health plan. The allocated funds shall be considered to be funds of the plan that may be held by the department. The department shall develop a methodology to ensure that these funds are held as the property of the plan and shall not be reallocated by the department or other entity of state government for other purposes.

(f) Beginning in the fiscal year following the transfer of funds from the State Department of Health Services, the state matching funds for Medi–Cal mental health services shall be included in the annual budget for the department. The amount included shall be based on historical cost, adjusted for changes in the number of Medi–Cal beneficiaries and other relevant factors.

(g) Initially, the mental health plans shall use the fiscal intermediary of the Medi–Cal program of the State Department of Health Services for the processing of claims for inpatient psychiatric hospital services and may be required to use that fiscal intermediary for the remaining mental health services. The providers for other Short–Doyle Medi–Cal services shall not be initially required to use the fiscal intermediary but may be required to do so on a date to be determined by the department. The department and its mental health plans shall be responsible for the initial incremental increased matching costs of the fiscal intermediary for claims processing and information retrieval associated with the operation of the services funded by the transferred funds.

(h) The mental health plans, subcontractors, and providers of mental health services shall be liable for all federal audit exceptions or disallowances based on their conduct or determinations. The mental health plan contractors shall not be liable for federal audit exceptions or disallowances based on the state's conduct or determinations. The department and the State Department of Health

Services shall work jointly with mental health plans in initiating any necessary appeals. The State Department of Health Services may offset the amount of any federal disallowance or audit exception against subsequent claims from the mental health plan or subcontractor. This offset may be done at any time, after the audit exception or disallowance has been withheld from the federal financial participation claim made by the State Department of Health Services. The maximum amount that may be withheld shall be 25 percent of each payment to the plan or subcontractor.

(i) The mental health plans shall have sufficient funds on deposit with the department as the matching funds necessary for federal financial participation to ensure timely payment of claims for acute psychiatric inpatient services and associated administrative days. The department and the State Department of Health Services, in consultation with a statewide organization representing counties, shall establish a mechanism to facilitate timely availability of those funds. Any funds held by the state on behalf of a plan shall be deposited in a mental health managed care deposit fund and shall accrue interest to the plan. The department shall exercise any necessary funding procedures pursuant to Section 12419.5 of the Government Code and Sections 8776.6 and 8790.8 of the State Administrative Manual regarding county claim submission and payment.

(j)(1) The goal for funding of the future capitated system shall be to develop statewide rates for beneficiary, by aid category and with regional price differentiation, within a reasonable time period. The formula for distributing the state matching funds transferred to the department for acute inpatient psychiatric services to the participating counties shall be based on the following principles:

(A) Medi–Cal state General Fund matching dollars shall be distributed to counties based on historic Medi–Cal acute inpatient psychiatric costs for the county's beneficiaries and on the number of persons eligible for Medi–Cal in that county.

(B) All counties shall receive a baseline based on historic and projected expenditures up to October 1, 1994.

(C) Projected inpatient growth for the period October 1, 1994, to June 30, 1995, inclusive, shall be distributed to counties below the statewide average per eligible person on a proportional basis. The average shall be determined by the relative standing of the aggregate of each county's expenditures of mental health Medi–Cal dollars per beneficiary. Total Medi–Cal dollars shall include both fee–for–service Medi–Cal and Short–Doyle Medi–Cal dollars for both acute inpatient psychiatric services, outpatient mental health services, and psychiatric nursing facility services, both in facilities that are not designated as institutions for mental disease and for beneficiaries who are under 22 years of age and beneficiaries who are over 64 years of age in facilities that are designated as institutions for mental disease.

(D) There shall be funds set aside for a self–insurance risk pool for small counties. The department may provide these funds directly to the administering entity designated in writing by all counties participating in the self–insurance risk pool. The small counties shall assume all responsibility and liability for appropriate administration of these funds. For purposes of this subdivision, "small counties" means counties with less than 200,000 population. Nothing in this paragraph shall in any way obligate the state or the department to provide or make available any additional funds beyond the amount initially appropriated and set aside for each particular fiscal year, unless otherwise authorized in statute or regulations, nor shall the state or the department be liable in any way for mismanagement of loss of funds by the entity designated by the counties under this paragraph.

(2) The allocation method for state funds transferred for acute inpatient psychiatric services shall be as follows:

(A) For the 1994–95 fiscal year, an amount equal to 0.6965 percent of the total shall be transferred to a fund established by small counties. This fund shall be used to reimburse mental health plans in small counties for the cost of acute inpatient psychiatric services in excess of the funding provided to the mental health plan for risk reinsurance, acute inpatient psychiatric services and associated administrative days, alternatives to hospital services as approved by participating small counties, or for costs associated with the administration of these moneys. The methodology for use of these moneys shall be determined by the small counties, through a statewide organization representing counties, in consultation with the department.

(B) The balance of the transfer amount for the 1994–95 fiscal year shall be allocated to counties based on the following formula:

County	Percentage
Alameda	3.5991
Alpine	.0050
Amador	.0490
Butte	.8724
Calaveras	.0683
Colusa	.0294
Contra Costa	1.5544
Del Norte	1359
El Dorado	2272
Fresno	2.5612
Glenn	.0597
Humboldt	.1987
Imperial	.6269
Inyo	.0802
Kern	2.6309
Kings	.4371
Lake	.2955
Lassen	.1236
Los Angeles	31.3239
Madera	.3882
Marin	1.0290
Mariposa	.0501
Mendocino	.3038
Merced	.5077
Modoc	.0176
Mono	.0096
Monterey	.7351
Napa	.2909
Nevada	.1489
Orange	8.0627
Placer	.2366
Plumas	.0491
Riverside	4.4955
Sacramento	3.3506
San Benito	.1171
San Bernardino	6.4790
San Diego	12.3128
San Francisco	3.5473
San Joaquin	1.4813
San Luis Obispo	.2660
San Mateo	.0000
Santa Barbara	.0000
Santa Clara	1.9284
Santa Cruz	1.7571
Shasta	.3997
Sierra	.0105
Siskiyou	.1695
Solano	.0000
Sonoma	.5766
Stanislaus	1.7855
Sutter/Yuba	.7980
Tehama	.1842
Trinity	.0271
Tulare	2.1314

County	Percentage
Tuolumne	.2646
Ventura	.8058
Yolo	.4043

(k) The allocation method for the state funds transferred for subsequent years for acute inpatient psychiatric and other mental health services shall be determined by the department in consultation with a statewide organization representing counties.

(*l*) The allocation methodologies described in this section shall only be in effect while federal financial participation is received on a fee–for–service reimbursement basis. When federal funds are capitated, the department, in consultation with a statewide organization representing counties, shall determine the methodology for capitation consistent with federal requirements.

(m) The formula that specifies the amount of state matching funds transferred for the remaining Medi–Cal fee–for–service mental health services shall be determined by the department in consultation with a statewide organization representing counties. This formula shall only be in effect while federal financial participation is received on a fee–for–service reimbursement basis.

(n) Upon the transfer of funds from the budget of the State Department of Health Services to the department pursuant to subdivision (d), the department shall assume the applicable program oversight authority formerly provided by the State Department of Health Services, including, but not limited to, the oversight of utilization controls as specified in Section 14133. The mental health plan shall include a requirement in any subcontracts that all inpatient subcontractors maintain necessary licensing and certification. Mental health plans shall require that services delivered by licensed staff are within their scope of practice. Nothing in this part shall prohibit the mental health plans from establishing standards that are in addition to the minimum federal and state requirements, provided that these standards do not violate federal and state Medi–Cal requirements and guidelines.

(*o*) Subject to federal approval and consistent with state requirements, the mental health plan may negotiate rates with providers of mental health services.

(p) Under the fee–for–service payment system, any excess in the payment set forth in the contract over the expenditures for services by the plan shall be spent for the provision of mental health services and related administrative costs.

(q) Nothing in this part shall limit the mental health plan from being reimbursed appropriate federal financial participation for any qualified services even if the total expenditures for service exceeds the contract amount with the department. Matching nonfederal public funds shall be provided by the plan for the federal financial participation matching requirement.

(r)(1) The department shall establish, by regulation, a risk–sharing arrangement between the department and counties that contract with the department as mental health plans to provide an increase in the state General Fund allocation, subject to the availability of funds, to the mental health plan under this section, where there is a change in the obligations of the mental health plan required by federal or state law or regulation, or required by a change in the interpretation or implementation of any such law or regulation which significantly increases the cost to the mental health plan of performing under the terms of its contract.

(2) During the time period required to redetermine the allocation, payment to the mental health plan of the allocation in effect at the time the change occurred shall be considered an interim payment, and shall be subject to increase effective as of the date on which the change is effective.

(3) In order to be eligible to participate in the risk–sharing arrangement, the county shall demonstrate, to the satisfaction of the department, its commitment or plan of commitment of all annual funding identified in the total mental health resource base, from whatever source, but not including county funds beyond the required maintenance of effort, to be spent on mental health services. This determination of eligibility shall be made annually. The department may limit the participation in a risk–sharing arrangement of any county that transfers funds from the mental health account to the social services account or the health services account, in accordance with Section 17600.20 during the year to which the transfers apply to mental health plan expenditures for the new obligation that exceed the total mental health resource base, as measured before the transfer of funds out of the mental health account and not including county funds beyond the required maintenance of effort. The State Department of Mental Health shall participate in a risk–sharing arrangement only after a county has expended its total annual mental health resource base.

(Added by Stats.1994, c. 633 (A.B.757), § 1.5, eff. Sept. 20, 1994. Amended by Stats.1996, c. 190 (S.B.1192), § 2, eff. July 22, 1996; Stats. 1996, c. 197 (A.B.3483), § 19, eff. July 22, 1996; Stats.1996, c. 515 (A.B.2801), § 4, eff. Sept. 16, 1996; Stats.1997, c. 17 (S.B.947), § 150; Stats.1997, c. 648 (A.B.1306), § 3, eff. Oct. 6, 1997.)

OPERATION AND IMPLEMENTATION

Implementation and inoperative date of Part 2.5, see Welfare and Institutions Code § 5780.

§ 5779. Mental health services; capitated rate payment system; procedures

(a) This section shall be limited to mental health services reimbursed through a capitated rate payment system.

(b) Upon mutual agreement, the department and the State Department of Health Services may combine the funds transferred under this part, other funds available pursuant to Chapter 5 (commencing with Section 17600) of Part 5 of Division 9, and federal financial participation funds to establish a contract for the delivery of mental health services to Medi–Cal beneficiaries under a capitated rate payment system. The combining of funds shall be done in consultation with a statewide organization representing counties. The combined funding shall be the budget responsibility of the department.

(c) The department, in consultation with a statewide organization representing counties, shall establish a methodology for a capitated rate payment system that is consistent with federal requirements.

(d) Capitated rate payments shall be made on a schedule specified in the contract with the mental health plan.

(e) The department may levy any necessary fines and audit disallowances to mental health plans relative to operations under this part. The mental health plans shall be liable for all federal audit exceptions or disallowances based on the plan's conduct or determinations. The mental health plan shall not be liable for federal audit exceptions or disallowances based on the state's conduct or determinations. The department shall work jointly with the mental health plan in initiating any necessary appeals. The department may offset the amount of any federal disallowance or audit exception against subsequent payment to the mental health plan at any time. The maximum amount that may be withheld shall be 25 percent of each payment to the mental health plan.

(Added by Stats.1994, c. 633 (A.B.757), § 1.5, eff. Sept. 20, 1994.)

OPERATION AND IMPLEMENTATION

Implementation and inoperative date of Part 2.5, see Welfare and Institutions Code § 5780.

§ 5780. Implementation of part; inoperative date

(a) This part shall only be implemented to the extent that the necessary federal waivers are obtained. The director shall execute a declaration, to be retained by the director, that a waiver necessary to implement any provision of this part has been obtained.

(b) This part shall become inoperative on the date that, and only if, the director executes a declaration, to be retained by the director, that more than 10 percent of all counties fail to become mental health plan contractors, and no acceptable alternative contractors are available, or

if more than 10 percent of all funds allocated for Medi–Cal mental health services must be administered by the department because no acceptable plan is available.
(Added by Stats.1994, c. 633 (A.B.757), § 1.5, eff. Sept. 20 1994.)

Part 3 ADULT AND OLDER ADULT MENTAL HEALTH SYSTEM OF CARE ACT

IMPLEMENTATION

Implementation of Part 3 is subject to appropriation of funding under Welfare and Institutions Code § 5814.

§ 5800. Short title

This part shall be known and may be cited as the Adult and Older Adult Mental Health System of Care Act.
(Added by Stats.1996, c. 153 (S.B.659), § 2.)

IMPLEMENTATION

Implementation of Part 3 is subject to appropriation of funding under Welfare and Institutions Code § 5814.

Article 1 LEGISLATIVE FINDINGS AND INTENT

IMPLEMENTATION

Implementation of Part 3 is subject to appropriation of funding under Welfare and Institutions Code § 5814.

§ 5801. Care system for older adults with severe mental illness; benefits; philosophy

(a) A system of care for adults and older adults with severe mental illness results in the highest benefit to the client, family, and community while ensuring that the public sector meets its legal responsibility and fiscal liability at the lowest possible cost.

(b) The underlying philosophy for these systems of care includes the following:

(1) Mental health care is a basic human service.

(2) Seriously mentally disordered adults and older adults are citizens of a community with all the rights, privileges, opportunities, and responsibilities accorded other citizens.

(3) Seriously mentally disordered adults and older adults usually have multiple disorders and disabling conditions and should have the highest priority among adults for mental health services.

(4) Seriously mentally disordered adults and older adults should have an interagency network of services with multiple points of access and be assigned a single person or team to be responsible for all treatment, case management, and community support services.

(5) The client should be fully informed and volunteer for all treatment provided, unless danger to self or others or grave disability requires temporary involuntary treatment.

(6) Clients and families should directly participate in making decisions about services and resource allocations that affect their lives.

(7) People in local communities are the most knowledgeable regarding their particular environments, issues, service gaps and strengths, and opportunities.

(8) Mental health services should be responsive to the unique characteristics of people with mental disorders including age, gender, minority and ethnic status, and the effect of multiple disorders.

(9) For the majority of seriously mentally disordered adults and older adults, treatment is best provided in the client's natural setting in the community. Treatment, case management, and community support services should be designed to prevent inappropriate removal from the natural environment to more restrictive and costly placements.

(10) Mental health systems of care shall have measurable goals and be fully accountable by providing measures of client outcomes and cost of services.

(11) State and county government agencies each have responsibilities and fiscal liabilities for seriously mentally disordered adults and seniors.
(Added by Stats.1996, c. 153 (S.B.659), § 2.)

IMPLEMENTATION

Implementation of Part 3 is subject to appropriation of funding under Welfare and Institutions Code § 5814.

§ 5802. Need for mental health system of care; models; goals

(a) The Legislature finds that a mental health system of care for adults and older adults with severe and persistent mental illness is vital for successful management of mental health care in California. Specifically:

(1) A comprehensive and coordinated system of care includes community–based treatment, outreach services and other early intervention strategies, case management, and interagency system components required by adults and older adults with severe and persistent mental illness.

(2) Mentally ill adults and older adults receive service from many different state and county agencies, particularly criminal justice, employment, housing, public welfare, health, and mental health. In a system of care these agencies collaborate in order to deliver integrated and cost–effective programs.

(3) The recovery of persons with severe mental illness and their financial means are important for all levels of government, business, and the community.

(4) System of care services which ensure culturally competent care for persons with severe mental illness in the most appropriate, least restrictive level of care are necessary to achieve the desired performance outcomes.

(5) Mental health service providers need to increase accountability and further develop methods to measure progress towards client outcome goals and cost effectiveness as required by a system of care.

(b) The Legislature further finds that the adult system of care model, beginning in the 1989–90 fiscal year through the implementation of Chapter 982 of the Statutes of 1988, provides models for adults and older adults with severe mental illness that can meet the performance outcomes required by the Legislature.

(c) The Legislature also finds that the system components established in adult systems of care are of value in providing greater benefit to adults and older adults with severe and persistent mental illness at a lower cost in California.

(d) Therefore, using the guidelines and principles developed under the demonstration projects implemented under the adult system of care legislation in 1989, it is the intent of the Legislature to accomplish the following:

(1) Encourage each county to implement a system of care as described in this legislation for the delivery of mental health services to seriously mentally disordered adults and older adults.

(2) To promote system of care accountability for performance outcomes which enable adults with severe mental illness to reduce symptoms which impair their ability to live independently, work, maintain community supports, care for their children, stay in good health, not abuse drugs or alcohol, and not commit crimes.

(3) Maintain funding for the existing pilot adult system of care programs that meet contractual goals as models and technical assistance resources for future expansion of system of care programs to other counties as funding becomes available.

(4) Provide funds for counties to establish outreach programs and to provide mental health services and related medications, substance abuse services, supportive housing or other housing assistance, vocational rehabilitation, and other nonmedical programs necessary to stabilize homeless mentally ill persons or mentally ill persons at risk of being homeless, get them off the street, and into treatment and recovery, or to provide access to veterans' services that will also provide for treatment and recovery.
(Added by Stats.1996, c. 153 (S.B.659), § 2. Amended by Stats.1999, c. 617 (A.B.34), § 2, eff. Oct. 10, 1999.)

IMPLEMENTATION

Implementation of Part 3 is subject to appropriation of funding under Welfare and Institutions Code § 5814.

Article 2 ESTABLISHING NEW COUNTY SYSTEMS OF CARE

IMPLEMENTATION

Implementation of Part 3 is subject to appropriation of funding under Welfare and Institutions Code § 5814.

§ 5803. Request for proposals to develop system of care programs; ratings; funding of existing integrated service agencies or countywide systems of care

(a) The State Department of Mental Health shall issue a request for proposals to develop system of care programs no later than October 1 in any year in which the state budget provides new funds to expand the system of care provided for in this chapter. The request for proposals shall include the following:

(1) Proposals may be submitted as a regional system of care by counties acting jointly, independent countywide proposals, and proposals to serve discrete geographic areas within counties or for a specific integrated services agency team. Nothing in the request for proposal shall be construed to restrict a county from contracting for part or all services included in the demonstration project proposal.

(2) The department shall establish reporting requirements for direct and indirect costs, and these requirements may be included in the request for proposals.

(3) The department shall require that proposals identify resources necessary to measure client and cost outcome and interagency collaboration. Proposal guidelines shall clearly require identification of procedures to document outcomes.

(4) Proposals must be approved by the board of supervisors and the local mental health board or commission.

(b) The director shall prepare a method for rating proposals to assure objectivity and selection of the best qualified applications. New proposals shall be selected with consideration of regional balance across the state.

(c) The State Department of Mental Health shall fund counties with integrated service agencies or countywide systems of care funded under Chapter 982 of the Statutes of 1988, operating at the time of passage of this part. Those programs shall be funded under the provisions paragraph (2) of subdivision (a) of Section 5700 and shall be subject to all of the requirements and sanctions of this part.

(Added by Stats.1996, c. 153 (S.B.659), § 2.)

IMPLEMENTATION

Implementation of Part 3 is subject to appropriation of funding under Welfare and Institutions Code § 5814.

§ 5804. Integrated service agency component or countywide or regional system of care; inclusion of funding for development in performance contracts

(a) The State Department of Mental Health shall include funding under this part in the county's performance contracts required under Section 5650 for existing and new counties selected under this part to develop an integrated service agency component or a countywide or regional system of care. The contracts required pursuant to this part shall be exempt from the requirements of the Public Contract Code and the State Administrative Manual and shall be exempt from approval by the Department of General Services.

(b) Projects funded under this part, or continued under the provisions of subdivision (b) of Section 5802, shall be considered an ongoing program of service delivery as long as the county and any of its contractors meet client and cost outcomes as required in the annual performance contract established by the department.

(c) The department may terminate contracts funded under this part when the department determines that the county has failed to meet client and cost outcomes as required in the performance contract or are no longer able to operate programs under the provisions of this part.

(d) Counties and their contractors shall provide the department with all information needed to evaluate the financial and program performance of participating projects.

(Added by Stats.1996, c. 153 (S.B.659), § 2.)

IMPLEMENTATION

Implementation of Part 3 is subject to appropriation of funding under Welfare and Institutions Code § 5814.

§ 5805. Use of available state and matching funds

The State Department of Mental Health shall require counties to use available state and matching funds for the client target population as defined in Section 5600.3 to develop a comprehensive array of services as defined in Sections 5600.6 and 5600.7.

(Added by Stats.1996, c. 153 (S.B.659), § 2.)

IMPLEMENTATION

Implementation of Part 3 is subject to appropriation of funding under Welfare and Institutions Code § 5814.

§ 5806. Service standards

The State Department of Mental Health shall establish service standards that ensure that members of the target population are identified, and services provided to assist them to live independently, work, and reach their potential as productive citizens. The department shall provide annual oversight of grants issued pursuant to this part for compliance with these standards. These standards shall include, but are not limited to, all of the following:

(a) A service planning and delivery process that is target population based and includes the following:

(1) Determination of the numbers of clients to be served and the programs and services that will be provided to meet their needs. The local director of mental health shall consult with the sheriff, the police chief, the probation officer, the mental health board, contract agencies, and family, client, ethnic and citizen constituency groups as determined by the director.

(2) Plans for services, including outreach to families whose severely mentally ill adult is living with them, design of mental health services, coordination and access to medications, psychiatric and psychological services, substance abuse services, supportive housing or other housing assistance, vocational rehabilitation, and veterans' services. Plans shall also contain evaluation strategies, that shall consider cultural, linguistic, gender, age, and special needs of minorities in the target populations. Provision shall be made for staff with the cultural background and linguistic skills necessary to remove barriers to mental health services due to limited–English–speaking ability and cultural differences. Recipients of outreach services may include families, the public, primary care physicians, and others who are likely to come into contact with individuals who may be suffering from an untreated severe mental illness who would be likely to become homeless if the illness continued to be untreated for a substantial period of time. Outreach to adults may include adults voluntarily or involuntarily hospitalized as a result of a severe mental illness.

(3) Provisions for services to meet the needs of target population clients who are physically disabled.

(4) Provision for services to meet the special needs of older adults.

(5) Provision for family support and consultation services, parenting support and consultation services, and peer support or self–help group support, where appropriate for the individual.

(6) Provision for services to be client–directed and that employ psychosocial rehabilitation and recovery principles.

(7) Provision for psychiatric and psychological services that are integrated with other services and for psychiatric and psychological collaboration in overall service planning.

(8) Provision for services specifically directed to seriously

mentally ill young adults 25 years of age or younger who are homeless or at significant risk of becoming homeless. These provisions may include continuation of services that would still be received through other funds had eligibility not been terminated due to age.

(9) Services reflecting special needs of women from diverse cultural backgrounds, including supportive housing that accepts children, personal services coordinator therapeutic treatment, and substance treatment programs that address gender specific trauma and abuse in the lives of persons with mental illness, and vocational rehabilitation programs that offer job training programs free of gender bias and sensitive to the needs of women.

(10) Provision for housing for clients that is immediate, transitional, permanent, or all of these.

(11) Provision for clients who have been suffering from an untreated severe mental illness for less than one year, and who do not require the full range of services but are at risk of becoming homeless unless a comprehensive individual and family support services plan is implemented. These clients shall be served in a manner that is designed to meet their needs.

(b) Each client shall have a clearly designated mental health personal services coordinator who may be part of a multidisciplinary treatment team who is responsible for providing or assuring needed services. Responsibilities include complete assessment of the client's needs, development of the client's personal services plan, linkage with all appropriate community services, monitoring of the quality and follow through of services, and necessary advocacy to ensure each client receives those services which are agreed to in the personal services plan. Each client shall participate in the development of his or her personal services plan, and responsible staff shall consult with the designated conservator, if one has been appointed, and, with the consent of the client, consult with the family and other significant persons as appropriate.

(c) The individual personal services plan shall ensure that members of the target population involved in the system of care receive age, gender, and culturally appropriate services, to the extent feasible, that are designed to enable recipients to:

(1) Live in the most independent, least restrictive housing feasible in the local community, and for clients with children, to live in a supportive housing environment that strives for reunification with their children or assists clients in maintaining custody of their children as is appropriate.

(2) Engage in the highest level of work or productive activity appropriate to their abilities and experience.

(3) Create and maintain a support system consisting of friends, family, and participation in community activities.

(4) Access an appropriate level of academic education or vocational training.

(5) Obtain an adequate income.

(6) Self–manage their illness and exert as much control as possible over both the day–to–day and long–term decisions which affect their lives.

(7) Access necessary physical health care and maintain the best possible physical health.

(8) Reduce or eliminate serious antisocial or criminal behavior and thereby reduce or eliminate their contact with the criminal justice system.

(9) Reduce or eliminate the distress caused by the symptoms of mental illness.

(10) Have freedom from dangerous addictive substances.

(d) The individual personal services plan shall describe the service array that meets the requirements of subdivision (c), and to the extent applicable to the individual, the requirements of subdivision (a).

(Added by Stats.1996, c. 153 (S.B.659), § 2. Amended by Stats.1999, c. 617 (A.B.34), § 3, eff. Oct. 10, 1999; Stats.2000, c. 518 (A.B.2034), § 2, eff. Sept. 19, 2000; Stats.2001, c. 454 (A.B.334), § 2; Stats.2003, c. 578 (A.B.1475), § 5.)

IMPLEMENTATION

Implementation of Part 3 is subject to appropriation of funding under Welfare and Institutions Code § 5814.

§ 5807. Interagency collaboration; development; activities

(a) The State Department of Mental Health shall require counties which receive funding to develop interagency collaboration with shared responsibilities for services under this part and achievement of the client and cost outcome goals and interagency collaboration goals specified.

(b) Collaborative activities shall include:

(1) Identification of those agencies that have a significant joint responsibility for the target population and ensuring collaboration on planning for services to that population.

(2) Identification of gaps in services to members of the target population, development of policies to assure service effectiveness and continuity, and setting priorities for interagency services.

(3) Implementation of public and private collaborative programs whenever possible to better serve the target population.

(4) Provision of interagency case management services to coordinate resources to target population members who are using the services of more than one agency.

(Added by Stats.1996, c. 153 (S.B.659), § 2.)

IMPLEMENTATION

Implementation of Part 3 is subject to appropriation of funding under Welfare and Institutions Code § 5814.

§ 5808. Reimbursement; sources

In order to reduce the state and county cost of a mental health system of care, participating counties shall collect reimbursement for services from clients which shall be the same as patient fees established pursuant to Section 5710, fees paid by private or public third–party payers, federal financial participation for medicaid or Medicare services, and other financial sources when available.

(Added by Stats.1996, c. 153 (S.B.659), § 2.)

IMPLEMENTATION

Implementation of Part 3 is subject to appropriation of funding under Welfare and Institutions Code § 5814.

§ 5809. Client and cost outcome and interagency collaboration goals

The State Department of Mental Health shall continue to work with participating counties and other interested parties to refine and establish client and cost outcome and interagency collaboration goals including the expected level of attainment with participating system of care counties. These outcome measures should include specific objectives addressing the following goals:

(a) Client benefit outcomes.

(b) Client and family member satisfaction.

(c) System of care access.

(d) Cost savings, cost avoidance, and cost–effectiveness outcomes that measure short–term or long–term cost savings and cost avoidance achieved in public sector expenditures to the target population.

(Added by Stats.1996, c. 153 (S.B.659), § 2.)

IMPLEMENTATION

Implementation of Part 3 is subject to appropriation of funding under Welfare and Institutions Code § 5814.

Article 3 STATE DEPARTMENT OF MENTAL HEALTH REQUIREMENTS

IMPLEMENTATION

Implementation of Part 3 is subject to appropriation of funding under Welfare and Institutions Code § 5814.

§ 5810. County contracts

The State Department of Mental Health may contract with counties whose programs have been approved by the department and selected

in accordance with Article 2 (commencing with Section 5803). A county may request to participate under this part each year according to the terms set forth in Section 5800 for the purpose of establishing a three–year implementation plan. The contract shall be negotiated on a yearly basis, based on the scope of work plan for each implementation phase.
(Added by Stats.1996, c. 153 (S.B.659), § 2.)

IMPLEMENTATION

Implementation of Part 3 is subject to appropriation of funding under Welfare and Institutions Code § 5814.

§ 5811. Assistance provided by state department of mental health

The State Department of Mental Health shall provide participating counties all of the following:

(a) Request for proposals, application guidelines, and format, and coordination and oversight of the selection process as described in Article 2 (commencing with Section 5803).

(b) Contracts with each state funded county stipulating the approved budget, performance outcomes, and scope of work.

(c) Training, consultation, and technical assistance for county applicants. This training, consultation, and technical assistance shall include:

(1) Efforts to ensure that all of the different programs are operating as well as they can.

(2) Information on which programs are having particular success in particular areas so that they can be replicated in other counties.

(3) Technical assistance to counties in their first two years of participation to ensure quality and cost–effective service.
(Added by Stats.1996, c. 153 (S.B.659), § 2. Amended by Stats.2000, c. 518 (A.B.2034), § 3, eff. Sept. 19, 2000; Stats.2001, c. 454 (A.B.334), § 3.)

IMPLEMENTATION

Implementation of Part 3 is subject to appropriation of funding under Welfare and Institutions Code § 5814.

§ 5811.2. Mental health care providers with geriatric training and experience to oversee, monitor and provide advice to participating counties

The department is encouraged to provide a mental health care provider with training and experience in geriatrics to oversee, monitor, and provide advice to participating counties regarding services for older adults under the counties' mental health system of care developed pursuant to this part.
(Added by Stats.2001, c. 677 (A.B.590), § 1.)

IMPLEMENTATION

Implementation of Part 3 is subject to appropriation of funding under Welfare and Institutions Code § 5814.

Article 4 FINANCIAL PARTICIPATION

IMPLEMENTATION

Implementation of Part 3 is subject to appropriation of funding under Welfare and Institutions Code § 5814.

§ 5813. Voluntary nature of participation

County participation under this part shall be voluntary.
(Added by Stats.1996, c. 153 (S.B.659), § 2.)

IMPLEMENTATION

Implementation of Part 3 is subject to appropriation of funding under Welfare and Institutions Code § 5814.

§ 5814. Contingent implementation; funds availability; grant awards; demonstration programs; law governing contracts; local matching funds

(a)(1) This part shall be implemented only to the extent that funds are appropriated for purposes of this part. To the extent that funds are made available, the first priority shall go to maintain funding for the existing programs that meet adult system of care contract goals. The next priority for funding shall be given to counties with a high incidence of persons who are severely mentally ill and homeless or at risk of homelessness, and meet the criteria developed pursuant to paragraphs (3) and (4).

(2) The director shall establish a methodology for awarding grants under this part consistent with the legislative intent expressed in Section 5802, and in consultation with the advisory committee established in this subdivision.

(3)(A) The director shall establish an advisory committee for the purpose of providing advice regarding the development of criteria for the award of grants, and the identification of specific performance measures for evaluating the effectiveness of grants. The committee shall review evaluation reports and make findings on evidence–based best practices and recommendations for grant conditions. At not less than one meeting annually, the advisory committee shall provide to the director written comments on the performance of each of the county programs. Upon request by the department, each participating county that is the subject of a comment shall provide a written response to the comment. The department shall comment on each of these responses at a subsequent meeting.

(B) The committee shall include, but not be limited to, representatives from state, county, and community veterans' services and disabled veterans outreach programs, supportive housing and other housing assistance programs, law enforcement, county mental health and private providers of local mental health services and mental health outreach services, the Board of Corrections, the State Department of Alcohol and Drug Programs, local substance abuse services providers, the Department of Rehabilitation, providers of local employment services, the State Department of Social Services, the Department of Housing and Community Development, a service provider to transition youth, the United Advocates for Children of California, the California Mental Health Advocates for Children and Youth, the Mental Health Association of California, the California Alliance for the Mentally Ill, the California Network of Mental Health Clients, the Mental Health Planning Council, and other appropriate entities.

(4) The criteria for the award of grants shall include, but not be limited to, all of the following:

(A) A description of a comprehensive strategic plan for providing outreach, prevention, intervention, and evaluation in a cost appropriate manner corresponding to the criteria specified in subdivision (c).

(B) A description of the local population to be served, ability to administer an effective service program, and the degree to which local agencies and advocates will support and collaborate with program efforts.

(C) A description of efforts to maximize the use of other state, federal, and local funds or services that can support and enhance the effectiveness of these programs.

(5) In order to reduce the cost of providing supportive housing for clients, counties that receive a grant pursuant to this part after January 1, 2004, shall enter into contracts with sponsors of supportive housing projects to the greatest extent possible. Participating counties are encouraged to commit a portion of their grants to rental assistance for a specified number of housing units in exchange for the counties' clients having the right of first refusal to rent the assisted units.

(b) In each year in which additional funding is provided by the * * * annual Budget Act the department shall establish programs that offer individual counties sufficient funds to comprehensively serve severely mentally ill adults who are homeless, recently released from a county jail or the state prison, or others who are untreated, unstable, and at significant risk of incarceration or homelessness unless treatment is provided to them and who are severely mentally ill adults. For purposes of this subdivision, "severely mentally ill adults" are those individuals described in subdivision (b) of Section 5600.3. In

consultation with the advisory committee established pursuant to paragraph (3) of subdivision (a), the department shall report to the Legislature on or before May 1 of each year in which additional funding is provided, and shall evaluate, at a minimum, the effectiveness of the strategies in providing successful outreach and reducing homelessness, involvement with local law enforcement, and other measures identified by the department. The evaluation shall include for each program funded in the current fiscal year as much of the following as available information permits:

(1) The number of persons served, and of those, the number who * * * receive extensive community mental health services.

(2) The number of persons who are able to maintain housing, including the type of housing and whether it is emergency, transitional, or permanent housing, as defined by the department.

(3)(A) The amount of grant funding spent on each type of housing.

(B) Other local, state, or federal funds or programs used to house clients.

(4) The number of persons with contacts with local law enforcement and the extent to which local and state incarceration has been reduced or avoided.

(5) The number of persons participating in employment service programs including competitive employment.

(6) The number of persons contacted in outreach efforts who appear to be severely mentally ill, as described in Section 5600.3, who have refused treatment after completion of all applicable outreach measures.

(7) The amount of hospitalization that has been reduced or avoided.

(8) The extent to which veterans identified through these programs' outreach are receiving federally funded veterans' services for which they are eligible.

(9) The extent to which programs funded for three or more years are making a measurable and significant difference on the street, in hospitals, and in jails, as compared to other counties or as compared to those counties in previous years.

(10) For those who have been enrolled in this program for at least two years and who were enrolled in Medi–Cal prior to, and at the time they were enrolled in, this program, a comparison of their Medi–Cal hospitalizations and other Medi–Cal costs for the two years prior to enrollment and the two years after enrollment in this program.

(11) The number of persons served who were and were not receiving Medi–Cal benefits in the 12–month period prior to enrollment and, to the extent possible, the number of emergency room visits and other medical costs for those not enrolled in Medi–Cal in the prior 12–month period.

(c) To the extent that state savings associated with providing integrated services for the mentally ill are quantified, it is the intent of the Legislature to capture those savings in order to provide integrated services to additional adults.

(d) Each project shall include outreach and service grants in accordance with a contract between the state and approved counties that reflects the number of anticipated contacts with people who are homeless or at risk of homelessness, and the number of those who are severely mentally ill and who are likely to be successfully referred for treatment and will remain in treatment as necessary.

(e) All counties that receive funding shall be subject to specific terms and conditions of oversight and training which shall be developed by the department, in consultation with the advisory committee.

(f)(1) As used in this part, "receiving extensive mental health services" means having a personal services coordinator, as described in subdivision (b) of Section 5806, and having an individual personal service plan, as described in subdivision (c) of Section 5806.

(2) The funding provided pursuant to this part shall be sufficient to provide mental health services, medically necessary medications to treat severe mental illnesses, alcohol and drug services, transportation, supportive housing and other housing assistance, vocational rehabilitation and supported employment services, money management assistance for accessing other health care and obtaining federal income and housing support, accessing veterans' services, stipends, and other incentives to attract and retain sufficient numbers of qualified professionals as necessary to provide the necessary levels of these services. These grants shall, however, pay for only that portion of the costs of those services not otherwise provided by federal funds or other state funds.

(3) Methods used by counties to contract for services pursuant to paragraph (2) shall promote prompt and flexible use of funds, consistent with the scope of services for which the county has contracted with each provider.

(g) Contracts awarded pursuant to this part shall be exempt from the Public Contract Code and the state administrative manual and shall not be subject to the approval of the Department of General Services.

(h) Notwithstanding any other provision of law, funds awarded to counties pursuant to this part and Part 4 (commencing with Section 5850) shall not require a local match in funds.

(Added by Stats.1996, c. 153 (S.B.659), § 2. Amended by Stats.1999, c. 617 (A.B.34), § 4, eff. Oct. 10, 1999; Stats.2000, c. 518 (A.B.2034), § 4, eff. Sept. 19, 2000; Stats.2001, c. 454 (A.B.334), § 4; Stats.2002, c. 337 (A.B.2057), § 2; Stats.2003, c. 578 (A.B.1475), § 6.)

IMPLEMENTATION

Implementation of Part 3 is subject to appropriation of funding under Welfare and Institutions Code § 5814.

§ 5814.5. Appropriations schedule; county eligibility

(a)(1) In any year in which funds are appropriated for this purpose through the annual Budget Act, counties funded under this part in the 1999–2000 fiscal year are eligible for funding to continue their programs if they have successfully demonstrated the effectiveness of their grants received in that year and to expand their programs if they also demonstrate significant continued unmet need and capacity for expansion without compromising quality or effectiveness of care.

(2) In any year in which funds are appropriated for this purpose through the annual Budget Act, other counties or portions of counties, or cities that operate independent public mental health programs pursuant to Section 5615 of the Welfare and Institutions Code, are eligible for funding to establish programs if a county or eligible city demonstrates that it can provide comprehensive services, as set forth in this part, to a substantial number of adults who are severely mentally ill, as defined in Section 5600.3, and are homeless or recently released from the county jail or who are untreated, unstable, and at significant risk of incarceration or homelessness unless treatment is provided.

(b)(1) Counties eligible for funding pursuant to subdivision (a) shall be those that have or can develop integrated adult service programs that meet the criteria for an adult system of care, as set forth in Section 5806, and that have, or can develop, integrated forensic programs with similar characteristics for parolees and those recently released from county jail who meet the target population requirements of Section 5600.3 and are at risk of incarceration unless the services are provided. Before a city or county submits a proposal to the state to establish or expand a program, the proposal shall be reviewed by a local advisory committee or mental health board, which may be an existing body, that includes clients, family members, private providers of services, and other relevant stakeholders. Local enrollment for integrated adult service programs and for integrated forensic programs funded pursuant to subdivision (a) shall adhere to all conditions set forth by the department, including the total number of clients to be enrolled, the providers to which clients are enrolled and the maximum cost for each provider, the maximum number of clients to be served at any one time, the outreach and screening process used to identify enrollees, and the total cost of the program. Local enrollment of each individual for integrated forensic programs shall be subject to the approval of the county mental health director or his or her designee.

(2) Each county shall ensure that funds provided by these grants are used to expand existing integrated service programs that meet the criteria of the adult system of care to provide new services in accordance with the purpose for which they were appropriated and allocated, and that none of these funds shall be used to supplant existing services to severely mentally ill adults. In order to ensure that this requirement is met, the department shall develop methods and contractual requirements, as it determines necessary. At a minimum, these assurances shall include that state and federal requirements regarding tracking of funds are met and that patient records are maintained in a manner that protects privacy and confidentiality, as required under federal and state law.

(c) Each county selected to receive a grant pursuant to this section shall provide data as the department may require, that demonstrates the outcomes of the adult system of care programs, shall specify the additional numbers of severely mentally ill adults to whom they will provide comprehensive services for each million dollars of additional funding that may be awarded through either an integrated adult service grant or an integrated forensic grant, and shall agree to provide services in accordance with Section 5806. Each county's plan shall identify and include sufficient funding to provide housing for the individuals to be served, and shall ensure that any hospitalization of individuals participating in the program are coordinated with the provision of other mental health services provided under the program.
(Added by Stats.1999, c. 617 (A.B.34), § 5, eff. Oct. 10, 1999. Amended by Stats.2000, c. 518 (A.B.2034), § 5, eff. Sept. 19, 2000; Stats.2001, c. 454 (A.B.334), § 5.)

IMPLEMENTATION

Implementation of Part 3 is subject to appropriation of funding under Welfare and Institutions Code § 5814.

Part 4 THE CHILDREN'S MENTAL HEALTH SERVICES ACT

Chapter 1 INTERAGENCY SYSTEM OF CARE

Article 1 LEGISLATIVE FINDINGS AND INTENT

§ 5850. Short title

This part shall be known and may be cited as the Children's Mental Health Services Act.
(Added by Stats.1992, c. 1229 (A.B.3015), § 2.)

§ 5851. Legislative findings, declarations and intent

(a) The Legislature finds and declares that there is no comprehensive county interagency system throughout California for the delivery of mental health services to seriously emotionally and behaviorally disturbed children and their families. Specific problems to be addressed include the following:

(1) The population of children which should receive highest priority for services has not been defined.

(2) Clear and objective client outcome goals for children receiving services have not been specified.

(3) Although seriously emotionally and behaviorally disturbed children usually have multiple disabilities, the many different state and county agencies, particularly education, social services, juvenile justice, health, and mental health agencies, with shared responsibility for these individuals, do not always collaborate to develop and deliver integrated and cost–effective programs.

(4) A range of community–based treatment, case management, and interagency system components required by children with serious emotional disturbances has not been identified and implemented.

(5) Service delivery standards that ensure culturally competent care in the most appropriate, least restrictive environment have not been specified and required.

(6) The mental health system lacks accountability and methods to measure progress towards client outcome goals and cost–effectiveness. There are also no requirements for other state and county agencies to collect or share relevant data necessary for the mental health system to conduct this evaluation.

(b) The Legislature further finds and declares that the model developed in Ventura County beginning in the 1984–85 fiscal year through the implementation of Chapter 1474 of the Statutes of 1984 and expanded to the Counties of Santa Cruz, San Mateo, and Riverside in the 1989–90 fiscal year pursuant to Chapter 1361 of the Statutes of 1987, provides a comprehensive, interagency system of care for seriously emotionally and behaviorally disturbed children and their families and has successfully met the performance outcomes required by the Legislature. The Legislature finds that this accountability for outcome is a defining characteristic of a system of care as developed under this part. It finds that the system established in these four counties can be expanded statewide to provide greater benefit to children with serious emotional and behavioral disturbances at a lower cost to the taxpayers. It finds further that substantial savings to the state and these four counties accrue annually, as documented by the independent evaluator provided under this part. Of the amount continuing to be saved by the state in its share of out–of–home placement costs and special education costs for those counties and others currently funded by this part, a portion is hereby reinvested to expand and maintain statewide the system of care for children with serious emotional and behavioral disturbances.

(c) Therefore, using the Ventura County model guidelines, it is the intent of the Legislature to accomplish the following:

(1) To phase in the system of care for children with serious emotional and behavioral problems developed under this part to all counties within the state.

(2) To require that 100 percent of the new funds appropriated under this part be dedicated to the targeted population as defined in Sections 5856 and 5856.2. To this end, it is the intent of the Legislature that families of eligible children be involved in county program planning and design and, in all cases, be involved in the development of individual child treatment plans.

(3) To expand interagency collaboration and shared responsibility for seriously emotionally and behaviorally disturbed children in order to do the following:

(A) Enable children to remain at home with their families whenever possible.

(B) Enable children placed in foster care for their protection to remain with a foster family in their community as long as separation from their natural family is determined necessary by the juvenile court.

(C) Enable special education pupils to attend public school and make academic progress.

(D) Enable juvenile offenders to decrease delinquent behavior.

(E) Enable children requiring out–of–home placement in licensed residential group homes or psychiatric hospitals to receive that care in as close proximity as possible to the child's usual residence.

(F) Separately identify and categorize funding for these services.

(4) To increase accountability by expanding the number of counties with a performance contract that requires measures of client outcome and cost avoidance.

(d) It is the intent of the Legislature that the outcomes prescribed by this section shall be achieved regardless of the cultural or ethnic origin of the seriously emotionally and behaviorally disturbed children and their families.
(Added by Stats.1992, c. 1229 (A.B.3015), § 2. Amended by Stats.1996, c. 1167 (S.B.1667), § 1, eff. Sept. 30, 1996; Stats.2000, c. 520 (S.B.1452), § 1.)

§ 5851.5. System of care county

For the purposes of this part, a "system of care county" means a county which has been approved by the State Department of Mental Health as having the capability to provide child– and family–centered

services in a collaborative manner, resulting in quantitative outcome measures.
(Added by Stats.1992, c. 1229 (A.B.3015), § 2.)

Article 2 COUNTY SYSTEMS OF CARE AND THEIR MISSION

§ 5852. Interagency system of care; establishment

There is hereby established an interagency system of care for children with serious emotional and behavioral disturbances that provides comprehensive, coordinated care based on the demonstration project under former Chapter 7 (commencing with Section 5575), as added by Chapter 160 of the Statutes of 1987, and the 1983 State Department of Mental Health planning model for children's services. Each participating county shall adapt the model to local needs and priorities.
(Added by Stats.1992, c. 1229 (A.B.3015), § 2.)

§ 5852.5. Counties awarded funds; review; estimated cost avoidance

The department shall review those counties that have been awarded funds to implement a comprehensive system for the delivery of mental health services to children with serious emotional disturbance and to their families or foster families to determine compliance with either of the following:

(a) The total estimated cost avoidance in all of the following categories shall equal or exceed the applications for funding award moneys:

(1) Group home costs paid by Aid to Families with Dependent Children–Foster Care (AFDC–FC) program.

(2) Children and adolescent state hospital and acute inpatient programs.

(3) Nonpublic school residential placement costs.

(4) Juvenile justice reincarcerations.

(5) Other short– and long–term savings in public funds resulting from the applications for funding award moneys.

(b) If the department determines that the total cost avoidance listed in subdivision (a) does not equal or exceed applications for funding award amounts, the department shall determine that the county that has been awarded funding shall achieve substantial compliance with all of the following goals:

(1) Total cost avoidance in the categories listed in subdivision (a) to exceed 50 percent of the applications for funding award moneys.

(2) A 20–percent reduction in out–of–county ordered placements of juvenile justice wards and social service dependents.

(3) A statistically significant reduction in the rate of recidivism by juvenile offenders.

(4) A 25–percent reduction in the rate of state hospitalization of minors from placements of special education pupils.

(5) A 10–percent reduction in out–of–county nonpublic school residential placements of special education pupils.

(6) Allow at least 50 percent of children at risk of imminent placement served by the intensive in–home crisis treatment programs, which are wholly or partially funded by applications for funding award moneys, to remain at home at least six months.

(7) Statistically significant improvement in school attendance and academic performance of seriously emotionally disturbed special education pupils treated in day treatment programs which are wholly or partially funded by applications for funding award moneys.

(8) Statistically significant increases in services provided in nonclinic settings among agencies.

(9) Increase in ethnic minority and gender access to services proportionate to the percentage of these groups in the county's school–age population.
(Added by Stats.1992, c. 1374 (A.B.14), § 49, eff. Oct. 28, 1992. Amended by Stats.2000, c. 520 (S.B.1452), § 2.)

§ 5853. County participation

County participation under this part shall be voluntary.
(Added by Stats.1992, c. 1229 (A.B.3015), § 2.)

§ 5854. Contracts with counties with approved programs

The State Department of Mental Health may contract with counties whose programs have been approved by the department and selected pursuant to Article 4 (commencing with Section 5857). A county may request to participate under this part each year according to the terms set forth in Section 5705 for the purpose of establishing a three–year program proposal for developing and implementing a children's comprehensive mental health services system. The contract shall be negotiated on a yearly basis, based on the scope of work plan for each implementation phase.
(Added by Stats.1992, c. 1229 (A.B.3015), § 2.)

§ 5855. Development of comprehensive, interagency systems of care; essential values

The department shall adopt as part of its overall mission the development of community–based, comprehensive, interagency systems of care that target seriously emotionally and behaviorally disturbed children separated from their families or at risk of separation from their families, as defined in Section 5856. These comprehensive, interagency systems of care shall seek to provide the highest benefit to children, their families, and the community at the lowest cost to the public sector. Essential values shall be as follows:

(a) Family preservation. Children shall be maintained in their homes with their families whenever possible.

(b) Least restrictive setting. Children shall be placed in the least restrictive and least costly setting appropriate to their needs when out–of–home placement is necessary.

(c) Natural setting. Children benefit most from mental health services in their natural environments, where they live and learn, such as home, school, foster home, or a juvenile detention center.

(d) Interagency collaboration and a coordinated service delivery system. The primary child–serving agencies, such as social services, probation, education, health, and mental health agencies, shall collaborate at the policy, management, and service levels to provide a coordinated, goal–directed system of care for seriously emotionally disturbed children and their families.

(e) Family involvement. Family participation is an integral part of assessment, intervention, and evaluation.

(f) Cultural competence. Service effectiveness is dependent upon both culturally relevant and competent service delivery.
(Added by Stats.1992, c. 1229 (A.B.3015), § 2.)

§ 5855.5. Existing projects; continuation of funding; evaluation measures; annual performance contracts

(a) Projects funded pursuant to Part 4 (commencing with Section 5850) of Division 5, as added by Chapter 89 of the Statutes of 1991, shall continue under the terms of this part.

(b) The department shall negotiate with each participating county to establish appropriate evaluation measures for the county's children's system of care program after the initial three–year implementation funding period as established in Section 5854. The department shall, on an annual basis, negotiate a performance contract with each county electing to continue its children's system of care program. The annual performance contract shall be consistent county to county, and shall include, but not be limited to, a scope of work plan consistent with the provisions of this part and shall contain a budget that has sufficient detail to meet the requirements of the department.
(Formerly § 5856, added by Stats.1992, c. 1229 (A.B.3015), § 2. Renumbered § 5855.5 and amended by Stats.1993, c. 589 (A.B.2211), § 195. Amended by Stats.2000, c. 520 (S.B.1452), § 3.)

Article 3 TARGET CLIENT POPULATION

§ 5856. Seriously emotionally disturbed children

For the purposes of this part, "seriously emotionally disturbed children" means those minors under 18 years of age described in paragraph (2) of subdivision (a) of Section 5600.3.

(Added by Stats.1992, c. 1229 (A.B.3015), § 2.)

§ 5856.2. Eligible children; young children and adolescents in transition

(a) Eligible children shall include seriously disturbed children who meet the requirements of Section 5856 and who are referred by collaborating programs, including wrap–around programs (Chapter 4 (commencing with Section 18250) of Part 6 of Division 9), Family Preservation programs (Part 4.4 (commencing with Section 16600) of Division 9), Juvenile Crime Enforcement and Accountability Challenge Grant programs (Article 18.7 (commencing with Section 749.2) of Chapter 2 of Part 1 of Division 1), programs serving children with dual diagnosis including substance abuse or whose emotional disturbance is related to family substance abuse, and children whose families are enrolled in CalWORKs (Chapter 2 (commencing with Section 11200.5) of Part 3 of Division 9).

(b) Counties shall ensure, within available resources, that programs are designed to serve young children from zero to five years of age, inclusive, their families, and adolescents in transition from 15 to 21 years of age, inclusive.

(Added by Stats.2000, c. 520 (S.B.1452), § 4.)

Article 4 COUNTY SELECTION

§ 5857. Request for applications for funding; submission of applications; review; letters of intent

(a) The State Department of Mental Health shall issue a request for applications for funding for new children's system of care programs to nonparticipating counties in each year that additional funds are provided for statewide expansion pursuant to this part.

(b) Applications shall be submitted to the department by a county mental health department with joint approval of collaborating local agencies including, but not limited to, special education, juvenile court, probation, child protective services agencies, the board of supervisors, and the mental health advisory board.

(c) Program staff from the department shall review all applications for funding for compliance with all requirements of law and the application guidelines established by the department.

(d) The department may accept letters of intent from a county in lieu of an application if moneys are not available to the county, to affirm commitment by the county to participate in the request for applications for funding process when moneys become available. Upon approval of an application by the director, a county shall be funded for an initial three–year contract period as described in Section 5854 and annually thereafter, consistent with the provisions of this part. If a county is complying with the provisions of this part, the department shall assure that the county receives an annual allocation consistent with departmental guidelines for full funding, as resources are made available.

(Added by Stats.1992, c. 1229 (A.B.3015), § 2. Amended by Stats.1993, c. 589 (A.B.2211), § 196; Stats.1996, c. 1167 (S.B.1667), § 2, eff. Sept. 30, 1996; Stats.2000, c. 520 (S.B.1452), § 5.)

§ 5859. Deficient applications; compliance and approval assistance

If applications are deficient and not ready for approval, department program staff shall provide specific written descriptions of areas of deficiency to counties and provide, to the extent feasible, any requested training, consultation, and technical assistance to assist the applicant county to achieve necessary compliance and department approval.

(Added by Stats.1992, c. 1229 (A.B.3015), § 2. Amended by Stats.2000, c. 520 (S.B.1452), § 6.)

§ 5860. Final selection; use of funds; annual performance contracts

(a) Final selection of county proposals shall be subject to the amount of funding approved for expansion of services under this part.

(b) Counties shall use funds distributed under this part only in support of a mental health system serving seriously emotionally disturbed children in accordance with the principles and program requirements associated with the system of care model described in this part. The State Department of Mental Health shall audit and monitor the use of these funds to ensure that the funds are used solely in support of the children's system of care program and in accordance with the performance contract described in subdivision (c). If county programs receiving children's system of care funding do not comply with program and audit requirements determined by the department, funds shall be redistributed to other counties to implement, expand, or model children's system of care programs.

(c) The department shall enter into annual performance contracts with the selected counties and enter into training and consultation contracts as necessary to fulfill its obligations under this part. These annual performance contracts shall be in addition to the county mental health services performance contracts submitted to the department under Section 5650. Any changes in the staffing patterns or protocols, or both, approved in the original program proposal shall be identified and justified in these annual performance contracts. Annual performance contracts filed by counties operating the program as of January 1, 2001, shall, if approved by the department, serve as the baseline contract for purposes of this subdivision. The contracts shall be exempt from the requirements of the Public Contract Code and the State Administrative Manual and shall be exempt from approval by the Department of General Services.

(Added by Stats.1992, c. 1229 (A.B.3015), § 2. Amended by Stats.1996, c. 1167 (S.B.1667), § 3, eff. Sept. 30, 1996; Stats.2000, c. 520 (S.B.1452), § 7.)

Article 5 COUNTY PROPOSAL COMPONENTS

§ 5861. Submission of proposals

Proposals for a system of care may be submitted for a region by several smaller counties acting jointly, as independent countywide proposals, or proposals to serve a discrete subset of the targeted population in a larger county, such as court dependents, court wards, or special education pupils.

(Added by Stats.1992, c. 1229 (A.B.3015), § 2.)

§ 5862. Development of program proposals; components

(a) Each county wishing to participate under this part shall develop a three–year program proposal for phasing in the children's comprehensive mental health services system.

(b) The three–year program proposal shall include all of the following:

(1) The components of the system the county proposes to implement in the first year, which shall include a case management component.

(2) The components of the system the county intends to implement in the second year.

(3) The remaining components of the system the county intends to implement in the third year. All components shall be in place by the end of the third year.

(c) Approval for participation shall be made by the department at the end of the three–year period.

(Added by Stats.1992, c. 1229 (A.B.3015), § 2.)

§ 5863. Components of program proposals

In addition to the requirements of Section 5862, each county program proposal shall contain all of the following:

(a) Methods and protocols for the county mental health department to identify and screen the eligible target population children. These protocols shall be developed with collaborative partners and shall ensure that eligible children can be referred from all collaborating agencies.

(b) Measurable system performance goals for client outcome and cost avoidance. Outcomes shall be made available to collaborating partners and used for program improvement.

(c) Methods to achieve interagency collaboration by all publicly funded agencies serving children experiencing emotional disturbances.

(d) Appropriate written interagency protocols and agreements with all other programs in the county that serve similar populations of children. Agreements shall exist with wrap–around programs (Chapter 4 (commencing with Section 18250) of Part 6 of Division 9), Family Preservation programs (Part 4.4 (commencing with Section 16600) of Division 9), Juvenile Crime Enforcement and Accountability Challenge Grant programs (Article 18.7 (commencing with Section 749.2) of Chapter 2 of Part 1 of Division 1), programs serving children with a dual diagnosis including substance abuse or whose emotional disturbance is related to family substance abuse, and programs serving families enrolled in CalWORKs (Chapter 2 (commencing with Section 11200.5) of Part 3 of Division 9).

(e) A description of case management services for the target population. Each county program proposal shall include protocols developed in the county for case management designed to provide assessment, linkage, case planning, monitoring, and client advocacy to facilitate the provision of appropriate services for the child and family in the least restrictive environment as close to home as possible.

(f) Mental health services that enable a child to remain in his or her usual family setting and that offer an appropriate alternative to out–of–home placement.

(g) Methods to conduct joint interagency placement screening of target population children prior to out–of–home placement.

(h) Identification of the number and level of county evaluation staff and the resources necessary to meet requirements established by the State Department of Mental Health to measure client and cost outcome and other system performance measures.

(i) A budget specifying all new and currently funded mental health expenditures provided as part of the proposed system of care. The department shall establish reporting requirements for direct and indirect administrative overhead, to be included in the request for proposals. Weight shall be given to counties with lower administrative overhead costs. In no case shall administrative costs exceed those of existing county mental health programs and services. Expenditures for evaluation staff and resources shall not be considered administrative costs for this purpose.

(j) Any requirements for interagency collaboration, agreements, or protocols contained in this section shall not diminish requirements for the confidentiality of medical information or information maintained by a county agency or department.

(Added by Stats.1992, c. 1229 (A.B.3015), § 2. Amended by Stats.2000, c. 520 (S.B.1452), § 8.)

§ 5864. Baseline data

Participating counties shall, prior to the submission of their program proposals, develop baseline data on children served by the county in the mental health services system, social services system, the juvenile justice system, and the special education system. Data shall include, but not be limited to, the numbers of children and current expenditures for group homes, nonpublic school placements, and state hospital placements. This baseline data shall be submitted to the department as part of the program proposal.

(Added by Stats.1992, c. 1229 (A.B.3015), § 2.)

Article 6 COUNTY SYSTEM OF CARE REQUIREMENTS

§ 5865. Services to be in place upon funding by state

Each county shall have in place, with qualified mental health personnel, all of the following within three years of funding by the state:

(a) A comprehensive, interagency system of care that serves the target population as defined in Section 5856.

(b) A method to screen and identify children in the target population. County mental health staff shall consult with the representatives from special education, social services, and juvenile justice agencies, the mental health advisory board, family advocacy groups, and others as necessary to help identify all of the persons in the target populations, including persons from ethnic minority cultures which may require outreach for identification.

(c) A defined mental health case management system designed to facilitate the outcome goals for children in the target population.

(d) A defined range of mental health services and program standards that involve interagency collaboration and ensure appropriate service delivery in the least restrictive environment with community–based alternatives to out–of–home placement.

(e) A defined mechanism to ensure that services are culturally competent.

(f) A defined mechanism to ensure that services are child–centered and family–focused, with parent participation in planning and delivery of services.

(g) A method to show measurable improvement in individual and family functional status for children enrolled in the system of care.

(h) A method to measure and report cost avoidance and client outcomes for the target population which includes, but is not limited to, state hospital utilization, group home utilization, nonpublic school residential placement, school attendance and performance, and recidivism in the juvenile justice system.

(i) A plan to ensure that system of care services are planned to complement and coordinate with services provided under the federal Early and Periodic Screening, Diagnosis and Treatment services (Section 1396d(a)(4)(B) of Title 42 of the United States Code), including foster children served under Section 5867.5, where those services are medically necessary but children do not meet the requirements of Section 5600.3.

(j) A plan to ensure that system of care services are planned to complement and coordinate with services provided to CalWORKs (Chapter 2 (commencing with Section 11200.5) of Part 3 of Division 9) recipients whose families receive mental health treatment services.

(k) A defined partnership between the children's system of care program and family members of children who have been or are currently being served in the county mental health system. This partnership shall include family member involvement in ongoing discussions and decisions regarding policy development, program administration, service development, and service delivery.

(Added by Stats.1992, c. 1229 (A.B.3015), § 2. Amended by Stats.2000, c. 520 (S.B.1452), § 9.)

§ 5865.1. Systems of care serving children 15 to 21 years old; required structures and services

When a county system of care serves children 15 to 21 years of age, the following structures and services shall, to the extent possible, be available, and if not available, the county plan shall identify a timeline for the development of these services:

(a) Collaborative agreements with schools, community colleges, independent living programs, child welfare services, job training agencies, CalWORKs providers, regional center services, and transportation and recreation services as needed.

(b) Collaborative teams involving the youth and two or more agencies to develop a transition plan that identifies needs and resources required to successfully transition to independent living as an adult.

(c) Service plans that identify the needs of the youth in the areas of employment, job training, health care, education, counseling, socialization, housing, and independent living skills, to be provided by any of the collaborative agencies and access points for the youth identified.

(d) Assistance with identifying the means for health insurance and educational linkages when the young person is more than 18 years of age.

(e) Specific plans for the young adult to identify individuals and community services that can provide support during the transition to 21 years of age.

(f) Assurances that goals for young adults are individual, identified by the youth, and developmentally appropriate.

(g) Any requirements for interagency collaboration, agreements, or protocols contained in this section shall not diminish requirements for the confidentiality of medical information or information maintained by a county agency or department.

(Added by Stats.2000, c. 520 (S.B.1452), § 10.)

§ 5865.3. Systems of care serving children 0 to 5 years old; required structures and services

When a county system of care services children, zero to five years of age, the following structures and services shall be available, and when not available, the county plan shall identify a timeline for the development of these services:

(a) Collaborative agreements with public health systems, regional center services, child care programs, CalWORKs providers, drug and alcohol treatment programs, child welfare services, and other agencies that may identify children and families at risk of mental health problems that affect young children.

(b) Outreach protocols that can assist parents to identify child behaviors that may be addressed early to prevent mental or emotional disorders and assure normal child development.

(c) Identification of trained specialists that can assist the parents of very young children at risk for emotional, social, or developmental problems with treatment.

(d) Performance measures that ensure that services to families of very young children are individual, identified by the family, and developmentally appropriate.

(Added by Stats.2000, c. 520 (S.B.1452), § 11.)

§ 5866. Interagency collaboration; county interagency policy and planning committees; interagency case management council; interagency agreements or memoranda of understanding

(a) Counties shall develop a method to encourage interagency collaboration with shared responsibility for services and the client and cost outcome goals.

(b) The local mental health director shall form or facilitate the formation of a county interagency policy and planning committee. The members of the council shall include, but not be limited to, family members of children who have been or are currently being served in the county mental health system and the leaders of participating local government agencies, to include a member of the board of supervisors, a juvenile court judge, the district attorney, the public defender, the county counsel, the superintendent of county schools, the public social services director, the chief probation officer, and the mental health director.

(c) The duties of the committee shall include, but not be limited to, all of the following:

(1) Identifying those agencies that have a significant joint responsibility for the target population and ensuring collaboration on countywide planning and policy.

(2) Identifying gaps in services to members of the target population, developing policies to ensure service effectiveness and continuity, and setting priorities for interagency services.

(3) Implementing public and private collaborative programs whenever possible to better serve the target population.

(d) The local mental health director shall form or facilitate the formation of a countywide interagency case management council whose function shall be to coordinate resources to specific target population children who are using the services of more than one agency concurrently. The members of this council shall include, but not be limited to, representatives from the local special education, juvenile probation, children's social services, and mental health services agencies, with necessary authority to commit resources from their agency to an interagency service plan for a child and family. The roles, responsibilities, and operation of these councils shall be specified in written interagency agreements or memoranda of understanding, or both.

(e) The local mental health director shall develop written interagency agreements or memoranda of understanding with the agencies listed in this subdivision, as necessary. Written interagency agreements or memoranda shall specify jointly provided or integrated services, staff tasks and responsibilities, facility and supply commitments, budget considerations, and linkage and referral services. The agreements shall be reviewed and updated annually.

(f) The agreements required by subdivision (e) may be established with any of the following:

(1) Special education local planning area consortiums.

(2) The court juvenile probation department.

(3) The county child protective services agency.

(4) The county public health department.

(5) The county department of drug and alcohol services.

(6) Other local public or private agencies serving children.

(Added by Stats.1992, c. 1229 (A.B.3015), § 2. Amended by Stats.2000, c. 520 (S.B.1452), § 12.)

§ 5867. Maintenance of effort; reduction of existing services

Counties shall demonstrate a maintenance of effort in children's mental health services. Any reduction of existing Bronzan–McCorquodale children's services provided under Part 2 (commencing with Section 5600) shall be identified and justified in the program proposal developed under this chapter.

(Added by Stats.1992, c. 1229 (A.B.3015), § 2.)

§ 5867.5. Mental health assessment and treatment services; children in group care

(a) Beginning in the 1998–99 fiscal year, county mental health departments that receive full system of care funding, as determined by the State Department of Mental Health in consultation with counties, shall provide to children served by county social services and probation departments mental health screening, assessment, participation in multidisciplinary placement teams and specialty mental health treatment services for children placed out of home in group care, for those children who meet the definition of medical necessity, to the extent resources are available. These counties shall give first priority to children currently receiving psychoactive medication.

(b) The State Department of Mental Health shall develop, by June 1, 1999, an estimate of the extent to which mental health assessment and treatment resources are available to meet all of the following needs:

(1) Children placed in group care by county departments of social services and probation.

(2) Children placed in out–of–home care by county departments of social services.

(3) Children at risk of placement out of home who are receiving services from county departments of social services or probation.

(c) The estimate required by subdivision (b) shall include identification of specific resource gaps, including human resource gaps, in the delivery of specialty mental health services to children identified by county social services and probation.

(d) The State Department of Mental Health shall develop, with the assistance of the State Department of Social Services and the Judicial Council, with participation by county mental health departments, county health departments, and county social services departments, and in consultation with group home providers and representatives of current or former foster youth and representatives of pediatricians and child and adolescent psychiatrists, by July 1, 1999, a procedure for

review of treatment plans for children receiving prescribed psychoactive medication and who are placed in out–of–home care.
(Added by Stats.1998, c. 311 (S.B.933), § 56, eff. Aug. 19, 1998.)

Article 7 COUNTY SERVICE STANDARDS

§ 5868. Establishment of standards; components; responsibilities of case managers

(a) The department shall establish service standards that ensure that children in the target population are identified and receive needed and appropriate services from qualified staff in the least restrictive environment.

(b) The standards shall include, but not be limited to:

(1) Providing a comprehensive assessment and treatment plan for each target population client to be served, and developing programs and services that will meet their needs and facilitate client outcome goals.

(2) Providing for full participation of the family in all aspects of assessment, case planning, and treatment.

(3) Providing methods of assessment and services to meet the cultural, linguistic, and special needs of minorities in the target population.

(4) Providing for staff with the cultural background and linguistic skills necessary to remove barriers to mental health services resulting from a limited ability to speak English or from cultural differences.

(5) Providing mental health case management for all target population clients in, or being considered for, out–of–home placement.

(6) Providing mental health services in the natural environment of the child to the extent feasible and appropriate.

(c) The responsibility of the case managers shall be to ensure that each child receives the following services:

(1) A comprehensive mental health assessment.

(2) Case planning with all appropriate interagency participation.

(3) Linkage with all appropriate mental health services.

(4) Service plan monitoring.

(5) Client advocacy to ensure the provision of needed services.
(Added by Stats.1992, c. 1229 (A.B.3015), § 2.)

Article 8 STATE DEPARTMENT OF MENTAL HEALTH REQUIREMENTS

§ 5869. Services and contracts to be provided to participating counties

The department shall provide participating counties with all of the following:

(a) Applications for funding guidelines and format, and coordination and oversight of the selection process as described in Article 4 (commencing with Section 5857).

(b) Contracts with each state funded county specifying the approved budget, performance outcomes, and a scope of work plan for each year of participation in the children's system of care program.

(c) Technical assistance related to system evaluation.
(Added by Stats.1992, c. 1229 (A.B.3015), § 2. Amended by Stats.1996, c. 1167 (S.B.1667), § 4, eff. Sept. 30, 1996; Stats.2000, c. 520 (S.B.1452), § 13; Stats.2002, c. 1161 (A.B.442), § 37, eff. Sept. 30, 2002.)

§ 5870. Advisory group; members; functions

The State Department of Mental Health shall establish an advisory group comprised of, but not limited to, representatives from the State Department of Education, the State Department of Social Services, the State Department of Mental Health, the Secretary of Child Development and Education, the County Mental Health Directors Association, the County Welfare Directors Association, the Chief Probation Officers Association, the Special Education Local Planning Areas Directors Association, and service providers from the private sector. The function of the advisory group shall be to advise and assist the state and counties in the development of a coordinated, comprehensive children's services system under this part and other duties as defined by the Director of Mental Health.
(Added by Stats.1992, c. 1229 (A.B.3015), § 2. Amended by Stats.1996, c. 1167 (S.B.1667), § 5, eff. Sept. 30, 1996.)

Article 9 REQUIREMENT TO COLLECT REIMBURSEMENTS

§ 5872. Sources of reimbursements

In order to offset the cost of services, participating counties shall collect reimbursement for services from the following sources:

(a) Fees paid by families, which shall be the same as patient fees established pursuant to Section 5718.

(b) Fees paid by private or public third–party payers.

(c) Categorical funds from sources established in state or federal law, for which persons with mental disorders are eligible.
(Added by Stats.1992, c. 1229 (A.B.3015), § 2.)

Article 10 APPLICATION FOR STATE REGULATION WAIVERS

§ 5875. Development of administrative waiver process

The Secretary of Health and Welfare shall require the State Department of Mental Health to develop an administrative waiver process for counties that either propose to be, or are considered, system of care counties by the department.
(Added by Stats.1992, c. 1229 (A.B.3015), § 2.)

§ 5877. Waiver requests; statement of reason

(a) For system of care counties, or as part of the county program proposal to apply for status as a system of care county, requests may be made for waivers from those state regulations that appear to prevent interagency coordination or collaboration in interagency case management and other service delivery capabilities.

(b) The state regulation or regulations shall be specifically identified in the waiver request, with a statement of the reason why the identified regulation or regulations should be waived and, where applicable, the following:

(1) An assurance as to how planned interagency collaborative activities can meet the program intent of the regulation or regulations.

(2) An explanation as to why the identified regulation or regulations would create duplication of effort with an interagency collaborative approach.

(3) An explanation as to how a waiver of the regulation or regulations would not hinder the ability of the involved state agency's fiscal accountability or responsibility for federal moneys, and how granting of the waiver would support achievement of estimated cost avoidance, and result in decreased use of group homes, children and adolescent state hospital programs, nonpublic school residential placement, and juvenile justice reincarcerations, and in improved school attendance or performance.
(Added by Stats.1992, c. 1229 (A.B.3015), § 2.)

§ 5878. Waiver of regulatory obstacles to integration of public responsibilities and resources; federal waivers and changes to support interagency collaboration and coordination

(a)(1) The Secretary of the Health and Welfare Agency, the Superintendent of Public Instruction, or the Secretary of the Youth and Corrections Agency may waive any state regulatory obstacles to the integration of public responsibilities and resources required for counties which have been approved as system of care counties.

(2) The waiver shall remain in effect as long as the local program continues to meet standards as specified in the scope of work plan approved by the State Department of Mental Health.

(b) The Secretary of Health and Welfare, the Superintendent of Public Instruction, and the Secretary of the Youth and Corrections Agency, and those departments designated as single state agencies

administering federal programs, shall make every effort to secure federal waivers and any other changes in federal policy or law necessary to support interagency collaboration and coordination in a system of care service delivery system.
(Added by Stats.1992, c. 1229 (A.B.3015), § 2.)

Chapter 2 SYSTEM EVALUATION

§ 5879. Legislative intent

(a) It is the intent of the Legislature to increase the accountability of mental health and other human services programs whenever feasible by developing and implementing new and useful measures of performance, including client and cost outcomes. The Legislature recognizes the advances in performance and outcome evaluation made by counties funded under previous statutes and seeks to continue this development with future participating counties.

(b) It is the intent of the Legislature to have a comparison of the performance indicators of each participating county to the state average whenever possible, as well as a comparison of all participating counties as a group to the state averages.

(c) It is the further intent of the Legislature to have a comparison of the performance indicators of participating counties to their history and future anticipated performance based on utilization trends and costs.
(Added by Stats.1992, c. 1229 (A.B.3015), § 2.)

§ 5880. System performance goals; definition and establishment; negotiation of expected levels of attainment

For each selected county the department shall define and establish client and cost outcome and other system performance goals, and negotiate the expected levels of attainment for each year of participation. Expected levels of attainment shall include a breakdown by ethnic origin and shall be identified by a county in its proposal. These goals shall include, but not be limited to, both of the following:

(a) Client improvement and cost avoidance outcome measures, as follows:

(1) To reduce the number of child months in group homes, residential placements pursuant to Chapter 26.5 (commencing with Section 7570) of Division 7 of Title 1 of the Government Code, and state hospital placements.

(2) To reduce the cost of AFDC–FC group home care, residential placements as described in paragraph (1), and state hospital utilization, by an amount which equals at least 50 percent of the third year project cost. Cost avoidance shall be based on data comparisons of statewide average expenditure and population.

(3) To increase school attendance for pupils in targeted programs.

(4) To increase the grade level equivalent of pupils in targeted programs from admission to discharge.

(5) To reduce the rate of recidivism incurred for wards in targeted juvenile justice programs.

(6) To show measurable improvement in individual and family functional status for a representative sample of children enrolled in the system of care.

(7) To achieve statistically significant increases in services provided in nonclinic settings among agencies.

(8) To increase ethnic minority and gender access to services proportionate to the percentage of these groups in the county's school–age population.

(b) System development and operation measures, as follows:

(1) To provide an integrated system of care that includes multiagency programs and joint case planning, to children who are seriously emotionally and behaviorally disturbed as defined in Section 5856.

(2) To identify and assess children who comprise the target population in the county evidenced by a roster which contains all children receiving mental health case management and treatment services. This roster shall include necessary standardized and uniform identifying information and demographics about the children served.

(3) To develop and maintain individualized service plans that will facilitate interagency service delivery in the least restrictive environment.

(4) To develop or provide access to a range of intensive services that will meet individualized service plan needs. These services shall include, but not be limited to, case management, expanded treatment services at schoolsites, local juvenile corrections facilities, and local foster homes, and flexible services.

(5) To ensure the development and operation of the interagency policy council and the interagency case management council.

(6) To provide culturally competent programs that recognize and address the unique needs of ethnic populations in relation to equal access, program design and operation, and program evaluation.

(7) To develop parent education and support groups, and linkages with parents to ensure their involvement in the planning process and the delivery of services.

(8) To provide a system of evaluation that develops outcome criteria and which will measure performance, including client outcome and cost avoidance.

(9) To gather, manage, and report data in accordance with the requirements of the state funded outcome evaluation.
(Added by Stats.1992, c. 1229 (A.B.3015), § 2. Amended by Stats.2000, c. 520 (S.B.1452), § 14.)

§ 5881. Conduct of evaluation

(a) Evaluation shall be conducted by both participating county evaluation staff and, subject to the availability of funds, by the department.

(b) Evaluation at both levels shall do all of the following:

(1) Ensure that county level systems of care are serving the targeted population.

(2) Ensure that the timely performance data related to client outcome and cost avoidance is collected, analyzed, and reported.

(3) Ensure that system of care components are implemented as intended.

(4) Provide information documenting needs for future planning.
(Added by Stats.1992, c. 1229 (A.B.3015), § 2. Amended by Stats.2002, c. 1161 (A.B.442), § 38, eff. Sept. 30, 2002.)

§ 5882. Assignment of resources; cooperation with department

(a) Participating counties shall assign sufficient resources to performance evaluation to enable the county to fulfill all evaluation responsibilities specified in the contract with the department.

(b) Counties shall cooperate with the department regarding the development of uniform measures of performance.
(Added by Stats.1992, c. 1229 (A.B.3015), § 2. Amended by Stats.2002, c. 1161 (A.B.442), § 39, eff. Sept. 30, 2002.)

§ 5883. Access to relevant data; facilitation; funding and resources; duties of department

(a) The department shall facilitate improved access to relevant client and financial data from all state agencies, including, but not limited to, the State Department of Social Services, the State Department of Education, the State Department of Health Services, the State Department of Mental Health, the Department of the Youth Authority, and the Department of Finance.

(b) The State Department of Mental Health shall expand the funding allocated to the contract for independent evaluation, as necessary to accommodate the increase in workload created by the addition of new sites.

(c) Subject to the availability of funds, the department shall do all of the following:

(1) Develop uniform data collection and reporting measures applicable to all participating counties.

(2) Collect, analyze, and report performance outcome data for participating counties as a group in comparison to state averages.

(3) Offer technical assistance to participating counties related to data collection, analysis, and reporting.

(Added by Stats.1992, c. 1229 (A.B.3015), § 2. Amended by Stats.2002, c. 1161 (A.B.442), § 40, eff. Sept. 30, 2002.)

Part 5 INSTITUTIONS FOR MENTAL DISEASE

Chapter 1 GENERAL PROVISIONS

Article 1 LEGISLATIVE FINDINGS AND INTENT

§ 5900. Purpose of part

This part is intended to organize and finance mental health services in skilled nursing facilities designated as institutions for mental disease, in a way that will promote the well–being of the residents. It is furthermore intended to effectively utilize existing resources in the delivery of mental health services to severely and persistently mentally disabled persons; to ensure continued receipt of federal funds; to minimize the fiscal exposure of counties; to maintain state responsibility for licensing and certification; to maintain services to individual county consumers at the 1990–91 fiscal year levels; and to provide a mechanism for the orderly transition of programmatic and fiscal responsibility from the state to the counties, in a way that will maintain the stability and viability of the industry.

(Added by Stats.1991, c. 89 (A.B.1288), § 198, eff. June 30, 1991.)

§ 5901. Issues to be resolved

(a) The Legislature finds that the following issues relating to program operation must be resolved prior to the full assumption of responsibility for institutions for mental disease program monitoring and reimbursement procedures by the counties:

(1) The information regarding the program is inadequate to accurately allocate funding to the counties without significant disruption of patient care.

(2) There is currently no administrative mechanism whereby all counties can immediately assume these responsibilities without endangering the health and safety of the persons being served.

(b)(1) During the 1991–92 fiscal year, the sum of eighty–seven million seven hundred twenty–seven thousand dollars ($87,727,000) shall be made available from the Mental Health Subaccount of the Sales Tax Account of the Local Revenue Fund to the department for support of institutions for mental disease.

(2) For the 1991–92 fiscal year, the department shall issue a preliminary allocation of at least fifty–seven million four hundred fifty thousand dollars ($57,450,000) of the amount identified in paragraph (1). In developing a preliminary allocation, the department shall utilize a methodology that will minimize disruption of services to persons being served and that will continue access at the 1990–91 fiscal year level.

(3) During the 1991–92 fiscal year, the department shall administer institution for mental disease resources remaining from the amount identified in paragraph (1) after the allocation described in (2) has been made, as a risk pool on behalf of all the counties. Effective July 1, 1991, the department shall enter into contracts with institutions for mental disease providers at the 1990–91 fiscal year contract bed level. These resources shall be made available to all counties.

(4) The department shall establish a method for the identification of persons, by county, residing in institutions for mental disease, and notification of counties of their program and fiscal responsibilities.

(c) The Department of Finance may authorize a loan of up to twenty million dollars ($20,000,000) from the General Fund for deposit into the Institutions for Mental Disease Account of the Mental Health Facilities Fund established pursuant to Section 17602.05, for use by the State Department of Mental Health in implementing this part.

(Added by Stats.1991, c. 89 (A.B.1288), § 198, eff. June 30, 1991.)

Article 2 INTERIM CONTRACTING MECHANISM

§ 5902. County administration of institutions; transitional provisions

(a) In the 1991–92 fiscal year, funding sufficient to cover the cost of the basic level of care in institutions for mental disease at the rate established by the State Department of Health Services shall be made available to the department for skilled nursing facilities, plus the rate established for special treatment programs. The department may authorize a county to administer institutions for mental disease services if the county with the consent of the affected providers makes a request to administer services and an allocation is made to the county for these services. The department shall continue to contract with these providers for the services necessary for the operation of the institutions for mental disease.

(b) In the 1992–93 fiscal year, the department shall consider county–specific requests to continue to provide administrative services relative to institutions for mental disease facilities when no viable alternatives are found to exist.

(c)(1) By October 1, 1991, the department, in consultation with the California Conference of Local Mental Health Directors and the California Association of Health Facilities, shall develop and publish a county–specific allocation of institutions for mental disease funds which will take effect on July 1, 1992.

(2) By November 1, 1991, counties shall notify the providers of any intended change in service levels to be effective on July 1, 1992.

(3) By April 1, 1992, counties and providers shall have entered into contracts for basic institutions for mental disease services at the rate described in subdivision (e) for the 1992–93 fiscal year at the level expressed on or before November 1, 1991, except that a county shall be permitted additional time, until June 1, 1992, to complete the processing of the contract, when any of the following conditions are met:

(A) The county and the affected provider have agreed on all substantive institutions for mental disease contract issues by April 1, 1992.

(B) Negotiations are in process with the county on April 1, 1992, and the affected provider has agreed in writing to the extension.

(C) The service level committed to on November 1, 1991, exceeds the affected provider's bed capacity.

(D) The county can document that the affected provider has refused to enter into negotiations by April 1, 1992, or has substantially delayed negotiations.

(4) If a county and a provider are unable to reach agreement on substantive contract issues by June 1, 1992, the department may, upon request of either the affected county or the provider, mediate the disputed issues.

(5) Where contracts for service at the level committed to on November 1, 1991, have not been completed by April 1, 1992, and additional time is not permitted pursuant to the exceptions specified in paragraph (3) the funds allocated to those counties shall revert for reallocation in a manner that shall promote equity of funding among counties. With respect to counties with exceptions permitted pursuant to paragraph (3), funds shall not revert unless contracts are not completed by June 1, 1992. In no event shall funds revert under this section if there is no harm to the provider as a result of the county contract not being completed. During the 1992–93 fiscal year, funds reverted under this paragraph shall be used to purchase institution for mental disease/skilled nursing/special treatment program services in existing facilities.

(6) Nothing in this section shall apply to negotiations regarding supplemental payments beyond the rate specified in subdivision (e).

(d) On or before April 1, 1992, counties may complete contracts with facilities for the direct purchase of services in the 1992–93 fiscal year. Those counties for which facility contracts have not been completed by that date shall be deemed to continue to accept financial responsibility for those patients during the subsequent fiscal year at the rate specified in subdivision (a).

(e) As long as contracts with institutions for mental disease providers requires the facilities to maintain skilled nursing facility licensure and certification, reimbursement for basic services shall be at the rate established by the State Department of Health Services for skilled nursing facilities, plus the rate established for special treatment programs.

(f)(1) Providers that agree to contract with the county for services under an alternative mental health program pursuant to Section 5768 that does not require skilled nursing facility licensure shall retain return rights to licensure as skilled nursing facilities.

(2) Providers participating in an alternative program that elect to return to skilled nursing facility licensure shall only be required to meet those requirements under which they previously operated as a skilled nursing facility.

(g) In the 1993–94 fiscal year and thereafter, the department shall consider requests to continue administrative services related to institutions for mental disease facilities from counties with a population of 150,000 or less based on the most recent available estimates of population data as determined by the Population Research Unit of the Department of Finance.

(Added by Stats.1991, c. 89 (A.B.1288), § 198, eff. June 30, 1991. Amended by Stats.1992, c. 23 (S.B.984), § 4, eff. April 1, 1992; Stats.1992, c. 1374 (A.B.14), § 50, eff. Oct. 28, 1992.)

§ 5903. SSI/SSP benefits; collection from clients and client payees by institution for mental disease providers; remission to department of collected funds until June 30, 1992; provider not deemed authorized representative; proration of benefits by days spent at facility; availability to Legislature of collections data

(a) For the purposes of this section, the following definitions shall apply:

(1) "Client" means an individual who is all of the following:

(A) Mentally disabled.

(B) Medi–Cal eligible.

(C) Under the age of 65 years.

(D) Certified for placement in an institution for mental disease by a county.

(E) Eligible for Supplemental Security Income/State Supplementary Program for the Aged, Blind, and Disabled (SSI/SSP) benefits.

(2) "Client's payee" means an authorized representative who may receive revenue resources, including SSI/SSP benefits, on behalf of a client.

(3) "SSI/SSP benefits" means revenue resources paid to an eligible client, or the client's payee, by the federal Social Security Administration pursuant to Subchapter 16 (commencing with Section 1381) of Chapter 7 of Title 42 of the United States Code, and Chapter 3 (commencing with Section 12000) of Part 3 of Division 9.

(b)(1) Between August 1, 1991, and June 30, 1992, institution for mental disease providers shall make reasonable efforts to collect SSI/SSP benefits from a client or a client's payee. The provider shall invoice the client or the client's payee for the SSI/SSP benefits, minus the personal and incidental allowance amount as established by the Social Security Administration, and remit all SSI/SSP funds collected to the department pursuant to procedures established by the department.

(2) Commencing July 1, 1992, and to the extent permitted by federal law, institution for mental disease providers may collect SSI/SSP benefits from a client or a client's payee. The amount to be invoiced shall be the amount of the client's SSI/SSP benefits, minus the personal and incidental allowance amount as established by the Social Security Administration. The administrative mechanism for collection of SSI/SSP benefits, including designation of the party responsible for collection, shall be determined by negotiation between the counties and the providers.

(c) In collecting SSI/SSP benefits from the client or the client's payee, the provider shall not be deemed to be the authorized representative, as defined in Section 72015 of Title 22 of the California Code of Regulations, for purposes of handling the client's moneys or valuables.

(d) Providers shall make all reasonable efforts, as specified in procedures developed by the department in consultation with providers, to collect SSI/SSP benefits from the client or the client's payee. Providers shall establish an accounting procedure, approved by the department, for the actual collection and remittance of these funds.

(e) Providers shall prorate the client's SSI/SSP benefits by the number of days spent in the facility.

(f) After June 30, 1992, and not later than January 1, 1993, the department shall make data available to the Legislature, upon request, regarding the SSI/SSP collections made by institution for mental disease providers pursuant to this section.

(Added by Stats.1991, c. 89 (A.B.1288), § 198, eff. June 30, 1991. Amended by Stats.1991, c. 918 (S.B.1152), § 1, eff. Oct. 14, 1991.)

§ 5903.5. Liquidation of uncollectible accounts receivable

Notwithstanding any other provision of law, the department may liquidate accounts receivable from individual clients or payees of clients from institution for mental disease funds appropriated by the Legislature, when they have been determined by the department to be uncollectible, including accounts receivable in existence prior to the effective date of this section. Liquidation shall occur no sooner than 12 months after the original date of the accounts receivable debt.

(Added by Stats.1991, c. 918 (S.B.1152), § 2, eff. Oct. 14, 1991.)

Article 3 PROCEDURES FOR THE TRANSFER OF RESPONSIBILITY FROM THE STATE TO THE COUNTIES

§ 5907. Uniform contract format

No later than January 1, 1992, the director, in consultation with the California Conference of Local Mental Health Directors and representatives of institutions for mental disease, shall develop a suggested uniform contract format that may be used by counties for the purchase of services from institutions for mental disease.

(Added by Stats.1991, c. 89 (A.B.1288), § 198, eff. June 30, 1991.)

§ 5908. Services purchased by county; notice of modification of quantity to be purchased

On or before October 1, 1992, and in each following year, the counties contracting directly with the facility shall inform the facility of any intent to modify the quantity of services to be purchased in the subsequent fiscal year. Contracts for these services shall be completed by April 1 of each year for the following year. In the absence of cause, changes shall not be made without this notification.

(Added by Stats.1991, c. 89 (A.B.1288), § 198, eff. June 30, 1991.)

§ 5909. Special treatment programs; authority of director

The Director of Mental Health shall retain the authority and responsibility to monitor and approve special treatment programs in skilled nursing facilities in accordance with Sections 72443 to 72474, inclusive, of Title 22 of the California Code of Regulations.

(Added by Stats.1991, c. 89 (A.B.1288), § 198, eff. June 30, 1991.)

§ 5910. Intercounty agreements with facilities

Nothing in this article shall preclude two or more counties from establishing a single agreement with a facility, or group of facilities, for the purchase of services for the counties as a single entity. When two or more counties enter into an agreement, a single county may act as the host county for the purpose of program management and administration.

(Added by Stats.1991, c. 89 (A.B.1288), § 198, eff. June 30, 1991.)

§ 5911. Expansion of services

A county or group of counties, by agreement, may expand services

into additional facilities utilizing any funds available to the county or counties for that purpose.
(Added by Stats.1991, c. 89 (A.B.1288), § 198, eff. June 30, 1991.)

§ 5912. Reimbursement for basic services; conditions

As long as contracts require institutions for mental disease to continue to be licensed and certified as skilled nursing facilities by the State Department of Health Services, they shall be reimbursed for basic services at the rate established by the State Department of Health Services for skilled nursing facilities, plus the rate established for special treatment programs.
(Added by Stats.1991, c. 89 (A.B.1288), § 198, eff. June 30, 1991.)

§ 5914. Use of funds; report to legislature

By April 1, 1992, the California Conference of Local Mental Health Directors shall submit to the Joint Legislative Budget Committee a status report on the use of institutions for mental disease funds not directly tied to institution for mental disease contract services.
(Added by Stats.1991, c. 89 (A.B.1288), § 198, eff. June 30, 1991.)

WELFARE AND INSTITUTIONS CODE — ADMISSIONS AND JUDICIAL COMMITMENTS

Division 6 ADMISSIONS AND JUDICIAL COMMITMENTS

Part 1 ADMISSIONS

Chapter 1 VOLUNTARY ADMISSIONS TO MENTAL HOSPITALS AND INSTITUTIONS

§ 6000. Requirements for admission

[Application] Pursuant to applicable rules and regulations established by the State Department of Mental Health or the State Department of Developmental Services, the medical director of a state hospital for the mentally disordered or developmentally disabled may receive in such hospital, as a boarder and patient, any person who is a suitable person for care and treatment in such hospital, upon receipt of a written application for the admission of the person into the hospital for care and treatment made in accordance with the following requirements:

(a) **[Adults]** In the case of an adult person, the application shall be made voluntarily by the person, at a time when he is in such condition of mind as to render him competent to make it or, if he is a conservatee with a conservator of the person or person and estate who was appointed under Chapter 3 (commencing with Section 5350) of Part 1 of Division 5 with the right as specified by court order under Section 5358 to place his conservatee in a state hospital, by his conservator.

(b) **[Minors]** In the case of a minor person, the application shall be made by his parents, or by the parent, guardian, conservator, or other person entitled to his custody to any of such mental hospitals as may be designated by the Director of Mental Health or the Director of Developmental Services to admit minors on voluntary applications. If the minor has a conservator of the person, or the person and the estate, appointed under Chapter 3 (commencing with Section 5350) of Part 1 of Division 5, with the right as specified by court order under Section 5358 to place the conservatee in a state hospital the application for the minor shall be made by his conservator.

[Voluntary patients] Any such person received in a state hospital shall be deemed a voluntary patient.

[Records] Upon the admission of a voluntary patient to a state hospital the medical director shall immediately forward to the office of the State Department of Mental Health or the State Department of Developmental Services the record of such voluntary patient, showing the name, residence, age, sex, place of birth, occupation, civil condition, date of admission of such patient to such hospital, and such other information as is required by the rules and regulations of the department.

[Charges] The charges for the care and keeping of a mentally disordered person in a state hospital shall be governed by the provisions of Article 4 (commencing with Section 7275) of Chapter 3 of Division 7 relating to the charges for the care and keeping of mentally disordered persons in state hospitals.

[Departure; adults] A voluntary adult patient may leave the hospital or institution at any time by giving notice of his desire to leave to any member of the hospital staff and completing normal hospitalization departure procedures. A conservatee may leave in a like manner if notice is given by his conservator.

[Departure; minors] A minor person who is a voluntary patient may leave the hospital or institution after completing normal hospitalization departure procedures after notice is given to the superintendent or person in charge by the parents, or the parent, guardian, conservator, or other person entitled to the custody of the minor, of their desire to remove him from the hospital.

[Reapplication on attaining majority] No person received into a state hospital, private mental institution, or county psychiatric hospital as a voluntary patient during his minority shall be detained therein after he reaches the age of majority, but any such person, after attaining the age of majority, may apply for admission into the hospital or institution for care and treatment in the manner prescribed in this section for applications by adult persons.

[Rules and regulations] The State Department of Mental Health or the State Department of Developmental Services shall establish such rules and regulations as are necessary to carry out properly the provisions of this section.
(Added by Stats.1967, c. 1667, p. 4107, § 37, operative July 1, 1969. Amended by Stats.1968, c. 1374, p. 2675, § 86, operative July 1, 1969; Stats.1969, c. 722, p. 1442, § 47, eff. Aug. 8, 1969, operative July 1, 1969; Stats.1971, c. 1593, p. 3356, § 414, operative July 1, 1973; Stats.1973, c. 546, p. 1067, § 55, eff. Sept. 17, 1973; Stats.1977, c. 1252, p. 4597, § 634, operative July 1, 1978; Stats.1978, c. 429, p. 1461, § 219, eff. July 17, 1978, operative July 1, 1978; Stats.1979, c. 730, p. 2536, § 149, operative Jan. 1, 1981; Stats.1980, c. 676, p. 2041, § 340.)

§ 6000.5. Admission of developmentally disabled person to hospital for developmentally disabled

Pursuant to Section 6000, the medical director of a state hospital for the developmentally disabled may receive in such hospital, as a boarder and patient, any developmentally disabled person as defined in Section 4512 who has been referred in accordance with Sections 4652, 4653, and 4803.
(Added by Stats.1973, c. 546, p. 1068, § 56, eff. Sept. 17, 1973. Amended by Stats.1979, c. 373, p. 1398, § 367.)

§ 6001. Admissions to neuropsychiatric institutes

Admissions to the Langley Porter Neuropsychiatric Institute or to the Neuropsychiatric Institute, U.C.L.A. Medical Center, may be on a voluntary basis after approval by the medical superintendent of the clinic or institute, as the case may be.
(Added by Stats.1967, c. 1667, p. 4107, § 37, operative July 1, 1969.)

§ 6002. Persons eligible for admission; application; record; departure

The person in charge of any private institution, hospital, clinic, or sanitarium which is conducted for, or includes a department or ward conducted for, the care and treatment of persons who are mentally disordered may receive therein as a voluntary patient any person suffering from a mental disorder who is a suitable person for care and treatment in the institution, hospital, clinic, or sanitarium who voluntarily makes a written application to the person in charge for admission into the institution, hospital, clinic, or sanitarium, and who is at the time of making the application mentally competent to make the application. A conservatee, with a conservator of the person, or person and estate, appointed under Chapter 3 (commencing with Section 5350) of Part 1 of Division 5, with the right as specified by court order under Section 5358 to place his conservatee, may be admitted upon written application by his conservator.

After the admission of a voluntary patient to a private institution, hospital, clinic, or sanitarium the person in charge shall forward to the office of the State Department of Mental Health a record of the voluntary patient showing such information as may be required by rule by the department.

A voluntary adult patient may leave the hospital, clinic, or institution at any time by giving notice of his desire to leave to any member of the hospital staff and completing normal hospitalization departure procedures. A conservatee may leave in a like manner if notice is given by his conservator.

(Added by Stats.1967, c. 1667, p. 4107, § 37, operative July 1, 1969. Amended by Stats.1969, c. 722, p. 1444, § 47.1, eff. Aug. 8, 1969, operative July 1, 1969; Stats.1970, c. 516, p. 1006, § 9; Stats.1971, c. 1593, p. 3358, § 416, operative July 1, 1973; Stats.1977, c. 1252, p. 4599, § 635, operative July 1, 1978.)

§ 6002.10. Inpatient psychiatric treatment; admission procedures for minors; criteria

Any facility licensed under Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code, to provide inpatient psychiatric treatment, excluding state hospitals, and county hospitals, shall establish admission procedures for minors who meet the following criteria:

(a) The minor is 14 years of age and over, and is under 18 years of age.

(b) The minor is not legally emancipated.

(c) The minor is not detained under Sections 5585.50 and 5585.53.

(d) The minor is not voluntarily committed pursuant to Section 6552.

(e) The minor has not been declared a dependent of the juvenile court pursuant to Section 300 or a ward of the court pursuant to Section 602. The minor's admitting diagnosis or condition is either of the following:

(1) A mental disorder only. Although resistance to treatment may be a product of a mental disorder, the resistance shall not, in itself, imply the presence of a mental disorder or constitute evidence that the minor meets the admission criteria. A minor shall not be considered mentally disordered solely for exhibiting behaviors specified under Sections 601 and 602.

(2) A mental disorder and a substance abuse disorder.

(Added by Stats.1989, c. 1375, § 2.)

§ 6002.15. Explanation of treatment to parent or guardian; notification to minor of minor's rights

(a) Prior to accepting the written authorization for treatment, the facility shall assure that a representative of the facility has given a full explanation of the treatment philosophy of the facility, including, where applicable, the use of seclusion and restraint, the use of medication, and the degree of involvement of family members in the minor's treatment to the parent, guardian or other person entitled to the minor's custody. This explanation shall be given orally and in writing, and shall be documented in the minor's treatment record upon completion.

(b) As part of the admission process, the professional person responsible for the minor's admission shall affirm in writing that the minor meets the admission criteria as specified above.

(c) Upon admission, a facility specified in Section 6002.10 shall do all of the following:

(1) Inform the minor in writing of the availability of an independent clinical review of his or her further inpatient treatment. The notice shall be witnessed and signed by an appropriate representative of the facility.

(2) Within one working day, notify the patients' rights advocate, as defined in Article 2 (commencing with Section 5540) of Chapter 5.2, regarding the admission of the minor.

(3) Provide all minors with a booklet promulgated by the State Department of Mental Health outlining the specific rights of minors in mental health facilities. The booklet shall include the phone number of the local advocate and the hours that he or she may be reached.

(Added by Stats.1989, c. 1375, § 2.5.)

§ 6002.20. Minor's request for independent clinical review; notification of patients' rights advocate; advocate's responsibilities

(a) If the minor requests an independent clinical review of his or her continued inpatient treatment, the patients' rights advocate shall be notified of the request, as soon as practical, but no later than one working day. The role of the advocate shall be to provide information and assistance to the minor relating to the minor's right to obtain an independent clinical review to determine the appropriateness of placement within the facility. The advocate shall conduct his or her activities in a manner least disruptive to patient care in the facility. Nothing in this section shall be construed to limit, or expand, rights and responsibilities the advocate has pursuant to other provisions of law.

(b) An independent review may be requested up to 10 days after admission. At any time the minor may rescind his or her request for a review.

(Added by Stats.1989, c. 1375, § 3.)

§ 6002.25. Independent clinical review; neutral licensed psychiatrist; list of reviewers

The independent clinical review shall be conducted by a licensed psychiatrist with training and experience in treating psychiatric adolescent patients, who is a neutral party to the review, having no direct financial relationship with the treating clinician, nor a personal or financial relationship with the patient, or his or her parents or guardian. Nothing in this section shall prevent a psychiatrist affiliated with a health maintenance organization, as defined in subdivision (b) of Section 1373.10 of the Health and Safety Code, from providing the independent clinical review where the admitting, treating, and reviewing psychiatrists are affiliated with a health maintenance organization that predominantly serves members of a prepaid health care service plan. The independent clinical reviewer shall be assigned, on a rotating basis, from a list prepared by the facility, and submitted to the county mental health director prior to March 1, 1990, and annually thereafter, or more frequently when necessary. The county mental health director shall, on an annual basis, or at the request of the facility, review the facility's list of independent clinical reviewers. The county mental health director shall approve or disapprove the list of reviewers within 30 days of submission. If there is no response from the county mental health director, the facility's list shall be deemed approved. If the county mental health director disapproves one or more of the persons on the list of reviewers, the county mental health director shall notify the facility in writing of the reasons for the disapproval. The county mental health director, in consultation with the facility, may develop a list of one or more additional reviewers within 30 days. The final list shall be mutually agreeable to the county mental health director and the facility. Sections 6002.10 to 6002.40, inclusive, shall not be construed to prohibit the treatment of minors prior to the existence of an approved list of independent clinical

reviewers. The independent clinical reviewer may be an active member of the medical staff of the facility who has no direct financial relationship, including, but not limited to, an employment or other contract arrangement with the facility except for compensation received for the service of providing clinical reviews.
(Added by Stats.1989, c. 1375, § 4.)

§ 6002.30. Independent clinical review; information to be considered; timing and procedure

(a) All reasonably available clinical information which is relevant to establishing whether the minor meets the admission criteria pursuant to subdivision (d) of Section 6002.35 shall be considered by the psychiatrist conducting the review. In considering the information presented, the psychiatrist conducting the review shall privately interview the minor, and shall consult the treating clinician to review alternative treatment options which may be suitable for the minor's mental disorder.

(b) If the minor has received medication while an inpatient, the person conducting the review shall be informed of that fact and of the probable effects of the medication. The person presenting the clinical information in favor of inpatient treatment shall also inform the psychiatrist conducting the review of the proposed treatment plan for the minor, and, if known, whether the minor has had any previous independent clinical review at any facility, and the results of that service.

(c) The standard of review shall be whether the minor continues to have a mental disorder, whether further inpatient treatment is reasonably likely to be beneficial to the minor's mental disorder, or whether the placement in the facility represents the least restrictive, most appropriate available setting, within the constraints of reasonably available services, facilities, resources, and financial support, in which to treat the minor.

(d) The review shall take place within five days of the request.

(e) At the review, the minor shall have the right to be present, to be assisted by the advocate, and to question persons recommending inpatient treatment. If the minor is unwilling to attend, the review shall be held in his or her absence with the advocate representing the minor.

(f) The location of the independent clinical review shall be compatible with, and least disruptive of, the treatment being provided to the minor. Independent clinical reviews shall be conducted at the facility where the minor is treated. The review shall be situated in a location which ensures privacy.

(g) The independent clinical review shall be held in an informal setting so as to minimize the anxiety of both parents and minors and promote cooperation and communication among all interested parties. All parties shall make a reasonable effort to speak in terms the minor can understand and shall explain any terminology with which he or she may not be familiar.

(h) The review may be closed to anyone other than the minor, his or her parents or legal guardian, a representative of the facility, the minor's advocate, the psychiatrist conducting the review and the person presenting information in favor of, or opposition to, the inpatient treatment. The person conducting the review shall have discretion to limit the number of participants and shall keep participants to the minimum time necessary to relate the needed information.

(i) No party shall have legal representation in the review process.

(j) If any of the parties to the independent clinical review do not comprehend the language used at the independent clinical review, it shall be the responsibility of the psychiatrist conducting the independent clinical review to retain an interpreter.
(Added by Stats.1989, c. 1375, § 5.)

§ 6002.35. Record of review; decision

(a) It shall be the responsibility of the psychiatrist conducting the independent clinical review to keep a record of the proceeding.

(b) After considering all the clinical information, the psychiatrist conducting the review shall render a binding decision. If he or she determines that further inpatient treatment is reasonably likely to be beneficial to the minor's disorder and placement in the facility represents the least restrictive, most appropriate available setting in which to treat the minor, the minor's inpatient treatment shall be authorized.

(c) If the psychiatrist conducting the review determines that the admission criteria have been met, this determination shall terminate when the minor is discharged from the facility.

(d) If the psychiatrist conducting the clinical review determines that further inpatient treatment in the facility is not reasonably likely to be beneficial to the minor's mental disorder or does not represent the least restrictive, most appropriate available setting in which to treat the minor, the minor shall be released from the facility to a custodial parent or guardian on the same day the determination was made. Except as provided in Section 43.92 of the Civil Code, upon the minor's release, neither the attending psychiatrist, any licensed health professional providing treatment to the minor in the facility, the psychiatrist who releases the minor pursuant to this section, nor the facility in which the minor was admitted or treated shall be civilly or criminally liable for any conduct of the released minor, a parent, legal guardian, or other persons entitled to custody of the minor.
(Added by Stats.1989, c. 1375, § 6.)

§ 6002.40. Treatment costs covered by private insurer or county; legislative intent; monitoring compliance; treatment guidelines

(a) For any insurance contracts entered into after January 1, 1990, where any private insurer, certified medical plan, or private health service plan is liable to pay or reimburse a professional provider or institutional provider for the costs of medically necessary mental health services provided to the patient, the costs of the clinical review required by Sections 6002.10 to 6002.40, inclusive, including, but not limited to, the costs of the interpreter, if any, and the costs of the patients' rights advocate, shall be borne by the insurer, certified medical plan, or the health service plan. Payments to providers for the costs of the independent clinical review shall be made promptly.

For Medi–Cal eligible patients placed in these private facilities, the costs of the clinical review required by Sections 6002.10 to 6002.40, inclusive, including the costs of the patients rights advocate, shall be borne by the county.

(b) The Legislature intends that Sections 6002.10 to 6002.40, inclusive, affect only the rights of minors confined in private mental health facilities on the consent of their parents or guardians, where the costs of treatment are paid or reimbursed by a private insurer or private health service plan.

(c) Mental health facilities shall summarize on an annual basis, information including, but not limited to, the number of minors admitted by diagnosis, length of stay, and source of payment, the number of requests for an independent clinical review by diagnosis, source of payment, and outcome of the independent clinical review and submit this information to the State Department of Mental Health. This annual summary shall be made available by the facility to the State Department of Health Services which shall monitor compliance of this section during an inspection of the facility pursuant to Sections 1278 and 1279 of the Health and Safety Code.

(d) The State Department of Mental Health, in consultation with appropriate organizations, shall develop nonmandatory guidelines for treatment of mental disorders to be utilized pursuant to this act by January 1, 1991.
(Added by Stats.1989, c. 1375, § 6.5. Amended by Stats.1992, c. 711 (A.B.2874), § 147, eff. Sept. 15, 1992; Stats.1992, c. 713 (A.B.3564), § 48, eff. Sept. 15, 1992.)

§ 6003. County psychiatric hospital

As used in this article, "county psychiatric hospital" means the

hospital, ward, or facility provided by the county pursuant to the provisions of Section 7100.
(Added by Stats.1967, c. 1667, p. 4107, § 37, operative July 1, 1969.)

§ 6003.1. County psychiatric health facility

As used in this article, county psychiatric health facility means a 24–hour acute care facility provided by the county pursuant to the provisions in Sections 5404 and 7100.
(Added by Stats.1978, c. 1234, p. 3988, § 6. Amended by Stats.1996, c. 245 (A.B.2616), § 3, eff. July 22, 1996.)

§ 6003.2. County psychiatric hospital interchangeable with psychiatric health facility

Wherever in this article the term "county psychiatric hospital" appears, such term shall be interchangeable with the term "psychiatric health facility."
(Added by Stats.1978, c. 1234, p. 3988, § 7.)

§ 6004. County psychiatric hospital; persons eligible for admission

The superintendent or person in charge of the county psychiatric hospital may receive, care for, or treat in the hospital any person who voluntarily makes a written application to the superintendent or person in charge thereof for admission into the hospital for care, treatment, or observation, and who is a suitable person for care, treatment, or observation, and who in the case of an adult person is in such condition of mind, at the time of making application for admission, as to render him competent to make such application. In the case of a minor person, the application shall be made by his parents, or by the parent, guardian, or other person entitled to his custody. A conservatee, with a conservator of the person, or person and estate, appointed under Chapter 3 (commencing with Section 5350) of Part 1 of Division 5, with the right as specified by court order under Section 5358 to place his conservatee, may be admitted upon written application by his conservator.
(Added by Stats.1967, c. 1667, p. 4107, § 37, operative July 1, 1969. Amended by Stats.1969, c. 722, p. 1444, § 47.2, eff. Aug. 8, 1969, operative July 1, 1969; Stats.1970, c. 516, p. 1007, § 10.)

§ 6005. Departure from county psychiatric hospital

A voluntary adult patient may leave the hospital or institution at any time by giving notice of his desire to leave to any member of the hospital staff and completing normal hospitalization departure procedures. A conservatee may leave in a like manner if notice is given by his conservator.

A minor person who is a voluntary patient may leave the hospital or institution after completing normal hospitalization departure procedures after notice is given to the superintendent or person in charge by the parents, or the parent, guardian, or other person entitled to the custody of the minor, of their desire to remove him from the hospital.
(Added by Stats.1967, c. 1667, p. 4107, § 37, operative July 1, 1969.)

§ 6006. Rights of voluntary patients

A person admitted as a voluntary patient to a state hospital, a private mental institution, or a county psychiatric hospital shall have the following rights in addition to the right to leave such hospital as specified in this chapter:

(a) He shall receive such care and treatment as his condition requires for the full period that he is a patient;

(b) He shall have the full patient rights specified in Article 7 (commencing with Section 5325) of Chapter 2 of Part 1 of Division 5 of this code.
(Added by Stats.1967, c. 1667, p. 4107, § 37, operative July 1, 1969. Amended by Stats.1968, c. 1374, p. 2676, § 87, operative July 1, 1969.)

§ 6007. Detention in private institution after July 1, 1969; time; evaluation; release or further proceedings

Any person detained as of June 30, 1969, in a private institution, pursuant to former Sections 6030 to 6033, inclusive, as they read immediately preceding July 1, 1969, on the certification of one physician, may be detained after July 1, 1969, for a period no longer than 90 days.

Any person detained as of June 30, 1969, in a private institution, pursuant to such sections, on the certification of two physicians, may be detained after July 1, 1969, for a period no longer than 180 days.

Any person detained pursuant to this section after July 1, 1969, shall be evaluated by the facility designated by the county and approved by the State Department of Mental Health pursuant to Section 5150 as a facility for 72–hour treatment and evaluation. Such evaluation shall be made at the request of the person in charge of the private institution in which the person is detained or by one of the physicians who signed the certificate. If in the opinion of the professional person in charge of the evaluation and treatment facility or his designee, the evaluation of the person can be made by such professional person or his designee at the private institution in which the person is detained, the person shall not be required to be evaluated at the evaluation and treatment facility, but shall be evaluated at the private institution to determine if the person is a danger to others, himself, or gravely disabled as a result of mental disorder.

Any person evaluated under this section shall be released from the private institution immediately upon completion of the evaluation if in the opinion of the professional person in charge of the evaluation and treatment facility, or his designee, the person evaluated is not a danger to others, or to himself, or gravely disabled as a result of mental disorder, unless the person agrees voluntarily to remain in the private institution.

If in the opinion of the professional person in charge of the facility or his designee, the person evaluated requires intensive treatment or recommendation for conservatorship, such professional person or his designee shall proceed under Article 4 (commencing with Section 5250) of Chapter 2, or under Chapter 3 (commencing with Section 5350), of Part 1 of Division 5.
(Added by Stats.1969, c. 722, p. 1445, § 48, eff. Aug. 8, 1969, operative July 1, 1969. Amended by Stats.1971, c. 1593, p. 3358, § 416, operative July 1, 1973; Stats.1977, c. 1252, p. 4599, § 636, operative July 1, 1978.)

§ 6008. Admission of conservatee to United States government hospital; departure

For the purposes of this part, a person who is a conservatee with a conservator of the person or of the person and estate appointed under Chapter 3 (commencing with Section 5350) of Part 1 of Division 5 with the right as specified by court order under Section 5358 to place his conservatee in a hospital of the United States government, may be admitted to such a hospital upon written application made by his conservator. A conservatee so admitted to such a hospital may leave the hospital at any time after his conservator gives notice to a member of the hospital staff that the conservatee is leaving and normal hospitalization departure procedures are completed by the conservator or by the conservator and conservatee.
(Added by Stats.1969, c. 722, p. 1445, § 48.1, eff. Aug. 8, 1969, operative July 1, 1969. Amended by Stats.1970, c. 516, p. 1007, § 11.)

Part 2 JUDICIAL COMMITMENTS

Chapter 1 DEFINITIONS, CONSTRUCTION AND STANDARD FORMS

§ 6250. Persons subject to judicial commitment; effect on other laws; liberal construction

As used in this part, "persons subject to judicial commitment" means persons who may be judicially committed under this part as mentally disordered sex offenders pursuant to Article 1 (commencing

with Section 6300), sexually violent predators pursuant to Article 4 (commencing with Section 6600), or mentally retarded persons pursuant to Article 2 (commencing with Section 6500) of Chapter 2 of this part.

Nothing in this part shall be held to change or interfere with the provisions of the Penal Code and other laws relating to mentally disordered persons charged with crime or to the criminally insane.

This part shall be liberally construed so that, as far as possible and consistent with the rights of persons subject to commitment, those persons shall be treated, not as criminals, but as sick persons.

(Added by Stats.1969, c. 722, p. 1446, § 49.1, eff. Aug. 8, 1969, operative July 1, 1969. Amended by Stats.1970, c. 1502, p. 2987, § 6; Stats.1979, c. 373, p. 1399, § 368; Stats. 1995, c. 762 (S.B.1143), § 2; Stats.1995, c. 763 (A.B.888), § 2.)

§ 6251. Petition; form

Wherever, on the basis of a petition, provision is made in this code for issuing and delivering an order for examination and detention directing that a person be apprehended and taken before a judge of a superior court for a hearing and examination on an allegation of being a person subject to judicial commitment, the petition shall be in substantially the following form:

In the Superior Court of the State of California
For the County of _____

The People)
For the Best Interest and Protection of)
_____)
as a _____) Petition
and Concerning _____)
_____ and)
_____)
Respondents)

_____, residing at _____ (tel. _____), being duly sworn deposes and says: That there is now in the county in the City or Town of _____ a person named _____, who resides at _____, and who is believed to be a _____ That the person is _____ years of age; that _____ the person is _____ (sex) and that _____ the person is ____ (single, married, widowed, or divorced); and that _____ occupation is _____ .

That the facts because of which petitioner believes that the person is a _____ are as follows: That ___ the person, at _____ in the county, on the _____ day of _____ , 20__ , _____
That petitioner's interest in and case is_____
_____
That petitioner believes that said person is _____ as defined in Section _____ .

That the persons responsible for the care, support, and maintenance of the _____ , and their relationship to the person are, so far as known to the petitioner, as follows: (Give names, addresses, and relationship of persons named as respondents) Wherefore, petitioner prays that examination be made to determine the state of the mental health of _____ , alleged to be _____ , and that such measures be taken for the best interest and protection of said _____ , in respect to the person's supervision, care and treatment, as may be necessary and provided by law.

_____
Petitioner

Subscribed and sworn to before me this ____ day of _____ , 20__ .
_____, Clerk of the Court
By _____ Deputy

(Added by Stats.1967, c. 1667, p. 4107, § 37, operative July 1, 1969. Amended by Stats.1968, c. 1374, p. 2679, § 93, operative July 1, 1969; Stats.2002, c. 784 (S.B.1316), § 619.)

§ 6252. Order for examination or detention; form

Wherever provision is made in this code for a judge of a superior court to issue and deliver an order for examination or detention directing that a person be apprehended and taken before a judge of a superior court for a hearing and examination on an allegation of being a person subject to judicial commitment, the order for examination or detention shall be in substantially the following form:

The People)
For the Best Interest and Protection of)
. . . . .) Order
as a . . . . .) for
and Concerning . . . . .) Examination
. . . . . and) or
. . . . .) Detention
Respondents)

The People of the State of California . . . . . .
. . . . . .
(peace officer)

The petition for . . . . . having been presented this day to me, a Judge of the Superior Court in and for the County of . . . . . , State of California, from which it appears that there is now in this county, at . . . . . , a person by the name of . . . . . , who is a . . . .

And it satisfactorily appears to me that said person is sufficiently . . . . . that examination should be made and hearing held, if demanded, to determine the supervision, treatment, care or restraint, if any, necessary for his best interest and protection, and the protection of the people.

I do hereby appoint . . . . . and . . . . . as medical examiners to make a personal examination of . . . . . , the person alleged to be . . . . . ., and to report thereon to the court, pursuant to Section . . . . . of the Welfare and Institutions Code.

*Now, therefore, you are commanded to notify said . . . . . , to submit to an examination . . . . . on or before the . . . . day of . . . . . , that thereafter he may be taken before a judge of the superior court in this county for examination and hearing to determine the measures to be taken for the best interest and protection of said . . . . . ., as a . . . . . ., as provided by law.

*And it affirmatively appearing to me that said person is sufficiently . . . . . that he is likely to injure himself or others if not immediately hospitalized or detained, you are therefore commanded to forthwith detain said . . . . . , or cause him to be detained for examination and hearing, pending the further order of the judge, at . . . . . , and there be cared for in a humane manner as a . . . . . and provided with any medical treatment deemed necessary to his physical well–being.

*And it satisfactorily appearing to me that said person has failed or has refused to appear for examination when notified by order of this court, you are therefore commanded to forthwith detain said . . . . . or cause him to be detained for examination and hearing, pending the further order of the judge, at . . . . . ., and there be cared for in a humane manner as a . . . . . .

I hereby direct that a copy of this order, together with a copy of the said petition be delivered to said person and his representative, if any, at the time of his notification; and I further direct that this order may be served at any hour of the night.

Witness my hand, this . . . . . day of . . . . . ., 19 . . . . .

. . . . . .
Judge of the Superior Court

*Strike out when not applicable.

Return of Order

I hereby certify that I received the above order for examination or detention, and on the . . . . . day of . . . . . , 19 . . . . , served it by notifying and delivering to said . . . . . personally, and to his representatives, if any, to wit, ... , a copy of the order and of the petition,* or by apprehending said person and causing h . . to be detained for examination and hearing and for humane care as an

alleged ..... at ..... ; until further ordered and directed by the judge.

*I hereby certify that prior to the service of the above order for detention and the apprehension of ..... I served notice on the person and his representative, if any, as required under Article 2 (commencing with Section 5200) of Chapter 2 of Part 1 of Division 5 of the Welfare and Institutions Code.

Dated ....., 19 .....

.....
Signature of officer

*Strike out when not applicable.

(Added by Stats.1967, c. 1667, p. 4107, § 37, operative July 1, 1969. Amended by Stats.1968, c. 1374, p. 2680, § 94, operative July 1, 1969.)

§ 6253. Certificate of medical examiners; form

Wherever provision is made in this code for court–appointed medical examiners to make and sign a certificate showing the facts of an examination in the case of a person alleged to be subject to judicial commitment, the certificate shall be in substantially the following form:

In the Superior Court of the State of California
for the County of .....

The People	)	
For the Best Interest and Protection of	)	
.....,	)	Certificate
as a ..... and	)	of Medical
Concerning .....,	)	Examiners
and .....,	)	)
Respondents	)	

We, Dr. ..... and Dr. ....., medical examiners in the County of ....., duly appointed and certified as such, do hereby certify under our hands that we have examined ....., alleged to be a ....., and have attended before a judge of said court at the hearing on the petition concerning said person, and have heard the testimony of all witnesses, and, as a result of the examination, have testified under oath before the court to the following facts concerning the alleged .....

Name .....

Address .....

Age ..... Sex .....

Occupation ..... Marital status .....
(Single, married, widowed, divorced)

Religious belief .....

Pertinent case history .....

.....

.....

General physical condition .....

.....

Present mental status .....

.....

.....

Laboratory reports (if any) .....

.....

Tentative diagnosis of mental health .....

.....

.....

Recommendation for disposition or supervision, treatment and care

.....

.....

Reasons for the recommendation .....

.....

.....

.....

Date .....

.....
Medical Examiner

.....
Medical Examiner

(Added by Stats.1967, c. 1667, p. 4107, § 37, operative July 1, 1969.)

§ 6254. Order for care, hospitalization or commitment; form

Wherever provision is made in this code for an order of commitment by a superior court, the order of commitment shall be in substantially the following form:

In the Superior Court of the State of California
for the County of_____

The People	)	
For the Best Interest and	)	
Protection of _____	)	Order for Care,
as a _____,	)	Hospitalization
	)	or Commitment
and Concerning	)	
_____and	)	
_____, Respondents	)	

The petition dated _____, alleging that _____, having been presented to this court on the _____ day of ___, 19___, and an order of detention issued thereon by a judge of the superior court of this county, and a return of the said order:

And it further appearing that the provisions of Sections 6250 to 6254, inclusive, of the Welfare and Institutions Code have been complied with;

And it further appearing that Dr. _____ and Dr. _____, two regularly appointed and qualified medical examiners of this county, have made a personal examination of the alleged _____, and have made and signed the certificate of the medical examiners, which certificate is attached hereto and made a part hereof;

Now therefore, after examination and certificate made as aforesaid the court is satisfied and believes that _____ is a _____ and is so ___.

It is ordered, adjudged and decreed:

That _____ is a _____ and that __he

*(a) Be cared for and detained in _____, a county psychiatric hospital, a community mental health service, or a licensed sanitarium or hospital for the care of the mentally disordered until the further order of the court, or

*(b) Be cared for at _____, until the further order of the court, or

*(c) Be committed to the State Department of Mental Health for placement in a state hospital, or

*(d) Be committed to a facility of the Veterans Administration or other agency of the United States, to wit: _____ at _____.

It is further ordered and directed that _____ of this county, take, convey and deliver _____ to the proper authorities of the hospital or establishment designated herein to be cared for as provided by law.

Dated this _____ day of _____, 19___.

(Added by Stats.1967, c. 1667, p. 4107, § 37, operative July 1, 1969. Amended by Stats.1968, c. 1374, p. 2682, § 95, operative July 1, 1969; Stats.1971, c. 1593, p. 3359, § 417, operative July 1, 1973; Stats.1977, c. 1252, p. 4600, § 637, operative July 1, 1978; Stats.1988, c. 113, § 22, eff. May 25, 1988, operative July 1, 1988.)

Chapter 2 COMMITMENT CLASSIFICATION

Application

Article 1, added by Stats.1967, c. 1667, p. 4107, § 37, operative July 1, 1969, was repealed by Stats.1981, c. 928, p. 3485, § 2. For continued application to certain sex offenders, see Historical and Statutory Notes under Welfare and Institutions Code § 6300.

§ 6300. Definitions

Section 6300 was repealed by Stats.1981, c. 928, p. 3485, § 2. For continued application to certain sex offenders, see Historical and Statutory Notes under this section.

As used in this article, "mentally disordered sex offender" means any person who by reason of mental defect, disease, or disorder, is predisposed to the commission of sexual offenses to such a degree that he is dangerous to the health and safety of others. Wherever the term "sexual psychopath" is used in any code, such term shall be construed to refer to and mean a "mentally disordered sex offender."
(Added by Stats.1967, c. 1667, p. 4107, § 37, operative July 1, 1969.)

§ 6300.1. Treatment by prayer

Section 6300.1 was repealed by Stats.1981, c. 928, p. 3485, § 2. For continued application to certain sex offenders, see Historical and Statutory Notes under Welfare and Institutions Code § 6300.

No person who is being treated by prayer in the practice of the religion of any well–recognized church, sect, denomination or organization, shall be ordered detained or committed under this chapter unless the court shall determine that he is or would likely become dangerous to himself or to the person or property of others, or unless being a minor, his parent or guardian having custody of his person shall consent to such detention or commitment.
(Added by Stats.1969, c. 722, p. 1446, § 49.2, eff. Aug. 8, 1969, operative July 1, 1969.)

§ 6300.2. Patient rights

Section 6300.2 was repealed by Stats.1981, c. 928, p. 3485, § 2. For continued application to certain sex offenders, see Historical and Statutory Notes under Welfare and Institutions Code § 6300.

Any person admitted to a state hospital as a mentally disordered sex offender shall have the full patient rights specified in Article 7 (commencing with Section 5325) of Chapter 2 of Part 1 of Division 5.
(Added by Stats.1972, c. 574, p. 983, § 8.)

§ 6301. Application of article

Section 6301 was repealed by Stats.1981, c. 928, p. 3485, § 2. For continued application to certain sex offenders, see Historical and Statutory Notes under Welfare and Institutions Code § 6300.

This article shall not apply to any person sentenced to death. This article shall not apply to any person convicted of an offense the punishment for which may be death until after a sentence other than death has been imposed, at which time this article shall apply to such person and he may be certified to the superior court as provided in Section 6302.
(Added by Stats.1967, c. 1667, p. 4107, § 37, operative July 1, 1969. Amended by Stats.1976, c. 1101, p. 4973, § 1.)

§ 6302. Certification for hearing and examination after conviction

Section 6302 was repealed by Stats.1981, c. 928, p. 3485, § 2. For continued application to certain sex offenders, see Historical and Statutory Notes under Welfare and Institutions Code § 6300.

(a) General provisions; failure to register under Penal Code § 290. When a person is convicted of any sex offense, the trial judge, on his own motion, or on motion of the prosecuting attorney, or on application by affidavit by or on behalf of the defendant, if it appears to the satisfaction of the court that there is probable cause for believing such a person is a mentally disordered sex offender within the meaning of this chapter, may adjourn the proceeding or suspend the sentence, as the case may be, and may certify the person for hearing and examination by the superior court of the county to determine whether the person is a mentally disordered sex offender within the meaning of this article.

As used in this section the term "sex offense" means any offense for which registration is required by Section 290 of the Penal Code; or any felony or misdemeanor which is shown by clear proof or the stipulation of the defendant to have been committed primarily for purposes of sexual arousal or gratification.

When an affidavit is filed under (a) it shall be substantially in the form specified for the affidavit in Section 6251 of this code. The title and body of the affidavit shall refer to such person as "an alleged mentally disordered sex offender" and shall state fully the facts upon which the allegation that the person is a mentally disordered sex offender is based. If the person is then before the court or is in custody, the court may order that the person be detained in a place of safety until the issue and service of an order for examination and detention as provided by this article.

(b) Child under 14; misdemeanor. When a person is convicted of a sex offense involving a child under 14 years of age and it is a misdemeanor, and the person has been previously convicted of a sex offense in this or any other state, the court shall adjourn the proceeding or suspend the sentence, as the case may be, and shall certify the person for hearing and examination by the superior court of the county to determine whether the person is a mentally disordered sex offender within the meaning of this article.

(c) Child under 14; felony. When a person is convicted of a sex offense involving a child under 14 years of age and it is a felony, the court shall adjourn the proceeding or suspend the sentence, as the case may be, and shall certify the person for hearing and examination by the superior court of the county to determine whether the person is a mentally disordered sex offender within the meaning of this article.

(d) Certification; statement. When the court certifies the person for hearing and examination by the superior court of the county to determine whether the person is a mentally disordered sex offender, the court shall transmit to the superior court its certification to that effect, accompanied by a statement of the court's reasons for finding that there is probable cause for believing such person is a mentally disordered sex offender within the meaning of this article in cases certified under (a), or a statement of the facts making such certification mandatory under (b) or (c).

The judge or justice presiding in such court, whenever it is deemed necessary or advisable, may issue and deliver to some peace officer for service, an order directing that the person be apprehended and taken before a judge of the superior court for a hearing and examination to determine whether the person is a mentally disordered sex offender. The officer shall thereupon apprehend and detain the person until a hearing and examination can be had. At the time of the apprehension a copy of the affidavit if one was filed, the certification, accompanied by the court's statement, and the warrant shall be personally delivered to the person and copies thereof shall also be delivered to the superior court to which the person was certified and to the district attorney of the county.

The order for examination and detention shall be substantially in the form provided by Section 6252 of this code.
(Added by Stats.1967, c. 1667, p. 4107, § 37, operative July 1, 1969. Amended by Stats.1976, c. 1101, p. 4973, § 2.)

§ 6303. Service of notice; form

Section 6303 was repealed by Stats.1981, c. 928, p. 3485, § 2. For continued application to certain sex offenders, see Historical and Statutory Notes under Welfare and Institutions Code § 6300.

At the time of service of the petition and order for examination or detention, the officer making the service shall also deliver to each person served a copy of a notice which shall read substantially as follows:

The petition which accompanies this notice has been filed in the Superior Court in and for the County of . . . . . ., alleging that . . . . . is a . . . .

*. . . . . is notified to present himself at the time and place designated in the attached order to submit to an examination into the state of his mental health. He is permitted to be accompanied by one or more of his relatives or friends to the place of examination. If he fails or refuses to appear for such examination, the court may issue an order for his forthwith detention for such examination.

*. . . . . has been affirmatively alleged to be likely to injure himself or others if not immediately hospitalized or detained. The court has therefore issued the attached order for detention and for examination and hearing before the court. . . . . has the right to a

hearing, to bring in witnesses and to have compulsory process therefor, and to be represented by an attorney.

If . . . . . or a relative, friend, counsel or representative desires to be heard by the court, he must within four days after service of this notice file a request for a hearing with the clerk of the Superior Court in and for the County of . . . .

*Strike out when not applicable.

(Added by Stats.1967, c. 1667, p. 4107, § 37, operative July 1, 1969.)

§ 6304. Certification; form

Section 6304 was repealed by Stats.1981, c. 928, p. 3485, § 2. For continued application to certain sex offenders, see Historical and Statutory Notes under Welfare and Institutions Code § 6300.

Whenever a person is certified to the superior court for hearing and examination under Section 6302 the certification may be made in substantially the following form:

(Title of court and cause)

Order Adjoining Proceedings and Certifying Alleged Mentally Disordered Sex Offender to the Superior Court

Upon the court's own motion, the motion of the prosecuting attorney, application by or on behalf of the defendant (strike the conditions not applicable), it appearing to the satisfaction of the court that the above–named defendant has been convicted of a criminal offense, to wit, violation of . . . . . of the State of California, and that there is probable cause for believing that said defendant is a mentally disordered sex offender within the meaning of Article 1 of Chapter 2 of Part 2 of Division 6 of the Welfare and Institutions Code of the State of California, as amended, in that he is a person who by reason of mental defect, disease, or disorder, is predisposed to the commission of sexual offenses to such a degree that he is dangerous to the health and safety of others.

Now, therefore, the above proceeding is adjourned and it is hereby ordered that the above–named defendant is certified to the Superior Court of the State of California, in and for the County of . . . . . for hearing and examination by said court to determine whether said defendant is a mentally disordered sex offender within the meaning of said Article 1 of Chapter 2 of Part 2 of Division 6 of the Welfare and Institutions Code of the State of California, as amended. The above–named defendant shall be taken before said court, as provided in Section 6305 of said code, on the . . . . . day of . . . . . , 19. . . . , at the hour of . . . . . .* A copy of this certification of said defendant to said superior court shall be delivered to said defendant.

Dated this . . . . . day of . . . . . , 19. . .

. . . . . .
Judge

*This sentence may be included if such date and hour have been set by the superior court upon the request of the certifying judge.

(Added by Stats.1967, c. 1667, p. 4107, § 37, operative July 1, 1969.)

§ 6305. Advice as to allegation and rights; time and place of hearing; notice; attorney

Section 6305 was repealed by Stats.1981, c. 928, p. 3485, § 2. For continued application to certain sex offenders, see Historical and Statutory Notes under Welfare and Institutions Code § 6300.

The person certified or alleged to be a mentally disordered sex offender shall be taken before a judge of the superior court of the county. The judge shall then inform him that he is certified or alleged to be a mentally disordered sex offender, and inform him of his rights to make a reply and to produce witnesses in relation thereto. The judge shall by order fix such time and place for the hearing and examination in open court as will give reasonable opportunity for the filing of the probation officer's report as provided in Section 6306, and for the production and examination of witnesses. If, however, the person is too ill to appear in court, or if appearance in court would be detrimental to the mental or physical health of the person, the judge may hold the hearing at the bedside of the person. The order shall be entered at length in the minute book of the court or shall be signed by the judge and filed, and a certified copy thereof served on the person. The judge shall order that notice of the apprehension of the person and of the hearing of mentally disordered sex offender be served on the district attorney of the county and on such relatives of the person known to be residing in the county as the judge deems necessary or proper.

If the alleged mentally disordered sex offender has no attorney, an attorney shall be appointed to represent the person in the manner prescribed by Section 6314. In a county where there is no public defender, the court shall fix the compensation to be paid by the county for such services if the court determines that the person is not financially able to employ counsel.

(Added by Stats.1967, c. 1667, p. 4107, § 37, operative July 1, 1969. Amended by Stats.1976, c. 1101, p. 4974, § 2.5.)

§ 6306. Probation officer; reference; report

Section 6306 was repealed by Stats.1981, c. 928, p. 3485, § 2. For continued application to certain sex offenders, see Historical and Statutory Notes under Welfare and Institutions Code § 6300.

The court shall refer the matter to the probation officer, along with a copy of the certification accompanied by the certifying court's statement, and the name and address of each psychiatrist or clinical psychologist appointed pursuant to Section 6307, to investigate and report to the court within a specified time, upon the circumstances surrounding the crime and the prior record and history of the person. The report shall include the criminal record, if any, of the person, obtained from the State Bureau of Criminal Identification and Investigation. The probation officer shall furnish to the psychiatrists and clinical psychologists pertinent information concerning the circumstances surrounding the crime and the prior record and history of the person.

(Added by Stats.1967, c. 1667, p. 4107, § 37, operative July 1, 1969. Amended by Stats.1970, c. 516, p. 1007, § 12; Stats.1980, c. 1206, p. 4067, § 3.)

§ 6307. Appointment of psychologists or psychiatrists; contest of commitment

Section 6307 was repealed by Stats.1981, c. 928, p. 3485, § 2. For continued application to certain sex offenders, see Historical and Statutory Notes under Welfare and Institutions Code § 6300.

The judge shall appoint not less than two nor more than three certified clinical psychologists, each of whom shall have a doctoral degree in psychology and at least five years of postgraduate experience in the diagnosis of emotional and mental disorders, or psychiatrists, each of whom shall be a holder of a valid and unrevoked physician's and surgeon's certificate and have directed his professional practice primarily to the diagnosis and treatment of mental and nervous disorders for a period of not less than five years to make a personal examination of the alleged mentally disordered sex offender, directed toward ascertaining whether the person is a mentally disordered sex offender.

If the proposed commitment is contested by either the defendant or the people, one of the clinical psychologists or psychiatrists so appointed may be designated by the defendant, and one by the people.

(Added by Stats.1967, c. 1667, p. 4107, § 37, operative July 1, 1969. Amended by Stats.1970, c. 685, p. 1313, § 1; Stats.1976, c. 1101, p. 4975, § 3; Stats.1978, c. 391, p. 1242, § 3.)

§ 6308. Psychiatrists and psychologists; report and testimony

Section 6308 was repealed by Stats.1981, c. 928, p. 3485, § 2. For continued application to certain sex offenders, see Historical and Statutory Notes under Welfare and Institutions Code § 6300.

Each psychiatrist or psychologist so appointed shall file with the court a separate written report of the result of his examination, together with his conclusions and recommendations and his opinion as to whether or not the person would benefit by care and treatment in a state hospital. At the hearing each psychiatrist or psychologist shall hear the testimony of all witnesses, and shall testify as to the result of his examination, and to any other pertinent facts within his knowledge, unless the person upon the advice of counsel waives the

presence of the psychiatrists or psychologist and it is stipulated that their respective reports may be received in evidence.
(Added by Stats.1967, c. 1667, p. 4107, § 37, operative July 1, 1969. Amended by Stats.1968, c. 1206, p. 2287, § 4, operative July 1, 1969; Stats.1976, c. 1101, p. 4975, § 4.)

§ 6309. Examination of psychiatrists or psychologists

Section 6309 was repealed by Stats.1981, c. 928, p. 3485, § 2. For continued application to certain sex offenders, see Historical and Statutory Notes under Welfare and Institutions Code § 6300.

Any psychiatrist or psychologist so appointed by the court may be called by either party to the proceeding or by the court itself and when so called shall be subject to all legal objections as to competency and bias and as to qualification as an expert. When called by the court, or by either party to the proceeding, the court may examine the psychiatrist or psychologist, as deemed necessary, but either party shall have the same right to object to the questions asked by the court and the evidence adduced as though the psychiatrist or psychologist were a witness for the adverse party. When the psychiatrist is called and examined by the court the parties may cross–examine him in the order directed by the court. When called by either party to the proceeding the adverse party may examine him the same as in the case of any other witness called by such party.
(Added by Stats.1967, c. 1667, p. 4107, § 37, operative July 1, 1969. Amended by Stats.1976, c. 1101, p. 4976, § 5.)

§ 6310. Fees of psychiatrists or psychologists

Section 6310 was repealed by Stats.1981, c. 928, p. 3485, § 2. For continued application to certain sex offenders, see Historical and Statutory Notes under Welfare and Institutions Code § 6300.

The psychiatrists or psychologists so appointed by the court shall be allowed such fees not exceeding one hundred fifty dollars ($150) per day, prorated by the court when services are rendered for less than a full day. The fees allowed shall be paid by the county in which the hearing is held.
(Added by Stats.1967, c. 1667, p. 4107, § 37, operative July 1, 1969. Amended by Stats.1969, c. 1140, p. 2209, § 1; Stats.1975, c. 926, p. 2043, § 1; Stats.1976, c. 1101, p. 4976, § 6.)

§ 6311. Other expert evidence

Section 6311 was repealed by Stats.1981, c. 928, p. 3485, § 2. For continued application to certain sex offenders, see Historical and Statutory Notes under Welfare and Institutions Code § 6300.

The provisions of this article relating to psychiatrists appointed by the court shall not be deemed or construed to prevent any party to a proceeding under this article from producing any other expert evidence as to the mental condition of the alleged mentally disordered sex offender.
(Added by Stats.1967, c. 1667, p. 4107, § 37, operative July 1, 1969.)

§ 6312. Examination of other witnesses

Section 6312 was repealed by Stats.1981, c. 928, p. 3485, § 2. For continued application to certain sex offenders, see Historical and Statutory Notes under Welfare and Institutions Code § 6300.

The judge shall also cause to be examined as a witness any other person whom he believes to have knowledge of the mental condition of the alleged mentally disordered sex offender, or of the financial condition of the alleged mentally disordered sex offender and of any person liable for his support.
(Added by Stats.1967, c. 1667, p. 4107, § 37, operative July 1, 1969.)

§ 6313. Attendance of witnesses; fees and expenses

Section 6313 was repealed by Stats.1981, c. 928, p. 3485, § 2. For continued application to certain sex offenders, see Historical and Statutory Notes under Welfare and Institutions Code § 6300.

The judge may, for any hearing, order the clerk of the court to issue subpoenas and compel the attendance of witnesses from any place within the boundaries of this state, as provided by law for the trial of a criminal case.

All witnesses, other than psychiatrists or psychologists appointed by the court, attending a hearing upon a subpoena issued under this section shall be entitled to the same fees and expenses as in criminal cases, to be paid upon the same conditions and in like manner.
(Added by Stats.1967, c. 1667, p. 4107, § 37, operative July 1, 1969. Amended by Stats.1976, c. 1101, p. 4976, § 7.)

§ 6314. Presence at hearing; attorney; public defender

Section 6314 was repealed by Stats.1981, c. 928, p. 3485, § 2. For continued application to certain sex offenders, see Historical and Statutory Notes under Welfare and Institutions Code § 6300.

The alleged mentally disordered sex offender shall be present at the hearing; and if he has no attorney, the judge shall appoint the public defender or other counsel to represent him unless the defendant affirmatively, knowingly and intelligently demands to act as his own attorney.
(Added by Stats.1967, c. 1667, p. 4107, § 37, operative July 1, 1969. Amended by Stats.1976, c. 1101, p. 4976, § 8.)

§ 6315. Hearing; findings; return to original court

Section 6315 was repealed by Stats.1981, c. 928, p. 3485, § 2. For continued application to certain sex offenders, see Historical and Statutory Notes under Welfare and Institutions Code § 6300.

If, upon the hearing, the person is found by the superior court not to be a mentally disordered sex offender, the superior court shall return the person to the court in which the case originated for such disposition as that court may deem necessary and proper.
(Added by Stats.1967, c. 1667, p. 4107, § 37, operative July 1, 1969. Amended by Stats.1970, c. 685, p. 1313, § 2.)

§ 6316. Return to criminal court for further disposition or commitment to hospital or other facility for care and treatment

Section 6316 was repealed by Stats.1981, c. 928, p. 3485, § 2. For continued application to certain sex offenders, see Historical and Statutory Notes under Welfare and Institutions Code § 6300.

(a)(1) If, after examination and hearing, the court finds that the person is a mentally disordered sex offender and that the person could benefit by treatment in a state hospital, or other treatment facility the court in its discretion has the alternative to return the person to the criminal court for further disposition, or may make an order committing the person to the department for confinement in a state hospital, or may commit the person to the county mental health director for confinement in an appropriate public or private treatment facility, approved by such director or may place the person on outpatient status under Title 15 (commencing with Section 1600) of Part 2 of the Penal Code. A copy of such commitment shall be personally served upon such person within five days after the making of such order.

If after examination and hearing, the court finds that the person is a mentally disordered sex offender but will not benefit by care or treatment in a state hospital or other treatment facility the court shall then cause the person to be returned to the court in which the criminal charge was tried to await further action with reference to such criminal charge. Such court shall resume the proceedings and shall impose sentence or make such other suitable disposition of the case as the court deems necessary.

The court shall transmit a copy of its order to the county mental health director or a designee and to the Director of Mental Health in all cases where a person is found to be a mentally disordered sex offender.

(2) Prior to making such order, the court shall order the county mental health director or a designee to evaluate the person and to submit to the court within 15 judicial days of such order a written recommendation as to whether the person should be committed to a state hospital or to another treatment facility approved by the county mental health director or be placed on outpatient status under the provisions of Title 15 (commencing with Section 1600) of Part 2 of the Penal Code. No such person shall be admitted to a state hospital or other treatment facility or placed on outpatient status without

having been evaluated by the county mental health director or a designee.

(3) If the person is committed or transferred to a state hospital pursuant to this article, the committing court may, upon receiving the written recommendation of the medical director of the state hospital and the county mental health director that the person be transferred to a public or private treatment facility approved by the county mental health director, order the person transferred to such facility. If the person is committed or transferred to a public or private treatment facility approved by the county mental health director, the committing court may, upon receiving the written recommendation of the county mental health director or a designee, transfer the person to a state hospital or to another public or private treatment facility approved by the county mental health director. Where either the defendant, or the prosecutor chooses to contest either kind of order of transfer, a petition may be filed in the court for a hearing, which shall be held if the court determines that sufficient grounds exist. At such hearing, the prosecuting attorney or the defendant may present evidence bearing on the order of transfer. The court shall use the same standards used in conducting probation revocation hearings pursuant to Section 1203.2 of the Penal Code.

Prior to making an order for transfer under this section, the court shall notify the person, the prosecuting attorney, attorney of record for the person, and the county mental health director or a designee.

(b) During the time the person is confined in a state hospital or other treatment facility as an inpatient under the provisions of this article, the medical director of the facility shall, at six–month intervals, submit a report in writing to the court, and the county mental health director of the county of commitment or a designee concerning the person's progress toward recovery. The court shall supply a copy of the report to the prosecutor and the defense attorney.

(Added by Stats.1967, c. 1667, p. 4107, § 37, operative July 1, 1969. Amended by Stats.1970, c. 685, p. 1313, § 3; Stats.1971, c. 1593, p. 3360, § 418, operative July 1, 1973; Stats.1975, c. 1274, p. 3399, § 9; Stats.1976, c. 1101, p. 4976, § 9; Stats.1977, c. 164, p. 633, § 1, eff. June 29, 1977, operative July 1, 1977; Stats.1977, c. 691, p. 2232, § 5.5; Stats.1978, c. 1291, p. 4229, § 5; Stats.1980, c. 547, p. 1525, § 19.)

§ 6316.1. Maximum term of commitment; notice; hearing; statement

Section 6316.1 was repealed by Stats.1981, c. 928, p. 3485, § 2. For continued application to certain sex offenders, see Historical and Statutory Notes under Welfare and Institutions Code § 6300.

(a) In the case of any person found to be a mentally disordered sex offender who committed a felony on or after July 1, 1977, the court shall state in the commitment order the maximum term of commitment, and the person may not be kept in actual custody longer than the maximum term of commitment, except as provided in Section 6316.2. For the purposes of this section, "maximum term of commitment" shall mean the longest term of imprisonment which could have been imposed for the offense or offenses of which the defendant was convicted, including the upper term of the base offense and any additional terms for enhancements and consecutive sentences which could have been imposed less any applicable credits as defined by Section 2900.5 of the Penal Code and disregarding any credits which could have been earned under Sections 2930 to 2932, inclusive, of the Penal Code.

(b) In the case of a person found to be a mentally disordered sex offender who committed a felony prior to July 1, 1977, who could have been sentenced under Section 1168 or 1170 of the Penal Code if the offense were committed after July 1, 1977, the Board of Prison Terms shall determine the maximum term of commitment which could have been imposed under subdivision (a), and the person may not be kept in actual custody longer than the maximum term of commitment, except as provided in Section 6316.2.

In fixing a term under this section, the board shall utilize the upper term of imprisonment which could have been imposed for the offense or offenses of which the defendant was convicted, increased by any additional terms which could have been imposed based on matters which were found to be true in the committing court. However, if at least two of the members of the board after reviewing the person's file determine that a longer term should be imposed for the reasons specified in Section 1170.2 of the Penal Code, a longer term may be imposed following the procedures and guidelines set forth in Section 1170.2 of the Penal Code, except that any hearings deemed necessary by the board shall be held before April 1, 1978. Within 90 days of July 1, 1977, or of the date the person is received by the State Department of Mental Health, whichever is later, the Board of Prison Terms shall provide each person committed pursuant to Section 6316 with the determination of his maximum term of commitment or shall notify such person that he will be scheduled for a hearing to determine his term.

Within 20 days following the determination of the maximum term of commitment the board shall provide the person committed, the prosecuting attorney, the committing court, and the State Department of Mental Health with a written statement setting forth the maximum term of commitment, the calculations, the statements, the recommendations, and any other materials considered in determining the maximum term.

(c) In the case of a person found to be a mentally disordered sex offender who committed a misdemeanor, whether before or after July 1, 1977, the maximum term of commitment shall be the longest term of county jail confinement which could have been imposed for the offense or offenses of which the defendant was convicted, and the person may not be kept in actual custody longer than this maximum term. The provisions of this subdivision shall be applied retroactively.

(d) Nothing in this section limits the power of the State Department of Mental Health or of the committing court to release the person, conditionally or otherwise, for any period of time allowed by any other provision of law.

(Added by Stats.1977, c. 164, p. 633, § 2, eff. June 29, 1977, operative July 1, 1977. Amended by Stats.1979, c. 373, p. 1399, § 369; Stats.1979, c. 255, p. 570, § 63.)

§ 6316.2. Commitment beyond maximum term; procedure

Section 6316.2 was repealed by Stats.1981, c. 928, p. 3485, § 2. For continued application to certain sex offenders, see Historical and Statutory Notes under Welfare and Institutions Code § 6300.

(a) A person may be committed beyond the term prescribed by Section 6316.1 only under the procedure set forth in this section and only if such person meets all of the following:

(1) The "sex offense" as defined in subdivision (a) of Section 6302 of which the person has been convicted is a felony, whether committed before or after July 1, 1977, or is a misdemeanor which was committed before July 1, 1977.

(2) Suffers from a mental disease, defect, or disorder, and as a result of such mental disease, defect, or disorder, is predisposed to the commission of sexual offenses to such a degree that he presents a substantial danger of bodily harm to others.

(b) If during a commitment under this part, the Director of Mental Health has good cause to believe that a patient is a person described in subdivision (a), the director may submit such supporting evaluations and case file to the prosecuting attorney who may file a petition for extended commitment in the superior court which issued the original commitment. Such petition shall be filed no later than 90 days before the expiration of the original commitment. Such petition shall state the reasons for the extended commitment, with accompanying affidavits specifying the factual basis for believing that the person meets each of the requirements set forth in subdivision (a).

(c) At the time of filing a petition, the court shall advise the patient named in the petition of his right to be represented by an attorney and of his right to a jury trial. The rules of discovery in criminal cases shall apply.

(d) The court shall conduct a hearing on the petition for extended commitment. The trial shall be by jury unless waived by both the patient and the prosecuting attorney. The trial shall commence no later than 30 days prior to the time the patient would otherwise have been released by the State Department of Mental Health.

(e) The patient shall be entitled to the rights guaranteed under the Federal and State Constitutions for criminal proceedings. All proceedings shall be in accordance with applicable constitutional guarantees. The State Controller shall reimburse the counties for all expenses of transportation, care and custody of the patient and all trial and related costs. The state shall be represented by the Attorney General or the district attorney with the consent of the Attorney General. If the patient is indigent, the State Public Defender shall be appointed. The State Public Defender may provide for representation of the patient in any manner authorized by Section 15402 of the Government Code. Appointment of necessary psychologists or psychiatrists shall be made in accordance with this article and Penal Code and Evidence Code provisions applicable to criminal defendants who have entered pleas of not guilty by reason of insanity or asserted diminished capacity defenses.

(f) If the court or jury finds that the patient is a person described in subdivision (a), the court may order the patient committed to the State Department of Mental Health in a treatment facility. A commitment or a recommitment under Section 6316.1 shall be for a period of two years from the date of termination of the previous commitment.

(g) A person committed under this section to the State Department of Mental Health shall be eligible for outpatient release as provided in this article.

(h) Prior to termination of a commitment under this section, a petition for recommitment may be filed to determine whether the person remains a person described in subdivision (a). Such recommitment proceeding shall be conducted in accordance with the provisions of this article.

(i) Any commitment to the State Department of Mental Health under this article places an affirmative obligation on the department to provide treatment for the underlying causes of the person's mental disorder.

(j) Amenability to treatment is not required for a finding that any person is a person as described in subdivision (a), nor is it required for treatment of such person. Treatment programs need only be made available to such person. Treatment does not mean that the treatment be successful or potentially successful, nor does it mean that the person must recognize his or her problem and willingly participate in the treatment program.

(k) The person committed pursuant to this section shall be confined in a state hospital unless released as an outpatient as provided in Section 6325.1. The Director of Mental Health may, with the consent of the Director of Corrections, transfer the person to a treatment unit in the Department of Corrections for confinement and treatment if the person is not amenable for treatment in existing hospital programs or is in need of stricter security and custody measures than are available within the state hospitals. The treatment unit shall be designated by the Director of Corrections. A person transferred under this section shall be entitled to a hearing by the State Department of Mental Health to determine whether he may be confined and treated in a state hospital.

The person shall be entitled to be present at the hearing, to ask and answer questions, to speak on his own behalf, and to offer relevant evidence. The hearing shall be held before any transfer to the Department of Corrections unless the person is already in the custody of the Director of Corrections or the need for transfer becomes immediate making a hearing before transfer impractical.

Any person transferred to the Department of Corrections pursuant to this section shall be entitled to treatment of a kind and quality similar to that which he would receive if confined by the State Department of Mental Health. He shall be treated in a unit at a level of staffing that will enable him to receive the equivalent quality of care and therapy that would be received in a similar state hospital program.

(*l*) The provisions of Section 6327 shall apply to a commitment ordered pursuant to this section.

(Added by Stats.1977, c. 164, p. 634, § 3, eff. June 29, 1977, operative July 1, 1977. Amended by Stats.1978, c. 1036, p. 3198, § 1, eff. Sept. 25, 1978; Stats.1978, c. 1039, p. 3225, § 2; Stats.1979, c. 991, p. 3373, § 1; Stats.1979, c. 992, p. 3377, § 1, eff. Sept. 22, 1979; Stats.1979, c. 992, p. 3379, § 2, eff. Sept. 22, 1979, operative Jan. 1, 1980.)

§ 6318. Demand for trial; date; finding or verdict

Section 6318 was repealed by Stats.1981, c. 928, p. 3485, § 2. For continued application to certain sex offenders, see Historical and Statutory Notes under Welfare and Institutions Code § 6300.

If a person ordered under Section 6316 to be committed as a mentally disordered sex offender to the department for placement in a state hospital for care and treatment or to the county mental health director for placement in an appropriate facility, or any friend in his behalf, is dissatisfied with the order of the judge so committing him, he may, within 15 days after the making of such order, demand that the question of his being a mentally disordered sex offender be tried by a judge or by a jury in the superior court of the county in which he was committed. Thereupon the court shall set the case for hearing at a date, or shall cause a jury to be summoned and to be in attendance at a date stated, not less than five nor more than 10 days from the date of the demand for a court or jury trial. The court shall adjudge whether the person is a mentally disordered sex offender, or if it is a trial by jury the judge shall submit to the jury the question: Are you convinced to a moral certainty and beyond a reasonable doubt that the defendant is a mentally disordered sex offender?

(Added by Stats.1967, c. 1667, p. 4107, § 37, operative July 1, 1969. Amended by Stats.1970, c. 685, p. 1314, § 4; Stats.1975, c. 1274, p. 3400, §11; Stats.1976, c. 1101, p. 4977, § 11.)

§ 6319. Stay of proceedings

Section 6319 was repealed by Stats.1981, c. 928, p. 3485, § 2. For continued application to certain sex offenders, see Historical and Statutory Notes under Welfare and Institutions Code § 6300.

Proceedings under this article under the order for commitment to the department for placement in a state hospital or to a county mental health director for placement in an appropriate facility shall not be stayed, pending the proceedings for determining the question of whether the person is a mentally disordered sex offender by a judge or jury, except upon the order of a superior court judge, with provision made therein for such temporary care and custody of the person as the judge deems necessary. If the superior court judge, by the order granting the stay, commits the person to the custody of any person other than a peace officer, he may, by such order, require a bond for his appearance at the trial.

(Added by Stats.1967, c. 1667, p. 4107, § 37, operative July 1, 1969. Amended by Stats.1975, c. 1274, p. 3400, § 12.)

§ 6320. Duties of district attorney

Section 6320 was repealed by Stats.1981, c. 928, p. 3485, § 2. For continued application to certain sex offenders, see Historical and Statutory Notes under Welfare and Institutions Code § 6300.

At the trial the petition and its allegations that the person is a mentally disordered sex offender shall be presented by the district attorney of the county.

(Added by Stats.1967, c. 1667, p. 4107, § 37, operative July 1, 1969.)

§ 6321. Trial; verdict; court order

Section 6321 was repealed by Stats.1981, c. 928, p. 3485, § 2. For continued application to certain sex offenders, see Historical and Statutory Notes under Welfare and Institutions Code § 6300.

The trial shall be had as provided by law for the trial of criminal causes, and if tried before a jury the person shall be discharged unless a verdict that he is a mentally disordered sex offender is found unanimously by the jury. If the judge adjudges or the verdict of the jury is that he is a mentally disordered sex offender the judge shall adjudge that fact and make an order similar to the original order for commitment to the department for placement in a state hospital or to

a county mental health director for placement in an appropriate facility. The order committing the person to the department for placement in a state hospital or other facility shall be presented to the superintendent of the state hospital or other facility or other representative of the department to whom the person is committed.
(Added by Stats.1967, c. 1667, p. 4107, § 37, operative July 1, 1969. Amended by Stats.1975, c. 1274, p. 3401, § 13; Stats.1976, c. 1101, p. 4978, § 12.)

§ 6322. Execution of writ; fees; expenses

Section 6322 was repealed by Stats.1981, c. 928, p. 3485, § 2. For continued application to certain sex offenders, see Historical and Statutory Notes under Welfare and Institutions Code § 6300.

The sheriff of any county wherein an order is made by the court committing a person for an indeterminate period to a state hospital or other facility or returning such person to the court, or any other peace officer designated by the court, shall execute the writ of commitment or order of return, and receive as compensation therefor such fees as are now or may hereafter be provided by law for the transportation of prisoners to the state prison, which shall be payable in the same manner.

The expense of transporting a person to a county facility or state hospital temporarily for an observation placement under this article and returning such person to the court is a charge upon the county in which the court is situated.
(Added by Stats.1967, c. 1667, p. 4107, § 37, operative July 1, 1969. Amended by Stats.1975, c. 1274, p. 3401, § 14.)

§ 6323. Delivery of documents

Section 6323 was repealed by Stats.1981, c. 928, p. 3485, § 2. For continued application to certain sex offenders, see Historical and Statutory Notes under Welfare and Institutions Code § 6300.

Certified copies of the affidavit, certification from the trial court, order for examination or detention, order for hearing and examination, report of the probation officer and of the court–appointed psychiatrists, and the order of commitment for an indeterminate period shall be delivered to the person transporting the mentally disordered sex offender to the state hospital or other facility, and shall be delivered by that person to the officer in charge of the hospital or other facility.
(Added by Stats.1967, c. 1667, p. 4107, § 37, operative July 1, 1969. Amended by Stats.1970, c. 685, p. 1314, § 5; Stats.1975, c. 1274, p. 3401, § 15.)

§ 6324. Applicable laws

Section 6324 was repealed by Stats.1981, c. 928, p. 3485, § 2. For continued application to certain sex offenders, see Historical and Statutory Notes under Welfare and Institutions Code § 6300.

The provisions of Section 4025 and of Article 4 (commencing with Section 7275) of Chapter 3 of Division 7 relative to the property and care and support of persons in state hospitals, the liability for such care and support, and the powers and duties of the State Department of Mental Health and all officers and employees thereof in connection therewith shall apply to persons committed to state hospitals or to other facilities pursuant to this article the same as if such persons were expressly referred to in Section 4025 and Article 4 (commencing with Section 7275) of Chapter 3 of Division 7.
(Formerly § 5516, added by Stats.1965, c. 391, p. 1651, § 5, eff. May 25, 1965. Amended by Stats.1967, c. 1620, p. 3863, § 6, eff. Aug. 30, 1967. Renumbered § 6324 and amended by Stats.1968, c. 1374, p. 2664, § 60, operative July 1, 1969; Stats.1973, c. 142, p. 423, § 79.4, eff. June 30, 1973, operative July 1, 1973; Stats.1975, c. 1274, p. 3401, § 16; Stats.1977, c. 1252, p. 4601, § 638, operative July 1, 1978.)

§ 6325. Certification as to recovery; return to court; probation; credit for hospitalization time

Section 6325 was repealed by Stats.1981, c. 928, p. 3485, § 2. For continued application to certain sex offenders, see Historical and Statutory Notes under Welfare and Institutions Code § 6300.

(a) Whenever a person who is committed to a state hospital or other treatment facility under the provisions of this article or placed on outpatient status under Title 15 (commencing with Section 1600) of Part 2 of the Penal Code has been treated to such an extent that in the opinion of the medical director of the state hospital or other facility or the outpatient treatment supervisor under Title 15 (commencing with Section 1600) of Part 2 of the Penal Code, the person will not benefit by further care and treatment and is not a danger to the health and safety of others, the medical director or person in charge of the facility or county mental health director or a designee where the person is on outpatient status, shall file with the committing court a certification of that opinion including therein a report, diagnosis, and recommendation concerning the persons's future care, supervision, or treatment.

(b) Whenever a person who is committed to a state hospital or other treatment facility under the provisions of this article or who is placed on outpatient status under Title 15 (commencing with Section 1600) of Part 2 of the Penal Code has not recovered, and in the opinion of the medical director of the state hospital or other facility or of the county mental health director where the patient is on outpatient status the person is still a danger to the health and safety of others, the director shall file with the committing court a certification of that opinion, including therein a report, diagnosis and recommendation concerning the person's future care, supervision or treatment.

(c) The court shall transmit a copy of the opinion certified under subdivision (a) or (b) to the county mental health director or a designee and shall give notice of the hearing date to the county mental health director or a designee and to the Director of Mental Health.

Upon the expiration of the time for making a motion pursuant to Section 6325.2, upon the denial of such motion, or upon the entry of a finding that the person is no longer a mentally disordered sex offender after a hearing pursuant to Section 6327, the committing court shall order the return of the person to the committing court. The committing court shall thereafter cause the person to be returned to the court in which the criminal charge was tried to await further action with reference to such criminal charge.

Such court shall resume the proceedings, upon the return of the person to the court, and after considering all the evidence before it may place the person on probation upon such terms as may be required to protect the public if the criminal charge permits such probation and the person is otherwise eligible for probation. In any case, where the person is sentenced on a criminal charge, the time the person spent under indeterminate commitment as a mentally disordered sex offender shall be credited by the court or community release board against such sentence. The court in which the criminal case was tried shall notify the county mental health director or a designee and the Director of Mental Health of the outcome of the criminal proceedings.
(Added by Stats.1967, c. 1667, p. 4107, § 37, operative July 1, 1969. Amended by Stats.1975, c. 1274, p. 3402, § 17; Stats.1976, c. 1101, p. 4979, § 13.1; Stats.1978, c. 1291, p. 4230, § 7; Stats.1980, c. 547, p. 1529, § 21.)

§ 6325.1. Authority to place committed person on outpatient status

Section 6325.1 was repealed by Stats.1981, c. 928, p. 3485, § 2. For continued application to certain sex offenders, see Historical and Statutory Notes under Welfare and Institutions Code § 6300.

A person committed pursuant to Section 6316.2 may be placed on outpatient status as provided in Title 15 (commencing with Section 1600) of Part 2 of the Penal Code.
(Added by Stats.1980, c. 547, p. 1527, § 23.)

§ 6325.2. Motion for new examination; time; hearing; court order

Section 6325.2 was repealed by Stats.1981, c. 928, p. 3485, § 2. For continued application to certain sex offenders, see Historical and Statutory Notes under Welfare and Institutions Code § 6300.

When a person is returned to the committing court pursuant to Section 6325, either party may move for a new examination and hearing pursuant to Sections 6306 through 6318, inclusive, within

five days of the person's arrival. The motion may be granted if the moving party shows by affidavit the existence of facts which establish that the opinion certified under subdivision (a) or (b) of Section 6325 was an abuse of discretion. Such hearing shall be set to commence within 30 days of the person's return to court. If the opinion certified was under subdivision (a) of Section 6325, and a new hearing is granted upon motion of the people, the person shall be entitled to be admitted to bail or released on his own recognizance in the manner provided by law for criminal cases. If, at the conclusion of a hearing pursuant to this section, the person is found to remain a mentally disordered sex offender who could benefit by treatment in the state hospital or other mental health facility, the court may direct that the previous order of commitment remain in full force and effect.

(Formerly § 6325.1, added by Stats.1976, c. 1101, p. 4979, § 13.5. Renumbered § 6325.2 and amended by Stats.1977, c. 691, p. 2233, § 8.)

§ 6325.3. Authority to place committed person on outpatient status

Section 6325.3 was repealed by Stats.1981, c. 928, p. 3485, § 2. For continued application to certain sex offenders, see Historical and Statutory Notes under Welfare and Institutions Code § 6300.

A person committed to a state hospital or other treatment facility under the provisions of Section 6316 or 6321 may be placed on outpatient status from such commitment as provided in Title 15 (commencing with Section 1600) of Part 2 of the Penal Code.

(Added by Stats.1980, c. 547, p. 1528, § 24.)

§ 6325.5. Certification of no recovery and continued menace; release upon probation or other court disposition

Section 6325.5 was repealed by Stats.1981, c. 928, p. 3485, § 2. For continued application to certain sex offenders, see Historical and Statutory Notes under Welfare and Institutions Code § 6300.

If the opinion so certified is under subdivision (b) of Section 6325, the person may not be released until such time as probation is granted or such other disposition as the court may deem necessary and proper is made of the case.

(Added by Stats.1973, c. 346, p. 770, § 1.)

§ 6327. Persons committed for indeterminate period; report; return to court; hearing; recommitment; subsequent hearings; recovery and return to criminal court

Section 6327 was repealed by Stats.1981, c. 928, p. 3485, § 2. For continued application to certain sex offenders, see Historical and Statutory Notes under Welfare and Institutions Code § 6300.

After a person has been committed to the State Department of Mental Health for placement in a state hospital or to a county mental health director for placement in a treatment facility as a mentally disordered sex offender and has been confined or released on outpatient status pursuant to Title 15 (commencing with Section 1600) of Part 2 of the Penal Code for a period of not less than six months from the date of the order of commitment, the committing court may upon its own motion or on motion by or on behalf of the person committed, require the medical director of the state hospital or other facility or the outpatient supervisor, as appropriate, to forward to the committing court and to the county mental health director or a designee, within 30 days an opinion under subdivision (a) or (b) of Section 6325, including therein a report, diagnosis, and recommendation concerning the person's future care, supervision, or treatment. After receipt of the report, the committing court may order the return of the person to the court for a hearing as to whether the person is still a mentally disordered sex offender within the meaning of this article.

The court shall give notice of the hearing date to the county mental health director or a designee and to the Director of Mental Health.

The hearing shall be conducted substantially in accordance with Sections 6306 to 6314, inclusive. If, after the hearing, the judge finds that the person has not recovered from the mental disorder and is still a danger to the health and safety of others, the judge shall order the person returned to the State Department of Mental Health or county mental health director under the prior order of commitment. The court shall transmit a copy of its order to the county mental health director or a designee and to the Director of Mental Health. A subsequent hearing may not be held under this section until the person has been confined or on outpatient status for an additional period of six months from the date of return to the department or county mental health director. If the court finds that the person has recovered from the mental disorder to such an extent that the person is no longer a danger to the health and safety of others, or that the person will not benefit by further care and treatment in the hospital or other facility and is not a danger to the health and safety of others, the committing court shall thereafter cause the person to be returned to the court in which the criminal charge was tried to await further action with reference to such criminal charge. The court in which the criminal charge was tried shall notify the county mental health director or a designee and the Director of Mental Health of the outcome of the criminal proceedings.

(Added by Stats.1967, c. 1667, p. 4107, § 37, operative July 1, 1969. Amended by Stats.1971, c. 1593, p. 3362, § 420, operative July 1, 1973; Stats.1975, c. 1274, p. 3405, § 19; Stats.1976, c. 1101, p. 4980, § 15; Stats.1977, c. 1252, p. 4602, § 639, operative July 1, 1978; Stats.1979, c. 991, p. 3376, § 3; Stats.1980, c. 547, p. 1528, § 25.)

§ 6328. Privileges of persons confined

Section 6328 was repealed by Stats.1981, c. 928, p. 3485, § 2. For continued application to certain sex offenders, see Historical and Statutory Notes under Welfare and Institutions Code § 6300.

The superintendent of a state hospital or other facility may extend to any person confined therein pursuant to this article such of the privileges granted to other patients of the hospital or facility as are not incompatible with his detention or unreasonably conducive to his escape from custody.

(Added by Stats.1967, c. 1667, p. 4107, § 37, operative July 1, 1969. Amended by Stats.1975, c. 1274, p. 3405, § 20.)

§ 6329. District attorney; appearance for people

Section 6329 was repealed by Stats.1981, c. 928, p. 3485, § 2. For continued application to certain sex offenders, see Historical and Statutory Notes under Welfare and Institutions Code § 6300.

The district attorney of the county may appear on behalf of the people at any of the hearings held pursuant to this article.

(Added by Stats.1967, c. 1667, p. 4107, § 37, operative July 1, 1969.)

§ 6330. Escape; punishment

Section 6330 was repealed by Stats.1981, c. 928, p. 3485, § 2. For continued application to certain sex offenders, see Historical and Statutory Notes under Welfare and Institutions Code § 6300.

Every person committed to a state hospital or state institution or other public or private mental health facility as a mentally disordered sex offender, who escapes from or who escapes while being conveyed to or from such county facility, state hospital or state institution, is punishable by imprisonment in the state prison; or in the county jail not to exceed one year.

(Added by Stats.1967, c. 1667, p. 4107, § 37, operative July 1, 1969. Amended by Stats.1975, c. 1274, p. 3406, § 21; Stats.1976, c. 1139, p. 5174, § 345; Stats.1976, c. 1101, p. 5180, § 16.)

§ 6331. Operative effect of article; application to persons already committed; amendment of section

Article 1 was repealed by Stats.1981, c. 928, § 2. For continued application to certain sex offenders, see Historical Note under § 6300.

This article shall become inoperative the day after the election at which the electors adopt this section, except that the article shall continue to apply in all respects to those already committed under its provisions.

The provisions of this section shall not be amended by the Legislature except by statute passed in each house by rollcall vote

entered in the journal, two–thirds of the membership concurring, or by a statute that becomes effective only when approved by the electors.
(Added by Initiative Measure, approved by the people, June 8, 1982.)

§ 6332. Outpatient status; actual custody and credit toward maximum term of commitment or term of extended commitment; time spent in locked facilities

For a person committed as a mentally disordered sex offender, whose term of commitment has been extended pursuant to former Section 6316.2, and who is placed on outpatient status pursuant to Section 1604 of the Penal Code, time spent on outpatient status, except when placed in a locked facility at the direction of the outpatient supervisor, shall not count as actual custody and shall not be counted toward the person's maximum term of commitment or toward the person's term of extended commitment.
(Added by Stats. 1993–94, 1st Ex.Sess., c. 9 (S.B.39), § 3.)

Article 2 MENTALLY RETARDED PERSONS

§ 6500. Commitment of persons dangerous to self or others; expiration of commitment order; counsel; duty of district attorney or county counsel

On and after July 1, 1971, no mentally retarded person may be committed to the State Department of Developmental Services pursuant to this article, unless he or she is a danger to himself or herself, or others. For the purposes of this article, dangerousness to self or others shall be considered to include, but not be limited to, a finding of incompetence to stand trial pursuant to the provisions of Chapter 6 (commencing with Section 1367) of Title 10 of Part 2 of the Penal Code when the defendant has been charged with murder, mayhem, aggravated mayhem, a violation of Section 207, 209, or 209.5 of the Penal Code in which the victim suffers intentionally inflicted great bodily injury, robbery perpetrated by torture or by a person armed with a dangerous or deadly weapon or in which the victim suffers great bodily injury, carjacking perpetrated by torture or by a person armed with a dangerous or deadly weapon or in which the victim suffers great bodily injury, a violation of subdivision (b) of Section 451 of the Penal Code, a violation of paragraph (1) or (2) of subdivision (a) of Section 262 or paragraph (2) or (3) of subdivision (a) of Section 261 of the Penal Code, a violation of Section 288 of the Penal Code, any of the following acts when committed by force, violence, duress, menace, fear of immediate and unlawful bodily injury on the victim or another person: a violation of paragraph (1) or (2) of subdivision (a) of Section 262 of the Penal Code, a violation of Section 264.1, 286, or 288a of the Penal Code, or a violation of subdivision (a) of Section 289 of the Penal Code; a violation of Section 459 of the Penal Code in the first degree, assault with intent to commit murder, a violation of Section 220 of the Penal Code in which the victim suffers great bodily injury, a violation of Section 12303.1, 12303.3, 12308, 12309, or 12310 of the Penal Code, or if the defendant has been charged with a felony involving death, great bodily injury, or an act which poses a serious threat of bodily harm to another person.

If the mentally retarded person is in the care or treatment of a state hospital, developmental center, or other facility at the time a petition for commitment is filed pursuant to this article, proof of a recent overt act while in the care and treatment of a state hospital, developmental center, or other facility is not required in order to find that the person is a danger to self or others.

Any order of commitment made pursuant to this article shall expire automatically one year after the order of commitment is made. This section shall not be construed to prohibit any party enumerated in Section 6502 from filing subsequent petitions for additional periods of commitment. In the event subsequent petitions are filed, the procedures followed shall be the same as with an initial petition for commitment.

In any proceedings conducted under the authority of this article, the alleged mentally retarded person shall be informed of his or her right to counsel by the court, and if the person does not have an attorney for the proceedings, the court shall immediately appoint the public defender or other attorney to represent him or her. The person shall pay the cost for the legal services if he or she is able to do so. At any judicial proceeding under the provisions of this article, allegations that a person is mentally retarded and a danger to himself or herself or to others shall be presented by the district attorney for the county unless the board of supervisors, by ordinance or resolution, delegates this authority to the county counsel.
(Formerly § 6500.1, added by Stats.1970, c. 351, p. 765, § 3. Amended by Stats.1971, c. 1593, p. 3363, § 421.1, operative July 1, 1973; Stats.1975, c. 694, p. 1651, § 27; Stats.1977, c. 1252, p. 4603, § 641, operative July 1, 1978; Stats.1977, c. 695, p. 2248, § 7; Stats.1978, c. 429, p. 1462, § 220. Renumbered § 6500 and amended by Stats.1978, c. 1319, p. 4316, § 2. Amended by Stats.1989, c. 897, § 47; Stats.1993, c. 610 (A.B.6), § 33, eff. Oct. 1, 1993; Stats.1993, c. 611 (S.B.60), § 37, eff. Oct. 1, 1993; Stats.1994, c. 224 (S.B.1436), § 10; Stats.1996, c. 1075 (S.B.1444), § 20; Stats.1996, c. 1076 (S.B.1391), § 5.)

§ 6501. Persons charged with violent felonies; placement

If a person is charged with a violent felony, as described in Section 667.5 of the Penal Code, and the individual has been committed to the State Department of Developmental Services pursuant to Section 1370.1 of the Penal Code or Section 6500 for placement in a secure treatment facility, as described in subdivision (e) of Section 1370.1 of the Penal Code, the department shall give priority to placing the individual at Porterville Developmental Center prior to placing the individual at any other developmental center that has been designated as a secure treatment facility.
(Added by Stats.1999, c. 146 (A.B.1107), § 29, eff. July 22, 1999.)

§ 6502. Petition

A petition for the commitment of a mentally retarded person to the State Department of Developmental Services who has been found incompetent to stand trial pursuant to Chapter 6 (commencing with Section 1367) of Title 10 of Part 2 of the Penal Code when the defendant has been charged with one or more of the offenses identified or described in Section 6500, may be filed in the superior court of the county that determined the question of mental competence of the defendant. All other petitions may be filed in the county in which that person is physically present. The following persons may request the person authorized to present allegations pursuant to Section 6500 to file a petition for commitment:

(a) The parent, guardian, conservator, or other person charged with the support of the mentally retarded person.

(b) The probation officer.

(c) The Youth Authority.

(d) Any person designated for that purpose by the judge of the court.

(e) The Director of Corrections.

(f) The regional center director or his or her designee.

The request shall state the petitioner's reasons for supposing the person to be eligible for admission thereto, and shall be verified by affidavit.
(Added by Stats.1967, c. 1667, p. 4107, § 37, operative July 1, 1969. Amended by Stats.1969, c. 624, p. 1263, § 4; Stats.1971, c. 1593, p. 3364, § 423, operative July 1, 1973; Stats.1977, c. 1252, p. 4603, § 642, operative July 1, 1978; Stats.1978, c. 1319, p. 4317, § 4; Stats.1979, c. 730, p. 2537, § 150, operative Jan. 1, 1981; Stats.1992, c. 722 (S.B.485), § 30, eff. Sept. 15, 1992.)

§ 6503. Time and place of hearing

The court shall fix a time and place for the hearing of the petition. The time for the hearing shall be set no more than 60 days after the filing of the petition. The court may grant a continuance only upon a showing of good cause. The hearing may, in the discretion of the court, be held at any place which the court deems proper, and which

will give opportunity for the production and examination of witnesses.
(Added by Stats.1967, c. 1667, p. 4107, § 37, operative July 1, 1969. Amended by Stats.1980, c. 859, p. 2690, § 3.)

§ 6504. Notice of hearing

In all cases the court shall require due notice of the hearing of the petition to be given to the alleged mentally retarded person. Whenever a petition is filed, the court shall require such notice of the hearing of the petition as it deems proper to be given to any parent, guardian, conservator, or other person charged with the support of the person mentioned in the petition.
(Added by Stats.1967, c. 1667, p. 4107, § 37, operative July 1, 1969. Amended by Stats.1978, c. 1319, p. 4317, § 5; Stats.1979, c. 730, p. 2537, § 151, operative Jan. 1, 1981.)

§ 6504.5. Examination; report

Wherever a petition is filed pursuant to this article, the court shall appoint the director of a regional center for the developmentally disabled established under Division 4.5 of this code, or the designee of the director, to examine the alleged mentally retarded person.

Within 15 judicial days after his or her appointment, the regional center director or designee shall submit to the court in writing a report containing his or her evaluation of the alleged mentally retarded person. The report shall contain a recommendation of a facility or facilities in which the alleged developmentally disabled person may be placed.

The report shall include a description of the least restrictive residential placement necessary to achieve the purposes of treatment. In determining the least restrictive residential placement, consideration shall be given to public safety. If placement into or out of a developmental center is recommended, the regional center director or designee simultaneously shall submit the report to the executive director of the developmental center or his or her designee. The executive director of the developmental center or his or her designee may, within 15 days of receiving the regional center report, submit to the court a written report evaluating the ability of the developmental center to achieve the purposes of treatment for this person and whether the developmental center placement can adequately provide the security measures or systems required to protect the public health and safety from the potential dangers posed by the person's known behaviors.

The reports prepared by the regional center director and developmental center director, if applicable, shall also address suitable interim placements for the person as provided for in Section 6506.
(Added by Stats.1978, c. 1319, p. 4317, § 5.5. Amended by Stats.1996, c. 1076 (S.B.1391), § 6.)

§ 6505. Order for apprehension

Whenever the court considers it necessary or advisable, it may cause an order to issue for the apprehension and delivery to the court of the alleged mentally retarded person, and may have the order executed by any peace officer.
(Added by Stats.1967, c. 1667, p. 4107, § 37, operative July 1, 1969.)

§ 6506. Custody, care and treatment pending hearing; order of court; expiration

Pending the hearing, the court may order that the alleged dangerous mentally retarded person may be left in the charge of his or her parent, guardian, conservator, or other suitable person, or placed in a state hospital for the developmentally disabled, in the county psychiatric hospital, or in any other suitable placement as determined by the court. Prior to the issuance of an order under this section, the regional center and developmental center, if applicable, shall recommend to the court a suitable person or facility to care for the alleged mentally retarded person. The determination of a suitable person or facility shall be the least restrictive option that provides for the person's treatment needs and that has existing security systems or measures in place to adequately protect the public safety from any known dangers posed by the person. In determining whether the public safety will be adequately protected, the court shall make the finding required by subparagraph (D) of paragraph (1) of subdivision (a) of Section 1370.1 of the Penal Code.

Pending the hearing, the court may order that the person receive necessary habilitation, care, and treatment, including medical and dental treatment.

Orders made pursuant to this section shall expire at the time set for the hearing pursuant to Section 6503. If the court upon a showing of good cause grants a continuance of the hearing on the matter, it shall order that the person be detained pursuant to this section until the hearing on the petition is held.
(Added by Stats.1967, c. 1667, p. 4107, § 37, operative July 1, 1969. Amended by Stats.1978, c. 1319, p. 4317, § 6; Stats.1979, c. 730, p. 2537, § 152, operative Jan. 1, 1981; Stats.1980, c. 859, p. 2690, § 4; Stats.1996, c. 1076 (S.B.1391), § 7.)

§ 6507. Witnesses

The court shall inquire into the condition or status of the alleged mentally retarded person. For this purpose it may by subpoena require the attendance before it of a physician who has made a special study of mental retardation and is qualified as a medical examiner, and of a clinical psychologist, or of two such physicians, or of two such psychologists, to examine the person and testify concerning his mentality. The court may also by subpoena require the attendance of such other persons as it deems advisable, to give evidence.
(Added by Stats.1967, c. 1667, p. 4107, § 37, operative July 1, 1969.)

§ 6508. Fees and expenses of psychologist, physician and witnesses

Each psychologist and physician shall receive for each attendance mentioned in Section 6507 the sum of five dollars ($5) for each person examined, together with his necessary actual expenses occasioned thereby, and other witnesses shall receive for such attendance such fees and expenses as the court in its discretion allows, if any, not exceeding the fees and expenses allowed by law in other cases in the superior court.

Any fees or traveling expenses payable to a psychologist, physician, or witness as provided in this section and all expenses connected with the execution of any process under the provisions of this article, which are not paid by the parent, guardian, conservator, or person charged with the support of the supposed mentally retarded person, shall be paid by the county treasurer of the county in which the person resides, upon the presentation to the treasurer of a certificate of the judge that the claimant is entitled thereto.
(Added by Stats.1967, c. 1667, p. 4107, § 37, operative July 1, 1969. Amended by Stats.1979, c. 730, p. 2538, § 153, operative Jan. 1, 1981.)

§ 6509. Order of commitment; least restrictive placement; change of placement; hearings

(a) If the court finds that the person is mentally retarded, and that he or she is a danger to himself, herself, or to others, the court may make an order that the person be committed to the State Department of Developmental Services for suitable treatment and habilitation services. Suitable treatment and habilitation services is defined as the least restrictive residential placement necessary to achieve the purposes of treatment. Care and treatment of a person committed to the State Department of Developmental Services may include placement in any state hospital, developmental center, any licensed community care facility, as defined in Section 1504, or any health facility, as defined in Section 1250, or any other appropriate placement permitted by law. The court shall hold a hearing as to the available placement alternatives and consider the reports of the regional center director or designee and the developmental center director or designee submitted pursuant to Section 6504.5. After hearing all the evidence, the court shall order that the person be

committed to that placement that the court finds to be the most appropriate alternative. If the court finds that release of the person can be made subject to conditions that the court deems proper and adequate for the protection and safety of others and the welfare of the person, the person shall be released subject to those conditions.

The court, however, may commit a mentally retarded person who is not a resident of this state under Section 4460 for the purpose of transportation of the person to the state of his or her legal residence pursuant to Section 4461. The State Department of Developmental Services shall receive the person committed to it and shall place the person in the placement ordered by the court.

(b) If the person has at any time been found mentally incompetent pursuant to Chapter 6 (commencing with Section 1367) of Title 10 of Part 2 of the Penal Code arising out of a complaint charging a felony offense specified in Section 290 of the Penal Code, the court shall order the State Department of Developmental Services to give notice of that finding to the designated placement facility and the appropriate law enforcement agency or agencies having local jurisdiction at the site of the placement facility.

(c) If the Department of Developmental Services decides that a change in placement is necessary, it shall notify in writing the court of commitment, the district attorney, and the attorney of record for the person and the regional center of its decision at least 15 days in advance of the proposed change in placement. The court may hold a hearing and (1) approve or disapprove of the change, or (2) take no action in which case the change shall be deemed approved. At the request of the district attorney or of the attorney for the person, a hearing shall be held.

(Added by Stats.1967, c. 1667, p. 4107, § 37, operative July 1, 1969. Amended by Stats.1969, c. 624, p. 1264, § 5; Stats.1971, c. 1593, p. 3364, § 424, operative July 1, 1973; Stats.1977, c. 1252, p. 4603, § 643, operative July 1, 1978; Stats.1978, c. 1319, p. 4318, § 7; Stats.1980, c. 676, p. 2042, § 341; Stats.1996, c. 1026 (A.B.2104), § 4; Stats.1996, c. 1076 (S.B.1391), § 8.5.)

§ 6510. Payment of expenses on dismissal of petition

In case of the dismissal of the petition, the court may, if it considers the petition to have been filed with malicious intent, order the petitioner to pay the expenses in connection therewith, and may enforce such payment by such further orders as it deems necessary.

(Added by Stats.1967, c. 1667, p. 4107, § 37, operative July 1, 1969.)

§ 6511. Contriving to have person adjudged mentally retarded

Any person who knowingly contrives to have any person adjudged mentally retarded under the provisions of this article, unlawfully or improperly, is guilty of a misdemeanor.

(Added by Stats.1967, c. 1667, p. 4107, § 37, operative July 1, 1969.)

§ 6512. Juvenile court proceedings

If, when a boy or girl is brought before a juvenile court under the juvenile court law, it appears to the court, either before or after adjudication, that the person is mentally retarded, or if, on the conviction of any person of crime by any court it appears to the court that the person is mentally retarded, the court may adjourn the proceedings or suspend the sentence, as the case may be, and direct some suitable person to take proceedings under this article against the person before the court, and the court may order that, pending the preparation, filing, and hearing of the petition, the person before the court be detained in a place of safety, or be placed under the guardianship of some suitable person, on his entering into a recognizance for the appearance of the person upon trial or under conviction when required. If, upon the hearing of the petition, or upon a subsequent hearing, the person upon trial or under conviction is not found to be mentally retarded, the court may proceed with the trial or impose sentence, as the case may be.

(Added by Stats.1967, c. 1667, p. 4107, § 37, operative July 1, 1969.)

§ 6513. Payment of costs of judicial proceedings

(a) The State Department of Developmental Services shall pay for the costs, as defined in this section, of judicial proceedings, including commitment, placement, or release, under this article under both of the following conditions:

(1) The judicial proceedings are in a county within which a state hospital or developmental center maintains a treatment program for mentally retarded persons who are a danger to themselves or others.

(2) The judicial proceedings relate to a mentally retarded person who is at the time residing in the state hospital or developmental center located in the county of the proceedings.

(b) The appropriate financial officer or other designated official in a county described in subdivision (a) may prepare a statement of all costs incurred by the county in the investigation, preparation for, and conduct of the proceeding, including any costs of the district attorney or county counsel and any public defender or court–appointed counsel representing the person, and including any costs incurred by the county for the guarding or keeping of the person while away from the state hospital and for transportation of the person to and from the hospital. The statement shall be certified to by a judge of the superior court and shall be sent to the State Department of Developmental Services. In lieu of sending statements after each proceeding, the statements may be held and submitted quarterly for the preceding three–month period.

(Added by Stats.1980, c. 644, p. 1810, § 1. Amended by Stats.1996, c. 1076 (S.B.1391), § 9; Stats.2001, c. 176 (S.B.210), § 55.)

Article 3 JUVENILE COURT WARDS

§ 6550. Doubt as to mental health or condition of minor; procedure under this article

If the juvenile court, after finding that the minor is a person described by Section 300, 601, or 602, is in doubt concerning the state of mental health or the mental condition of the person, the court may continue the hearing and proceed pursuant to this article.

(Added by Stats.1969, c. 722, p. 1447, § 52, eff. Aug. 8, 1969, operative July 1, 1969. Amended by Stats.1989, c. 1360, § 163.)

§ 6551. Commitment to county facility

Treatment and evaluation; report and findings; involuntary intensive treatment. If the court is in doubt as to whether the person is mentally disordered or mentally retarded, the court shall order the person to be taken to a facility designated by the county and approved by the State Department of Mental Health as a facility for 72–hour treatment and evaluation. Thereupon, Article 1 (commencing with Section 5150) of Chapter 2 of Part 1 of Division 5 applies, except that the professional person in charge of the facility shall make a written report to the court concerning the results of the evaluation of the person's mental condition. If the professional person in charge of the facility finds the person is, as a result of mental disorder, in need of intensive treatment, the person may be certified for not more than 14 days of involuntary intensive treatment if the conditions set forth in subdivision (c) of Section 5250 and subdivision (b) of Section 5260 are complied with. Thereupon, Article 4 (commencing with Section 5250) of Chapter 2 of Part 1 of Division 5 shall apply to the person. The person may be detained pursuant to Article 4.5 (commencing with Section 5260), or Article 4.7 (commencing with Section 5270.10), or Article 6 (commencing with Section 5300) of Part 1 of Division 5 if that article applies.

Finding of mental retardation; effect of report. If the professional person in charge of the facility finds that the person is mentally retarded, the juvenile court may direct the filing in any other court of a petition for the commitment of a minor as a mentally retarded person to the State Department of Developmental Services for placement in a state hospital. In such case, the juvenile court shall transmit to the court in which the petition is filed a copy of the report of the professional person in charge of the facility in which the minor was placed for observation. The court in which the petition for

commitment is filed may accept the report of the professional person in lieu of the appointment, or subpoenaing, and testimony of other expert witnesses appointed by the court, if the laws applicable to such commitment proceedings provide for the appointment by court of medical or other expert witnesses or may consider the report as evidence in addition to the testimony of medical or other expert witnesses.

Return of minor to court. If the professional person in charge of the facility for 72–hour evaluation and treatment reports to the juvenile court that the minor is not affected with any mental disorder requiring intensive treatment or mental retardation, the professional person in charge of the facility shall return the minor to the juvenile court on or before the expiration of the 72–hour period and the court shall proceed with the case in accordance with the Juvenile Court Law.

Expenditure; reimbursement by state. Any expenditure for the evaluation or intensive treatment of a minor under this section shall be considered an expenditure made under Part 2 (commencing with Section 5600) of Division 5 and shall be reimbursed by the state as are other local expenditures pursuant to that part.

Suspension of jurisdiction. The jurisdiction of the juvenile court over the minor shall be suspended during such time as the minor is subject to the jurisdiction of the court in which the petition for postcertification treatment of an imminently dangerous person or the petition for commitment of a mentally retarded person is filed or under remand for 90 days for intensive treatment or commitment ordered by such court.

(Added by Stats.1969, c. 722, p. 1447, § 53, eff. Aug. 8, 1969, operative July 1, 1969. Amended by Stats.1971, c. 1593, p. 3364, § 425, operative July 1, 1973; Stats.1977, c. 1252, p. 4604, § 644, operative July 1, 1978; Stats.1988, c. 1517, § 16.)

§ 6552. Voluntary application for mental health services; authority; reception at facility; return to court

A minor who has been declared to be within the jurisdiction of the juvenile court may, with the advice of counsel, make voluntary application for inpatient or outpatient mental health services in accordance with Section 5003. Notwithstanding the provisions of subdivision (b) of Section 6000, Section 6002, or Section 6004, the juvenile court may authorize the minor to make such application if it is satisfied from the evidence before it that the minor suffers from a mental disorder which may reasonably be expected to be cured or ameliorated by a course of treatment offered by the hospital, facility or program in which the minor wishes to be placed; and that there is no other available hospital, program, or facility which might better serve the minor's medical needs and best interest. The superintendent or person in charge of any state, county, or other hospital facility or program may then receive the minor as a voluntary patient. Applications and placements under this section shall be subject to the provisions and requirements of the Short–Doyle Act (Part 2 (commencing with Section 5600), Division 5), which are generally applicable to voluntary admissions.

If the minor is accepted as a voluntary patient, the juvenile court may issue an order to the minor and to the person in charge of the hospital, facility or program in which the minor is to be placed that should the minor leave or demand to leave the care or custody thereof prior to the time he is discharged by the superintendent or person in charge, he shall be returned forthwith to the juvenile court for a further dispositional hearing pursuant to the juvenile court law.

The provisions of this section shall continue to apply to the minor until the termination or expiration of the jurisdiction of the juvenile court.

(Added by Stats.1976, c. 445, p. 1179, § 4, eff. July 10, 1976.)

Article 4 SEXUALLY VIOLENT PREDATORS

§ 6600. Definitions

As used in this article, the following terms have the following meanings:

(a)(1) "Sexually violent predator" means a person who has been convicted of a sexually violent offense against two or more victims and who has a diagnosed mental disorder that makes the person a danger to the health and safety of others in that it is likely that he or she will engage in sexually violent criminal behavior.

(2) For purposes of this subdivision any of the following shall be considered a conviction for a sexually violent offense:

(A) A prior or current conviction that resulted in a determinate prison sentence for an offense described in subdivision (b).

(B) A conviction for an offense described in subdivision (b) that was committed prior to July 1, 1977, and that resulted in an indeterminate prison sentence.

(C) A prior conviction in another jurisdiction for an offense that includes all of the elements of an offense described in subdivision (b).

(D) A conviction for an offense under a predecessor statute that includes all of the elements of an offense described in subdivision (b).

(E) A prior conviction for which the inmate received a grant of probation for an offense described in subdivision (b).

(F) A prior finding of not guilty by reason of insanity for an offense described in subdivision (b).

(G) A conviction resulting in a finding that the person was a mentally disordered sex offender.

(3) Conviction of one or more of the crimes enumerated in this section shall constitute evidence that may support a court or jury determination that a person is a sexually violent predator, but shall not be the sole basis for the determination. The existence of any prior convictions may be shown with documentary evidence. The details underlying the commission of an offense that led to a prior conviction, including a predatory relationship with the victim, may be shown by documentary evidence, including, but not limited to, preliminary hearing transcripts, trial transcripts, probation and sentencing reports, and evaluations by the State Department of Mental Health. Jurors shall be admonished that they may not find a person a sexually violent predator based on prior offenses absent relevant evidence of a currently diagnosed mental disorder that makes the person a danger to the health and safety of others in that it is likely that he or she will engage in sexually violent criminal behavior.

(4) The provisions of this section shall apply to any person against whom proceedings were initiated for commitment as a sexually violent predator on or after January 1, 1996.

(b) "Sexually violent offense" means the following acts when committed by force, violence, duress, menace, or fear of immediate and unlawful bodily injury on the victim or another person, and that are committed on, before, or after the effective date of this article and result in a conviction or a finding of not guilty by reason of insanity, as provided in subdivision (a): a felony violation of paragraph (2) of subdivision (a) of Section 261, paragraph (1) of subdivision (a) of Section 262, Section 264.1, subdivision (a) or (b) of Section 288, or subdivision (a) of Section 289 of the Penal Code, or sodomy or oral copulation in violation of Section 286 or 288a of the Penal Code.

(c) "Diagnosed mental disorder" includes a congenital or acquired condition affecting the emotional or volitional capacity that predisposes the person to the commission of criminal sexual acts in a degree constituting the person a menace to the health and safety of others.

(d) "Danger to the health and safety of others" does not require proof of a recent overt act while the offender is in custody.

(e) "Predatory" means an act is directed toward a stranger, a person of casual acquaintance with whom no substantial relationship exists, or an individual with whom a relationship has been established or promoted for the primary purpose of victimization.

(f) "Recent overt act" means any criminal act that manifests a

likelihood that the actor may engage in sexually violent predatory criminal behavior.

(g) Notwithstanding any other provision of law and for purposes of this section, no more than one prior juvenile adjudication of a sexually violent offense may constitute a prior conviction for which the person received a determinate term if all of the following applies:

(1) The juvenile was 16 years of age or older at the time he or she committed the prior offense.

(2) The prior offense is a sexually violent offense as specified in subdivision (b). Notwithstanding Section 6600.1, only an offense described in subdivision (b) shall constitute a sexually violent offense for purposes of this subdivision.

(3) The juvenile was adjudged a ward of the juvenile court within the meaning of Section 602 because of the person's commission of the offense giving rise to the juvenile court adjudication.

(4) The juvenile was committed to the Department of the Youth Authority for the sexually violent offense.

(h) A minor adjudged a ward of the court for commission of an offense that is defined as a sexually violent offense shall be entitled to specific treatment as a sexual offender. The failure of a minor to receive that treatment shall not constitute a defense or bar to a determination that any person is a sexually violent predator within the meaning of this article.

(Added by Stats.1995, c. 763 (A.B.888), § 3. Amended by Stats.1996, c. 462 (A.B.3130), § 4, eff. Sept. 13, 1996; Stats.1999, c. 350 (S.B.786), § 3, eff. Sept. 7, 1999; Stats.1999, c. 995 (S.B.746), § 2.2; Stats.2000, c. 643 (A.B.2849), § 1.)

§ 6600.05. Mental health facility; Atascadero State Hospital; alternate facilities; permanent facility

(a) Until a permanent housing and treatment facility is available, Atascadero State Hospital shall be used whenever a person is committed to a secure facility for mental health treatment pursuant to this article and is placed in a state hospital under the direction of the State Department of Mental Health unless there are unique circumstances that would preclude the placement of a person at that facility. If a state hospital is not used, the facility to be used shall be located on a site or sites determined by the Director of Corrections and the Director of Mental Health. In no case shall a person committed to a secure facility for mental health treatment pursuant to this article be placed at Metropolitan State Hospital or Napa State Hospital.

(b) A permanent facility for the housing and treatment of persons committed pursuant to this article shall be located on a site or sites determined by the Director of Corrections and the Director of Mental Health, with approval by the Legislature through a trailer bill or other legislation. The State Department of Mental Health shall be responsible for operation of the facility, including the provision of treatment.

(Added by Stats.1996, c. 197 (A.B.3483), § 20, eff. July 22, 1996. Amended by Stats.1997, c. 294 (S.B.391), § 40, eff. August 18, 1997; Stats.1998, c. 961 (S.B.1976), § 2, eff. Sept. 29, 1998; Stats.2001, c. 171 (A.B.430), § 29.5, eff. August 10, 2001.)

§ 6600.1. Victims under the age of 14; sexually violent offense; substantial sexual conduct

(a) If the victim of an underlying offense that is specified in subdivision (b) of Section 6600 is a child under the age of 14 and the offending act or acts involved substantial sexual conduct, the offense shall constitute a "sexually violent offense" for purposes of Section 6600.

(b) "Substantial sexual conduct" means penetration of the vagina or rectum of either the victim or the offender by the penis of the other or by any foreign object, oral copulation, or masturbation of either the victim or the offender.

(Added by Stats.1996, c. 461 (S.B.2161), § 3.)

§ 6601. Persons in custody; determination as potential sexually violent predator; prerelease evaluations; petition for commitment; time limitations exclusion

(a)(1) Whenever the Director of Corrections determines that an individual who is in custody under the jurisdiction of the Department of Corrections, and who is either serving a determinate prison sentence or whose parole has been revoked, may be a sexually violent predator, the director shall, at least six months prior to that individual's scheduled date for release from prison, refer the person for evaluation in accordance with this section. However, if the inmate was received by the department with less than nine months of his or her sentence to serve, or if the inmate's release date is modified by judicial or administrative action, the director may refer the person for evaluation in accordance with this section at a date that is less than six months prior to the inmate's scheduled release date.

(2) A petition may be filed under this section if the individual was in custody pursuant to his or her determinate prison term, parole revocation term, or a hold placed pursuant to Section 6601.3, at the time the petition is filed. A petition shall not be dismissed on the basis of a later judicial or administrative determination that the individual's custody was unlawful, if the unlawful custody was the result of a good faith mistake of fact or law. This paragraph shall apply to any petition filed on or after January 1, 1996.

(b) The person shall be screened by the Department of Corrections and the Board of Prison Terms based on whether the person has committed a sexually violent predatory offense and on a review of the person's social, criminal, and institutional history. This screening shall be conducted in accordance with a structured screening instrument developed and updated by the State Department of Mental Health in consultation with the Department of Corrections. If as a result of this screening it is determined that the person is likely to be a sexually violent predator, the Department of Corrections shall refer the person to the State Department of Mental Health for a full evaluation of whether the person meets the criteria in Section 6600.

(c) The State Department of Mental Health shall evaluate the person in accordance with a standardized assessment protocol, developed and updated by the State Department of Mental Health, to determine whether the person is a sexually violent predator as defined in this article. The standardized assessment protocol shall require assessment of diagnosable mental disorders, as well as various factors known to be associated with the risk of reoffense among sex offenders. Risk factors to be considered shall include criminal and psychosexual history, type, degree, and duration of sexual deviance, and severity of mental disorder.

(d) Pursuant to subdivision (c), the person shall be evaluated by two practicing psychiatrists or psychologists, or one practicing psychiatrist and one practicing psychologist, designated by the Director of Mental Health. If both evaluators concur that the person has a diagnosed mental disorder so that he or she is likely to engage in acts of sexual violence without appropriate treatment and custody, the Director of Mental Health shall forward a request for a petition for commitment under Section 6602 to the county designated in subdivision (i). Copies of the evaluation reports and any other supporting documents shall be made available to the attorney designated by the county pursuant to subdivision (i) who may file a petition for commitment.

(e) If one of the professionals performing the evaluation pursuant to subdivision (d) does not concur that the person meets the criteria specified in subdivision (d), but the other professional concludes that the person meets those criteria, the Director of Mental Health shall arrange for further examination of the person by two independent professionals selected in accordance with subdivision (g).

(f) If an examination by independent professionals pursuant to subdivision (e) is conducted, a petition to request commitment under this article shall only be filed if both independent professionals who

evaluate the person pursuant to subdivision (e) concur that the person meets the criteria for commitment specified in subdivision (d). The professionals selected to evaluate the person pursuant to subdivision (g) shall inform the person that the purpose of their examination is not treatment but to determine if the person meets certain criteria to be involuntarily committed pursuant to this article. It is not required that the person appreciate or understand that information.

(g) Any independent professional who is designated by the Director of Corrections or the Director of Mental Health for purposes of this section shall not be a state government employee, shall have at least five years of experience in the diagnosis and treatment of mental disorders, and shall include psychiatrists and licensed psychologists who have a doctoral degree in psychology. The requirements set forth in this section also shall apply to any professionals appointed by the court to evaluate the person for purposes of any other proceedings under this article.

(h) If the State Department of Mental Health determines that the person is a sexually violent predator as defined in this article, the Director of Mental Health shall forward a request for a petition to be filed for commitment under this article to the county designated in subdivision (i). Copies of the evaluation reports and any other supporting documents shall be made available to the attorney designated by the county pursuant to subdivision (i) who may file a petition for commitment in the superior court.

(i) If the county's designated counsel concurs with the recommendation, a petition for commitment shall be filed in the superior court of the county in which the person was convicted of the offense for which he or she was committed to the jurisdiction of the Department of Corrections. The petition shall be filed, and the proceedings shall be handled, by either the district attorney or the county counsel of that county. The county board of supervisors shall designate either the district attorney or the county counsel to assume responsibility for proceedings under this article.

(j) The time limits set forth in this section shall not apply during the first year that this article is operative.

(k) If the person is otherwise subject to parole, a finding or placement made pursuant to this article shall not toll, discharge, or otherwise affect the term of parole pursuant to Article 1 (commencing with Section 3000) of Chapter 8 of Title 1 of Part 3 of the Penal Code.

(*l*) Pursuant to subdivision (d), the attorney designated by the county pursuant to subdivision (i) shall notify the State Department of Mental Health of its decision regarding the filing of a petition for commitment within 15 days of making that decision.

(Added by Stats.1995, c. 763 (A.B.888), § 3. Amended by Stats.1996, c. 4 (A.B.1496), § 1, eff. Jan. 25, 1996; Stats.1996, c. 462 (A.B.3130), § 5, eff. Sept. 13, 1996; Stats.1998, c. 961 (S.B.1976), § 3, eff. Sept. 29, 1998; Stats.1999, c. 136 (S.B.11), § 1, eff. July 22, 1999.)

§ 6601.3. Custodial evaluation; maximum time

Upon a showing of good cause, the Board of Prison Terms may order that a person referred to the State Department of Mental Health pursuant to subdivision (b) of Section 6601 remain in custody for no more than 45 days beyond the person's scheduled release date for full evaluation pursuant to subdivisions (c) to (i), inclusive, of Section 6601 .

(Added by Stats.1998, c. 19 (S.B.536), § 1, eff. April 14, 1998. Amended by Stats.2000, c. 41 (S.B.451), § 1, eff. June 26, 2000.)

§ 6601.5. Review of petition for likelihood of sexually violent predatory criminal behavior upon release

Upon filing of the petition and a request for review under this section, a judge of the superior court shall review the petition and determine whether the petition states or contains sufficient facts that, if true, would constitute probable cause to believe that the individual named in the petition is likely to engage in sexually violent predatory criminal behavior upon his or her release. If the judge determines that the petition, on its face, supports a finding of probable cause, the judge shall order that the person be detained in a secure facility until a hearing can be completed pursuant to Section 6602. The probable cause hearing provided for in Section 6602 shall commence within 10 calendar days of the date of the order issued by the judge pursuant to this section.

(Added by Stats.1998, c. 19 (S.B.536), § 2, eff. April 14, 1998. Amended by Stats.2000, c. 41 (S.B.451), § 2, eff. June 26, 2000.)

§ 6602. Probable cause hearing; right to counsel; custody requirements; continuances

(a) A judge of the superior court shall review the petition and shall determine whether there is probable cause to believe that the individual named in the petition is likely to engage in sexually violent predatory criminal behavior upon his or her release. The person named in the petition shall be entitled to assistance of counsel at the probable cause hearing. Upon the commencement of the probable cause hearing, the person shall remain in custody pending the completion of the probable cause hearing. If the judge determines there is not probable cause, he or she shall dismiss the petition and any person subject to parole shall report to parole. If the judge determines that there is probable cause, the judge shall order that the person remain in custody in a secure facility until a trial is completed and shall order that a trial be conducted to determine whether the person is, by reason of a diagnosed mental disorder, a danger to the health and safety of others in that the person is likely to engage in acts of sexual violence upon his or her release from the jurisdiction of the Department of Corrections or other secure facility.

(b) The probable cause hearing shall not be continued except upon a showing of good cause by the party requesting the continuance.

(c) The court shall notify the State Department of Mental Health of the outcome of the probable cause hearing by forwarding to the department a copy of the minute order of the court within 15 days of the decision.

(Added by Stats.1995, c. 763 (A.B.888), § 3. Amended by Stats.1996, c. 4 (A.B.1496), § 4, eff. Jan. 25, 1996; Stats.1998, c. 19 (S.B.536), § 3, eff. April 14, 1998; Stats.1998, c. 961 (S.B.1976), § 4, eff. Sept. 29, 1998; Stats.2000, c. 41 (S.B.451), § 3, eff. June 26, 2000.)

§ 6602.5. State hospital placement; probable cause determination; identification of persons who have not had a probable cause hearing

(a) No person may be placed in a state hospital pursuant to the provisions of this article until there has been a determination pursuant to Section 6601.3 or 6602 that there is probable cause to believe that the individual named in the petition is likely to engage in sexually violent predatory criminal behavior.

(b) The State Department of Mental Health shall identify each person for whom a petition pursuant to this article has been filed who is in a state hospital on or after January 1, 1998, and who has not had a probable cause hearing pursuant to Section 6602. The State Department of Mental Health shall notify the court in which the petition was filed that the person has not had a probable cause hearing. Copies of the notice shall be provided by the court to the attorneys of record in the case. Within 30 days of notice by the State Department of Mental Health, the court shall either order the person removed from the state hospital and returned to local custody or hold a probable cause hearing pursuant to Section 6602.

(c) In no event shall the number of persons referred pursuant to subdivision (b) to the superior court of any county exceed 10 in any 30–day period, except upon agreement of the presiding judge of the superior court, the district attorney, the public defender, the sheriff, and the Director of Mental Health.

(d) This section shall be implemented in Los Angeles County pursuant to a letter of agreement between the Department of Mental Health, the Los Angeles County district attorney, the Los Angeles County public defender, the Los Angeles County sheriff, and the Los Angeles County superior court. The number of persons referred to the superior court of Los Angeles County pursuant to subdivision (b) shall be governed by the letter of agreement.

(Added by Stats.1998, c. 19 (S.B.536), § 4, eff. April 14, 1998. Amended by Stats.1998, c. 961 (S.B.1976), § 5, eff. Sept. 29, 1998.)

§ 6603. Trial by jury; right to counsel; examination by expert or professional; access to records; unanimous verdict

(a) A person subject to this article shall be entitled to a trial by jury, to the assistance of counsel, to the right to retain experts or professional persons to perform an examination on his or her behalf, and to have access to all relevant medical and psychological records and reports. In the case of a person who is indigent, the court shall appoint counsel to assist him or her, and, upon the person's request, assist the person in obtaining an expert or professional person to perform an examination or participate in the trial on the person's behalf.

(b) The attorney petitioning for commitment under this article shall have the right to demand that the trial be before a jury.

(c)(1) If the attorney petitioning for commitment under this article determines that updated evaluations are necessary in order to properly present the case for commitment, the attorney may request the State Department of Mental Health to perform updated evaluations. If one or more of the original evaluators is no longer available to testify for the petitioner in court proceedings, the attorney petitioning for commitment under this article may request the State Department of Mental Health to perform replacement evaluations. When a request is made for updated or replacement evaluations, the State Department of Mental Health shall perform the requested evaluations and forward them to the petitioning attorney and to the counsel for the person subject to this article. However, updated or replacement evaluations shall not be performed except as necessary to update one or more of the original evaluations or to replace the evaluation of an evaluator who is no longer available to testify for the petitioner in court proceedings. These updated or replacement evaluations shall include review of available medical and psychological records, including treatment records, consultation with current treating clinicians, and interviews of the person being evaluated, either voluntarily or by court order. If an updated or replacement evaluation results in a split opinion as to whether the person subject to this article meets the criteria for commitment, the State Department of Mental Health shall conduct two additional evaluations in accordance with subdivision (f) of Section 6601.

(2) For purposes of this subdivision, "no longer available to testify for the petitioner in court proceedings" means that the evaluator is no longer authorized by the Director of Mental Health to perform evaluations regarding sexually violent predators as a result of any of the following:

(A) The evaluator has failed to adhere to the protocol of the State Department of Mental Health.

(B) The evaluator's license has been suspended or revoked.

(C) The evaluator is unavailable pursuant to Section 240 of the Evidence Code.

(d) Nothing in this section shall prevent the defense from presenting otherwise relevant and admissible evidence.

(e) If the person subject to this article or the petitioning attorney does not demand a jury trial, the trial shall be before the court without a jury.

(f) A unanimous verdict shall be required in any jury trial.

(g) The court shall notify the State Department of Mental Health of the outcome of the trial by forwarding to the department a copy of the minute order of the court within 72 hours of the decision.

(Added by Stats.1995, c. 763 (A.B.888), § 3. Amended by Stats.1998, c. 961 (S.B.1976), § 6, eff. Sept. 29, 1998; Stats.2000, c. 420 (S.B.2018), § 2, eff. Sept. 13, 2000; Stats.2001, c. 323 (A.B.1142), § 2, eff. Sept. 24, 2001.)

§ 6604. Burden of proof; commitment for treatment; term; facilities

The court or jury shall determine whether, beyond a reasonable doubt, the person is a sexually violent predator. If the court or jury is not satisfied beyond a reasonable doubt that the person is a sexually violent predator, the court shall direct that the person be released at the conclusion of the term for which he or she was initially sentenced, or that the person be unconditionally released at the end of parole, whichever is applicable. If the court or jury determines that the person is a sexually violent predator, the person shall be committed for two years to the custody of the State Department of Mental Health for appropriate treatment and confinement in a secure facility designated by the Director of Mental Health, and the person shall not be kept in actual custody longer than two years unless a subsequent extended commitment is obtained from the court incident to the filing of a petition for extended commitment under this article or unless the term of commitment changes pursuant to subdivision (e) of Section 6605. Time spent on conditional release shall not count toward the two–year term of commitment, unless the person is placed in a locked facility by the conditional release program, in which case the time in a locked facility shall count toward the two–year term of commitment. The facility shall be located on the grounds of an institution under the jurisdiction of the Department of Corrections.

(Added by Stats.1995, c. 763 (A.B.888), § 3. Amended by Stats.2000, c. 420 (S.B.2018), § 3, eff. Sept. 13, 2000.)

§ 6604.1. Commitment term

(a) The two–year term of commitment provided for in Section 6604 shall commence on the date upon which the court issues the initial order of commitment pursuant to that section. The initial two–year term shall not be reduced by any time spent in a secure facility prior to the order of commitment. For any subsequent extended commitments, the term of commitment shall be for two years commencing from the date of the termination of the previous commitment.

(b) The person shall be evaluated by two practicing psychologists or psychiatrists, or by one practicing psychologist and one practicing psychiatrist, designated by the State Department of Mental Health. The provisions of subdivisions (c) to (i), inclusive, of Section 6601 shall apply to evaluations performed for purposes of extended commitments. The rights, requirements, and procedures set forth in Section 6603 shall apply to extended commitment proceedings.

(Added by Stats.1998, c. 19 (S.B.536), § 5, eff. April 14, 1998. Amended by Stats.1998, c. 961 (S.B.1976), § 7, eff. Sept. 29, 1998; Stats.2000, c. 420 (S.B.2018), § 4, eff. Sept. 13, 2000.)

§ 6605. Post–commitment examinations; petition for conditional release; annual notice; hearing to show cause; burden of proof; term of commitment; request for review by Department of Mental Health

(a) A person found to be a sexually violent predator and committed to the custody of the State Department of Mental Health shall have a current examination of his or her mental condition made at least once every year. The person may retain, or if he or she is indigent and so requests, the court may appoint, a qualified expert or professional person to examine him or her, and the expert or professional person shall have access to all records concerning the person.

(b) The director shall provide the committed person with an annual written notice of his or her right to petition the court for conditional release under Section 6608. The notice shall contain a waiver of rights. The director shall forward the notice and waiver form to the court with the annual report. If the person does not affirmatively waive his or her right to petition the court for conditional release, the court shall set a show cause hearing to determine whether facts exist that warrant a hearing on whether the person's condition has so changed that he or she would not be a danger to the health and safety of others if discharged. The committed person shall have the right to be present and to have an attorney represent him or her at the show cause hearing.

(c) If the court at the show cause hearing determines that probable cause exists to believe that the committed person's diagnosed mental

disorder has so changed that he or she is not a danger to the health and safety of others and is not likely to engage in sexually violent criminal behavior if discharged, then the court shall set a hearing on the issue.

(d) At the hearing, the committed person shall have the right to be present and shall be entitled to the benefit of all constitutional protections that were afforded to him or her at the initial commitment proceeding. The attorney designated by the county pursuant to subdivision (i) of Section 6601 shall represent the state and shall have the right to demand a jury trial and to have the committed person evaluated by experts chosen by the state. The committed person also shall have the right to demand a jury trial and to have experts evaluate him or her on his or her behalf. The court shall appoint an expert if the person is indigent and requests an appointment. The burden of proof at the hearing shall be on the state to prove beyond a reasonable doubt that the committed person's diagnosed mental disorder remains such that he or she is a danger to the health and safety of others and is likely to engage in sexually violent criminal behavior if discharged.

(e) If the court or jury rules against the committed person at the hearing conducted pursuant to subdivision (d), the term of commitment of the person shall run for a period of two years from the date of this ruling. If the court or jury rules for the committed person, he or she shall be unconditionally released and unconditionally discharged.

(f) In the event that the State Department of Mental Health has reason to believe that a person committed to it as a sexually violent predator is no longer a sexually violent predator, it shall seek judicial review of the person's commitment pursuant to the procedures set forth in Section 7250 in the superior court from which the commitment was made. If the superior court determines that the person is no longer a sexually violent predator, he or she shall be unconditionally released and unconditionally discharged.

(Added by Stats.1995, c. 763 (A.B.888), § 3.)

§ 6606. Program of treatment; standards; protocol

(a) A person who is committed under this article shall be provided with programming by the State Department of Mental Health which shall afford the person with treatment for his or her diagnosed mental disorder.

(b) Amenability to treatment is not required for a finding that any person is a person described in Section 6600, nor is it required for treatment of that person. Treatment does not mean that the treatment be successful or potentially successful, nor does it mean that the person must recognize his or her problem and willingly participate in the treatment program.

(c) The programming provided by the State Department of Mental Health in facilities shall be consistent with current institutional standards for the treatment of sex offenders, and shall be based on a structured treatment protocol developed by the State Department of Mental Health. The protocol shall describe the number and types of treatment components that are provided in the program, and shall specify how assessment data will be used to determine the course of treatment for each individual offender. The protocol shall also specify measures that will be used to assess treatment progress and changes with respect to the individual's risk of reoffense.

(Added by Stats.1995, c. 763 (A.B.888), § 3.)

§ 6607. Determination that future predatory acts unlikely; report and recommendation of conditional release; judicial hearing

(a) If the Director of Mental Health determines that the person's diagnosed mental disorder has so changed that the person is not likely to commit acts of predatory sexual violence while under supervision and treatment in the community, the director shall forward a report and recommendation for conditional release in accordance with Section 6608 to the county attorney designated in subdivision (i) of Section 6601, the attorney of record for the person, and the committing court.

(b) When a report and recommendation for conditional release is filed by the Director of Mental Health pursuant to subdivision (a), the court shall set a hearing in accordance with the procedures set forth in Section 6608.

(Added by Stats.1995, c. 763 (A.B.888), § 3.)

§ 6608. Petition for conditional release and discharge; concurrence of director; judicial hearing; subsequent petitions; forensic conditional release program; unconditional discharge; burden of proof

(a) Nothing in this article shall prohibit the person who has been committed as a sexually violent predator from petitioning the court for conditional release and subsequent unconditional discharge without the recommendation or concurrence of the Director of Mental Health. If a person has previously filed a petition for conditional release without the concurrence of the director and the court determined, either upon review of the petition or following a hearing, that the petition was frivolous or that the committed person's condition had not so changed that he or she would not be a danger to others in that it is not likely that he or she will engage in sexually violent criminal behavior if placed under supervision and treatment in the community, then the court shall deny the subsequent petition unless it contains facts upon which a court could find that the condition of the committed person had so changed that a hearing was warranted. Upon receipt of a first or subsequent petition from a committed person without the concurrence of the director, the court shall endeavor whenever possible to review the petition and determine if it is based upon frivolous grounds and, if so, shall deny the petition without a hearing. The person petitioning for conditional release and unconditional discharge under this subdivision shall be entitled to assistance of counsel.

(b) The court shall give notice of the hearing date to the attorney designated in subdivision (i) of Section 6601, the retained or appointed attorney for the committed person, and the Director of Mental Health at least 15 court days before the hearing date.

(c) No hearing upon the petition shall be held until the person who is committed has been under commitment for confinement and care in a facility designated by the Director of Mental Health for not less than one year from the date of the order of commitment.

(d) The court shall hold a hearing to determine whether the person committed would be a danger to the health and safety of others in that it is likely that he or she will engage in sexually violent criminal behavior due to his or her diagnosed mental disorder if under supervision and treatment in the community. If the court at the hearing determines that the committed person would not be a danger to others due to his or her diagnosed mental disorder while under supervision and treatment in the community, the court shall order the committed person placed with an appropriate forensic conditional release program operated by the state for one year. A substantial portion of the state–operated forensic conditional release program shall include outpatient supervision and treatment. The court shall retain jurisdiction of the person throughout the course of the program. At the end of one year, the court shall hold a hearing to determine if the person should be unconditionally released from commitment on the basis that, by reason of a diagnosed mental disorder, he or she is not a danger to the health and safety of others in that it is not likely that he or she will engage in sexually violent criminal behavior. The court shall not make this determination until the person has completed at least one year in the state–operated forensic conditional release program. The court shall notify the Director of Mental Health of the hearing date.

(e) Before placing a committed person in a state–operated forensic conditional release program, the community program director designated by the State Department of Mental Health shall submit a written recommendation to the court stating which forensic conditional release program is most appropriate for supervising and

treating the committed person. If the court does not accept the community program director's recommendation, the court shall specify the reason or reasons for its order on the record. The procedures described in Sections 1605 to 1610, inclusive, of the Penal Code shall apply to the person placed in the forensic conditional release program.

(f) If the court determines that the person should be transferred to a state–operated forensic conditional release program, the community program director, or his or her designee, shall make the necessary placement arrangements and, within 21 days after receiving notice of the court's finding, the person shall be placed in the community in accordance with the treatment and supervision plan unless good cause for not doing so is presented to the court.

(g) If the court rules against the committed person at the trial for unconditional release from commitment, the court may place the committed person on outpatient status in accordance with the procedures described in Title 15 (commencing with Section 1600) of Part 2 of the Penal Code.

(h) If the court denies the petition to place the person in an appropriate forensic conditional release program or if the petition for unconditional discharge is denied, the person may not file a new application until one year has elapsed from the date of the denial.

(i) In any hearing authorized by this section, the petitioner shall have the burden of proof by a preponderance of the evidence.

(j) If the petition for conditional release is not made by the director of the treatment facility to which the person is committed, no action on the petition shall be taken by the court without first obtaining the written recommendation of the director of the treatment facility.

(k) Time spent in a conditional release program pursuant to this section shall not count toward the term of commitment under this article unless the person is confined in a locked facility by the conditional release program, in which case the time spent in a locked facility shall count toward the term of commitment.

(Added by Stats.1995, c. 763 (A.B.888), § 3.)

§ 6609. Conditional release program; requests for information on participants; time for compliance

Within 10 days of a request made by the chief of police of a city or the sheriff of a county, the State Department of Mental Health shall provide the following information concerning each person committed as a sexually violent predator who is receiving outpatient care in a conditional release program in that city or county: name, address, date of commitment, county from which committed, date of placement in the conditional release program, fingerprints, and a glossy photograph no smaller than 31/8 x 31/8 inches in size, or clear copies of the fingerprints and photograph.

(Added by Stats.1996, c. 462 (A.B.3130), § 7, eff. Sept. 13, 1996.)

§ 6609.1. Release or petition for release of sexually violent predators; written notice to local law enforcement officials

(a) When the State Department of Mental Health makes a recommendation to the court for community outpatient treatment for any person committed as a sexually violent predator, or when a person who is committed as a sexually violent predator pursuant to this article has petitioned a court pursuant to Section 6608 for conditional release under supervision and treatment in the community pursuant to a conditional release program, or has petitioned a court pursuant to Section 6608 for subsequent unconditional discharge, and the department is notified, or is aware, of the filing of the petition, the department shall notify the sheriff or chief of police, or both, the district attorney, or the county's designated counsel, that have jurisdiction over the following locations:

(1) The community in which the person may be released for community outpatient treatment.

(2) The community in which the person maintained his or her last legal residence as defined by Section 3003 of the Penal Code.

(3) The county that filed for the person's civil commitment pursuant to this article.

The department shall also notify the Sexually Violent Predator Parole Coordinator of the Department of Corrections, if the person is otherwise subject to parole pursuant to Article 1 (commencing with Section 3000) of Chapter 8 of Title 1 of Part 3 of the Penal Code.

The notice shall be given at least 15 days prior to the department's submission of its recommendation to the court in those cases in which the department recommended community outpatient treatment.

(b) When the State Department of Mental Health makes a recommendation to pursue recommitment, makes a recommendation not to pursue recommitment, or seeks a judicial review of commitment status pursuant to subdivision (f) of Section 6605, of any person committed as a sexually violent predator, it shall provide written notice of that action to the sheriff or chief of police, or both, and to the district attorney, that have jurisdiction over the following locations:

(1) The community in which the person maintained his or her last legal residence as defined by Section 3003 of the Penal Code.

(2) The community in which the person will probably be released, if recommending not to pursue recommitment.

(3) The county that filed for the person's civil commitment pursuant to this article.

The State Department of Mental Health shall also notify the Sexually Violent Predator Parole Coordinator of the Department of Corrections, if the person is otherwise subject to parole pursuant to Article 1 (commencing with Section 3000) of Chapter 8 of Title 1 of Part 3 of the Penal Code. The notice shall be made at least 15 days prior to the department's submission of its recommendation to the court.

Those agencies receiving the notice referred to in this subdivision shall have 15 days from receipt of the notice to provide written comment to the department regarding the impending release. Those comments shall be considered by the department, which may modify its decision regarding the community in which the person is scheduled to be released, based on those comments.

(c) If the court orders the release of a sexually violent predator, the court shall notify the Sexually Violent Predator Parole Coordinator of the Department of Corrections. The Department of Corrections shall notify the State Department of Mental Health, the sheriff or chief of police, or both, and the district attorney, that have jurisdiction over the following locations:

(1) The community in which the person is to be released.

(2) The community in which the person maintained his or her last legal residence as defined in Section 3003 of the Penal Code.

The Department of Corrections shall make the notifications required by this subdivision regardless of whether the person released will be serving a term of parole after release by the court.

(d) If the person is otherwise subject to parole pursuant to Article 1 (commencing with Section 300) of Chapter 8 of Title 1 of Part 3 of the Penal Code, to allow adequate time for the Department of Corrections to make appropriate parole arrangements upon release of the person, the person shall remain in physical custody for a period not to exceed 72 hours or until parole arrangements are made by the Sexually Violent Predator Parole Coordinator of the Department of Corrections, whichever is sooner. To facilitate timely parole arrangements, notification to the Sexually Violent Predator Parole Coordinator of the Department of Corrections of the pending release shall be made by telephone or facsimile and, to the extent possible, notice of the possible release shall be made in advance of the proceeding or decision determining whether to release the person.

(e) The notice required by this section shall be made whether or not a request has been made pursuant to Section 6609.

(f) The time limits imposed by this section are not applicable when the release date of a sexually violent predator has been advanced by

a judicial or administrative process or procedure that could not have reasonably been anticipated by the State Department of Mental Health and where, as the result of the time adjustments, there is less than 30 days remaining on the commitment before the inmate's release, but notice shall be given as soon as practicable. In no case shall notice required by this section to the appropriate agency be later than the day of release.

(g) The provisions of this section are severable. If any provision of this section or its application is held invalid, that invalidity shall not affect other provisions or applications that can be given effect without the invalid provision or application.

(Added by Stats.1996, c. 462 (A.B.3130), § 8, eff. Sept. 13, 1996. Amended by Stats.1998, c. 19 (S.B.536), § 6, eff. April 14, 1998; Stats.1998, c. 961 (S.B.1976), § 9, eff. Sept. 29, 1998; Stats.1999, c. 83 (S.B.966), § 201; Stats.2002, c. 139 (A.B.1967), § 1.)

§ 6609.2. Notice of recommendation regarding disposition of sexually violent predator; immunity

(a) When any sheriff or chief of police is notified by the State Department of Mental Health of its recommendation to the court concerning the disposition of a sexually violent predator pursuant to subdivision (a) or (b) of Section 6609.1, that sheriff or chief of police may notify any person designated by the sheriff or chief of police as an appropriate recipient of the notice.

(b) A law enforcement official authorized to provide notice pursuant to this section, and the public agency or entity employing the law enforcement official, shall not be liable for providing or failing to provide notice pursuant to this section.

(Added by Stats.1996, c. 462 (A.B.3130), § 9, eff. Sept. 13, 1996. Amended by Stats.1998, c. 19 (S.B.536), § 7, eff. April 14, 1998; Stats.1998, c. 961 (S.B.1976), § 10, eff. Sept. 29, 1998.)

§ 6609.3. Notice to witnesses, victims, or next of kin

(a) At the time a notice is sent pursuant to subdivisions (a) and (b) of Section 6609.1, the sheriff, chief of police, or district attorney notified of the release shall also send a notice to persons described in Section 679.03 of the Penal Code who have requested a notice, informing those persons of the fact that the person who committed the sexually violent offense may be released together with information identifying the court that will consider the conditional release, recommendation regarding recommitment, or review of commitment status pursuant to subdivision (f) of Section 6605a. When a person is approved by the court to be conditionally released, notice of the community in which the person is scheduled to reside shall also be given only if it is (1) in the county of residence of a witness, victim, or family member of a victim who has requested notice, or (2) within 100 miles of the actual residence of a witness, victim, or family member of a victim who has requested notice. If, after providing the witness, victim, or next of kin with the notice, there is any change in the release date or the community in which the person is to reside, the sheriff, chief of police, or the district attorney shall provide the witness, victim, or next of kin with the revised information.

(b) At the time a notice is sent pursuant to subdivision (c) of Section 6609.1 the Department of Corrections shall also send a notice to persons described in Section 679.03 of the Penal Code who have requested a notice informing those persons of the fact that the person who committed the sexually violent offense has been released.

(c) In order to be entitled to receive the notice set forth in this section, the requesting party shall keep the sheriff, chief of police, and district attorney who were notified under Section 679.03 of the Penal Code, informed of his or her current mailing address.

(Added by Stats.1996, c. 462 (A.B.3130), § 10, eff. Sept. 13, 1996. Amended by Stats.1998, c. 19 (S.B.536), § 8, eff. April 14, 1998; Stats.1998, c. 961 (S.B.1976), § 11, eff. Sept. 29, 1998.)

Chapter 3 EXPENSE OF DETENTION OR PROCEEDINGS CONCERNING COMMITMENTS

Article 4 MENTALLY RETARDED PERSONS

§ 6715. Order for payment of expenses

The court shall inquire into the financial condition of the parent, guardian, or other person charged with the support of any person committed as mentally retarded person, and if it finds him able to do so, in whole or in part, it shall make a further order, requiring him to pay, to the extent the court considers him able to pay, the expenses of the proceedings in connection with the investigation, detention, and commitment of the person committed, and the expenses of his delivery to the institution, and to pay to the county, at stated periods, such sums as the court deems proper, during such time as the person remains in the institution or on leave of absence to a licensed hospital, facility or home for the care of such persons. This order may be enforced by such further orders as the court deems necessary, and may be varied, altered, or revoked in its discretion.

The court shall designate some county officer to keep a record of such payments ordered to be made, to receive, receipt for, and record such payments made, to pay over such payments to the county treasurer, to see that the persons ordered to make such payments comply with such orders, and to report to the court any failure on the part of such persons to make such payments.

(Added by Stats.1967, c. 1667, p. 4107, § 37, operative July 1, 1969.)

§ 6716. Authority to discharge probation officer from further accountability

In any case in which the probation officer is charged with the duty of collecting amounts payable to the county under this article, upon the verified application of the probation officer the board of supervisors may make an order discharging the probation officer from further accountability for the collection of any such amount in any case as to which the board determines that the amount is too small to justify the cost of collection; that the statute of limitations has run; or that the collection of such amount is improbable for any reason. Such order is authorization for the probation officer to close his books in regard to such item, but such discharge of accountability of the probation officer does not constitute a release of any person from liability for payment of any such amount which is due and owing to the county. The board may request a written opinion from the district attorney or county counsel as to whether any particular amount is too small to justify the cost of collection, whether the statute of limitations has run, or whether collection of any particular item is improbable.

(Added by Stats.1967, c. 1667, p. 4107, § 37, operative July 1, 1969.)

§ 6717. Cost of determining fitness of person for admission to home

The cost necessarily incurred in determining whether a person is a fit subject for admission to a home for the mentally retarded and securing his admission thereto, is a charge upon the county whence he is committed. Such costs include the fees of witnesses, medical examiners, psychiatrists and psychologists allowed by the judge ordering the examination. If the person sought to be committed is not an indigent person, the costs of the proceedings are the obligation of such person and shall be paid by him, or by the guardian or conservator of his estate as provided in Division 4 (commencing with Section 1400) of the Probate Code, or shall be paid by persons legally liable for his maintenance, unless otherwise ordered by the judge.

(Formerly § 5252, added by Stats.1965, c. 391, p. 1639, § 4, eff. May 25, 1965. Amended by Stats.1967, c. 825, p. 2250, § 2. Renumbered § 6717 and amended by Stats.1968, c. 1374, p. 2649, § 29, operative July 1, 1969; Stats.1979, c. 730, p. 2538, § 154, operative Jan. 1, 1981.)

§ 6718. Claims for amounts due from county to state

The State Department of Mental Health shall present to the county, not more frequently than monthly, a claim for the amount due the state

by reason of commitments of the mentally retarded which the county shall process and pay pursuant to the provisions of Chapter 4 (commencing with Section 29700) of Division 3 of Title 3 of the Government Code.
(Formerly § 5262.6, added by Stats.1939, c. 440, p. 1774, § 2. Amended by Stats.1965, c. 263, p. 1260, § 18. Renumbered § 5253 and amended by Stats.1967, c. 90, p. 1004, § 8. Renumbered § 6718 and amended by Stats.1968, c. 1374, p. 2649, § 31, operative July 1, 1969. Amended by Stats.1971, c. 1593, p. 3365, § 426, operative July 1, 1973; Stats.1977, c. 1252, p. 4605, § 645, operative July 1, 1978.)

Chapter 4 EXECUTION OF COMMITMENT ORDERS

Article 4 MENTALLY RETARDED PERSONS

§ 6740. Delivery of order, findings, conclusions and data

The court shall attach to the order of commitment of a mentally retarded person its findings and conclusions, together with all the social and other data it has bearing upon the case, and the same shall be delivered to the home with the order.
(Added by Stats.1967, c. 1667, p. 4107, § 37, operative July 1, 1969.)

§ 6741. Persons authorized to execute order; compensation

The sheriff or probation officer, whichever may be designated by the court, may execute the order of commitment with respect to any mentally retarded person.

In any case in which the probation officer executes the order of commitment, he shall be compensated for transporting such person to a state hospital in the amount and manner in which a sheriff is compensated for similar services.
(Added by Stats.1967, c. 1667, p. 4107, § 37, operative July 1, 1969.)

Article 5 MEDICAL EXAMINERS

§ 6750. Medical examiners; certification; number; revocation of certificate

The superior court judge of each county may grant certificates in accordance with the form prescribed by the State Department of Mental Health, showing that the persons named therein are reputable physicians licensed in this state, and have been in active practice of their profession at least five years. When certified copies of such certificates have been filed with the department, it shall issue to such persons certificates or commissions, and the persons therein named shall be known as "medical examiners." There shall at all times be at least two such medical examiners in each county. The certificate may be revoked by the department for incompetency or neglect, and shall not be again granted without the consent of the department.
(Added by Stats.1967, c. 1667, p. 4107, § 37, operative July 1, 1969. Amended by Stats.1971, c. 1593, p. 3366, § 427, operative July 1, 1973; Stats.1977, c. 1252, p. 4605, § 646, operative July 1, 1978.)

§ 6751. Medical examiners; record of certificates

The department shall keep in its office a record showing the name, residence, and certificate of each duly qualified medical examiner. Immediately upon the receipt of each duly certified copy of a medical examiner's certificate, it shall file the same, and advise him of its receipt and filing.
(Added by Stats.1967, c. 1667, p. 4107, § 37, operative July 1, 1969.)

Chapter 6 COUNSELORS IN MENTAL HEALTH

§ 6775. Creation of office; nomination and appointment

The office of counselor in mental health may be created in any county in this state by the board of supervisors thereof. The counselors in mental health to serve under the provisions of this chapter shall be nominated and appointed by the judge of the superior court by written order entered in the minutes of the court.
(Added by Stats.1967, c. 1667, p. 4107, § 37, operative July 1, 1969.)

§ 6776. Number appointed; compensation

In each county where the office of counselor in mental health has been created under the provisions of this chapter, the judge of the superior court may appoint two such counselors. In Los Angeles County, the number, compensation, and benefits of counselors in mental health are governed by the Trial Court Employment Protection and Governance Act (Chapter 7 (commencing with Section 71600) of Title 8 of the Government Code).
(Added by Stats.1967, c. 1667, p. 4107, § 37, operative July 1, 1969. Amended by Stats.2002, c. 784 (S.B.1316), § 620.)

§ 6777. Term of office; full–time employment

The term of office of the counselors in mental health shall be during the pleasure of the court, and they may at any time be removed by the court in its discretion. Such counselors shall devote their entire time and attention to the duties of their office.
(Added by Stats.1967, c. 1667, p. 4107, § 37, operative July 1, 1969.)

§ 6778. Services; powers of peace officer

The counselor in mental health may perform such services as are designated by the county. Every counselor, assistant counselor, and deputy counselor in mental health shall have the powers of a peace officer.
(Added by Stats.1967, c. 1667, p. 4107, § 37, operative July 1, 1969. Amended by Stats.1968, c. 1374, p. 2685, § 110, operative July 1, 1969.)

§ 6779. References to psychopathic probation officer; probation of incompetent persons

Wherever in this code or in any other statute reference is made to psychopathic probation officers, such reference shall be deemed to mean and refer to the counselors in mental health provided for in this chapter; and wherever in this code or in any other statute reference is made to probation of incompetent persons, such reference shall mean and refer to supervision of such persons.
(Added by Stats.1967, c. 1667, p. 4107, § 37, operative July 1, 1969.)

Chapter 7 DUTIES OF PEACE OFFICERS

§ 6800. Poor and indigent committed persons; care of patients; effect of delivery to hospital

All peace officers and other persons having similar duties relating to judicially committed poor persons shall see that all poor and indigent committed persons within their respective municipalities are speedily granted the relief conferred by this part. When so ordered by a superior court judge, they shall see that such committed persons are, without unnecessary delay, transferred to the proper state hospitals provided for their care and treatment. Before sending a person to any such hospital, they shall see that he is in a state of bodily cleanliness and comfortably clothed with clean clothes. The department may by order direct that any person whom it deems unsuitable therefor shall not be employed as an attendant for any committed person. After the patient has been delivered to the proper officers of the hospital, the care and custody of the county or municipality from which he is sent ceases.
(Added by Stats.1967, c. 1667, p. 4107, § 37, operative July 1, 1969. Amended by Stats.1968, c. 1374, p. 2686, § 111, operative July 1, 1969.)

Chapter 8 MENTALLY DISORDERED PERSONS CHARGED WITH CRIME

§ 6825. Procedures; law governing

The procedures for handling mentally disordered persons charged with the commission of public offenses are provided for in Section 1026 of the Penal Code and in Chapter 6 (commencing with Section 1365), Title 10, Part 2 of the Penal Code.
(Added by Stats.1967, c. 1667, p. 4107, § 37, operative July 1, 1969.)

WELFARE AND INSTITUTIONS CODE — MENTAL INSTITUTIONS

Division 7 MENTAL INSTITUTIONS

Chapter 1 COUNTY PSYCHIATRIC HOSPITALS

§ 7100. Facilities and hospital service; approval of department

The board of supervisors of each county may maintain in the county hospital or in any other hospital situated within or without the county or in any other psychiatric health facility situated within or without the county, suitable facilities and nonhospital or hospital service for the detention, supervision, care, and treatment of persons who are mentally disordered, developmentally disabled, or who are alleged to be such.

The county may contract with public or private hospitals for such facilities and hospital service when they are not suitably available in any institution, psychiatric facility, or establishment maintained or operated by the county.

The facilities and services for the mentally disordered and allegedly mentally disordered shall be subject to the approval of the State Department of Mental Health, and the facilities and services for the developmentally disabled and allegedly developmentally disabled shall be subject to the approval of the State Department of Developmental Services. The professional person having charge and control of any such hospital or psychiatric health facility shall allow the department whose approval is required to make such investigations thereof as it deems necessary at any time.

Nothing in this chapter means that mentally disordered or developmentally disabled persons may not be detained, supervised, cared for, or treated, subject to the right of inquiry or investigation by the department, in their own homes, or the homes of their relatives or friends, or in a licensed establishment.

(Formerly § 6000, Stats.1937, c. 369, p. 1147, § 6000. Amended by Stats.1949, c. 1211, p. 2127, § 2. Renumbered § 6300 and amended by Stats.1965, c. 391, p. 1696, § 29, eff. May 25, 1965; Stats.1967, c. 1423, p. 3350, § 1. Renumbered § 7100 and amended by Stats.1968, c. 1374, p. 2683, § 96, operative July 1, 1969; Stats.1971, c. 1593, p. 3368, § 432, operative July 1, 1973; Stats.1977, c. 1252, p. 4605, § 647, operative July 1, 1978; Stats.1978, c. 1234, p. 3988, § 8; Stats.1980, c. 676, p. 2043, § 343.)

§ 7101. County psychiatric hospital

As used in this chapter "county psychiatric hospital" means the hospital, ward, or facility provided by the county pursuant to the provisions of Section 7100.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969.)

§ 7102. Persons eligible for care and treatment; involuntary patients

The superintendent or person in charge of the county psychiatric hospital, may receive, detain, supervise, care for or treat in the hospital any person who comes within any of the following descriptions:

(a) Who has been placed therein pursuant to a court order or court commitment under the provisions of this code or the Penal Code.

(b) Who has been placed therein pursuant to the provisions of Part 1 of Division 5 of this code.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969.)

§ 7103. Persons eligible for care and treatment; voluntary patients and conservatees

The superintendent or person in charge of the county psychiatric hospital may admit and provide care and treatment in the hospital for any person who comes within the following descriptions:

(a) Who voluntarily makes a written application as provided in Chapter 1 (commencing with Section 6000) of Part 1 of Division 6 of this code.

(b) Who is a conservatee and has written application made in his behalf by his conservator.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969.)

§ 7104. Reliance on faith healing; exemption from medical or psychiatric treatment

Any adult person detained in such hospital, who is in such condition of mind as to render him competent to make such application shall at his request be exempt from medical or psychiatric treatment, upon filing with the superintendent a statement that he depends upon prayer or spiritual means for healing in the practice of the religion of a well–recognized religious church, sect, denomination, or organization. In case of an adult not found to be in such condition of mind, a similar statement may be filed on his behalf by another and thereupon similar exemption shall be granted. Any minor detained in such hospital shall be exempt from medical or psychiatric treatment if his parent or guardian or conservator shall file with said superintendent an affidavit stating that he relies upon prayer or spiritual means for healing in the practice of the religion of a well–recognized religious church, sect, denomination or organization.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969. Amended by Stats.1979, c. 730, p. 2538, § 155, operative Jan. 1, 1981.)

§ 7105. Discharge of patient

A superintendent or person in charge of the county psychiatric hospital may discharge any patient who is not a proper case for treatment therein.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969.)

§ 7106. Charges; reimbursement of county

In case a county psychiatric hospital patient or the person legally liable for his maintenance is or becomes the owner of property, real, personal, or mixed, the county furnishing such care, treatment, or observation, shall be reimbursed therefrom for its charges. The board of supervisors of the county shall fix and determine a schedule of charges for the care, treatment, or observation of such patients, and reimbursement to the county shall be made upon the basis of the charges so fixed.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969.)

§ 7107. Immunity from criminal liability

Any superintendent or person in charge of the county psychiatric hospital, and any public officer, public employee, or public physician who either admits, causes to be admitted, delivers, or assists in delivering, detains, cares for, or treats, or assists in detaining, caring for or treating, any person pursuant to this chapter shall not be rendered criminally liable thereby.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969.)

Chapter 2 STATE HOSPITALS FOR THE MENTALLY DISORDERED

Article 1 ESTABLISHMENT AND GENERAL GOVERNMENT

§ 7200. State hospitals

There are in the state the following state hospitals for the care, treatment, and education of the mentally disordered:

(a) Metropolitan State Hospital near the City of Norwalk, Los Angeles County.

(b) Atascadero State Hospital near the City of Atascadero, San Luis Obispo County.

(c) Napa State Hospital near the City of Napa, Napa County.

(d) Patton State Hospital near the City of San Bernardino, San Bernardino County.

(e) Coalinga State Hospital near the City of Coalinga, Fresno County.

(Formerly § 6500, Stats.1937, c. 369, p. 1147, § 6500. Amended by Stats.1945, c. 442, p. 931, § 1; Stats.1947, c. 368, p. 929, § 1; Stats.1950, 1st Ex.Sess., c. 14, p. 449, § 1; Stats.1951, c. 525, p. 1673, § 2; Stats.1951, c. 968, p. 2589, § 2; Stats.1953, c. 900, p. 2257, § 2; Stats.1967, c. 90, p. 1004, § 12. Renumbered § 7200 and amended by Stats.1968, c. 1374, p. 2684, § 99, operative July 1, 1969. Amended by Stats.1971, c. 1593, p. 3368, § 433, operative July 1, 1973; Stats.1977, c. 1252, p. 4606, § 648, operative July 1, 1978; Stats.1978, c. 429, p. 1463, § 221, eff. July 17, 1978, operative July 1, 1978; Stats.1986, c. 224, § 13, eff. June 30, 1986, operative July 1, 1986; Stats.2003, c. 356 (A.B.941), § 3.)

§ 7200.05. Metropolitan State Hospital; patient placement under Penal Code provisions; legislative intent

It is the intent of the Legislature that not more than 227 patients whose placement has been required pursuant to provisions of the Penal Code shall be placed in Metropolitan State Hospital in the 1996–97 fiscal year.

(Added by Stats.1996, c. 197 (A.B.3483), § 21, eff. July 22, 1996.)

§ 7200.06. Napa State Hospital; percentage of available licensed beds; security

(a) Of the * * * 1,362 licensed beds at Napa State Hospital * * *, at least 20 percent of these beds shall be available in any given fiscal year * * * for use by counties for contracted services. Of the remaining beds, in no case shall the population of patients whose placement has been required pursuant to the Penal Code, exceed 980.

(b) After construction of the perimeter security fence is completed at Napa State Hospital, no patient whose placement has been required pursuant to the Penal Code shall be placed outside the perimeter security fences, with the exception of placements in the General Acute Care and Skilled Nursing Units. The State Department of Mental Health shall ensure that appropriate security measures are in place for the general acute care and skilled nursing units.

(c) * * * Any alteration to the security perimeter structure or policies will be made in conjunction with representatives of the City of Napa, the County of Napa, and local law enforcement agencies.

(Added by Stats.1997, c. 294 (S.B.391), § 41, eff. August 18, 1997. Amended by Stats.2003, c. 356 (A.B.941), § 4.)

§ 7200.07. Napa State Hospital; maximum number of patients placed pursuant to penal code; 1998–99 fiscal year

Notwithstanding any other provision of law, not more than 824 patients whose placement has been required pursuant to the Penal Code shall be placed at Napa State Hospital in the 1998–99 fiscal year.

(Added by Stats.1997, c. 294 (S.B.391), § 42, eff. August 18, 1997.)

§ 7200.5. Camarillo State Hospital; Norbert I. Rieger Children's Treatment Center

The children's treatment center at Camarillo State Hospital shall be known as the Norbert I. Rieger Children's Treatment Center.

(Added by Stats.1973, c. 80, p. 142, § 1.)

§ 7201. Uniform rules and regulations; laws applicable

All of the institutions under the jurisdiction of the State Department of Mental Health shall be governed by the uniform rules and regulations of the State Department of Mental Health and all of the provisions of Part 2 (commencing with Section 4100) of Division 4 of this code on the administration of state institutions for the mentally disordered shall apply to the conduct and management of the state hospitals for the mentally disordered. All of the institutions under the jurisdiction of the State Department of Developmental Services shall be governed by the uniform rules and regulations of the State Department of Developmental Services and, except as provided in Chapter 4 (commencing with Section 7500) of this division, all of the provisions of Part 2 (commencing with Section 4440) of Division 4.1 of this code on the administration of state institutions for the developmentally disabled shall apply to the conduct and management of the state hospitals for the developmentally disabled.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969. Amended by Stats.1971, c. 1593, p. 3369, § 434, operative July 1, 1973; Stats.1977, c. 1252, p. 4606, § 649, operative July 1, 1978.)

§ 7202. Napa State Hospital; proposed policy or structural modifications; consultation with task force

The State Department of Mental Health shall regularly consult with the Napa State Hospital Task Force, which consists of local community representatives, on proposed policy or structural modifications to Napa State Hospital that may affect the Napa community, including, but not limited to, all of the following:

(a) Changes in the patient population mix.

(b) Construction of, or significant alterations to, facility structures.

(c) Changes in the hospital security plan.

(Added by Stats.1997, c. 294 (S.B.391), § 43, eff. August 18, 1997.)

§ 7203. Rights of way for road purposes; Patton state hospital

The Director of General Services may grant to the San Bernardino Unified School District or to the County of San Bernardino under such terms, conditions, and restrictions as he deems to be for the best interests of the state, the necessary easements and rights–of–way over and across the Patton State Hospital property for all purposes of a public or private road. The right–of–way shall be across, along, and upon the following described property:

The westerly 33 feet of Lot 2 of Block 60 of Rancho San Bernardino as recorded in Book 7 of Maps, page 2, Records of San Bernardino County, State of California, saving and excepting the southerly 40 rods thereof.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969.)

§ 7204. Patients placed pursuant to penal code; grounds privileges and passes; accompaniment off–grounds

(a) Grounds privileges or passes may be earned by patients, whose placement has been required pursuant to the Penal Code, at all state hospitals. Grounds privileges shall be restricted to areas of the state hospital that are designated as secured campus areas.

(b) Off–ground privileges or passes shall not be granted to patients, whose placement has been required pursuant to the Penal Code, at state hospitals. When a patient whose placement has been required pursuant to the Penal Code leaves a state hospital for any purpose other than discharge, the patient shall be accompanied by staff at all times.

(Added by Stats.1997, c. 294 (S.B.391), § 44, eff. August 18, 1997.)

§ 7205. Sale of certain property of Fairview state hospital to City of Costa Mesa

The Director of General Services with the consent of the State Department of Developmental Services is hereby authorized to transfer to the City of Costa Mesa and to convey to said city all of the state's rights, title and interest, and upon such terms and conditions and with such reservations and exceptions as in the opinion of the Director of General Services may be in the best interest of the state, and subject to such use or uses as may be agreed upon by the city and the State Department of Developmental Services with the approval of the Director of General Services, in all or any part of the real property consisting of approximately five acres lying at the southwest corner of the Fairview State Hospital property in Orange County, being a parcel of land lying within Lot A of the Banning Tract, in the Rancho Santiago de Santa Ana, City of Orange, State of California, as shown

on a map of said tract filed in action No. 6385 in the Superior Court of the State of California in and for the City of Los Angeles, being an action for partition entitled Hancock Banning et al. vs. Mary H. Banning, more particularly described as follows:

Beginning at the most southeasterly corner of Parcel G as shown on a record of survey filed in Book 53, pages 34 through 36, of records of Surveys in the office of the County Recorder of Orange County, California; thence along the boundary of said Parcel G northwesterly along a curve concave southwesterly having a radius of 540.00 feet through a central angle of 23 degrees, 01 minutes, 33 seconds, an arc distance of 217.01 feet, thence north 34 degrees, 32 minutes, 30 seconds west, 97.50 feet to a point on a line parallel with and 280.00 feet measured at right angles northerly of the north line of Fairview Farms as shown on said record of Survey; thence departing from the boundary of said Parcel G north 89 degrees, 27 minutes, 30 seconds east along said parallel line 936.97 feet; thence south 0 degrees, 32 minutes, 30 seconds east, 280.00 feet to said north line of Fairview Farms; thence south 89 degrees, 27 minutes, 30 seconds, west, 800.00 feet to the point of beginning.

The conveyance of such property shall be subject to the following conditions:

(a) There shall be excepted and reserved in the state all deposits of minerals, including oil and gas, in the property and to the state, or persons authorized by the state, the right to prospect for, mine, and remove such deposits from the property.

(b) If the city shall cease to use the property for public purposes, all right, title, and interest of the county in and to the property shall cease and the property shall revert and rest in the state.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969. Amended by Stats.1971, c. 1593, p. 3369, § 436, operative July 1, 1973; Stats.1977, c. 1252, p. 4606, § 651, operative July 1, 1978.)

§ 7206. Rights of way for road purposes; Patton state hospital

Notwithstanding the provisions of Section 4444, the Director of General Services, with the consent of the Director of Developmental Services, may grant a right–of–way for road purposes to the County of San Bernardino over and along a portion of the Patton State Hospital property adjacent to Arden Way and Pacific Street upon such terms and conditions and with such reservations and exceptions as in the opinion of the Director of General Services will be for the best interests of the state.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969. Amended by Stats.1971, c. 1593, p. 3370, § 437, operative July 1, 1973; Stats.1977, c. 1252, p. 4607, § 652, operative July 1, 1978; Stats.1978, c. 429, p. 1463, § 222, eff. July 17, 1978, operative July 1, 1978.)

§ 7207. Rights of way; Langley Porter Neuropsychiatric Institute

The Director of General Services, with the consent of the State Department of Mental Health, may grant to the Regents of the University of California, upon such terms, conditions, and with such reservations and exceptions as in the opinion of the Director of General Services may be for the best interest of the state, the necessary easements and rights–of–way for a utilities relocation and campus access road on the Langley Porter Neuropsychiatric Institute property. The right–of–way shall be across, along and upon the following described property:

A strip of land approximately 40' in width extending from the southerly line of Parnassus Avenue beginning at a point on the southerly boundary of Parnassus Avenue 331' from the westerly boundary of said parcel of land described by deed dated October 1, 1940, and extending in a southerly direction to the south boundary of Langley Porter property.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969. Amended by Stats.1977, c. 1252, p. 4608, § 653, operative July 1, 1978.)

Article 2 ADMISSION

§ 7225. Patients

Except as otherwise provided, all patients admitted to a state hospital shall be duly committed or transferred thereto, and shall be subject to the general rules and regulations of the department and of the hospital.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969.)

§ 7226. Soldiers or sailors

The State Department of Mental Health may admit to any state hospital for the mentally disordered, if there is room therein, any mentally disordered soldier or sailor in the service of the United States on such terms as are agreed upon between the department and the properly authorized agents, officers, or representatives of the United States government.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969. Amended by Stats.1971, c. 1593, p. 3370, § 438, operative July 1, 1973; Stats.1977, c. 1252, p. 4608, § 654, operative July 1, 1978.)

§ 7227. Mentally disordered prisoners

Mentally disordered prisoners in the state prisons shall be admitted to the state hospitals in accordance with the provisions of the Penal Code.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969.)

§ 7228. Treatment of patients in secure setting; evaluation; place

Prior to admission to the Napa State Hospital or the Metropolitan State Hospital, the State Department of Mental Health shall evaluate each patient committed pursuant to Section 1026 or 1370 of the Penal Code. A patient determined to be a high security risk shall be treated in the department's most secure facilities. A Penal Code patient not needing this level of security shall be treated as near to the patient's community as possible if an appropriate treatment program is available.

(Added by Stats.1975, c. 1258, p. 3303, § 11. Amended by Stats.1977, c. 1252, p. 4608, § 655; Stats.1997, c. 294 (S.B.391), § 45, eff. August 18, 1997.)

§ 7230. High security risk patients; treatment facilities

Those patients determined to be high security risk patients, as described in Section 7228, shall be treated at Atascadero State Hospital or Patton State Hospital, a correctional facility, or other secure facility as defined by the State Department of Mental Health, but shall not be treated at Metropolitan State Hospital or Napa State Hospital. Metropolitan State Hospital and Napa State Hospital shall treat only low– to moderate–risk patients, as defined by the State Department of Mental Health.

(Added by Stats.1997, c. 294 (S.B.391), § 47, eff. August 18, 1997.)

§ 7231. Patient escapes or walkaways; notification of law enforcement agencies; policies and procedures

The State Department of Mental Health shall develop policies and procedures, by no later than 30 days following the effective date of the Budget Act of 1997, at each state hospital, to notify appropriate law enforcement agencies in the event of a patient escape or walkaway. Local law enforcement agencies, including local police and county sheriff departments, shall review the policies and procedures prior to final implementation by the department.

(Added by Stats.1997, c. 294 (S.B.391), § 48, eff. August 18, 1997.)

§ 7232. Patients placed pursuant to penal code; identifiable clothing; administrative directive

The State Department of Mental Health shall issue a state hospital administrative directive by no later than 30 days following the effective date of the Budget Act of 1997 to require patients whose placement has been required pursuant to the Penal Code, and other patients within the secured perimeter at each state hospital, to wear clothing that enables these patients to be readily identified.

(Added by Stats.1997, c. 294 (S.B.391), § 49, eff. August 18, 1997.)

Article 3 PATIENTS' CARE

§ 7250. Habeas corpus

Any person who has been committed is entitled to a writ of habeas corpus, upon a proper application made by the State Department of Mental Health or the State Department of Developmental Services, by that person, or by a relative or friend in his or her behalf to the judge of the superior court of the county in which the hospital is located, or if the person has been found incompetent to stand trial and has been committed pursuant to Chapter 6 (commencing with Section 1367) of Title 10 of Part 2 of the Penal Code, judicial review shall be in the superior court for the county that determined the question of the mental competence of the person. All documents requested by the court in the county of confinement shall be forwarded from the county of commitment to the court. Upon the return of the writ, the truth of the allegations under which he or she was committed shall be inquired into and determined. The medical history of the person as it appears in the clinical records shall be given in evidence, and the superintendent in charge of the state hospital wherein the person is held in custody and any other person who has knowledge of the facts shall be sworn and shall testify relative to the mental condition of the person.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969. Amended by Stats.1971, c. 1593, p. 3373, § 439, operative July 1, 1973; Stats.1974, c. 1423, p. 3126, § 3; Stats.1977, c. 1252, p. 4608, § 656, operative July 1, 1978; Stats.1992, c. 722 (S.B.485), § 31, eff. Sept. 15, 1992.)

§ 7251. Examinations of patient; reports on death or discharge

Every superintendent, or person in charge of a state hospital, shall, within three days after the reception of a patient, make or cause to be made a thorough physical and mental examination of the patient, and state the result thereof, on blanks prepared and exclusively set apart for that purpose. During the time the patient remains under his care he shall also make, or cause to be made, from time to time, examination of the mental state, bodily condition, and medical treatment of the patient at such intervals and in such manner, and state its result, upon such blank forms, as are approved by the department. In the event of the death or discharge of a patient the superintendent, or person in charge of the state hospital, shall state the circumstances thereof upon such forms as are required by the department.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969.)

§ 7252. Donations of blood

Any patient in a state hospital, upon the consent of the superintendent and medical director of such hospital, may voluntarily donate blood to any nonprofit blood bank duly licensed by the State Department of Health Services.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969. Amended by Stats.1971, c. 1593, p. 3371, § 440, operative July 1, 1973; Stats.1977, c. 1252, p. 4609, § 657, operative July 1, 1978.)

§ 7253. Articles of handiwork

Every patient in a state hospital under this chapter may be permitted to keep for his own use articles of handiwork and other finished products suitable primarily for personal use, as determined by the superintendent, which have been fabricated by the patient.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969.)

§ 7254. Criminal defendants, convicts and mentally disordered sex offenders; identifiable clothing

Notwithstanding any other provision of law, the State Department of Mental Health shall have the authority to require that patients committed to a state mental health facility pursuant to Section 1026 of, and Chapter 6 (commencing with Section 1367) of Title 10 of Part 2 of the Penal Code, and Sections 6316 and 6321 of this code shall wear identifiable clothing in a secured area of the facility.

(Added by Stats.1982, c. 589, § 1, eff. Aug. 25. 1982.)

Article 4 PROPERTY AND SUPPORT OF PATIENTS

§ 7275. Liability for care

The husband, wife, father, mother, or children of a patient in a state hospital for the mentally disordered, the estates of such persons, and the guardian or conservator and administrator of the estate of such patient shall cause him to be properly and suitably cared for and maintained, and shall pay the costs and charges of his transportation to a state institution. The husband, wife, father, mother, or children of a patient in a state hospital for the mentally disordered and the administrators of their estates, and the estate of such person shall be liable for his care, support, and maintenance in a state institution of which he is a patient. The liability of such persons and estates shall be a joint and several liability, and such liability shall exist whether the person has become a patient of a state institution pursuant to the provisions of this code or pursuant to the provisions of Sections 1026, 1368, 1369, 1370, and 1372 of the Penal Code.

This section does not impose liability for the care of mentally retarded persons in state hospitals.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969. Amended by Stats.1968, c. 1374, p. 2688, § 120, operative July 1, 1969; Stats.1979, c. 730, p. 2540, § 157, operative Jan. 1, 1981.)

§ 7275.1. Delegation to counties of responsibility for payment of care; policies and procedures

(a) Notwithstanding any other provision of law, the Director of Mental Health may delegate to each county all or part of the responsibility for determining the ability to pay, as delineated in subdivisions (b) and (c) of Section 5710, for the cost of care provided to mentally disordered minor children in a state hospital, and all or part of the responsibility for collecting the charges.

(b) If the director delegates responsibility pursuant to subdivision (a) and that responsibility is accepted by a county, the director shall establish and maintain the policies and procedures for making the determinations and collections. Each county to which responsibility is delegated pursuant to subdivision (a) shall comply with policies and procedures adopted pursuant to this subdivision.

(Added by Stats.1995, c. 712 (S.B.227), § 9.)

§ 7276. Charge for care and treatment; determination; reduction or cancellation of amounts due; death, leaves of absence, or discharge of patient; delegated responsibilities

(a) The charge for the care and treatment of all mentally disordered persons and alcoholics at state hospitals for the mentally disordered for whom there is liability to pay therefor shall be determined pursuant to Section 4025. The Director of Mental Health may reduce, cancel or remit the amount to be paid by the estate or the relatives, as the case may be, liable for the care and treatment of any mentally disordered person or alcoholic who is a patient at a state hospital for the mentally disordered, on satisfactory proof that the estate or relatives, as the case may be, are unable to pay the cost of that care and treatment or that the amount is uncollectible. In any case where there has been a payment under this section, and the payment or any part thereof is refunded because of the death, leave of absence, or discharge of any patient of the hospital, that amount shall be paid by the hospital or the State Department of Mental Health to the person who made the payment upon demand, and in the statement to the Controller the amounts refunded shall be itemized and the aggregate deducted from the amount to be paid into the State Treasury, as provided by law. If any person dies at any time while his or her estate is liable for his or her care and treatment at a state hospital, the claim for the amount due may be presented to the executor or administrator of his or her estate, and paid as a preferred claim, with the same rank in order of preference, as claims for expenses of last illness.

(b) If the Director of Mental Health delegates to the county the responsibility for determining the ability of a minor child and his or

her parents to pay for state hospital services, the requirements of Sections 5710 and 7275.1 and the policies and procedures established and maintained by the director, including those relating to the collection and accounting of revenue, shall be followed by each county to which that responsibility is delegated.

(Formerly § 6651, Stats.1937, c. 369, p. 1155, § 6651. Amended by Stats.1939, c. 442, p. 1775, § 1; Stats.1941, c. 913, p. 1775, § 1; Stats.1943, c. 1052, p. 2991, § 1.5; Stats.1953, c. 549, p. 1809, § 1; Stats.1954, c. 3, p. 109, § 1; Stats.1959, c. 186, p. 2081, § 1; Stats.1961, c. 176, p. 1181, § 1; Stats.1967, c. 1620, p. 3863, § 7, eff. Aug. 30, 1967. Renumbered § 7276 and amended by Stats.1968, c. 1374, p. 2684, § 101, operative July 1, 1969. Amended by Stats.1971, c. 1593, p. 3372, § 442, operative July 1, 1973; Stats.1977, c. 1252, p. 4610, § 659, operative July 1, 1978. Amended by Stats.1995, c. 712 (S.B.227), § 10.)

§ 7277. Collection of costs and charges

The State Department of Mental Health shall collect all the costs and charges mentioned in Section 7275, and shall determine, pursuant to Section 7275, and collect the charges for care and treatment rendered persons in any community mental hygiene clinics maintained by the department and may take such action as is necessary to effect their collection within or without the state. The Director of Mental Health may, however, at his discretion, refuse to accept payment of charges for the care and treatment in a state hospital of any mentally disordered person or inebriate who is eligible for deportation by the federal immigration authorities.

(Formerly § 6652, Stats.1937, c. 369, p. 1156, § 6652. Amended by Stats.1949, c. 758, p. 1489, § 1; Stats.1953, c. 292, p. 1445, § 1; Stats.1967, c. 1620, p. 3863, § 8, eff. Aug. 30, 1967. Renumbered § 7277 and amended by Stats.1968, c. 1374, p. 2685, § 102, operative July 1, 1969. Amended by Stats.1971, c. 1593, p. 3373, § 443, operative July 1, 1973; Stats.1977, c. 1252, p. 4611, § 660, operative July 1, 1978.)

§ 7277.1. Claim for costs and charges

In the case of liability for care arising under Section 7275 during the lifetime of a decedent, where the decedent, or his spouse, father, mother, or child, has been a patient in a state hospital preceding the date of decedent's death, a claim for costs and charges shall be mailed within four months after written request therefor, in the form required by the department, by the fiduciary of the estate or trust or by any other person liable for the claim or any portion thereof.

(Added by Stats.1968, c. 1299, p. 2450, § 9.)

§ 7278. Investigation to determine existence of property, guardian and relatives

The department shall, following the admission of a patient into a state hospital for the mentally disordered cause an investigation to be made to determine the moneys, property, or interest in property, if any, the patient has, and whether he has a duly appointed and acting guardian to protect his property and his property interests. The department shall also make an investigation to determine whether the patient has any relative or relatives responsible under the provisions of this code for the payment of the costs of transportation and maintenance, and shall ascertain the financial condition of such relative or relatives to determine whether in each case such relative or relatives are in fact financially able to pay such charges. All reports in connection with such investigation, together with the findings of the department, shall be records of the department, and may be inspected by interested relatives, their agents, or representatives at any time upon application.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969.)

§ 7279. Payment for care

(a) Duty of guardian or conservator. If any person committed to a state mental hospital has sufficient estate for the purpose, the guardian or conservator of the person's estate shall pay for his or her care, support, maintenance, and necessary expenses at the mental hospital to the extent of the estate. The payment may be enforced by the order of the judge of the superior court where the guardianship or conservatorship proceedings are pending. On the filing of a petition therein by the department showing that the guardian or conservator has failed, refused, or neglected to pay for such care, support, maintenance, and expenses, the court, by order, shall direct the payment by the guardian or conservator. Such order may be enforced in the same manner as are other orders of the court.

(b) Sale of property. If at any time there is not sufficient money on hand in the estate of a committed person to pay the claim of a state mental hospital for his or her care, support, maintenance, and expenses therein, the court may, on petition of the guardian or conservator of the estate, or if the guardian or conservator fails, refuses, or neglects to apply, on the petition of the department, make an order directing the guardian or conservator to sell so much of the other personal or real property or both, of the person as is necessary to pay for the care, support, maintenance, and expenses of the person at the mental hospital. From the proceeds of such sale, the guardian or conservator shall pay the amount due for the care, support, maintenance, and expenses at the mental hospital, and also such other charges as are allowed by law.

(c) Restriction on reduction of estate. Payment for the care, support, maintenance, and expenses shall not be extracted, however, from a person who has no more than five hundred dollars ($500) of assets.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969. Amended by Stats.1979, c. 730, p. 2540, § 158, operative Jan. 1, 1981; Stats.1984, c. 797, § 3.)

§ 7280. Payments for future personal needs

The guardian or conservator of the estate of any person who is confined in a state mental hospital may, from time to time, pay to the state mental hospital moneys out of the estate to be used for the future personal needs of the mentally disordered person while in a state mental hospital and for burial expenses, such sums so paid to be credited to the patient's personal deposit account, subject to the provision relating to the deposit of funds in the patients' personal deposit fund.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969. Amended by Stats.1979, c. 730, p. 2541, § 159, operative Jan. 1, 1981.)

§ 7281. Patients' personal deposit fund

There is at each institution under the jurisdiction of the State Department of Mental Health and at each institution under the jurisdiction of the State Department of Developmental Services, a fund known as the patients' personal deposit fund. Any funds coming into the possession of the superintendent, belonging to any patient in that institution, shall be deposited in the name of that patient in the patients' personal deposit fund, except that if a guardian or conservator of the estate is appointed for the patient then he shall have the right to demand and receive such funds. Whenever the sum belonging to any one patient, deposited in the patients' personal deposit fund, exceeds the sum of five hundred dollars ($500), the excess may be applied to the payment of the care, support, maintenance and medical attention of the patient. After the death of the patient any sum remaining in his personal deposit account in excess of burial costs may be applied for payment of care, support, maintenance and medical attention. Any of the funds belonging to a patient deposited in the patients' personal deposit fund may be used for the purchase of personal incidentals for the patient or may be applied in an amount not exceeding five hundred dollars ($500) to the payment of his burial expenses.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969. Amended by Stats.1971, c. 1593, p. 3373, § 444, operative July 1, 1973; Stats.1977, c. 1252, p. 4611, § 661, operative July 1, 1978; Stats.1979, c. 730, p. 2542, § 160, operative Jan. 1, 1981.)

§ 7282. Action to enforce payment

The State Department of Mental Health with respect to a state

hospital under its jurisdiction, or the State Department of Developmental Services with respect to a state hospital under its jurisdiction, may in its own name bring an action to enforce payment for the cost and charges of transportation of a person to a state hospital against any person, guardian, conservator, or relative liable for such transportation. The department also may in its own name bring an action to recover for the use and benefit of any state hospital or for the state the amount due for the care, support, maintenance, and expenses of any patient therein, against any county, or officer thereof, or against any person, guardian, conservator, or relative, liable for such care, support, maintenance, or expenses.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969. Amended by Stats.1971, c. 1593, p. 3374, § 445, operative July 1, 1973; Stats.1977, c. 1252, p. 4611, § 662, operative July 1, 1978; Stats.1979, c. 730, p. 2542, § 161, operative Jan. 1, 1981.)

§ 7282.1. Actions by individuals; notice to director; lien

If a person who is or has been a recipient of services provided by the State Department of Developmental Services or the State Department of Mental Health in a state hospital, or the guardian, conservator, or personal representative of such person, brings an action or claim against a third party for an injury, disorder, or disability, which resulted in the need for care, maintenance, or treatment in a state hospital, the person or the guardian, conservator, or personal representative shall within 30 days of filing the action or claim give to the Director of Developmental Services, for hospitals under the jurisdiction of the State Department of Developmental Services, or the Director of Mental Health, for hospitals under the jurisdiction of the State Department of Mental Health, written notice of the action or claim and of the name of the court or agency in which the action or claim is to be brought. Proof of the notice shall be filed in the action or claim. For pending actions or claims filed prior to January 1, 1986, proof of the notice shall be filed by February 1, 1986.

Any judgment, award, or settlement arising out of the action or claim shall be subject to a lien in favor of the Director of Developmental Services or the Director of Mental Health, for hospitals under the jurisdiction of that department, for the cost of state hospital care and treatment furnished with respect to the subject of the action or claim, however:

(a) A lien shall not attach to that portion of a money judgment awarded for pain and suffering.

(b) A lien shall not attach if over 180 days has elapsed between the time when notice was given to the department and the time when the department has filed its lien with the court or agency in which the action or claim has been brought.

(c) A lien authorized by this section shall not be placed for services which have been paid through the state Medi–Cal program.

(d) This section shall not apply to actions or claims in which a final judgment, award, or settlement has been entered into prior to January 1, 1986.

(Added by Stats.1985, c. 1545, § 1.)

§ 7283. Disposition of money collected for transportation costs; use of estimates or formula

All moneys collected by the State Department of Mental Health and the State Department of Developmental Services for the cost and charges of transportation of persons to state hospitals shall be remitted by the department to the State Treasury for credit to, and shall become a part of, the current appropriation from the General Fund of the state for the transportation of the mentally disordered, correctional school, or other state hospital patients and shall be available for expenditure for such purposes. In lieu of exact calculations of moneys collected for transportation charges the department may determine the amount of such collections by the use of such estimates or formula as may be approved by the Department of Finance.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969. Amended by Stats.1971, c. 1593, p. 3374, § 446, operative July 1, 1973; Stats.1977, c. 1252, p. 4612, § 663, operative July 1, 1978.)

§ 7284. Powers of department

Guardianship or conservatorship. If any incompetent person, who has no guardian or conservator of the estate and who has been admitted or committed to the State Department of Mental Health for placement in any state hospital for the mentally disordered, is the owner of any property, the State Department of Mental Health, acting through its designated officer, may apply to the superior court of the proper county for its appointment as guardian or conservator of the estate of such incompetent person.

Corporate and fiduciary powers. For the purposes of this section, the State Department of Mental Health is hereby made a corporation and may act as executor, administrator, guardian or conservator of estates, assignee, receiver, depositary or trustee, under appointment of any court or by authority of any law of this state, and may transact business in such capacity in like manner as an individual, and for this purpose may sue and be sued in any of the courts of this state.

Administration of estates. If a person admitted or committed to the State Department of Mental Health dies, leaving any estate, and having no relatives at the time residing within this state, the State Department of Mental Health may apply for letters of administration of his or her estate, and, in the discretion of the court, letters of administration may be issued to the department. When the State Department of Mental Health is appointed as guardian, conservator, or administrator, the department shall be appointed as guardian or conservator or administrator without bond. The officer designated by the department shall be required to give a surety bond in such amount as may be deemed necessary from time to time by the director, but in no event shall the initial bond be less than ten thousand dollars ($10,000), which bond shall be for the joint benefit of the several estates and the State of California. The State Department of Mental Health shall receive such reasonable fees for its services as such guardian, conservator, or administrator as the court allows. The fees paid to the State Department of Mental Health for its services as guardian, conservator, or administrator of the various estates may be used as a trust account from which may be drawn expenses for filing fees, bond premiums, court costs, and other expenses required in the administration of the various estates. Whenever the balance remaining in such trust fund account shall exceed a sum deemed necessary by the department for the payment of such expenses, such excess shall be paid quarterly by the department into the State Treasury to the credit of the General Fund.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969. Amended by Stats.1968, c. 1374, p. 2688, § 123, operative July 1, 1969; Stats.1971, c. 1593, p. 3374, § 447, operative July 1, 1973; Stats.1977, c. 1252, p. 4612, § 664, operative July 1, 1978; Stats.1979, c. 730, p. 2542, § 162, operative Jan. 1, 1981; Stats.1979, c. 1142, p. 4168, § 5; Stats.1980, c. 246, p. 496, § 9.)

§ 7285. Investment of funds

The State Department of Mental Health may invest funds held as executor, administrator, guardian or conservator of estates, or trustee, in bonds or obligations issued or guaranteed by the United States or the State of California. Such investments may be made and such bonds or obligations may be sold or exchanged for similar bonds or obligations without notice or court authorization.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969. Amended by Stats.1971, c. 1593, p. 3375, § 448, operative July 1, 1973; Stats.1977, c. 1252, p. 4613, § 665, operative July 1, 1978; Stats.1979, c. 730, p. 2543, § 163, operative Jan. 1, 1981.)

§ 7286. Common trusts

The State Department of Mental Health may establish one or more common trusts for investment of funds held as executor, administrator, guardian or conservator of estates, or trustee and may designate from time to time the amount of participation of each estate in such trusts. The funds in such trusts may be invested only in bonds or obligations issued or guaranteed by the United States or the State of California.

The income and profits of each trust shall be the property of the

estates participating and shall be distributed, when received, in proportion to the amount of participation of each estate in such trust. The losses of each trust shall be the losses of the estates participating and shall be apportioned, as the same occur, upon the same basis as income and profits.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969. Amended by Stats.1971, c. 1593, p. 3375, § 449, operative July 1, 1973; Stats.1977, c. 1252, p. 4613, § 666, operative July 1, 1978; Stats.1979, c. 730, p. 2543, § 164, operative Jan. 1, 1981.)

§ 7287. Death of patient; disposition of remains; payment from guardianship or conservatorship; final account

Upon the death of an incompetent person over whom the State Department of Mental Health has obtained jurisdiction pursuant to Section 7284, the department may make proper disposition of the remains, and pay for the disposition of the remains together with any indebtedness existing at the time of the death of such person from the assets of the guardianship or conservatorship estate, and thereupon it shall file its final account with the court or otherwise close its administration of the estate of such person.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969. Amended by Stats.1971, c. 1593, p. 3375, § 450, operative July 1, 1973; Stats.1977, c. 1252, p. 4613, § 667, operative July 1, 1978; Stats.1979, c. 730, p. 2544, § 165, operative Jan. 1, 1981.)

§ 7288. Disposition of patient's personal property

Whenever it appears that a person who has been admitted to a state institution and remains under the jurisdiction of the State Department of Mental Health or the State Department of Developmental Services does not have a guardian or conservator of the estate and owns personal property which requires safekeeping for the benefit of the patient, the State Department of Mental Health or the State Department of Developmental Services may remove or cause to be removed such personal property from wherever located to a place of safekeeping.

Whenever it appears that such patient does not own property of a value which would warrant guardianship or conservatorship proceedings, the expenses of such removal and safekeeping shall be paid from funds appropriated for the support of the institution in which the patient is receiving care and treatment; provided, however, that if the sum on deposit to the credit of such patient in the patients' personal deposit fund exceeds the sum of three hundred dollars ($300), the excess may be applied to the payment of such expenses of removal and safekeeping.

When it is determined by the superintendent, at any time after the removal for safekeeping of such personal property, that the patient is incurable or is likely to remain in a state institution indefinitely, then any of those articles of personal property which cannot be used by the patient at the institution may be sold at public auction and the proceeds therefrom shall first be applied in reimbursement of the expenses so incurred, and the balance shall be deposited to the patient's credit in the patients' personal deposit fund. All moneys so received as reimbursement shall be deposited in the State Treasury in augmentation of the appropriation from which the expenses were paid.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969. Amended by Stats.1971, c. 1593, p. 3376, § 451, operative July 1, 1973; Stats.1977, c. 1252, p. 4613, § 668, operative July 1, 1978; Stats.1979, c. 730, p. 2544, § 166, operative Jan. 1, 1981; Stats.1979, c. 1142, p. 4168, § 6; Stats.1980, c. 246, p. 497, § 10.)

§ 7289. Collection of funds due client

When a person who is a client of a state hospital or developmental center in the State Department of Mental Health or the State Department of Developmental Services has no guardian or conservator of the estate and has money due or owing to him or her, the executive director of the institution of which the person is a client may, during the client's residence at the institution, collect an amount not to exceed three thousand dollars ($3,000) of any money so due or owing upon furnishing to the person, representative, officer, body or corporation in possession of or owing any sums, an affidavit executed by the executive director or acting executive director. The affidavit shall contain the name of the institution of which the person is a client, and the statement that the total amount requested pursuant to the affidavit does not exceed the sum of three thousand dollars ($3,000). Payments from retirement systems and annuity plans which are due or owing to the clients may also be collected by the executive director of the institution of which the person is a client, upon the furnishing of an affidavit executed by the executive director or acting executive director, containing the name of the institution of which the person is a client and the statement that the person is entitled to receive the payments. These sums shall be delivered to the executive director and shall be deposited by him or her in the clients' personal deposit fund as provided in Section 7281.

The receipt of the executive director shall constitute sufficient acquittance for any payment of money made pursuant to this section and shall fully discharge the person, representative, officer, body or corporation from any further liability with reference to the amount of money so paid.

The executive director of each institution shall render reports and accounts annually or more often as may be required by the department having jurisdiction over the hospital or the Department of Finance of all moneys of clients deposited in the clients' personal deposit accounts of the institution.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969. Amended by Stats.1971, c. 1593, p. 3376, § 452, operative July 1, 1973; Stats.1977, c. 1252, p. 4614, § 669, operative July 1, 1978; Stats.1979, c. 730, p. 2544, § 167, operative Jan. 1, 1981; Stats.1989, c. 748, § 3.)

§ 7289.1. Amount owed to client; cost–of–living adjustments

(a) The amount of three thousand dollars ($3,000) as set forth in Section 7289, shall be adjusted annually, on January 1 by the State Department of Developmental Services as it applies to state hospitals or developmental centers under its jurisdiction, and by the State Department of Mental Health as it applies to state hospitals under its jurisdiction, to reflect any increases or decreases in the cost of living occurring after December 31, 1967, so that the first adjustment becomes effective January 1, 1990. The indices of the California Consumer Price Index All Urban as prepared by the Department of Industrial Relations, shall be used as the basis for determining the changes in the cost of living.

(b) In implementing the cost–of–living provisions of this section, the State Department of Developmental Services and the State Department of Mental Health shall use the most recent December for computation of the percentage change in the cost of living after December 31, 1967. The amount of this adjustment shall be made by comparing the average index for the most recent December with the average index for December 1967. The product of any percentage increase or decrease in the average index and the amount set forth in Section 7289 shall be the adjusted amount subject to affidavit pursuant to the provisions of Section 7289.

(Added by Stats.1989, c. 748, § 4.)

§ 7290. Cost of care

The State Department of Mental Health or the State Department of Developmental Services may enter into a special agreement, secured by a properly executed bond, with the relatives, guardian, conservator, or friend of any patient therein, for his care, support, maintenance, or other expenses at the institution. Such agreement and bond shall be to the people of the State of California and action to enforce the same may be brought thereon by the department. All charges due under the provisions of this section, including the monthly rate for the patient's care and treatment as established by or pursuant to law, shall be collected monthly. No patient, however, shall be permitted to occupy more than one room in any state institution.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969. Amended by Stats.1971, c. 1593, p. 3377, § 453, operative July 1,

1973; Stats.1977, c. 1252, p. 4615, § 670, operative July 1, 1978; Stats.1979, c. 730, p. 2545, § 168, operative Jan. 1, 1981.)

§ 7291. County payments for care of defective or psychopathic delinquents

The county from which each person has been committed to an institution for defective or psychopathic delinquents shall pay the state the cost of the care of such person, for the time the person committed remains a patient of the institution, at the monthly rate therefor fixed as provided in Section 7292.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969.)

§ 7292. Cost of care

The cost of such care shall be determined and fixed from time to time by the Director of Mental Health, but in no case shall it exceed the rate of forty dollars ($40) per month.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969. Amended by Stats.1971, c. 1593, p. 3377, § 454, operative July 1, 1973; Stats.1977, c. 1252, p. 4615, § 671, operative July 1, 1978; Stats.1978, c. 429, p. 1464, § 223, eff. July 17, 1978, operative July 1, 1978.)

§ 7293. Claims against county

The State Department of Mental Health shall present to the county, not more frequently than monthly, a claim for the amount due the state under Section 7291 which the county shall process and pay pursuant to the provisions of Chapter 4 (commencing with Section 29700) of Division 3 of Title 3 of the Government Code.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969. Amended by Stats.1971, c. 1593, p. 3377, § 455, operative July 1, 1973; Stats.1977, c. 1252, p. 4615, § 672, operative July 1, 1978; Stats.1978, c. 429, p. 1463, § 224, eff. July 17, 1978, operative July 1, 1978.)

§ 7294. Parole, leave of absence and discharge

Authority of medical superintendent; certification of opinion. Any person who has been committed as a defective or psychopathic delinquent may be paroled or granted a leave of absence by the medical superintendent of the institution wherein the person is confined whenever the medical superintendent is of the opinion that the person has improved to such an extent that he is no longer a menace to the health and safety of others or that the person will receive benefit from such parole or leave of absence, and after the medical superintendent and the Director of Mental Health have certified such opinion to the committing court.

Return order; parole; recall. If within 30 days after the receipt of such certification the committing court orders the return of such person, the person shall be returned forthwith to await further action of the court. If within 30 days after the receipt of such certification the committing court does not order the return of the person to await the further action of the court, the medical superintendent may thereafter parole the person under such terms and conditions as may be specified by the superintendent. Any such paroled inmate may at any time during the parole period be recalled to the institution. The period of parole shall in no case be less than five years, and shall be on the same general rules and conditions as parole of the mentally disordered.

Discharge. When any person has been paroled for five consecutive years, if in the opinion of the medical superintendent and the Director of Mental Health the person is no longer a menace to the health, person, or property of himself or of any other person, the medical superintendent, subject to the approval of the Director of Mental Health, may discharge the person. The committing court shall be furnished with a certified copy of such discharge and shall thereupon make such disposition of the court case as it deems necessary and proper.

Return to court; hearing; further order. When, in the opinion of the medical superintendent, a person heretofore committed as a defective or psychopathic delinquent will not benefit by further care and treatment under any facilities of the department and should be returned to the jurisdiction of the court, the superintendent of the institution and the Director of Mental Health shall certify such opinion to the committing court including therein a report, diagnosis and recommendation concerning the person's future care, supervision or treatment. Upon receipt of such certification, the committing court shall forthwith order the return of the person to the court. The person shall be entitled to a court hearing and to present witnesses in his own behalf, to be represented by counsel and to cross–examine any witness who testifies against him. After considering all the evidence before it, the court may make such further order or commitment with reference to such person as may be authorized by law.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969. Amended by Stats.1971, c. 1593, p. 3377, § 456, operative July 1, 1973; Stats.1977, c. 1252, p. 4615, § 673, operative July 1, 1978.)

Article 5 TRANSFER OF PATIENTS

§ 7300. Policy; transfer to different institution; inmate of correctional school; expense

It shall be the policy of the department to make available to all persons admitted to a state hospital prior to July 1, 1969, and to all persons judicially committed or remanded to its jurisdiction all of the facilities under the control of the department. Whenever, in the opinion of the Director of Mental Health, it appears that a person admitted prior to July 1, 1969, or that a person judicially committed or remanded to the State Department of Mental Health for placement in an institution would be benefited by a transfer from that institution to another institution in the department, the director may cause the transfer of the patient from that institution to another institution under the jurisdiction of the department. Preference shall be given in any such transfer to an institution in an adjoining rather than a remote district.

However, before any inmate of a correctional school may be transferred to a state hospital for the mentally disordered he shall first be returned to a court of competent jurisdiction, and, if subject to commitment, after hearing, may be committed to a state hospital for the mentally disordered in accordance with law.

The expense of such transfers is chargeable to the state, and the bills for the same, when approved by the Director of Mental Health, shall be paid by the Treasurer on the warrant of the Controller, out of any moneys provided for the care or support of the patients or out of the moneys provided for the support of the department, in the discretion of the department.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969. Amended by Stats.1968, c. 1374, p. 2689, § 124, operative July 1, 1969; Stats.1969, c. 722, p. 1448, § 55, eff. Aug. 8, 1969, operative July 1, 1969; Stats.1971, c. 1593, p. 3378, § 457, operative July 1, 1973; Stats.1977, c. 1252, p. 4616, § 674, operative July 1, 1978.)

§ 7301. Transfer to institution under jurisdiction of department of corrections

Whenever, in the opinion of the Director of Mental Health and with the approval of the Director of Corrections, any person who has been committed to a state hospital pursuant to provisions of the Penal Code or who has been placed in a state hospital temporarily for observation pursuant to, or who has been committed to a state hospital pursuant to Article 1 (commencing with Section 6300) of Chapter 2 of Part 2 of Division 6 of this code needs care and treatment under conditions of custodial security which can be better provided within the Department of Corrections, such person may be transferred for such purposes from an institution under the jurisdiction of the State Department of Mental Health to an institution under the jurisdiction of the Department of Corrections.

Persons so transferred shall not be subject to the provisions of Section 4500, 4501, 4501.5, 4502, 4530, or 4531 of the Penal Code. However, they shall be subject to the general rules of the Director of Corrections and of the facility where they are confined and any correctional employee dealing with such persons during the course of an escape or attempted escape, a fight or a riot, shall have the same

rights, privileges and immunities as if the person transferred had been committed to the Director of Corrections.

Whenever a person is transferred to an institution under the jurisdiction of the Department of Corrections pursuant to this section, any report, opinion, or certificate required or authorized to be filed with the court which committed such person to a state hospital, or ordered such person placed therein, shall be prepared and filed with the court by the head of the institution in which the person is actually confined or by the designee of such head.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969. Amended by Stats.1968, c. 1374, p. 2690, § 125, operative July 1, 1969; Stats.1969, c. 1128, p. 2194, § 1; Stats.1971, c. 1593, p. 3379, § 458, operative July 1, 1973; Stats.1977, c. 1252, p. 4617, § 675, operative July 1, 1978; Stats.1978, c. 429, p. 1464, § 225, eff. July 17, 1978, operative July 1, 1978.)

§ 7302. Transfer to like institutions; request of relatives or friends; expense

Patients admitted to a state hospital prior to July 1, 1969, and all patients judicially committed or remanded, may be transferred to a like institution at the request of relatives or friends, if there is room in the like institution to which transfer is sought and if the department or departments having jurisdiction over such institutions and the medical directors of the institutions from which and to which the transfer is to be made consent thereto. The expense of such transfer shall be paid by such relatives or friends.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969. Amended by Stats.1969, c. 722, p. 1448, § 56, eff. Aug. 8, 1969, operative July 1, 1969; Stats.1971, c. 1593, p. 3379, § 459, operative July 1, 1973; Stats.1977, c. 1252, p. 4617, § 676, operative July 1, 1978.)

§ 7303. New commitment on transfer absolving county from liability

Whenever a person, committed to the care of the State Department of Mental Health or the State Department of Developmental Services under one of the commitment laws which provides for reimbursement for care and treatment to the state by the county of commitment of such person, is transferred under Section 7300 to an institution under the jurisdiction of the department where the state rather than the county is liable for the support and care of patients, the county of commitment may have the original commitment vacated and a new commitment issued, designating the institution to which the person has been transferred, in order to absolve the county from liability under the original commitment.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969. Amended by Stats.1971, c. 1593, p. 3380, § 460, operative July 1, 1973; Stats.1977, c. 1252, p. 4618, § 677, operative July 1, 1978.)

§ 7304. Issuance of new commitment imposing liability on county

Whenever a person, committed to the State Department of Mental Health or the State Department of Developmental Services under one of the commitment laws providing for no reimbursement for care and treatment to the state by the county of commitment, is transferred under Section 6700 to an institution under the jurisdiction of the department where the county is required to reimburse the state for such care and treatment, the State Department of Mental Health or the State Department of Developmental Services may have the original commitment vacated and a new commitment issued, designating the institution to which the person has been transferred, in order to make the county liable for the care and treatment of the committed person to the extent provided by Sections 7511 and 7512 of the Welfare and Institutions Code.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969. Amended by Stats.1971, c. 1593, p. 3380, § 461, operative July 1, 1973; Stats.1977, c. 1252, p. 4618, § 678, operative July 1, 1978.)

Article 6 ESCAPES

§ 7325. Apprehension and return; peace officer; notification; information

(a) When any patient committed by a court to a state hospital or other institution on or before June 30, 1969, or when any patient who is judicially committed on or after July 1, 1969, or when any patient who is involuntarily detained pursuant to Part 1 (commencing with Section 5000) of Division 5 escapes from any state hospital, any hospital or facility operated by or under the Veterans' Administration of the United States government, or any facility designated by a county pursuant to Part 1 (commencing with Section 5000) of Division 5, or any facility into which the patient has been placed by his or her conservator appointed pursuant to Chapter 3 (commencing with Section 5350) of Part 1 of Division 5, or when a judicially committed patient's return from leave of absence has been authorized or ordered by the State Department of Mental Health, or the State Department of Developmental Services, or the facility of the Veterans' Administration, any peace officer, upon written request of the state hospital, veterans' facility, or the facility designated by a county, or the patient's conservator appointed pursuant to Chapter 3 (commencing with Section 5350) of Part 1 of Division 5, shall, without the necessity of a warrant or court order, or any officer or employee of the State Department of Mental Health, or of the State Department of Developmental Services, designated to perform these duties may, apprehend, take into custody, and deliver the patient to the state hospital or to a facility of the Veterans' Administration, or the facility designated by a county, or to any person or place authorized by the State Department of Mental Health, the State Department of Developmental Services, the Veterans' Administration, the local director of the county mental health program of the county in which is located the facility designated by the county, or the patient's conservator appointed pursuant to Chapter 3 (commencing with Section 5350) of Part 1 of Division 5, as the case may be, to receive him or her. Every officer or employee of the State Department of Mental Health, or of the State Department of Developmental Services, designated to apprehend or return those patients has the powers and privileges of peace officers so far as necessary to enforce this section.

(b) As used in this section, " peace officer" means a person as specified in Section 830.1 of the Penal Code.

(c) Any officer or employee of a state hospital, hospital or facility operated by or under the Veterans' Administration, or any facility designated by a county pursuant to Part 1 (commencing with Section 5000) of Division 5 shall provide any peace officer with any information concerning any patient who escapes from the hospital or facility that is necessary to assist in the apprehension and return of the patient. The written notification of the escape required by this section shall include the name and physical description of the patient, his or her home address, the degree of dangerousness of the patient, including specific information about the patient if he or she is deemed likely to cause harm to himself or herself or to others, and any additional information that is necessary to apprehend and return the patient. If the escapee has been charged with any crime involving physical harm to children, the notice shall be provided by the law enforcement agency to school districts in the vicinity of the hospital or other facility in which the escapee was being held, in the area the escapee is known or is likely to frequent, and in the area where the escapee resided immediately prior to confinement.

(d) The person in charge of the hospital or facility, or his or her designee, may provide telephonic notification of the escape to the law enforcement agency of the county or city in which the hospital or facility is located. If that notification is given, the time and date of notification, the person notified, and the person making the notification shall be noted in the written notification required by this section.

(e) Photocopying is not required in order to satisfy the requirements of this section.

(f) No public or private entity or public or private employee shall be liable for damages caused, or alleged to be caused, by the release of information or the failure to release information pursuant to this section.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969. Amended by Stats.1968, c. 1374, p. 2691, § 129, operative July 1, 1969; Stats.1969, c. 722, p. 1449, § 56.2, eff. Aug. 8, 1969, operative July 1, 1969; Stats.1971, c. 1593, p. 3380, § 463, operative July 1, 1973; Stats.1974, c. 833, p. 1796, § 3; Stats.1975, c. 960, p. 2245, § 12; Stats.1977, c. 1252, p. 4618, § 680, operative July 1, 1978; Stats.1979, c. 1142, p. 4169, § 7; Stats.1996, c. 1026 (A.B.2104), § 5; Stats.1997, c. 17 (S.B.947), § 152.)

§ 7325.5. Information essential in aiding apprehension of escapee; release

Notwithstanding Section 5328, information regarding a person's name, reason for commitment, age, physical description, and any other information which the medical director of the treatment facility considers essential in aiding apprehension of the escapee shall be released if the person has escaped from a state mental health facility, and the person was committed to the state mental health facility by a court after being found not guilty by reason of insanity pursuant to Section 1026 of the Penal Code, unable to stand trial due to mental condition pursuant to Section 1370 of the Penal Code, or a mentally disordered sex offender pursuant to Division 6 (commencing with Section 6000).

(Added by Stats.1982, c. 1415, § 2, eff. Sept. 27, 1982.)

§ 7326. Assisting escape; offense

Any person who willfully assists any judicially committed or remanded patient of a state hospital or other public or private mental health facility to escape, to attempt to escape therefrom, or to resist being returned from a leave of absence shall be punished by imprisonment in the state prison, a fine of not more than ten thousand dollars ($10,000), or both such imprisonment and fine; or by imprisonment in a county jail for a period of not more than one year, a fine of not more than two thousand dollars ($2,000), or both such imprisonment and fine.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969. Amended by Stats.1969, c. 1021, p. 1989, § 1; Stats.1970, c. 79, p. 92, § 1; Stats.1976, c. 1139, p. 5174, § 346, operative July 1, 1977; Stats.1981, c. 1054, p. 4071, § 5; Stats.1983, c. 1092, § 420, eff. Sept. 27, 1983, operative Jan. 1, 1984.)

§ 7327. Officers' fees and expenses for delivery of patient

Every peace officer who is designated in and pursuant to Section 7325 delivers or assists in the delivery of a patient to a state hospital or other place designated by a state hospital shall be entitled to receive from the state hospital such fees and expenses as are payable to sheriffs for conveyance of patients to state hospitals.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969.)

§ 7328. Offense by patient; commitment to another institution; subsequent cost of care

Whenever a person, committed to an institution subject to the jurisdiction of the State Department of Mental Health or the State Department of Developmental Services under one of the commitment laws which provides for reimbursement[1] for care and treatment to the state by the county of commitment of such person, is accused of committing a crime while confined in such institution and is committed by the court in which the crime is charged to another institution under the jurisdiction of the State Department of Mental Health or the Department of Corrections, the state rather than the county of commitment shall bear the subsequent cost of supporting and caring for such person.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969. Amended by Stats.1971, c. 1593, p. 3381, § 464, operative July 1, 1973; Stats.1977, c. 1252, p. 4619, § 681, operative July 1, 1978.)

[1]So in chaptered copy.

§ 7329. Arrest of escapee; hearing; release; commitment

When any patient, who is subject to judicial commitment, has escaped from any public mental hospital in a state of the United States other than California and is present in this state, any peace officer, health officer, county physician, or assistant county physician may take such person into custody within five years after the escape. Such person may be admitted and detained in the quarters provided in any county hospital or state hospital upon application of the peace officer, health officer, county physician, or assistant county physician. The application shall be in writing and shall state the identity of the person, the name and place of the institution from which he escaped and the approximate date of the escape, and the fact that the person has been apprehended pursuant to this section.

As soon as possible after the person is apprehended, the district attorney of the county in which the person is present shall file a petition in the superior court alleging the facts of the escape, and requesting an immediate hearing on the question of whether the person has escaped from a public mental hospital in another state within five years prior to his apprehension. The hearing shall be held within three days after the day on which the person was taken into custody. If the court finds that the person has not escaped from such a hospital within five years prior to his apprehension, he shall be released immediately.

If the court finds that the person did escape from a public mental hospital in another state within five years prior to his apprehension, the superintendent or physician in charge of the quarters provided in such county hospital or state hospital may care for and treat the person, and the district attorney of the county in which such person is present immediately shall present to a judge of the superior court a petition asking that the person be judicially committed to a state hospital in this state. The hearing on the petition shall be held within seven days after the court's determination in the original hearing that the person did escape from a public mental hospital in another state within five years prior to his apprehension. Proceedings shall thereafter be conducted as on a petition for judicial commitment of the particular type of person subject to judicial commitment. If the court finds that the person is subject to judicial commitment it shall order him judicially committed to a state hospital in this state; otherwise, it shall order him to be released. It shall be the duty of the superintendent of the state hospital to accept custody of such person, if he has been determined to be subject to judicial commitment. The State Department of Mental Health will promptly cause such person to be returned to the institution from which he escaped if the authorities in charge of such institution agree to accept him. If such authorities refuse to accept such person, the superintendent of the state hospital in which the person is confined shall continue to care for and treat the person in the same manner as any other person judicially committed to the hospital as mentally disordered.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969. Amended by Stats.1970, c. 1627, p. 3456, § 31.5; Stats.1971, c. 1593, p. 3381, § 464.1, operative July 1, 1973; Stats.1977, c. 1252, p. 4620, § 682, operative July 1, 1978.)

Article 7 LEAVE OF ABSENCE, DISCHARGE, AND RESTORATION TO CAPACITY OF PERSONS OTHER THAN THE MENTALLY DISORDERED CRIMINALS

§ 7350. Patients held in criminal proceeding

The provisions of this article except for Section 7355 shall not apply to any patient held upon an order of a court or judge in a proceeding arising out of a criminal action.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969. Amended by Stats.1978, c. 1291, p. 4233, § 9.)

§ 7351. Parole defined; recall of patient on leave of absence; certificate of leave or discharge

Wherever in any provision of this code heretofore or hereafter

enacted the term "parole" is used in relation to the release of a patient from a state hospital, it shall be construed to refer to and mean "leave of absence." Any judicially committed patient or mentally retarded patient granted a leave of absence on or after July 1, 1969, and any patient on leave of absence as of July 1, 1969, may at any time during the period of the leave of absence be recalled and returned to the hospital.

Upon the release of a judicially committed patient as granted by the medical director of a state hospital, on leave of absence or discharge upon any of the grounds provided in this article, in accordance with the rules and regulations prescribed by the department, the superintendent shall issue to or on behalf of the judicially committed patient a document stating the general terms or limitations of the leave of absence, or a certificate stating the general condition of or the reason for the discharge of the judicially committed patient.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969. Amended by Stats.1969, c. 722, p. 1449, § 57, eff. Aug. 8, 1969, operative July 1, 1969.)

§ 7352. Grant of leave; state hospital for the mentally disordered; continued services to patients

The medical director of a state hospital for the mentally disordered may grant a leave of absence to any judicially committed patient, except as provided in Section 7350, under general conditions prescribed by the State Department of Mental Health.

The State Department of Mental Health may continue to render services to patients placed on leave of absence prior to July 1, 1969, to the extent such services are authorized by law in effect immediately preceding July 1, 1969.

(Formerly § 6726, Stats.1937, c. 369, p. 1160, § 6726. Amended by Stats.1939, c. 604, p. 2019, § 2; Stats.1946, 1st Ex.Sess., c. 44, p. 67, § 1; Stats.1949, c. 471, p. 819, § 1; Stats.1951, c. 1115, p. 2869, § 1; Stats.1957, c. 2344, p. 4074, § 1; Stats.1961, c. 1267, p. 3045, § 1; Stats.1965, c. 1797, p. 4159, § 44; Stats.1967, c. 360, p. 1585, § 1, eff. June 20, 1967. Renumbered § 7352 and amended by Stats.1968, c. 1374, p. 2685, § 108, eff. July 1, 1969. Amended by Stats.1969, c. 722, p. 1450, § 58, eff. Aug. 8, 1969, operative July 1, 1969; Stats.1971, c. 1593, p. 3382, § 465, operative July 1, 1973; Stats.1977, c. 1252, p. 4621, § 683, operative July 1, 1978.)

§ 7352.5. Grant of leave; state hospital for the developmentally disabled; continued services to patients

The medical director of a state hospital for the developmentally disabled may grant a leave of absence to any developmentally disabled patient or judicially committed patient, except as provided in Section 7350, under general conditions prescribed by the State Department of Developmental Services.

The State Department of Developmental Services may continue to render services to patients placed on leave of absence prior to July 1, 1969, to the extent such services are authorized by law in effect immediately preceding July 1, 1969.

(Added by Stats.1977, c. 1252, p. 4621, § 684, operative July 1, 1978.)

§ 7353. Medicare beneficiaries; payment of third–party health coverage

The State Department of Mental Health shall pay the premium for third–party health coverage for Medicare beneficiaries who are patients at state hospitals under the jurisdiction of the State Department of Mental Health. The department shall, when a mental health state hospital patient's coverage would lapse due to lack of sufficient income or financial resources, or any other reason, continue the health coverage by paying the costs of continuation or group coverage pursuant to federal law or converting from a group to an individual plan.

(Added by Stats.1995, c. 305 (A.B.911), § 8, eff. Aug. 3, 1995.)

§ 7354. Grant of care in private facilities; mentally disordered persons; payments by state; conditions

Any mentally disordered person may be granted care in a licensed institution or other suitable licensed or certified facility. The State Department of Mental Health may pay for such care at a rate not exceeding the average cost of care of patients in the state hospitals as determined by the Director of Mental Health. Such payments shall be made from funds available to the State Department of Mental Health for that purpose.

The State Department of Mental Health may make payments for services for mentally disordered patients in private facilities released or discharged from state hospitals on the basis of reimbursement for reasonable cost, using the same standards and rates consistent with those established by the State Department of Health Services for similar types of care. Such payments shall be made within the limitation of funds appropriated to the State Department of Mental Health for that purpose.

No payments for care or services of a mentally disordered patient shall be made by the State Department of Mental Health pursuant to this section unless such care or services are requested by the local director of the mental health services of the county of the patient's residence, unless provision for such care or services is made in the county Short–Doyle plan of the county under which the county shall reimburse the department for 10 percent of the amount expended by the department, exclusive of such portion of the cost as is provided by the federal government.

The provision for such 10–percent county share shall be inapplicable with respect to any county with a population of under 100,000 which has not elected to participate financially in providing services under Division 5 (commencing with Section 5000) in accordance with Section 5709.5.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969. Amended by Stats.1968, c. 957, p. 1842, § 2, eff. Aug. 1, 1968; Stats.1970, c. 1560, p. 3190, § 1; Stats.1970, c. 1561, p. 3192, § 2, operative Jan. 1, 1971; Stats.1971, c. 1593, p. 3382, § 465; Stats.1972, c. 1298, p. 2596, § 1, eff. Dec. 22, 1972; Stats.1973, c. 142, p. 423, § 80, eff. June 30, 1973, operative July 1, 1973; Stats.1973, c. 1203, p. 2592, § 6; Stats.1971, c. 1212, p. 2843, § 343, operative July 1, 1974; Stats.1977, c. 1252, p. 4621, § 685, operative July 1, 1978.)

§ 7354.5. Grant of care in private facilities; developmentally disabled persons; payments by state; conditions

Any developmentally disabled person may be granted care in a licensed institution or other suitably licensed or certified facility. The State Department of Developmental Services may pay for such care at a rate not exceeding the average cost of care of patients in the state hospitals as determined by the Director of Developmental Services. Such payments shall be made from funds available to the State Department of Developmental Services for that purpose.

The State Department of Developmental Services may make payments for services for developmentally disabled patients in private facilities released or discharged from state hospitals on the basis of reimbursement for reasonable cost, using the same standards and rates consistent with those established by the State Department of Developmental Services for similar types of care. Such payments shall be made within the limitation of funds appropriated to the State Department of Developmental Services for that purpose. No payments for care or services of a developmentally disabled person shall be made by the State Department of Developmental Services pursuant to this section, unless requested by the regional center having jurisdiction over the patient and provision for such care or services is made in the areawide plan for the developmentally disabled.

(Added by Stats.1977, c. 1252, p. 4622, § 686, operative July 1, 1978. Amended by Stats.1978, c. 429, p. 1464, § 227, eff. July 17, 1978, operative July 1, 1978.)

§ 7355. Clothing and money

No patient shall be discharged or, granted a leave of absence, or placed on parole or outpatient care from a state hospital without

suitable clothing adapted to the season in which he is discharged; and, if it cannot otherwise be obtained, the superintendent, under general conditions prescribed by the department having jurisdiction of the hospital, shall furnish such clothing and money, not exceeding fifty dollars ($50), to defray the necessary expenses of such patient who is going on leave of absence, parole or outpatient care or is to be discharged, until he can reach his relatives or friends, or find employment to earn a subsistence.

The superintendent may, under general conditions prescribed by the department having jurisdiction of the hospital, furnish to patients while on leave of absence such incidental moneys, supplies or services as are necessary and advisable in the care, supervision and rehabilitation of such patients on leave of absence. Payments therefor shall be made from funds available for support of patients in the state hospital or hospitals from which such patients have been granted a leave of absence.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969. Amended by Stats.1968, c. 1127, p. 2141, § 1, operative July 1, 1969; Stats.1971, c. 1593, p. 3383, § 466, operative July 1, 1973; Stats.1977, c. 1252, p. 4621, § 687, operative July 1, 1978; Stats.1978, c. 1291, p. 4234, § 10.)

§ 7356. Liability for expense of keeping patients on leave of absence

The charges for the care and keeping of persons on leave of absence from a state hospital where the State Department of Mental Health, the State Department of Developmental Services, or the State Department of Social Services pays for such care shall be a liability of such person, his estate, and relatives, to the same extent that such liability exists for patients in state hospitals.

The State Department of Mental Health shall collect or adjust such charges in accordance with Article 4 (commencing with Section 7275) of Chapter 3 of this division.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969. Amended by Stats.1969, c. 863, p. 1706, § 1; Stats.1971, c. 1593, p. 3384, § 467, operative July 1, 1973; Stats.1973, c. 1212, p. 2843, § 344, operative July 1, 1974; Stats.1977, c. 1252, p. 4623, § 688, operative July 1, 1978.)

§ 7357. Discharge of recovered patients

The superintendent of a state hospital, on filing his written certificate with the Director of Mental Health, may discharge any patient who, in his judgment, has recovered or was not, at time of admission, mentally disordered.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969. Amended by Stats.1971, c. 1593, p. 3384, § 468, operative July 1, 1973; Stats.1977, c. 1252, p. 4623, § 689, operative July 1, 1978.)

§ 7359. Discharge of unrecovered patient

The superintendent of a state hospital, on filing his written certificate with the Director of Mental Health, may discharge as improved, or may discharge as unimproved, as the case may be, any judicially committed patient who is not recovered, but whose discharge, in the judgment of the superintendent, will not be detrimental to the public welfare, or injurious to the patient.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969. Amended by Stats.1971, c. 1593, p. 3384, § 469, operative July 1, 1973; Stats.1977, c. 1252, p. 4623, § 690, operative July 1, 1978.)

§ 7360. Discharge of indigent patient

The medical superintendent shall not refuse to discharge any judicially committed patient as improved, on the ground that the guardian, friends, or relatives of the patient are not financially able and willing to care properly for the patient after his discharge. Any patient whose condition has improved so as to render him eligible for discharge under Section 7359 and whose guardian, friends, or relatives are not financially able and willing to care properly for him after his discharge shall be returned to the county from which he was committed, at the expense of the county, and shall be cared for by the county as are other indigent persons.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969. Amended by Stats.1968, c. 1374, p. 2692, § 132, operative July 1, 1969.)

§ 7361. Court order for discharge of unrecovered patient

When the superintendent is unwilling to certify to the discharge of an unrecovered judicially committed patient, upon request, and so certifies in writing, giving his reasons therefor, any superior judge of the county in which the hospital is situated, upon such certificate, and upon any other proofs produced before him, after affording opportunity for a hearing to the superintendent, may direct, by order, the discharge of the patient, upon such security to the people of the state as he may require for the good behavior and maintenance of the patient. The certificate and the proof, and the order granted thereon, shall be filed in the clerk's office of the county in which the hospital is situated, and a certified copy of the order shall be filed in the hospital from which the patient is discharged.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969.)

§ 7362. Discharge of patients by medical superintendent; return to county of residence; recommitment

The medical superintendent of a state hospital, on filing his written certificate with the Director of Mental Health, may on his own motion, and shall on the order of the State Department of Mental Health, discharge any patient who comes within any of the following descriptions:

(a) Who is not a proper case for treatment therein.

(b) Who is developmentally disabled or is affected with a chronic harmless mental disorder.

Such person, when discharged, shall be returned to the county of his residence at the expense of such county, and delivered to the sheriff or other appropriate county official to be designated by the board of supervisors, for delivery to the official or agency in that county charged with the responsibility for such person. Should such person be a poor and indigent person, he shall be cared for by such county as are other indigent poor.

No person who has been discharged from any state hospital under the provisions of subdivision (b) above shall be again committed to any state hospital for the mentally disordered unless he is subject to judicial commitment.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969. Amended by Stats.1971, c. 1593, p. 3384, § 470, operative July 1, 1973; Stats.1977, c. 1252, p. 4623, § 691, operative July 1, 1978; Stats.1978, c. 429, p. 1465, § 228, eff. July 17, 1978, operative July 1, 1978.)

Article 8 DISPOSITION OF MENTALLY DISORDERED CRIMINALS UPON RECOVERY

§ 7375. Progress reports; return to prison

Whenever a convict is received into a state hospital under the provisions of Section 2684 of the Penal Code, the medical director of the state hospital shall, 90 days after the arrival of such person and each six months thereafter, report to the Director of Corrections regarding the status and progress of the person. The convict shall, on recovery, be returned to prison in accordance with the provisions of Section 2685 of the Penal Code.

(Added by Stats.1980, c. 547, p. 1529, § 27.)

Chapter 3 STATE HOSPITALS FOR THE DEVELOPMENTALLY DISABLED

§ 7500. Hospitals established; construction of terms

There are established in the state the following state hospitals for the care and treatment of the developmentally disabled:

(a) Sonoma State Hospital, in Sonoma County.

(b) Lanterman State Hospital, in Los Angeles County.

(c) Porterville State Hospital, in Tulare County.

(d) Fairview State Hospital, in Orange County.

(e) Agnews State Hospital, in Santa Clara County.

(f) Stockton State Hospital, in San Joaquin County.

(g) Camarillo State Hospital, in Ventura County.

Wherever in this code or in any provision of statute heretofore or hereafter enacted the term "home for the feebleminded," "home for the mentally deficient," "state hospital for the mentally deficient," or "state hospital for the mentally retarded" is used, it shall be construed to refer to and mean "state hospital for the developmentally disabled."

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969. Amended by Stats.1977, c. 1252, p. 4624, § 693, operative July 1, 1978; Stats.1981, c. 409, p. 1599, § 2, eff. Sept. 11, 1981, operative July 1, 1982; Stats.1986, c. 224, § 14, eff. June 30, 1986, operative July 1, 1986.)

§ 7501. Ventura County; children's crisis care center; sale or lease of property within boundaries of Camarillo State Hospital; children eligible for placement

(a) The Department of General Services, in cooperation with the State Department of Developmental Services and the State Department of Mental Health, may sell or lease property within the boundaries of Camarillo State Hospital described in subdivision (b) to Ventura County which shall sublet the property to a nonprofit organization for the purpose of constructing and operating a children's crisis care center to provide an alternative to emergency shelter home placement. The facility shall provide for an interagency program for the delivery of medical, educational, and mental health screening, crisis intervention, short–term mental health treatment, and case management services for children who are removed from their families due to abuse, neglect, abandonment, sexual molestation, or who are in acute mental health crisis requiring short–term nonhospital care and supervision described in subdivision (c).

(b)(1) The property is a 22.8 acre portion of Rancho Guadalasca, in the County of Ventura, State of California, as described in the Letters of Patent dated September 1, 1873, recorded in Book 1, Page 153 of Patents, in the office of the County Recorder of the county and described as follows:

Beginning at the northwesterly terminus of the Fourth Course of that parcel described in the deed recorded on June 9, 1932, in Book 358, Page 371 of Official Records, in said Recorder's Office; thence, along said Fourth Course,

1st — South 47º23′33″ East 1150.00 feet to the northeasterly terminus of the 38th Course of Parcel 1 described in the deed recorded on April 17, 1973, in Book 4101, Page 237 of said Official Records; thence, along said 38th Course,

2nd — South 42º37′00″ West 1026.00 feet; thence, parallel with the First Course herein,

3rd — North 47º23′33″ West 800.00 feet; thence, parallel with the Second Course herein,

4th — North 42º37′00″ East 666.00 feet; thence, parallel with the First Course herein,

5th — North 47º23′33″ West 350.00 feet to the intersection with the Third Course of said parcel described in the deed recorded in Book 358, Page 371 of said Official Records; thence, along said Third Course,

6th — North 42º37′00″ East 360.00 feet to the point of beginning.

(2) Notwithstanding any other provision of this section, if the parcel described in this subdivision is purchased or leased from the state, 50 percent of the proceeds shall accrue to the State Department of Mental Health and 50 percent to the Department of Developmental Services.

(3) The Department of General Services may enter into a sale or lease at less than fair market value. The department is authorized to lease the parcel for not less than 40, but not more than 99 years.

(c) Any of the following children are eligible for placement in the children's crisis care center:

(1) Any child who has been placed in protective custody and legally detained under Section 300 as a victim of abuse, neglect, or abandonment. The child shall be one day through 17 years of age. An infant born suffering from the result of perinatal substance abuse, or an infant who requires shelter care because of physical abuse resulting in a cast on the arm or leg shall also be eligible.

(2) Any dependent minor of the juvenile court whose placement has been disrupted, and who is in need of temporary placement, as well as crisis intervention and assessment services.

(3) Any voluntarily placed emotionally disturbed child in crisis as determined appropriate by the mental health case manager. The purpose of this placement is to deescalate the crisis, provide assessment and diagnostic services for a recommendation of appropriate treatment and ongoing placement, and to reduce the utilization of private or state psychiatric hospitalization.

(4) Any eligible child who is a resident of any county in California, subject to the availability of space.

(Added by Stats.1987, c. 777, § 1. Amended by Stats.1991, c. 662 (S.B.254), § 2, eff. Oct. 9, 1991.)

§ 7501.5. Ventura County; residential care program; lease to county of property within boundaries of Camarillo State Hospital; sublease; termination; persons eligible for placement

(a) The Department of General Services, in cooperation with the State Department of Developmental Services and the State Department of Mental Health, may lease property within the boundaries of Camarillo State Hospital described in subdivision (c) to Ventura County, which may sublet the property to one or more responsible organizations selected by Ventura County for the purposes of constructing housing or operating residential care services, or both, designed to meet the identified treatment and rehabilitation needs of mentally disordered persons from Ventura County. The lease between the state and Ventura County shall contain a provision that requires that the lease shall terminate and that full title, possession, and control of the property shall return to the state if permits have not been issued for construction of the housing prior to January 1, 1995. The sublease between Ventura County and the responsible bidder shall contain a provision that requires that permits for construction of the housing be issued prior to January 1, 1995, and shall contain a provision that requires that the sublease shall terminate and full title, possession, and control of the property shall return to the state if permits have not been issued for construction of the housing prior to January 1, 1995.

(b) In selecting a service provider pursuant to subdivision (a), Ventura County shall only consider a sublease with organizations that comply with subdivision (b) of Section 5705 and Section 523 of Title 9 of the California Code of Regulations.

(c)(1) The property consists of a 15 plus acre portion of a 58.5 acre parcel at Camarillo State Hospital that has previously been declared surplus by the State Department of Developmental Services. The acreage is on Lewis Road at the entrance to Camarillo State Hospital. Specific metes and bounds shall be established for the 15 plus acre parcel prior to the actual lease of the property.

(2) The Department of General Services may enter into a lease at less than fair market value. The department is authorized to lease the parcel for not less than 40, and not more than 99, years.

(d) If there is available space, mentally disordered persons from Los Angeles, San Luis Obispo, and Santa Barbara Counties may be eligible for placement at this center if an agreement to that effect is entered into between those counties and Ventura County. The agreement shall specify that Los Angeles, San Luis Obispo, and Santa Barbara Counties shall retain responsibility for monitoring and maintenance of mentally disordered persons placed through those agreements and for payment of costs incurred or services rendered by Ventura County.

(Added by Stats.1988, c. 1468, § 1. Amended by Stats.1989, c. 741, § 2; Stats.1993, c. 239 (S.B.127), § 1, eff. Aug. 2, 1993.)

§ 7502. Porterville state hospital

The state institution, the site for which was provided for by an appropriation made by Chapter 28 of the 55th (Fourth Extraordinary Session) Session of the Legislature, shall be known as Porterville State Hospital and shall be used for epileptics who are developmentally disabled and for other developmentally disabled patients.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969. Amended by Stats.1977, c. 1252, p. 4624, § 694, operative July 1, 1978.)

§ 7503. Object of hospital

The object of each hospital is such care, treatment, habilitation, training, and education of the persons committed thereto as will render them more comfortable and happy and better fitted to care for and support themselves.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969. Amended by Stats.1971, c. 1593, § 471, operative July 1, 1973; Stats.1971, c. 1040, p. 1995, § 11.)

§ 7504. Applicable laws

Except as otherwise provided in this chapter the provisions on state institutions in Chapter 2 (commencing with Section 4100) of Part 1 of Division 5 of this code shall apply to the state hospitals for the developmentally disabled.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969. Amended by Stats.1977, c. 1252, p. 4624, § 695, operative July 1, 1978.)

§ 7506. Primary purpose of hospital

The primary purpose of each hospital for the developmentally disabled shall be the care, treatment and habilitation of those patients found suitable and duly admitted.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969. Amended by Stats.1971, c. 1040, p. 1995, § 13; Stats.1977, c. 1252, p. 4625, § 696, operative July 1, 1978.)

§ 7507. Patients admitted

Subject to the provisions of Section 6509, each state hospital for the developmentally disabled shall admit persons duly committed or transferred thereto in accordance with law.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969. Amended by Stats.1977, c. 1252, p. 4625, § 697, operative July 1, 1978.)

§ 7509. Instructions and forms

The State Department of Mental Health and the State Department of Developmental Services shall prescribe and publish instructions and forms, in relation to the commitment and admission of patients, and may include in them such interrogatories as it deems necessary or useful. Such instructions and forms shall be furnished to anyone applying therefor, and shall also be sent in sufficient numbers to the county clerks of the several counties of the state.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969. Amended by Stats.1971, c. 1593, p. 3385, § 473, operative July 1, 1973; Stats.1977, c. 1252, p. 4625, § 698, operative July 1, 1978.)

§ 7513. Costs of care and treatment; persons responsible for payment

Each developmentally disabled person and his or her estate shall pay the State Department of Developmental Services for the cost of such person's care and treatment as defined in Section 4431 while in a state hospital and while on leave of absence at state expense, less the sums payable therefor by the county. The provisions of Sections 7513.1 and 7513.2 shall govern the assessment, cancellation, collection, and remission of charges for such care and treatment.

This section shall not be construed to impose any liability on the parents of developmentally disabled persons.

(Formerly § 7011.5, added by Stats.1963, c. 1913, p. 3916, § 25. Amended by Stats.1967, c. 1620, p. 3864, § 11, eff. Aug. 30, 1967. Renumbered § 7513 and amended by Stats.1968, c. 1374, p. 2686, § 115, operative July 1, 1969. Amended by Stats.1977, c. 1252, p. 4625, § 699, operative July 1, 1978; Stats.1979, c. 1142, p. 4170, § 8.)

§ 7513.1. Costs of care and treatment; determination; reduction, cancellation, or remittance upon proof of inability to pay; refunds upon death, etc.; claims against estate

The charge for the care and treatment of all developmentally disabled persons at state hospitals for the developmentally disabled for whom there is liability to pay therefor shall be determined pursuant to Section 4431. The Director of Developmental Services may reduce, cancel, or remit the amount to be paid by the person, estate, or the relative, as the case may be, liable for the care and treatment of any developmentally disabled person who is a patient at a state hospital for the developmentally disabled, on satisfactory proof that the person, estate, or relative, as the case may be, is unable to pay the cost of such care and treatment or that the amount is uncollectible. In any case where there has been a payment under this section, and such payment or any part thereof is refunded because of the death, leave of absence, or discharge of any patient of such hospital, such amount shall be paid by the hospital or the State Department of Developmental Services to the person who made the payment upon demand, and in the statement to the Controller the amounts refunded shall be itemized and the aggregate deducted from the amount to be paid into the State Treasury, as provided by law. If any person dies at any time while his or her estate is liable for his or her care and treatment at a state hospital, the claim for the amount due may be presented to the executor or administrator of his or her estate, and paid as a preferred claim, with the same rank in order of preference, as claims for expenses of last illness.

(Added by Stats.1979, c. 1142, p. 4171, § 9.)

§ 7513.2. Costs of care and treatment; collection responsibilities; developmentally disabled persons eligible for deportation

The State Department of Developmental Services shall collect all the costs and charges mentioned in Section 7513 and may take such action as is necessary to effect their collection within or without the state. The Director of Developmental Services may, however, at his or her discretion, refuse to accept payment of charges for the care and treatment in a state hospital of any developmentally disabled person who is eligible for deportation by the federal immigration authorities.

(Added by Stats.1979, c. 1142, p. 4171, § 10.)

§ 7514. Transfer of patients

The State Department of Developmental Services may transfer any patient of a state hospital for the developmentally disabled to another state hospital for the developmentally disabled, at any time and from time to time, upon the application of the parent, guardian, conservator, or other person charged with the support of such patient, if the expenses of the transfer are paid by the applicant. The liability of any estate, person, or county for the care, support and maintenance of such patient in the institution to which he is transferred shall be the same as if he had originally been committed to such institution.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969. Amended by Stats.1971, c. 1593, p. 3386, § 476, operative July 1, 1973; Stats.1977, c. 1252, p. 4625, § 700, operative July 1, 1978; Stats.1979, c. 730, p. 2546, § 170, operative Jan. 1, 1981.)

§ 7515. Peremptory discharge of patients

The medical director may, with the approval of the department having jurisdiction, cause the preemptory[1] discharge of any person who has been a patient for the period of one month.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969. Amended by Stats.1971, c. 1593, p. 3386, § 477; Stats.1971, c. 1040, p. 1995, § 15; Stats.1973, c. 142, p. 424, § 82, eff. June 30, 1973, operative July 1, 1973; Stats.1977, c. 1252, p. 4625, § 701, operative July 1, 1978.)

[1]So in chaptered copy.

§ 7516. Life patients in Sonoma state hospital

Nothing in this division contained interferes with or affects the status of such patients as are now in the Sonoma State Hospital under terms of life tenure.

(Added by Stats.1967, c. 1667, p. 4146, § 40, operative July 1, 1969.)

§ 7518. Medical, dental and surgical treatment; consent

In accordance with this section, the medical director of a state hospital with programs for developmentally disabled patients, as defined in Section 4512, may give consent to medical, dental, and surgical treatment of a minor developmentally disabled patient of the hospital and provide for such treatment to be given to the patient.

If the patient's parent, guardian, or conservator legally authorized to consent to such treatment, does not respond within a reasonable time to the request of the medical director for the granting or denying of consent for such treatment, the medical director may consent, on behalf of the patient, to such treatment and provide for such treatment to be given to the patient.

If the patient has no parent, guardian, or conservator legally authorized to consent to medical, dental, or surgical treatment on behalf of the patient, the medical director may consent to such treatment on behalf of the patient and provide for such treatment to be given to the patient. The medical director may immediately thereupon also request the appropriate regional center for the developmentally disabled to initiate or cause to be initiated proceedings for the appointment of a guardian or conservator legally authorized to consent to medical, dental, or surgical treatment.

If the patient is an adult and has no conservator, consent to treatment may be given by someone other than the patient on the patient's behalf only if the patient is mentally incapable of giving his own consent.

(Added by Stats.1972, c. 1055, p. 1940, § 4. Amended by Stats.1973, c. 546, p. 1068, § 58, eff. Sept. 17, 1973; Stats.1975, c. 694, p. 1651, § 28; Stats.1977, c. 1252, p. 4626, § 702, operative July 1, 1978; Stats.1979, c. 730, p. 2546, § 171, operative Jan. 1, 1981.)

WELFARE AND INSTITUTIONS CODE — MISCELLANEOUS

Division 8 MISCELLANEOUS

Chapter 2 RESEARCH CONCERNING SEXUAL DEVIATION AND SEX CRIMES

§ 8050. Scope

The State Department of Mental Health, acting through the superintendent of the Langley Porter Clinic, shall plan, conduct, and cause to be conducted scientific research into the causes and cures of sexual deviation, including deviations conducive to sex crimes against children, and the causes and cures of homosexuality, and into methods of identifying potential sex offenders.

(Added by Stats.1967, c. 1667, p. 4182, § 42, operative July 1, 1969. Amended by Stats.1977, c. 1252, p. 4626, § 704, operative July 1, 1978.)

§ 8051. Contracts with regents

Upon the recommendation of the superintendent of the Langley Porter Clinic, the State Department of Mental Health may enter into contracts with the Regents of the University of California for the conduct, by either for the other, of all or any portion of the research provided for in this chapter.

(Added by Stats.1967, c. 1667, p. 4182, § 42, operative July 1, 1969. Amended by Stats.1971, c. 1593, p. 3387, § 498, operative July 1, 1973; Stats.1977, c. 1252, p. 4626, § 705, operative July 1, 1978.)

§ 8052. Cooperation

Each state agency shall cooperate with the superintendent of the Langley Porter Clinic, or with the University of California, as the case may be, to the fullest extent that its facilities will permit without interfering with the carrying out of its primary purposes and functions.

(Added by Stats.1967, c. 1667, p. 4183, § 42, operative July 1, 1969.)

§ 8053. Gifts and grants

The State Department of Mental Health with the approval of the Director of Finance may accept gifts or grants from any source for the accomplishment of the objects and purposes of this chapter. The provisions of Section 16302 of the Government Code do not apply to such gifts or grants and the money so received shall be expended to carry out the purposes of this chapter, subject to any limitation contained in such gift or grant.

(Added by Stats.1967, c. 1667, p. 4183, § 42, operative July 1, 1969. Amended by Stats.1971, c. 1593, p. 3387, § 499, operative July 1, 1973; Stats.1977, c. 1252, p. 4627, § 706, operative July 1, 1978.)

Chapter 3 FIREARMS

§ 8100. Possession, purchase or receipt by person receiving inpatient treatment for a mental disorder or who has communicated a threat of physical violence to a psychotherapist; violation

(a) A person shall not have in his or her possession or under his or her custody or control, or purchase or receive, or attempt to purchase or receive, any firearms whatsoever or any other deadly weapon, if on or after January 1, 1992, he or she has been admitted to a facility and is receiving inpatient treatment and, in the opinion of the attending health professional who is primarily responsible for the patient's treatment of a mental disorder, is a danger to self or others, as specified by Section 5150, 5250, or 5300, even though the patient has consented to that treatment. A person is not subject to this subdivision once he or she is discharged from the facility.

(b) (1) A person shall not have in his or her possession or under his or her custody or control, or purchase or receive, or attempt to purchase or receive, any firearms whatsoever or any other deadly weapon for a period of six months whenever, on or after January 1, 1992, he or she communicates to a licensed psychotherapist, as defined in subdivisions (a) to (e), inclusive, of Section 1010 of the Evidence Code, a serious threat of physical violence against a reasonably identifiable victim or victims. The six–month period shall commence from the date that the licensed psychotherapist reports to the local law enforcement agency the identity of the person making the communication. The prohibition provided for in this subdivision shall not apply unless the licensed psychotherapist notifies a local law enforcement agency of the threat by that person. The person, however, may own, possess, have custody or control over, or receive or purchase any firearm if a superior court, pursuant to paragraph (3) and upon petition of the person, has found, by a preponderance of the evidence, that the person is likely to use firearms or other deadly weapons in a safe and lawful manner.

(2) Upon receipt of the report from the local law enforcement agency pursuant to subdivision (c) of Section 8105, the Department of Justice shall notify by certified mail, return receipt requested, a person subject to this subdivision of the following:

(A) That he or she is prohibited from possessing, having custody or control over, receiving, or purchasing any firearm or other deadly weapon for a period of six months commencing from the date that the licensed psychotherapist reports to the local law enforcement agency

the identity of the person making the communication. The notice shall state the date when the prohibition commences and ends.

(B) That he or she may petition a court, as provided in this subdivision, for an order permitting the person to own, possess, control, receive, or purchase a firearm.

(3) Any person who is subject to paragraph (1) may petition the superior court of his or her county of residence for an order that he or she may own, possess, have custody or control over, receive, or purchase firearms. At the time the petition is filed, the clerk of the court shall set a hearing date and notify the person, the Department of Justice, and the district attorney. The people of the State of California shall be the respondent in the proceeding and shall be represented by the district attorney. Upon motion of the district attorney, or upon its own motion, the superior court may transfer the petition to the county in which the person resided at the time of the statements, or the county in which the person made the statements. Within seven days after receiving notice of the petition, the Department of Justice shall file copies of the reports described in Section 8105 with the superior court. The reports shall be disclosed upon request to the person and to the district attorney. The district attorney shall be entitled to a continuance of the hearing to a date of not less than 14 days after the district attorney is notified of the hearing date by the clerk of the court. The court, upon motion of the petitioner establishing that confidential information is likely to be discussed during the hearing that would cause harm to the person, shall conduct the hearing in camera with only the relevant parties present, unless the court finds that the public interest would be better served by conducting the hearing in public. Notwithstanding any other provision of law, declarations, police reports, including criminal history information, and any other material and relevant evidence that is not excluded under Section 352 of the Evidence Code, shall be admissible at the hearing under this paragraph. If the court finds by a preponderance of the evidence that the person would be likely to use firearms in a safe and lawful manner, the court shall order that the person may have custody or control over, receive, possess, or purchase firearms. A copy of the order shall be submitted to the Department of Justice. Upon receipt of the order, the department shall delete any reference to the prohibition against firearms from the person's state summary criminal history information.

(c) "Discharge," for the purposes of this section, does not include a leave of absence from a facility.

(d) "Attending health care professional," as used in this section, means the licensed health care professional primarily responsible for the person's treatment who is qualified to make the decision that the person has a mental disorder and has probable cause to believe that the person is a danger to self or others.

(e) "Deadly weapon," as used in this section and in Sections 8101, 8102, and 8103, means any weapon, the possession or concealed carrying of which is prohibited by Section 12020 of the Penal Code.

(f) "Danger to self," as used in subdivision (a), means a voluntary person who has made a serious threat of, or attempted, suicide with the use of a firearm or other deadly weapon.

(g) A violation of subdivision (a) of, or paragraph (1) of subdivision (b) of, this section shall be a public offense, punishable by imprisonment in the state prison, or in a county jail for not more than one year, by a fine not exceeding one thousand dollars ($1,000), or by both that imprisonment and fine.

(h) The prohibitions set forth in this section shall be in addition to those set forth in Section 8103.

(i) Any person admitted and receiving treatment prior to January 1, 1992, shall be governed by this section, as amended by Chapter 1090 of the Statutes of 1990, until discharged from the facility.

(Added by Stats.1967, c. 1667, p. 4183, § 42, operative July 1, 1969. Amended by Stats.1985, c. 1324, § 2; Stats.1990, c. 9 (A.B.497), § 15; Stats.1990, c. 1090 (S.B.2050), § 4; Stats.1991, c. 951 (A.B.664), § 9; Stats.1991, c. 952 (A.B.1904), § 5; Stats.1992, c. 1326 (A.B.3552), § 16.)

§ 8101. Supplying, selling, giving, or allowing possession or control of firearms or deadly weapons; persons described in § 8100 or 8103; punishment; deadly weapon definition

(a) Any person who shall knowingly supply, sell, give, or allow possession or control of a deadly weapon to any person described in Section 8100 or 8103 shall be punishable by imprisonment in the state prison, or in a county jail for a period of not exceeding one year, by a fine of not exceeding one thousand dollars ($1,000), or by both the fine and imprisonment.

(b) Any person who shall knowingly supply, sell, give, or allow possession or control of a firearm to any person described in Section 8100 or 8103 shall be punished by imprisonment in the state prison for two, three, or four years.

(c) "Deadly weapon," as used in this section has the meaning prescribed by Section 8100.

(Added by Stats.1967, c. 1667, p. 4183, § 42, operative July 1, 1969. Amended by Stats.1969, c. 1021, p. 1989, § 2; Stats.1970, c. 79, p. 93, § 3; Stats.1976, c. 1139, p. 5174, § 348, operative July 1, 1977; Stats.1983, c. 1092, § 421, eff. Sept. 27, 1983, operative Jan. 1, 1984; Stats.1984, c. 1562, § 13; Stats.1985, c. 1324, § 3; Stats.1994, c. 451 (A.B.2470), § 12; Stats.1993–94, 1st Ex.Sess., c. 33 (S.B.36), § 12.)

§ 8102. Confiscation and custody of firearms or other deadly weapons; procedure for return of weapon; notice

(a) Whenever a person, who has been detained or apprehended for examination of his or her mental condition or who is a person described in Section 8100 or 8103, is found to own, have in his or her possession or under his or her control, any firearm whatsoever, or any other deadly weapon, the firearm or other deadly weapon shall be confiscated by any law enforcement agency or peace officer, who shall retain custody of the firearm or other deadly weapon.

"Deadly weapon," as used in this section, has the meaning prescribed by Section 8100.

(b) Upon confiscation of any firearm or other deadly weapon from a person who has been detained or apprehended for examination of his or her mental condition, the peace officer or law enforcement agency shall notify the person of the procedure for the return of any firearm or other deadly weapon which has been confiscated.

Where the person is released, the professional person in charge of the facility, or his or her designee, shall notify the person of the procedure for the return of any firearm or other deadly weapon which may have been confiscated.

Health facility personnel shall notify the confiscating law enforcement agency upon release of the detained person, and shall make a notation to the effect that the facility provided the required notice to the person regarding the procedure to obtain return of any confiscated firearm.

(c) Upon the release of a person as described in subdivision (b), the confiscating law enforcement agency shall have 30 days to initiate a petition in the superior court for a hearing to determine whether the return of a firearm or other deadly weapon would be likely to result in endangering the person or others, and to send a notice advising the person of his or her right to a hearing on this issue. The law enforcement agency may make an ex parte application stating good cause for an order extending the time to file a petition. Including any extension of time granted in response to an ex parte request, a petition must be filed within 60 days of the release of the person from a health facility.

(d) If the law enforcement agency does not initiate proceedings within the 30–day period, or the period of time authorized by the court in an ex parte order issued pursuant to subdivision (c), it shall make the weapon available for return.

(e) The law enforcement agency shall inform the person that he or she has 30 days to respond to the court clerk to confirm his or her desire for a hearing, and that the failure to respond will result in a default order forfeiting the confiscated firearm or weapon. For the

purpose of this subdivision, the person's last known address shall be the address provided to the law enforcement officer by the person at the time of the person's detention or apprehension.

(f) If the person responds and requests a hearing, the court clerk shall set a hearing, no later than 30 days from receipt of the request. The court clerk shall notify the person and the district attorney of the date, time, and place of the hearing.

(g) If the person does not respond within 30 days of the notice, the law enforcement agency may file a petition for order of default.

(Added by Stats.1967, c. 1667, p. 4183, § 42, operative July 1, 1969. Amended by Stats.1979, c. 250, p. 540, § 1; Stats.1979, c. 730, p. 2548, § 174.5, operative Jan. 1, 1981; Stats.1985, c. 1324, § 3.5; Stats.1989, c. 921, § 1, eff. Sept. 27, 1989; Stats.1991, c. 866 (A.B.363), § 8; Stats.1993, c. 606 (A.B.166), § 22, eff. Oct. 1, 1993; Stats.1995, c. 328 (A.B.633), § 1; Stats.2000, c. 254 (S.B.2052), § 2; Stats.2001, c. 159 (S.B.662), § 192.)

§ 8103. Particular persons; weapons restrictions; violations; punishment

Text of section prior to amendment by Stats.1999, c. 578 (A.B.1587), § 1.

(a)(1) No person who after October 1, 1955, has been adjudicated by a court of any state to be a danger to others as a result of a mental disorder or mental illness, or who has been adjudicated to be a mentally disordered sex offender, shall purchase or receive, or attempt to purchase or receive, or have in his or her possession, custody, or control any firearm or any other deadly weapon unless there has been issued to the person a certificate by the court of adjudication upon release from treatment or at a later date stating that the person may possess a firearm or any other deadly weapon without endangering others, and the person has not, subsequent to the issuance of the certificate, again been adjudicated by a court to be a danger to others as a result of a mental disorder or mental illness.

(2) The court shall immediately notify the Department of Justice of the court order finding the individual to be a person described in paragraph (1). The court shall also notify the Department of Justice of any certificate issued as described in paragraph (1).

(b)(1) No person who has been found, pursuant to Section 1026 of the Penal Code or the law of any other state or the United States, not guilty by reason of insanity of murder, mayhem, a violation of Section 207, 209, or 209.5 of the Penal Code in which the victim suffers intentionally inflicted great bodily injury, carjacking or robbery in which the victim suffers great bodily injury, a violation of Section 451 or 452 of the Penal Code involving a trailer coach, as defined in Section 635 of the Vehicle Code, or any dwelling house, a violation of paragraph (1) or (2) of subdivision (a) of Section 262 or paragraph (2) or (3) of subdivision (a) of Section 261 of the Penal Code, a violation of Section 459 of the Penal Code in the first degree, assault with intent to commit murder, a violation of Section 220 of the Penal Code in which the victim suffers great bodily injury, a violation of Section 12303.1, 12303.2, 12303.3, 12308, 12309, or 12310 of the Penal Code, or of a felony involving death, great bodily injury, or an act which poses a serious threat of bodily harm to another person, or a violation of the law of any other state or the United States that includes all the elements of any of the above felonies as defined under California law, shall purchase or receive, or attempt to purchase or receive, or have in his or her possession or under his or her custody or control any firearm or any other deadly weapon.

(2) The court shall immediately notify the Department of Justice of the court order finding the person to be a person described in paragraph (1).

(c)(1) No person who has been found, pursuant to Section 1026 of the Penal Code or the law of any other state or the United States, not guilty by reason of insanity of any crime other than those described in subdivision (b) shall purchase or receive, or attempt to purchase or receive, or shall have in his or her possession, custody, or control any firearm or any other deadly weapon unless the court of commitment has found the person to have recovered sanity, pursuant to Section 1026.2 of the Penal Code or the law of any other state or the United States.

(2) The court shall immediately notify the Department of Justice of the court order finding the person to be a person described in paragraph (1). The court shall also notify the Department of Justice when it finds that the person has recovered his or her sanity.

(d)(1) No person found by a court to be mentally incompetent to stand trial, pursuant to Section 1370 or 1370.1 of the Penal Code or the law of any other state or the United States, shall purchase or receive, or attempt to purchase or receive, or shall have in his or her possession, custody, or control any firearm or any other deadly weapon, unless there has been a finding with respect to the person of restoration to competence to stand trial by the committing court, pursuant to Section 1372 of the Penal Code or the law of any other state or the United States.

(2) The court shall immediately notify the Department of Justice of the court order finding the person to be mentally incompetent as described in paragraph (1). The court shall also notify the Department of Justice when it finds that the person has recovered his or her competence.

(e)(1) No person who has been placed under conservatorship by a court, pursuant to Section 5350 or the law of any other state or the United States, because the person is gravely disabled as a result of a mental disorder or impairment by chronic alcoholism shall purchase or receive, or attempt to purchase or receive, or shall have in his or her possession, custody, or control any firearm or any other deadly weapon while under the conservatorship if, at the time the conservatorship was ordered or thereafter, the court which imposed the conservatorship found that possession of a firearm or any other deadly weapon by the person would present a danger to the safety of the person or to others. Upon placing any person under conservatorship, and prohibiting firearm or any other deadly weapon possession by the person, the court shall notify the person of this prohibition.

(2) The court shall immediately notify the Department of Justice of the court order placing the person under conservatorship and prohibiting firearm or any other deadly weapon possession by the person as described in paragraph (1). The notice shall include the date the conservatorship was imposed and the date the conservatorship is to be terminated. If the conservatorship is subsequently terminated before the date listed in the notice to the Department of Justice or the court subsequently finds that possession of a firearm or any other deadly weapon by the person would no longer present a danger to the safety of the person or others, the court shall immediately notify the Department of Justice.

(3) All information provided to the Department of Justice pursuant to paragraph (2) shall be kept confidential, separate, and apart from all other records maintained by the department, and shall be used only to determine eligibility to purchase or possess firearms or other deadly weapons. Any person who knowingly furnishes that information for any other purpose is guilty of a misdemeanor. All the information concerning any person shall be destroyed upon receipt by the Department of Justice of notice of the termination of conservatorship as to that person pursuant to paragraph (2).

(f)(1) No person who has been (A) taken into custody as provided in Section 5150 because that person is a danger to himself, herself, or to others, (B) assessed within the meaning of Section 5151, and (C) admitted to a designated facility within the meaning of Sections 5151 and 5152 because that person is a danger to himself, herself, or others, shall own, possess, control, receive, or purchase, or attempt to own, possess, control, receive, or purchase any firearm for a period of five years after the person is released from the facility. A person described in the preceding sentence, however, may own, possess, control, receive, or purchase, or attempt to own, possess, control, receive, or purchase any firearm if the superior court has, pursuant to paragraph (4), upon petition of the person, found, by a preponderance of the

evidence, that the person is likely to use firearms in a safe and lawful manner.

(2) For each person subject to this subdivision, the facility shall immediately, on the date of admission, submit a report to the Department of Justice, on a form prescribed by the department, containing information that includes, but is not limited to, the identity of the person and the legal grounds upon which the person was admitted to the facility.

Any report prescribed by this subdivision shall be confidential, except for purposes of the court proceedings described in this subdivision and for determining the eligibility of the person to own, possess, control, receive, or purchase a firearm.

(3) Prior to, or concurrent with, the discharge, the facility shall inform a person subject to this subdivision that he or she is prohibited from owning, possessing, controlling, receiving, or purchasing any firearm for a period of five years. Simultaneously, the facility shall inform the person that he or she may petition a court, as provided in this subdivision, for an order permitting the person to own, possess, control, receive, or purchase a firearm.

(4) Any person who is subject to paragraph (1) may petition the superior court of his or her county of residence for an order that he or she may own, possess, control, receive, or purchase firearms. At the time the petition is filed, the clerk of the court shall set a hearing date and notify the person, the Department of Justice, and the district attorney. The People of the State of California shall be the respondent in the proceeding and shall be represented by the district attorney. Upon motion of the district attorney, or on its own motion, the superior court may transfer the petition to the county in which the person resided at the time of his or her detention, the county in which the person was detained, or the county in which the person was evaluated or treated. Within seven days after receiving notice of the petition, the Department of Justice shall file copies of the reports described in this section with the superior court. The reports shall be disclosed upon request to the person and to the district attorney. The district attorney shall be entitled to a continuance of the hearing to a date of not less than 14 days after the district attorney was notified of the hearing date by the clerk of the court. The district attorney may notify the county mental health director of the petition who shall provide information about the detention of the person that may be relevant to the court and shall file that information with the superior court. That information shall be disclosed to the person and to the district attorney. The court, upon motion of the person subject to paragraph (1) establishing that confidential information is likely to be discussed during the hearing that would cause harm to the person, shall conduct the hearing in camera with only the relevant parties present, unless the court finds that the public interest would be better served by conducting the hearing in public. Notwithstanding any other law, declarations, police reports, including criminal history information, and any other material and relevant evidence that is not excluded under Section 352 of the Evidence Code, shall be admissible at the hearing under this section. If the court finds by a preponderance of the evidence that the person would be likely to use firearms in a safe and lawful manner, the court may order that the person may own, control, receive, possess, or purchase firearms. A copy of the order shall be submitted to the Department of Justice. Upon receipt of the order, the Department of Justice shall delete any reference to the prohibition against firearms from the person's state summary criminal history information.

(5) Nothing in this subdivision shall prohibit the use of reports filed pursuant to this section to determine the eligibility of persons to own, possess, control, receive, or purchase a firearm if the person is the subject of a criminal investigation, a part of which involves the ownership, possession, control, receipt, or purchase of a firearm.

(g)(1) No person who has been certified for intensive treatment under Section 5250, 5260, or 5270.15 shall own, possess, control, receive, or purchase, or attempt to own, possess, control, receive, or purchase any firearm for a period of five years.

Any person who meets the criteria contained in subdivision (e) or (f) who is released from intensive treatment shall nevertheless, if applicable, remain subject to the prohibition contained in subdivision (e) or (f).

(2) For each person certified for intensive treatment under paragraph (1), the facility shall immediately submit a report to the Department of Justice, on a form prescribed by the department, containing information regarding the person, including, but not limited to, the legal identity of the person and the legal grounds upon which the person was certified. Any report submitted pursuant to this paragraph shall only be used for the purposes specified in paragraph (2) of subdivision (f).

(3) Prior to, or concurrent with, the discharge of each person certified for intensive treatment under paragraph (1), the facility shall inform the person of that information specified in paragraph (3) of subdivision (f).

(4) Any person who is subject to the prohibition contained in paragraph (1) may fully invoke paragraph (4) of subdivision (f).

(h) For all persons identified in subdivisions (f) and (g), facilities shall report to the Department of Justice as specified in those subdivisions, except facilities shall not report persons under subdivision (g) if the same persons previously have been reported under subdivision (f).

Additionally, all facilities shall report to the Department of Justice upon the discharge of persons from whom reports have been submitted pursuant to subdivision (f) or (g). However, a report shall not be filed for persons who are discharged within 31 days after the date of admission.

(i) Every person who owns or possesses or has under his or her custody or control, or purchases or receives, or attempts to purchase or receive, any firearm or any other deadly weapon in violation of this section shall be punished by imprisonment in the state prison or in a county jail for not more than one year.

(j) "Deadly weapon," as used in this section, has the meaning prescribed by Section 8100.

(Added by Stats.1967, c. 1667, p. 4183, § 42, operative July 1, 1969. Amended by Stats.1969, c. 722, p. 1452, § 62, eff. Aug. 8, 1969, operative July 1, 1969; Stats.1978, c. 187, p. 419, § 1; Stats.1982, c. 1409, § 1; Stats.1984, c. 1562, § 14; Stats.1985, c. 1324, § 4; Stats.1990, c. 9 (A.B.497), § 16; Stats.1990, c. 177 (S.B.830), § 8, eff. June 27, 1990, operative Jan. 1, 1991; Stats.1991, c. 955 (A.B.242), § 10; Stats. 1992, c. 1326 (A.B.3552), § 17; Stats.1993, c. 610 (A.B.6), § 34, eff. Oct. 1, 1993; Stats.1993, c. 611 (S.B.60), § 38, eff. Oct. 1, 1993; Stats.1994, c. 224 (S.B.1436), § 11; Stats.1996, c. 1075 (S.B.1444), § 21.)

For text of section as amended by Stats.1999, c. 578 (A.B.1587), § 1, see Welfare and Institutions Code § 8103, post.

§ 8103. Particular persons; weapons restrictions; violations; punishment

Text of section as amended by Stats.1999, c. 578 (A.B.1587), § 1.

(a)(1) No person who after October 1, 1955, has been adjudicated by a court of any state to be a danger to others as a result of a mental disorder or mental illness, or who has been adjudicated to be a mentally disordered sex offender, shall purchase or receive, or attempt to purchase or receive, or have in his or her possession, custody, or control any firearm or any other deadly weapon unless there has been issued to the person a certificate by the court of adjudication upon release from treatment or at a later date stating that the person may possess a firearm or any other deadly weapon without endangering others, and the person has not, subsequent to the issuance of the certificate, again been adjudicated by a court to be a danger to others as a result of a mental disorder or mental illness.

(2) The court shall immediately notify the Department of Justice of the court order finding the individual to be a person described in paragraph (1). The court shall also notify the Department of Justice of any certificate issued as described in paragraph (1).

(b)(1) No person who has been found, pursuant to Section 1026 of

the Penal Code or the law of any other state or the United States, not guilty by reason of insanity of murder, mayhem, a violation of Section 207, 209, or 209.5 of the Penal Code in which the victim suffers intentionally inflicted great bodily injury, carjacking or robbery in which the victim suffers great bodily injury, a violation of Section 451 or 452 of the Penal Code involving a trailer coach, as defined in Section 635 of the Vehicle Code, or any dwelling house, a violation of paragraph (1) or (2) of subdivision (a) of Section 262 or paragraph (2) or (3) of subdivision (a) of Section 261 of the Penal Code, a violation of Section 459 of the Penal Code in the first degree, assault with intent to commit murder, a violation of Section 220 of the Penal Code in which the victim suffers great bodily injury, a violation of Section 12303.1, 12303.2, 12303.3, 12308, 12309, or 12310 of the Penal Code, or of a felony involving death, great bodily injury, or an act which poses a serious threat of bodily harm to another person, or a violation of the law of any other state or the United States that includes all the elements of any of the above felonies as defined under California law, shall purchase or receive, or attempt to purchase or receive, or have in his or her possession or under his or her custody or control any firearm or any other deadly weapon.

(2) The court shall immediately notify the Department of Justice of the court order finding the person to be a person described in paragraph (1).

(c)(1) No person who has been found, pursuant to Section 1026 of the Penal Code or the law of any other state or the United States, not guilty by reason of insanity of any crime other than those described in subdivision (b) shall purchase or receive, or attempt to purchase or receive, or shall have in his or her possession, custody, or control any firearm or any other deadly weapon unless the court of commitment has found the person to have recovered sanity, pursuant to Section 1026.2 of the Penal Code or the law of any other state or the United States.

(2) The court shall immediately notify the Department of Justice of the court order finding the person to be a person described in paragraph (1). The court shall also notify the Department of Justice when it finds that the person has recovered his or her sanity.

(d)(1) No person found by a court to be mentally incompetent to stand trial, pursuant to Section 1370 or 1370.1 of the Penal Code or the law of any other state or the United States, shall purchase or receive, or attempt to purchase or receive, or shall have in his or her possession, custody, or control any firearm or any other deadly weapon, unless there has been a finding with respect to the person of restoration to competence to stand trial by the committing court, pursuant to Section 1372 of the Penal Code or the law of any other state or the United States.

(2) The court shall immediately notify the Department of Justice of the court order finding the person to be mentally incompetent as described in paragraph (1). The court shall also notify the Department of Justice when it finds that the person has recovered his or her competence.

(e)(1) No person who has been placed under conservatorship by a court, pursuant to Section 5350 or the law of any other state or the United States, because the person is gravely disabled as a result of a mental disorder or impairment by chronic alcoholism shall purchase or receive, or attempt to purchase or receive, or shall have in his or her possession, custody, or control any firearm or any other deadly weapon while under the conservatorship if, at the time the conservatorship was ordered or thereafter, the court which imposed the conservatorship found that possession of a firearm or any other deadly weapon by the person would present a danger to the safety of the person or to others. Upon placing any person under conservatorship, and prohibiting firearm or any other deadly weapon possession by the person, the court shall notify the person of this prohibition.

(2) The court shall immediately notify the Department of Justice of the court order placing the person under conservatorship and prohibiting firearm or any other deadly weapon possession by the person as described in paragraph (1). The notice shall include the date the conservatorship was imposed and the date the conservatorship is to be terminated. If the conservatorship is subsequently terminated before the date listed in the notice to the Department of Justice or the court subsequently finds that possession of a firearm or any other deadly weapon by the person would no longer present a danger to the safety of the person or others, the court shall immediately notify the Department of Justice.

(3) All information provided to the Department of Justice pursuant to paragraph (2) shall be kept confidential, separate, and apart from all other records maintained by the Department of Justice, and shall be used only to determine eligibility to purchase or possess firearms or other deadly weapons. Any person who knowingly furnishes that information for any other purpose is guilty of a misdemeanor. All the information concerning any person shall be destroyed upon receipt by the Department of Justice of notice of the termination of conservatorship as to that person pursuant to paragraph (2).

(f)(1) No person who has been (A) taken into custody as provided in Section 5150 because that person is a danger to himself, herself, or to others, (B) assessed within the meaning of Section 5151, and (C) admitted to a designated facility within the meaning of Sections 5151 and 5152 because that person is a danger to himself, herself, or others, shall own, possess, control, receive, or purchase, or attempt to own, possess, control, receive, or purchase any firearm for a period of five years after the person is released from the facility. A person described in the preceding sentence, however, may own, possess, control, receive, or purchase, or attempt to own, possess, control, receive, or purchase any firearm if the superior court has, pursuant to paragraph (5), found that the People of the State of California have not met their burden pursuant to paragraph (6).

(2) For each person subject to this subdivision, the facility shall immediately, on the date of admission, submit a report to the Department of Justice, on a form prescribed by the Department of Justice, containing information that includes, but is not limited to, the identity of the person and the legal grounds upon which the person was admitted to the facility.

Any report prescribed by this subdivision shall be confidential, except for purposes of the court proceedings described in this subdivision and for determining the eligibility of the person to own, possess, control, receive, or purchase a firearm.

(3) Prior to, or concurrent with, the discharge, the facility shall inform a person subject to this subdivision that he or she is prohibited from owning, possessing, controlling, receiving, or purchasing any firearm for a period of five years. Simultaneously, the facility shall inform the person that he or she may request a hearing from a court, as provided in this subdivision, for an order permitting the person to own, possess, control, receive, or purchase a firearm. The facility shall provide the person with a form for a request for a hearing. The Department of Justice shall prescribe the form. Where the person requests a hearing at the time of discharge, the facility shall forward the form to the superior court unless the person states that he or she will submit the form to the superior court.

(4) The Department of Justice shall provide the form upon request to any person described in paragraph (1). The Department of Justice shall also provide the form to the superior court in each county. A person described in paragraph (1) may make a single request for a hearing at any time during the five–year period. The request for hearing shall be made on the form prescribed by the department or in a document that includes equivalent language.

(5) Any person who is subject to paragraph (1) who has requested a hearing from the superior court of his or her county of residence for an order that he or she may own, possess, control, receive, or purchase firearms shall be given a hearing. The clerk of the court shall set a hearing date and notify the person, the Department of Justice, and the district attorney. The People of the State of California shall be the

plaintiff in the proceeding and shall be represented by the district attorney. Upon motion of the district attorney, or on its own motion, the superior court may transfer the hearing to the county in which the person resided at the time of his or her detention, the county in which the person was detained, or the county in which the person was evaluated or treated. Within seven days after the request for a hearing, the Department of Justice shall file copies of the reports described in this section with the superior court. The reports shall be disclosed upon request to the person and to the district attorney. The court shall set the hearing within 30 days of receipt of the request for a hearing. Upon showing good cause, the district attorney shall be entitled to a continuance not to exceed 14 days after the district attorney was notified of the hearing date by the clerk of the court. If additional continuances are granted, the total length of time for continuances shall not exceed 60 days. The district attorney may notify the county mental health director of the hearing who shall provide information about the detention of the person that may be relevant to the court and shall file that information with the superior court. That information shall be disclosed to the person and to the district attorney. The court, upon motion of the person subject to paragraph (1) establishing that confidential information is likely to be discussed during the hearing that would cause harm to the person, shall conduct the hearing in camera with only the relevant parties present, unless the court finds that the public interest would be better served by conducting the hearing in public. Notwithstanding any other law, declarations, police reports, including criminal history information, and any other material and relevant evidence that is not excluded under Section 352 of the Evidence Code, shall be admissible at the hearing under this section.

(6) The people shall bear the burden of showing by a preponderance of the evidence that the person would not be likely to use firearms in a safe and lawful manner.

(7) If the court finds at the hearing set forth in paragraph (5) that the people have not met their burden as set forth in paragraph (6), the court shall order that the person shall not be subject to the five–year prohibition in this section on the ownership, control, receipt, possession or purchase of firearms. A copy of the order shall be submitted to the Department of Justice. Upon receipt of the order, the Department of Justice shall delete any reference to the prohibition against firearms from the person's state mental health firearms prohibition system information.

(8) Where the district attorney declines or fails to go forward in the hearing, the court shall order that the person shall not be subject to the five–year prohibition required by this subdivision on the ownership, control, receipt, possession, or purchase of firearms. A copy of the order shall be submitted to the Department of Justice. Upon receipt of the order, the Department of Justice shall, within 15 days, delete any reference to the prohibition against firearms from the person's state mental health firearms prohibition system information.

(9) Nothing in this subdivision shall prohibit the use of reports filed pursuant to this section to determine the eligibility of persons to own, possess, control, receive, or purchase a firearm if the person is the subject of a criminal investigation, a part of which involves the ownership, possession, control, receipt, or purchase of a firearm.

(g)(1) No person who has been certified for intensive treatment under Section 5250, 5260, or 5270.15 shall own, possess, control, receive, or purchase, or attempt to own, possess, control, receive, or purchase any firearm for a period of five years.

Any person who meets the criteria contained in subdivision (e) or (f) who is released from intensive treatment shall nevertheless, if applicable, remain subject to the prohibition contained in subdivision (e) or (f).

(2) For each person certified for intensive treatment under paragraph (1), the facility shall immediately submit a report to the Department of Justice, on a form prescribed by the department, containing information regarding the person, including, but not limited to, the legal identity of the person and the legal grounds upon which the person was certified. Any report submitted pursuant to this paragraph shall only be used for the purposes specified in paragraph (2) of subdivision (f).

(3) Prior to, or concurrent with, the discharge of each person certified for intensive treatment under paragraph (1), the facility shall inform the person of that information specified in paragraph (3) of subdivision (f).

(4) Any person who is subject to paragraph (1) may petition the superior court of his or her county of residence for an order that he or she may own, possess, control, receive, or purchase firearms. At the time the petition is filed, the clerk of the court shall set a hearing date and notify the person, the Department of Justice, and the district attorney. The People of the State of California shall be the respondent in the proceeding and shall be represented by the district attorney. Upon motion of the district attorney, or on its own motion, the superior court may transfer the petition to the county in which the person resided at the time of his or her detention, the county in which the person was detained, or the county in which the person was evaluated or treated. Within seven days after receiving notice of the petition, the Department of Justice shall file copies of the reports described in this section with the superior court. The reports shall be disclosed upon request to the person and to the district attorney. The district attorney shall be entitled to a continuance of the hearing to a date of not less than 14 days after the district attorney was notified of the hearing date by the clerk of the court. The district attorney may notify the county mental health director of the petition, and the county mental health director shall provide information about the detention of the person that may be relevant to the court and shall file that information with the superior court. That information shall be disclosed to the person and to the district attorney. The court, upon motion of the person subject to paragraph (1) establishing that confidential information is likely to be discussed during the hearing that would cause harm to the person, shall conduct the hearing in camera with only the relevant parties present, unless the court finds that the public interest would be better served by conducting the hearing in public. Notwithstanding any other provision of law, any declaration, police reports, including criminal history information, and any other material and relevant evidence that is not excluded under Section 352 of the Evidence Code, shall be admissible at the hearing under this section. If the court finds by a preponderance of the evidence that the person would be likely to use firearms in a safe and lawful manner, the court may order that the person may own, control, receive, possess, or purchase firearms. A copy of the order shall be submitted to the Department of Justice. Upon receipt of the order, the Department of Justice shall delete any reference to the prohibition against firearms from the person's state mental health firearms prohibition system information.

(h) For all persons identified in subdivisions (f) and (g), facilities shall report to the Department of Justice as specified in those subdivisions, except facilities shall not report persons under subdivision (g) if the same persons previously have been reported under subdivision (f).

Additionally, all facilities shall report to the Department of Justice upon the discharge of persons from whom reports have been submitted pursuant to subdivision (f) or (g). However, a report shall not be filed for persons who are discharged within 31 days after the date of admission.

(i) Every person who owns or possesses or has under his or her custody or control, or purchases or receives, or attempts to purchase or receive, any firearm or any other deadly weapon in violation of this section shall be punished by imprisonment in the state prison or in a county jail for not more than one year.

(j) "Deadly weapon," as used in this section, has the meaning prescribed by Section 8100.

(Added by Stats.1967, c. 1667, p. 4183, § 42, operative July 1, 1969. Amended by Stats.1969, c. 722, p. 1452, § 62, eff. Aug. 8, 1969, operative July 1, 1969; Stats.1978, c. 187, p. 419, § 1; Stats.1982, c.

1409, § 1; Stats.1984, c. 1562, § 14; Stats.1985, c. 1324, § 4; Stats.1990, c. 9 (A.B.497), § 16; Stats.1990, c. 177 (S.B.830), § 8, eff. June 27, 1990, operative Jan. 1, 1991; Stats.1991, c. 955 (A.B.242), § 10; Stats. 1992, c. 1326 (A.B.3552), § 17; Stats.1993, c. 610 (A.B.6), § 34, eff. Oct. 1, 1993; Stats.1993, c. 611 (S.B.60), § 38, eff. Oct. 1, 1993; Stats.1994, c. 224 (S.B.1436), § 11; Stats.1996, c. 1075 (S.B.1444), § 21; Stats.1999, c. 578 (A.B.1587), § 1, eff. Sept. 29, 1999.)

Operative Effect

The amendment by Stats.1999, c. 578 (A.B.1587), § 1, shall not go into effect until 30 days after the events specified in § 2 of that Act.

For text of section prior to amendment by Stats.1999, c. 578 (A.B.1587), § 1, see Welfare and Institutions Code § 8103, ante.

§ 8104. Records necessary to identify persons coming within §§ 8100 or 8103; availability to Department of Justice

The State Department of Mental Health shall maintain in a convenient central location and shall make available to the Department of Justice those records that the State Department of Mental Health has in its possession that are necessary to identify persons who come within Section 8100 or 8103. These records shall be made available to the Department of Justice upon request. The Department of Justice shall make these requests only with respect to its duties with regard to applications for permits for, or to carry, or the possession, purchase, or transfer of, explosives as defined in Section 12000 of the Health and Safety Code, devices defined in Section 12001 of the Penal Code, machineguns as defined in Section 12200 of the Penal Code, short–barreled shotguns or short–barreled rifles as defined in Section 12020 of the Penal Code, assault weapons as defined in Section 12276 of the Penal Code, and destructive devices as defined in Section 12301 of the Penal Code, or to determine the eligibility of a person to acquire, carry, or possess a firearm, explosive, or destructive device by a person who is subject to a criminal investigation, a part of which involves the acquisition, carrying, or possession of a firearm by that person. These records shall not be furnished or made available to any person unless the department determines that disclosure of any information in the records is necessary to carry out its duties with respect to applications for permits for, or to carry, or the possession, purchase, or transfer of, explosives, destructive devices, devices as defined in Section 12001 of the Penal Code, short–barreled shotguns, short–barreled rifles, assault weapons, and machineguns, or to determine the eligibility of a person to acquire, carry, or possess a firearm, explosive, or destructive device by a person who is subject to a criminal investigation, a part of which involves the acquisition, carrying, or possession of a firearm by that person.

(Added by Stats.1972, c. 1377, p. 2858, § 123, operative July 1, 1973. Amended by Stats.1977, c. 1252, p. 4627, § 707, operative July 1, 1978; Stats.1982, c. 1409, § 2; Stats.1984, c. 1562, § 15; Stats.1988, c. 1269, § 6; Stats.1990, c. 1090 (S.B.2050), § 5; Stats.1992, c. 1326 (A.B.3552), § 18.)

§ 8105. Submission of information identifying certain persons receiving inpatient treatment for mental disorders; reports by psychotherapists identifying certain persons who have communicated threats of physical violence; confidentiality requirements

(a) The Department of Justice shall request each public and private mental hospital, sanitarium, and institution to submit to the department that information that the department deems necessary to identify those persons who are within subdivision (a) of Section 8100, in order to carry out its duties in relation to firearms, destructive devices, and explosives.

(b) Upon request of the Department of Justice pursuant to subdivision (a), each public and private mental hospital, sanitarium, and institution shall submit to the department that information which the department deems necessary to identify those persons who are within subdivision (a) of Section 8100, in order to carry out its duties in relation to firearms, destructive devices, and explosives.

(c) A licensed psychotherapist shall immediately report to a local law enforcement agency the identity of a person subject to subdivision (b) of Section 8100. Upon receipt of the report, the local law enforcement agency, on a form prescribed by the Department of Justice, shall immediately notify the department of the person who is subject to subdivision (b) of Section 8100.

(d) All information provided to the Department of Justice pursuant to this section shall be kept confidential, separate and apart from all other records maintained by the department. The information provided to the Department of Justice pursuant to this section shall be used only for any of the following purposes:

(1) By the department to determine eligibility of a person to acquire, carry, or possess firearms, destructive devices, or explosives.

(2) For the purposes of the court proceedings described in subdivision (b) of Section 8100 to determine the eligibility of the person who is bringing the petition pursuant to paragraph (3) of subdivision (b) of Section 8100.

(3) To determine the eligibility of a person to acquire, carry, or possess firearms, destructive devices, or explosives who is the subject of a criminal investigation, if a part of the criminal investigation involves the acquisition, carrying, or possession of firearms, explosives, or destructive devices by that person.

(e) Reports shall not be required or requested under this section where the same person has been previously reported pursuant to Section 8103 or 8104.

(Added by Stats.1969, c. 1119, p.2183, § 3, operative July 1, 1971. Amended by Stats.1971, c. 1593, p. 3388, § 501, operative July 1, 1973; Stats.1977, c. 1252, p. 4627, § 708, operative July 1, 1978; Stats.1990, c. 1090 (S.B.2050), § 6; Stats.1991, c. 951 (A.B.664), § 10; Stats.1992, c. 1326 (A.B.3552), § 19.)

§ 8107. Weapons unlawfully possessed pursuant to chapter; disposition by local officials

Any weapon unlawfully possessed pursuant to this chapter shall be subject to disposition pursuant to Sections 12028 and 12032 of the Penal Code.

(Added by Stats.1988, c. 801, § 1.)

§ 8108. Civil liability of health professionals; immunity

Mental hospitals, health facilities, or other institutions, or treating health professionals or psychotherapists who provide reports subject to this chapter shall be civilly immune for making any report required or authorized by this chapter. This section is declaratory of existing law.

(Added by Stats.1991, c. 951 (A.B.664), § 11.)

Division 9 PUBLIC SOCIAL SERVICES

Part 3 AID AND MEDICAL ASSISTANCE

Chapter 8.8 MEDI–CAL MANAGEMENT: ALTERNATIVE METHODS

Article 4 ACUTE PSYCHIATRIC HEALTH FACILITY ALLOCATIONS

§ 14640. Allocations of funds to certain counties for mental health services to Medi–Cal eligible persons over 20 years of age; restrictions

(a) The State Department of Mental Health shall allocate funds for the provision of mental health services to Medi–Cal eligible persons over 20 years of age to counties of over one million population that own and operate an acute psychiatric health facility, and in which the number of general acute care hospital psychiatric beds is 50 or less. Counties receiving allocations pursuant to this subdivision may contract with privately operated psychiatric health facilities, or with freestanding psychiatric hospitals which have been certified to provide care to Medi–Cal eligible persons.

(b) Payments made from the allocation established under subdivision (a) shall be made according to state established reimbursement formulas for mental health services, and shall be funded through moneys initially transferred from the State Department of Health Services and subsequently appropriated to the State Department of Mental Health under Item 4440–101–001 of the annual Budget Act.

(c) Allocations made pursuant to subdivision (a) shall not exceed the General Fund share of expenditures made under the Medi–Cal program for acute psychiatric inpatient care units in general acute care hospitals in the subject county during the 1989–90 state fiscal year. Payments shall be made only to the extent that those inpatient units have ceased operation in subsequent years and the capacity has not been replaced by capacity in other general acute care hospitals.

(Added by Stats.1991, c. 1000 (S.B.840), § 2, eff. Oct. 14, 1991.)

Article 5 MENTAL HEALTH MANAGED CARE

§ 14680. Mental health plans; findings, declarations and intent

(a) The Legislature finds and declares that there is a need to establish a standard set of guidelines that governs the provision of managed Medi–Cal mental health services at the local level, consistent with federal law.

(b) Therefore, in order to ensure quality and continuity, and to efficiently utilize mental health services under the Medi–Cal program, there shall be developed mental health plans for the provision of those services that are consistent with guidelines established by the State Department of Mental Health.

(c) It is the intent of the Legislature that mental health plans be developed and implemented regardless of whether other systems of Medi–Cal managed care are implemented.

(d) It is further the intent of the Legislature that Sections 14681 to 14685, inclusive, shall not be construed to mandate the participation of counties in Medi–Cal managed mental health care plans.

(Added by Stats.1994, c. 633 (A.B.757), § 2, eff. Sept.20, 1994. Amended by Stats.1996, c. 190 (S.B.1192), § 3, eff. July 22, 1996.)

§ 14681. Medi–Cal managed care contracts; content

The State Department of Health Services, in consultation with the State Department of Mental Health, shall ensure that all contracts for Medi–Cal managed care include a process for screening, referral, and coordination with any mental health plan established pursuant to Section 14682, of medically necessary mental health care services.

(Added by Stats.1994, c. 633 (A.B.757), § 2.5, eff. Sept. 20, 1994. Amended by Stats.1996, c. 190 (S.B.1192), § 4, eff. July 22, 1996.)

§ 14682. Designated state agency; mental health plans for Medi–Cal beneficiaries; development and implementation; steering committee

(a) Notwithstanding any other provision of state law, and to the extent permitted by federal law, the State Department of Mental Health shall be designated as the state agency responsible for development, consistent with the requirements of Section 4060, and implementation of mental health plans for Medi–Cal beneficiaries.

(b) The department shall convene a steering committee for the purpose of providing advice and recommendations on the development of Medi–Cal mental health managed care systems pursuant to subdivision (a). The committee shall include work groups to advise the department of major issues to be addressed in the managed mental health care plan. Representatives of concerned groups, including, but not limited to, beneficiaries, their families, providers, mental health professionals, statewide representatives of health care service plans, the California Mental Health Planning Council, public and private organizations, and county mental health directors, shall be invited to participate in the steering committee process.

(Added by Stats.1994, c. 633 (A.B.757), § 3, eff. Sept. 20, 1994. Amended by Stats.1996, c. 190 (S.B.1192), § 5, eff. July 22, 1996.)

§ 14683. Content of plans

The State Department of Mental Health shall ensure the following in the development of mental health plans:

(a) That mental health plans include a process for screening, referral, and coordination with other necessary services, including, but not limited to, health, housing, and vocational rehabilitation services. For Medi–Cal eligible children, the mental health plans shall also provide coordination with education programs and any necessary medical or rehabilitative services, including, but not limited to, those provided under the California Children's Services Program (Article 5 (commencing with Section 123800) of Chapter 3 of Part 2 of Division 106 of the Health and Safety Code) and the Child Health and Disability Prevention Program (Article 6 (commencing with Section 124025) of Chapter 3 of Part 2 of Division 106 of the Health and Safety Code), and those provided by a fee–for–service provider or a Medi–Cal managed care plan. This subdivision shall not be construed to establish any higher level of service from a county than is required under existing law. The county mental health department and the mental health plan, if it is not the county department, shall not be liable for the failure of other agencies responsible for the provision of nonmental health services to provide those services or to participate in coordination efforts.

(b) That mental health plans include a system of outreach to enable beneficiaries and providers to participate in and access mental health services under the plans, consistent with existing law.

(c) That standards for quality and access developed by the department, in consultation with the steering committee established pursuant to Section 14682, are included in mental health plans.

(Added by Stats.1994, c. 633 (A.B.757), § 4, eff. Sept. 20, 1994. Amended by Stats.1996, c. 190 (S.B.1192), § 6, eff. July 22, 1996; Stats.1996, c. 1023 (S.B.1497), § 483, eff. Sept. 29, 1996.)

§ 14684. Guidelines

Notwithstanding any other provision of state law, and to the extent permitted by federal law, mental health plans, whether administered by public or private entities, shall be governed by the following guidelines:

(a) State and federal Medi–Cal funds identified for the diagnosis and treatment of mental disorders shall be used solely for those purposes. Administrative costs shall be clearly identified and shall be limited to reasonable amounts in relation to the scope of services and the total funds available. Administrative requirements shall not impose costs exceeding funds available for that purpose.

(b) The development of the mental health plan shall include a public planning process that includes a significant role for Medi–Cal beneficiaries, family members, mental health advocates, providers, and public and private contract agencies.

(c) The mental health plan shall include appropriate standards relating to quality, access, and coordination of services within a managed system of care, and costs established under the plan, and shall provide opportunities for existing Medi–Cal providers to continue to provide services under the mental health plan, as long as the providers meet those standards.

(d) Continuity of care for current recipients of services shall be ensured in the transition to managed mental health care.

(e) Medi–Cal covered mental health services shall be provided in the beneficiary's home community, or as close as possible to the beneficiary's home community. Pursuant to the objectives of the rehabilitation option described in subdivision (a) of Section 14021.4, mental health services may be provided in a facility, a home, or other community–based site.

(f) Medi–Cal beneficiaries whose mental or emotional condition results or has resulted in functional impairment, as defined by the department, shall be eligible for covered mental health services. Emphasis shall be placed on adults with serious and persistent mental illness and children with serious emotional disturbances, as defined by the department.

(g) Each mental health plan shall include a mechanism for monitoring the effectiveness of, and evaluating accessibility and quality of, services available. The plan shall utilize and be based upon state–adopted performance outcome measures and shall include review of individual service plan procedures and practices, a beneficiary satisfaction component, and a grievance system for beneficiaries and providers.

(h) Each mental health plan shall provide for culturally competent and age–appropriate services, to the extent feasible. The mental health plan shall assess the cultural competency needs of the program. The mental health plan shall include, as part of the quality assurance program required by Section 4070, a process to accommodate the significant needs with reasonable timeliness. The department shall provide demographic data and technical assistance. Performance outcome measures shall include a reliable method of measuring and reporting the extent to which services are culturally competent and age–appropriate.

(Added by Stats.1994, c. 633 (A.B.757), § 5, eff. Sept. 20, 1994. Amended by Stats.1996, c. 190 (S.B.1192), § 7, eff. July 22, 1996; Stats.1998, c. 346 (A.B.2746), § 3.)

§ 14684.1. Establishment of process for second level treatment authorization request appeals to review and resolve disputes between mental health plans and hospitals; review fees

(a) The State Department of Mental Health shall establish a process for second level treatment authorization request appeals to review and resolve disputes between mental health plans and hospitals.

(b) When the department establishes an appeals process, the department shall comply with all of the following:

(1) The department shall review appeals initiated by hospitals and render decisions on appeals based on findings that are the result of a review of supporting documents submitted by mental health plans and hospitals.

(2) If the department upholds a mental health plan denial of payment of a hospital claim, a review fee shall be assessed on the provider.

(3) If the State Department of Mental Health reverses a mental health plan denial of payment of a hospital claim, a review fee shall be assessed on the mental health plan.

(4) If the department decision regarding a mental health plan denial of payment upholds the claim in part and reverses the claim in part, the department shall prorate the review fee between the parties accordingly.

(c) The amount of the review fees shall be calculated and adjusted annually. The methodology and calculation used to determine the fee amounts shall result in an aggregate fee amount that, in conjunction with any other outside source of funding for this function, may not exceed the aggregate annual costs of providing second level treatment authorization request reviews.

(d) Fees collected by the department shall be retained by the department and used to offset administrative and personnel services costs associated with the appeals process.

(e) The department may use the fees collected, in conjunction with other available appropriate funding for this function, to contract for the performance of the appeals process function.

(Added by Stats.2003, c. 230 (A.B.1762), § 74, eff. Aug. 11, 2003.)

§ 14685. Right of first refusal

Counties shall have the right of first refusal to serve as a mental health plan. If a county elects not to serve as a mental health plan, the State Department of Mental Health shall ensure that these services are provided.

(Added by Stats.1994, c. 633 (A.B.757), § 6, eff. Sept. 20, 1994. Amended by Stats.1996, c. 190 (S.B.1192), § 8, eff. July 22, 1996.)

Chapter 11 ELDER ABUSE AND DEPENDENT ADULT CIVIL PROTECTION ACT

Article 3 MANDATORY AND NONMANDATORY REPORTS OF ABUSE

§ 15630. Mandated reporters; known or suspected abuse; telephone reports; failure to report; penalty

(a) Any person who has assumed full or intermittent responsibility for care or custody of an elder or dependent adult, whether or not that person receives compensation, including administrators, supervisors, and any licensed staff of a public or private facility that provides care or services for elder or dependent adults, or any elder or dependent adult care custodian, health practitioner, clergy member, or employee of a county adult protective services agency or a local law enforcement agency, is a mandated reporter.

(b)(1) Any mandated reporter who, in his or her professional capacity, or within the scope of his or her employment, has observed or has knowledge of an incident that reasonably appears to be physical abuse, abandonment, abduction, isolation, financial abuse, or neglect, or is told by an elder or dependent adult that he or she has experienced behavior, including an act or omission, constituting physical abuse, abandonment, abduction, isolation, financial abuse, or neglect, or reasonably suspects that abuse, shall report the known or suspected instance of abuse by telephone immediately or as soon as practicably possible, and by written report sent within two working days, as follows:

(A) If the abuse has occurred in a long–term care facility, except a state mental health hospital or a state developmental center, the report shall be made to the local ombudsman or the local law enforcement agency.

Except in an emergency, the local ombudsman and the local law enforcement agency shall, as soon as practicable, do all of the following:

(i) Report to the State Department of Health Services any case of known or suspected abuse occurring in a long–term health care facility, as defined in subdivision (a) of Section 1418 of the Health and Safety Code.

(ii) Report to the State Department of Social Services any case of known or suspected abuse occurring in a residential care facility for the elderly, as defined in Section 1569.2 of the Health and Safety Code, or in an adult day care facility, as defined in paragraph (2) of subdivision (a) of Section 1502.

(iii) Report to the State Department of Health Services and the California Department of Aging any case of known or suspected abuse occurring in an adult day health care center, as defined in subdivision (b) of Section 1570.7 of the Health and Safety Code.

(iv) Report to the Bureau of Medi–Cal Fraud and Elder Abuse any case of known or suspected criminal activity.

(B) If the suspected or alleged abuse occurred in a state mental hospital or a state developmental center, the report shall be made to designated investigators of the State Department of Mental Health or the State Department of Developmental Services, or to the local law enforcement agency.

Except in an emergency, the local law enforcement agency shall, as soon as practicable, report any case of known or suspected criminal activity to the Bureau of Medi–Cal Fraud and Elder Abuse.

(C) If the abuse has occurred any place other than one described in subparagraph (A), the report shall be made to the adult protective services agency or the local law enforcement agency.

(2)(A) A mandated reporter who is a clergy member who acquires knowledge or reasonable suspicion of elder or dependent adult abuse during a penitential communication is not subject to paragraph (1). For purposes of this subdivision, "penitential communication" means a communication that is intended to be in confidence, including, but not limited to, a sacramental confession made to a clergy member who, in the course of the discipline or practice of his or her church, denomination, or organization is authorized or accustomed to hear those communications and under the discipline tenets, customs, or practices of his or her church, denomination, or organization, has a duty to keep those communications secret.

(B) Nothing in this subdivision shall be construed to modify or limit a clergy member's duty to report known or suspected elder and dependent adult abuse when he or she is acting in the capacity of a care custodian, health practitioner, or employee of an adult protective agency.

(C) Notwithstanding any other provision in this section, a clergy member who is not regularly employed on either a full–time or part–time basis in a long–term care facility or does not have care or custody of an elder or dependent adult shall not be responsible for reporting abuse or neglect that is not reasonably observable or discernible to a reasonably prudent person having no specialized training or experience in elder or dependent care.

(3)(A) A mandated reporter who is a physician and surgeon, a registered nurse, or a psychotherapist, as defined in Section 1010 of the Evidence Code, shall not be required to report, pursuant to paragraph (1), an incident where all of the following conditions exist:

(i) The mandated reporter has been told by an elder or dependent adult that he or she has experienced behavior constituting physical abuse, abandonment, abduction, isolation, financial abuse, or neglect.

(ii) The mandated reporter is not aware of any independent evidence that corroborates the statement that the abuse has occurred.

(iii) The elder or dependent adult has been diagnosed with a mental illness or dementia, or is the subject of a court–ordered conservatorship because of a mental illness or dementia.

(iv) In the exercise of clinical judgment, the physician and surgeon, the registered nurse, or the psychotherapist, as defined in Section 1010 of the Evidence Code, reasonably believes that the abuse did not occur.

(B) This paragraph shall not be construed to impose upon mandated reporters a duty to investigate a known or suspected incident of abuse and shall not be construed to lessen or restrict any existing duty of mandated reporters.

(4)(A) In a long–term care facility, a mandated reporter shall not be required to report as a suspected incident of abuse, as defined in Section 15610.07, an incident where all of the following conditions exist:

(i) The mandated reporter is aware that there is a proper plan of care.

(ii) The mandated reporter is aware that the plan of care was properly provided or executed.

(iii) A physical, mental, or medical injury occurred as a result of care provided pursuant to clause (i) or (ii).

(iv) The mandated reporter reasonably believes that the injury was not the result of abuse.

(B) This paragraph shall not be construed to require a mandated reporter to seek, nor to preclude a mandated reporter from seeking, information regarding a known or suspected incident of abuse prior to reporting. This paragraph shall apply only to those categories of mandated reporters that the State Department of Health Services determines, upon approval by the Bureau of Medi–Cal Fraud and Elder Abuse and the state long–term care ombudsman, have access to plans of care and have the training and experience necessary to determine whether the conditions specified in this section have been met.

(c)(1) Any mandated reporter who has knowledge, or reasonably suspects, that types of elder or dependent adult abuse for which reports are not mandated have been inflicted upon an elder or dependent adult, or that his or her emotional well–being is endangered in any other way, may report the known or suspected instance of abuse.

(2) If the suspected or alleged abuse occurred in a long–term care facility other than a state mental health hospital or a state developmental center, the report may be made to the long–term care ombudsman program. Except in an emergency, the local ombudsman shall report any case of known or suspected abuse to the State Department of Health Services and any case of known or suspected criminal activity to the Bureau of Medi–Cal Fraud and Elder Abuse, as soon as is practicable.

(3) If the suspected or alleged abuse occurred in a state mental health hospital or a state developmental center, the report may be made to the designated investigator of the State Department of Mental Health or the State Department of Developmental Services or to a local law enforcement agency or to the local ombudsman. Except in an emergency, the local ombudsman and the local law enforcement agency shall report any case of known or suspected criminal activity to the Bureau of Medi–Cal Fraud and Elder Abuse, as soon as is practicable.

(4) If the suspected or alleged abuse occurred in a place other than a place described in paragraph (2) or (3), the report may be made to the county adult protective services agency.

(5) If the conduct involves criminal activity not covered in subdivision (b), it may be immediately reported to the appropriate law enforcement agency.

(d) When two or more mandated reporters are present and jointly have knowledge or reasonably suspect that types of abuse of an elder or a dependent adult for which a report is or is not mandated have occurred, and when there is agreement among them, the telephone report may be made by a member of the team selected by mutual agreement, and a single report may be made and signed by the selected member of the reporting team. Any member who has knowledge that the member designated to report has failed to do so shall thereafter make the report.

(e) A telephone report of a known or suspected instance of elder or dependent adult abuse shall include, if known, the name of the person making the report, the name and age of the elder or dependent adult, the present location of the elder or dependent adult, the names and

addresses of family members or any other person responsible for the elder or dependent adult's care, the nature and extent of the elder or dependent adult's condition, the date of the incident, and any other information, including information that led that person to suspect elder or dependent adult abuse, as requested by the agency receiving the report.

(f) The reporting duties under this section are individual, and no supervisor or administrator shall impede or inhibit the reporting duties, and no person making the report shall be subject to any sanction for making the report. However, internal procedures to facilitate reporting, ensure confidentiality, and apprise supervisors and administrators of reports may be established, provided they are not inconsistent with this chapter.

(g)(1) Whenever this section requires a county adult protective services agency to report to a law enforcement agency, the law enforcement agency shall, immediately upon request, provide a copy of its investigative report concerning the reported matter to that county adult protective services agency.

(2) Whenever this section requires a law enforcement agency to report to a county adult protective services agency, the county adult protective services agency shall, immediately upon request, provide to that law enforcement agency a copy of its investigative report concerning the reported matter.

(3) The requirement to disclose investigative reports pursuant to this subdivision shall not include the disclosure of social services records or case files that are confidential, nor shall this subdivision be construed to allow disclosure of any reports or records if the disclosure would be prohibited by any other provision of state or federal law.

(h) Failure to report physical abuse, abandonment, abduction, isolation, financial abuse, or neglect of an elder or dependent adult, in violation of this section, is a misdemeanor, punishable by not more than six months in the county jail, by a fine of not more than one thousand dollars ($1,000), or by both that fine and imprisonment. Any mandated reporter who willfully fails to report physical abuse, abandonment, abduction, isolation, financial abuse, or neglect of an elder or dependent adult, in violation of this section, where that abuse results in death or great bodily injury, shall be punished by not more than one year in a county jail, by a fine of not more than five thousand dollars ($5,000), or by both that fine and imprisonment.

(Added by Stats.1994, c. 594 (S.B.1681), § 7. Amended by Stats.1995, c. 813 (A.B.1836), § 1; Stats.1998, c. 946 (S.B.2199), § 8; Stats.1998, c. 980 (A.B.1780), § 1; Stats.1999, c. 236 (A.B.739), § 1; Stats.2002, c. 54 (A.B.255), § 9.)

Part 4 SERVICES FOR THE CARE OF CHILDREN

Chapter 1 FOSTER CARE PLACEMENT

§ 16001.9. Rights of children in foster care

(a) It is the policy of the state that all children in foster care shall have the following rights:

(1) To live in a safe, healthy, and comfortable home where he or she is treated with respect.

(2) To be free from physical, sexual, emotional, or other abuse, or corporal punishment.

(3) To receive adequate and healthy food, adequate clothing, and, for youth in group homes, an allowance.

(4) To receive medical, dental, vision, and mental health services.

(5) To be free of the administration of medication or chemical substances, unless authorized by a physician.

(6) To contact family members, unless prohibited by court order, and social workers, attorneys, foster youth advocates and supporters, Court Appointed Special Advocates (CASA), and probation officers.

(7) To visit and contact brothers and sisters, unless prohibited by court order.

(8) To contact the Community Care Licensing Division of the State Department of Social Services or the State Foster Care Ombudsperson regarding violations of rights, to speak to representatives of these offices confidentially, and to be free from threats or punishment for making complaints.

(9) To make and receive confidential telephone calls and send and receive unopened mail, unless prohibited by court order.

(10) To attend religious services and activities of his or her choice.

(11) To maintain an emancipation bank account and manage personal income, consistent with the child's age and developmental level, unless prohibited by the case plan.

(12) To not be locked in any room, building, or facility premises, unless placed in a community treatment facility.

(13) To attend school and participate in extracurricular, cultural, and personal enrichment activities, consistent with the child's age and developmental level.

(14) To work and develop job skills at an age–appropriate level that is consistent with state law.

(15) To have social contacts with people outside of the foster care system, such as teachers, church members, mentors, and friends.

(16) To attend Independent Living Program classes and activities if he or she meets age requirements.

(17) To attend court hearings and speak to the judge.

(18) To have storage space for private use.

(19) To review his or her own case plan if he or she is over 12 years of age and to receive information about his or her out–of–home placement and case plan, including being told of changes to the plan.

(20) To be free from unreasonable searches of personal belongings.

(21) To confidentiality of all juvenile court records consistent with existing law.

(22) To have fair and equal access to all available services, placement, care, treatment, and benefits, and to not be subjected to discrimination or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability, or HIV status.

(b) Nothing in this section shall be interpreted to require a foster care provider to take any action that would impair the health and safety of children in out–of–home placement.

(Added by Stats.2001, c. 683 (A.B.899), § 3. Amended by Stats.2003, c. 331 (A.B.458), § 5.)

Part 5 COUNTY AID AND RELIEF TO INDIGENTS

APPLICATION

Application of Part 5 during an economic emergency, see Welfare and Institutions Code §§ 18451, 18452.

Chapter 6 STATE AND LOCAL FUND ALLOCATIONS

OPERATIVE EFFECT

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see § 209 of that act, as amended by Stats.1993, c. 728 (A.B.1728), § 6.

APPLICATION

Application of Part 5 during an economic emergency, see Welfare and Institutions Code §§ 18451, 18452.XMISTExplanatory Note

For another Chapter 6, Unemployed or Displaced Workers, added by Stats.1988, c. 90, § 1, see Welfare and Institutions Code § 17500 et seq.

Article 1 FUNDING ALLOCATIONS

OPERATIVE EFFECT

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see § 209 of that act, as amended by Stats.1993, c. 728 (A.B.1728), § 6.

APPLICATION

Part 5 is not applicable during an economic emergency, see Welfare and Institutions Code § 18452.

§ 17600. Local Revenue Fund; accounts; appropriations

(a) There is hereby created the Local Revenue Fund, which shall have all of the following accounts:

(1) The Sales Tax Account.

(2) The Vehicle License Fee Account.

(3) The Vehicle License Collection Account.

(4) The Sales Tax Growth Account.

(5) The Vehicle License Fee Growth Account.

(b) The Sales Tax Account shall have all of the following subaccounts:

(1) The Mental Health Subaccount.

(2) The Social Services Subaccount.

(3) The Health Subaccount.

(c) The Sales Tax Growth Account shall have all of the following subaccounts:

(1) The Caseload Subaccount.

(2) The Base Restoration Subaccount.

(3) The Indigent Health Equity Subaccount.

(4) The Community Health Equity Subaccount.

(5) The Mental Health Equity Subaccount.

(6) The State Hospital Mental Health Equity Subaccount.

(7) The County Medical Services Subaccount.

(8) The General Growth Subaccount.

(9) The Special Equity Subaccount.

(d) Notwithstanding Section 13340 of the Government Code, the Local Revenue Fund is hereby continuously appropriated, without regard to fiscal years, for the purpose of this chapter.

(e) The Local Revenue Fund shall be invested in the Surplus Money Investment Fund and all interest earned shall be distributed in January and July among the accounts and subaccounts in proportion to the amounts deposited into each subaccount, except as provided in subdivision (f).

(f) If a distribution required by subdivision (e) would cause a subaccount to exceed its limitations imposed pursuant to any of the following, the distribution shall be made among the remaining subaccounts in proportion to the amounts deposited into each subaccount in the six prior months:

(1) Subdivision (a) of Section 17605.

(2) Paragraph (1) of subdivision (a) of Section 17605.05.

(3) Subdivision (b) of Section 17605.10.

(4) Subdivision (c) of Section 17605.10.

(Added by Stats.1991, c. 89 (A.B.1288), § 201.5, eff. June 30, 1991. Amended by Stats.1991, c. 611 (A.B.1491), § 86, eff. Oct. 7, 1991; Stats.1992, c. 720 (A.B.2476), § 2, eff. Sept. 15, 1992; Stats.1993, c. 69 (S.B.35), § 62, eff. June 30, 1993; Stats.1993, c. 100 (S.B.463), § 7, eff. July 13, 1993; Stats.1998, c. 642 (S.B.1648), § 1; Stats.1999, c. 90 (A.B.1682), § 10, eff. July 12, 1999.)

§ 17600.10. Local health and welfare trust funds; accounts

(a) Each county and city and county receiving funds in accordance with this chapter shall establish and maintain a local health and welfare trust fund comprised of the following accounts:

(1) The mental health account.

(2) The social services account.

(3) The health account.

(b) Each city receiving funds in accordance with this chapter shall establish and maintain a local health and welfare trust fund comprised of a health account and a mental health account.

(Added by Stats.1991, c. 89 (A.B.1288), § 201.5, eff. June 30, 1991. Amended by Stats.1993, c. 728 (A.B.1728), § 3, eff. Oct. 4, 1993.)

§ 17600.15. Allocation of deposits in Local Revenue Fund

(a) Of the sales tax proceeds from revenues collected in the 1991–92 fiscal year which are deposited to the credit of the Local Revenue Fund, 51.91 percent shall be credited to the Mental Health Subaccount, 36.17 percent shall be credited to the Social Services Subaccount, and 11.92 percent shall be credited to the Health Subaccount of the Sales Tax Account.

(b) For the 1992–93 fiscal year and fiscal years thereafter, of the sales tax proceeds from revenues deposited to the credit of the Local Revenue Fund, the Controller shall make monthly deposits to the Mental Health Subaccount, the Social Services Subaccount, and the Health Subaccount of the Sales Tax Account until the deposits equal the amounts that were allocated to counties, cities, and cities and counties mental health accounts, social services accounts, and health accounts, respectively, of the local health and welfare trust funds in the prior fiscal year pursuant to this chapter from the Sales Tax Account and the Sales Tax Growth Account. Any excess sales tax revenues received pursuant to Sections 6051.2 and 6201.2 of the Revenue and Taxation Code shall be deposited in the Sales Tax Growth Account of the Local Revenue Fund.

(Added by Stats.1991, c. 89 (A.B.1288), § 201.5, eff. June 30, 1991. Amended by Stats.1991, c. 611 (A.B.1491), § 87, eff. Oct. 7, 1991; Stats.1993, c. 100 (S.B.463), § 8, eff. July 13, 1993.)

§ 17600.20. Local health and welfare trust fund; accounts; reallocation of money

(a) Any county or city or city and county may reallocate money among accounts in the local health and welfare trust fund, not to exceed 10 percent of the amount deposited in the account from which the funds are reallocated for that fiscal year.

(b) After depositing funds to the social services account allocated to a county or city and county pursuant to Section 17605 and after reallocating funds from both the health account and mental health account of the local health and welfare trust fund under subdivision (a), a county may reallocate up to an additional 10 percent of the money from the health account to the social services account in the 1992–93 fiscal year and fiscal years thereafter, for caseload increases for mandated social services programs listed in paragraph (2) of subdivision (b) of Section 17605 in excess of revenue growth in the social services account.

(c)(1) A county or city or city and county shall, at a regularly scheduled public hearing of its governing body, document that any decision to make any substantial change in its allocation of mental health, social services, or health trust fund moneys among services, facilities, programs, or providers as a result of reallocating funds pursuant to subdivision (a), (b), or (d) was based on the most cost–effective use of available resources to maximize client outcomes.

(2) Any county or city and county that reallocates funds pursuant to subdivision (b) shall document, at a regularly scheduled public hearing of the board of supervisors, that the net social services caseload has increased beyond the revenue growth in the social services account.

(3) Any county, city, or city and county that is required to document any reallocation of funds pursuant to paragraphs (1) and (2) shall forward a copy of the documentation to the Controller.

The Controller shall make copies of the documentation available to the Legislature and to other interested parties, upon request.

(d) In addition to subdivision (a), a county or city and county may reallocate up to an additional 10 percent of the money from the social services account to the mental health account or the health account in the 1993–94 fiscal year and fiscal years thereafter when there exist in the social services account revenues in excess of the amount necessary to fund mandated caseload costs, pursuant to paragraph (2) of subdivision (b) of Section 17605, as determined by the county board of supervisors, as a result of implementation of personal care services or other program changes.

(Added by Stats.1991, c. 89 (A.B.1288), § 201.5, eff. June 30, 1991. Amended by Stats.1991, c. 611 (A.B.1491), § 88, eff. Oct. 7, 1991; Stats.1993, c. 100 (S.B.463), § 9, eff. July 13, 1993.)

Article 2 MENTAL HEALTH ALLOCATIONS

Operative Effect

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see § 209 of that act, as amended by Stats.1993, c. 728 (A.B.1728), § 6.

Application

Application of Part 5 during an economic emergency, see Welfare and Institutions Code §§ 18451, 18452.

§ 17601. Schedule of allocations; reimbursements

On or before the 27th day of each month, the Controller shall allocate to the mental health account of each local health and welfare trust fund the amounts deposited and remaining unexpended and unreserved on the 15th day of the month in the Mental Health Subaccount of the Sales Tax Account in the Local Revenue Fund in accordance with the following schedules:

(a)(1) Schedule A State Hospital and Community Mental Health Allocations.

Jurisdiction	Allocation Percentage
Alameda	4.882
Alpine	0.018
Amador	0.070
Butt	0.548
Calaveras	0.082
Colusa	0.073
Contra Costa	2.216
Del Norte	0.088
El Dorado	0.285
Fresno	2.045
Glenn	0.080
Humboldt	0.465
Imperial	0.342
Inyo	0.104
Kern	1.551
Kings	0.293
Lake	0.167
Lassen	0.087
Los Angeles	28.968
Madera	0.231
Marin	0.940
Mariposa	0.054
Mendocino	0.332
Merced	0.546
Modoc	0.048
Mono	0.042
Monterey	0.950
Napa	0.495
Nevada	0.191
Orange	4.868
Placer	0.391
Plumas	0.068
Riverside	2.394
Sacramento	3.069
San Benito	0.090
San Bernardino	3.193
San Diego	5.603
San Francisco	4.621
San Joaquin	1.655
San Luis Obispo	0.499
San Mateo	2.262
Santa Barbara	0.949
Santa Clara	4.112
Santa Cruz	0.558
Shasta	0.464
Sierra	0.026
Siskiyou	0.137
Solano	1.027
Sonoma	1.068
Stanislaus	1.034
Sutter/Yuba	0.420
Tehama	0.181
Trinity	0.055
Tulare	0.941
Tuolumne	0.121
Ventura	1.472
Yolo	0.470
Berkeley	0.190
Tri–City	0.165

The amounts allocated in accordance with Schedule A for the 1991–92 fiscal year shall be considered the base allocations for the 1992–93 fiscal year.

(2) The funds allocated pursuant to Schedule B shall be increased to reflect the addition of percentages for the Institute for Mental Disease allocation pursuant to paragraph (1) of subdivision (c).

(3) The Controller shall allocate three million seven hundred thousand dollars ($3,700,000) to the counties pursuant to a percentage schedule developed by the Director of Mental Health as specified in subdivision (c) of Section 4095. The funds allocated pursuant to Schedule A shall be increased to reflect the addition of this schedule.

(4)(A) The department may amend Schedule A in order to restore counties funds associated with multicounty regional programs.

(B) Notwithstanding any other provision of law, the department shall amend Schedule A for the purpose of establishing mental health base allocations for each county for the 1994–95 fiscal year and fiscal years thereafter, in order to ensure that mental health base allocations for each county do not fall below 75 percent of the allocations for the 1989–90 fiscal year. The money specified in subdivision (c) of Section 17605.05 shall be used for this purpose.

(b)(1) Schedule B State Hospital Payment Schedule.

From the amounts allocated in accordance with Schedule A, each county and city shall reimburse the Controller for reimbursement to the State Department of Mental Health, for the 1991–92 fiscal year only, an amount equal to one–ninth of the amount identified in Schedule B as modified to reflect adjustments pursuant to paragraph (2) of subdivision (a) of Section 4330. The reimbursements shall be due the 24th day of each month and the first payment shall be due on October 24, 1991. During the 1992–93 fiscal year and fiscal years thereafter, each monthly reimbursement shall be one–twelfth of the total amount of the county's contract with the department for state hospital services.

Jurisdiction	First Year State Hospital Withholding
Alameda	$ 15,636,372
Berkeley City	0
Alpine	95,379
Amador	148,915
Butte	650,238
Calaveras	100,316
Colusa	189,718
Contra Costa	8,893,339
Del Norte	94,859
El Dorado	236,757
Fresno	1,429,379
Glenn	51,977
Humboldt	727,684
Imperial	259,887
Inyo	363,842
Kern	4,024,613
Kings	266,904
Lake	292,373
Lassen	167,367
Los Angeles	102,458,700
Tri–City	0
Madera	131,243
Marin	3,248,590
Mariposa	117,989
Mendocino	471,955
Merced	404,125
Modoc	94,859
Mono	94,859
Monterey	2,079,097

Jurisdiction	First Year State Hospital Withholding
Napa	2,338,985
Nevada	493,786
Orange	14,066,133
Placer	847,232
Plumas	130,463
Riverside	4,891,077
Sacramento	4,547,506
San Benito	259,887
San Bernardino	5,587,574
San Diego	6,734,976
San Francisco	23,615,688
San Joaquin	927,018
San Luis Obispo	719,887
San Mateo	6,497,179
Santa Barbara	2,168,758
Santa Clara	7,106,095
Santa Cruz	1,403,391
Shasta	1,169,492
Sierra	94,859
Siskiyou	129,944
Solano	5,332,885
Sonoma	2,669,041
Stanislaus	1,740,205
Sutter/Yuba	363,842
Tehama	363,842
Trinity	94,859
Tulare	675,707
Tuolumne	304,328
Ventura	3,378,533
Yolo	1,169,492

(2)(A)(i) During the 1992–93 fiscal year, in lieu of making the reimbursement required by paragraph (1), a county may elect to authorize the Controller to reimburse the State Hospital Account of the Mental Health Facilities Fund a pro rata share each month computed by multiplying the ratio of the reimbursement amount owed by the county as specified in Schedule B to the total amount of money projected to be allocated to the county pursuant to Schedule A by the funds available for deposit in the mental health account of the county's health and welfare trust fund.

(ii) The reimbursement shall be made monthly on the same day the Controller allocates funds to the local health and welfare trust funds.

(B) During the 1992–93 fiscal year and thereafter, the amount to be reimbursed each month shall be computed by multiplying the ratio of the county's contract for state hospital services to the amount of money projected to be allocated to the county pursuant to Schedule A by the funds available for deposit in the mental health account of the county's health and welfare trust fund.

(C) All reimbursements, deposits, and transfers made to the Mental Health Facilities Fund pursuant to a county election shall be deemed to be deposits to the local health and welfare trust fund.

(3)(A) Counties shall notify the Controller, in writing, by October 15, 1991, upon making the election pursuant to paragraph (2). The election shall be binding for the fiscal year. The pro rata share of allocations made prior to the election by the county shall be withheld from allocations in subsequent months until paid.

(B) For the 1992–93 fiscal year and fiscal years thereafter, counties shall notify the Controller, in writing, by July 1 of the fiscal year for which the election is made, upon making the election pursuant to paragraph (2).

(4) Regardless of the reimbursement option elected by a county, no county shall be required to reimburse the Mental Health Facilities Fund by an amount greater than the amount identified in Schedule B as modified to reflect adjustments pursuant to paragraph (2) of subdivision (a) of Section 4330.

(c)(1) For the 1991–92 fiscal year, the Controller shall distribute monthly beginning in October from the Mental Health Subaccount of the Sales Tax Account of the Local Revenue Fund to the mental health account of each local health and welfare trust fund one–ninth of the amount allocated to the county in accordance with the institutions for mental disease allocation schedule established by the State Department of Mental Health.

(2) Each county shall forward to the Controller, monthly, an amount equal to one–ninth of the amount identified in the schedule established by the State Department of Mental Health. The reimbursements shall be due by the 24th day of the month to which they apply, and the first payment shall be due October 24, 1991. These amounts shall be deposited in the Institutions for Mental Disease Account in the Mental Health Facilities Fund.

(3)(A)(i) During the 1991–92 fiscal year, in lieu of making the reimbursement required by paragraph (1), a county may elect to authorize the Controller to reimburse the Institutions for Mental Disease Account of the Mental Health Facilities Fund a pro rata share each month computed by multiplying the ratio of the reimbursement amount owed by the county as specified in Schedule B to the total amount of money projected to be allocated to the county pursuant to Schedule A by the funds available for deposit in the mental health account of the county's health and welfare trust fund.

(ii) The reimbursement shall be made monthly on the same day the Controller allocates funds to the local health and welfare trust funds.

(B) During the 1992–93 fiscal year and thereafter, the amount to be reimbursed each month shall be computed by multiplying the ratio of the county's contract for mental health services to the amount of money projected to be allocated to the county pursuant to Schedule A by the funds available for deposit in the mental health account of the county's health and welfare trust fund.

(C) All reimbursements, deposits, and transfers made to the Mental Health Facilities Fund pursuant to a county election shall be deemed to be deposits to the local health and welfare trust fund.

(4)(A) Counties shall notify the Controller, in writing, by October 15, 1991, upon making the election pursuant to paragraph (3). The election shall be binding for the fiscal year. The pro rata share of allocations made prior to the election by the county shall be withheld from allocations in subsequent months until paid.

(B) For the 1992–93 fiscal year and fiscal years thereafter, counties shall notify the Controller, in writing, by July 1 of the fiscal year for which the election is made, upon making the election pursuant to paragraph (2).

(5) Regardless of the reimbursement option elected by a county, no county shall be required to reimburse the Institutions for Mental Disease Account in the Mental Health Facilities Fund an amount greater than the amount identified in the schedule developed by the State Department of Mental Health pursuant to paragraph (1).

(d) The Controller shall withhold the allocation of funds pursuant to subdivision (a) in any month a county does not meet the requirements of paragraph (1) of subdivision (b) or paragraph (2) of subdivision (c), in the amount of the obligation and transfer the funds withheld to the State Department of Mental Health for deposit in the State Hospital Account or the Institutions for Mental Disease Account in the Mental Health Facilities Fund, as appropriate.

(Added by Stats.1991, c. 89 (A.B.1288), § 201.5, eff. June 30, 1991. Amended by Stats.1991, c. 611 (A.B.1491), § 90, eff. Oct. 7, 1991; Stats.1992, c. 4 (A.B.1902), § 5; Stats.1992, c. 1374 (A.B.14), § 51, eff. Oct. 28, 1992; Stats.1995, c. 957 (A.B.320), § 1.)

§ 17601.05. Mental Health Facilities Fund; accounts

(a) There is hereby created the Mental Health Facilities Fund, which shall have the following accounts:

(1) The State Hospital Account.

(2) The Institutions for Mental Disease Account.

(b) Funds deposited in the State Hospital Account are continuously appropriated, notwithstanding Section 13340 of the Government Code, without regard to fiscal years, for disbursement monthly to the State Department of Mental Health for costs incurred pursuant to Chapter 4 (commencing with Section 4330) of Part 2 of Division 4.

(c) Funds deposited in the Institutions for Mental Disease Account

of the Mental Health Facilities Fund are continuously appropriated, notwithstanding Section 13340 of the Government Code, without regard to fiscal years, for disbursement monthly to the State Department of Mental Health for costs incurred pursuant to Part 5 (commencing with Section 5900) of Division 4.

(Formerly § 17602.05, added by Stats.1991, c. 89 (A.B.1288), § 201.5, eff. June 30, 1991. Renumbered § 17601.05 and amended by Stats.1991, c. 611 (A.B.1491), § 93, eff. Oct. 7, 1991.)

§ 17601.10. Reimbursement delays; loans from general fund

(a) The State Department of Mental Health may request a loan from the General Fund in an amount that shall not exceed one hundred million dollars ($100,000,000) for the purposes of meeting cash–flow needs in its state hospital operations due to delays in the receipt of reimbursements from counties.

(b) The Controller shall liquidate any loan, in accordance with Section 16314 of the Government Code, from the next available deposits into the State Hospital Account in the Mental Health Facilities Fund.

(c) If a loan remains outstanding at the end of any fiscal year, the State Department of Mental Health shall determine the amount of the loan attributable to a shortfall in payments by counties against the amount due in Schedule B in the 1991–92 fiscal year or the contract amount for beds purchased in each subsequent fiscal year. The State Department of Mental Health shall determine any amounts due to counties pursuant to subdivision (d) of Section 4330. The State Department of Mental Health shall invoice each county for any outstanding balance. Sixty days after an invoice has been provided and upon notice to the Controller by the State Department of Mental Health, the Controller shall collect an amount from the county's allocation to the mental health account of the local health and welfare trust fund that is sufficient to pay any outstanding balance of the invoice. If these amounts do not provide sufficient funds to repay the outstanding loan, the Controller shall liquidate the balance from the next available deposits into the Mental Health Subaccount in the Sales Tax Account in the Local Revenue Fund.

(Added by Stats.1992, c. 1374 (A.B.14), § 54, eff. Oct. 28, 1992.)

Article 5 VEHICLE LICENSE FEE ALLOCATIONS

Operative Effect

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see § 209 of that act, as amended by Stats.1993, c. 728 (A.B.1728), § 6.

Application

Application of Part 5 during an economic emergency, see Welfare and Institutions Code §§ 18451, 18452.

§ 17604. Deposit of revenues into vehicle license fee account; schedule of allocations

(a) All motor vehicle license fee revenues collected in the 1991–92 fiscal year that are deposited to the credit of the Local Revenue Fund shall be credited to the Vehicle License Fee Account of that fund.

(b)(1) For the 1992–93 fiscal year and fiscal years thereafter, from vehicle license fee proceeds from revenues deposited to the credit of the Local Revenue Fund, the Controller shall make monthly deposits to the Vehicle License Fee Account of the Local Revenue Fund until the deposits equal the amounts that were allocated to counties, cities, and cities and counties as general purpose revenues in the prior fiscal year pursuant to this chapter from the Vehicle License Fee Account in the Local Revenue Fund and the Vehicle License Fee Account and the Vehicle License Fee Growth Account in the Local Revenue Fund.

(2) Any excess vehicle fee revenues deposited into the Local Revenue Fund pursuant to Section 11001.5 of the Revenue and Taxation Code shall be deposited in the Vehicle License Fee Growth Account of the Local Revenue Fund.

(c)(1) On or before the 27th day of each month, the Controller shall allocate to each county, city, or city and county, as general purpose revenues the amounts deposited and remaining unexpended and unreserved on the 15th day of the month in the Vehicle License Fee Account of the Local Revenue Fund, in accordance with paragraphs (2) and (3).

(2) For the 1991–92 fiscal year, allocations shall be made in accordance with the following schedule:

Jurisdiction	Allocation Percentage
Alameda	4.5046
Alpine	0.0137
Amador	0.1512
Butte	0.8131
Calaveras	0.1367
Colusa	0.1195
Contra Costa	2.2386
Del Norte	0.1340
El Dorado	0.5228
Fresno	2.3531
Glenn	0.1391
Humboldt	0.8929
Imperial	0.8237
Inyo	0.1869
Kern	1.6362
Kings	0.4084
Lake	0.1752
Lassen	0.1525
Los Angeles	37.2606
Madera	0.3656
Marin	1.0785
Mariposa	0.0815
Mendocino	0.2586
Merced	0.4094
Modoc	0.0923
Mono	0.1342
Monterey	0.8975
Napa	0.4466
Nevada	0.2734
Orange	5.4304
Placer	0.2806
Plumas	0.1145
Riverside	2.7867
Sacramento	2.7497
San Benito	0.1701
San Bernardino	2.4709
San Diego	4.7771
San Francisco	7.1450
San Joaquin	1.0810
San Luis Obispo	0.4811
San Mateo	1.5937
Santa Barbara	0.9418
Santa Clara	3.6238
Santa Cruz	0.6714
Shasta	0.6732
Sierra	0.0340
Siskiyou	0.2246
Solano	0.9377
Sonoma	1.6687
Stanislaus	1.0509
Sutter	0.4460
Tehama	0.2986
Trinity	0.1388
Tulare	0.7485
Tuolumne	0.2357
Ventura	1.3658
Yolo	0.3522
Yuba	0.3076
Berkeley	0.0692
Long Beach	0.2918
Pasadena	0.1385

(3) For the 1992–93, 1993–94, and 1994–95 fiscal year and fiscal years thereafter, allocations shall be made in the same amounts as were distributed from the Vehicle License Fee Account and the Vehicle License Fee Growth Account in the prior fiscal year.

(4) For the 1995–96 fiscal year, allocations shall be made in the same amounts as distributed in the 1994–95 fiscal year from the

Vehicle License Fee Account and the Vehicle License Fee Growth Account after adjusting the allocation amounts by the amounts specified for the following counties:

Alpine	$(11,296)
Amador	25,417
Calaveras	49,892
Del Norte	39,537
Glenn	(12,238)
Lassen	17,886
Mariposa	(6,950)
Modoc	(29,182)
Mono	(6,950)
San Benito	20,710
Sierra	(39,537)
Trinity	(48,009)

(5) For the 1996–97 fiscal year and fiscal years thereafter, allocations shall be made in the same amounts as were distributed from the Vehicle License Fee Account and the Vehicle License Fee Growth Account in the prior fiscal year.

Initial proceeds deposited in the Vehicle License Fee Account in the 2003–04 fiscal year in the amount that would otherwise have been transferred pursuant to Section 10754 of the Revenue and Taxation Code for the period June 20, 2003, to July 15, 2003, inclusive, shall be deemed to have been deposited during the period June 16, 2003, to July 15, 2003, inclusive, and allocated to cities, counties, and a city and county during the 2002–03 fiscal year.

(d) The Controller shall make monthly allocations from the amount deposited in the Vehicle License Collection Account of the Local Revenue Fund to each county in accordance with a schedule to be developed by the State Department of Mental Health in consultation with the California Mental Health Directors Association, which is compatible with the intent of the Legislature expressed in the act adding this subdivision.

(Added by Stats.1991, c. 89 (A.B.1288), § 201.5, eff. June 30, 1991. Amended by Stats.1991, c. 611 (A.B.1491), § 96, eff. Oct. 7, 1991; Stats.1992, c. 720 (A.B.2476), § 3, eff. Sept. 15, 1992; Stats.1993, c. 100 (S.B.463), § 12, eff. July 13, 1993; Stats.1995, c. 547 (S.B.127), § 7; Stats.1997, c. 669 (S.B.921), § 6; Stats.2003, c. 757 (A.B.296), § 12.)

§ 17604.05. Deposits into specified accounts on county's request

(a) With the exception of the deposits made into the Vehicle License Collection Account, upon request of a county, the Controller may deposit all or any portion of the county's allocation under this article into the County Medical Services Program Account of the County Health Services Fund.

(b) Deposits made pursuant to subdivision (a) shall be deemed to be deposits into a county's or city's local health and welfare trust fund pursuant to Section 17608.10.

(Added by Stats.1991, c. 611 (A.B.1491), § 97, eff. Oct. 7, 1991. Amended by Stats.1997, c. 484 (S.B.651), § 2.5, eff. Sept. 25, 1997.)

Article 6 GROWTH ACCOUNT ALLOCATIONS DEPOSITS

Operative Effect

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see § 209 of that act, as amended by Stats.1993, c. 728 (A.B.1728), § 6.

Application

Application of Part 5 during an economic emergency, see Welfare and Institutions Code §§ 18451, 18452.

§ 17605. Caseload subaccount; allocations; determination of caseload

(a) For the 1992–93 fiscal year, the Controller shall deposit into the Caseload Subaccount of the Sales Tax Growth Account of the Local Revenue Fund, from revenues deposited into the Sales Tax Growth Account, an amount to be determined by the Department of Finance, that represents the sum of the shortfalls between the actual realignment revenues received by each county and each city and county from the Social Services Subaccount of the Local Revenue Fund in the 1991–92 fiscal year and the net costs incurred by each of those counties and cities and counties in the fiscal year for the programs described in Sections 10101, 10101.1, 11322, 11322.2, 12306, subdivisions (a), (b), (c), and (d) of Section 15200, and Sections 15204.2 and 18906.5. The Department of Finance shall provide the Controller with an allocation schedule on or before August 15, 1993, that shall be used by the Controller to allocate funds deposited to the Caseload Subaccount under this subdivision. The Controller shall allocate these funds no later than August 27, 1993.

(b)(1) For the 1993–94 fiscal year and fiscal years thereafter, the Controller shall deposit into the Caseload Subaccount of the Sales Tax Growth Account of the Local Revenue Fund, from revenues deposited into the Sales Tax Growth Account, an amount determined by the Department of Finance, in consultation with the appropriate state departments and the California State Association of Counties, that is sufficient to fund the net cost for the realigned portion of the county or city and county share of growth in social services caseloads, as specified in paragraph (2), and any share of growth from the previous year or years for which sufficient revenues were not available in the Caseload Subaccount. The Department of Finance shall provide the Controller with an allocations schedule on or before March 15 of each year. The schedule shall be used by the Controller to allocate funds deposited into the Caseload Subaccount under this subdivision.

(2) For purposes of this subdivision, "growth" means the increase in the actual caseload expenditures for the prior fiscal year over the actual caseload expenditures for the fiscal year preceding the prior fiscal year for the programs described in Section 12306, subdivisions (a), (b), (c), and (d) of Section 15200, and Sections 10101, 15204.2 and 18906.5 of this code, and for which funds are allocated pursuant to subdivision (b) of Section 123940 of the Health and Safety Code.

(3) The difference in caseload expenditures between the fiscal years shall be multiplied by the factors that represent the change in county or city and county shares of the realigned programs. These products shall then be added or subtracted, taking into account whether the county's or city and county's share of costs was increased or decreased as a result of realignment, to yield each county's or city and county's allocation for caseload growth. Allocations for counties or cities and counties with allocations of less than zero shall be set at zero.

(c) On or before the 27th day of each month, the Controller shall allocate, to the local health and welfare trust fund social services account, the amounts deposited and remaining unexpended and unreserved on the 15th day of the month in the Caseload Subaccount, pursuant to the schedule of allocations of caseload growth described in subdivision (b). If there are insufficient funds to fully satisfy all caseload growth obligations, each county's or city and county's allocation for each program specified in subdivision (d) shall be prorated.

(d) Prior to allocating funds pursuant to subdivision (b), to the extent that funds are available from funds deposited in the Caseload Subaccount in the Sales Tax Growth Account in the Local Revenue Fund, the Controller shall allocate money to counties or cities and counties to correct any inequity or inequities in the computation of the child welfare services portion of the schedule required by subdivision (a) of Section 17602.

* * *

(e)(1) For the 2003–04 fiscal year, no Sales Tax Growth Account funds shall be allocated pursuant to this chapter until the caseload portion of the base of each county's social services account in the county's health and welfare trust fund is funded to the level of the 2001–02 fiscal year. Funds to meet this requirement shall be allocated from the Sales Tax Account of the Local Revenue Fund. If sufficient funds are not available in the Sales Tax Account of the Local Revenue

Fund to achieve that funding level in the 2003–04 fiscal year, this requirement shall be funded in each succeeding fiscal year in which there are sufficient funds in the Sales Tax Account of the Local Revenue Fund until the caseload base funding level for which each county would have otherwise been eligible in accordance with subdivision (e) of Section 17602 for that year.

(2) The caseload portion of each county's social services account base shall be determined by subtracting its noncaseload portion of the base, as determined by the Department of Finance in its annual calculation of General Growth Account allocations, from the total base of each county's social services account for the 2001–02 fiscal year.

(Added by Stats.1993, c. 100 (S.B.463), § 14, eff. July 13, 1993. Amended by Stats.1996, c. 1023 (S.B.1497), § 500, eff. Sept. 29, 1996; Stats.1997, c. 484 (S.B.651), § 3, eff. Sept. 25, 1997; Stats.2003, c. 450 (A.B.1716), § 1.)

§ 17605.05. Base restoration subaccount; allocation of unexpended and unreserved funds

(a) For the 1992–93 fiscal year and fiscal years thereafter, after satisfying the obligations set forth in Section 17605, the Controller shall deposit into the Base Restoration Subaccount of the Sales Tax Growth Account of the Local Revenue Fund, the remainder of those revenues deposited in the Sales Tax Growth Account of the Local Revenue Fund, up to a cumulative amount, that, in conjunction with local matching funds pursuant to Section 17608.15, is sufficient to fund the difference between two billion two hundred nineteen million four hundred ten thousand two hundred sixty dollars ($2,219,410,260), less the amount allocated pursuant to subdivision (a) of Section 17605, and actual amounts distributed for the 1991–92 fiscal year pursuant to this chapter.

(b) On or before the 27th day of each month, the Controller shall allocate to the appropriate accounts in the local health and welfare trust fund the amounts deposited and remaining unexpended and unreserved on the 15th day of the month in the Base Restoration Subaccount of the Sales Tax Growth Account pursuant to a schedule developed by the Department of Finance, in consultation with the appropriate state departments and the California State Association of Counties, based on each county's, city's, and city and county's share of the funds determined pursuant to subdivision (a), including the adjustment made for individual counties and cities and counties that received funds allocated pursuant to subdivision (a) of Section 17605.

(c) For the 1994–95 fiscal year and fiscal years thereafter, in addition to the amount of mental health funding provided pursuant to Chapter 89 of the Statutes of 1991, five million dollars ($5,000,000) shall be provided for restoration of mental health base funding included in subdivision (a) of Section 2 of Chapter 1323 of the Statutes of 1990.

(Added by Stats.1993, c. 100 (S.B.463), § 16, eff. July 13, 1993. Amended by Stats.1994, c. 1096 (S.B.1795), § 6, eff. Sept. 29, 1994; Stats.1995, c. 957 (A.B.320), § 2.)

§ 17605.07. County medical services subaccounts

(a) For the 1992–93 fiscal year and fiscal years thereafter, after satisfying the obligations set forth in Sections 17605 and 17605.05, the Controller shall deposit into the County Medical Services Subaccount 4.027 percent of the amounts remaining and unexpended in the Sales Tax Growth Account of the Local Revenue Fund.

(b) If the amount deposited to the Caseload Subaccount of the Sales Tax Growth Account pursuant to subdivision (b) of Section 17605 exceeds twenty million dollars ($20,000,000) for any fiscal year, then an additional amount equal to 4.027 percent of the amount deposited to the Caseload Subaccount shall be deposited to the County Medical Services Program Subaccount of the Sales Tax Growth Account.

(Added by Stats.1993, c. 100 (S.B.463), § 17, eff. July 13, 1993.)

Operative Effect

For conditions rendering the provisions of Stats.1993, c. 100 inoperative, see Stats.1993, c. 100 (S.B.463), § 28, eff. July 13, 1993.

§ 17605.08. Special equity subaccount

(a) For the fiscal year following the first fiscal year in which funds are deposited into the Special Equity Subaccount, after satisfying the obligations set forth in Sections 17605 and 17605.05, the Controller shall deposit into the Special Equity Subaccount any positive difference between ten million one hundred thousand dollars ($10,100,000) and the sum of (1) the amount allocated in the prior year to the Special Equity Subaccount pursuant to Section 17606.10 and (2) the amount of matching funds allocated in the prior fiscal year pursuant to Section 17606.20.

(b) For each fiscal year following the first fiscal year described in subdivision (a), after satisfying the obligations set forth in Section 17605 and 17605.05, the Controller shall deposit any positive difference between seven million one hundred thousand dollars ($7,100,000) and the sum of the amounts allocated in the prior fiscal year to the Special Equity Subaccount pursuant to Section 17605.10 and the matching funds allocated in the prior fiscal year pursuant to Section 17606.20.

(Added by Stats.1993, c. 100 (S.B.463), § 18, eff. July 13, 1993.)

Operative Effect

For conditions rendering the provisions of Stats.1993, c. 100 inoperative, see Stats.1993, c. 100 (S.B.463), § 28, eff. July 13, 1993.

§ 17605.10. Deposit of remaining funds in specified subaccount; schedule

(a) For the 1992–93 fiscal year and fiscal years thereafter, after satisfying the obligations set forth in Sections 17605, 17605.05, 17605.07, and 17605.08, the Controller shall deposit any funds remaining in the Sales Tax Growth Account of the Local Revenue Fund into the specified subaccounts according to the following schedule:6

Account	Allocation Percentage
The Indigent Health Equity Subaccount	4.9388
The Community Health Equity Subaccount	12.0937
The Mental Health Equity Subaccount	3.9081
The State Hospital Mental Health Equity Subaccount	6.9377
The General Growth Subaccount	64.0367
The Special Equity Subaccount	8.0850

(b) Notwithstanding subdivision (a), after amounts have been deposited into the Indigent Health Equity Subaccount, the Community Health Equity Subaccount, the Mental Health Equity Subaccount, and the State Hospital Mental Health Equity Subaccount, which in conjunction with matching funds pursuant to Section 17606.20, comprise a cumulative total of two hundred seven million nine hundred thousand dollars ($207,900,000), or after the requirements of paragraph (2) of subdivision (c) of Section 17606.05 have been satisfied, whichever is less, all additional funds that would be available for deposit into those subaccounts shall be deposited into any remaining subaccounts in proportion to their percentages in the schedule specified in subdivision (a).

(c) Notwithstanding subdivision (a), after amounts have been deposited into the Special Equity Subaccount, which in conjunction with matching funds pursuant to Section 17606.20, comprise a cumulative total of thirty–eight million five hundred thousand dollars ($38,500,000), all additional funds that would be available for deposit into that subaccount shall be deposited into the remaining subaccounts in proportion to their percentages specified in subdivision (a).

(d) Notwithstanding subdivision (a), cities shall not participate in the allocations from the State Hospital Mental Health Equity Subaccount and the Indigent Health Equity Subaccount. For purposes of calculating equity allocations among the counties and a city and county, the allocations of the Mental Health Equity Subaccount and the State Hospital Mental Health Equity Subaccount shall be combined by consolidating the resource bases associated with each subaccount as the basis of calculating the poverty–population

shortfall. The population portion of the calculation of allocations of the Mental Health Equity Subaccount and the State Hospital Mental Health Equity Subaccount shall be adjusted to ensure that cities receive an appropriate share of equity funds consistent with their operation of community programs, and the counties in which those cities are located receive an appropriate share reflecting the fact that counties provide the state hospital services in those counties.
(Added by Stats.1993, c. 100 (S.B.463), § 19, eff. July 13, 1993. Amended by Stats.1997, c. 484 (S.B.651), § 4, eff. Sept. 25, 1997.)

Article 7 ALLOCATION OF FUNDS FROM THE SALES TAX GROWTH ACCOUNT

Operative Effect

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see § 209 of that act, as amended by Stats.1993, c. 728 (A.B.1728), § 6.

Application

Application of Part 5 during an economic emergency, see Welfare and Institutions Code §§ 18451, 18452.

§ 17606.05. Counties with poverty–population shortfall; schedule of allocations from specific subaccounts; calculations

(a) For the 1992–93 fiscal year, the Controller shall allocate to those counties that have a poverty–population shortfall, as described in subdivision (c), those funds deposited in the Indigent Health Equity Subaccount, the Community Health Equity Subaccount, the Mental Health Equity Subaccount, and the State Hospital Mental Health Equity Subaccount in accordance with the following tables and schedules:

(1) The Controller shall make monthly allocations from the amounts deposited in the Indigent Health Equity Subaccount to the health account in the local health and welfare trust fund in accordance with the following schedule:

County	Allocation Percentage
Alameda	9.377
Contra Costa	4.939
Fresno	6.964
Kern	4.362
Merced	1.889
Monterey	2.143
Placer	.959
Riverside	7.059
Sacramento	8.907
San Bernardino	10.804
San Diego	15.927
San Joaquin	4.855
San Luis Obispo	1.200
San Mateo	3.159
Santa Barbara	3.159
Santa Clara	3.159
Stanislaus	3.249
Tulare	3.262
Ventura	3.592
Yolo	1.038

(2) The Controller shall make monthly allocations from the amounts deposited in the Community Health Equity Subaccount to the health account in the local health and welfare trust fund in accordance with the following schedule:

County	Allocation Percentage
Butte	1.11
Calaveras	.13
Del Norte	.18
El Dorado	.54
Fresno	7.20
Glenn	.12
Humboldt	.71
Imperial	.72
Kern	4.81
Kings	.62
Lake	.35
Lassen	.15
Madera	.43
Marin	.84
Mariposa	.07
Mendocino	.54
Merced	1.53
Modoc	.05
Napa	.50
Nevada	.40
Placer	.63
Plumas	.12
Riverside	7.66
Sacramento	8.01
San Benito	.15
San Bernardino	11.76
San Diego	17.07
San Joaquin	3.91
San Luis Obispo	1.09
Santa Clara	13.88
Shasta	1.09
Sierra	.02
Siskiyou	.25
Solano	1.25
Sonoma	1.83
Stanislaus	2.90
Sutter	.67
Tehama	.29
Tulare	2.03
Tuolumne	.22
Ventura	3.34
Yolo	.84
City of Berkeley	—
City of Pasadena	—
City of Long Beach	—

(3) The Controller shall make monthly allocations from the amounts deposited in the State Hospital Mental Health Equity Subaccount to the mental health account in the local health and welfare trust fund in accordance with the following schedule:

County	Allocation Percentage
Amador	.055
Butte	1.957
Calaveras	.256
Del Norte	.291
El Dorado	1.011
Fresno	10.815
Glenn	.277
Humboldt	.747
Imperial	1.682
Kern	1.726
Kings	1.153
Lake	.470
Lassen	.150
Madera	1.192
Mariposa	.006
Mendocino	.478
Merced	2.924
Modoc	.007
Monterey	.684
Nevada	.021
Placer	.450
Plumas	.068
Riverside	5.538
Sacramento	9.423
San Benito	010
San Bernardino	11.445
San Diego	19.331
San Joaquin	7.682
San Luis Obispo	1.119
Santa Barbara	.341
Santa Clara	5.264
Santa Cruz	.271

County	Allocation Percentage
Shasta	.708
Siskiyou	.529
Stanislaus	3.309
Sutter	1.702
Tehama	.194
Trinity	.054
Tulare	5.074
Tuolumne	.104
Ventura	1.377
Yolo	.105
City of Berkeley	—

(4) The Controller shall make monthly allocations from the amounts deposited in the Mental Health Equity Subaccount to the mental health account in the local health and welfare trust fund in accordance with the following schedule:

County	Allocation Percentage
Butte	.379
Contra Costa	6.066
Fresno	7.113
Imperial	.711
Kern	5.387
Lake	.490
Lassen	.045
Los Angeles	28.142
Madera	.335
Merced	1.955
Napa	.046
Orange	2.794
Riverside	6.448
Sacramento	3.710
San Benito	.231
San Bernardino	19.414
Santa Cruz	2.171
Shasta	1.909
Solano	5.117
Stanislaus	3.717
Tulare	3.604
Tuolumne	.217
City of Berkeley	—

(b)(1) For the 1993–94 fiscal year and succeeding fiscal years, the Controller shall allocate, on a monthly basis, to the appropriate accounts of the local health and welfare trust fund those funds deposited into the Indigent Health Equity Subaccount, the Community Health Equity Subaccount, the Mental Health Equity Subaccount, and the State Hospital Mental Health Equity Subaccount in the Sales Tax Growth Account in accordance with a schedule prepared in accordance with subdivision (c) by the Department of Finance.

(2) The Department of Finance shall annually consult with the California State Association of Counties prior to submitting any schedule of allocations to the Controller.

(3) If deposits into the Indigent Health Equity Subaccount, the Community Health Equity Subaccount, the Mental Health Equity Subaccount, and the State Hospital Mental Health Equity Subaccount are not sufficient to eliminate poverty–population shortfalls as described in subdivision (c), each eligible jurisdiction shall receive an allocation which equals its pro rata share of funds in the subaccount based on the jurisdiction's percentage share of the poverty–population shortfall.

(c)(1) A poverty–population percentage shall be computed annually by the Department of Finance for each county, city, and city and county by averaging each jurisdiction's share of the state's total population and each jurisdiction's percentage share of the state's total cash–grant certified CalWORKs and SSI/SSP eligible populations residing in the county, city, or city and county, as determined by the Department of Finance. For purposes of calculating the poverty–population percentage for the State Hospital Mental Health Equity Subaccount and the Indigent Health Equity Subaccount, beginning with the 1995–96 allocation, the population and poverty figures for the cities shall be assigned to the county in which each city is located.

(2)(A) For each subaccount, the Department of Finance shall calculate the poverty–population shortfall for each county, city, and city or county, which received funding from the state, including any equity allocation made pursuant to this section, in the prior fiscal year and excluding any transfers to or from other subaccounts under Section 17600.20.

(B) The poverty–population shortfalls shall be calculated for the following programs or funding sources:

(i) State funding under Part 4.5 (commencing with Section 16700), as operative on June 29, 1991, for indigent health programs.

(ii) State funding under Part 4.5 (commencing with Section 16700), as operative on June 29, 1991, for community health programs.

(iii) Funding provided for purposes of the implementation of Division 5 (commencing with Section 5000) for the organization and financing of community mental health programs, including funding for the purchase of state hospital services, funding for services provided by institutes for mental diseases, and funding for services provided for under Chapter 1294 of the Statutes of 1989.

(C) The calculation shall identify the amount by which the allocations for the programs or funding sources identified in subparagraph (B) are less than the amount the jurisdiction would have received if its percentage share of the prior year funding had been equal to its poverty–population percentage.

(D) The calculation of the poverty–population shortfall for clause (iii) of subparagraph (B) shall include all allocations received pursuant to Section 5701, including all distributions made pursuant to subdivision (b) of Section 5701, unless those funds are intended for pilot program or demonstration projects or are exempted from this requirement by other provisions of law. Poverty–population shortfall calculations shall not include funds received through the state mandates claim process.

(E)(i) The Department of Finance shall recalculate the resource base used in determining the poverty–population shortfalls pursuant to subparagraph (B) for the 1994–95 fiscal year equity allocations according to this subparagraph. The resource base for each equity subaccount shall be reconstructed beginning with the resource bases to be used for allocating 1994–95 fiscal year growth.

(ii) For the State Hospital Mental Health Equity Subaccount, the Department of Finance shall use the 1990–91 fiscal year State Hospital Mental Health allocations as reported by the State Department of Mental Health.

(iii) For the Community Mental Health Equity Subaccount:

(I) The Department of Finance shall use the following resources reported by the State Department of Mental Health:

(ia) The final December 1992 distribution of resources associated with Institutes of Mental Disease.

(ib) The 1990–91 fiscal year community mental health allocations.

(ic) Allocations for services provided for under Chapter 1294 of the Statutes of 1989.

(II) The Department of Finance shall expand the resource base with the following nonrealigned funding sources, as allocated among counties:

(ia) 1991–92 fiscal year Cigarette and Tobacco Products Surtax allocations made under Chapter 1331 of the Statutes of 1989, Chapter 51 of the Statutes of 1990, and, for the 1994–95 fiscal year only, Chapter 1323 of the Statutes of 1990.

(ib) 1993–94 fiscal year federal homeless block grant allocations.

(ic) 1993–94 fiscal year mental health special education allocations.

(id) 1993–94 fiscal year allocations for the system of care for children, in accordance with Chapter 1229 of the Statutes of 1992.

(ie) 1993–94 fiscal year federal Substance Abuse and Mental Health Services Administration block grant funds.

(iv) For the Community Health Equity Subaccount and the Indigent Health Equity Subaccount, the Department of Finance shall use the historical resource base as allocated among the counties, cities, and city and county, as reported by the State Department of Health Services in the September 17, 1991, report of Indigent and Community Health Resources.

(v) The Department of Finance shall use these adjusted resource bases for the four equity subaccounts as provided in this subparagraph to calculate what the four 1994–95 fiscal year equity subaccount allocations would have been, and, together with 1994–95 fiscal year Base Restoration Subaccount allocations as adjusted according to subdivision (b) of Section 17605, to the Health and Mental Health Accounts, reconstruct the 1994–95 fiscal year realignment base for the 1995–96 allocation year for each city, county, and city and county for each equity subaccount. The Department of Finance shall use these adjusted resource bases to do both of the following:

(I) Distribute equity allocations for the 1995–96 fiscal year.

(II) With adjustments for growth in realigned funds, and annual changes that reflect funds allocated in the previous year from nonrealigned funds specified in this subdivision, calculate equity allocations in the 1996–97 fiscal year and fiscal years thereafter.

(3) For each subaccount, the Department of Finance shall total the amounts calculated in paragraph (2) and determine the percentage of that total represented by each amount.

(4) Each county's, city's, or city and county's percentage share of each subaccount specified in subdivision (b) of Section 17606.05 shall equal the percentage computed in paragraph (3).

(5) All calculations made pursuant to this subdivision shall be compiled and made available by the Department of Finance, upon request, to all counties, cities, and cities and counties eligible for funding pursuant to this subdivision, and cities and counties, receiving funding pursuant to this article at least 30 days prior to submission of schedules of allocations to the Controller.

(Added by Stats.1991, c. 89 (A.B.1288), § 201.5, eff. June 30, 1991. Amended by Stats.1991, c. 611 (A.B.1491), § 101, eff. Oct. 7, 1991; Stats.1993, c. 100 (S.B.463), § 22, eff. July 13, 1993; Stats.1997, c. 484 (S.B.651), § 5, eff. Sept. 25, 1997; Stats.1998, c. 642 (S.B.1648), § 2.)

§ 17606.10. Schedule of allocations; general growth subaccount

(a) For the 1992–93 fiscal year and subsequent fiscal years, the Controller shall allocate funds, on a monthly basis from the General Growth Subaccount in the Sales Tax Growth Account to the appropriate accounts in the local health and welfare trust fund of each county, city, and city and county in accordance with a schedule setting forth the percentage of total state resources received in the 1990–91 fiscal year, including State Legalization Impact Assistance Grants distributed by the state under Part 4.5 (commencing with Section 16700), funding provided for purposes of implementation of Division 5 (commencing with Section 5000), for the organization and financing of community mental health services, including the Cigarette and Tobacco Products Surtax proceeds which are allocated to county mental health programs pursuant to Chapter 1331 of the Statutes of 1989, Chapter 51 of the Statutes of 1990, and Chapter 1323 of the Statutes of 1990, and state hospital funding and funding distributed for programs administered under Sections 1794, 10101.1, and 11322.2, as annually adjusted by the Department of Finance, in conjunction with the appropriate state department to reflect changes in equity status from the base percentages. However, for the 1992–93 fiscal year, the allocation for community mental health services shall be based on the following schedule:

Jurisdiction	Percentage of Statewide Resource Base
Alameda	4.3693
Alpine	0.0128
Amador	0.0941
Butte	0.7797
Calaveras	0.1157
Colusa	0.0847
Contra Costa	2.3115
Del Norte	0.1237
El Dorado	0.3966
Fresno	3.1419
Glenn	0.1304
Humboldt	0.6175
Imperial	0.5425
Inyo	0.1217
Kern	1.8574
Kings	0.4229
Lake	0.2362
Lassen	0.1183
Los Angeles	27.9666
Madera	0.3552
Marin	0.9180
Mariposa	0.0792
Mendocino	0.4099
Merced	0.8831
Modoc	0.0561
Mono	0.0511
Monterey	1.1663
Napa	0.3856
Nevada	0.2129
Orange	5.3423
Placer	0.5034
Plumas	0.1134
Riverside	3.6179
Sacramento	4.1872
San Benito	0.1010
San Bernardino	4.5494
San Diego	7.8773
San Francisco	3.5335
San Joaquin	2.4690
San Luis Obispo	0.6652
San Mateo	2.5169
Santa Barbara	1.0745
Santa Clara	5.0488
Santa Cruz	0.7960
Shasta	0.5493
Sierra	0.0345
Siskiyou	0.2051
Solano	0.6694
Sonoma	1.1486
Stanislaus	1.4701
Sutter/Yuba	0.6294
Tehama	0.2384
Trinity	0.0826
Tulare	1.4704
Tuolumne	0.1666
Ventura	1.9311
Yolo	0.5443
Berkeley	0.2688
Tri–City	0.2347

(b) The Department of Finance shall recalculate the resource base used in determining the General Growth Subaccount allocations to the Health Account, Mental Health Account, and Social Services Account of the local health and welfare trust fund of each city, county, and city and county for the 1994–95 fiscal year general growth allocations according to subdivisions (c) and (d). For the 1995–96 fiscal year and annually thereafter, the Department of Finance shall prepare the schedule of allocations of growth based upon the recalculation of the resource base as provided by subdivision (c).

(c) For the Mental Health Account, the Department of Finance shall do all of the following:

(1) Use the following sources as reported by the State Department of Mental Health:

(A) The final December 1992 distribution of resources associated with Institutes for Mental Disease.

(B) The 1990–91 fiscal year state hospitals and community mental health allocations.

(C) Allocations for services provided for under Chapter 1294 of the Statutes of 1989.

(2) Expand the resource base with the following nonrealigned funding sources as allocated among the counties:

(A) Tobacco surtax allocations made under Chapter 1331 of the Statutes of 1989 and Chapter 51 of the Statutes of 1990.

(B) For the 1994–95 allocation year only, Chapter 1323 of the Statutes of 1990.

(C) 1993–94 fiscal year federal homeless block grant allocation.

(D) 1993–94 fiscal year Mental Health Special Education allocations.

(E) 1993–94 fiscal year allocations for the system of care for children, in accordance with Chapter 1229 of the Statutes of 1992.

(F) 1993–94 fiscal year federal Substance Abuse and Mental Health Services Administration block grant allocations pursuant to Subchapter 1 (commencing with Section 10801) of Chapter 114 of Title 42 of the United States Code.

(d) For the Health Account, the Department of Finance shall use the historical resource base of state funds as allocated among the counties, cities, and city and county as reported by the State Department of Health Services in a September 17, 1991, report of Indigent and Community Health Resources.

(e) The Department of Finance shall use these adjusted resource bases for the Health Account and Mental Health Account to calculate what the 1994–95 fiscal year General Growth Subaccount allocations would have been, and together with 1994–95 fiscal year Base Restoration Subaccount allocations, CMSP subaccount allocations, equity allocations to the Health Account and Mental Health Account as adjusted by subparagraph (E) of paragraph (2) of subdivision (c) of Section 17606.05, and special equity allocations to the Health Account and Mental Health Account as adjusted by subdivision (e) of Section 17606.15 reconstruct the 1994–95 fiscal year General Growth Subaccount resource base for the 1995–96 allocation year for each county, city, and city and county. Notwithstanding any other provision of law, the actual 1994–95 general growth allocations shall not become part of the realignment base allocations to each county, city, and city and county. The total amounts distributed by the Controller for general growth for the 1994–95 allocation year shall be reallocated among the counties, cities, and city and county in the 1995–96 allocation year according to this paragraph, and shall be included in the general growth resource base for the 1996–97 allocation year and each fiscal year thereafter. For the 1996–97 allocation year and fiscal years thereafter, the Department of Finance shall update the base with actual growth allocations to the Health Account, Mental Health Account, and Social Services Account of each county, city, and city and county local health and welfare trust fund in the prior year, and adjust for actual changes in nonrealigned funds specified in subdivision (c) in the year prior to the allocation year.

(Added by Stats.1991, c. 89 (A.B.1288), § 201.5, eff. June 30, 1991. Amended by Stats.1991, c. 611 (A.B.1491), § 102, eff. Oct. 7, 1991; Stats.1993, c. 100 (S.B.463), § 23, eff. July 13, 1993; Stats.1997, c. 484 (S.B.651), § 6, eff. Sept. 25, 1997.)

§ 17606.15. Local health and welfare trust fund accounts; allocation schedules for specified counties

(a) For the first fiscal year in which funds are deposited into the Special Equity Subaccount in the Sales Tax Growth Account in the Local Revenue Fund, the Controller shall allocate funds on a monthly basis from the Special Equity Subaccount to the account of the local health and welfare trust fund designated by each recipient county in accordance with the following schedule:

County	Allocation Percentage
Orange	49.505
San Diego	39.604
Santa Clara	10.891

(b) For the fiscal year following the first fiscal year in which funds are deposited into the Special Equity Subaccount, the Controller shall first allocate any amount deposited pursuant to Section 17605.08 in accordance with the schedule described in subdivision (a).

(c) For each fiscal year following the first fiscal year in which funds are deposited into the Special Equity Subaccount in the Sales Tax Growth Account in the Local Revenue Fund, after fulfilling the obligations set forth in subdivision (b), the Controller shall allocate all funds remaining in that subaccount to the account of the local health and welfare trust fund designated by each recipient county in accordance with the following schedule:

County	Allocation Percentage
Orange	28.169
San Diego	56.338
Santa Clara	15.493

(d) Notwithstanding any other subdivision of this section, the Controller shall not allocate from the Special Equity Subaccount of the Sales Tax Growth Account in the Local Revenue Fund any amount that, in conjunction with matching funds allocated pursuant to Section 17606.20, comprises a cumulative total of more than the amounts in the following schedule:

County	Allocation
Orange	$13,000,000
San Diego	20,000,000
Santa Clara	5,500,000

(e) For purposes of calculating the poverty–population shortfall as required by subdivision (c) of Section 17606.05, counties receiving funds pursuant to this section shall inform the Department of Finance of the amount from each county's special equity allocation that has been deposited into the health subaccount of the health and welfare trust fund that shall be credited to the indigent health resource base and the community resource base.

(Added by Stats.1993, c. 100 (S.B.463), § 25, eff. July 13, 1993. Amended by Stats.1997, c. 484 (S.B.651), § 7, eff. Sept. 25, 1997.)

§ 17606.20. Vehicle license fee growth account; allocations to local governments

(a) On or before the 27th day of each month, the Controller shall allocate money to each county, city, and city and county, as general purpose revenues, from revenues deposited in the Vehicle License Fee Growth Account in the Local Revenue Fund in amounts that are proportional to each county's, city's, or city and county's total allocation from the Sales Tax Growth Account, except amounts provided pursuant to Section 17605.

(b) Notwithstanding subdivision (a), for the 1998–99 fiscal year and fiscal years thereafter, if, after meeting the requirements of Section 17605, there are no funds remaining in the Sales Tax Growth Account to allocate to each county, city, and city and county pursuant to subdivisions (a) and (b) of Section 17605.07, Section 17605.08, or Section 17605.10, the Controller shall allocate the revenues deposited in the Vehicle License Fee Growth Account to each county, city, and city and county, as general purpose revenues, in the following manner:

(1) The Controller shall determine the amount of sales tax growth in the 1996–97 fiscal year which exceeded the requirements of Section 17605 in the 1996–97 fiscal year.

(2) The Controller shall determine the amount of sales tax growth allocated in the 1996–97 fiscal year to the County Medical Services Subaccount pursuant to subdivisions (a) and (b) of Section 17605.7, and to the Indigent Health Equity, Community Health Equity, Mental Health Equity, State Hospital Mental Health Equity, General Growth, and Special Equity Subaccounts pursuant to Section 17605.10.

(3) The Controller shall compute percentages by dividing the

amounts determined in paragraph (2) by the amount determined in paragraph (1).

(4) For calculation purposes related to paragraph (5), the Controller shall apply the percentages determined in paragraph (3) to revenues in the Vehicle License Fee Growth Account to determine the amount of vehicle license fee growth revenues attributable to the County Medical Services, Indigent Health Equity, Community Health Equity, Mental Health Equity, State Hospital Mental Health Equity, General Growth, and Special Equity Subaccounts. This paragraph shall not require the Controller to deposit vehicle license fee growth revenues into the subaccounts specified in this paragraph, and is solely for determining the distribution of vehicle license growth revenues to each county, city, and city and county.

(5) On or before the 27th day of each month, the Controller shall allocate money to each county, city, and city and county, as general purpose revenues, from revenues deposited in the Vehicle License Fee Growth Account in the Local Revenue Fund. These allocations shall be determined based on schedules developed by the Department of Finance pursuant to Sections 17606.05 and 17606.10, in consultation with the California State Association of Counties.

(Added by Stats.1991, c. 89 (A.B.1288), § 201.5, eff. June 30, 1991. Amended by Stats.1991, c. 611 (A.B.1491), § 104, eff. Oct. 7, 1991; Stats.1993, c. 100 (S.B.463), § 26, eff. July 13, 1993; Stats.1998, c. 642 (S.B.1648), § 3.)

Article 9 COUNTY MATCHING FUND REQUIREMENTS

Operative Effect

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see § 209 of that act, as amended by Stats.1993, c. 728 (A.B.1728), § 6.

Application

Application of Part 5 during an economic emergency, see Welfare and Institutions Code §§ 18451, 18452.

§ 17608.05. County mental health account; schedule for matching fund deposits; reductions; elections not to apply funds for programs

(a) As a condition of deposit of funds from the Sales Tax Account of the Local Revenue Fund into a county's local health and welfare trust fund mental health account, the county or city shall deposit each month local matching funds in accordance with a schedule developed by the State Department of Mental Health based on county or city standard matching obligations for the 1990–91 fiscal year for mental health programs.

(b) A county, city, or city and county may limit its deposit of matching funds to the amount necessary to meet minimum federal maintenance of effort requirements, as calculated by the State Department of Mental Health, subject to the approval of the Department of Finance. However, the amount of the reduction permitted by the limitation provided for by this subdivision shall not exceed twenty–five million dollars ($25,000,000) per fiscal year on a statewide basis.

(c) Any county, city, or city and county that elects not to apply maintenance of effort funds for community mental health programs shall not use the loss of these expenditures from local mental health programs for realignment purposes, including any calculation for poverty–population shortfall for clause (iv) of subparagraph (B) of paragraph (2) of subdivision (c) of Section 17606.05.

(Added by Stats.1991, c. 89 (A.B.1288), § 201.5, eff. June 30, 1991. Amended by Stats.1991, c. 611 (A.B.1491), § 105, eff. Oct. 7, 1991; Stats.1993, c. 64 (S.B.627), § 52, eff. June 30, 1993; Stats.1996, c. 6 (S.B.681), § 11.)

§ 17608.10. County account; schedule for matching fund deposits

(a) As a condition of deposit of funds from the Sales Tax Account of the Local Revenue Fund into a county's or city's local health and welfare trust fund account, a county or city shall deposit county or city general purpose revenues into the health account each month equal to one–twelfth of the amounts set forth in the following schedule:

Jurisdiction	Amount
Alameda	$ 20,545,579
Alpine	21,465
Amador	278,460
Butte	724,304
Calaveras	0
Colusa	237,754
Contra Costa	10,114,331
Del Norte	44,324
El Dorado	704,192
Fresno	10,404,113
Glenn	58,501
Humboldt	589,711
Imperial	772,088
Inyo	561,262
Kern	7,623,407
Kings	466,273
Lake	118,222
Lassen	119,938
Los Angeles	159,324,70
Madera	81,788
Marin	1,196,515
Mariposa	0
Mendocino	347,945
Merced	858,484
Modoc	70,462
Mono	409,928
Monterey	3,367,970
Napa	546,957
Nevada	96,375
Orange	15,727,317
Placer	368,490
Plumas	66,295
Riverside	7,365,244
Sacramento	7,128,508
San Benito	0
San Bernardino	4,316,679
San Diego	4,403,290
San Francisco	39,363,076
San Joaquin	2,469,934
San Luis Obispo	1,359,837
San Mateo	6,786,043
Santa Barbara	3,794,166
Santa Clara	13,203,375
Santa Cruz	2,053,729
Shasta	184,049
Sierra	7,330
Siskiyou	287,627
Solano	115,800
Sonoma	438,234
Stanislaus	3,510,803
Sutter	674,240
Tehama	446,992
Trinity	292,662
Tulare	1,547,481
Tuolumne	305,830
Ventura	4,185,070
Yolo	1,081,388
Yuba	187,701
Berkeley	1,953,018
Long Beach	0
Pasadena	0

(b) As an additional condition of deposit of funds from the Sales Tax Account of the Local Revenue Fund into a county's or city's local health and welfare trust fund, a county or city shall deposit each month an amount of county or city general purpose revenues at least equal to the amount of funds transferred by the Controller each month to the county or city pursuant to Article 5 (commencing with Section 17604).

(c) As an additional condition of deposit of funds from the Sales Tax Account of the Local Revenue Fund into a county's or city's local

health and welfare trust fund account, a county or city shall deposit each month into the mental health account of the local health and welfare trust fund account an amount of county or city general purpose revenues at least equal to the amount of funds transferred pursuant to subdivision (d) of Section 17604 to the county.
(Added by Stats.1991, c. 89 (A.B.1288), § 201.5, eff. June 30, 1991. Amended by Stats.1991, c. 611 (A.B.1491), § 106, eff. Oct. 7, 1991; Stats.1992, c. 719 (A.B.1012), § 16, eff. Sept. 15, 1992; Stats.1992, c. 720 (A.B.2476), § 4, eff. Sept. 15, 1992; Stats.1997, c. 484 (S.B.651), § 8, eff. Sept. 25, 1997.)

§ 17608.15. Growth account funds; matching fund requirements

As a condition of the deposit of Sales Tax Growth Account funds into the local health and welfare trust fund accounts, a county or city or city and county shall deposit, each month, local matching funds that are sufficient to permit the disbursement from the local health and welfare trust fund accounts amounts that are equivalent to the growth of revenue in the sales tax and vehicle license fees allocated pursuant to Section 11001.5 of the Revenue and Taxation Code to the trust fund accounts and the county general funds.
(Added by Stats.1991, c. 89 (A.B.1288), § 201.5, eff. June 30, 1991. Amended by Stats.1993, c. 100 (S.B.463), § 27, eff. July 13, 1993.)

OPERATIVE EFFECT

For conditions rendering the provisions of Stats.1993, c. 100 inoperative, see Stats.1993, c. 100 (S.B.463), § 28, eff. July 13, 1993.

Article 10 EXPENDITURE LIMITATIONS AND REPORTS

OPERATIVE EFFECT

For conditions rendering the provisions of Stats.1991, c. 89 inoperative, see § 209 of that act, as amended by Stats.1993, c. 728 (A.B.1728), § 6.

APPLICATION

Application of Part 5 during an economic emergency, see Welfare and Institutions Code §§ 18451, 18452.

§ 17609. Purposes of funds

Funds deposited into a county's health and welfare trust fund accounts may be expended only for the purposes of providing those mental health, public health, indigent health care, social services, and juvenile justice programs transferred or otherwise financed pursuant to the realignment established under Chapters 89 and 91 of the Statutes of 1991.
(Added by Stats.1991, c. 89 (A.B.1288), § 201.5, eff. June 30, 1991. Amended by Stats.1991, c. 611 (A.B.1491), § 107, eff. Oct. 7, 1991.)

§ 17609.01. Exclusive purpose of funds

Except as provided in Section 17600.20, funds deposited in the health account may be expended only for public health and indigent health care services.
(Added by Stats.1991, c. 611 (A.B.1491), § 108, eff. Oct. 7, 1991.)

§ 17609.05. Periodic reports; verification

(a) Each county, city, or city and county shall file with the Controller quarterly and annual reports of trust fund deposits and disbursements within 60 days after the end of the quarter.

(b) The Controller shall verify deposits and notify appropriate state agencies upon request of deficits in deposits. The next scheduled allocations shall not be made until deposits are made accordingly. Reports shall be forwarded to the appropriate state department for expenditure verification.
(Added by Stats.1991, c. 89 (A.B.1288), § 201.5, eff. June 30, 1991. Amended by Stats.1991, c. 611 (A.B.1491), § 109, eff. Oct. 7, 1991; Stats.1993, c. 589 (A.B.2211), § 202; Stats.1993, c. 728 (A.B.1728), § 4, eff. Oct. 4, 1993.)

§ 17609.09. Remittance advice upon distributions

Whenever a distribution is made to counties, cities, and cities and counties, the Controller shall provide a remittance advice, identifying the amounts that are provided from each account or subaccount in the Local Revenue Fund and identifying the account in the local health and welfare trust fund into which the funds shall be deposited.
(Added by Stats.1993, c. 728 (A.B.1728), § 5, eff. Oct. 4, 1993.)

§ 17609.10. Administrative costs

The Controller shall charge actual administration costs for the implementation and maintenance of this part and subsequent related legislation to the Local Revenue Fund prior to all allocations. These charges shall be reviewed and approved annually by the Department of Finance.
(Added by Stats.1991, c. 611 (A.B.1491), § 110, eff. Oct. 7, 1991.)

Part 6 MISCELLANEOUS PROVISIONS

Chapter 6 SERIOUSLY EMOTIONALLY DISTURBED CHILDREN: 24–HOUR OUT–OF–HOME CARE

§ 18350. Payments for twenty–four–hour out–of–home care; limitations

(a) Payments for 24–hour out–of–home care shall be provided under this chapter on behalf of any seriously emotionally disturbed child who has been placed out–of–home pursuant to an individualized education program developed under Section 7572.5 of the Government Code. These payments shall not constitute an aid payment or aid program.

(b) Payments shall only be made to children placed in privately operated residential facilities licensed in accordance with the Community Care Facilities Act. [1]

(c) Payments for care and supervision shall be based on rates established in accordance with Sections 11460 to 11467, inclusive.

(d) Payments for 24–hour out–of–home care under this section shall not result in any cost to the seriously emotionally disturbed child or his or her parent or parents.
(Added by Stats.1985, c. 1274, § 15, eff. Sept. 30, 1985. Amended by Stats.1989, c. 1294, § 22; Stats.1990, c. 46 (S.B.1176), § 12, eff. April 10, 1990.)

[1]Health and Safety Code § 1500 et seq.

§ 18351. Issuance of warrants; authorization documents; reports

(a) Payments shall be issued by the county welfare department to residential care providers upon receipt of authorization documents from the State Department of Mental Health or a designated county mental health agency. The county welfare department located in the same county as the county mental health agency designated to provide case management services shall be responsible for payment under this section. Authorization documents shall be submitted directly to the county welfare department clerical unit responsible for issuance of warrants and shall include information sufficient to demonstrate that the child meets all eligibility criteria established in regulations by the State Department of Mental Health, developed in consultation with the State Department of Education.

(b) The county welfare department shall submit reports to the State Department of Social Services for reimbursement of payments issued to seriously emotionally disturbed children for 24–hour out–of–home care.
(Added by Stats.1985, c. 1274, § 15, eff. Sept. 30, 1985.)

§ 18352. Agreements with other local agencies

County welfare departments may, at their option and with approval of the State Department of Social Services and other appropriate agencies, enter into agreements with other local agencies for the delivery of a single payment for all related services for a seriously emotionally disturbed child to a residential care provider.
(Added by Stats.1985, c. 1274, § 15, eff. Sept. 30, 1985.)

§ 18353. Identification of facilities; placements

When an individualized education program calls for 24–hour out–of–home care, the county welfare department shall provide assistance, as necessary, in identifying a facility suited to the child's needs and in placing the child in the facility.

(Added by Stats.1985, c. 1274, § 15, eff. Sept. 30, 1985.)

§ 18354. Review of determination of eligibility for payment

(a) If a provider of 24–hour out–of–home care to a child who has been placed pursuant to Section 7572.5 of the Government Code in a 24–hour out–of–home placement disputes an action of the designated county mental health agency regarding the providers eligibility for payment, the provider may request a review of the issue by the designated county mental health agency. Designated county mental health agencies may establish policies and procedures, as may be necessary, to implement this subdivision.

(b) If the issue remains unresolved after the review by the designated county mental health agency, then the provider may request a review of the issue by the State Department of Mental Health. The Director of Mental Health may establish policies and procedures, as may be necessary, to implement this subdivision. The review under this subdivision shall be limited to the issue of whether the eligibility for payment criteria established by the State Department of Mental Health was correctly applied.

(Added by Stats.1985, c. 1274, § 15, eff. Sept. 30, 1985.)

§ 18355. Funding

Notwithstanding any other provision of the law, 24–hour out–of–home care for seriously emotionally disturbed children who are placed in accordance with Section 7572.5 of the Government Code shall be funded from a separate appropriation in the budget of the State Department of Social Services in order to fund both 24–hour out–of–home care payment and local administrative costs. Reimbursement for 24–hour out–of–home care payment costs shall be from that appropriation, subject to the same sharing ratio as prescribed in subdivision (c) of Section 15200, and available funds. Reimbursements for local administrative costs shall also be from that appropriation, subject to the same sharing ratio as prescribed in Section 15204.2 for the Aid to Families with Dependent Children program, and available funds.

(Added by Stats.1985, c. 1274, § 15, eff. Sept. 30, 1985.)

§ 18356. Out–of–state placements; reports

(a) When a local mental health department places a client out–of–state pursuant to Chapter 26.5 (commencing with Section 7570) of Division 7 of Title 1 of the Government Code, it shall prepare a report for the Director of Mental Health. The report shall be sent to the State Department of Mental Health within 15 days after the actual placement.

(b) The report shall summarize the local mental health department's efforts to locate, develop, or adapt an appropriate program for the client within the state. The report shall also identify the circumstances which led to out–of–state placement, including the child's experience with California placements, distance from the child's family, child treatment needs which cannot be met in a California placement, and any other factors leading to the placement.

(c) The report shall identify any special circumstances, such as legal interventions, including mediation hearings, fair hearings, compliance complaints, or any other legal procedure resulting in an order which mandates the child's placement out of state.

(d) The report shall identify provisions for case management, case supervision, and family visitation in the case of out–of–state placements.

(Added by Stats.1990, c. 737 (A.B.3596), § 2.)

Chapter 12.8 INTERAGENCY CHILDREN'S SERVICES ACT

Article 1 GENERAL PROVISION AND DEFINITIONS

§ 18986. Short title

This chapter shall be known and may be cited as the Presley–Brown Interagency Children's Services Act.

(Added by Stats.1989, c. 1303, § 1.)

§ 18986.1. Legislative findings and declarations

The Legislature finds and declares all of the following:

(a) According to Policy Analysis of California Education (PACE):

(1) In 1988, California had a population of 7.4 million children; by the year 2000, the population of California's children will rise to 8.7 million, a 22–percent increase; California's share of children increased from one out of nine in the United States to one out of eight. By 1995, California school enrollment will equal the total enrollment of the 24 smallest states.

(2)(A) California's children are becoming more linguistically, culturally, and ethnically diverse. A majority of California's children are now minorities and the fastest growing are Hispanics and Asians.

(B) By the year 2000, 42 percent of the children in California will be Caucasian, 13 percent will be Asian, 36 percent will be Hispanic, and 9 percent will be Black.

(C) One–fourth of California school children speak a language other than English at home.

(3) The number of immigrant children in California is the largest of any state and that number is growing. California receives 27 percent of the nation's immigrants but has only 11 percent of the nation's population. The experience of immigrants from different cultures will vary and requires different public policies.

(4) Since 1980, the number of children in poverty in California has increased 50 percent and is now 23 percent above the national average. Poverty is associated with numerous problems, including low educational performance, poor nutrition, child abuse, and delinquency.

(5) There has been an alarming increase in extremely vulnerable children. Ten to 15 percent of infants born in public hospitals in large cities are drug–or alcohol–addicted. These children require intensive services and are overwhelming California's foster care capacity.

(6) There have been major changes from the past in female and teenage work behavior. The high percentage (54 percent) of children with both parents working means that the quality of child care is very important. By the year 2000, 60 percent of parents will work full time. Publicly supported child care, however, covers only 8 percent of the eligible low–income population. The growth in the number of teenagers working (about 45 percent work 16 hours or more a week) leaves less time for leisure activities or homework.

(b) There is no adequate comprehensive system for the delivery of services to children and youth; instead, services to children are provided by various departments and agencies at both the state and county levels, often without appropriate collaboration, resulting in gaps in services and program duplication.

(c) Too often, resources are not available to provide preventive services to children and families which would alleviate the need for a more costly response to a later crisis. The current service delivery system promotes intervention at the latest, most costly, and least effective point. A greater focus on prevention rather than intervention maximizes the expenditure of state funds and results in the provision of more effective services to children.

(d) The facts and trends cited in this section require the state's major policies and institutions to engage in planning and coordinating services to meet the needs of the state's growing and changing population of children and to develop alternative ways of organizing and allocating resources for services.

(Added by Stats.1989, c. 1303, § 1.)

§ 18986.2. Legislative intent; goal of collaborative delivery system of services

It is the intent of the Legislature, in enacting this chapter, to encourage the development of a comprehensive and collaborative delivery system of services to children and youths at the state and local level and to offer fiscal incentives in the form of waivers and negotiated contracts to encourage collaboration. The goal of that collaborative system shall be to:

(a) Develop a service delivery plan which emphasizes preventive and early intervention services that maximize the healthy development of children and minimize the long–term need for public resources.

(b) Allow for flexibility of expenditures in public funds.

(c) Emphasize local decisionmaking and provide for greater flexibility to local government in designing delivery systems.

(d) Provide for a continuum of family–centered, child–focused services through public/private partnerships within the community.

(e) Minimize duplicate administrative systems.

(f) Identify gaps in services to target populations.

(g) Provide case management services to children and families with multiple needs.

(h) Involve school districts in the planning and delivery of coordinated services for children.

(Added by Stats.1989, c. 1303, § 1. Amended by Stats.1991, c. 994 (S.B.786), § 2.)

§ 18986.3. Definitions

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

(a) "Children's services" means any services provided by any state or local agency or private entity for the health, safety, or well–being of minors.

(b) "Council" means an interagency children's services coordinating council established pursuant to Section 18986.10.

(c) "Secretary of Child Development and Education" means a cabinet level officer appointed by the Governor.

(Added by Stats.1989, c. 1303, § 1. Amended by Stats.1991, c. 994 (S.B.786), § 3.)

Article 2 COUNTY INTERAGENCY COLLABORATION

§ 18986.10. Establishment of coordination council

The board of supervisors of any county or city and county may establish an interagency children's services coordination council.

(Added by Stats.1989, c. 1303, § 1.)

§ 18986.11. Membership of coordination council

A council shall be comprised of, but not be limited to, the following members:

(a) Persons responsible for management of the following county functions:

(1) Alcohol and drug programs.

(2) Children's services.

(3) Housing and redevelopment.

(4) Mental health services.

(5) Probation.

(6) Public health services.

(7) Welfare or public social services.

(b) The presiding judge of the county's juvenile court.

(c) The superintendent of the county office of education and at least one superintendent of a unified school district within the county.

(d) A prosecuting attorney of the county or city and county.

(e) A representative of a private nonprofit corporation which has a goal of entering into a public private partnership with the county to meet the needs of children that are not adequately met by existing public or private funds.

(f) One member of the county board of supervisors.

(g) A representative of law enforcement.

(h) A representative of the local child abuse council.

(i) A representative of a local planning agency participating in the California Early Intervention Program pursuant to Subchapter VIII (commencing with Section 1471) of Chapter 33 of Title 20 of the United States Code.

(j) A representative of the local child care resource and referral agency or other local child care coordinating group.

(k) A representative, or representatives, of one or more community–based organizations with ties to the ethnic communities served in the area.

(Added by Stats.1989, c. 1303, § 1. Amended by Stats.1991, c. 994 (S.B.786), § 4; Stats.1992, c. 552 (A.B.3805), § 1.)

§ 18986.12. Meetings of coordination council

(a) The council shall convene monthly and shall, in addition, convene at least two public meetings annually inviting public testimony.

(b) Meetings of the council shall be convened by an executive director who is appointed by the county board of supervisors.

(Added by Stats.1989, c. 1303, § 1.)

§ 18986.13. Existing interagency children's services coordinating body; designation as coordination council; modification

The county board of supervisors may designate an existing, duly established interagency children's services coordinating body as the county's interagency children's services coordination council as authorized by Section 18986.10. However, the membership, responsibilities, and duties of that existing body shall be modified by the board as necessary to conform to the requirements of this chapter.

(Added by Stats.1989, c. 1303, § 1.)

§ 18986.14. Duties of coordination council

The council's duties shall include, but not be limited to, the following:

(a) Ensuring collaboration and countywide planning for the provision of children's services.

(b) Identifying those agencies that have a significant joint responsibility in providing services to children and families.

(c) Identifying gaps in services to specific populations.

(d) Developing policies and setting priorities to ensure service effectiveness.

(e) Implementing public and private collaborative programs whenever possible.

(f) Providing for countywide interagency case management to coordinate resources, especially for those children and their families who are using the services of more than one agency concurrently.

(g) Identify, coordinate with, and, where feasible, integrate with existing children's services groups and other coordinating bodies.

(Added by Stats.1989, c. 1303, § 1.)

§ 18986.15. Program by counties for phasing in coordinated children's services system; plan for coordinated children's services; proposal for development of system

Each county wishing to participate under this chapter shall develop a three–year program for phasing in a coordinated children's services system.

(a) A plan for coordinated children's services may include proposals to combine and coordinate services to one or more of the following special populations of children provided by two or more existing local service agencies:

(1) Abused or neglected children and those at risk of abuse or neglect.

(2) Children in foster care or at risk of entering foster care.

(3) Children requiring mental health services.

(4) Children needing health care services delivered by local maternal and child health services, including, but not limited to, services provided under the California Children's Services Program,

the Child Health and Disability Prevention Program, and perinatal services.

(5) Delinquent, status offender, and homeless minors.

(6) Minors in need of job training and placement services.

(7) School dropouts, or those at risk of dropping out.

(8) Infants born with identified drug dependencies and children with known histories of substance abuse.

(9) Children with developmental disabilities.

(10) Children in need of preschool or child care services.

(b) Plans shall include all of the following:

(1) Use of existing service capabilities within the various agencies currently serving children's needs in the county.

(2) Interagency collaboration and program consolidation among publicly and privately funded agencies providing services to children.

(3) Appropriate interagency protocols and agreements.

(4) Services for the most vulnerable or at–risk children.

(5) Services which permit children to reside in their usual family setting whenever possible and in their best interest.

(6) Components designed to promote an effective case management system.

(7) Estimates of cost benefits and cost avoidance of the program proposal.

(8) A specific list of the benefits to children under the plan, including objective measures of successful outcome and program effectiveness.

(c) No later than July 1 of each year, any county that wishes to participate pursuant to this chapter shall submit to the county board of supervisors a program proposal for the development of a coordinated system of children's services.

(Added by Stats.1989, c. 1303, § 1. Amended by Stats.1991, c. 994 (S.B.786), § 5.)

Article 3 WAIVERS

§ 18986.20. Requests for waiver; state regulations hindering coordination of children's services; negotiated contracts; reallocation of existing resources

(a) Any county that wishes to participate under this chapter and that develops a three–year program of coordinated children's services pursuant to Section 18986.15, may, as a part of its plan, request a waiver of existing state regulations pertaining to requirements which hinder coordination of children's services. The county may also request authorization to enter into a negotiated contract which enables the repositioning and reallocation of existing resources to facilitate integrated case management and coordination among participating agencies.

(b) Requests for waivers or negotiated contracts shall be submitted in writing, with a detailed description of the county's plan for coordinated children's services and a detailed description of the need for the waiver or negotiated contract to the Secretary of the Health and Welfare Agency, the Superintendent of Public Instruction, the Attorney General, the Secretary of the Youth and Adult Correctional Agency, and the Secretary of Child Development and Education. Requests for negotiated contracts shall also be submitted to the Department of Finance.

(Added by Stats.1989, c. 1303, § 1. Amended by Stats.1991, c. 994 (S.B.786), § 6.)

§ 18986.21. Grant of waivers; contents of requests

(a) A waiver or waivers may be granted pursuant to this chapter when existing regulations hinder the coordination of children's services and when waivers would facilitate the implementation of this chapter.

(b) Any request for a waiver under this chapter shall contain, at a minimum, all of the following:

(1) The regulation or regulations for which the county requests a waiver.

(2) A statement regarding why the identified regulation or regulations should be waived.

(3) A statement regarding why the identified regulation or regulations inhibit the efficient administration of the program.

(4) A comparison of the following:

(A) The services and the number of persons to be served under the requested waiver.

(B) The services and the number of persons to be served without the requested waiver.

(5) Projected costs or savings due to the requested waiver.

(6) Any impact on state and federal funding.

(c) When approving a county request for a waiver pursuant to this chapter, the entity granting the waiver shall ensure all of the following:

(1) Services and eligible persons served under the affected program are maintained.

(2) There is no increase in costs to the state or to clients.

(3) There is no loss of federal financial participation.

(Added by Stats.1989, c. 1303, § 1. Amended by Stats.1991, c. 611 (A.B.1491), § 111, eff. Oct. 7, 1991; Stats.1991, c. 994 (S.B.786), § 7.)

§ 18986.22. Negotiated contracts; award; definition; contents

(a) A negotiated contract may be awarded pursuant to this chapter when existing regulations and categorical programs hinder the coordination of children's services and prohibit integrated case management.

(b) A negotiated contract means an agreement entered into between the state and the county pursuant to Section 18986.23 which authorizes the reallocation of existing resources from participating agencies for purposes specified in each contract.

(c) Each negotiated contract shall specify all of the following:

(1) The target population to be served.

(2) The core services to be offered.

(3) The net amount of resources to be reallocated and pooled.

(4) Intake and eligibility criteria.

(5) Provisions for sharing data between agencies while maintaining client confidentiality.

(6) Evaluation measures, including specific outcomes and performance criteria to be achieved as a condition of the negotiated contract and appropriate sanctions if evaluation measures are not met.

(7) The duration of the contract period, including provisions for contract renewal.

(8) any other provisions which are deemed necessary to ensure program and fiscal accountability.

(Added by Stats.1991, c. 994 (S.B.786), § 8.)

§ 18986.23. Grant of waivers and negotiated contracts; entities with authority

Waivers and negotiated contracts shall be granted pursuant to this chapter by the Secretary of the Health and Welfare Agency, the Superintendent of Public Instruction, the Attorney General, or the Secretary of the Youth and Adult Correctional Agency, in consultation with the Secretary of Child Development and Education and the Department of Finance as follows:

(a) The Secretary of the Health and Welfare Agency shall grant waivers or negotiated contracts for programs under his or her jurisdiction, in consultation with the Superintendent of Public Instruction, the Attorney General, the Secretary of the Youth and Correctional Agency, and the Secretary of Child Development and Education.

(b) The Superintendent of Public Instruction shall grant waivers or negotiated contracts for programs under his or her jurisdiction, in consultation with the Attorney General, the Secretary of the Health and Welfare Agency, the Secretary of the Youth and Adult Correctional Agency, and the Secretary of Child Development and Education.

(c) The Attorney General shall grant waivers or negotiate contracts

for programs under his or her jurisdiction in consultation with the Superintendent of Public Instruction, the Secretary of the Health and Welfare Agency, the Secretary of the Youth and Adult Correctional Agency, and the Secretary of Child Development and Education.

(d) The Secretary of the Youth and Adult Correctional Agency shall grant waivers or negotiate contracts for programs under his or her jurisdiction in consultation with the Attorney General, the Superintendent of Public Instruction, the Secretary of the Health and Welfare Agency, and the Secretary of Child Development and Education.

(e) The entity to whom a request for a waiver or negotiated contract is submitted pursuant to this section shall issue written notice of the granting of the waiver, any delay in the consideration of the waiver request, or denial of the requested waiver within 60 days of the receipt of the request. Any county may appeal a negative decision regarding a requested waiver or negotiated contract.

(f) In addition to approval required by subdivisions (a) to (d), inclusive, all requests for negotiated contracts shall be approved by the Department of Finance.

(Formerly § 18986.22, added by Stats.1989, c. 1303, § 1. Renumbered § 18986.23 and amended by Stats.1991, c. 994 (S.B.786), § 9.)

§ 18986.24. Notice to legislature

The Secretary of Child Development and Education, the Secretary of the Health and Welfare Agency, the Superintendent of Public Instruction, the Attorney General, or the Secretary of the Youth and Adult Correctional Agency shall notify the appropriate policy committees and fiscal committees of the Legislature no later than 30 days before any waiver or negotiated contract granted pursuant to this article take effect.

(Formerly § 18986.23, added by Stats.1989, c. 1303, § 1. Renumbered § 18986.24 and amended by Stats.1991, c. 994 (S.B.786), § 10.)

Article 4 EVALUATION

§ 18986.30. Review and report to legislature; annual progress of councils; programs deemed successful

Two years after the approval of an initial waiver or negotiated contract request pursuant to Sections 18986.20 to 18986.24, inclusive, the department shall review and report to the Legislative Analyst on the progress of the councils for which fiscal incentives and necessary waivers or negotiated contracts to establish the council's programs have been approved and granted. Programs to coordinate comprehensive children's services shall be deemed successful based upon the following:

(a) The county's ability to meet specific success criteria as specified in its overall plan.

(b) The county's ability to demonstrate cost avoidance which equals or exceeds the cost of the plan. This cost avoidance shall include the following categories, where appropriate:

(1) Group home costs paid by Aid to Families with Dependent Children–Foster Care (AFDC–FC).

(2) Children and adolescent state hospital programs.

(3) Juvenile justice recidivism or reincarceration.

(4) Nonpublic school residential placement costs.

(5) Other short–term and long–term savings in public funds resulting from the plans.

(c) The Legislative Analyst shall submit a review of the report to the Legislature.

(Added by Stats.1989, c. 1303, § 1. Amended by Stats.1991, c. 994 (S.B.786), § 11; Stats.1992, c. 1296 (S.B.986), § 24, eff. Sept. 30, 1992.)

Chapter 12.9 INTEGRATED CHILDREN'S SERVICES PROGRAMS

§ 18986.40. Integrated children's services programs; children's multidisciplinary services team; crisis intervention services

(a) For the purposes of this chapter, "program" or "integrated children's services programs" means a coordinated children's service system, operating as a program that is part of a department or State Department of Mental Health initiative, that offers a full range of integrated behavioral social, health, and mental health services, including applicable educational services, to seriously emotionally disturbed and special needs children, or programs established by county governments, local education agencies, or consortia of public and private agencies, to jointly provide two or more of the following services to children or their families, or both:

(1) Educational services for children at risk of dropping out, or who need additional educational services to be successful academically.

(2) Health care.

(3) All mental health diagnostic and treatment services, including medication.

(4) Substance abuse prevention and treatment.

(5) Child abuse prevention, identification, and treatment.

(6) Nutrition services.

(7) Child care and development services.

(8) Juvenile justice services.

(9) Child welfare services.

(10) Early intervention and prevention services.

(11) Crisis intervention services, as defined in subdivision (c).

(12) Any other service which will enhance the health, development, and well–being of children and their families.

(b) For the purposes of this chapter, "children's multidisciplinary services team" means a team of two or more persons trained and qualified to provide one or more of the services listed in subdivision (a), who are responsible in the program for identifying the educational, health, or social service needs of a child and his or her family, and for developing a plan to address those needs. A family member, or the designee of a family member, shall be invited to participate in team meetings and decisions, unless the team determines that, in its professional judgment, this participation would present a reasonable risk of a significant adverse or detrimental effect on the minor's psychological or physical safety. Members of the team shall be trained in the confidentiality and information sharing provisions of this chapter.

(c) "Crisis intervention services" means early support and psychological assistance, to be continued as necessary, to children who have been victims of, or whose lives have been affected by, a violent crime or a cataclysmic incident, such as a natural disaster, or who have been involved in school, neighborhood, or family based critical incidents likely to cause profound psychological effects if not addressed immediately and thoroughly.

(Added by Stats.1991, c. 1205 (A.B.2184), § 4. Amended by Stats.1993, c. 111 (A.B.1167), § 1; Stats.1998, c. 509 (A.B.1801), § 1.)

§ 18986.46. Disclosure of information and records; children's multidisciplinary services teams; construction of section

(a) A program shall utilize children's multidisciplinary services teams, as defined in this chapter.

(b) A team member shall provide program services only as employed by, under contract with, or otherwise affiliated with, the program, and shall not share information, or provide program services, when acting as a separate local, state, or private agency or entity.

(c) A program shall be considered a single program for purposes of federal substance abuse program regulations contained in Part 2 (commencing with Section 2.1) of Title 42 of the Code of Federal Regulations.

(d) Notwithstanding any other provision of law regarding disclosure of information and records, a program shall be permitted to establish a unified services record for a child and family. That record shall contain all records of prior services that are released to the program and that are relevant and necessary to formulate an integrated services plan, pursuant to valid written authorizations, as well as a record of all service provided under the program.

(e) Notwithstanding any other provision of law regarding disclosure of information and records, when a child enters the program a parent, guardian, judicial office with jurisdiction over the minor, or a minor with legal power to consent, shall be asked to sign a single authorization that gives a knowing and informed consent, in writing, and that complies with all other applicable provisions of state law governing release of medical, mental health, social service, and educational records, and that covers multiple service providers, in order to permit the release of records to the program. This single authorization shall not include adoption records. The authorized representative of the child, or the child in a case where he or she has the legal right to consent, shall be fully apprised of the requirements of this subdivision prior to participation in the program. Before information may be exchanged about a particular child or family pursuant to this chapter, a representative of the program shall do all of the following:

(1) Explain to the authorized representative of the child, or the child in a case where he or she has the legal right to consent, both of the following, and this explanation shall be given before any information about the child or family is recorded and before any services are provided:

(A) Information provided by the child or family may only be exchanged within the program with the express written consent of the authorized representative.

(B) Information shall not be disclosed to anyone other than members of the multidisciplinary children's services team, and those qualified to receive information as explained in subdivision (i).

(2) The authorized representative of the child, or the child in a case where he or she has the legal right to consent, shall be informed that he or she has a right to refuse to sign, or to limit the scope of, the consent form, and that a refusal to sign, or to limit the scope of, the consent form will not have an adverse impact on the client's eligibility for services under the programs described in this chapter.

(f) The knowing and informed consent given pursuant to this chapter shall only be in force for the time that the child or family is a client of the program.

(g)(1) Notwithstanding any provision of state law governing the disclosure of information and records, persons who are trained, qualified, and assigned by their respective agencies to serve on teams within a program and other team members included pursuant to this chapter may view relevant sections of unified program records and may disclose to one another relevant information and view records on a child or the child's family as necessary to formulate an integrated services plan or to deliver services to children and their families.

(2) This information and records may include information relevant to the evaluation of the child and his or her family, the development of a treatment plan for the child and his or her family, and the delivery of services. Relevant information and records shall be shared with family members or family designees on the team, except information or records, if any, disclosure of which the team determines would present a reasonable risk of a significant adverse or detrimental effect on the minor's psychological or physical safety.

(h)(1) If the members of a multidisciplinary services team within an integrated children's services program require records held by other team members, copies may be provided to them.

(2) Notwithstanding any other provisions of law regarding disclosure of information and records, a program may establish and maintain a common data base for the purpose of delivering services under the program. The data base may contain demographic data and may identify the services recommended for, and provided to, a child and his or her family by the program. The data base shall be for use and disclosure only within the program, except by properly authorized consent by a parent, guardian, judicial officer with jurisdiction over the child, or a minor with the legal power to consent.

(3) The program may authorize use of information contained in the data base for bona fide evaluation and research purposes, unless otherwise prohibited by law. No information disclosed under this paragraph shall permit identification of the individual patient or client. The release of copies of mental health records, physical health records, and drug or alcohol records in programs establishing a unified services record shall be governed by the single authorization of informed and knowing consent to release these records. In programs not establishing a unified services record and not utilizing the single authorization of informed and knowing consent, release of these records may take place only after the team has received a form permitting release of records on the child or the child's family, signed by the child, to the extent the records were generated as a result of health care services to which the child has the power to consent under state law, or, to the extent that the records have not been generated by the provision of these health care services, by the child's parent, guardian, or legal representative, including the court which has jurisdiction over those children who are wards or dependents of the court.

(i) The multidisciplinary team may designate persons qualified pursuant to Section 18986.40 to be a member of the team for a particular case. A person designated as a team member pursuant to this subdivision may receive and disclose relevant information and records, subject to the confidentiality provisions of subdivision (k).

(j) The sharing of information permitted under subdivision (g) shall be governed by memoranda of understanding among the participating service providers or agencies in the coordinated children's service system or program. These memoranda shall specify the types of information that may be shared without a signed release form, in accordance with subdivision (e), and the process to be used to ensure that current confidentiality requirements, as described in subdivision (k), are met. This paragraph shall not be construed to waive any right of privilege contained in the Evidence Code, except in compliance with Section 912 of that code.

(k) Every member of the children's multidisciplinary services team who receives information or records on children and families served in the integrated children's services program shall be under the same privacy and confidentiality obligations and subject to the same confidentiality penalties as the person disclosing or providing the information or records. The information or records obtained shall be maintained in a manner that ensures the maximum protection of privacy and confidentiality rights.

(*l*) This section shall not be construed to restrict guarantees of confidentiality provided under federal law.

(m) Information and records communicated or provided to the program, by all providers, programs, and agencies, as well as information and records created by the program in the course of serving its children and their families, shall be deemed private and confidential and shall be protected from discovery and disclosure by all applicable statutory and common law protections. Civil and criminal penalties shall apply to the inappropriate disclosure of information held by the program. Nothing in this section shall be construed to affect the authority of a health care provider to disclose medical information pursuant to paragraph (1) of subdivision (c) of Section 56.10 of the Civil Code.

(Added by Stats.1992, c. 477 (A.B.3688), § 1. Amended by Stats.1994, c. 1038 (A.B.2488), § 2; Stats.1998, c. 509 (A.B.1801), § 2.)

Chapter 12.86 CHILDRENS SERVICES PROGRAM DEVELOPMENT

§ 18987.6. Legislative intent

It is the intent of the Legislature to do all of the following:

(a) Permit all counties to provide children with service alternatives to group home care through the development of expanded family–based services programs and to expand the capacity of group homes to provide services appropriate to the changing needs of children in their care.

(b) Encourage collaboration among persons and entities including, but not limited to, parents, county welfare departments, county mental health departments, county probation departments, county health departments, special education local planning agencies, school districts, and private service providers for the purpose of planning and providing individualized services for children and their birth or substitute families.

(c) Ensure local community participation in the development of innovative delivery of services by county placing agencies and service providers and the use of the service resources and expertise of nonprofit providers to develop family–based and community–based service alternatives.

(Added by Stats.1998, c. 311 (S.B.933), § 71, eff. Aug. 19, 1998.)

§ 18987.61. Performance agreements with private, nonprofit agencies

(a) Each county may enter into performance agreements with private, nonprofit agencies to encourage innovation in the delivery of children's services, to develop services not available in the community, and to promote change in the child welfare services system.

(b) In developing the agreements, counties and service providers shall pursue services that enhance the ability of children to remain in the least restrictive, most family–like setting possible and promote services that address the needs and strengths of individual children and their families.

(c) Programs developed pursuant to this section shall operate within the county, or in another county with the approval of that county.

(d) Agreements pursuant to subdivision (a) shall be for a period of up to three years.

(e) A county shall provide a report to the director within three months of the end of each agreement to report on the details of the agreement, the results achieved during its operation, and the applicability of the approach to a wider population. The director shall make these reports available to the Legislature upon request.

(Added by Stats.1998, c. 311 (S.B.933), § 71, eff. Aug. 19, 1998.)

§ 18987.62. Waiver of regulations governing foster care payments or operation of group homes; conditions

(a) Upon request from a county, the director may waive regulations governing foster care payments or the operation of group homes to enable counties to implement the agreements established pursuant to Section 18987.61. Waivers granted by the director shall be applicable only to services provided under the terms of the agreement and for the duration of the agreement. A waiver shall only be granted when all of the following apply:

(1) The agreement promises to offer a worthwhile test of an innovative approach or to encourage the development of a new service for which there is a recognized need.

(2) The regulatory requirement prevents the implementation of the agreement.

(3) The requesting county proposes to monitor the agreement through performance measures that ensure that the purposes of the waived regulation will be achieved.

(b) The director shall take steps that are necessary to prevent the loss of any substantial amounts of federal funds as a result of the waivers granted under this section. The waiver may specify the extent to which the requesting county shall share in any cost resulting from any loss of federal funding.

(c) The director shall not waive regulations that apply to the health and safety of children served by participating private agencies.

(d) The director shall notify the appropriate policy and fiscal committees of the Legislature whenever waivers are granted and when a waiver of regulations was required for the implementation of the county's proposed agreement. The director shall identify the reason why the development of the services outlined by the agreement between the county and the service provider are hindered by the regulations to be waived.

(Added by Stats.1998, c. 311 (S.B.933), § 71, eff. Aug. 19, 1998.)

Chapter 12.95 SAN MATEO COUNTY CONSOLIDATED HUMAN SERVICES AGENCY

Explanatory Note

For another Chapter 12.95, Interagency Day Care Program, added by Stats.1993, c. 970 (A.B.1166), § 2, see Welfare and Institutions Code § 18986.50 et seq.

§ 18989. Waiver of existing state regulations; request by established agency; requirements

(a) Any agency established by San Mateo County for purposes of providing any combination of human services may apply for a waiver of existing state regulations pertaining to single agency operations and auditing and accounting requirements that hinder the coordination of human services provided by that agency.

(b) When the services to be coordinated are any combination of those listed in Section 18986.11, the process for requesting and granting a waiver shall conform to the requirements of Article 3 (commencing with Section 18986.20) of Chapter 12.8.

(c) When the services to be coordinated include services that are not listed in Section 18986.11, the process for requesting and granting a waiver shall conform to the requirements of Sections 18989.1 and 18989.2.

(d) Any request for a waiver of confidentiality requirements to permit a sharing of information within the county agency shall conform to the requirements of Section 18986.45 and shall be only for purposes of consolidated case management.

(e) In no event shall the waiver request violate Chapter 6 (commencing with Section 17600) of Part 5.5.

(f) In no event shall a waiver be granted for modifications to regulations governing qualifications for professionals employed in human service programs that are consolidated by the county.

(Added by Stats.1992, c. 1155 (S.B.1347), § 1.)

§ 18989.1. Request for waiver; contents

Any request under this chapter shall contain, at a minimum, all of the following:

(a) The regulation or regulations for which the county requests a waiver.

(b) A statement as to why the identified regulation or regulations should be waived.

(c) A statement as to why the identified regulation or regulations inhibit the efficient administration of the program.

(d) A comparison of the following:

(1) The services and the number of persons to be served under the requested waiver.

(2) The services and the number of persons to be served without the requested waiver.

(e) Projected costs or savings due to the requested waiver.

(f) Any impact on state and federal funding.

(g) A statement that the collective bargaining agent or agents for any affected employees have been provided with notice of the waiver and the information included in the waiver.
(Added by Stats.1992, c. 1155 (S.B.1347), § 1.)

§ 18989.2. Request for waiver; approval; requirements

The request for waiver shall be submitted to the Secretary of the Health and Welfare Agency. When approving a request for a waiver pursuant to this chapter, the Secretary of the Health and Welfare Agency shall ensure all of the following:

(a) Services and eligible persons served under the affected program or programs are maintained.

(b) There is no increase in costs to the state or to clients.

(c) There is no loss of federal financial participation.

(d) The waiver does not revise the implementation of the requirements of Chapter 6 (commencing with Section 17600) of Part 5.5 regarding the realignment of health, mental health, and social services programs.

(e) The Secretary of the Health and Welfare Agency shall notify the appropriate policy and fiscal committees of the Legislature no later than 30 days before any waiver or waivers pursuant to this chapter take effect.
(Added by Stats.1992, c. 1155 (S.B.1347), § 1.)

§ 18989.3. Legislative report

By January 1, 1995, San Mateo County shall report to the appropriate policy and fiscal committees of the Legislature on the implementation of this chapter. The report shall include a description of waivers requested and obtained, as well as an evaluation of the cost–effectiveness of any waivers obtained.
(Added by Stats.1992, c. 1155 (S.B.1347), § 1.

CALIFORNIA REGULATIONS

EXCERPTS FROM REGULATIONS RELATED TO MENTAL HEALTH SERVICES

Title 2. Administration

Division 9. Joint Regulations for Handicapped Children

Title 5. Education

Division 1. State Department of Education

Title 9. Rehabilitative and Developmental Services

Division 1. Department of Mental Health

Title 15. Crime Prevention and Corrections

Division 1. Board of Corrections

Division 3. Department of Corrections

Division 4. Department of the Youth Authority

Title 16. Professional and Vocational Regulations

Division 13.1. Board of Psychology

Division 18. Board of Behavioral Sciences

Division 25. Board of Vocational Nurse and Psychiatric Technician Examiners of the State of California

Title 22. Social Security

Division 3. Health Care Services

Division 5. Licensing and Certification of Health Facilities, Home Health Agencies, Clinics, and Referral Agencies

Division 6. Licensing of Community Care Facilities

TITLE 2. ADMINISTRATION

Division 9. Joint Regulations for Pupils with Disabilities

Chapter 1. Interagency Responsibilities for Providing Services to Pupils with Disabilities

Article 1. General Provisions

§ 60000. Scope.

The provisions of this chapter shall implement Chapter 26.5, commencing with Section 7570, of Division 7 of Title 1 of the Government Code relating to interagency responsibilities for providing services to pupils with disabilities. This chapter applies to the State Departments of Mental Health, Health Services, Social Services, and their designated local agencies, and the California Department of Education, school districts, county offices, and special education local plan areas.

The intent of this chapter is to assure conformity with the federal Individuals with Disabilities Education Act or IDEA, Sections 1400 et seq. of Title 20 of the United States Code, and its implementing regulations, including Sections 76.1 et seq. and 300.1 et seq. of Title 34 of the Code of Federal Regulations. Thus, provisions of this chapter shall be construed as supplemental to, and in the context of, federal and state laws and regulations relating to interagency responsibilities for providing services to pupils with disabilities.

NOTE: Authority cited: Section 7587, Government Code. Reference: Section 7570, Government Code.

§ 60010. Education Definitions.

(a) Words shall have their usual meaning unless the context or a definition of a word or phrase indicates a different meaning. Words used in their present tense shall include the future tense; words in the singular form shall include the plural form; and use of the masculine gender shall include the feminine gender.

(b) "Administrative designee" means the individual who fulfills the role as described in paragraph (1) of subsection (b) of Section 56341 of the Education Code and paragraph (1) of subsection (a) of Section 300.344 of Title 34 of the Code of Federal Regulations.

(c) "Assessment" means an individual evaluation of a pupil in all areas of suspected disability in accordance with Sections 56320 through 56329 of the Education Code and Sections 300.530 through 300.534 of Title 34 of the Code of Federal Regulations.

(d) "Assessment plan" means a written statement that delineates how a pupil will be evaluated and meets the requirements of Section 56321 of the Education Code.

(e) "Confidentiality" means the restriction of access to verbal and written communications, including clinical, medical and educational records, to appropriate parties under Section 99.3 of Title 45 of the Code of Federal Regulations, Section 300.560 et seq. of Title 34 of the Code of Federal Regulations, Sections 827, 4514, 5328, and 10850 of the Welfare and Institutions Code, Section 2890 of Title 17 of the California Code of Regulations, and Sections 49060 through 49079 of the Education Code.

(f) "County superintendent of schools" means either an appointed or elected official who performs the duties specified in Chapter 2 (commencing with Section 1240) of Part 2 of Title 1 of the Education Code.

(g) "Day" means a calendar day pursuant to Section 56023 of the Education Code.

(h) "Designated instruction and services" means specially designed instruction and related services described in subsection (b) of Section 56361 and subsection (b) of Section 56363 of the Education Code, and Section 3051 of Title 5 of the California Code of Regulations, as may be required to assist a pupil with a disability to benefit educationally.

(i) "Individualized education program," hereinafter "IEP," means a written statement developed in accordance with Section 7575 of the Government Code, Sections 56341 and 56342 of the Education Code and Sections 300.340 through 300.350 of Title 34 of the Code of Federal Regulations, which contains the elements specified in Section 56345 of the Education Code and Section 300.347 of Title 34 of the Code of Federal Regulations.

(j) "Individualized education program team," hereinafter "IEP team," means a group which is constituted in accordance with Section 56341 of the Education Code and Title 20, United States Code Section 1414(d)(1)(B).

(k) "Local education agency," hereinafter "LEA," means a school district or county office of education which provides special education and related services.

(*l*) "Local interagency agreement" means a written document negotiated between two or more public agencies which defines each agency's role and responsibilities for providing services to pupils with disabilities and for facilitating the coordination of these services in accordance with the provisions of Section 56220 of the Education Code.

(m) "Necessary to benefit from special education" means a service that assists the pupil with a disability in progressing toward the goals and objectives listed in the IEP in accordance with subsection (d) of Section 7572 and paragraph (2) of subsection (a) of Section 7575 of the Government Code.

(n) "Nonpublic, nonsectarian agency" means a private, nonsectarian establishment or individual that is certified by the California Department of Education and that provides related services and/or designated instruction and services necessary for a pupil with a disability to benefit educationally from the pupil's IEP. It does not include an organization or agency that operates as a public agency or offers public service, including but not limited to, a state or local agency, or an affiliate of a state or local agency, including a private, nonprofit corporation established or operated by a state or local agency, a public university or college, or a public hospital.

(o) "Nonpublic, nonsectarian school" means a private, nonsectarian school that enrolls individuals with exceptional needs pursuant to an IEP, employs at least one full–time teacher who holds an appropriate credential authorizing special education services, and is certified by the California Department of Education. It does not include an organization or agency that operates as a public agency or offers public services, including but not limited to, a state or local agency, or an affiliate of a state or local agency, including a private, nonprofit corporation established or operated by a state or local agency or a public university or college.

(p) "Parent" includes any person having legal custody of a child. "Parent," in addition, includes any adult pupil for whom no guardian or conservator has been appointed and the person having custody of a minor if neither the parent nor legal guardian can be notified of the educational action under consideration. "Parent" also includes a parent surrogate who has been appointed in accordance with Section 7579.5 of the Government Code and Section 56050 of the Education Code. The term "Parent" does not include the state or any political subdivision of government.

(q) "Pupil" or "Pupil with a disability" means those students, birth through 21 years of age, as defined in Section 300.7 of Title 34 of the Code of Federal Regulations, including those with mental retardation or autism, who meet the requirements of Section 56026 of the Education Code and Sections 3030 and 3031 of Title 5 of the California Code of Regulations and who, because of their impairments, need special education and related services as defined in subsections (22) and (25) of Section 1401 of Title 20 of the United States Code. This term includes handicapped children, children with disabilities and individuals with exceptional needs as defined in Section 56026 of the Education Code. The determination that an individual is a pupil with a disability is made only by an IEP team

pursuant to Section 56342 of the Education Code.

(r) "Qualified" means that a person has met federal and state certification, licensing, registration, or other comparable requirements which apply to the area in which he or she is providing special education or related services, or, in the absence of such requirements, meets the state–education–agency–approved or recognized requirements and adheres to the standards of professional practice established in federal and state law or regulation, including the standards contained in the California Business and Professions Code.

(s) "Related services" means those services that are necessary for a pupil with a disability to benefit from his or her special education program in accordance with paragraph Title 20, United States Code Section 1401(22).

(t) "Special education" means specially designed instruction and related services to meet the unique needs of a pupil with a disability, as described in Section 56031 of the Education Code and Section 300.26 of Title 34 of the Code of Federal Regulations.

(u) "Special education local plan" means a plan developed in accordance with Sections 56200 through 56218 of the Education Code which identifies each participating LEA's roles and responsibilities for the provision of special education and related services within the service area.

(v) "Special education local plan area," hereinafter "SELPA," means the service area covered by a special education local plan, and is the governance structure created under any of the planning options of Section 56200 of the Education Code.

NOTE: Authority cited: Section 7587, Government Code. Reference: Sections 7570 and 7579.5, Government Code; Section 5328, Welfare and Institutions Code; Sections 1240, 49060–49079, 56023, 56026, 56028, 56031, 56034, 56035, 56050, 56200–56220, 56320–56329, 56341 and 56325, Education Code; Clovis Unified School District (1990, Ninth Circuit) 903 F.2d 635; Section 1401, Title 20, United States Code; and Sections 300.7, 300.326, 300.330, 300.340–300.350, 300.530–300.534 and 300.560, Title 34, Code of Federal Regulations.

§ 60020. Mental Health Definitions.

(a) "Community mental health service" means a mental health program established by a county in accordance with the Bronzan–McCorquodale Act, Part 2 (commencing with Section 5600) of Division 5 of the Welfare and Institutions Code.

(b) "County of origin" for mental health services is the county in which the parent of a pupil with a disability resides. If the pupil is a ward or dependent of the court, an adoptee receiving adoption assistance, or a conservatee, the county of origin is the county where this status currently exists. For the purposes of this program the county of origin shall not change for pupils who are between the ages of 18 and 22.

(c) "Expanded IEP team" means an IEP team constituted in accordance with Section 7572.5 of the Government Code. This team shall include a representative of the community mental health service authorized to make placement decisions.

(d) "Host county" means the county where the pupil with a disability is living when the pupil is not living in the county of origin.

(e) "Local mental health director" means the officer appointed by the governing body of a county to manage a community mental health service.

(f) "Medication monitoring" includes all medication support services with the exception of the medications or biologicals themselves and laboratory work. Medication support services include prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals necessary to alleviate the symptoms of mental illness.

(g) "Mental health assessment" is a service designed to provide formal, documented evaluation or analysis of the nature of the pupil's emotional or behavioral disorder. It is conducted in accordance with California Code of Regulations, Title 9, Section 543(b), and Sections 56320 through 56329 of the Education Code by qualified mental health professionals employed by or under contract with the community mental health service.

(h) "Mental health assessment plan" means a written statement developed for the individual evaluation of a pupil with a disability who has been referred to a community mental health service to determine the need for mental health services in accordance with Section 56321 of the Education Code.

(i) "Mental health services" means mental health assessments and the following services when delineated on an IEP in accordance with Section 7572(d) of the Government Code: psychotherapy as defined in Section 2903 of the Business and Professions Code provided to the pupil individually or in a group, collateral services, medication monitoring, intensive day treatment, day rehabilitation, and case management. These services shall be provided directly or by contract at the discretion of the community mental health service of the county of origin.

(j) "Qualified mental health professional" includes the following licensed practitioners of the healing arts: a psychiatrist; psychologist; clinical social worker; marriage, family and child counselor; registered nurse, mental health rehabilitation specialist, and others who have been waivered under Section 5751.2 of the Welfare and Institutions Code. Such individuals may provide mental health services, consistent with their scope of practice.

NOTE: Authority cited: Section 7587, Government Code. Reference: Section 56320, Education Code; and Sections 542 and 543, Title 9, California Code of Regulations.

§ 60025. Social Services Definitions.

(a) "Care and supervision" as defined in Welfare and Institutions Code Section 11460, includes food, clothing, shelter, daily supervision, school supplies, a child's personal incidentals, liability insurance with respect to a child, and reasonable travel to the child's home for visitation.

(b) "Certified family home" as defined in Welfare and Institutions Code Section 11400(c), means a family residence certified by a foster family agency licensed by the California Department of Social Services and issued a certificate of approval by that agency as meeting licensing standards, and is used only by that foster family agency for placements.

(c) "Certified, license–pending home" as described in Welfare and Institutions Code Sections 361.2(h), 727(b), and 16507.5(b), is a home that is pending application for licensure as a foster family home, has been certified by the county as meeting the minimum standards for foster family homes, and is lacking any deficiencies which would threaten the physical health, mental health, safety or welfare of the pupil.

(d) "Community care facility" is a facility licensed by the California Department of Social Services as defined in Health and Safety Code Section 1502(a). For the purposes of this chapter, a community care facility means those facilities listed and defined in this article that provide 24–hour residential care to children.

(e) "Community treatment facility" as defined in Health and Safety Code Section 1502(a)(8), means any residential facility that provides mental health treatment services to children in a group setting which has the capacity to provide secure containment. The facility's program components shall be subject to program standards developed and enforced by the State Department of Mental Health pursuant to Section 4094 of the Welfare and Institutions Code.

(f) "Foster family agency" as defined in Welfare and Institutions Code Section 11400(g) and Health and Safety Code Section 1502(a)(4), means any individual or organization engaged in the recruiting, certifying, and training of, and providing professional support to, foster parents, or in finding homes or other places for placement of children for temporary or permanent care who require that level of care as an alternative to a group home. Private agencies shall be organized and operated on a nonprofit basis.

(g) "Foster family home" as defined in Health and Safety Code Section 1502(a)(5) means any residential facility providing 24–hour care for six or fewer foster children that is owned, leased, or rented and is the residence of the foster parent or parents, including their family, in whose care the foster children have been placed. It also means a foster family home described in Health and Safety Code Section 1505.2. For the purpose of this Chapter a foster family home includes a small family home pursuant to Education Code Section 56155.5(b), or the approved home of a relative.

(h) "Group home" as defined in title 22 of the California Code of Regulations, Section 80001(g)(1) means any facility of any capacity, that provides 24–hour care and supervision to children in a structured environment with such services provided at least in part by staff employed by the licensee. The care and supervision provided by a group home shall be nonmedical except as permitted by Welfare and Institutions Code, Section 17736(b). For the purposes of this Chapter, a group home is a nondetention facility that is organized and operated on a nonprofit basis in accordance with Welfare and Institutions Section 11400(h).

(i) "Licensed children's institution" as defined in Education Code Section 56155.5(a), for the purposes of this Chapter, means the following community care facilities licensed by the California Department of Social Services: a group home, foster family agency, and community treatment facility.

(j) "Small family home" as defined in Health and Safety Code Section 1502(a)(6), means any residential facility, in the licensee's family residence, that provides 24–hour care for six or fewer foster children who have mental disorders or developmental or physical disabilities and who require special care and supervision as a result of their disabilities. A small family home may accept children with special health care needs, pursuant to subdivision (a) of Section 17710 of the Welfare and Institutions Code.

NOTE: Authority cited: Section 7587, Government Code; and Sections 10553, 10554, 11462(i) and (j) and 11466.1, Welfare and Institutions Code. Reference: Sections 361.2(h), 727(b), 4094, 11400(c), 11400(g), 11400(h), 11402(a), 16507.5(b), 17710, 17736(b) and 18350, Welfare and Institutions Code; Section 1502(a), Health and Safety Code; Section 56155.5, Education Code; and Section 80001(g)(1), Title 22, California Code of Regulations.

Article 2. Mental Health Related Services

§ 60030. Local Mental Health and Education Interagency Agreement.

(a) Each community mental health service and each SELPA within that county shall develop a written local interagency agreement in order to facilitate the provision of mental health services.

(b) The local mental health director, the county superintendent of schools and/or the local SELPA director, or their designees, shall review the local interagency agreement(s) according to a schedule developed at the local level between the agencies but no less frequently than every three years and ensure that the agreement or agreements are revised as appropriate, to assure compliance with this chapter. This provision does not preclude revision of the local interagency agreement at any time that they determine a revision is necessary. The content of the agreement will remain in effect until the agencies mutually agree upon any revisions.

(c) The local interagency agreement shall identify a contact person for each agency and include, but not be limited to, a delineation of the procedures for:

(1) Monitoring compliance with the time lines specified in paragraph (a) of Section 56321 and Section 56344 of the Education Code. This system shall designate each participating agency's responsibilities and identify who will be responsible for monitoring the system;

(2) Resolving interagency disputes at the local level, including procedures for the continued provision of appropriate services during the resolution of any interagency dispute, pursuant to Government Code Section 7585(f). For purposes of this subdivision only, the term "appropriate" means any service identified in a pupil's IEP, or any service the pupil actually was receiving at the time of the interagency dispute;

(3) Delivery of a completed referral package to the community mental health service pursuant to subsection (d) of Section 60040 as well as any other relevant pupil information in accordance with procedures ensuring confidentiality within five (5) business days;

(4) A host county to notify the community mental health service of the county of origin within two (2) working days when a pupil with a disability is placed within the host county by courts, regional centers or other agencies for other than educational reasons;

(5) Development of a mental health assessment plan and its implementation;

(6) The participation of qualified mental health professionals at the IEP team meetings pursuant to subsections (d) and (e) of Section 7572 and Section 7572.5 of the Government Code;

(7) At least ten (10) working days prior notice to the community mental health service of all IEP team meetings, including annual IEP reviews, when the participation of its staff is required;

(8) The development, review or amendment of the portions of the IEP relating to mental health services, including the goals and objectives of mental health services in accordance with Title 20, United States Code Section 1414(d)(1)(A)(vi);

(9) The provision of mental health services as soon as possible following the development of the IEP pursuant to Section 300.342 of Title 34 of the Code of Federal Regulations;

(10) Description of the length and duration of mental health services and transportation beyond the traditional school year including the extended year program;

(11) The transportation of pupils with disabilities when necessary for the provision of mental health services pursuant to the IEP and Section 60200(d)(1)(2);

(12) The provision of space, support staff and services at the school site, as appropriate, for the delivery of mental health services;

(13) The identification of a continuum of placement options. These options may include day, public, and state certified nonpublic, nonsectarian school programs, and residential facilities as listed in Section 60025. The community mental health service and the SELPA shall identify a list of mental health, education, and community services that may serve as alternatives to a residential placement for a pupil with a disability who is seriously emotionally disturbed;

(14) The provision of a system for monitoring contracts with nonpublic, nonsectarian schools to ensure that services on the IEP are provided;

(15) The development of a resource list composed of qualified mental health professionals who conduct mental health assessments and provide mental health services. The community mental health service shall provide the LEA with a copy of this list and monitor these contracts to assure that services as specified on the IEP are provided;

(16) The residential placement of a pupil pursuant to Section 60100;

(17) Mutual staff development for education and mental health staff pursuant to Section 7586.6(a) of the Government Code.

NOTE: Authority cited: Section 7587, Government Code. Reference: Section 5608, Welfare and Institutions Code; Sections 56140, 56321 and 56344, Education Code; and Section 1414(d), Title 20, United States Code.

§ 60040. Referral to Community Mental Health Services for Related Services.

(a) A LEA, IEP team, or parent may initiate a referral for assessment of a pupil's social and emotional status pursuant to Section 56320 of the Education Code. Based on the results of assessments completed pursuant to Section 56320, an IEP team may refer a pupil who has been determined to be an individual with exceptional needs or is suspected of being an individual with exceptional needs as

defined in Section 56026 of the Education Code and who is suspected of needing mental health services to a community mental health service when a pupil meets all of the criteria in paragraphs (1) through (5) below. Referral packages shall include all documentation required in subsection (b) and shall be provided within five (5) working days of the LEA's receipt of parental consent for the referral of the pupil to the community mental health service.

(1) The pupil has been assessed by school personnel in accordance with Article 2, commencing with Section 56320, of Chapter 4 of Part 30 of the Education Code.

(2) The LEA has obtained written parental consent for the referral of the pupil to the community mental health service, for the release and exchange of all relevant information between the LEA and the community mental health service, and for the observation of the pupil by qualified mental health professionals in an educational setting.

(3) The pupil has emotional or behavioral characteristics that:

(A) Are observed by qualified educational staff as defined in subsection (x) of Section 3001 of Title 5 of the California Code of Regulations in educational and other settings, as appropriate.

(B) Impede the pupil from benefiting from educational services.

(C) Are significant, as indicated by their rate of occurrence and intensity.

(D) Are associated with a condition that cannot be described solely as a social maladjustment as demonstrated by deliberate noncompliance with accepted social rules, a demonstrated ability to control unacceptable behavior and the absence of a treatable mental disorder.

(E) Are associated with a condition that cannot be described solely as a temporary adjustment problem that can be resolved with less than three months of school counseling.

(4) As determined using educational assessments, the pupil's functioning, including cognitive functioning, is at a level sufficient to enable the pupil to benefit from mental health services.

(5) The LEA has provided counseling, psychological, or guidance services to the pupil pursuant to Section 56363 of the Education Code, and the IEP team has determined that the services do not meet the pupil's educational needs; or, in cases where these services are clearly inappropriate, the IEP team has documented which of these services were considered and why they were determined to be inappropriate.

(b) When referring a pupil to a community health service in accordance with subsection (a), the LEA or the IEP team shall provide the following documentation:

(1) Copies of the current IEP, all current assessment reports completed by school personnel in all areas of suspected disabilities pursuant to Article 2, commencing with Section 56320, of Chapter 4 of Part 30 of the Education Code, and other relevant information, including reports completed by other agencies.

(2) A copy of the parent's consent obtained as provided in subsection (a)(2).

(3) A summary of the emotional or behavioral characteristics of the pupil, including documentation that the pupil meets the criteria in paragraphs (3) and (4) of subsection (a).

(4) A description of the school counseling, psychological, and guidance services, and other interventions that have been provided to the pupil, including the initiation, duration and frequency of the services, or an explanation of why a service was considered for the pupil and determined to be inappropriate.

(c) Based on preliminary results of assessments performed pursuant to Section 56320 of the Education Code, a LEA may refer a pupil who has been determined to be or is suspected of being an individual with exceptional needs, and is suspected of needing mental health services, to a community mental health service when a pupil meets the criteria in paragraphs (1) and (2) below. Referral packages shall include all documentation required in subsection (d) and shall be provided within one (1) working day to the community mental health service.

(1) The pupil meets the criteria in paragraphs (2) through (4) of subsection (a).

(2) School counseling, psychological and guidance services are clearly inappropriate in meeting the pupil's needs.

(d) When referring a pupil to a community mental health service in accordance with subsection (c), the LEA shall provide the following documentation:

(1) Results of preliminary assessments, including those conducted by school personnel in accordance with Article 2, commencing with Section 56320, of Chapter 4 of Part 30 of the Education Code, to the extent they are available, and other relevant information, including reports completed by other agencies.

(2) A copy of the parent's consent obtained as provided in paragraph (2) of subsection (a).

(3) A summary of the emotional or behavioral characteristics of the pupil, including documentation that the pupil meets the criteria in paragraphs (3) and (4) of subsection (b).

(4) An explanation as to why school counseling, psychological and guidance services are clearly inappropriate in meeting the pupil's needs.

(e) The procedures set forth in this chapter are not designed for use in responding to psychiatric emergencies or other situations requiring immediate response. In these situations, a parent may seek services from other public programs or private providers, as appropriate. Nothing in this subsection changes the identification and referral responsibilities imposed on local education agencies under Article 1, commencing with Section 56300, of Chapter 4 of Part 30 of the Education Code.

(f) The community mental health service shall accept all referrals for mental health assessments made pursuant to subsections (a) and (c).

(g) If the community mental health service receives a referral for a pupil with a different county of origin, the community mental health service receiving the referral shall forward the referral within one (1) working day to the county of origin, which shall have programmatic and fiscal responsibility for providing or arranging for provision of necessary services. The procedures described in this subsection shall not delay or impede the referral and assessment process.

NOTE: Authority cited: Section 7587, Government Code. Reference: Sections 56026, 56300 et seq., 56320 et seq. and 56363, Education Code; and Section 3001, Title 5, California Code of Regulations.

§ 60045. Assessment to Determine the Need for Mental Health Services.

(a) Within five (5) days of receipt of a referral, pursuant to subsections (a), (c) or (g) of Section 60040, the community mental health service shall review the recommendation for a mental health assessment and determine if such an assessment is necessary.

(1) If no mental health assessment is determined to be necessary, or the referral is inappropriate, the reasons shall be documented by the community mental health service. The community mental health service shall notify the parent and the LEA of this determination within one (1) working day.

(2) If the referral is determined to be incomplete, the reasons shall be documented by the community mental health service. The community mental health service shall notify the LEA within one (1) working day and return the referral.

(b) If a mental health assessment is determined to be necessary, the community mental health service shall notify the LEA, develop a mental health assessment plan, and provide the plan and a consent form to the parent, within 15 days of receiving the referral from the LEA, pursuant to Section 56321 of the Education Code. The assessment plan shall include, but is not limited to, the review of the pupil's school records and assessment reports and observation of the pupil in the educational setting, when appropriate.

(c) The community mental health service shall report back to the referring LEA or IEP team within 30 days from the date of the receipt of the referral by the community mental health service if no parental consent for a mental health assessment has been obtained.

(d) Upon receipt of the parent's written consent for a mental health assessment, the community mental health service shall contact the LEA within one (1) working day to establish the date of the IEP meeting. The LEA shall schedule the IEP meeting to be held within fifty (50) days from the receipt of the written consent pursuant to Section 56344 of the Education Code.

(e) The mental health assessment shall be completed in sufficient time to ensure that an IEP meeting is held within fifty (50) days from the receipt of the written parental consent for the assessment. This time line may only be extended upon the written request of the parent.

(f) The community mental health service assessor shall review and discuss the mental health service recommendation with the parent and appropriate members of the IEP team. The assessor shall also make a copy of the mental health service assessment report available to the parent at least two days prior to the IEP team meeting.

(1) If the parent disagrees with the assessor's mental health service recommendation, the community mental health service shall provide the parent with written notification that they may require the assessor to attend the IEP team meeting to discuss the recommendation. The assessor shall attend the meeting if requested to do so by the parent.

(2) Following the discussion and review of the community mental health service assessor's recommendation, it shall be the recommendation of the IEP team members attending on behalf of the LEA.

(g) The community mental health service shall provide to the IEP team a written assessment report in accordance with Education Code Section 56327.

(h) For pupils with disabilities receiving services under this Chapter, the community mental health service of the county of origin shall be responsible for preparing statutorily required IEP reassessments in compliance with the requirements of this Section.

NOTE: Authority cited: Section 7587, Government Code. Reference: Sections 56321, 56327 and 56344, Education Code.

§ 60050. Individualized Education Program for Mental Health Services.

(a) When it is determined, in accordance with Section 7572 of the Government Code, that a mental health service is necessary for a pupil with a disability to benefit from special education, the following documentation shall be included in the mental health portion of the IEP:

(1) A description of the present levels of social and emotional performance;

(2) The goals and objectives of the mental health services with objective criteria and evaluation procedures to determine whether they are being achieved;

(3) A description of the types of the mental health services to be provided; and

(4) The initiation, duration and frequency of the mental health services.

(5) Parental approval for the provision of mental health services. This signed consent for treatment is in addition to the signed IEP.

(b) When completion or termination of IEP specified health services is mutually agreed upon by the parent and the community mental health service, or when the pupil is no longer participating in treatment, the community mental health service shall notify the parent and the LEA which shall schedule an IEP team meeting to discuss and document this proposed change if it is acceptable to the IEP team.

NOTE: Authority cited: Section 7587, Government Code. Reference: Section 300.347, Title 34, Code of Federal Regulations.

§ 60055. Transfers and Interim Placements.

(a) Whenever a pupil who has been receiving mental health services, pursuant to an IEP, transfers into a school district from a school district in another county, the responsible LEA administrator or IEP team shall refer the pupil to the local community mental health service to determine appropriate mental health services.

(b) The local mental health director or designee shall ensure that the pupil is provided interim mental health services, as specified in the existing IEP, pursuant to Section 56325 of the Education Code, for a period not to exceed thirty (30) days, unless the parent agrees otherwise.

(c) An IEP team, which shall include an authorized representative of the responsible community mental health service, shall be convened by the LEA to review the interim services and make a determination of services within thirty (30) days of the pupil's transfer.

NOTE: Authority cited: Section 7587, Government Code. Reference: Section 56325, Education Code.

Article 3. Residential Placement

§ 60100. LEA Identification and Placement of a Seriously Emotionally Disturbed Pupil.

(a) This article shall apply only to a pupil with a disability who is seriously emotionally disturbed pursuant to paragraph (i) of Section 3030 of Title 5 of the California Code of Regulations.

(b) When an IEP team member recommends a residential placement for a pupil who meets the educational eligibility criteria specified in paragraph (4) of subsection (c) of Section 300.7 of Title 34 of the Code of Federal Regulations, the IEP shall proceed in the following manner:

(1) An expanded IEP team shall be convened within thirty (30) days with an authorized representative of the community mental health service.

(2) If any authorized representative is not present, the IEP team meeting shall be adjourned and be reconvened within fifteen (15) calendar days as an expanded IEP team with an authorized representative from the community mental health service participating as a member of the IEP team pursuant to Section 7572.5 of the Government Code.

(3) If the community mental health service or the LEA determines that additional mental health assessments are needed, the LEA and the community mental health service shall proceed in accordance with Sections 60040 and 60045.

(c) Prior to the determination that a residential placement is necessary for the pupil to receive special education and mental health services, the expanded IEP team shall consider less restrictive alternatives, such as providing a behavioral specialist and full–time behavioral aide in the classroom, home and other community environments, and/or parent training in the home and community environments. The IEP team shall document the alternatives to residential placement that were considered and the reasons why they were rejected. Such alternatives may include any combination of cooperatively developed educational and mental health services.

(d) When the expanded IEP team recommends a residential placement, it shall document the pupil's educational and mental health treatment needs that support the recommendation for residential placement. This documentation shall identify the special education and related mental health services to be provided by a residential facility listed in Section 60025 that cannot be provided in a less restrictive environment pursuant to Title 20, United States Code Section 1412(a)(5).

(e) The community mental health service case manager, in consultation with the IEP team's administrative designee, shall identify a mutually satisfactory placement that is acceptable to the parent and addresses the pupil's educational and mental health needs in a manner that is cost–effective for both public agencies, subject to the requirements of state and federal special education law, including the requirement that the placement be appropriate and in the least restrictive environment.

(f) The residential placement shall be in a facility listed in Section 60025 that is located within, or in the county adjacent to, the county of residence of the parents of the pupil with a disability, pursuant to paragraph (3) of subsection (a) of Section 300.552 of Title 34 of the Code of Federal Regulations. When no nearby placement alternative which is able to implement the IEP can be identified, this determination shall be documented, and the community mental health service case manager shall seek an appropriate placement which is as close to the parents' home as possible.

(g) Rates for care and supervision shall be established for a facility listed in Section 60025 in accordance with Section 18350 of the Welfare and Institutions Code.

(h) Residential placements for a pupil with a disability who is seriously emotionally disturbed may be made out of California only when no in–state facility can meet the pupil's needs and only when the requirements of subsections (d) and (e) have been met. Out–of–state placements shall be made only in residential programs that meet the requirements of Welfare and Institutions Code Sections 11460(c)(2) through (c)(3). For educational purposes, the pupil shall receive services from a privately operated non–medical, non–detention school certified by the California Department of Education.

(i) When the expanded IEP team determines that it is necessary to place a pupil with a disability who is seriously emotionally disturbed in residential care, the community mental health service shall ensure that:

(1) The mental health services are specified in the IEP in accordance with Title 20, United States Code Section 1414(d)(1)(A)(vi).

(2) Mental health services are provided by qualified mental health professionals.

(j) When the expanded IEP team determines that it is necessary to place a pupil with a disability who is seriously emotionally disturbed in a facility listed in Section 60025, the expanded IEP team shall ensure that placement is in accordance with admission criteria of the facility.

NOTE: Authority cited: Section 7587, Government Code. Sections 10553, 10554, 11462(i) and (j) and 11466.1, Welfare and Institutions Code. Reference: Sections 7576(a) and 7579, Government Code; Sections 11460(c)(2)–(c)(3), 18350 and 18356, Welfare and Institutions Code; Sections 1412 and 1414, Title 20, United States Code; and Sections 300.7 and 300.552, Title 34, Code of Federal Regulations.

§ 60110. Case Management for a Pupil with a Disability Who Is Seriously Emotionally Disturbed and Is in a Residential Placement.

(a) Upon notification of the expanded IEP team's decision to place a pupil with a disability who is seriously emotionally disturbed into residential care, the local mental health director or designee shall immediately designate a case manager who will perform case management services as described in subsections (b) and (c).

(b) The case manager shall coordinate the residential placement plan of a pupil with a disability who is seriously emotionally disturbed as soon as possible after the decision has been made to place the pupil in a residential placement, pursuant to Section 300.342 of Title 34 of the Code of Federal Regulations.

(1) The residential placement plan shall include provisions, as determined in the pupil's IEP, for the care, supervision, mental health treatment, psychotropic medication monitoring, if required, and education of a pupil with a disability who is seriously emotionally disturbed.

(2) The LEA shall be responsible for providing or arranging for the special education and non– mental health related services needed by the pupil.

(3) When the expanded IEP team determines that it is necessary to place a pupil with a disability who is seriously emotionally disturbed in a community treatment facility, the casemanager shall ensure that placement is in accordance with admission and, continuing stay, and discharge criteria of the community treatment facility.

(c) Case management shall include, but not be limited to, the following responsibilities:

(1) To convene a meeting with the parents and representatives of public and private agencies, including educational staff, and to identify an appropriate residential placement from those defined in Section 60025 and excluding local inpatient, private psychiatric, and state hospital facilities.

(2) To identify, in consultation with the IEP team's administrative designee, a mutually satisfactory placement that is acceptable to the parent and addresses the pupil's educational and mental health needs in a manner that is cost–effective for both public agencies, subject to the requirements of state and federal special education law, including the requirement that the placement be appropriate and in the least restrictive environment.

(3) To complete the payment authorization in order to initiate payments for residential placement in accordance with Section 18351 of the Welfare and Institutions Code.

(4) To assure the completion of the community mental health service and LEA financial paperwork or contracts for the residential placement of a pupil with a disability who is seriously emotionally disturbed.

(5) To develop the plan and assist the family with the pupil's social and emotional transition from home to the residential placement and the subsequent return to the home.

(6) To facilitate the enrollment in the residential placement of a pupil with a disability who is seriously emotionally disturbed.

(7) To notify the LEA that the placement has been arranged and to coordinate the transportation of the pupil to the facility if needed.

(8) To conduct quarterly face–to–face contacts at the residential facility with a pupil with a disability who is seriously emotionally disturbed to monitor the level of care and supervision and the provision of the mental health services as required by the IEP. In addition, for children placed in a community treatment facility, an evaluation shall be made within every 90 days of the residential placement of the pupil to determine if the pupil meets the continuing stay criteria as defined in Welfare and Institutions Code Section 4094 and implementing mental health regulations.

(9) To notify the parent and the LEA or designee if there is a discrepancy between the level of care, supervision, or provision of mental health services and the requirements of the IEP.

(10) To schedule and attend the next expanded IEP team meeting with the expanded IEP team's administrative designee within six months of the residential placement of a pupil with a disability who is seriously emotionally disturbed and every six months thereafter as long as the pupil remains in residential placement.

(11) To facilitate placement authorization from the county's interagency placement committee pursuant to Section 4094.5(e)(1) of the Welfare and Institutions Code, by presenting the case of a pupil with a disability who is seriously emotionally disturbed prior to placement in a community treatment facility.

NOTE: Authority cited: Section 7587, Government Code. Reference: Section 4094, Welfare and Institutions Code; Section 300.342, Title 34, Code of Federal Regulations; and Section 3061, Title 5, California Code of Regulations.

Article 4. Financial Provision for Mental Health Services, Special Education and Residential Placement

§ 60200. Financial Responsibilities.

(a) The purpose of this article is to establish conditions and limitations for reimbursement for the provision of special education instruction, designated instruction and services, related services, and residential placement described in Articles 2 and 3 of this chapter.

(b) Special education instruction, designated instruction and services, related services, and residential placements are to be provided at no cost to the parent.

(c) The community mental health service of the county of origin

shall be responsible for the provision of assessments and mental health services included in an IEP in accordance with Sections 60045, 60050, and 60100. Mental health services shall be provided either directly by the community mental health service or by contractors. All services shall be delivered in accordance with Section 523 of Title 9 of the California Code of Regulations.

(1) The host county shall be responsible for making its provider network available and shall provide the county of origin a list of appropriate providers used by the host county's managed care plan who are currently available to take new referrals. Counties of origin shall negotiate with host counties to obtain access to limited resources, such as intensive day treatment and day rehabilitation.

(2) The county of origin may also contract directly with providers at a negotiated rate.

(d) The LEA shall be financially responsible for:

(1) The transportation of a pupil with a disability to and from the mental health services specified on the pupil's IEP and in accordance with subsection (a) of Section 300.13 of Title 34 of the Code of Federal Regulations;

(2) The transportation of a pupil to and from the residential placement as specified on the IEP and in accordance with Section 56221 of the Education Code; and

(3) The special education instruction, non–mental health related services, and designated instruction and services agreed upon in the nonpublic, nonsectarian school services contract or a public program arranged with another SELPA or LEA.

(e) The community mental health service shall be responsible for authorizing payment to the facilities listed in Section 60025 based upon rates established by the Department of Social Services in accordance with Sections 18350 through 18356 of the Welfare and Institutions Code.

(f) Upon receipt of the authorization from the community mental health service, pursuant to subsection (e), including documentation that the pupil is eligible for residential placement as a seriously emotionally disturbed pupil, the county welfare department shall issue payments in accordance with Section 18351 of the Welfare and Institutions Code to providers of residential placement.

NOTE: Authority cited: Section 7587, Government Code. Reference: Sections 18350–18356, Welfare and Institutions Code; and Section 300.13, Title 34, Code of Federal Regulations.

Article 5. Occupational Therapy and Physical Therapy

§ 60300. California Children's Services (CCS) Medical Therapy Program Definitions.

(a) "Assessment for medically necessary occupational therapy and physical therapy" means the comprehensive evaluation of the physical and functional status of a pupil who has a medical therapy program eligible condition.

(b) "Asessment plan" for the CCS Medical Therapy Program for pupils with a disability who have an IEP means a written statement describing proposed:

(1) Procedures necessary for determination of medical eligibility for the CCS medical therapy program; or

(2) Procedures necessary for the redetermination of need for medically necessary physical therapy or occupational therapy for a pupil known to be eligible for the CCS medical therapy program.

(c) "Assessment report for therapy" means a written document of the results of a pupil's assessment for medically necessary occupational therapy or physical therapy.

(d) "CCS Panel" means that group of physicians and other medical providers of services who have applied to and been approved by CCS.

(e) "Dependent county agency" means the CCS administrative organization in a county that administers the CCS program jointly with the State pursuant to Sections 123850 and 123905 of the Health and Safety Code.

(f) "Documented physical deficit" refers to a pupil's motor dysfunction recorded on the referral for special education and related services by the Local Education Agency and documented in the pupil's CCS medical record.

(g) "Independent county agency" means the CCS administrative organization in a county that administers the CCS program independently pursuant to Section 123850 of the Health and Safety Code.

(h) "Medical therapy conference" means a team meeting held in the medical therapy unit where medical case management for the pupil's medical therapy program eligible condition is provided by the medical therapy conference team as described in (i).

(i) "Medical therapy conference team" means a team composed of the pupil, parent, physician and occupational therapist and/or physical therapist, or both. The team may include, with the consent of the pupil's parent(s), an education representative who is present for the purpose of coordination with medical services.

(j) "Medical therapy program eligible condition" are those diagnoses that make a pupil eligible for medical therapy services and include the following diagnosed neuromuscular, musculoskeletal, or muscular diseases:

(1) Cerebral palsy, a nonprogressive motor disorder with onset in early childhood resulting from a lesion in the brain and manifested by the presence of one or more of the following findings:

(A) Rigidity or spasticity;

(B) Hypotonia, with normal or increased deep tendon reflexes and exaggeration or persistence of primitive reflexes beyond the normal age;

(C) Involuntary movements, athetoid, choreoid, or dystonic; or

(D) Ataxia, incoordination of voluntary movement, dysdiadochokinesia, intention tremor, reeling or shaking of trunk and head, staggering or stumbling, and broad–based gait.

(2) Other neuromuscular diseases that produce muscle weakness and atrophy, such as poliomyelitis, myasthenias, muscular dystrophies;

(3) Chronic musculoskeletal diseases, deformities or injuries, such as osteogenesis imperfecta, arthrogryposis, rheumatoid arthritis, amputation, and contractures resulting from burns.

(k) "Medical therapy services" are occupational therapy or physical therapy services that require a medical prescription and are determined to be medically necessary by CCS. Medical therapy services include:

(1) "Treatment", an intervention to individuals or groups of pupils in which there are occupational therapy or physical therapy services as per California Business and Professions Code, Chapter 5.7, Article 2, Section 2620.

(2) "Consultation", an occupational therapy or physical therapy activity that provides information and instruction to parents, care givers or LEA staff, and other medical services providers;

(3) "Monitoring", a regularly scheduled therapy activity in which the therapist reevaluates the pupil's physical status, reviews those activities in the therapy plan which are provided by parents, care givers or LEA staff, and updates the therapy plan as necessary; and

(4) Medical therapy conference as defined in (h).

(*l*) "Medical therapy unit" means a CCS and LEA approved public school location where medical therapy services, including comprehensive evaluations and medical therapy conferences, are provided by CCS.

(m) "Medical therapy unit satellite" means a CCS and LEA approved extension of an established medical therapy unit where medical therapy services may be provided by CCS. Comprehensive evaluations and medical therapy conferences are not a part of medical therapy unit satellite services.

(n) "Medically necessary occupational therapy or physical therapy services" are those services directed at achieving or preventing further loss of functional skills, or reducing the incidence and severity of

physical disability.

(o) "Necessary equipment" means that equipment, provided by the LEA, which is required by the medical therapy unit staff to provide medically necessary occupational therapy and/or physical therapy services to a pupil with a medical therapy program eligible condition.

(p) "Necessary space" means the facilities, which are provided by the LEA for a medical therapy unit or a medical therapy unit satellite, and enable the medical therapy unit staff to provide medically necessary therapy services to a pupil with a medical therapy program eligible condition.

(q) "Occupational therapy and physical therapy" mean services provided by or under the supervision of occupational therapists and physical therapists pursuant to California Code of Regulations, Title 5, Section 3051.6(b).

(r) "Therapy plan" means the written recommendations for medically necessary occupational therapy or physical therapy services based on the results of the therapy assessment and evaluation and is to be included in the individualized education program or individualized family service plan.

NOTE: Authority cited: Section 7587, Government Code. Reference: Section 7575, Government Code; Sections 123825, 123850, 123875 and 123905, Health and Safety Code; Sections 3001(x) and 3051.6(b) of Title 5, California Code of Regulations; and Section 2620 of Chapter 5.7, Article 2, California Business and Professions Code.

§ 60310. Local Interagency Agreements Between CCS and Education Agencies.

(a) In order to facilitate the provision of services described in subdivisions (a), (b), (d), and (e) of Section 7572 of the Government Code and subdivisions (a), (b), and (d) of Section 7575 of the Government Code, each independent county agency and each authorized dependent county agency of CCS shall appoint a liaison for the county agency of CCS. The county Superintendent of Schools or SELPA director shall ensure the designation of a liaison for each SELPA in each local plan.

(b) In the event of multi–SELPA counties or multi–county SELPAs, the liaisons representing education and CCS shall develop a process for interagency decision making that results in a local interagency agreement.

(c) Each independent county agency and each dependent county agency of CCS and the county Superintendent of Schools or SELPA director shall ensure the development and implementation of a local interagency agreement in order to facilitate the provision of medically necessary occupational therapy and physical therapy which shall include at a minium a delineation of the process for:

(1) Identifying a contact person within each LEA in the SELPA and within each CCS county agency;

(2) Referring pupils, birth to twenty–one years of age, who may have or are suspected of having a neuromuscular, musculoskeletal, or other physical impairment who may require medically– necessary occupational therapy or physical therapy.

(3) Exchanging between the agencies the educational and medical information concerning the pupil with a disability upon receiving the parent's written, informed consent obtained in accordance with Section 300.500 of Title 34 of the Code of Federal Regulations.

(4) Giving 10 days notice to the county CCS agency of all IEP team meetings for pupils served by CCS medical therapy program;

(5) Giving 10 days notice to the LEA and the parent of an impending change in the CCS medical therapy program services which may necessitate a change in the IEP;

(6) Describing the methods of participation of CCS in the IEP team meetings pursuant to Government Code Section 7572(e);

(7) Developing or amending the therapy services indicated in the pupil's IEP in accordance with Section 56341 of the Education Code;

(8) Transporting pupils with disabilities to receive medically–necessary occupational therapy or physical therapy services at the medical therapy unit or medical therapy unit satellite;

(9) Determining the need for and location of medical therapy units or medical therapy unit satellites, or other off–site facilities authorized by state CCS and the California Department of Education;

(10) Approving the utilization of designated therapy space when not in use by CCS staff.

(11) Planning for joint staff development activities;

(12) Resolving conflicts between the county CCS agency and the LEA; and

(13) Annually reviewing the local interagency agreement and modifying it as necessary.

(d) The local interagency agreement shall also include:

(1) The name of the LEA responsible for the provision, maintenance, and operation of the facilities housing the medical therapy unit or medical therapy unit satellite during the CCS work day on a twelve–month basis;

(2) The name of the LEA having the fiscal/administrative responsibility for the provision and maintenance of necessary space, equipment, and supplies; and

(3) The process for change in fiscal/administrative responsibility for the provision and maintenance of necessary space, equipment, and supplies.

NOTE: Authority cited: Section 7587, Government Code. Reference: Sections 7572 and 7575, Government Code; Section 123875, Health and Safety Code; Section 300.500 of Title 34, Code of Federal Regulations; and Section 56341, Education Code.

§ 60320. Referral and Assessment.

(a) Pupils referred to the LEA for assessment of fine and gross motor or physical skills shall be considered for assessment either by the LEA or by CCS depending on the information contained in the referral and the pupil's documented physical deficit pursuant to Section 7572 of the Government Code.

(b) If the LEA determines that a referral to CCS is not appropriate, the LEA shall propose an assessment plan to the parents.

(c) If the pupil is referred to CCS by the LEA, the referral must be accompanied by:

(1) The pupil's medical diagnosis;

(2) Current medical records;

(3) Parental permission for exchange of information between agencies; and

(4) Application for the CCS program if the pupil is unknown to CCS.

(d) If medical eligibility cannot be determined by medical records submitted, CCS shall:

(1) Notify the parent and LEA within 15 days of the receipt of the referral;

(2) Seek additional medical information; and

(3) If the additional medical information sought in subdivision (2) does not establish medical eligibility, and if the pupil's diagnosis is cerebral palsy, then refer the pupil to a CCS panel physician for a neurological examination.

(e) If CCS determines that the pupil is ineligible because the pupil's medical condition is not a medical therapy program eligible condition, CCS shall notify the parent and LEA within five days of the determination of eligibility status for the medical therapy program.

(f) If CCS determines the pupil has a medical therapy program eligible condition, CCS shall propose a therapy assessment to the parents and obtain written consent for the assessment of the need for medically–necessary occupational therapy or physical therapy. This assessment for therapy shall be implemented not more than 15 days following the determination of whether the pupil has a medical therapy program eligible condition.

(g) Upon receipt of the parent's written consent for an assessment, the CCS agency shall send a copy of the parent's consent to the LEA which shall establish the date of the IEP team meeting. The LEA shall schedule an IEP team meeting to be held within 50 days from the date parental consent is received by CCS.

(h) When CCS determines a pupil needs medically necessary occupational therapy or physical therapy, CCS shall provide the LEA and the parent a copy of the completed assessment report for therapy or a proposed therapy plan prior to the scheduled IEP meeting.

(i) When CCS determines a pupil does not need medically–necessary physical therapy or occupational therapy, the LEA and the parent shall be provided with the completed assessment report for therapy and a statement which delineates the basis for the determination.

NOTE: Authority cited: Section 7587, Government Code. Reference: Sections 7572 and 7575(a), Government Code; Sections 123830, 123860 and 123875, Health and Safety Code; Section 300.532 of Title 34, Code of Federal Regulations; Sections 56320, 56321, 56329 and 56344, Education Code; and Section 3051.6 of Title 5, California Code of Regulations.

§ 60323. Medical Therapy Program Responsibilities.

(a) The Medical Therapy Conference shall assess the pupil's need for occupational therapy and physical therapy. The determination of medical necessity shall be based on the pupil's physical and functional status.

(b) The Medical Therapy Conference shall review the therapy plan to ensure the inclusion of measurable functional goals and objectives for services to be performed by occupational therapists and physical therapists, as well as activities that support the goals and objectives to be performed by parents or LEA staff to maintain or prevent loss of function.

(c) The Medical Therapy Conference team shall be responsible for approval of therapy plans and either the Medical Therapy Conference physician shall write the prescription for those services provided to pupils under his supervision or review those prescriptions submitted by the pupil's private physician for compliance with (a) and (b) of this section.

(d) Medically necessary therapy services are provided at a level dependent on the pupil's physical and functional status as determined and prescribed by the CCS paneled physician of the specialty appropriate for treating the pupil's Medical Therapy Program eligible condition and who has been authorized by the program to supervise the pupil's Medical Therapy Program eligible condition.

(e) The medical necessity of occupational therapy or physical therapy services delivered to pupils not participating in a Medical Therapy Conference because there is not a Medical Therapy Conference in their geographical area shall be determined by the state program medical consultant or CCS designee.

(f) Medical therapy services must be provided by or under the supervision of a registered occupational therapist or licensed physical therapist in accordance with CCS regulations and requirements. This therapy does not include fine and gross motor activities which can be provided by qualified personnel, pursuant to California Code of Regulations, Title 5, Section 2620.

NOTE: Authority cited: Section 7587, Government Code. Reference: Section 7575, Government Code; Sections 123825, 123850 and 123905, Health and Safety Code; and Section 3001(x) of Title 5, California Code of Regulations.

§ 60325. Individualized Education Program for Therapy Services.

(a) CCS shall provide a copy of the assessment and evaluation report and the proposed therapy plan to the IEP team which shall include:

(1) A statement of the pupil's present level of functional performance;

(2) The proposed functional goals to achieve a measurable change in function or recommendations for services to prevent loss of present function and documentation of progress to date;

(3) The specific related services required by the pupil, including the type of physical therapy or occupational therapy intervention, treatment, consultation, or monitoring;

(4) The proposed initiation, frequency, and duration of the services to be provided by the medical therapy program; and

(5) The proposed date of medical evaluation.

(b) CCS shall participate in the IEP team as set forth in Government Code Section 7572(e).

(c) CCS shall notify the IEP team and parent in writing within 5 days of a decision to increase, decrease, change the type of intervention, or discontinue services for a pupil receiving medical therapy services. If the parent is present at time the decision is made, he or she will also be verbally informed of the decision.

(d) The IEP team shall be convened by the LEA pursuant to subsection (c) of this section or when there is an annual or triennial review or a review requested by the parent or other authorized persons.

(e) The LEA shall convene the IEP team to review all assessments, request additional assessments if needed, determine whether fine or gross motor or physical needs exist, and consider designated instruction and services or related services that are necessary to enable the pupil to benefit from the special education program.

(f) When the IEP team determines that occupational therapy or physical therapy services are necessary for the pupil to benefit from the special education program, goals and objectives relating to the activities identified in the assessment reports shall be written into the IEP and provided by personnel qualified pursuant to the California Code of Regulations, Title 5, Section 3051.6.

NOTE: Authority cited: Section 7587, Government Code. Reference: Sections 7572(e) and 7575, Government Code; Section 56345, Education Code; and Section 3051.6 of Title 5, California Code of Regulations.

§ 60330. Space and Equipment for Occupational Therapy and Physical Therapy.

(a) The medical therapy unit shall have necessary space and equipment to accommodate the following functions: administration, medical therapy conference, comprehensive evaluation, private treatment, activities of daily living, storage, and modification of equipment. The specific space and equipment requirements are dependent upon local needs as determined by joint agreement of state CCS, county CCS, and LEAs, and approved by both the California Department of Education and the State Department of Health Services.

(b) The space and equipment of the medical therapy unit and medical therapy unit satellites shall be for the exclusive use of the CCS' staff when they are on site. The special education administration of the LEA in which the units are located shall coordinate with the CCS' staff for other use of the space and equipment when the CCS' staff is not present.

(c) All new construction, relocation, remodeling or modification of medical therapy units and medical therapy unit satellites shall be mutually planned and approved by the California Department of Education and the State Department of Health Services.

NOTE: Authority Cited: Section 7587, Government Code. Reference: Section 7575(d), Government Code.

Article 6. Home Health Aide

§ 60400. Specialized Home Health Aide.

(a) The Department of Health Services shall be responsible for providing the services of a home health aide when the local education agency (LEA) considers a less restrictive placement from home to school for a pupil for whom both of the following conditions exist:

(1) The California Medical Assistance Program (Medi–Cal) provides life–supporting medical services via a home health agency during the time the pupil would be in school or traveling between school and home.

(2) The medical services provided require that the pupil receive the personal assistance or attention of a nurse, home health aide, parent or guardian, or some other specially trained adult in order to be effectively delivered.

(b) For purposes of this section, "life supporting medical services" means services to a pupil with a disability that is dependent on a medical technology or device that compensates for loss of the normal use of vital bodily function and who requires daily skilled nursing care to divert further disability or death.

(c) The department shall determine the appropriate level of care–giver, based on medical necessity, to provide the services.

NOTE: Authority cited: Section 7587, Government Code. Reference: Section 7575(e), Government Code; and Section 51337 of Title 22, California Code of Regulations.

Article 7. Exchange of Information Between Education and Social Services

§ 60505. Community Care Facilities.

(a) The Department of Social Services shall biannually provide the Superintendent of Public Instruction a current rates list of group homes and foster family agencies.

(b) The Superintendent of Public Instruction shall biannually provide each county office of education a current list of licensed children's institutions pursuant to Section 56156 of the Education Code.

(c) The county superintendent of schools, in accordance with Section 56156(d) of the Education Code, shall biannually provide the SELPA director a current list of the licensed children's institutions within the county.

(d) The county office of education shall notify the director of each licensed children's institution of the appropriate person to contact regarding pupils with disabilities.

(e) The SELPA director and the administrator of the LEA in which a group home or small family home is located shall provide the facility licensee the following information:

(1) The types and locations of public and state certified nonpublic, nonsectarian special education programs available within the SELPA; and

(2) The ability of the LEAs within the SELPA to absorb, expand, or to open new programs to meet the needs of the pupil population given the limitations of instructional personnel service units, available school facilities, funds, and staff.

NOTE: Authority cited: Section 7587, Government Code. Reference: Section 7580, Government Code; and Section 56156, Education Code.

§ 60510. Prior Notification.

(a) The court, regional center for the developmentally disabled, or public agency other than an educational agency shall notify the SELPA director, in writing or by telephone, prior to placing a pupil with a disability in a facility listed in Section 60025, and provide the following relevant information within ten days:

(1) The name of the last school attended, the contact person at that school, and the available educational records, including the current IEP.

(2) A copy or summary of the most recent psychological and medical records relevant to educational planning which are maintained by the agency.

(3) The name, address and telephone number of the parent who has the responsibility to represent the pupil in educational matters and to sign the IEP for special education, designated instruction and services and related services.

(4) The name, address and telephone number of the individual with designated responsibility to sign for consent for non–emergency medical services.

(5) The name of the administrator/designee, address, telephone number, and licensing status of a home under consideration for the pupil.

(6) A description of any special considerations related to transporting the pupil.

(7) Signed consents by the parent to exchange information relevant to IEP planning and individual program planning.

(8) When an agency makes an emergency placement to protect the physical, mental health or safety of a pupil, the agency shall furnish the SELPA director the required information within three days after the placement.

(b) The SELPA director shall provide the placing agency with information about the availability of an appropriate special education program in the SELPA in which the home is located. This should occur within seven days of receipt of the notice of placement.

(1) If no appropriate special education placements exist within the SELPA, and the placement options are home instruction or in a public or nonpublic facility located in another SELPA, the placing agency should make every effort to place the pupil in another SELPA that has appropriate available residential and educational programs.

(2) When the agency places a pupil in a licensed children's institution, as defined in this Chapter which has an on–grounds, certified, nonpublic, nonsectarian school, the pupil may attend the education program only if the SELPA's IEP team has determined that there is no appropriate public education program in the community and that the on–grounds program is appropriate and can implement the pupil's IEP.

(3) When the IEP team makes the determination that the on–grounds program is appropriate, the LEA may then contract for educational services with the nonpublic school.

NOTE: Authority cited: Section 7587, Government Code. Reference: Sections 7579 and 7580, Government Code; and Section 56156, Education Code.

Article 8. Procedural Safeguards

§ 60550. Due Process Hearings.

(a) Due process hearing procedures apply to the resolution of disagreements between a parent and a public agency regarding the proposal or refusal of a public agency to initiate or change the identification, assessment, educational placement, or the provision of special education and related services to the pupil.

(b) Upon receiving a request for a due process hearing regarding the services provided or refused by another agency, the Superintendent of Public Instruction or designee shall send the state and local agency involved a copy of the hearing request, the name of the assigned mediator, and the date of the mediation meeting in accordance with Section 56503 of the Education Code. Nothing in this section shall preclude any party from waiving mediation.

(c) If the mediator cannot resolve the issues, a state level hearing shall be conducted by a hearing officer in accordance with Section 56505 of the Education Code.

(d) Each agency which is identified by the State Superintendent of Public Instruction or designee as a potentially responsible party and which has been involved in a proposal or refusal to provide a service is responsible for preparing documentation and providing testimony for the hearing officer.

(e) The hearing officer shall be knowledgeable in the laws governing administrative hearings. In addition, the hearing officer shall be knowledgeable about the provisions of Chapter 26.5 of the Government Code and applicable laws relevant to special education, community mental health and the California Children's Services Program. For hearings related to the provision of occupational and/or physical therapy, the hearing officer shall rule according to Government Code Section 7575(a) which specifies:

(1) "Notwithstanding any other provision of law, the State Department of Health Services, or any designated local agency administering the California Children Services, shall be responsible for the provision of medically necessary occupational therapy and physical therapy, as specified by Article 2, commencing with Section 123825 et. seq. of the Health and Safety Code, by reason of medical diagnosis and when contained in the pupil's IEP.

(2) Related services or designated instruction and services not deemed to be medically necessary by the State Department of Health

Services, which the IEP team determines are necessary in order to assist a pupil to benefit from special education, shall be provided by the LEA by qualified personnel whose employment standards are covered by the Education Code and implementing regulations."

(f) The hearing decision shall be the final administrative determination regarding the provision of educational and related services, and is binding on all parties.

(g) Nothing in this article shall preclude the Department of Social Services from instituting, maintaining and concluding an administrative action to revoke or temporarily suspend a license pursuant to the Community Care Facilities Act, Health and Safety Code Section 1500 et. Seq.

(h) Nothing in this article shall interfere with the discharge of a pupil placed in a community treatment facility who does not meet admission or continuing stay criteria and/or does meet discharge criteria as defined in Welfare and Institutions Code Section 4094 and implementing CCL regulations.

(i) The California Department of Education is fiscally responsible for services provided by the mediator and the hearing officer in response to a parent's request for a due process hearing.

NOTE: Authority cited: Section 7587, Government Code. Reference: Section 7586, Government Code; Sections 56501–56507, Education Code; Section 3082 of Title 5, California Code of Regulations; Section 4094, Welfare and Institutions Code; *Corbett v. Regional Center of the East Bay Inc. and Linda McMahon, Director of the Department of Social Services*, (1988) 9th Cir. 699 F. Supp. 230; *In re Roger S.* (1977) 19 Cal.3d. 921; and *In re Michael E.* (1975) 15 Cal.3d. 183.

§ 60560. Compliance Complaints.

Allegations of failure by an LEA, Community Mental Health Services or CCS to comply with these regulations, shall be resolved pursuant to Chapter 5.1, commencing with Section 4600, of Division 1 of Title 5 of the California Code of Regulations.

NOTE: Authority cited: Section 7587, Government Code. Reference: Section 7585, Government Code; and Section 4650, Title 5, California Code of Regulations.

Article 9. Interagency Dispute Resolution

§ 60600. Application of Procedures.

(a) The procedures of this article apply as specified in Government Code 7585, when there is a dispute between or among the California Department of Education or a LEA or both and any agency included in Sections 7575 and 7576 of the Government Code over the provision of related services, when such services are contained in the IEP of a pupil with a disability. This article also applies when the responsibility for providing services, ordered by a hearing officer or agreed to through mediation pursuant to Sections 56503 and 56505 of the Education Code, is in dispute among or between the public agencies.

(b) A dispute over the provision of services means a dispute over which agency is to deliver or to pay for the services when the service is contained in the IEP, mediation agreement, or due process hearing decision. The IEP of a pupil with a disability, and, when appropriate, a copy of the mediation agreement negotiated through the mediator or decision of the hearing officer shall accompany the request for a state interagency dispute resolution.

(c) As specified in Section 7585 of the Government Code, when a service has been included in an IEP by an IEP team without the recommendation of the qualified professional in accordance with Section 7572 of the Government Code, the LEA shall be solely responsible for the provision of the service. In such circumstances, the dispute, if any, is between the parent and the LEA and shall be resolved pursuant to Title 5 of the California Code of Regulations.

NOTE: Authority cited: Section 7587, Government Code. Reference: Sections 7572 and 7585, Government Code; and Sections 56503 and 56505, Education Code.

§ 60610. Resolution Procedure.

(a) Whenever notification is filed pursuant to subsection (a) of Section 7585 of the Government Code, the dispute procedures shall not interfere with a pupil with a disability's right to receive a free, appropriate public education.

(1) If one of the departments or local agencies specified in Sections 7575, 7576, 7577, and 7578 of the Government Code has been providing the service prior to notification of the failure to provide a related service or designated instruction and service, that department or local agency shall pay for, or provide, at it's discretion, the service until the dispute resolution proceedings are completed.

(2) If no department or local agency specified in this section has provided the service prior to the notification of the dispute, the State Superintendent of Public Instruction shall ensure that the LEA provides the service in accordance with the IEP, until the dispute resolution proceedings are completed.

(3) Arrangements, other than those specified in paragraphs (1) and (2) of subsection (a), may be made by written agreement between the involved public agencies, provided the pupil with disabilities' IEP is not altered, except as to which agency delivers or pays for the service if such specification is included in the IEP.

(b) In resolving the dispute, the State Superintendent of Public Instruction and Secretary of the Health and Welfare Agency or their designees shall meet to resolve the issue within 15 days of receipt of the notice.

(c) Once the dispute resolution procedures have been completed, the department or local agency determined responsible for the service shall pay for, or provide the service, and shall reimburse the other agency which provided the service pursuant to subsection (a) of this section, if applicable.

(d) A written copy of the resolution shall be mailed to affected parties pursuant to Section 7585 of the Government Code.

(e) The resolution of the dispute shall be communicated to the originating party within 60 days from the receipt of the complaint by either agency.

NOTE: Authority cited: Section 7587, Government Code. Reference: Sections 7575, 7576, 7577, 7578 and 7585, Government Code.

TITLE 5. EDUCATION

Division 1. State Department of Education

Chapter 3. Handicapped Children

Subchapter 1. Special Education

Article 3.1. Individuals with Exceptional Needs

§ 3030. Eligibility Criteria.

A pupil shall qualify as an individual with exceptional needs, pursuant to Section 56026 of the Education Code, if the results of the assessment as required by Section 56320 demonstrate that the degree of the pupil's impairment as described in Section 3030 (a through j) requires special education in one or more of the program options authorized by Section 56361 of the Education Code. The decision as to the whether or not the assessment results demonstrate that the degree of the pupil's impairment requires special education shall be made by the individualized education program team, including personnel in accordance with Section 56341(d) of the Education Code. The individualized education program team shall take into account all the relevant material which is available on the pupil. No single score or product of scores shall be used as the sole criterion for the decision of the individualized education program team as to the pupil's eligibility for special education. The specific processes and procedures for implementation of these criteria shall be developed by each Special Education Local Plan Area and be included in the local plan pursuant to Section 56220(a) of the Education Code.

(a) A pupil has a hearing impairment, whether permanent or fluctuating, which impairs the processing of linguistic information through hearing, even with amplification, and which adversely affects educational performance. Processing linguistic information includes speech and language reception and speech and language discrimination.

(b) A pupil has concomitant hearing and visual impairments, the combination of which causes severe communication, developmental, and educational problems.

(c) A pupil has a language or speech disorder as defined in Section 56333 of the Education Code, and it is determined that the pupil's disorder meets one or more of the following criteria:

(1) Articulation disorder.

(A) The pupil displays reduced intelligibility or an inability to use the speech mechanism which significantly interferes with communication and attracts adverse attention. Significant interference in communication occurs when the pupil's production of single or multiple speech sounds on a developmental scale of articulation competency is below that expected for his or her chronological age or developmental level, and which adversely affects educational performance.

(B) A pupil does not meet the criteria for an articulation disorder if the sole assessed disability is an abnormal swallowing pattern.

(2) Abnormal Voice. A pupil has an abnormal voice which is characterized by persistent, defective voice quality, pitch, or loudness.

(3) Fluency Disorders. A pupil has a fluency disorder when the flow of verbal expression including rate and rhythm adversely affects communication between the pupil and listener.

(4) Language Disorder. The pupil has an expressive or receptive language disorder when he or she meets one of the following criteria:

(A) The pupil scores at least 1.5 standard deviations below the mean, or below the 7th percentile, for his or her chronological age or developmental level on two or more standardized tests in one or more of the following areas of language development: morphology, syntax, semantics, or pragmatics. When standardized tests are considered to be invalid for the specific pupil, the expected language performance level shall be determined by alternative means as specified on the assessment plan, or

(B) The pupil scores at least 1.5 standard deviations below the mean or the score is below the 7th percentile for his or her chronological age or developmental level on one or more standardized tests in one of the areas listed in subsection (A) and displays inappropriate or inadequate usage of expressive or receptive language as measured by a representative spontaneous or elicited language sample of a minimum of fifty utterances. The language sample must be recorded or transcribed and analyzed, and the results included in the assessment report. If the pupil is unable to produce this sample, the language, speech, and hearing specialist shall document why a fifty utterance sample was not obtainable and the contexts in which attempts were made to elicit the sample. When standardized tests are considered to be invalid for the specific pupil, the expected language performance level shall be determined by alternative means as specified in the assessment plan.

(d) A pupil has a visual impairment which, even with correction, adversely affects a pupil's educational performance.

(e) A pupil has a severe orthopedic impairment which adversely affects the pupil's educational performance. Such orthopedic impairments include impairments caused by congenital anomaly, impairments caused by disease, and impairments from other causes.

(f) A pupil has limited strength, vitality or alertness, due to chronic or acute health problems, including but not limited to a heart condition, cancer, leukemia, rheumatic fever, chronic kidney disease, cystic fibrosis, severe asthma, epilepsy, lead poising, diabetes, tuberculosis and other communicable infectious diseases, and hematological disorders such as sickle cell anemia and hemophilia which adversely affects a pupil's educational performance. In accordance with Section 5626(e) of the Education Code, such physical disabilities shall not be temporary in nature as defined by Section 3001(v).

(g) A pupil exhibits any combination of the following autistic–like behaviors, to include but not limited to:

(1) An inability to use oral language for appropriate communication.

(2) A history of extreme withdrawal or relating to people inappropriately and continued impairment in social interaction from infancy through early childhood.

(3) An obsession to maintain sameness.

(4) Extreme preoccupation with objects or inappropriate use of objects or both.

(5) Extreme resistance to controls.

(6) Displays peculiar motoric mannerisms and motility patterns.

(7) Self–stimulating, ritualistic behavior.

(h) A pupil has significantly below average general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period, which adversely affect a pupil's educational performance.

(i) Because of a serious emotional disturbance, a pupil exhibits one or more of the following characteristics over a long period of time and to a marked degree, which adversely affect educational performance:

(1) An inability to learn which cannot be explained by intellectual, sensory, or health factors.

(2) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.

(3) Inappropriate types of behavior or feelings under normal circumstances exhibited in several situations.

(4) A general pervasive mood of unhappiness or depression.

(5) A tendency to develop physical symptoms or fears associated with personal or school problems.

(j) A pupil has a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an impaired ability to listen, think, speak, read, write, spell, or do mathematical calculations, and has a severe discrepancy between intellectual ability and achievement

in one or more of the academic areas specified in Section 56337(a) of the Education Code. For the purpose of Section 3030(j):

(1) Basic psychological processes include attention, visual processing, auditory processing, sensory–motor skills, cognitive abilities including association, conceptualization and expression.

(2) Intellectual ability includes both acquired learning and learning potential and shall be determined by a systematic assessment of intellectual functioning.

(3) The level of achievement includes the pupil's level of competence in materials and subject matter explicitly taught in school and shall be measured by standardized achievement tests.

(4) The decision as to whether or not a severe discrepancy exists shall be made by the individualized education program team, including assessment personnel in accordance with Section 56341(d), which takes into account all relevant material which is available on the pupil. No single score or product of scores, test or procedure shall be used as the sole criterion for the decisions of the individualized education program team as to the pupil's eligibility for special education. In determining the existence of a severe discrepancy, the individualized education program team shall use the following procedures:

(A) When standardized tests are considered to be valid for a specific pupil, a severe discrepancy is demonstrated by: first, converting into common standard scores, using a mean of 100 and standard deviation of 15, the achievement test score and the ability test score to be compared; second, computing the difference between these common standard scores; and third, comparing this computed difference to the standard criterion which is the product of 1.5 multiplied by the standard deviation of the distribution of computed differences of students taking these achievement and ability tests. A computed difference which equals or exceeds this standard criterion, adjusted by one standard error of measurement, the adjustment not to exceed 4 common standard score points, indicates a severe discrepancy when such discrepancy is corroborated by other assessment data which may include other tests, scales, instruments, observations and work samples, as appropriate.

(B) When standardized tests are considered to be invalid for a specific pupil, the discrepancy shall be measured by alternative means as specified on the assessment plan.

(C) If the standardized tests do not reveal a severe discrepancy as defined in subparagraphs (A) or (B) above, the individualized education program team may find that a severe discrepancy does exist, provided that the team documents in a written report that the severe discrepancy between ability and achievement exists as a result of a disorder in one or more of the basic psychological processes. The report shall include a statement of the area, the degree, and the basis and method used in determining the discrepancy. The report shall contain information considered by the team which shall include, but not be limited to:

1. Data obtained from standardized assessment instruments;
2. Information provided by the parent;
3. Information provided by the pupil's present teacher;
4. Evidence of the pupil's performance in the regular and/or special education classroom obtained from observations, work samples, and group test scores;
5. Consideration of the pupil's age, particularly for young children; and
6. Any additional relevant information.

(5) The discrepancy shall not be primarily the result of limited school experience or poor school attendance.

NOTE: Authority cited: Statutes of 1981, Chapter 1094, Section 25(a); and Section 56100(a), (g) and (i), Education Code. Reference: 20 USC 1401(a)(15) and 1412(5); 34 CFR 300.5(b)(7) and (9), 300.532(a)(2), (d) and (e), 300.533, 300.540, 300.541–43; and Sections 56026, 56320, 56333 and 56337, Education Code.

§ 3031. Additional Eligibility Criteria for Individuals with Exceptional Needs—Age Birth to Four Years and Nine Months.

(a) A child, age birth to four years and nine months, shall qualify as an individual with exceptional needs pursuant to Education Code Section 56026(c)(1) and (2) if the Individualized Education Program Team determines that the child meets the following criteria:

(1) Is identified as an individual with exceptional needs pursuant to Section 3030, and

(2) Is identified as requiring intensive special education and services by meeting one of the following:

(A) The child is functioning at or below 50% of his or her chronological age level in any one of the following skill areas:

1. gross or fine motor development;
2. receptive or expressive language development;
3. social or emotional development;
4. cognitive development; and
5. visual development.

(B) The child is functioning between 51% and 75% of his or her chronological age level in any two of the skill areas identified in Section 3031(2)(A).

(C) The child has a disabling medical condition or congenital syndrome which the Individualized Education Program Team determines has a high predictability of requiring intensive special education and services.

(b) Programs for individuals with exceptional needs younger than three years of age are permissive in accordance with Section 56001(c) of the Education Code except for those programs mandated pursuant to Section 56425 of the Education Code.

NOTE: Authority cited: Statutes of 1981, Chapter 1094, Section 25(a); and Section 56100(a), (g) and (i), Education Code. Reference: 20 USC 1401(a)(15); 34 CFR 300.5; Statutes of 1981, Chapter 1094, Section 25(a); and Sections 56026, 56030.5, 56333, and 56337, Education Code.

TITLE 9. REHABILITATIVE AND DEVELOPMENTAL SERVICES

Division 1. Department of Mental Health

Chapter 2. Conflict of Interest Code

§ 400. General Provisions.

The Political Reform Act, Government Code Sections 81000, et seq., requires state and local government agencies to adopt and promulgate Conflict of Interest Codes. The Fair Political Practices Commission has adopted Section 18730 of Title 2, California Code of Regulations (CCR), containing the terms of a standard Conflict of Interest Code. Section 18730 may be incorporated by reference, and may be amended by the Fair Political Practices Commission to conform to amendments in the Political Reform Act after public notice and hearings. Therefore, the terms of Section 18730 of Title 2, CCR and any amendments to it duly adopted by the Fair Political Practices Commission, along with the attached Appendices (in which officials and employees are designated and disclosure categories are set forth), are hereby incorporated by reference. These terms, amendments and Appendices constitute the Conflict of Interest Code of the Department of Mental Health.

Designated employees shall file statements of economic interests with the Department of Mental Health. The Director's original statement shall be sent to the Fair Political Practices Commission and a copy retained by the filing officer.

NOTE: Authority cited: Sections 87300 and 87306, Government Code. Reference: Section 87300, *et seq*., Government Code.

Appendix A

Designated Employees	*Assigned Disclosure Categories*
DIRECTOR'S OFFICE	
Director	1
Chief Deputy Director	1
Special Assistant to the Director	1
Chief, Community and Consumer Relations	1
Consumer Liaison	2
All Staff Counsels	1
Supervising Special Investigators	4, 5 & 6
California Mental Health Planning Council	
Executive Officer	1
SYSTEMS OF CARE	
Specialized Programs/Early Mental Health Initiative	
Mental Health Program Supervisor	2
Specialized Programs/Adult Systems of Care	
Mental Health Program Supervisor	2
ADMINISTRATIVE SERVICES	
Employee Safety and Support Services	
Staff Services Manager II	3
Associate Governmental Program Analyst	3
Associate Business Management Analyst	3
Health and Safety Officer	2
Business Services Officer	3
Business Services Assistant	3
Records Management Analyst	3
Financial Services	
Accounting Administrator I	2
Accounting Administrator II	2
Associate Budget Analyst	4
LONG TERM CARE SERVICES	
State Hospitals	
Accounting Administrator I	4
Assistant Hospital Administrator	3 & 6
Chief, Physician and Surgeon	3 & 6
Chiefs of Plant Operations	3
Chief of Professional Education	3 & 6
Data Processing Manager I	2
Director of Dietetics	3
Assistant Director of Dietetics	3
Hospital General Services Administrators	3 & 6
Patient Benefit and Insurance Officers	1
Pharmacy Services Manager	3 & 6
Training Officers	3
PROGRAM COMPLIANCE	
Mental Health Program Supervisor	2
Supervising Governmental Auditors I & II	1
OTHER	
All Career Executive Assignments (CEA)	1
Deputy Director	
Executive Director	
Assistant Deputy Director	
Assistant Director	
Medical Director, CEA	
Hospital Administrator	
Clinical Administrator	
Chief, Office of Multicultural Services	
Chief, Office of Human Rights	
Chief, Systems Implementation & Support	
Chief, Systems Planning, Development and Evaluation	
Chief, Long Term Care Reform	
Chief, Specialized Programs	
Chief, Hospital Operations	
Chief, Forensic Services	
Chief, Sex Offender Commitment Program	
Chief, Human Resources	
Chief, Financial Services	
Chief, County Financial Program Support	
Chief, Information Technology	
Chief Counsel I, CEA	
Chief, Hospital Safety and Security	
*All Department Consultants**	1

*Consultants should be included in the list of designated employees and should disclose pursuant to the broadest disclosure category in the Code subject to the following limitation:

With respect to Consultants, the Director, however, may determine in writing that a particular consultant, although a "designated person", is hired to perform a range of duties that are limited in scope and thus not required to comply with the disclosure requirements described in this Section. Such determination shall include a description of the consultant's duties and, based upon that description, a statement of the extent of disclosure requirements. The Director shall forward a copy of this determination to the Fair Political Practices Commission. Nothing herein excuses any such consultant from any other provision of this Economic Interest Code.

Appendix B

Disclosure Categories

Category 1

Designated employees assigned to this category must report:

Interests in real property located within one mile of any hospital subject to the Department jurisdiction, all investments in business entities and income received from sources in the State of California, doing business within the State of California, planning to do business within the State of California, or having done business within the State of California within two years prior to any time period covered in a statement of economic interest.

His or her status as a director, officer, partner, trustee, employee or

holder of a management position in any business entity in the State of California, doing business within the State of California, planning to do business within the State of California, or which had done business within the State of California within two years prior to any time period covered in a statement of economic interest.

Category 2

Designated employees assigned to this category must report:

All investments in business entities and income received from sources in the State of California, doing business within the State of California, planning to do business within the State of California, or having done business within the State of California within two years prior to any time period covered in a statement of economic interest.

His or her status as a director, officer, partner, trustee, employee or holder of a management position in any business entity in the State of California, doing business within the State of California, planning to do business within the State of California, or which had done business within the State of California within two years prior to any time period covered in a statement of economic interest.

Category 3

Designated employees assigned to this category must disclose:

Investments in any business entity and any income received from a source of the type which, within the previous two years, did contract with the Department of Mental Health to provide services, equipment, leased space, materials or supplies to or on behalf of the Department of Mental Health.

His or her status as a director, officer, partner, trustee, employee or holder of any position of management in any business entity of the type which, within the previous two years, did contract with the Department of Mental Health to provide services, equipment, leased space, materials or supplies to or on behalf of the Department of Mental Health.

Category 4

Designated employees assigned to this category must disclose:

Investments or positions held in any business entity and any income from a source of the type which, within the previous two years, did receive grants or other monies (excluding monies received pursuant to the contracts as specified above in Category 3 disclosure) from or through the employee's division of the Department of Mental Health and investments in business entities of the type which provide consultant services to any business entity made reportable by this disclosure category.

Category 5

Designated employees assigned to this category must disclose:

Investments in any business entity and any income from a source of the type which, within the previous two years, was issued a license, permit or certification from, or otherwise regulated by, the division of the Department of Mental Health where the designated employee holds his or her position.

His or her status as a director, officer, partner, trustee, employee or holder of any position of management in any business entity which, within the previous two years, was issued a license, permit or certificate from, or otherwise regulated by, the division of the Department of Mental Health where the designated employee holds his or her position.

Category 6

Designated employees assigned to this category must disclose:

Investments or positions held in business entities and income from sources which may be the recipient of patient referrals for the delivery of health care services or supplies by the employee's hospital.

Chapter 3. Community Mental Health Services Under the Short–Doyle Act

Article 1. Application

§ 500. Application of Subchapter.

Subchapter 3 shall apply to Community Mental Health Services and Local Mental Health Services as defined in and for which state reimbursement is claimed under the provisions of Part 2 of Division 5 of the Welfare and Institutions Code.

NOTE: Authority cited: Section 5750, Welfare and Institutions Code. Reference: Section 5750, Welfare and Institutions Code.

§ 501. Section Headings.

Article 2. Definitions

§ 510. Act.

''Act'' means Part 2 of Division 5 of the Welfare and Institutions Code, known as the Short–Doyle Act.

NOTE: Authority cited: Section 5750, Welfare and Institutions Code. Reference: Sections 5600 and 5750, Welfare and Institutions Code.

§ 511. Local Director.

''Local director'' means the administrator or director of the Local Mental Health Service appointed by the governing body.

NOTE: Authority cited: Sections 5607, 5751 and 5751.1, Welfare and Institutions Code. Reference: Sections 5607 and 5650, Welfare and Institutions Code.

§ 512. Local Mental Health Service.

''Local Mental Health Service'' means community mental health services established under the Short–Doyle Act.

NOTE: Authority cited: Section 5750, Welfare and Institutions Code. Reference: Section 5602, Welfare and Institutions Code.

§ 513. Department.

''Department'' means the State Department of Mental Health.

NOTE: Authority cited: Section 5750, Welfare and Institutions Code. Reference: Sections 4001, 4011 and 5750, Welfare and Institutions Code.

§ 514. May, Shall and Should.

''May'' is permissive. ''Shall'' is mandatory. ''Should'' means desirable.

§ 515. General Hospital.

§ 516. Psychiatric Hospital.

§ 517. County Plan.

''County Plan'' means the County Short–Doyle Plan which must be adopted by each county, or counties acting jointly, in accordance with Section 5650 of the act.

NOTE: Authority cited: Sections 5650 and 5750, Welfare and Institutions Code. Reference: Sections 5651, 5651.1, 5651.2, 5651.5, 5651.7, 5652 and 5653, Welfare and Institutions Code.

Article 3. General Provisions

§ 520. Establishment of Local Services.

§ 521. Supervision by Local Director.

The Local Director shall maintain general supervision over all Local Mental Health Services through direct operation of the services or by written arrangement with the person or agency providing the service. Such arrangement shall permit the Local Director to supervise and specify the kind, quality and amount of the services and criteria for determining the persons to be served.

NOTE: Authority cited: Section 5750, Welfare and Institutions Code. Reference: Sections 5607, 5608, 5609 and 5609.5, Welfare and Institutions Code.

§ 522. Medical Responsibility.

A physician meeting the qualifications of Section 620 (a) shall assume responsibility for all those acts of diagnosis, treatment, or prescribing or ordering of drugs which may only be performed by a licensed physician.

NOTE: Authority cited: Sections 5751 and 5751.1, Welfare and Institutions Code. Reference: Sections 5751 and 5751.1, Welfare and Institutions Code.

§ 523. Contracts for Service.

(a) Where a person or agency is providing treatment services for the Local Mental Health Service, the service shall be provided through written agreement. The provider of services and the Local Mental Health Service shall comply with the provisions of this subchapter.

(b) All applications to provide services by written agreement shall be made in writing to the Local Mental Health Director within such time as is necessary to permit a thorough review by the Local Mental Health Director and such county administrative officers as the board of supervisors may require to allow an orderly review, prior to the submission of the annual county plan to the Department.

(c) When a treatment service being provided through written agreement is terminated during the fiscal year or a new service is initiated, applications will be accepted to provide the service during the fiscal year if the Local Mental Health Director desires to continue the service or to initiate a new service.

(d) In evaluating the applications of potential providers of service, the ocal Mental Health Director shall consider, but not be limited to, the following characteristics to determine the appropriateness and desirability of the written agreement:

(1) Compatibility with county plan.

(2) Assurance of continuity of care to patients being served.

(3) Local availability, accessibility and degree of acceptability to population to be served.

(4) Unique service to target group of special importance.

(5) Appropriate business and administrative practices which show evidence of ability to comply with the Act's requirements, regulations, accounting, reporting and auditing standards.

(6) Degree of citizens' participation in the planning and implementation of the proposed contract.

(7) Evidence of demonstrated competence and experience in the area of the program proposal.

(e) Written agreements shall be consummated in compliance with all local rules and regulations. All written agreements shall be approved by the Local Mental Health Director or his or her designee and, when fully negotiated, a copy of such written agreements shall be forwarded by the county to the Department to be filed with the annual county plan.

NOTE: Authority cited: Sections 5600.5 and 5750, Welfare and Institutions Code. Reference: Sections 5609.5, 5650 and 5651, Welfare and Institutions Code.

§ 524. Fee Schedules.

Fees for service to an individual shall be charged in accordance with the ability of the patient or responsible relative to pay, but not in excess of actual costs. Fees shall be charged in accordance with a uniform fee schedule adopted by the Director of the state Mental Department of health pursuant to this Act.

NOTE: Authority cited: Section 5750, Welfare and Institutions Code. Reference: Sections 5717 and 5718, Welfare Institutions Code.

§ 525. Auxiliary Personnel.

Each Local Mental Health Service should have sufficient clerical personnel, and such accounting and statistical assistance as may be necessary to maintain adequate records.

NOTE: Authority cited: Section 5751, Welfare and Institutions Code. Reference: Section 5751, Welfare and Institutions Code.

§ 526. Admission Policies.

Each Local Mental Health Service shall have admission policies which shall be in writing and available to the public. Such policies shall include a provision that patients will be accepted for care without unlawful discrimination on the basis of ethnic group identification, color, religion, age, sex, physical or mental disability. This section shall apply to services provided by contract as well as those provided directly by the Local Mental Health Service.

NOTE: Authority cited: Section 11138, Government Code; and Section 5750, Welfare and Institutions Code. Reference: Section 11135, Government Code; and Selection 5325.1, Welfare and Institutions Code.

§ 527. Discriminatory Practices.

The Local Mental Health Service shall not employ unlawful discriminatory practices in the admission of patients, assignment of accommodations, employment of personnel, or in any other respect on the basis of color, religion,age, sex, or physical or mental disability. This section shall apply to services provided by contract as well as those provided directly by the Local Mental Health Service.

NOTE: Authority cited: Section 11138, Government Code; and Section 5750, Welfare and Institutions Code. Reference: Section 11135, Government Code; and Section 5325.1, Welfare and Institutions Code.

§ 529. Mental Health Advisory Board Composition.

(a) The composition of the Mental Health Advisory Board shall reflect the minority populations found in the county.

(b) Each county shall indicate in the county mental health plan the minority group affiliations of current board members.

(c) Each county shall describe in the plan efforts being made to place presently unrepresented and under–represented minority group members on the Board, including a timetable to achieve equitable representation.

(d) Each county may reimburse mental health advisory board members for reasonable expenses incurred incident to the performance of their official duties and responsibilities. Such expenses may include travel, lodging, child care, and meals for the members of the advisory board while on official business as may be approved by the director of the local mental health program.

NOTE: Authority cited: Sections 5604, 5604.5, 5606.1, 5715, and 5750, Welfare and Institutions Code. Reference: Sections 5604, 5604.5, 5606, 5606.1, 5606.2, and 5715, Welfare and Institutions Code.

§ 530. Mental Health Advisory Board Committee Composition.

(a) The composition of various standing committees and other advisory groups addressed in the county mental health plan whose function it is to assist and advise the County Mental Health Advisory Board shall reflect the minority populations found in the county.

(b) Each county mental health plan submitted to the State Department of Mental Health shall list the standing committees of and advisory groups to the County Mental Health Advisory Board that have participated in the development of the county mental health plan. The minority group affiliations of current committee and group members shall be listed.

(c) The Department shall waive all or part of the requirements of this section where it is agreed by the Department and the county that there is not a significant number of any minority group in the county.

NOTE: Authority cited: Sections 5606.1 and 5750, Welfare and Institutions Code. Reference: Sections 5604, 5606, 5606.1 and 5606.2, Welfare and Institutions Code.

Article 3.5. Standards for the Certification of Social Rehabilitation Programs

§ 531. Program Standards and Requirements.

(a) To be certified as a Short–Term Crisis Residential Treatment Program, a program shall provide:

(1) Services as specified in either subsection (e) or (f) of section 541 as an alternate to hospitalization for individuals experiencing an acute psychiatric episode or crisis. The planned length of stay in the program shall be in accordance with the client's assessed needs, but not to exceed thirty (30) days, unless circumstances require a longer length of stay to ensure successful completion of the treatment plan and appropriate referral. The reasons for a length of stay beyond thirty (30) days shall be documented in the client's case record. Under no

circumstances may the length of stay exceed three (3) months.

(2) Scheduling of staff which provides for at least two (2) staff members to be on duty 24 hours a day, seven (7) days per week. If program design results in some clients not being in the facility during specific hours of the day, scheduling adjustments may be made so that coverage is consistent with and related to the number and needs of clients in the facility. During the night time hours, when clients are sleeping, only one of the two on duty staff members need be awake, providing the program does not accept admissions at that time. There shall be a staffing ratio of at least one (1) full–time equivalent direct service staff for each 1.6 clients served.

(b) To be certified as a Transitional Residential Treatment Program, a program shall provide:

(1) Services as specified in either subsection (h) or (i) of section 541 which shall provide a therapeutic environment in which clients are supported in their efforts to acquire and apply interpersonal and independent living skills. The program shall also assist the client in developing a personal community support system to substitute for the program's supportive environment and to minimize the risk of hospitalization and enhance the capability for independent living upon discharge from the program. The planned length of stay in the program shall be in accordance with the client's assessed need, but not to exceed one (1) year; however, a length of stay not exceeding a maximum total of 18 months is permitted to ensure successful completion of the treatment plan and appropriate referral. The reasons for a length of stay beyond one (1) year shall be documented in the client's case record.

(2) Greater number of staff shall be present during times when there are greater numbers of clients in programmed activities. Staff schedules shall be determined by the program based on the number of clients in the program during specific hours of the day, level of care provided by the program, and the range of services provided within the facility.

At least one staff member shall be present at any time there are clients at the facility. There shall be a staffing ratio of at least one (1) full–time equivalent direct service staff for each 2.5 clients served. All scheduled hours in the facility shall be considered part of this required full–time equivalent staffing ratio.

(c) To be certified as a Long–Term Residential Treatment Program, a program shall provide:

(1) Services as specified in subsection (j) of section 541 in order to provide a 24–hour therapeutic residential setting with a full range of social rehabilitation services, as defined in section 532 of these regulations, including day programming for individuals who require intensive support in order to avoid long–term hospitalization or institutionalization. The planned length of stay shall be in accordance with the client's assessed needs but under no circumstances may that length of stay be extended beyond eighteen (18) months.

(2) Scheduling of staff which provides for the maximum number of staff to be present during the times when clients are engaged in structured activities. At least one direct service staff shall be on the premises 24–hours a day, seven (7) days per week. Additional staff, including part–time or consulting services staff, shall be on duty during program hours to provide specialized services and structured evening services. When only one staff member is on the premises there shall be staff on call who can be contacted by telephone if an additional staff person is needed, and can be at the facility and on duty within 60 minutes after being contacted. There shall be a staffing ratio of at least one (1) full–time equivalent direct service staff member for each 2.8 clients served.

(d) "Direct service staff" shall mean employees whose duties include the treatment, training, care and/or supervision of the program's clients.

NOTE: Authority cited: Section 5458.1, Welfare and Institutions Code. Reference: Sections 5450, 5453, 5454 and 5458, Welfare and Institutions Code.

§ 532. Service Requirements.

(a) Structured day and evening services shall be available seven (7) days a week. Services in all programs shall include, but not be limited to:

(1) Individual and group counseling;

(2) Crisis intervention;

(3) Planned activities;

(4) Counseling, with available members of the client's family, when indicated in the client's treatment/rehabilitation plan;

(5) The development of community support systems for clients to maximize their utilization of non–mental health community resources;

(6) Pre–vocational or vocational counseling;

(7) Client advocacy, including assisting clients to develop their own advocacy skills;

(8) An activity program that encourages socialization within the program and general community, and which links the client to resources which are available after leaving the program; and,

(9) Use of the residential environment to assist clients in the acquisition, testing, and/or refinement of community living and interpersonal skills.

(b) In addition to the services in subsection (a), Transitional Residential Treatment Programs shall provide services which emphasize the development of vocational skills, and linkages to services offering transitional employment or job placement.

(c) In addition to the services in subsection (a), Long–Term Residential Treatment Programs shall provide pre–vocational and vocational services. These services shall be designed to provide a continuum of vocational training and experience including volunteer activities, supported employment, transitional employment and job placement. When any of these vocational services are provided by outside agencies or programs, written agreements or documented treatment plans shall be developed consistent with the treatment goals and orientation of the program. Long–Term Residential Treatment Programs shall also include provisions for special education services and learning disability assessment and remediation.

NOTE: Authority cited: Section 5458.1, Welfare and Institutions Code. Reference: Sections 5450, 5453, 5454 and 5458, Welfare and Institutions Code.

§ 532.1. Medical Requirements.

Medical and psychiatric policies and practices of all programs shall be in writing and shall include, but not be limited to:

(a) A plan for the monitoring of medications by a person licensed to prescribe or dispense prescription drugs which will include but not be limited to the name and qualifications of the person or persons who will conduct the monitoring, its frequency and procedures;

(b) Screening for medical complications which may contribute to disability conducted by a physician, nurse practitioner or physician's assistant and a plan for follow–up. The screening for medical complications shall occur within 30 calendar days prior to, or after admission. If a client refuses a screening for medical complications, the program shall document the refusal in the client case record.

(c) Client education, provided by program staff or consultants, about the role of medications and their potential side effects, with the goal of enabling the client to become responsible for his or her own medication;

(d) Entries in client case records indicating all prescribed and non–prescribed medications;

(e) Provisions for program staff to discuss medication issues with a person licensed to prescribe or dispense prescription drugs;

(f) Provisions for central storage of medication when necessary; and,

(g) Encouragement to clients, when part of the treatment/rehabilitation plan, to be personally responsible for holding, managing and safeguarding all of their medications.

NOTE: Authority cited: Section 5458.1, Welfare and Institutions Code. Reference: Sections 5450, 5453, 5454 and 5458, Welfare and Institutions Code.

§ 532.2. Treatment/Rehabilitation Plan and Documentation Requirements.

(a) Each program shall have an admission agreement, signed on entry by the client or an authorized representative and program representative, describing the services to be provided and the expectations and rights of the client regarding house rules, client involvement in the program, and fees. The client shall receive a copy of the signed admission agreement.

(b) There shall be a written assessment of each client on admission which includes at least:

(1) Health and psychiatric histories;

(2) Psychosocial skills;

(3) Social support skills;

(4) Current psychological, educational, vocational and other functional limitations;

(5) Medical needs, as reported; and,

(6) Meal planning, shopping and budgeting skills.

(c) The program and client shall together develop a written treatment/rehabilitation plan specifying goals and objectives and the staff and client's responsibilities for their achievement. Clients shall be involved in an on–going review of progress towards reaching established goals and be involved in the planning and evaluation of their treatment goals. The plan shall contain at least the following elements:

(1) Statement of specific treatment needs and goals.

(2) Description of specific services to address identified treatment needs.

(3) Documentation of reviews by staff and client of the treatment/rehabilitation plan adhering to the following schedule:

(A) Short–term Crisis Residential Treatment Program: at least weekly.

(B) Transitional Residential Treatment Program: at least once every 30 days.

(C) Long Term Residential Treatment Program: at least once every 60 days.

(4) Anticipated length of stay needed to accomplish identified goals, and methods to evaluate the achievement of these goals.

(d) If an individual treatment/rehabilitation plan requires services to be provided by another program or agency, there shall be documented evidence in the client's case record of communication between all persons responsible for carrying out specific aspects of the treatment/rehabilitation plan.

(e) The agency or program shall arrange for clients to attend community programs when needs are identified in the treatment/rehabilitation plan which cannot be met by the facility, but can be met in the community.

(f) There shall be a written discharge summary prepared by staff and client, which includes an outline of services provided, goals accomplished, reason and plan for discharge, and referral follow–up plans.

(g) The admission assessment, treatment/rehabilitation plan, and discharge summary shall be prepared by staff who have received training in the development and preparation of these documents.

(1) Training required to be provided by the facility shall include:

(A) A minimum of one hour of instruction on the development and preparation of the admission assessment.

(B) A minimum of one hour of instruction on the development and preparation of the treatment/rehabilitation plan.

(C) A minimum of one hour of instruction on the development and preparation of the discharge summary.

(D) Subject matter for all training provided for in this subsection shall include the expected content of documentation, methods used to prepare the document, timeframes for completion of documentation, and consultative sources to be utilized in preparing the document.

(2) Training provided for in this subsection shall consist of one or more of the following presentation methods:

(A) Formal classroom instruction;

(B) Oral presentation;

(C) Videotape, film, or audiovisual presentation;

(D) Audiotape presentation; or

(E) Performing the duties, on the job, under the direct supervision of the instructor.

NOTE: Authority cited: Section 5458.1, Welfare and Institutions Code. Reference: Sections 5450, 5453, 5454 and 5458, Welfare and Institutions Code.

§ 532.3. Admission/Discharge Criteria.

(a) Admission and discharge criteria of all programs shall be written and consistent with program goals.

The program's exclusionary criteria shall also be written and clearly defined.

(b) The program shall have written policies and procedures for orienting new clients to the service.

(c) The range of services provided shall be discussed prior to admission with the prospective client or an authorized representative so that the program's services are clearly understood.

NOTE: Authority cited: Section 5458.1, Welfare and Institutions Code. Reference: Sections 5450, 5453, 5454 and 5458, Welfare and Institutions Code.

§ 532.4. Client Involvement Requirements.

(a) Clients shall be involved in the development and implementation of his/her treatment/rehabilitation plan.

(b) Clients shall be involved, depending on capability, in the operation of the household. This shall include participation in the formulation and monitoring of house rules, as well as in the daily operation of the facility, including but not limited to cooking, cleaning, menu planning and activity planning.

(c) Clients shall be encouraged to participate in program evaluations and reviews.

NOTE: Authority cited: Section 5458.1, Welfare and Institutions Code. Reference: Sections 5450, 5453, 5454 and 5458, Welfare and Institutions Code.

§ 532.5. Physical Environmental Requirements.

(a) Programs shall meet the facility requirements of section 5453(a) of the Welfare and Institutions Code.

(b) Program location shall allow for access by clients to community resources and public transportation.

NOTE: Authority cited: Section 5458.1, Welfare and Institutions Code. Reference: Sections 5450, 5453, 5454 and 5458, Welfare and Institutions Code.

§ 532.6. Staff Characteristics, Qualifications and Duty Requirements.

(a) Programs shall meet the staffing requirements of section 5453(b) of the Welfare and Institutions Code.

(b) The program shall document the use of multi– disciplinary professional consultation and staff when necessary to meet the specific diagnostic and treatment needs of the clients.

(c) Paraprofessionals and persons who have been consumers of mental health services shall be utilized in the program when consistent with the program design and services provided.

(d) All social rehabilitation facilities shall have a program director.

(e) The program director shall be on the premises the number of hours necessary to manage and administer the program component of the facility in compliance with applicable laws and regulations.

(f) The program director of a certified Short–Term Crisis Residential Treatment Program shall have the following qualifications prior to employment.

(1) A Bachelor's Degree in Psychology, Social Work or any other major which includes at least 24 semester college units in one or more of the following subject areas:

(A) Psychology
(B) Social Work
(C) Sociology
(D) Behavioral Sciences
(E) Psychiatric Nursing; and

(2) Two (2) years of full–time work experience in a community program that serves clients who have a mental illness. Such experience must be in the direct provision of services to clients, of which one (1) year must be in the position of supervising direct care staff, or

(3) As an alternative to the Bachelor Degree and experience required in paragraph (1) and (2) of this subsection, a total of four (4) years of experience in a community program providing direct services to persons with mental disabilities, of which one (1) year must be in the position of supervising direct care staff, and graduation from high school or possession of a GED may be substituted.

(g) The program director of a certified Transitional Residential Treatment Program or a certified Long–Term Residential Treatment Program shall have the following qualifications prior to employment.

(1) A Bachelor's Degree in Psychology, Social Work or any other major which includes at least 24 semester college units in one or more of the following subject areas:

(A) Psychology
(B) Social Work
(C) Sociology
(D) Behavioral Sciences
(E) Psychiatric Nursing; and

(2) One (1) year of full–time work experience in a community program that serves clients who have a mental illness. Such experience must be in the direct provision of services to clients, of which four (4) months must be in a position of supervising direct care staff.

(3) As an alternative to the Bachelor's Degree and experience required in paragraphs (1) and (2) of this subsection, a total of three years of experience in providing direct services in the community to persons with mental illnesses, of which six (6) months must be in a position of supervising direct care staff, and graduation from high school or possession of a GED may be substituted.

(h) All direct care staff shall have graduated from high school or possess a GED and have a minimum of one (1) year of full–time experience, or its part–time equivalent, working in a program serving persons with mental disabilities. Such experience must be in the direct provision of services to clients. If the employee does not have the required experience, the program shall document a specific plan of supervision and in–service training for the employee which will guarantee the ongoing qualification of the employee to perform the job. The plan should include but not be limited to the frequency and number of hours of training, the subjects to be covered, and a description of the supervision to be provided.

(i) Program directors and all direct care staff of social rehabilitation programs as of the date that this section is adopted shall be considered as meeting all of the requirements of this section until two (2) years after the effective date of this section, at which time the requirements of this section shall be met in full.

(j) The program director must provide and document a specific plan of supervision and at least 20 hours of in–service training per year for the employee to ensure the ongoing qualifications of the individual to perform the job.

NOTE: Authority cited: Section 5458.1, Welfare and Institutions Code. Reference: Sections 5450, 5453, 5454 and 5458, Welfare and Institutions Code.

§ 533. Administrative Policies and Procedures.

(a) The organizational entity legally responsible for program administration, under applicable law and regulation, shall:

(1) Have written policies defining the purpose, goals, and services of the organization.

(2) Establish and maintain financial records in accordance with generally accepted accounting principles and an annual budget.

(b) Each program shall be directed by a designated individual who is responsible for its overall administration and management.

(c) Each residential program shall have an individual(s) designated as the administrator of the facility. The program shall identify the qualifications, experience, skills, and knowledge required of an individual who is designated the facility administrator. These requirements shall at least satisfy the minimum requirements established by the Community Care Licensing Division of the Department of Social Services for this position.

(d) The agency or program shall have a financial plan of operation that is consistent with the goals and purpose of the organization and in accordance with generally accepted accounting practices and legal requirements.

NOTE: Authority cited: Section 5458.1, Welfare and Institutions Code. Reference: Sections 5450, 5453, 5454 and 5458, Welfare and Institutions Code.

§ 534. Program Certification.

(a) All Social Rehabilitation Programs, as defined in section 5458 of the Welfare and Institutions Code, must be certified by the Department of Mental Health, or its delegated agent, prior to being licensed by the Department of Social Services.

(1) The Department of Mental Health shall provide written notice by certified mail to an applicant, within 30 calendar days of the receipt of the application for certification, that the application is complete and accepted for filing, or that the application is deficient and shall specify the missing information required to complete the application.

(2) The Department of Mental Health shall approve or deny any application for certification within 60 calendar days of receipt of a completed application. The 60 days shall not begin until all information required for certification is received. The Department of Mental Health shall provide written notice to the applicant by certified mail of its decision concerning the request for certification.

(b) All certified programs are also governed by the provisions in Title 22, division 6 General Licensing Requirement section 80000 – 80088.

(c) All Social Rehabilitation Programs, defined in section 5458 of the Welfare and Institutions Code, must be recertified on an annual basis by the Department of Mental Health, or its delegated agent, prior to being issued a renewal license by the Department of Social Services.

(d) The Department of Mental Health, or its delegated agent, shall have the responsibility of conducting initial and annual site visits for the purpose of certifying that programs are in compliance with the provisions of this article.

(e) The Department of Mental Health, or its delegated agent, shall initiate an action to rescind the certification of a program whenever a determination is made that the program is not in compliance with the provisions of this article.

(f) Actions initiated to withhold certification or to rescind certification shall be subject to notice and review in accordance with section 535.

(g) The Department shall provide the Department of Social Services any documents pertaining to certification, recertification or decertification.

NOTE: Authority cited: Section 5458.1, Welfare and Institutions Code. Reference: Sections 5450, 5453, 5454 and 5458, Welfare and Institutions Code.

§ 535. Review Procedures.

(a) When the Department of Mental Health or its delegated agent withholds or rescinds the certification of a program, the program shall be given written notice of the action by certified mail. The notice shall be accompanied by a written statement setting forth the reasons and justifications for the action including any documents or information relied upon.

(b) A program may request review of an action to withhold or rescind certification by sending a written request for review by certified mail to the Deputy Director, Division of Community Programs, Department of Mental Health, 1600 9th Street, Room 250, Sacramento, California 95814. A request for review must be postmarked no later than fifteen (15) days after receipt of the notification required by subsection (a).

(c) A program requesting review in accordance with this section shall be responsible for submitting in writing all documents, information, and arguments which the program wishes to be considered during the review. The documents, information, and arguments which the program wishes to be considered may be submitted with the request for review or sent separately by certified mail, but shall be postmarked no later than thirty (30) days after receipt of the notice required in subsection (a).

(d) The Deputy Director, Division of Community Programs, Department of Mental Health or a designee shall review the notice and written justification for the action required by subsection (a), the request for review submitted by the program, and the documents, information and arguments submitted by the program. If deemed necessary for completion of the review, the Deputy Director, Division of Community Programs may request clarification or additional information from the program.

(e) A proposed decision to either affirm or reverse the action to withhold or rescind the certification of the program shall be prepared and submitted to the Director of Mental Health.

(f) The Director of Mental Health may adopt the proposed decision as written, order the proposed decision rewritten, or direct that additional information be obtained.

(g) A proposed decision shall become final when adopted by the Director of Mental Health. Notice of the decision and a copy of the decision shall be sent to the program by certified mail. A decision adopted by the Director of Mental Health which affirms the action to withhold or rescind the certification of the program shall become effective upon receipt by the program.

NOTE: Authority cited: Section 5458.1, Welfare and Institutions Code. Reference: Sections 5450, 5453, 5454 and 5458, Welfare and Institutions Code.

§ 536. Waivers and Exceptions.

NOTE: Authority cited: Section 5458.1, Welfare and Institutions Code. Reference: Sections 5450, 5453, 5454 and 5458, Welfare and Institutions Code.

Article 4. Services Subject to State Reimbursement

§ 540. Reimbursement Conditions.

Subject to the provisions of the Act and of these regulations, state reimbursement will be made for expenditures for the services described in this article.

NOTE: Authority cited: Sections 5705.1(a) and 5715, Welfare and Institutions Code. Reference: Sections 5401, 5651, 5705, 5712, 5714, 5714.1 and 5715, Welfare and Institutions Code.

§ 541. 24–Hour Services.

24–Hour Services mean services designed to provide a therapeutic environment of care and treatment within a residential setting for adults and minors. Depending on the severity of the disorder, dangerousness to self or others, and the need for related medical care, treatment is provided through one of the following service functions:

(a) State Hospital, which means a health facility as defined in Section 1250 of the Health and Safety Code which is operated by the Departments of Mental Health or Developmental Services, and which provides treatment services for the mentally disordered.

(b) Local Hospital, which means an acute psychiatric hospital as defined in Section 1250 of the Health and Safety Code, or a distinct acute psychiatric part of a general hospital as defined in Section 1250 of the Health and Safety Code which is approved by the Department of Health Services to provide psychiatric services.

(c) Psychiatric Health Facility, which means a health facility as defined in Section 1250.2 of the Health and Safety Code, or such facility which has a waiver of licensure from the Department, which provides intensive care.

(d) Intensive Skilled Nursing Facility, which means a health facility as defined in Section 1250 of the Health and Safety Code, and staffed to provide intensive psychiatric care.

(e) Short–Term–Crisis Residential Service (Less than 14 Days), which means a licensed residential community care facility available for admissions 24–hours a day, 7 days a week, and staffed to provide crisis treatment as an alternative to hospitalization. Admissions are generally limited to a stay of less than 14 days for voluntary patients without medical complications requiring nursing care. Twenty–four hour capability for prescribing and supervising medication must be available for patients requiring this level of care. The prescribing capability shall be provided by written agreement.

(f) Short–Term Crisis Residential Service (Less than 30 Days), which means a licensed residential community care facility available for admissions 24–hours a day, 7 days a week, and staffed to provide mental health treatment services for voluntary patients without medical complications requiring nursing care and who generally require an average stay of 14–30 days for crisis resolution or stabilization. Twenty–four hour capability for prescribing and supervising medication must be available. The prescribing capability shall be provided by written agreement. Respite care, in accordance with Welfare and Institutions Code, Chapter 5, up to a maximum of 30 days, may be provided within this definition.

(g) Jail Inpatient Unit, which means a distinct unit within an adult or juvenile detention facility, designated by a County Board of Supervisors pursuant to Section 5404 of the Welfare and Institutions Code and staffed to provide intensive psychiatric treatment of inmates. Treatment services on the unit shall be under the control of the Local Mental Health Director.

(h) Transitional Residential On–Site Service, which means a licensed residential community care facility, designed to provide a comprehensive program of care consisting of a therapeutic residential community plus an all–inclusive structured treatment and rehabilitation program for individuals recovering from an acute stage of illness who are expected to move towards a more independent living situation, or higher level of functioning, within a 3–to–12–month period.

(i) Transitional Residential Off–Site Service, which means a licensed residential community care facility, designed to provide, for a 3–to–12–month period, a therapeutic residential community including a range of social rehabilitation activities for individuals who are in remission from an acute stage of illness, and interim support to facilitate movement towards the highest possible level of functioning. Individuals may receive day, outpatient and other treatment services outside the transitional residence.

(j) Long–Term Services, which mean services provided in a variety of community facilities for individuals who require care, supervision, resocialization, rehabilitation, and life–enrichment for up to 3 years. Consistent with individual level of care needs, services shall be provided in skilled nursing facilities, intermediate care facilities, residential community care facilities, or other similar facilities.

(k) Semi–Supervised Living Services, which mean services provided for persons living alone or together in small cooperative housing units, who require support in case of emergencies, as well as regular assessment and evaluation of the problems of daily living. Services may include provision of a rent subsidy. This service provides a transition to independent living or an indefinite arrangement.

(*l*) Independent Living Services, which mean services, including psychological support and rent subsidy, if necessary, provided to persons who require only minimal support to remain in the community.

NOTE: Authority cited: Section 5705.1, Welfare and Institutions Code. Reference: Section 5600, Welfare and Institutions Code.

§ 542. Day Services.

Day Services mean services designed to provide alternatives to 24–hour care and supplement other modes of treatment and residential services. These service functions are the following:

(a) Day Care Intensive Services, which mean services designed and staffed to provide a multidisciplinary treatment program of less than 24 hours per day as an alternative to hospitalization for patients who need active psychiatric treatment for acute mental, emotional, or behavioral disorders and who are expected, after receiving these services, to be referred to a lower level of treatment, or maintain the ability to live independently or in a supervised residential facility.

(b) Day Care Habilitative Services, which mean services designed and staffed to provide counseling and rehabilitation to maintain or restore personal independence at the best possible functional level for the patient with chronic psychiatric impairments who may live independently, semi–independently, or in a supervised residential facility which does not provide this service.

(c) Vocational Services, which mean services designed to encourage and facilitate individual motivation and focus upon realistic and obtainable vocational goals. To the extent possible, the intent is to maximize individual client involvement in skill seeking and skill enhancement, with the ultimate goal of meaningful productive work.

(d) Socialization Services, which mean services designed to provide life–enrichment and social skill development for individuals who would otherwise remain withdrawn and isolated. Activities should be gauged for multiple age groups, be culturally relevant, and focus upon normalization.

NOTE: Authority cited: Section 5705.1, Welfare and Institutions Code. Reference: Section 5600, Welfare and Institutions Code.

§ 543. Outpatient Services.

Outpatient Services mean services designed to provide short–term or sustained therapeutic intervention for individuals experiencing acute or ongoing psychiatric distress. These service functions are the following:

(a) Collateral Services, which mean sessions with significant persons in the life of the patient, necessary to serve the mental health needs of the patient.

(b) Assessment, which means services designed to provide formal documented evaluation or analysis of the cause or nature of the patient's mental, emotional, or behavioral disorder. Assessment services are limited to an intake examination, mental health evaluation, physical examination, and laboratory testing necessary for the evaluation and treatment of the patient's mental health needs.

(c) Individual Therapy, which means services designed to provide a goal directed therapeutic intervention with the patient which focuses on the mental health needs of the patient.

(d) Group Therapy, which means services designed to provide a goal directed, face–to–face therapeutic intervention with the patient and one or more other patients who are treated at the same time, and which focuses on the mental health needs of the patients.

(e) Medication, which includes the prescribing, administration, or dispensing of medications necessary to maintain individual psychiatric stability during the treatment process. This service shall include evaluation of side effects and results of medication.

(f) Crisis Intervention, which means immediate therapeutic response which must include a face–to–face contact with a patient exhibiting acute psychiatric symptoms to alleviate problems which, if untreated, present an imminent threat to the patient or others.

NOTE: Authority cited: Section 5705.1, Welfare and Institutions Code. Reference: Section 5600, Welfare and Institutions Code.

§ 544. Emergency Services.

§ 545. Outreach Services.

Outreach Services, which means a program of services delivered to the community–at–large, special population groups, human services agencies, and to individuals and families for whom there is no case record. The purposes of these services are to: (1) enhance the mental health of the general population, (2) prevent the onset of mental health problems in individuals and communities; and (3) assist those persons experiencing stress who are not reached by traditional mental health treatment services to obtain a more adaptive level of functioning. Outreach program services are provided through the following service functions:

(a) Mental Health Promotion, which means activities and projects directed toward:

(1) strengthening individuals' and communities' skills and abilities to cope with stressful life situations before the onset of such events; and

(2) enhancing and expanding agencies' or organizations' mental health knowledge and skills in relation to the community–at–large or special population groups.

(b) Community Client Services, which means activities directed toward:

(1) strengthening individuals' coping skills and abilities during a stressful life situation; and

(2) enhancing or expanding knowledge and skills of human services agency staff to handle the mental health problems of particular clients.

NOTE: Authority cited: Section 5705.1, Welfare and Institutions Code. Reference: Section 5600, Welfare and Institutions Code.

§ 546. Diagnostic Services.

§ 547. Rehabilitative Services.

§ 548. Continuing Care Services.

Continuing Care Services, which means services designed and staffed to provide, directly or indirectly, the mental health and other community–based assistance required to assure continuity of care and maintenance for adults and minors whose mental or emotional disabilities preclude independent functioning. These services are provided through the following:

(a) Case Management, which means services designed and staffed to provide continuity of care within the mental health system, to prevent neglect or exploitation of the mentally disabled, and to the extent possible, to prevent rehospitalization. The intent is to identify individuals in need, track and monitor progress and movement within the system, and to intervene as needed, directly, or indirectly, to assure the availability and adequacy of treatment services and necessary mental health social services.

(b) Conservatorship, which means services designed for the financial and personal protection of individuals deemed to be gravely disabled under the provisions of the Act. Conservatorship services are:

(1) Conservatorship Investigation, which means services provided by a designated investigator or agency to collect, assess, and document for the court of jurisdiction the psychosocial and financial information necessary to support or deny a finding of grave disability consistent with established statutory criteria, evaluate the feasibility of available alternatives to conservatorship, and make a recommendation to the court about conservatorship status and continuing care needs.

(2) Conservatorship Administration, which means services provided by a designated conservator to manage a conservatee's financial resources and to assure the availability and adequacy of necessary treatment services and mental health social services.

NOTE: Authority cited: Section 5705.1, Welfare and Institutions Code. Reference: Section 5600, Welfare and Institutions Code.

§ 549. Supplemental Residential Care Services.

Supplemental Residential Care Services mean services designed to augment basic living and care services for mentally disordered adults in licensed community care facilities, as defined in Section 1502 of the Health and Safety Code. These supplemental services include, but are not limited to, supportive, supervisory, and rehabilitative services, as identified in the client's service plan, and are provided in addition to the basic care and supervision required for licensure as a community care facility. Supplemental services are intended to facilitate the movement of clients to less restrictive levels of care.

(a) Facilities eligible to be certified for payment for supplemental services from county mental health programs shall be licensed community care facilities authorized by the State Department of Social Services to provide care and supervision to mentally disordered adults. Such facilities shall be certified for participation by the county, and services shall be provided through written agreement. These facilities shall agree to:

(1) Cooperate with county staff in developing a facility program plan to meet the goals, objectives, and activities outlined in the client's service plan subsequent to referral and authorization by the county. The service plan shall be developed with the client and the facility administrator by the county's designated case manager.

(2) Participate in the county's training activities.

(3) Obtain a minimum of 20 hours of training per year for supervisory staff in relevant mental health programming, certified by a recognized residential care association, or approved by the county.

(4) Maintain individual client records in accordance with county requirements.

(5) Allow access to the facility, to the extent authorized by law, by county and state staff for client assessment, monitoring, record review, and consultation.

(6) Maintain the capability to meet the specialized needs of mentally disordered adults, as identified by the county and in the facility's program plan.

(7) Participate in the county's management information system.

(b) Supplemental services shall consist of, but not be limited to, some but not necessarily all of the following components, as specified in the client's service plan:

(1) Providing or arranging transportation to meet the client's mental health needs and for participation in planned programs.

(2) Encouraging the client to take increasing responsibility for the client's own treatment by supporting self–established goals and the use of support and treatment system.

(3) Encouraging the client's use of public transportation, use of leisure time in a constructive manner, and maintenance of adequate grooming.

(4) Assisting the client to learn social relationship skills, such as communication with others and the appropriate expression of feelings.

(5) Participating with county staff in meetings in the facility.

(6) Assisting the client in developing skills of budgeting, personal shopping, monetary transactions, menu planning, and shopping for,and the preparation of, basic meals.

(7) Assisting the client in becoming responsible for self–medication, as prescribed by the treating physician.

(8) Providing close supervision of, and intensive interactions with, clients who require the management of difficult behavioral problems, consistent with the client's service plan.

The services described in paragraphs (1) and (5) of this subdivision shall constitute supplemental services only if performed in conjunction with one or more services described in paragraphs (2), (3), (4), (6), (7) and (8).

(c) Clients who receive supplemental services shall be assessed and monitored by the county's designated case management staff initially, and at least every 90 days thereafter, utilizing a standardized assessment procedure established by the Department. This procedure shall be used to assist in the determination of the functional ability and programmatic needs of mentally disordered clients, and the appropriate placement in facilities providing supplemental services.

(d) Each county shall apply for these funds within the county's Short–Doyle Plan in accordance with Section 5651 of the Welfare and Institutions Code, or within proposals for negotiated net amount contracts in accordance with Section 5705.2(c) of the Welfare and Institutions Code. In applying for these funds within the Short–Doyle Plan or within proposals for negotiated net amount contracts, the county shall describe a client monitoring system which is integrated with case management services. The county shall also evaluate and certify facilities annually in accordance with the criteria identified in Subsections (a) and (b).

(e) Rates of payment for supplemental services to clients shall be established in accordance with Section 4075 of the Welfare and Institutions Code. The total amount of reimbursement to a county for providing supplemental services shall be limited to the amount allocated to the county for such services in each fiscal year. Payment for supplemental services shall only be made after facility certification and client assessment by the county.

(f) Reimbursement rates shall be fixed by the Department in accordance with Section 4075 of the Welfare and Institutions Code, and shall not be subject to cost adjustment. Facilities providing supplemental services shall submit budgetary data and claims for reimbursement, and report service and cost data to the county in the manner and form prescribed by the county. The county shall provide the Department with service units and related cost data as required for fixed (negotiated) rate services.

(g) The county may claim reimbursement for costs incurred in the administration of these services, subject to the Department's approval, utilizing existing claiming procedures.

NOTE: Authority cited: Provisions 15 and 16, Item 4440–101–001, Budget Act of 1985 (Chapter 111 of the Statutes of 1985); and Section 4075, Welfare and Institutions Code. Reference: Sections 4076, 4077, 5600, 5675, 5676 and 5677, Welfare and Institutions Code; and Section 1502, Health and Safety Code.

§ 550. Training.

Training services shall mean:

(a) Staff development programs for employees which are designed to improve existing skills, knowledge and attitudes or to provide new skills, knowledge and attitudes, to increase the employee's effectiveness or to develop potential for more responsible positions.

(b) Preservice education programs designed to provide the categories of treatment, professionals, and other mental health personnel needed to staff programs.

(c) Post–graduate professional education programs designed to provide the categories of personnel in professional sub–specialties needed to staff programs in Local Mental Health Services.

NOTE: Authority cited: Sections 5712 and 5751, Welfare and Institutions Code. Reference: Sections 5601(g), 5651(c) and 5751, Welfare and Institutions Code.

§ 551. Research and Evaluation.

(a) Research services shall mean:

(1) Basic research is directed toward the increase of knowledge to understand the particular subject under study. Its purpose is to expand existing knowledge about the nature, cause, prevention, and treatment of mental, emotional or behavioral disorders, including mental retardation and alcoholism, for the purpose of improving the ability of professional personnel to predict and control these disorders and to maximize human effectiveness.

(2) Clinical Research is concerned with identification, implementation, development and evaluation of therapeutic techniques and agents. These are studies directed toward the effectiveness of the treatment program and the development of new methods of diagnosis, treatment and rehabilitation. The acquisition of normative and base rate data is an essential aspect of clinical research.

(3) Program Research is concerned with identification, development, and evaluation of consultative, educational or community organizational techniques in mental health services.

(4) Socio–cultural Research is concerned with investigating the relationship between mental, emotional or behavioral disorders, including mental retardation and alcoholism, and the cultural and personal impact of community disorganization, social change and socio–cultural deprivation. This includes the relationship between various social and cultural factors and post–hospital adjustment and demographic and epidemiological investigation.

(b) Evaluation services shall mean:

(1) Studies of the effectiveness and efficiency of specific programs in Local Mental Health Services in achieving the goals of the program and the process by which such efforts are organized. Such management analysis will include studies of the relative cost and effectiveness of services and the efficient use of manpower, facilities and equipment.

(2) Studies of the effectiveness or state of progress of the local community in achieving overall mental health goals or the process by which such goals are defined or pursued.

§ 552. Equipment Expense.

(a) The following definitions of equipment shall apply:

(1) Equipment shall mean moveable personal property of a relatively permanent nature and of significant value, such as furniture, machines, tools and vehicles.

(A) "Relatively permanent" is defined as a useful life of one year or longer.

(B) "Significant value" is defined as a minimum value of $100 to $1,000 as established by the County Auditor.

(b) All plans for equipment expenditures shall be submitted as part of the annual county plan.

NOTE: Authority cited: Section 5750, Welfare and Institutions Code. Reference: Sections 5651 and 5715, Welfare and Institutions Code.

§ 553. Remodeling Expense.

Remodeling shall include only the changing or improving of existing structures. Remodeling expense shall be determined by local option and by the State of California's financial participation subject to approval by the state Department of Mental Health. All plans for remodeling shall be submitted as part of the annual county plan.

NOTE: Authority cited: Section 5750, Welfare and Institutions Code. Reference: Sections 5671 and 5715, Welfare and Institutions Code.

§ 554. 72–Hour Detoxification Treatment and Evaluation Service.

Article 5. Limitations on Reimbursements

§ 560. Inpatient Service.

Reimbursement for inpatient service shall be limited to reimbursement for those services set forth in Section 541, including the prescribing or furnishing of necessary drugs, together with such general medical and surgical procedures as are necessary in the treatment of the psychiatric condition, but excluding other medical treatment or other surgery.

§ 561. Other Mental Health Services.

Reimbursement for mental health services (other than inpatient service) shall be limited to reimbursement for those services set forth in Article 4, including the prescribing or furnishing of necessary drugs but excluding other medical care or treatment not necessary to evaluation of psychiatric disorders.

NOTE: Authority cited: Section 5712, Welfare and Institutions Code. Reference: Sections 5401, 5703, 5704, 5712 and 5715, Welfare and Institutions Code.

§ 562. Non–State–Reimbursable Charges.

§ 563. Reimbursement for Services.

§ 565.5. Funding.

Short–Doyle funding for acute inpatient psychiatric services shall be used only when the following sources of reimbursement are unavailable or have been exhausted:

(a) Patient payment in accordance with Welfare and Institutions Code Section 5718;

(b) Private third party payors; and,

(c) Other governmental third party payors.

NOTE: Authority cited: Section 4073, Welfare and Institutions Code. Reference: Sections 5705, 5713 and 5718, Welfare and Institutions Code.

Article 5.5. Maximum Allowable Rates

§ 570. Application of Article.

The maximum allowable rates established in accordance with the provisions of this Article shall apply to all mental health treatment services provided in accordance with the approved county Short–Doyle plans, except when exempted by statute, unless the Director of the State Department of Mental Health approves either a waiver of the maximum allowable rates, pursuant to subdivision (c) of Section 5705.1, Welfare and Institutions Code, or a negotiated net amount or rate, pursuant to Section 5705.2, Welfare and Institutions Code.

NOTE: Authority cited: Sections 5705.1 and 5750, Welfare and Institutions Code. Reference: Sections 5600, 5705.1 and 5705.2, Welfare and Institutions Code.

§ 571. Reimbursement.

Reimbursement for services specified in the approved county plans shall be the lower of either the individual provider's actual cost or the maximum allowable rates established in accordance with the provisions of this Article. However, the total reimbursement to a county for any one fiscal year pursuant to this provision shall not exceed the final county Short–Doyle allocation for that fiscal year.

NOTE: Authority cited: Sections 5705.1 and 5750, Welfare and Institutions Code. Reference: Section 5600, Welfare and Institutions Code.

§ 572. Maximum Allowable Rate Determination and Publication.

NOTE: Authority cited: Sections 5705.1 and 5750, Welfare and Institutions Code. Reference: Section 5600, Welfare and Institutions Code.

§ 573. Monitoring Compliance.

Compliance with the maximum allowable rates shall be monitored through the budget, cost report, and audit processes. Local Directors shall ensure that individual providers rates are within the established maximum allowable rates for the various service functions. If the county's year–end cost report indicates that a provider's rate is in excess of the established maximum allowable rate and no waiver or statutory exemption applies, the state's final payment to the county (cost report settlement) shall be based on the maximum allowable rate, as established in accordance with the provisions of this Article.

NOTE: Authority cited: Sections 5705.1 and 5750, Welfare and Institutions Code. Reference: Sections 5600, 5705.1 and 5705.2, Welfare and Institutions Code.

§ 574. County Augmentation.

Nothing in the provisions of this Article shall prohibit a county from using county general funds, other than those required for the county match mandated by the Short–Doyle Act, to augment or offset any amount by which an individual provider exceeds the maximum allowable rates.

NOTE: Authority cited: Sections 5705.1 and 5750, Welfare and Institutions Code. Reference: Section 5600, Welfare and Institutions Code.

Article 6. Utilization Review of Short–Doyle Funded Acute Inpatient Psychiatric Services

§ 590. Review Process.

Counties shall comply with the Department's Quality Assurance Standards and Guidelines section titled Utilization Review of Short–Doyle Funded Acute Inpatient Psychiatric Services—Requirements and Procedures (March 1, 1984). Review of patient admission and continued stay necessity shall be performed concurrently with hospitalization. Admission and continued stay reviews for acutely ill patients shall determine the existence and continuance of the necessity for acute inpatient psychiatric treatment. Continued stay reviews shall be performed at least as often as indicated by the length of stay intervals specified in the Department's Requirements and Procedures. Admission and continued stay reviews for non–acutely ill patients shall determine the existence and continuance of special administrative circumstances as categorized in Section 591. Continued stay reviews shall be performed at five (5) working day intervals and must include review of the continuing efforts being made to resolve the administrative circumstances preventing discharge.

At each continued stay review, Short–Doyle funded inpatients shall be re–evaluated for eligibility for other funding as required by Section 565.5.

All patients admitted to and provided services within Short–Doyle funded acute inpatient psychiatric facilities shall be included in the utilization review process pursuant to this Article.

NOTE: Authority cited: Section 4073, Welfare and Institutions Code. Reference: Sections 4070 and 5624, Welfare and Institutions Code.

§ 591. Administrative Days.

All patients served in acute inpatient psychiatric facilities and funded by Short–Doyle must have a diagnosable mental disorder. If, however, symptoms do not meet the admission or continued stay criteria specified in the Department's Requirements and Procedures, the following categories of special circumstances warrant Short–Doyle funded acute inpatient psychiatric care:

(a) The patient is hospitalized due to the action of an authority over whom the local mental health director has no direct control and without the concurrence of whom the patient cannot be discharged;

(b) Alternative community care is not immediately available due to

(1) temporary lack of placement funds, or

(2) temporary lack of a therapeutically appropriate facility.

For patients in the above situations, continued stay reviews shall be conducted at five (5) working day intervals. Discharge shall occur at the earliest opportunity following resolution of the above circumstances.

NOTE: Authority cited: Section 4073, Welfare and Institutions Code. Reference: Sections 4070, 4071, 4072 and 5624, Welfare and Institutions Code.

§ 592. Documentation and Reporting.

Utilization review activities shall be documented, including review of administrative days, in accordance with the Department's Requirements and Procedures. In accordance with the Requirements and Procedures, special circumstances justifying administrative days must be documented, aggregated and reported quarterly to the local mental health director. These reports shall address the following factors of utilization:

(a) number of inpatients who do not meet the test of medical necessity;

(b) number of patient–days so used; and

(c) reasons other than medical necessity that inpatient care is required. Documentation of administrative days must reflect continuing efforts to resolve the circumstances preventing discharge.

NOTE: Authority cited: Section 4073, Welfare and Institutions Code. Reference: Sections 4070 and 5624, Welfare and Institutions Code.

§ 593. Compliance.

Counties shall amend existing utilization review plans to include these requirements. Counties shall be responsible for complying with these regulations ninety (90) days from the effective date of this Article.

NOTE: Authority cited: Section 4073, Welfare and Institutions Code. Reference: Sections 4071 and 5624, Welfare and Institutions Code.

§ 594. Enforcement.

The Department shall enforce utilization review by counties of Short–Doyle funded acute inpatient psychiatric services through the following means:

(a) Review and approval/disapproval of the utilization review plans;

(b) Onsite visits to evaluate required systems, audit clinical and administrative documentation, and request corrective action;

(c) Sanctions for non–compliance which can include any or all of the following:

(1) Wihholding future allocations until compliance is achieved;

(2) Requiring increased resources to be channeled into quality assurance activities from existing allocations;

(3) Recouping inappropriately used Short–Doyle funds from current allocations.

Counties shall be allowed the opportunity to appeal both clinical and administrative audit decisions and financial penalties.

NOTE: Authority cited: Section 4073, Welfare and Institutions Code. Reference: Sections 4071, 4072, 5655 and 5712, Welfare and Institutions Code.

Article 7. Claims for Reimbursement

§ 600. Forms and Information.

§ 601. Approval of Reimbursements.

Reimbursement for any fiscal year shall be limited to the amount fixed by the Director of Mental Hygiene when the plan is approved, unless additional expenditure is authorized after filing of a supplementary application. Expenditures incurred in support of new activities prior to approval of a plan by the Director of Mental Hygiene or for costs or expenditures not included in the approved plan may not be subject to reimbursement. Actual and necessary expenses incurred by members of the California Conference of Local Mental Health Directors at meetings called to implement the Act and for attendance at meetings, pursuant to Section 5760 of the Act, prior to approval of local plans, shall be subject to reimbursement in accordance with the Act. Actual and necessary expenses incurred by members of the local mental health advisory boards in the performance of official duties, pursuant to Section 5715 of the Act, shall be subject to reimbursement in accordance with the Act.

Article 8. Professional and Technical Personnel Standards

§ 620. Director of Local Mental Health Services.

Where the Local Mental Health Director is other than the local health officer or medical administrator of the county hospital, he or she shall be one of the following:

(a) A physician and surgeon licensed in the State of California showing evidence of having completed the required course of graduate psychiatric education as defined in Section 623 to be supplemented by an additional period of two years of training or practice limited to the field of psychiatry, one year of which shall have been administrative experience.

(b) A psychologist who shall be licensed in the State of California and shall possess a doctorate degree in psychology from an institution of higher education. In addition, the psychologist shall have had at least three years of acceptable clinical psychology experience, two years of which shall be administrative experience.

(c) A clinical social worker who shall possess a master's degree in social work or higher and shall be a licensed clinical social worker

under provisions of the California Business and Professions Code, and shall have had at least five years mental health experience, two years of which shall have been administrative experience.

(d) A marriage, family, and child counselor who shall have a master's degree in an approved behavioral science course of study, and who shall be a licensed marriage, family, and child counselor and have received specific instruction, or its equivalent, as required for licensure on January 1, 1981. In addition, the marriage, family, and child counselor shall have had at least five years of mental health experience, two years of which shall have been administrative experience. The term, specific instruction, contained in Sections 5751 and 5751.3 of the Welfare and Institutions Code, shall not be limited to school, college, or university classroom instruction, but may include equivalent demonstrated experience in assessment, diagnosis, prognosis, and counseling, and psychotherapeutic treatment of premarital, marriage, family, and child relationship dysfunctions.

(e) A nurse who shall possess a master's degree in psychiatric or public health nursing and shall be licensed as a registered nurse by the Board of Registered Nursing in the State of California, and shall have had at least five years mental health experience, two of which shall have been administrative experience. Additional post–baccalaureate experience in a mental health setting may be substituted on a year–for–year basis for the educational requirements.

(f) An administrator who shall have a master's degree in hospital administration, public health administration, or public administration from an accredited college or university, and who shall have at least three years experience in hospital or health care administration, two of which shall have been in the mental health field. Additional qualifying experience may be substituted for the required education on a year–for–year basis with the approval of the Department of Mental Health.

NOTE: Authority cited: Sections 5600.5 and 5751, Welfare and Institutions Code. Reference: Sections 5607, 5751, 5751.1 and 5751.3, Welfare and Institutions Code.

§ 620.1. Acting Director of Local Mental Health Services.

If a county is unable to secure the services of a person who meets the standards set forth in Section 620, the county may select an Acting Director of Local Mental Health Services with appointment limited to a 12–month period subject to the approval of the Director of the state Department of Mental Health.

NOTE: Authority cited: Section 5751, Welfare and Institutions Code. Reference: Sections 5751 and 5751.1, Welfare and Institutions Code.

§ 621. Medical Program Responsibility.

If the Local Director does not meet the qualifications of Section 620 (a), the local mental health service shall provide a psychiatrist licensed to practice medicine in this State as defined in Section 623 who shall have the medical responsibility as defined in Section 522.

§ 622. Requirements for Professional Personnel.

Wherever in these regulations the employment of a particular professional person is required, the minimum qualifications for that person shall be as hereinafter specified in this Article. Required experience shall mean full time equivalent experience. It is intended that these minimum qualifications shall apply to the head or chief of a particular service or professional discipline but not necessarily to subordinate employees of the same profession.

NOTE: Authority cited: Section 5751, Welfare and Institutions Code. Reference: Section 5751, Welfare and Institutions Code.

§ 623. Psychiatrist.

A psychiatrist who directs a service shall have a license as a physician and surgeon in this state and show evidence of having completed the required course of graduate psychiatric education as specified by the American Board of Psychiatry and Neurology in a program of training accredited by the Accreditation Council for Graduate Medical Education, the American Medical Association or the American Osteopathic Association.

NOTE: Authority cited: Sections 5600.5 and 5751, Welfare and Institutions Code. Reference: Sections 5751 and 5751.1, Welfare and Institutions Code.

§ 624. Psychologist.

A psychologist who directs a service shall have obtained a California license as a psychologist granted by the State Board of Medical Quality Assurance or obtain such licensure within two years following the commencement of employment, unless continuously employed in the same class in the same program or facility as of January 1, 1979; and shall have two years of post doctoral experience in a mental health setting.

NOTE: Authority cited: Sections 5600.5 and 5751, Welfare and Institutions Code. Reference: Sections 5600.2, 5751 and 5751.3, Welfare and Institutions Code.

§ 625. Social Worker.

A social worker who directs a service shall have a California license as a clinical social worker granted by the State Board of Behavioral Science Examiners or obtain such licensure within three years following the commencement of employment, unless continuously employed in the same class in the same program or facility as of January 1, 1979, or enrolled in an accredited doctoral program in social work, social welfare, or social science; and shall have two years of post master's experience in a mental health setting.

NOTE: Authority cited: Sections 5600.5 and 5751, Welfare and Institutions Code. Reference: Sections 5600.2, 5751 and 5751.3, Welfare and Institutions Code.

§ 626. Marriage, Family and Child Counselor.

A marriage, family, and child counselor who directs a service shall have obtained a California license as a marriage, family, and child counselor granted by the State Board of Behavioral Science Examiners and have received specific instruction, or its equivalent, as required for licensure on January 1, 1981, and shall have two years of post master's experience in a mental health setting. The term, specific instruction, contained in Sections 5751 and 5751.3 of the Welfare and Institutions Code, shall not be limited to school, college, or university classroom instruction, but may include equivalent demonstrated experience in assessment, diagnosis, prognosis, and counseling, and psychotherapeutic treatment of premarital, marriage, family, and child relationship dysfunctions.

NOTE: Authority cited: Sections 5600.5 and 5751, Welfare and Institutions Code. Reference: Sections 5751 and 5751.3, Welfare and Institutions Code.

§ 627. Nurses.

A nurse shall be licensed to practice as a registered nurse by the Board of Nursing Education and Nurse Registration in this State and possess a master's degree in psychiatric or public health nursing, and two years of nursing experience in a mental health setting. Additional post baccalaureate nursing experience in a mental health setting may be substituted on a year–for–year basis for the educational requirement.

§ 628. Licensed Vocational Nurse.

A licensed vocational nurse shall have a license to practice vocational nursing by the Board of Vocational Nurse and Psychiatric Technician

Examiners and possess six years of post license experience in a mental health setting. Up to four years of college or university education may be substituted for the required vocational nursing experience on a year–for–year basis.

§ 629. Psychiatric Technician.

A psychiatric technician shall have a current license to practice as a psychiatric technician by the Board of Vocational Nurse and Psychiatric Technician Examiners and six years of post license experience in a mental health setting. Up to four years of college or university education may be substituted for the required psychiatric

technician experience on a year–for–year basis.

NOTE: Authority cited: Sections 4011 and 5750, Welfare and Institutions Code. Reference: Sections 5600 and 5767, Welfare and Institutions Code.

§ 630. Mental Health Rehabilitation Specialist.

A mental health rehabilitation specialist shall be an individual who has a baccalaureate degree and four years of experience in a mental health setting as a specialist in the fields of physical restoration, social adjustment, or vocational adjustment. Up to two years of graduate professional education may be substituted for the experience requirement on a year–for–year basis; up to two years of post associate arts clinical experience may be substituted for the required educational experience in addition to the requirement of four years' experience in a mental health setting.

§ 631. Administrative Support Responsibility.

Any local mental health service which serves a population in excess of 100,000 shall have at least one administrative person who does not have clinical program responsibility and who shall be responsible for all administrative and supportive services as defined in Section 5751.2 of the Welfare and Institutions Code.

After March 1, 1976 new personnel employed into these positions shall have three years of experience with increasing responsibility performing health administration or staff administrative services such as accounting, auditing, budgeting, administrative analysis, or personnel and have a minimum education equivalent to graduation with a baccalaureate degree from an accredited college or university. Additional qualifying experience may be substituted for the required education on a year–for–year basis.

NOTE: Authority cited: Sections 5751 and 5751.2, Welfare and Institutions Code. Reference: Sections 5751 and 5751.2, Welfare and Institutions Code.

§ 632. Other Mental Health Personnel.

The definitions of professional, administrative, and technical personnel listed above shall not be construed as limiting the establishment of positions in other categories. If, after persistent recruitment, persons with qualifications specified above cannot be obtained, the Department may permit exceptions to the requirements upon receiving a written request describing the recruitment efforts. Such exceptions to the personnel requirements shall be limited to a 12–month period subject to annual renewal by the Department.

NOTE: Authority cited: Section 5751, Welfare and Institutions Code. Reference: Sections 5751 and 5751.1, Welfare and Institutions Code.

Article 9. Accounting and Records

§ 640. Financial Records.

Records shall be kept so that they clearly reflect the cost of each type of service for which reimbursement is claimed. Where apportionment of costs is necessary, such as for inpatient psychiatric service in a general hospital, such apportionment shall be made according to accepted accounting principles in order to reflect the true cost of the services rendered.

§ 641. Patient Records.

§ 642. Statistical Data.

Statistical data shall be kept and reports made as required by the department. Reports shall be made on forms provided by the department.

Article 10. Requirements for Inpatient Services

§ 660. Admission Procedures.

§ 661. Medical–Surgical Services.

§ 662. Discharges and Transfers.

§ 663. Minimum Staff.

Inpatient services shall be under an administrative director who qualifies under Section 620(d), 623, 624, 625, or 627. In addition to the director of the service, the minimum professional staff shall include a psychiatrist if the administrative director of the service is not a psychiatrist, who shall assume medical responsibility as defined in Section 522; a psychologist, social worker, registered nurse, and other nursing personnel under supervision of a registered nurse. Nursing personnel shall be present at all times. Physicians, psychiatrists, registered nurses and other mental health personnel shall be present or available at all times. Psychologists and social workers may be present on a time–limited basis.

Rehabilitation therapy, such as occupational therapy, should be available to the patients.

The minimum ratio of the full–time professional personnel to resident patients shall be as follows:

Personnel	*Ratio per 100 Patients*
Physicians	5
Psychologists	2
Social Workers	2
Registered Nurses	20
Other Mental Health Personnel	25
Total	54

NOTE: Authority cited: Sections 4011 and 5750, Welfare and Institutions Code. Reference: Secs. 5600 and 5767, W. & I. Code. Additional authority cited: Sections 5650, 5703.1, 5751, Welfare and Institutions Code. Additional references: Sections 5650, 5703.1, 5751, 5751.1, 5751.2, Welfare and Institutions Code.

Article 11. Requirements for Outpatient Services

§ 680. Basic Requirements.

Outpatient services in Local Mental Health Services shall include:

(a) Minimum Professional Staff. Outpatient services shall be under the direction of a person who qualifies under Section 623, 624, 625, 626, 627, 628, 629 or 630. In addition to the director, the minimum professional staff shall include a psychiatrist, psychologist, and social worker, except that under special circumstances the Department may authorize the operation of an outpatient service with less personnel. In addition, the staff may include qualified registered nurses and other professional disciplines.

A psychiatrist must assume medical responsibility as defined in Section 522, and be present at least half–time during which the services are provided except that under special circumstance the Department may modify this requirement.

In developmental disabilities and substance abuse programs a physician other than a psychiatrist may be substituted when this would be more appropriate to the treatment needs of the patient upon approval of the Department.

(b) Availability of Service. Outpatient services shall be reasonably available and accessible.

(c) Care and Staffing. A program of outpatient services should provide for continuity of care and flexibility of staffing to meet the needs of the individual patients.

(d) Integration of Staff Services. The services of the various professional disciplines shall be integrated through regular staff meetings and other conferences for joint planning and evaluation of treatment.

NOTE: Authority cited: Sections 5600.5 and 5751, Welfare and Institutions Code. Reference: Sections 5600.5, 5704, 5712, 5751 and 5751.3, Welfare and Institutions Code.

Article 12. Requirements for Partial Hospitalization Services

§ 690. Minimum Professional Staff.

Partial hospitalization service shall be under the direction of a person who qualifies under Section 623, 624, 625, 626, 627, 628, 629 or 630. In addition to the director the minimum professional staff shall include personnel necessary to achieve program objectives, such as psychiatrists, psychologists, social workers, nurses, educators, occupational therapists, mental health rehabilitation therapists, recreational therapists, psychiatric technicians, psychiatric aides, and other such personnel deemed necessary. Participation by different disciplines may vary according to program design and objectives.

NOTE: Authority cited: Sections 5600.5 and 5751, Welfare and Institutions Code. Reference: Sections 5600.5, 5704, 5712, 5751 and 5751.3, Welfare and Institutions Code.

§ 691. Medical Responsibility.

Article 13. Requirements for Emergency Services

§ 700. Basic Requirement.

The emergency service shall be readily available and accessible 24 hours a day, seven days a week.

Article 14. Purposes, Processes and Requirements of Consultation, Education and Information Services

§ 710. Purpose of Consultation Services.

The purpose of consultation services with professionals and community agencies shall be to expand to their potential for:

(a) The promotion of mental health.

(b) The prevention of emotional disorders.

(c) The identification and resolution of mental health problems.

(d) The development and sustenance of the effectiveness of social systems.

NOTE: Authority cited: Sections 4012, 5651 and 5751, Welfare and Institutions Code. Reference: Sections 4012, 5453, 5601, 5651, 5661.5 and 5751, Welfare and Institutions Code.

§ 711. Process of Consultation Services.

The process for providing consultation services may include:

(a) Interaction with an agency or professional person in planning for collaboratively evaluating the client.

(b) Assistance to agencies in focusing their service functions and internal relationships.

(c) Involvement with other community agencies, groups, and individuals in planning, developing, integrating, coordinating, and evaluating a broad range of community services.

NOTE: Authority cited: Sections 4012, 5651 and 5751, Welfare and Institutions Code. Reference: Sections 4012, 5453, 5601, 5651, 5661.5 and 5751, Welfare and Institutions Code.

§ 712. Purpose of Education Services.

The purpose of education services shall be:

(a) To motivate such individuals and groups to accept responsibility for personal and community mental health.

(b) To develop attitudes and practices facilitating positive interpersonal relationships.

§ 713. Process of Education Services.

The process of education services may be characterized by:

(a) The systematic structuring of experiences which will result in learning about mental health concepts.

(b) Involving as participants those individuals and groups, who, by reason of their functional role in the community, have a significant potential for affecting the mental health of others.

(c) A high degree of interpersonal interacting between participants of seminars, workshops, classes, and discussion groups to facilitate change.

(d) A major focusing on general aspects of a subject rather than on solutions of specific case problems.

(e) Assisting professionals in developing mental health knowledge and skills in the detection of emotional disorders and management of problems appropriate to their work.

§ 714. Purpose of Information Services.

The purpose of information services is to inform the general public as to:

(a) Basic facts of mental health and emotional disorders.

(b) Mental health needs of the community.

(c) Existing community services and their utilization.

NOTE: Authority cited: Sections 4012, 5651 and 5751, Welfare and Institutions Code. Reference: Sections 4012, 5601, 5651, 5651.7, 5661.5 and 5751, Welfare and Institutions Code.

§ 715. Process of Information Services.

§ 716. Direction and Supervision.

Consultation, education, and information services shall be provided by mental health personnel under the general direction of a person who qualifies under Sections 623, 624, 625, 626, or 627.

NOTE: Authority cited: Sections 5600.5 and 5751, Welfare and Institutions Code. Reference: Sections 5600.5, 5704, 5712, 5751 and 5751.3, Welfare and Institutions Code.

Article 15. Requirements for Diagnostic Services

§ 730. Basic Requirements.

Where diagnostic services are reimbursable as a separate service under this subchapter, this service may include diagnosis, evaluation, referral, pre–petition screening and conservatorship recommendations.

NOTE: Authority cited: Sections 5600.5, 5712 and 5751, Welfare and Institutions Code. Reference: Sections 5150, 5151, 5008(a), (d), (f), 5152, 5202, 5352, 5352.5, 5458(a) and 5651(b), Welfare and Institutions Code.

Article 16. Requirements for Rehabilitative Services

§ 740. Psychiatric Direction and Supervision.

(a) Direction and Supervision. Rehabilitative services provided by a local mental health service or by contract shall be under the general direction of a person who qualifies under Section 623, 624, 625, 626, 627, 628, 629 or 630.

(b) Medical Responsibility. For rehabilitative services provided, a physician shall assume responsibility for all those acts of diagnosis, treatment, or prescribing or ordering of drugs which may only be performed by a licensed physician as authorized by Section 2051 of the Business and Professions Code.

NOTE: Authority cited: Sections 5600.5 and 5751, Welfare and Institutions Code. Reference: Sections 5453(c), 5600, 5651(f) and 5705.5, Welfare and Institutions Code.

§ 741. Treatment Plan for Patients.

A diagnosis taken from the Diagnostic and Statistical Manual of Mental Disorders is required for all patients served in rehabilitative services. At its inception, part of the treatment plan of each patient shall include an assessment of is potential for rehabilitation and the place of rehabilitative services in his total program. This plan should be reviewed and modified according to the patient's progress.

§ 742. Minimum Staff.

Article 17. Requirements for Precare and Aftercare Services

§ 750. Referral to Provide Continuity of Care.

Article 18. Requirements for Training Services

§ 760. Reimbursement for Training Services.

Training services in the Local Mental Health Service may be reimbursable as a separate service under this subchapter.

When the Training service is included in one of the other services in this subchapter as a reimbursable item it may include administrative costs, stipends and scholarships.

NOTE: Authority cited: Section 5751, Welfare and Institutions Code. Reference: Section 5761, Welfare and Institutions Code.

§ 761. Minimum Staff.

Article 19. Requirements for Research and Evaluation Services

§ 770. Standards for Research Personnel.

§ 771. Contracting for Services.

The Local Mental Health Service may contract for Research and Evaluation studies through public and private agencies, including the Department of Mental Hygiene. Personnel providing Research or Evaluation services by contract should have qualifications equal to similar personnel providing a direct Research or Evaluation service to the Local Mental Health Service.

§ 772. Method of Program Evaluation.

§ 773. Local Mental Health Service Research Committee.

NOTE: Authority cited for Sections 773 through 780: Sections 5400 and 5750, Welfare and Institutions Code. Reference: Sections 5000 through 5767, Welfare and Institutions Code.

§ 774. Research Funds.

Local Mental Health Services may apply directly to the grantor for non–state research funds, singly or collectively. When Local Mental Health Services apply with a facility of the Department for non–departmental research grant support, these grants shall come under the general administration of the Department of Mental Hygiene and require the approval of the Local Director before submission to the grantor. The application for the grant must include all direct and indirect costs of the proposed research, unless a specific exception to this requirement is authorized by the Department of Mental Hygiene.

§ 775. Local Research Trust Fund.

§ 776. Application Review.

§ 777. Scientific Merit of Research Study.

The Local Director in charge of the local mental health service in which a research study is to be conducted in order to insure the scientific merit and relevance of the research shall obtain a written description of the proposed research study and determine the competence and integrity of the researchers prior to the commencement of a research study.

§ 778. Personal Safety and Welfare of Research Subjects.

The local mental health service shall develop uniform policies, procedures, and forms prior to undertaking any research, to provide for the personal safety and welfare of all subjects involved in research conducted at any of the facilities under its jurisdiction. The participation of subjects in research shall be on the basis of informed consent. Satisfactory evidence of compliance with these procedures will be a necessary condition for Department of Mental Hygiene research support or reimbursement. To meet this condition, the local mental health service may comply with the department's policies and procedures pertaining to research subjects. These safeguards concerning human rights and welfare shall apply to all research at the facility.

§ 779. Confidential Nature of Information and Records.

All personal data and information obtained from medical records in the course of research studies shall be confidential and may be disclosed only to qualified professional persons providing services to the patient or to other research personnel engaged in the study. No information obtained in the course of research may be released through publication or other research communication unless the person studied is unidentifiable.

§ 780. Requirement of Oath of Confidentiality.

In order to perform research in facilities all researchers shall sign an oath of confidentiality, as follows:

_____
Date

As a condition of doing research concerning persons who have received services from _____ (fill in the facility, agency or person), I, _____, agree not to divulge any information obtained in the course of such research to unauthorized persons, and not to publish or otherwise make public any information regarding persons who have received services such that the person who received services is identifiable.

I recognize that unauthorized release of confidential information may make me subject to a civil action under provisions of the Welfare and Institutions Code.

_____ Signed

Article 20. Requirements for 72–Hour Detoxification, Treatment and Evaluation Service for Inebriates

NOTE: Authority cited: Section 5400, Welfare and Institutions Code. Reference: Sections 5170–5176, Welfare and Institutions Code.

Article 21. Intensive Treatment for Chronic Alcoholics

NOTE: Authority cited: Section 5400, Welfare and Institutions Code. Reference: Sections 5170–5176, Welfare and Institutions Code.

Article 22. Requirements for Social and Rehabilitation Services

Chapter 3.5. Mental Health Rehabilitation Centers

Article 1. Application

§ 781.00. Application of Chapter.

This chapter shall apply to programs authorized by Welfare and Institutions Code Section 5768, hereinafter denoted as mental health rehabilitation centers.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

Article 2. Definitions

§ 782.00. Application of Definitions.

The definitions included in this article shall apply to the regulations contained in this chapter.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 782.10. Meaning of Words.

Words shall have their usual meaning unless the context or a definition clearly indicates a different meaning. Words used in the present tense include the future; words in the singular number include the plural number; words in the plural number include the singular number. Shall means mandatory. May means permissive. Should

means suggested and recommended.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 782.11. Activity Coordinator.

Activity Coordinator means a person who is an occupational therapist, music therapist, art therapist, dance therapist or recreation therapist, as defined in this chapter.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 782.12. Alteration.

Alteration means any construction work other than maintenance in an existing building which does not increase the floor area or roof area or the volume of enclosed space.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 782.13. Art Therapist.

Art therapist means a person who is registered or eligible for registration as an art therapist with the American Art Therapy Association.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 782.14. Client.

Client means a person, 18 years of age or older, admitted to a mental health rehabilitation center for evaluation, observation, diagnosis, rehabilitation and treatment.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 782.15. Client Record.

Client record means a record that organizes all information on the care, treatment and rehabilitation rendered to a client in a mental health rehabilitation center.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 782.16. Conservator.

Conservator means a person appointed by a court pursuant to Section 5350 et seq. of the Welfare and Institutions Code.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 782.17. Controlled Drugs.

Controlled drugs means those drugs covered under the Federal Comprehensive Drug Abuse Prevention Control Act of 1970, as amended, or the California Uniform Controlled Substances Act.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 782.18. Dance Therapist.

Dance therapist means a person who is registered or eligible for registration as a dance therapist by the American Dance Therapy Association.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 782.19. Department.

Department means the State Department of Mental Health (see Section 4000 et seq. of the Welfare and Institutions Code).

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 782.20. Dietitian.

Dietitian means a person who is registered or eligible for registration as a dietitian by the American Dietetic Association.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 782.21. Director.

Director means the Director of the State Department of Mental Health.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 782.22. Drug.

(a) Drug means the following:

(1) Articles intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in man or other animals.

(2) Articles (other than food) intended to affect the structure or any function of the body of man or other animals.

(3) Articles intended for use as a component of any article designated in subdivision (1) and (2) of this section.

(b) Legend drug means any of the following:

(1) Any drug labeled with the statement "Caution: Federal Law prohibits dispensing without prescription" or words of similar import.

(2) Any dangerous drug under Section 4022 of the Business and Professions Code.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 782.23. Drug Administration.

Drug administration means the act in which a single dose of a prescribed drug or biological is given to a client. The complete act of administration entails removing an individual dose from a container (including a unit dose container), verifying the dose with the prescriber's orders, giving the individual dose to the client and promptly recording the time and dose given.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 782.24. Drug Dispensing.

Drug dispensing means the act entailing the following of a prescription order for a drug or biological and the proper selection, measuring, packaging, labeling and issuance of the drug or biological to a client.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 782.25. Mental Health Rehabilitation Center Director.

Mental health rehabilitation center director means the licensee, or the adult designated by the licensee to act in his/her behalf in the overall administration or management of the mental health rehabilitation center.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 782.26. Licensed Mental Health Professional.

Licensed mental health professional means any of the following:

(a) A licensed psychologist as defined in these regulations.

(b) A physician as defined in these regulations.

(c) A licensed clinical social worker as defined in these regulations.

(d) A licensed marriage, family and child counselor as defined in these regulations.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 782.27. Licensed Nursing Staff.

Licensed nursing staff means a licensed registered nurse, licensed vocational nurse or a licensed psychiatric technician as defined in this chapter, and employed by a mental health rehabilitation center to perform functions within their scope of practice.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 782.28. Licensed Psychiatric Technician.

Licensed psychiatric technician means a person licensed as a psychiatric technician by the California Board of Vocational Nurse and Psychiatric Technician Examiners.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 782.29. Licensed Vocational Nurse.

Licensed vocational nurse means a person licensed as a licensed vocational nurse by the California Board of Vocational Nurse and Psychiatric Technician Examiners.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 782.30. Licensee.

Licensee means the person, persons, firm, partnership, association, organization, company, corporation, business trust, political subdivision of the state, or other governmental agency to whom a license has been issued.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 782.31. Local Bank.

Local bank means a bank or branch of that bank which is in the same neighborhood, community, city or county in which the mental health rehabilitation center is physically located.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 782.32. Marriage, Family and Child Counselor.

Marriage, Family and Child Counselor means a person licensed as a marriage, family and child counselor by the California Board of Behavioral Science Examiners, or persons granted a waiver pursuant to Section 5751.2 of the Welfare and Institutions Code.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 782.33. Medication.

For the purposes of this chapter, medication shall mean the same as drug as defined in Section 782.22.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 782.34. Mental Health Rehabilitation Center.

Mental health rehabilitation center means a 24–hour program, licensed by the Department, which provides intensive support and rehabilitation services designed to assist persons, 18 years or older, with mental disorders who would have been placed in a state hospital or another mental health facility to develop the skills to become self–sufficient and capable of increasing levels of independent functioning.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 782.35. Mental Health Rehabilitation Specialist.

Mental Health Rehabilitation Specialist means a person who has a baccalaureate degree and four years of experience in a mental health setting as a specialist in the fields of physical restoration, social adjustment, or vocational adjustment. Up to two years of graduate professional education may be substituted for the experience requirement on a year–to–year basis; up to two years of post associate arts clinical experience may be substituted for the required education.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 782.36. Music Therapist.

Music therapist means a person who has a bachelor's degree in music therapy and who is registered or eligible for registration as a music therapist by the National Association for Music Therapy.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 782.37. Occupational Therapist.

Occupational therapist means a person who is registered or who is eligible for registration as an occupational therapist by the American Occupational Therapy Association.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 782.38. Pharmacist.

Pharmacist means a person licensed as a pharmacist by the California Board of Pharmacy.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 782.39. Physician.

Physician means a person licensed as a physician and surgeon by the California Medical Board or by the Board of Osteopathic Examiners.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 782.40. Program Director.

Program director means an individual designated in writing by the licensee who meets the criteria of Sections 623, 624, 625, 626, 627, 628, 629, or 630 of Title 9 of the California Code of Regulations.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 782.41. Postural Support.

Postural support means devices that are applied to assist persons in achieving proper body position or balance, whether to prevent injury to those who cannot sit or lie in bed without falling, or to improve a person's mobility and independent functioning.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 782.42. Psychologist.

Psychologist means a person licensed as a psychologist by the California Board of Psychology, or persons granted a waiver pursuant to Section 5751.2 of the Welfare and Institutions Code.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 782.43. Recreation Therapist.

Recreation therapist means a person who is registered or eligible

for registration as a recreation therapist by the California Board of Parks and Recreation Certification or the National Council for Therapeutic Recreation Certification.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 782.44. Registered Nurse.

Registered nurse means a person licensed as a registered nurse by the California Board of Registered Nursing.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 782.45. Restraint.

Restraint, for the purposes of the regulations included in this chapter, shall mean:

(a) Behavioral restraint which means any form of restraint employed to control a client in order to prevent the person from causing harm to self or others. Only the following types of behavioral restraint may be used in a mental health rehabilitation center:

(1) Belts and cuffs, which are well padded; and

(2) Soft ties, consisting of cloth.

(b) Chemical restraint means a drug used to control behavior and in a manner not required to treat the client's physical symptoms.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 782.46. Seclusion.

Seclusion means the involuntary confinement of a client in a room or area, where the client is prevented from physically leaving, for any period of time.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 782.47. Self Administration of Medication.

Self administration of medication by clients means clients' shall be responsible for the control, management and use of his or her own medication.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 782.48. Social Worker.

Social worker means a person who is licensed as a clinical social worker by the California Board of Behavioral Science Examiners, or persons granted a waiver pursuant to Section 5751.2 of the Welfare and Institutions Code.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 782.49. Standing Orders.

Standing orders means those written instructions which are used or intended to be used in the absence of a prescriber's specific order for a specified client.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 782.50. Supervision.

(a) Supervision means to instruct an employee or subordinate in their duties and to oversee or direct work, but does not necessarily require the immediate presence of the supervisor.

(b) Direct supervision means the supervisor shall be present in the same building as the person being supervised, and available for consultation and assistance.

(c) Immediate supervision means that the supervisor shall be physically present while a task is being performed by the person being supervised.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 782.51. Therapeutic Diet.

Therapeutic diet means any diet modified from a regular diet in a manner essential to the treatment or control of a particular disease or illness.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 782.52. Unit Dose Medication System.

Unit dose medication system means a system in which single dosage units of drugs are prepackaged and prelabeled in accordance with all applicable laws and regulations governing these practices and be made available separated as to client and by dosage time. The system shall also comprise, but not be limited to, all equipment and appropriate records deemed necessary to make the dose available to the client in an accurate and safe manner. A pharmacist shall be in charge of and responsible for the system.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 782.53. Standing Orders.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 782.54. Supervision.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 782.55. Therapeutic Diet.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 782.56. Unit Dose Medication System.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

Article 3. License

§ 783.00. Application Required.

(a) Whenever either of the following circumstances occur, a verified application for a new license completed on forms furnished by the Department (MH8001/95) shall be submitted to the Department.

(1) Establishment of a mental health rehabilitation center.

(2) Change of ownership of a mental health rehabilitation center.

(b) Whenever any of the following circumstances occur, the licensee shall submit to the Department a verified application for a corrected license completed on forms furnished by the Department (MH8001/95).

(1) Construction of a new or replacement mental health rehabilitation center.

(2) Change in licensed bed capacity of a mental health rehabilitation center.

(3) Change of name of a mental health rehabilitation center.

(4) Change of licensed category of a mental health rehabilitation center.

(5) Change of location of a mental health rehabilitation center.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 783.10. Application Requirements.

(a) Any adult, firm, partnership, association, corporation, county,

city, public agency, or other governmental entity desiring to obtain a license for a mental health rehabilitation center shall file an application with the Department, except as provided in subsection (b).

(b) A nongovernmental entity proposing a mental health rehabilitation center shall submit a written plan of operation as specified in Section 783.13, to the local mental health director for review and approval. The local mental health director shall have the flexibility to base approval of the plan of operation upon local program need, as well as a determination of whether the plan of operation is complete and meets the requirements of Section 783.13. Evidence that the plan of operation has been approved by the local mental health director shall be in writing. The local mental health director shall forward this approved plan of operation with the application to the Department.

(c) If the applicant is a firm, association, corporation, county, city, public, or other governmental entity, the application shall be signed by the chief executive officer or authorized representative.

(d) An applicant shall cooperate with the Department by providing information and documentation as requested by the Department.

(e) Approval of an application by the Department does not constitute the licensing of a mental health rehabilitation center as a mental health rehabilitation center. The final approval for the licensing of a mental health rehabilitation center as a mental health rehabilitation center will be based on a site visit(s) conducted by the Department, within 30 calendar days following the applicant receiving written notification of approval of the application from the Department.

(f) Each year following the initial licensing of a mental health rehabilitation center, the licensee shall submit any changes to the approved plan of operation to the local mental health director and to the Department.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 783.11. Application Content.

(a) The application shall, at a minimum, contain the following information:

(1) Name, or proposed name, and address of the mental health rehabilitation center.

(2) Name, residence, and mailing address of applicant.

(A) If the applicant is a partnership, the name and principal business address of each partner.

(B) If the applicant is a corporation or association, the name, title, and business address of each officer and member of the governing board.

(C) Name and address of the owner of the mental health rehabilitation center premises if the applicant is leasing or renting.

(3) Written administrative policies and procedures as specified in Section 784.00 of these regulations.

(4) A written plan of operation as specified in Section 783.13 of these regulations. The plan of operation shall also include program evaluation measures in accordance with the provisions included in Section 5675 of the Welfare and Institutions Code.

(5) A written financial plan including an actual or proposed annual budget, and the most recent financial audit, if available.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 783.12. Application Process.

(a) Whenever an application is submitted pursuant to these regulations, the Department shall notify the applicant, in writing, within thirty calendar days of receipt of the application, that the application is complete and accepted for filing or that the application is incomplete, and what specific information or documentation is required to complete the application.

(b) If the applicant fails to respond within thirty calendar days to the Department, following receipt of notification pursuant to (a) above, for additional information or documentation, the application shall be deemed to have been withdrawn by the applicant. Any applicant deemed to have withdrawn an application may reapply by submitting a new application.

(c) The Department shall notify an applicant, in writing, within 60 calendar days following the acceptance of an application for filing, of the Department's decision to approve or deny the application.

(1) The sixty days shall not begin until all information or documentation required for completion of the application is received by the Department.

(2) If the Department fails to notify an applicant by the ending calendar date of the 60 day time period, the applicant may request, in writing, a review by the Deputy Director responsible for mental health rehabilitation center licensure, or the designee of the Director, at the principal address of the Department in Sacramento, California. The written request shall include:

(A) An identification of the applicant;

(B) The date upon which the application was submitted;

(C) A copy of any correspondence between the Department and the applicant regarding the application; and

(D) Any other information the applicant wishes to submit regarding the timeliness of the Department's consideration of the application.

(d) An applicant may request a review of a denial or disapproval of an application by sending a written request to the Deputy Director responsible for mental health rehabilitation center licensure, or the designee of the Director, at the principal address of the Department in Sacramento, California.

(1) A request for review must be postmarked no later than fifteen calendar days after receipt of the notification of the denial or disapproval of the application.

(2) An applicant requesting a review shall be responsible for submitting all documents, information, and arguments which the applicant wishes to be considered in the review. The documents, information, and arguments the applicant wishes to be considered may be submitted with the request for review or sent separately, but shall be postmarked no later than thirty calendar days after receipt of the written notification of denial or disapproval of the application.

(3) The Deputy Director or the designee shall review the written notification of application denial or disapproval, and any related information and documents justifying or supporting the application denial or disapproval, the request for review submitted by the applicant, and the information, documents and arguments submitted by the applicant. If deemed necessary for completion of the review, the Deputy Director or the designee may request clarification or additional information from the applicant.

(4) Upon completion of the review a decision to affirm or reverse the application denial or disapproval shall be prepared by the Department. A decision shall become final when adopted by the Deputy Director or designee.

(5) A written notification of the decision to affirm or reverse the action to deny or disapprove an application shall be sent to the applicant. A decision adopted by the Department shall become effective upon receipt by the applicant.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 783.13. Plan of Operation Requirements.

(a) The plan of operation shall describe the following components for the proposed mental health rehabilitation center:

(1) Summary of Administrative Policies and Procedures as specified in Section 784.00 of these regulations.

(2) Basic Services and Staffing.

(3) Rehabilitation Program and Staffing.

(4) Activity Program and Staffing.

(5) Admissions Process and Criteria.
(6) Discharge Planning and Transition Process.
(7) Health Records and Services Content.
(8) Client Records and Content.
(9) Client Rights and Empowerment.
(10) Pharmaceutical Services and Self–Medication.
(11) Program Space Requirements.
(12) Restraint and Seclusion Policies and Procedures.
(13) Physical Plant or Buildings.
(14) Program Supplies.
(15) Program Equipment.
(16) Clinical Treatment Programs.
(17) Interdisciplinary Treatment Teams.
(18) Psychiatric and Psychological Services.

(b) The plan of operation shall specify each target population group that the proposed mental health rehabilitation center plans to serve. The description of the population group to be served shall include the following:

(1) Age range.
(2) Gender.
(3) Ethnicity.
(4) Degree or level of impairment.
(5) Diagnosis as listed in the most current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM).
(6) Number of clients to be served.
(7) Identification of the particular needs of the population.
(8) The rehabilitation program designed to meet the identified service needs of the population.
(9) Method and frequency of evaluating client progress.

(c) A specific description of what makes the program innovative compared to existing licensed or certified mental health programs.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 783.14. Safety, Zoning and Building Clearance.

(a) A license shall not be issued to any applicant which does not conform to the State Fire Marshal's requirements for fire and life safety, the State requirements for environmental impact, and also to local fire safety, zoning, and building ordinances. Evidence of such compliance shall be presented in writing to the Department.

(b) The licensee shall maintain the mental health rehabilitation center in a safe structural condition. If the Department determines, in a written report submitted to the licensee, that an evaluation of the structural condition of a mental health rehabilitation center building is necessary, the licensee may be required to submit a report by a licensed structural engineer which shall evaluate the structural condition of the mental health rehabilitation center, and, if necessary, establish a basis for eliminating or correcting the structural conditions which may be hazardous to occupants. The licensee shall eliminate or correct any hazardous conditions.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 783.15. Separate Licenses.

Separate licenses shall be required for mental health rehabilitation centers which are maintained on separate premises even though they are under the same management. Separate licenses shall not be required for separate buildings on the same grounds or adjacent grounds, used for the provision of the same program under the requirements of these regulations.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 783.16. Posting.

The license or a true copy thereof shall be posted in a conspicuous location accessible to public view within the mental health rehabilitation center.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 783.17. Report of Changes.

The licensee shall notify the Department in writing of any changes in the following information within 10 calendar days of the changes. This notification shall include information and documentation regarding such changes.

(a) A change of mental health rehabilitation center director occurs. Such notification shall include the name and license number, if applicable, of the new mental health rehabilitation center director.

(b) A change of the mailing address of the licensee. Such notification shall include the new mailing address of the licensee.

(c) A change in the principal officer of a corporate licensee (chairman, president or general manager) occurs. Such notification shall include the name and business address of such officer.

(d) Any decrease in licensed bed capacity of the mental health rehabilitation center.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 783.18. Program Flexibility and Monitoring.

All mental health rehabilitation centers shall maintain compliance with the licensing requirements. These requirements do not prohibit the use of alternate concepts, methods, procedures, techniques, equipment, personnel qualifications or the conducting of pilot projects, provided such exceptions are carried out with provision for safe and adequate care and with the prior written approval of the Department. Such approval shall provide for the terms and conditions under which the exception is granted. A written request and substantiating information and documents supporting the request shall be submitted by the applicant or licensee to the Department.

(a) Any approval of the Department granted under this section, or a true copy thereof, shall be posted immediately adjacent to the center's license.

(b) The local mental health director shall monitor each mental health rehabilitation center providing a program based on a plan of operation, as specified in Section 783.13, and approved by the local mental health director and the Department, pursuant to Welfare and Institutions Code, Section 5768(e)(2).

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 783.19. Conviction of Crime: Standards for Evaluating Rehabilitation.

When considering the denial, suspension or revocation of a license based on the applicant's or licensee's conviction of a crime in accordance with Section 1265.1 or 1294 of the Health and Safety Code, the following criteria shall be considered in evaluating the applicant's or licensee's rehabilitation:

(a) The nature and the seriousness of the crime(s) under consideration.

(b) Evidence of conduct subsequent to the crime which suggests responsible or irresponsible character.

(c) The time which has elapsed since commission of the crime(s) or conduct referred to in subdivision (a) or (b).

(d) The extent to which the applicant has complied with any terms of parole, probation, restitution, or any other sanction lawfully imposed against the applicant.

(e) Any rehabilitation evidence submitted by the applicant.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 783.20. Bonds.

The amount of the Bond required in Section 1318 of the Health and Safety Code shall be in accordance with the following schedule:

(a) *Total Amount of Client Monies Handled Per Month*	*Amount of Bond Required*
$750 or less	$1,000
$751 to $1,500	$2,000
$1,501 to $2,500	$3,000

(b) Every further increment of $1,000 or fraction thereof shall require an additional $1,000 on the bond.

(c) Each application for an original license or renewal of license shall be accompanied by an affidavit on a form provided by the Department. The affidavit shall state whether the licensee handles, or will handle, money of clients and the maximum amount of money to be handled for:

(1) Any client.

(2) All clients in any month.

(d) No licensee shall handle money of a client or handle amounts greater than those stated in the affidavit submitted by him/her without first notifying the Department and filing a new or revised bond if requested.

(e) Charges for the surety company bond to handle client monies shall not be paid out of client monies.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

Article 4. General Requirements

§ 784.00. Administration.

The licensee shall be responsible for compliance with licensing requirements and for the organization, management, operation and control of the licensed mental health rehabilitation center. The delegation of any authority by a licensee shall not diminish the responsibilities of the licensee. Written policies and procedures shall be established and implemented for each of the following:

(a) Administration and management of the mental health rehabilitation center.

(b) Personnel policies and procedures which include:

(1) Job descriptions detailing qualifications, duties and limitations of each classification of employee available to all personnel.

(2) Employee orientation to mental health rehabilitation center, job, client population, policies, procedures and staff.

(3) Employee benefits.

(4) Employee health and grooming.

(5) Verification of licensure, credentials and references.

(c) Policies and procedures for client admission, leave of absence, transfer, pass and discharge, categories of clients accepted and retained, rate of charge for services included in the basic rate, charges for extra services, limitations of services, cause for termination of services and refund policies applying to termination of services.

(d) Policies and procedures governing client records which include:

(1) Policies and procedures governing access to, duplication of, and dissemination of, information from client records.

(2) Policies and procedures to ensure the confidentiality of client information, in accordance with applicable laws and regulations.

(e) Procedures for reporting of unusual occurrences.

(f) A written organizational chart showing the major programs of the mental health rehabilitation center, the person in charge of each program, the lines of authority, responsibility and communication and the staff assignments.

(g) Restraint and seclusion policies and procedures.

(h) Informed consent to medical and psychiatric treatment policies and procedures.

(i) Infection control policies and procedures.

(j) Dietary services policies and procedures.

(k) Housekeeping services policies and procedures which include provision for maintenance of a safe, clean environment for clients, employees and the public.

(*l*) All policies and procedures required by these regulations shall be reviewed at least annually and revised as needed, and shall be made available upon request to physicians and involved mental health professionals, clients or their legal representatives, employees, and the public.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 784.10. Mental Health Rehabilitation Center Director and Staff.

Each mental health rehabilitation center shall employ or otherwise provide a mental health rehabilitation center director to be responsible for the administration and management of the mental health rehabilitation center. The qualifications, experience, skills and knowledge required of the individual identified as the mental health rehabilitation center director shall be established in writing. The director shall primarily be responsible for the administration and management of only one mental health rehabilitation center. Subject to Departmental approval, a director may be responsible for more than one mental health rehabilitation center.

(a) The licensee may act as the director or shall appoint a director. The licensee shall delegate to the designated director, in writing, authority to organize and manage the day–to–day functions of the mental health rehabilitation center. If the director is to be absent for more than 30 calendar days, the licensee shall appoint an acting director to be responsible for the day–to–day functions of the mental health rehabilitation center.

(b) A copy of the current mental health rehabilitation center regulations contained in this chapter shall be maintained by the director and shall be available to all personnel.

(c) The director shall be responsible for informing appropriate staff of the applicable additions, deletions and changes to mental health rehabilitation center regulations.

(d) The director shall be responsible for informing the Department, or its designee, via telephone within 24–hours of any unusual occurrence, as specified in Section 784.15. If the unusual occurrence involves the discontinuance or disruption of services occurring during other than regular business hours of the Department or its designee, a telephone report shall be made immediately upon the resumption of business hours of the Department.

(e) The licensee shall employ the number of qualified personnel needed to comply with all regulatory requirements and shall provide for an initial orientation of all new employees, a continuing in–service training program and supervision. The licensee shall ensure that consumers and family members of persons with mental disabilities have opportunities for employment, including employment as a peer counselor, in each mental health rehabilitation center operated by the licensee.

(f) If any language or communication barriers exist between mental health rehabilitation center staff and clients, arrangements shall be made for interpreters or for the use of other mechanisms to ensure adequate communication between clients and personnel.

(g) The Department reserves the right to require the licensee to provide additional professional, administrative or supportive personnel whenever the Department determines through a written evaluation that additional personnel are needed to provide for the health and safety of clients.

(h) The licensee shall ensure that all employees serving clients or the public shall wear name and title badges.

(i) Each mental health rehabilitation center shall have an orientation program for all newly hired employees. Each new employee shall be provided 20 hours of initial orientation to the mental health rehabilitation center organization, administrative policies and procedures, and plan of operation during the first week

of employment for full time employees and the first month for part time employees.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 784.11. Employee Personnel Records.

(a) Each licensee shall maintain current complete and accurate personnel records for all employees.

(1) The record shall include:

(A) Full name.

(B) Social Security Number.

(C) Professional license or registration number and date of expiration, if applicable.

(D) Employment classification.

(E) Information as to past employment and qualifications.

(F) Date of beginning employment.

(G) Date of termination of employment.

(H) Documented evidence of orientation to the mental health rehabilitation center and in–service training.

(I) Performance evaluations.

(2) Such records shall be retained for at least three (3) years following termination of employment. Employee personnel records shall be maintained in a confidential manner, and shall be made available to authorized representatives of the Department upon request.

(b) Records of hours and dates worked by all employees during at least the most recent 12–month period shall be kept on file at the place of employment or at a central location within the State of California. Upon request, such records shall be made available at a time and location specified by the Department.

(c) A permanent log of the temporary personnel employed in the mental health rehabilitation center shall be kept for three (3) years, and shall include the following:

(1) Employee's full name.

(2) Name of temporary services personnel agency.

(3) Professional license and registration number and date of expiration, if applicable.

(4) Verification of health status.

(5) Record of hours and dates worked.

(d) The above requirements do not apply to contract employees, with the exception of required professional licenses.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 784.12. Employees' Health Examination and Health Records.

(a) All employees working in the mental health rehabilitation center, including the licensee, shall have a health examination within 90 days prior to employment, or within seven (7) days after employment, and at least annually thereafter by a person lawfully authorized to perform such a procedure. Each such examination shall include a medical history and physical evaluation. The report signed by the examiner shall indicate that the person is sufficiently free of disease to perform assigned duties and does not have any health condition that would create a hazard for self, fellow employees, clients, or visitors.

(b) The initial health examination and subsequent annual examination shall include a screening for tuberculosis. The procedure shall conform with the State Department of Health Services' public health tuberculosis screening standards and requirements for employees of health facilities. Satisfactory written evidence of a tuberculosis screening within 90 days prior to employment shall be considered as meeting the intent of this section.

(c) The mental health rehabilitation center shall maintain a health record of the mental health rehabilitation center director and for each employee which includes reports of all employment–related health examinations. Such records shall be kept for a minimum of three years following termination of employment.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 784.13. Use of Outside Resources.

(a) If a mental health rehabilitation center does not employ qualified personnel to render a specific service to be provided by the mental health rehabilitation center, there shall be arrangements through a written agreement with outside resources which shall meet the standards and requirements of these regulations.

(b) Copies of affiliation agreements, contracts or written arrangements for advice, consultation, services, training or transportation, with other facilities, organizations or individuals, public or private agencies, shall be on file in the mental health rehabilitation center's administrative office. These shall be readily available for inspection and review by the Department.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 784.14. Consumer Information to be Posted.

(a) The following consumer information shall be conspicuously posted in a prominent location accessible to the public.

(1) Name, license number and date of employment of the current director of the mental health rehabilitation center.

(2) A listing of all services and special programs provided in the mental health rehabilitation center and those provided through written contracts.

(3) The current and following week's menus for regular and therapeutic diets.

(4) A notice that the mental health rehabilitation center's written admission and discharge policies are available upon request.

(5) A notice that a copy of the most recent licensing visit report and related plan(s) of correction, if any, are available for public review, upon request.

(6) The names and addresses of all previous owners of the mental health rehabilitation center.

(7) A listing of all other mental health rehabilitation centers and other facilities owned by the same person, firm, partnership, association, or corporation.

(8) A statement that an action to revoke the mental health rehabilitation center's license is pending, if such an action has been initiated by the filing of an accusation, pursuant to Section 11503 of the Government Code, and the accusation has been served on the licensee.

(9) A notice of the name, address and telephone number of the Licensing and Certification office, Department of Mental Health, which has jurisdiction over the mental health rehabilitation center.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 784.15. Unusual Occurrences.

(a) Occurrences such as epidemic outbreaks, poisonings, fires, major accidents, death from unnatural causes or other catastrophes and unusual occurrences which threaten the welfare, safety or health of clients, personnel or visitors shall be reported by the mental health rehabilitation center within 24–hours either by telephone (and confirmed in writing), by electronic or telephonic means, or by telegraph to the legal or authorized representative, local mental health director and the Department.

(1) An unusual occurrence report shall be retained on file by the facility for one year.

(2) The mental health rehabilitation center shall furnish such other pertinent information related to such occurrences as the local health officer or the Department may require.

(3) Every fire or explosion which occurs in or on the premises shall

be reported within 24–hours to the local fire authority or in areas not having an organized fire service, to the State Fire Marshal.

(b) Client deaths shall be reported by the licensee to the Department or its designee by no later than twenty–four (24) hours following a client death.

(c) An unusual occurrence report shall be in writing and shall include detailed information specific to the date, time and setting, description of client physical condition, staff response, and planned follow–up.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 784.16. Reporting of Communicable Diseases.

All cases of reportable communicable diseases shall be reported to the local health officer in accordance with, Article 1 (commencing with Section 2500), Subchapter 1, Chapter 4, Title 17, California Code of Regulations.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 784.17. Infectious Diseases.

The facility shall adopt, observe and implement written infection control policies and procedures. These policies and procedures shall be reviewed at least annually and revised as needed.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 784.18. Storage and Disposal of Solid Waste.

(a) Solid wastes shall be stored and eliminated in a manner to preclude the transmission of communicable disease. These wastes shall not be a nuisance or a breeding place for insects or rodents nor be a food source for either.

(b) Solid waste containers shall be stored and located in a manner that will minimize odors in client or dietary areas.

(c) Before being discarded into waste containers, syringes and needles shall be rendered unusable.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 784.19. Solid Waste Containers.

(a) All containers used by the mental health rehabilitation center, except movable bins used for storage of solid waste, shall have tight–fitting covers in good repair, external handles and be leakproof and rodent proof.

(b) Movable bins when used for storing or transporting solid waste from the premises shall have approval of the local health Department and shall meet the following requirements:

(1) Have tight–fitting covers, closed when not being loaded.

(2) Be in good condition.

(3) Be leakproof.

(4) Be rodent proof unless stored in a room or screened enclosure.

(c) All containers receiving putrescible wastes shall be emptied at least every four days, or more, if necessary.

(d) Solid waste containers, including movable bins, shall be thoroughly washed and cleaned each time they are emptied unless soil contact surfaces have been completely protected from contamination by disposable liners, bags or other devices removed with the waste. Each movable bin shall be accessible and shall have a drainage device to allow complete cleaning at the storage area.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 784.20. Infectious Waste.

Infectious waste, as defined in Section 117690 of the Health and Safety Code, shall be handled and disposed of in accordance with the Medical Waste Management Act, Chapter 2 of Part 14 of Division 104, Health and Safety Code (commencing with Section 117600).

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 784.21. Cleaning, Disinfecting and Sterilizing.

(a) Each facility shall have a written manual on cleaning, disinfecting and sterilizing procedures. The manual shall include procedures to be used in the care of utensils, instruments, solutions, dressings, articles and surfaces and shall be available for use by facility personnel. All procedures shall be carried out in accordance with the manual.

(b) Each facility shall make provision for the cleaning and disinfecting of contaminated articles and surfaces which cannot be sterilized.

(c) Individual client care supply items designed and identified by the manufacturer to be disposable shall not be reused.

(d) The facility shall provide for:

(1) Effective separation of soiled and contaminated supplies and equipment from clean and sterilized supplies and equipment.

(2) Clean cabinets for the storage of sterile supplies and equipment.

(3) An orderly system of rotation of supplies so that the supplies stored first shall be used first.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 784.22. Soiled Linen.

(a) Soiled linen shall be handled, stored and processed in a manner that will prevent the spread of infection.

(b) Soiled linens shall be sorted in a separate room by methods affording protection from contamination.

(c) Soiled linen shall be stored and transported in a closed container which does not permit airborne contamination of corridors and areas occupied by clients and precludes cross contamination of clean linen.

(d) When laundry chutes are used to transport soiled linen, they shall be maintained in a clean, sanitary state.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 784.23. Clean Linen.

(a) Clean linen shall be stored, handled and transported in a way that precludes cross–contamination.

(b) Clean linen shall be stored in clean, ventilated closets, rooms or alcoves, used only for that purpose.

(c) Clean linen from a commercial laundry shall be delivered to a designated clean area in a manner that prevents contamination.

(d) Linens shall not be threadbare and shall be maintained in good repair.

(e) A supply of linen shall be provided sufficient for not less than three complete bed changes for the mental health rehabilitation center's licensed capacity.

(f) A supply of clean wash cloths and towels shall be provided and available to staff to meet the care needs of the clients.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 784.24. Fire and Internal Disasters.

(a) A written fire and internal disaster plan incorporating evacuation procedures shall be developed with the assistance of qualified fire, safety and other appropriate experts. A copy of the plan shall be available on the premises for review by the staff and the Department.

(b) The written plan shall include at least the following:

(1) Procedures for the assignment of personnel to specific tasks and responsibilities.

(2) Procedures for the use of alarm systems and signals.

(3) Procedures for fire containment.

(4) Priority for notification of staff including names and telephone numbers.

(5) Location of fire–fighting equipment.

(6) Procedures for evacuation and specification of evacuation routes.

(7) Procedures for moving clients from damaged areas of the mental health rehabilitation center to undamaged areas.

(8) Procedures for emergency transfer of clients who can be moved to health facilities, including arrangements for safe and efficient transportation.

(9) Procedures for emergency discharge of clients who can be discharged without jeopardy into the community, including prior arrangements for their care, arrangements for safe and efficient transportation and at least one follow–up inquiry within 24 hours to ascertain that clients are receiving their required care.

(10) A written disaster tag or note containing all pertinent personal and medical information to accompany each client who is moved, transferred, discharged or evacuated.

(11) Procedures for maintaining a record of client relocation.

(12) Procedures for handling incoming or relocated clients.

(13) Other provisions as dictated by circumstances.

(c) Fire and internal disaster drills shall be held at least quarterly, under varied conditions for each individual shift of the facility personnel. The actual evacuation of clients to safe areas during a drill is optional.

(d) The evacuation plan shall be posted throughout the mental health rehabilitation center and shall include at least the following:

(1) Evacuation routes.

(2) Location of fire alarm boxes.

(3) Location of fire extinguishers.

(4) Emergency telephone number of the local fire department.

(e) A dated, written report and evaluation of each drill and rehearsal shall be maintained and shall include signatures of all employees who participated.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 784.25. External Disaster and Mass Casualty Program.

(a) A written external disaster and mass casualty program plan shall be adopted and followed. The plan shall be developed with the advice and assistance of county or regional and local planning offices and shall not conflict with county and community disaster plans. A copy of the plan shall be available on the premises for review by the Department.

(b) The plan shall provide procedures in event of community and widespread disasters. The written plan shall include at least the following:

(1) Sources of emergency utilities and supplies, including gas, water, food and essential medical supportive materials.

(2) Procedures for assigning personnel and recalling off–duty personnel.

(3) Unified medical command; chart of lines of emergency authority in the mental health rehabilitation center.

(4) Procedures for the conversion of all usable space into areas for client observation and immediate care of emergency admissions.

(5) Prompt transfer of casualties when necessary and after preliminary medical services have been rendered, to the mental health rehabilitation center most appropriate for administering definitive care. Procedures for moving clients from damaged areas of the mental health rehabilitation center to undamaged areas.

(6) Arrangements for provision of transportation of clients including emergency housing where indicated. Procedures for emergency transfers of clients who need to be moved to health care facilities, including arrangements for safe and efficient transportation and transfer information.

(7) Procedures for emergency discharge of clients who can be discharged without jeopardy into the community, including prior arrangements for their care, arrangements for safe and efficient transportation and at least one follow–up inquiry within 24 hours, to ascertain that clients are receiving required care.

(8) Procedures for maintaining a record of client relocation.

(9) An evacuation plan, including evacuation routes, emergency phone numbers of physicians, health facilities, the fire department and local emergency medical services agencies and arrangements for the safe transfer of clients after evacuation.

(10) A tag containing all pertinent personal and medical information which shall accompany each client who is moved, transferred, discharged or evacuated.

(11) Procedures for maintaining security in order to keep relatives, visitors and curious persons out of the mental health rehabilitation center during a disaster.

(12) Procedures for providing emergency care to incoming clients from other facilities.

(13) Assignment of public relations liaison duties to a responsible individual employed by the mental health rehabilitation center to release information to the public during a disaster.

(c) The plan shall be reviewed at least annually and revised as necessary to ensure that the plan is current. All personnel shall be instructed in the requirements of the plan. There shall be evidence in the personnel files, or the orientation checklist, indicating that all new employees have been oriented to the plan and procedures at the beginning of their employment.

(d) The mental health rehabilitation center shall participate in all local and state disaster drills and test exercises when asked to do so by the local or state disaster or emergency medical services agencies.

(e) A disaster drill shall be held by the mental health rehabilitation center at six (6)–month intervals. There shall be a written report of the mental health rehabilitation center's participation in each drill or test exercise. Staff from all shifts shall participate in drills or test exercises.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 784.26. Admission of Clients.

The licensee shall:

(a) Have and implement written admission and discharge policies encompassing which licensed mental health professionals can accept clients for admission to the facility, the types of diagnoses for which clients can be admitted, limitations imposed by law or licensure, and staffing limitations. These policies shall be made available to clients or their representatives upon admission, and shall be made available to the public upon request.

(b) Not admit or discharge a client on the basis of race, color, religion, ancestry or national origin. Any bonafide nonprofit religious, fraternal or charitable organization which can demonstrate to the satisfaction of the Department that its primary or substantial purpose is not to evade this subsection may establish admission policies limiting or giving preference to its own members or adherents and such policies shall not be construed as being in noncompliance with (d) below. Any admission of nonmembers or nonadherents shall be subject to (d) below.

(c) Admit clients who are 18 years of age or older, who are considered seriously and persistently mentally disabled, who otherwise would be placed in a state hospital or other mental health facility, and for whom such a setting is the least restrictive alternative available to meet their needs.

(d) Not admit any person who is nonambulatory, requires a level or levels of medical care not provided, who would be appropriately served by an acute psychiatric hospital, or who is diagnosed only with a substance abuse or eating disorder.

(1) For the purposes of this provision, nonambulatory means the inability to exit the mental health rehabilitation center unassisted

under emergency conditions with reasonable accommodations. Every accommodation must be determined on a case–by–case basis, taking into consideration the mental health rehabilitation center's staffing level required pursuant to this chapter.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 784.27. Admission Records.

(a) For each client a mental health rehabilitation center shall complete an admission record which shall include the following:

(1) Name and Social Security Number.

(2) Current address.

(3) Age and date of birth.

(4) Sex.

(5) Date of admission.

(6) Name, address and telephone number of the legal or authorized authorized representative, person or agency responsible for client and next of kin.

(7) Name, address and telephone number of the practitioner who is primarily responsible for the treatment of the client.

(8) Admission diagnoses.

(9) Medicare and Medi–Cal numbers when appropriate.

(10) An inventory including but not limited to:

(A) Items of jewelry.

(B) Items of furniture.

(C) Radios, television and other appliances.

(D) Prosthetic and orthopedic devices.

(E) Other valuable items, so identified by the client, family or authorized representative.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 784.28. Clients' Records.

(a) Clients' records shall be permanent, either typewritten or legibly written in ink, be capable of being photocopied and shall be kept on all clients admitted or accepted for care. All health records of discharged clients shall be completed and filed within 30 days after discharge date and such records shall be kept for a minimum of seven (7) years. All required records, either originals or accurate reproductions thereof, shall be maintained in such form as to be legible and readily available upon the request of the attending physician, the mental health rehabilitation center staff or any authorized officer, agency, or employee of either, or any other person authorized by law to make such request.

(b) Information contained in the clients' records shall be confidential and shall be disclosed only to authorized persons in accordance with federal, state and local laws.

(c) If a mental health rehabilitation center ceases operation, the Department shall be informed within three (3) business days by the licensee of the arrangements made for the safe preservation of the client's health records.

(d) The Department shall be informed within three business days, in writing, whenever client records are defaced or destroyed prior to expiration of the required retention period.

(e) If the ownership of the mental health rehabilitation center changes, both the licensee and the applicant for the new license shall, prior to the change of ownership, provide the Department with written documentation stating:

(1) That the new licensee shall have custody of the clients' records and that these records or copies shall be available to the former licensee, the new licensee and other authorized persons; or

(2) That other arrangements have been made by the licensee for the safe preservation and the location of the clients' records, and that they are available to both the new and former licensees and other authorized persons; or

(3) The reason for the unavailability of such records.

(f) Clients' records shall be current and kept in detail consistent with good medical and professional practice based on the service provided to each client. Such records shall be filed and maintained in accordance with these requirements and shall be available for review by the Department. All entries in the record shall be authenticated with the date, name, and title of the persons making the entry.

(g) All current clinical information pertaining to clients' stay shall be centralized in clients' records.

(h) Clients' records shall be filed in an accessible manner in the mental health rehabilitation center or in health record storage. Storage of records shall provide for prompt retrieval when needed for continuity of care. Records can be stored off the mental health rehabilitation center premises only with the prior approval of the Department.

(i) Clients' records shall not be removed from the mental health rehabilitation center, except for storage after the client is discharged, unless expressly and specifically authorized by the Department.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 784.29. Informed Consent to Medical Treatment.

(a) It is the responsibility of a physician to determine what information a reasonable person in the client's condition and circumstances would consider material to a decision to accept or refuse a proposed treatment or procedure. The disclosure of any material information and obtaining informed consent shall be the responsibility of the a physician.

(b) Informed consent must include a verbal explanation by a physician of the client's right to refuse or accept medical treatment. It must include a written consent form signed by the client indicating the above information has been given. The signed consent form is to be obtained and kept in the client's record as specified in Sections 851 and 852.

(c) No medical treatment may be administered to a client without informed consent except in an emergency situation as defined by Section 853 or circumstances otherwise authorized by law.

(d) The client has the right to accept or refuse the proposed treatment, and if he or she consents, has the right to revoke his or her consent for any reason at any time. Licensed mental health professionals or licensed nursing staff shall verify that the client's health record contains documentation that the client has given informed consent to the proposed treatment or procedure.

(e) This section shall not be construed to require obtaining informed consent each time a treatment or procedure is administered unless material circumstances or risks change.

(f) Treatment may be initiated without informed consent if there is documentation within the client's health record that an emergency exists where there is an unanticipated condition in which immediate action is necessary for preservation of life or the prevention of serious bodily harm to the client or others or to alleviate severe physical pain, and it is impracticable to obtain the required consent, and provided that the action taken is within the customary practice of physicians of good standing in similar circumstances.

(g) A general consent provision in a contract for admission shall only encompass consent for routine nursing care or emergency care. Routine nursing care, as used in this section, means a treatment or procedure that does not require informed consent as specified in this section, or that is determined by the physician not to require the disclosure of information material to the individual client. Routine nursing care includes, but is not limited to, care that does not require the order of a physician. This section does not preclude the use of informed consent forms for any specific treatment or procedure at the time of admission or at any other time. All consent provisions or forms shall indicate that the client or incapacitated client's legal representative may revoke his or her consent at any time.

(h) If a client or his or her legal representative cannot communicate

with the physician because of language or communication barriers, the mental health rehabilitation center shall arrange for an interpreter.

(1) An interpreter shall be someone who is fluent in both English and the language used by the client and his or her legal representative, or someone who can communicate with a deaf person, if deafness is the communication barrier.

(2) When interpreters are used, they shall be physically present and documentation shall be placed in the client record indicating the name of the person who acted as the interpreter and his or her relationship to the client and to the mental health rehabilitation center.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 784.30. Temporary Medical Client Transfer.

The licensee shall maintain written transfer agreements with health or other facilities to make the services of those facilities accessible to the mental health rehabilitation center clients. Complete and accurate client information, in sufficient detail to provide for continuity of care, shall be transferred with the client at time of transfer.

(a) When a client is transferred to another facility or setting, the following shall be entered in the client record:

(1) The date, time, condition of the client and a written statement of the reason for the transfer.

(2) Informed written or telephone acknowledgment of the transfer by the client or legal representative except in an emergency as provided in subsection 784.29(f).

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 784.31. Clients' Rights.

(a) Clients served by a mental health rehabilitation center shall have all the rights guaranteed pursuant to Section 5325 of the Welfare and Institutions Code, a list of which shall be prominently posted in English, Spanish and any other language representing at least five percent of the county population in which the mental health rehabilitation center is located.

(b) Any denial of clients' rights in a mental health rehabilitation center must be for good cause and be in accordance with the requirements included in Sections 860 through 865.5.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 784.32. Safeguards for Clients' Monies and Valuables.

(a) Each mental health rehabilitation center to whom a clients' monies or valuables have been entrusted shall comply with the following:

(1) No licensee shall commingle clients' monies or valuables with that of the licensee or the mental health rehabilitation center. Clients' monies and valuables shall be maintained separately, intact and free from any liability that the licensee incurs in the use of the licensee's or the mental health rehabilitation center's funds. The provisions of this section shall not be interpreted to preclude prosecution for the fraudulent appropriation of clients' monies or valuables as theft, as defined by Section 484 of the Penal Code.

(2) Each licensee shall maintain safeguards and accurate records of clients' monies and valuables entrusted to the licensee's care including the maintenance of a detailed inventory and at least a quarterly accounting of financial transactions made on clients' behalf.

(A) Records of clients' monies which are maintained as a drawing account shall include a control account for all receipts and expenditures, supporting vouchers and receipts for all expenditures of monies and valuables entrusted to the licensee, an account for each client and supporting vouchers filed in chronological order. Each account shall be kept current with columns for debits, credits and balance. All of these records shall be maintained at the mental health rehabilitation center for a minimum of three years from the date of transaction. At no time may the balance in a client's drawing account be less than zero.

(B) Records of clients' monies and other valuables entrusted to the licensee for safekeeping shall include a copy of the receipt furnished to the client or to the client's authorized representative. Each item of client property entrusted to the licensee shall be clearly identified as belonging to that client.

(3) Clients' monies not kept in the mental health rehabilitation center shall be deposited in a demand trust account in a local bank authorized to do business in California, the deposits which are insured by the Federal Deposit Insurance Corporation, or in a federally insured bank or savings and loan association under a plan approved by the Department. If a facility is operated by a county, such funds may be deposited with the county treasurer. All banking records related to these funds, including but not limited to deposit slips, checks, cancelled checks, statements and check registers, shall be maintained in the mental health rehabilitation center for a minimum of three years from the date of transaction. Identification as a client trust fund account shall be clearly printed on each client's trust account checks and bank statements.

(4) A separate list shall be maintained for all checks from client funds which are, or have been, outstanding for 45 days or more as reflected on the most recent bank statement. Bank statements shall be reconciled monthly with copies of the reconciliation maintained by the mental health rehabilitation center. Any checks on such accounts written off or uncashed shall result in an addition to the appropriate client's account.

(5) Expenditures, for a particular client, from the client fund account as specified in (3) above may not exceed the drawing right that the client has in the account. Expenditures from the client fund account shall only be for the immediate benefit of that particular client. No more than one month's advance payment for care may be received from a client's account.

(6) A person, firm, partnership, association or corporation which is licensed to operate more than one mental health rehabilitation center shall maintain a separate demand trust account as specified in (3) above for each such mental health rehabilitation center. Records relating to these accounts shall be maintained at each mental health rehabilitation center as specified in (2) above. Client funds from one mental health rehabilitation center shall not be mingled with funds from another mental health rehabilitation center.

(7) When the amount of clients' money entrusted to a licensee exceeds $500, all money in excess of $500 shall be deposited in a demand trust account as specified in (3) above unless the licensee provides a fireproof safe and the licensee desires the protection accorded by Section 1860 of the Civil Code.

(8) Upon discharge of the client, all money and valuables of that client which have been entrusted to the licensee and kept within the mental health rehabilitation center shall be surrendered to the client or authorized representative in exchange for a signed receipt. Monies in a demand trust account or with the county treasurer shall be surrendered to the client or authorized representative in exchange for a signed receipt. Monies in a demand trust account or with the county treasurer shall be made available within three (3) normal banking days. Upon discharge, the client or authorized representative shall be given a detailed list of personal property and a current copy of the debits and credits of the client's monies.

(9) Within 30 days following the death of a client, except in a coroner or medical examiner case, all money and valuables of that client which have been entrusted to the licensee shall be surrendered to the person responsible for the client or to the executor or the administrator of the estate in exchange for a signed receipt. Whenever a client without known heirs dies, immediate notice, shall be given by the facility to the public administrator of the county as specified by Section 7600.5 of the California Probate Code and documentation of

this notice shall be available in the mental health rehabilitation center for review by the Department.

(10) Upon change of ownership of a mental health rehabilitation center, there shall be a written verification by a certified public accountant of all clients' monies which are being transferred to the custody of the owner(s). A signed receipt for the amount of funds in the client's trust account shall be given by the new owner to the previous owner.

(11) Upon closure of a mental health rehabilitation center, a written verification by a public accountant of all clients' funds shall be available for review by the Department. Each client's funds shall be transferred with the client.

(b) If property is purchased for use of more than one client, from client trust funds, the mental health rehabilitation center shall secure a written agreement between all clients whose funds are used, or their authorized representatives. The agreement shall expressly acknowledge consent of all parties and shall provide for disposition of the property in the event of disagreements, discharge, transfer or death.

(c) No licensee, owner, program director, employee or their immediate relative or representative of the aforementioned may act as an authorized representative of clients' funds or valuables, unless the client is a relative within the second degree of consanguinity.

(d) The mental health rehabilitation center shall make reasonable efforts to safeguard clients' property and valuables that are in possession of the client.

(e) For purposes of this section, clients' funds maintained in a financial institution shall be deemed to be entrusted to a mental health rehabilitation center if the licensee, or any agent or employee thereof, is an authorized signatory to said account. Records maintained and provided by the financial institution in accordance with a plan which has obtained the written approval of the Department, may fulfill the obligation of the mental health rehabilitation center with regard to the maintenance of records for such funds.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 784.33. Liability for Rent and Return of Rental Advance.

(a) Whenever accommodations in a mental health rehabilitation center are rented by, or for, a client on a month–to–month basis, the renter or his heir, legatee or personal representative shall not be liable for any rent due under the rental agreement for accommodations beyond the date on which the client died.

(b) Any advance of rent by the renter shall be returned to the heir, legatee or personal representative of the client no later than two weeks after discharge or death of the client.

(c) The rights described in (a) and (b) above shall not be modified or waived in the rental agreement.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 784.34. Abuse and Corporal Punishment.

Clients shall not be subjected to verbal or physical abuse of any kind. Corporal punishment of clients is prohibited. Clients shall not discipline other clients.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 784.35. Restraint and Seclusion.

(a) Restraint and seclusion shall not be used except when necessary to prevent immediate injury to the person or others, and only when there is no less restrictive method to prevent injurious behavior. Restraint and seclusion shall not be used as punishment or for the convenience of the staff, or as a substitute for less restrictive alternate forms of treatment. Clients will be released when they no longer meet the criteria for seclusion or restraint.

(b) Restraint or seclusion shall not be initiated absent the documentation of a separate justification for each intervention.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 784.36. Orders for Restraint and Seclusion.

(a) Restraint or seclusion shall only be used as authorized by the order of a physician or psychologist within the scope of their license. Those orders shall include the reason for the restraint or seclusion in specific behavioral terms, date and time of the order, specific behaviors that would demonstrate that the person no longer requires seclusion or restraint to prevent immediate injury to self or others, and the orders may be implemented only within the scope of the license of those implementing the orders.

(1) For restraint, the order shall also include the type of restraint and the number of points.

(2) Orders for seclusion or restraint shall not exceed 24–hours in duration.

(b) An order for restraint or seclusion shall be issued only if it is determined that indication for use of restraint or seclusion outweigh medical risks to the person.

(c) At the time restraint or seclusion is initiated, or as soon as practical, but in every case within one (1) hour, information regarding the client's medical condition, including but not limited to, vital signs, medications, current medical treatments and any relevant medical circumstances specific to the client shall be reviewed by an on–duty member of the licensed nursing staff, or the documentation of the reason(s) it was not safe to conduct this evaluation.

(d) In a clear case of emergency, when a physician or psychologist is not available and reasonable less restrictive behavior interventions have been attempted or considered, a client may be placed in restraint or seclusion at the discretion of a licensed nursing staff. A confirming telephone order from a physician or psychologist must be obtained within one (1) hour of the time of the occurrence.

(e) Orders for restraint and seclusion shall not be written on a standing or as needed basis.

(f) Telephone orders for restraint or seclusion must be signed and dated within no longer than five days following the date of issue of the order.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 784.37. Restrictions on Applying Restraints and Utilizing Seclusion.

(a) Every four (4) hours, when a person is secluded or restrained, the medical director, a physician, a psychologist, a member of the licensed nursing staff or a licensed mental health professional designated by the mental health rehabilitation center director, shall in person assess the client's clinical condition face–to–face and determine if the client meets the criteria for continued restraint or seclusion, and whether the indications for its use outweigh the clinical risks to the person.

(b) As soon as practicable after restraint or seclusion has been initiated both of the following shall take place and be noted in the client's record;

(1) Reasonable attempts to explain to the client the justification for the restraint or seclusion and the types of behaviors that would demonstrate that the client meets the criteria for release.

(2) Inform the client regarding nursing care he or she is entitled to while in restraint or seclusion, and the manner and frequency of assessment for release.

(c) Client's in restraint or seclusion shall be provided all of the following:

(1) Timely and appropriate nursing and medical care and attention to their physical condition, including vital signs at least once per shift,

not to exceed eight (8) hours, or more often if indicated by the client's condition.

(2) Regular observation and assessment, which shall include a determination of whether the client meets the criteria for release by authorized staff members, at least every 15 minutes.

(3) The observation and assessment shall include face–to–face interaction with the client unless the staff member determines that it is inappropriate or unnecessary to assure that the client is not in distress.

(4) Regular range of motion exercise of at least 10 minutes every two (2) hours of restraint. When range of motion is not appropriate, a physician or a psychologist shall document the reason in the client's record.

(5) The client shall be repositioned when appropriate.

(6) Prompt and appropriate response to all requests made for assistance and services.

(7) Attention to feeding, hydration, bathing, and toileting needs.

(8) A clean and comfortable environment.

(d) The client shall be released at the time he or she no longer meets the criteria for restraint or seclusion.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 784.38. Restraint and Seclusion—Documentation and Reporting Policies and Procedures.

(a) Care provided to a client in restraint or seclusion shall be documented in the client record.

(1) The policies and procedures of the mental health rehabilitation center shall describe the manner in which this documentation shall be entered in the client record.

(2) Notations, check marks, and flow charts are allowable if the chart provides opportunity for narrative descriptions by staff, when appropriate, and when sufficient to provide all the necessary information.

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

(1) Clinical condition, circulation, condition of limbs, and attention to hydration, elimination, and nutrition needs.

(2) Behavioral assessments.

(3) Justification for continued use of restraint or seclusion, the types of behaviors that would facilitate release and evidence that this information was communicated to the client, along with his or her response, if any.

(4) Time placed in and time removed from restraint or seclusion.

(5) 15–minute observations and assessments.

(6) When face–to–face interaction does not occur, documentation of the reason why that interaction was inappropriate or unnecessary and what alternative means were used to determine the client was not in distress.

(c) Quarterly, any facility that uses restraint or seclusion shall report to the local mental health director or designee, who shall transmit copies to the Department, all of the following:

(1) The number of restraint or seclusion incidents, or both.

(2) The number of restraint or seclusion incidents according to age, sex, race and primary diagnosis.

(3) The client's age shall be classified as one of the following:

(A) Age 18 to 64 years, inclusive, and

(B) Age 65 and over.

(d) Facilities that use restraint or seclusion, or both, shall have written policies and procedures concerning their use. These policies shall include the standards and procedures for all of the following:

(1) Placement of a person in restraint or seclusion, including a list of less restrictive alternatives, the situations in which the use of restraint or seclusion is to be considered and the physician(s) and psychologist(s) who can order its use.

(2) Assessment and release, including guidelines for duration of use of specific behavioral criteria for release.

(3) Provision of nursing care and medical care, including the administration of medication.

(4) Procedures for advocate notification regarding any client restrained or secluded for more than eight (8) hours.

(5) Provision of staff training.

(e) Facilities that use restraint or seclusion shall implement an oversight process to ensure that all incidents of seclusion and restraint are reviewed and that any incidents or patterns of use which do not comply with the mental health rehabilitation center's policies and procedures or other clinical or legal standards are investigated. This oversight process shall ensure that appropriate policies and procedures are developed and implemented, including training of staff. Consumer input into the oversight process shall be incorporated.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 784.39. Client Capacity.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 784.40. Client Rooms.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 784.41. Client's Property Storage and Room Furnishings.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 784.42. Housekeeping.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 784.43. Laundry.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 784.44. Clean Linen.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 784.45. Soiled Linen.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 784.46. General Maintenance.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 784.47. Air Filters.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 784.48. Storage and Disposal of Solid Waste.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 784.49. Solid Waste Containers.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 784.50. Infectious Waste.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 784.51. Water Supply and Plumbing.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 784.52. Lighting and Power System.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 784.53. Maintenance Manual.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 784.54. Mechanical Systems.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 784.55. Space.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 784.56. Administrative Policies and Procedures.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

Article 5. Basic Services

§ 785.00. Services—General.

(a) Mental health rehabilitation centers shall provide, at a minimum, the following basic services; physician, nursing, pharmaceutical, and dietary services.

(b) If a service cannot be brought into the mental health rehabilitation center, the mental health rehabilitation center shall assist the client in arranging for transportation to and from a service location.

(c) The mental health rehabilitation center shall ensure that all orders, written by a person lawfully authorized to prescribe, shall be carried out unless contraindicated.

(d) Each client shall be encouraged and assisted to achieve and maintain the highest level of self–care and independence. Every effort shall be made to keep clients active, and out of bed for reasonable periods of time, except when contraindicated by physician's orders.

(e) Each client shall be provided with good nutrition and with necessary fluids for hydration.

(f) The weight and height of each client shall be taken and recorded in the client record upon admission, and the weight shall be taken and recorded once a month thereafter.

(g) Each client shall be provided visual privacy during treatment and personal care.

(h) Each client shall be screened for tuberculosis upon admission. The procedure shall conform with the State Department of Health Services public health tuberculosis screening standards and requirements. A tuberculosis screening may not be required if there is satisfactory evidence available that a tuberculosis screening has been completed within 90 days prior to the date of admission to the mental health rehabilitation center. Subsequent tuberculosis screening procedures shall be determined by a physician.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 785.10. Medical Director.

(a) The mental health rehabilitation center shall have a physician designated as the medical director who shall be responsible for standards, coordination, surveillance and planning for improvement of medical care in the mental health rehabilitation center.

(b) The medical director shall:

(1) Act as a liaison between administration and other physicians.

(2) Be responsible for reviewing and evaluating administrative and client care policies and procedures.

(3) Act as a consultant to the director of nursing service in matters relating to client care services.

(4) Be responsible for reviewing employees' preemployment and annual health examination reports.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 785.11. Physician Services—General.

(a) Physician services shall be provided by physicians who are under contract with the mental health rehabilitation center or have been chosen by the client, or the client's legal or authorized representative to direct the client's medical care.

(b) Physician services shall include, but are not limited to:

(1) Client evaluation including a written report of a physical examination within 72 hours following admission, unless a physical has been completed within 30 days prior to admission.

(2) An evaluation of the client and review of orders for care and treatment on change of physicians.

(3) Advice, treatment and determination of appropriate level of care needed for each client.

(4) Written and signed orders for diet, care, diagnostic tests and treatment of clients by others.

(A) Orders for seclusion and restraint shall meet the requirements of Sections 784.36 and 784.38.

(B) Orders for denial of clients' rights shall meet the requirements of Sections 784.31.

(5) Health care progress notes and other appropriate entries in the client record.

(c) Nonphysician practitioners may be permitted to render those medical services which they are legally authorized to perform.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 785.12. Nursing Service—General.

(a) Licensed nursing staff shall perform the following nursing services within the scope of their license; services shall include, but not be limited to, the following:

(1) Planning of client care which shall include at least the identification of care needs based upon an initial written and continuing evaluation of the client's needs with input, as necessary, from health professionals involved in the care of the client. Initial evaluation shall commence at the time of admission of the client and be completed within seven (7) days after admission.

(2) Implementing of each client's care plan according to the methods indicated which shall include at a minimum, initial assessment and documentation, ongoing evaluations and documentation, and preparing for and attending client care plan conferences.

(3) Ensuring that clients are served the diets as prescribed by physicians.

(4) Obtaining and documenting physician orders for medical care, appointments and laboratory work–ups or tests, administration of medications including PRN (pro rae natae) and immediately authorized or emergency (STAT) medications.

(5) Monitoring of clients' height and weight, and vital signs.

(6) Implementation and evaluation of quality assurance policies and procedures addressing client care.

(7) Writing, review and sign off of weekly progress notes.

(8) Notifying the physician promptly of:

(A) The admission of a client.

(B) Any sudden marked adverse change in signs, symptoms or behavior exhibited by a client.

(C) An unusual occurrence involving a client, as specified in Section 784.15.

(D) A change in weight of five pounds or more within a 30–day period unless a different stipulation has been stated in writing by the client's physician.

(E) Any adverse response or reaction by a client to a medication or treatment.

(F) Any error in the administration of a medication or treatment to a client which is life threatening and presents a risk to the client.

(G) The mental health rehabilitation center's inability to obtain or administer, on a prompt and timely basis, drugs, equipment, supplies or services as prescribed under conditions which present a risk to the health, safety or security of the client.

(H) All attempts to notify physicians shall be noted in the client's record including the time and method of communication and the name of the person acknowledging contact, if any. If the physician is not readily available, arrangements for emergency medical care shall be completed.

(b) Unlicensed staff services that can be provided by either rehabilitation or activity program staff as specified in Sections 786.12(c) and 786.19(a) shall be supervised and monitored by licensed nursing staff, and may include the following:

(1) Assisting clients with dressing, grooming, bathing and other personal hygiene related activities.

(2) Taking and recording of clients' height and weight and vital signs.

(3) Assisting clients with getting and eating meals.

(4) Based on established nursing service procedure(s), monitor and report on clients' whereabouts and status when in their room or elsewhere in the mental health rehabilitation center.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 785.13. Nursing Service—Administration of Medication and Treatment.

(a) Medication and treatment shall be administered as follows:

(1) No medication or treatment shall be administered except on the order of a person lawfully authorized to give such order.

(2) Medication and treatment shall be administered as prescribed.

(3) Tests and taking of vital signs, upon which administration of medication or treatment are conditioned, shall be performed as required and the results recorded.

(4) Preparation of doses for more than one scheduled administration time shall not be permitted, except for self–medication in which medications should be prepared for up to 7 days in advance.

(5) All medication and treatment shall be administered only by licensed medical or licensed nursing personnel.

(6) Medication shall be administered as soon as possible, but no more than two hours after doses are prepared, and shall be administered by the same person who prepares the doses for administration. Doses shall be administered within one hour of the prescribed time unless otherwise indicated by the prescriber.

(7) Clients shall be identified prior to administration of a drug or treatment.

(8) Drugs may be administered in the absence of a specific duration of therapy on a licensed prescriber's new drug order if the mental health rehabilitation center applies its stop–order policy for such drugs. The prescriber shall be contacted prior to discontinuing therapy as established by stop–order policy.

(b) No medication shall shall be used for any client other than the client for whom it was prescribed.

(c) The time and dose of the medication or treatment administered to the client shall be recorded in the client's individual medication record by the person who administers the drug or treatment. Recording shall include the date, the time and the dosage of the medication or type of the treatment. Initials may be used, provided that the signature of the person administering the medication or treatment is also recorded on the medication or treatment record.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 785.14. Nursing Service—Director of Nursing Service.

(a) The director of nursing service shall be a registered nurse and shall be employed 40 hours per week.

(b) The director of nursing service shall have at least one year of experience in nursing supervision within the last five (5) years.

(c) The director of nursing service shall have, stated in writing, administrative authority, responsibility and accountability for the nursing services within the mental health rehabilitation center and serve only one facility in this capacity at any one time if the mental health rehabilitation center is 42 beds or more.

(d) The director of nursing service shall not have charge nurse responsibilities if the mental health rehabilitation center is 42 beds or more.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 785.15. Nursing Service—Staff.

(a) Nursing service staff shall be employed, present in the mental health rehabilitation center, awake and on duty in at least the number and with the qualifications determined by the Department to provide the necessary nursing services for clients admitted for care.

(1) Each mental health rehabilitation center shall provide for the full time equivalent of nursing staff for the provision of nursing services, as follows:

(A) At a minimum, one licensed nursing staff awake and on duty in the mental health rehabilitation center, at all times, day and night.

(B) For mental health rehabilitation centers of 42 beds or more, 0.6 hours of licensed nursing staff and 0.6 hours of unlicensed staff hours for each client during each 24–hour period, on a seven day (weekly) basis.

(C) For mental health rehabilitation centers with 41 beds or less, the number of licensed nursing staff and unlicensed nursing staff hours for each client shall be provided as specified in (a)(1)(A) above.

(b) Nursing service charge staff on all shifts shall have at least one year of experience or training related to mental health rehabilitation programs, or shall participate in in–service training provided by the facility.

(c) A licensed psychiatric technician may:

(1) Serve as a charge nurse.

(2) Administer medications in a mental health rehabilitation program.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 785.16. Dietetic Service—General.

(a) The total daily diet for clients shall be of the quality and in the quantity to meet the needs of the clients and shall meet the "Recommended Dietary Allowances", 10th Edition (1989), adopted by the Food and Nutrition Board of the National Research Council of the National Academy of Science, adjusted to the age, activity and environment of the group involved. All food shall be of good quality and be selected, stored, prepared and served in a safe and healthful manner. The following shall apply:

(1) Arrangements shall be made so that each client has available at least three meals per day. Not more than 14 hours shall elapse between the last and first meal.

(2) Client food preferences shall be adhered to as much as possible and shall be from appropriate food groups.

(3) A mental health rehabilitation center shall either purchase, store and prepare the required food for its clients, or it shall purchase prepared meals from other appropriate sources, through a written contract.

(4) Between–meal feeding shall be provided as required by a diet order. Bedtime nourishments shall be made available unless contraindicated.

(5) A person shall be designated by the mental health rehabilitation center director to be responsible for the management and operation of the food service.

(A) This may be provided by a full–time or part–time employee with the mental health rehabilitation center, or through a written contract with an outside supplier or food service.

(B) If this person is not a dietitian, provision shall be made for consultation from a person so qualified, who shall provide this consultation at least four (4) hours every (3) three months.

(C) If the total food service is by contract, a staff member will be designated to monitor the operation of the food service within the mental health rehabilitation center.

(6) If clients participate in food preparation and/or service to the client population as part of their individual service plan, they shall comply with the same policies and procedures as those required for food service personnel.

(7) Supplies of staple foods for a minimum of two days shall be maintained on the premises.

(8) The mental health rehabilitation center shall maintain a written plan to provide clients' food service in emergencies.

(9) Provisions shall be made to provide clients with access to beverages and nourishments at times when the main food service is not in operation.

(b) All kitchen equipment, fixed or mobile, and dishes shall be kept clean and maintained in good condition and free from breaks, open seams, cracks or chips.

(c) All utensils used for eating and drinking and in the preparation of food and drink shall be clean and sanitized after each usage.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 785.17. Dietetic Service—Therapeutic Diets.

Therapeutic diets shall be provided for each client as prescribed and shall be planned, prepared and served with supervision or consultation from the dietitian.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 785.18. Dietetic Service—Menus.

(a) Menus for regular and therapeutic diets shall be written at least one week in advance, dated and posted in a conspicuous place in the mental health rehabilitation center and in the kitchen at least one week in advance.

(b) All menus shall be approved by the dietician.

(c) If any meal served varies from the planned menu, the change and the reason for the change shall be noted in writing on the posted menu in the kitchen.

(d) Menus shall provide a variety of foods and indicate standard portions at each meal. Menus shall be varied for the same of consecutive weeks. If a cycle menu is used, the cycle shall be of no less than three weeks duration and shall be revised quarterly.

(e) Menus shall be adjusted to include seasonal commodities.

(f) Menus shall be planned with consideration of cultural background and food habits of clients.

(g) A copy of the menu as served shall be kept on file for at least one year.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 785.19. Dietetic Service—Staff.

(a) Sufficient staff shall be employed, oriented, trained and their working hours scheduled to provide for the nutritional needs of the clients and to maintain the dietetic service areas.

(b) Current work schedules by job titles and weekly time schedules by job titles shall be posted.

(c) Dietetic service personnel shall be trained in basic food sanitation techniques, wear clean clothing, and a cap or a hair net, and shall be excluded from duty when affected by skin infection or communicable diseases. Beards and mustaches which are not closely cropped and neatly trimmed shall be covered.

(d) Under supervision, clients may assist in cooking/kitchen activities as part of their skills training program.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 785.20. Pharmaceutical Service—General.

(a) Arrangements shall be made with pharmacists licensed by the California Board of Pharmacy to ensure that pharmaceutical services are available to provide clients with prescribed drugs and biologicals.

(b) Dispensing, labeling, storage and administration of drugs and biologicals shall be in conformance with state and federal laws.

(c) The mental health rehabilitation center shall not accept money, goods or services free or below cost from any pharmacist or pharmacy as compensation or inducement for referral of business to any pharmacy.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 785.21. Pharmaceutical Service—Requirements.

(a) Pharmaceutical service shall include, but not be limited to, the following:

(1) Obtaining necessary drugs including the availability of 24–hour prescription service on a prompt and timely basis as follows:

(A) Drugs ordered "Stat" that are not available in the mental health rehabilitation center emergency drug supply shall be available and administered within one (1) hour of time ordered during normal pharmacy hours of a local drug store or hospital. For those hours during which a local drug store or hospital pharmacy is closed, drugs ordered "Stat" shall be available and administered within two hours of the time ordered. Drugs ordered "Stat" which are available in the emergency drug supply shall be administered immediately.

(B) Anti–infectives and drugs used to treat severe pain, nausea, agitation, diarrhea or other severe discomfort shall be available and administered four (4) hours of the time ordered.

(C) Except as indicated above, all new drug orders shall be available on the same day ordered unless the drug would not normally be started until the next day.

(D) Refill of prescription drugs shall be available when needed.

(2) Dispensing of drugs and biologicals.

(3) Monitoring the drug distribution system which includes ordering, dispensing and administering of medication.

(4) Provision of consultative and other services furnished by pharmacists which assist in the development, coordination, supervision and review of the pharmaceutical services within the facility.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 785.22. Pharmaceutical Service—Labeling and Storage of Drugs.

(a) Containers which are cracked, soiled or without secure closures shall not be used. Drug labels shall be legible.

(b) All drugs obtained by prescription shall be labeled in compliance with state and federal laws governing prescription dispensing. No person other than the dispenser of the drug shall alter any prescription label.

(c) Nonlegend drugs shall be labeled in conformance with state and federal food and drug laws.

(d) Test reagents, germicides, disinfectants and other household substances shall be stored separately from drugs and shall not be accessible to clients.

(e) External use drugs in liquid, table, capsule or powder form shall be stored separately from drugs for internal use.

(f) Drugs shall be stored in appropriate temperatures. Drugs required to be stored at room temperature shall be stored at a temperature between 15ºC (59ºF) and 30ºC (86ºF). Drugs requiring refrigeration shall be stored in a refrigerator between 2ºC (36ºF) and 8ºC (46ºF). When drugs are stored in the same refrigerator with food, the drugs shall be kept in a closed container clearly labeled "drugs."

(g) Drugs shall be stored in an orderly manner in cabinets, drawers or carts of sufficient size to prevent crowding.

(h) Dose preparation and administration areas shall be well lighted.

(i) Drugs shall be accessible only to personnel designated in writing by the licensee.

(j) Storage of nonlegend drugs at the bedside shall meet the following conditions:

(1) The manner of storage shall prevent access by other clients. Lockable drawers or cabinets need not be used unless alternate procedures, including storage on a client's person or in an unlocked drawer or cabinet, are ineffective.

(2) The mental health rehabilitation center shall record in the client's health record the bedside medications used by the client, based on observation by nursing personnel and/or information supplied by the client.

(3) The quantity of each drug supplied by the client for bedside storage shall be recorded in the health record each time the drug is so supplied.

(k) Storage of legend drugs at the bedside shall meet the conditions of (a) through (j) above, and shall in addition:

(1) Be specifically ordered by the prescriber of the drugs, and

(2) Be limited to sublingual or inhalation forms of emergency drugs.

(*l*) Drugs shall not be kept in stock after the expiration date on the label and no contaminated or deteriorated drugs shall be available for use.

(m) The drugs of each client shall be kept and stored in their originally received containers. No drug shall be transferred between containers.

(n) Discontinued drug containers shall be marked, or otherwise identified, to indicate that the drug has been discontinued, or shall be stored in a separate location which shall be identified solely for this purpose. Discontinued drugs shall be disposed of within 90 days of the date the drug order was discontinued, unless the drug is reordered within that time.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 785.23. Pharmaceutical Service—Stop Orders.

Written policies shall be established and implemented limiting the duration of new drug orders in the absence of a prescriber's specific indication for duration of therapy. The prescriber shall be contacted for new orders prior to the termination time established by the policy. These policies shall include all categories of drugs.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 785.24. Pharmaceutical Service—Orders for Drugs.

(a) No drugs shall be administered except upon the order of a person lawfully authorized to prescribe for and treat human illness.

(b) All drug orders shall be written, dated, and signed by the person lawfully authorized to give such an order. The name, quantity or specific duration of therapy, dosage and time or frequency of administration of the drug, and the route of administration if other than oral shall be specific. "P.R.N." order shall also include the indication for use of a drug.

(c) Verbal orders for drugs and treatments shall be received only by licensed nurses, psychiatric technicians, pharmacists, physicians, physicians' assistants from their supervising physicians only, and certified respiratory therapists when the orders relate specifically to respiratory care. Such orders shall be recorded immediately in the client's health record by the person receiving the order and shall include the date and time of the order. The order shall be signed by the prescriber within five days.

(d) The signing of orders shall be by signature or a personal computer key. Signature stamps shall not be used.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 785.25. Pharmaceutical Service—Drug Order Processing.

Signed orders for drugs shall be transmitted to the issuing pharmacy within 48 hours, either by written prescription of the prescriber or by an order form which produces a direct copy of the order, or by an electronically reproduced facsimile.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 785.26. Pharmaceutical Service—Personal Medications.

(a) Facilities shall maintain a record which includes, for each drug ordered by prescription, the name of the client, the drug name, and strength, the date ordered, the date and amount received and the name of the issuing pharmacy. The records shall be kept at least one year.

(b) Medications brought by or with the client on admission to the mental health rehabilitation center shall not be used unless the contents of the containers have been examined and positively identified after admission by the client's physician or a pharmacist retained by the mental health rehabilitation center.

(c) The mental health rehabilitation center may use drugs transferred from other licensed facilities or those drugs dispensed or obtained after admission from any licensed or governmental pharmacy and may accept the delivery of those drugs by any agency of the client or pharmacy without the necessity of identification by a physician or pharmacist.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 785.27. Pharmaceutical Service—Controlled Drugs.

(a) Drugs listed in Schedules II, III, and IV of the Federal Comprehensive Drug Abuse Prevention and Control Action of 1970 shall not be accessible to other than licensed nursing, pharmacy and medical personnel designated by the licensee. Drugs listed in Schedule II of the above Act shall be stored in a locked cabinet or a locked drawer, separate from noncontrolled drugs, unless they are supplied on a scheduled basis as part of a unit dose medication system.

(b) Separate records of use shall be maintained on all Schedule II drugs. Such records shall be maintained accurately and shall include the name of the client, the prescription number, the drug name, strength and dose administered, the date and time of administration and the signature of the person administering the drug. Such records shall be reconciled at least daily and shall be retained at least one year. If such drugs are supplied on a scheduled basis as part of a unit dose medication system, such records need not be maintained separately.

(c) Drug records shall be maintained for drugs listed in Schedules III and IV of the above Act in such a way that the receipt and disposition of each dose of any such drug may be readily traced. Such

records need not be separate from other medication records.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 785.28. Pharmaceutical Service—Disposition of Drugs.

(a) Drugs which have been dispensed for individual client use and are labeled in conformance with state and federal law for outpatient use shall be furnished to clients on discharge on the orders of the discharging physician. If the physician's discharge orders do not include provisions for drug disposition, drugs shall be furnished to clients unless:

(1) The discharging physician specifies otherwise, or

(2) The client leaves or is discharged without a physician's order, or approval, or

(3) The client is discharged to a general acute care hospital, acute psychiatric hospital, or acute care rehabilitation hospital, or

(4) The drug was discontinued prior to discharge, or

(5) The labeled directions for use are not substantially the same as most current orders for the drug in the client's health record.

(b) A record of the drugs sent with the client shall be made in the client's health record.

(c) Client's drugs supplied by prescription which have been discontinued and those which remain in the mental health rehabilitation center after discharge of the client shall be destroyed by the mental health rehabilitation center in the following manner:

(1) Drugs listed in Schedules II, III or IV of the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970 shall be destroyed by the facility in the presence of a pharmacist and a registered nurse employed by the mental health rehabilitation center. The name of the client, the name and strength of the drug, the prescription number, the amount destroyed, the date of destruction and the signatures of the witnesses required above shall be recorded in the client's health record or in a separate log. Such log shall be retained for at least three (3) years.

(2) Drugs not listed under Schedules II, III or IV of the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970 shall be destroyed by the mental health rehabilitation center in the presence of a pharmacist or licensed nurse. The name of client, the name and strength of the drug, the prescription number if applicable, the amount destroyed, the date of destruction and the signatures of the person named above and one other person shall be recorded in the client's health record or in a separate log. Such log shall be retained for at least three (3) years.

(d) Unless otherwise prohibited under applicable federal or state laws, individual client drugs supplied in sealed containers may be returned if unopened, to the issuing pharmacy for disposition provided that:

(1) No drugs covered under the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970 are returned.

(2) All such drugs are identified as to lot or control number.

(3) The signatures of the receiving pharmacist and a registered nurse employed by the mental health rehabilitation center are recorded in a separate log which lists the name of the client, the name, strength, prescription number (if applicable), the amount of the drug returned and the date of return. The log must be retained for at least three (3) years.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 785.29. Pharmaceutical Service—Unit Dose Medication System.

In facilities utilizing a unit dose medication system, there shall be at least a 24–hour supply of client medications on hand at all times, except those drugs that are to be discontinued within the 24–hour period. Drugs that are part of a unit dose medication system shall not exceed a 30 day supply.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 785.30. Pharmaceutical Service—Staff.

(a) Mental health rehabilitation centers shall retain a consulting pharmacist who devotes a sufficient number of hours during a regularly scheduled visit, for the purpose of coordinating, supervising and reviewing the pharmaceutical service committee, or its equivalent, at least quarterly. The report shall include a log or record of time spent in the mental health rehabilitation center. There shall be a written agreement between the pharmacist and the mental health rehabilitation center which includes duties and responsibilities of both.

(b) A pharmacist shall review the drug regimen of each client at least monthly and prepare appropriate reports. The review of the drug regimen of each client shall include all drugs currently ordered, information concerning the client's condition relating to drug therapy, medication administration records, and where appropriate, physician's progress notes, nurse's notes, and laboratory test results. The pharmacists shall be responsible for reporting, in writing, irregularities in the dispensing and administration of drugs and other matters relating to the review of the drug regimen to the mental health rehabilitation center director and director of the nursing service.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 785.31. Pharmaceutical Service—Equipment and Supplies.

(a) There shall be adequate equipment and supplies necessary for the provision of pharmaceutical services within the mental health rehabilitation center including at least the following:

(1) Refrigerator with an accurate thermometer.

(2) Lockable drug cabinets, drawers, closets or rooms.

(3) Drug service trays and/or carts.

(4) Drug preparation counter area and convenient water source.

(5) Reference materials containing drug monographs on all drugs in use in the facility. Such monographs shall include information concerning generic and brand names, if applicable, available strengths and dosage forms and pharmacological data including indications and side effects.

(b) Emergency supplies shall be readily available to each nursing station. Emergency drug supplies shall meet the following requirements:

(1) Legend drugs shall not be stored in the emergency supply, except under the following conditions:

(A) Injectable supplies of legend drugs shall be limited to a maximum of three single doses in ampules or vials or one container of the smallest available multi–dose vial and shall be in sealed, unused containers.

(B) Sublingual or inhalation emergency drugs shall be limited to single sealed containers of the smallest available size.

(C) Not more than 24 emergency drugs in solid, oral dosage form or suppository dosage form may be stored, if in sealed containers. Not more than four doses of any one drug may be so stored.

(2) The emergency drug supply shall be stored in a portable container which is sealed in such a manner that the tamper–proof seal must be broken to gain access to the drugs. The director of nursing service or charge nurse shall notify the pharmacist when drugs have been used from the emergency kit or when the seal has been broken. Drugs used from the kit shall be replaced within 72 hours and the supply resealed by the pharmacist.

(3) The contents of the supply shall be listed on the outside of the container.

(4) The supply shall be checked at least monthly by the pharmacist.

(5) Separate records of use shall be maintained for drugs administered from the supply. Such records shall include the name and dose of the drug administered, name of the client, the date and

time of administration and the signature of the person administering the dose.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 785.32. Pharmaceutical Service—Unit Dose Medication System.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 785.33. Pharmaceutical Service—Staff.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 785.34. Pharmaceutical Service—Equipment and Supplies.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

Article 6. Required Programs

§ 786.00. Program Requirements—General.

(a) Mental health rehabilitation centers shall have the capability of providing, at a minimum, a rehabilitation and activity program as specified in these regulations.

(b) The objective shall be to provide a rehabilitation and activity program aimed at improving the adaptive functioning of persons with mental disabilities to enable clients to move into a less restrictive environment while preventing regression to a lower level of functioning.

(c) Orientation and in–service training of staff members to assist them in the recognition and understanding of the emotional problems, social needs of clients, and the means for taking appropriate action. Utilization of available community resources and services, including the purpose and value of the participation of consumers and family members, should be included in the orientation.

(d) The mental health rehabilitation center shall comply with all requirements of its approved Plan of Operation and any approved, specific alternate requirement which shall govern the operation of the program notwithstanding the provisions of any other regulations contained in this subchapter.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 786.10. Rehabilitation Program—Services.

(a) The program shall include services designed to assist persons considered seriously disabled due to a mental illness to develop skills to become self–sufficient and capable of increasing levels of independent functioning in the community. The services in this program shall include, but not be limited to, clinical treatment which includes psychiatric and psychological services, learning disability assessment and educational services, prevocational and vocational counseling, development of independent living skills, self–help and social skills, and community outreach to develop linkages with other support and service systems, including family members.

(b) All services shall be client centered, in recognition of varying individual goals, diverse needs, concerns, strengths, motivations, and disabilities.

(c) The program shall emphasize the participation of clients in all aspects of the program including, but not limited to, individual treatment/service planning, program design and evaluation.

(d) Structured day and evening services shall consist of, at a minimum, an average of fourteen (14) specific rehabilitation service hours and seven (7) activity program hours per week for each client, and shall be available seven (7) days a week. Services shall include, but not be limited to:

(1) Individual and group counseling or therapy.

(2) Crisis intervention.

(3) Pre–vocational or vocational counseling.

(4) Provision of educational services and remediation.

(5) Client advocacy, including assisting clients to develop their own advocacy skills.

(6) Independent living skills.

(7) Money management.

(8) Self–control and symptom management.

(9) Sex education.

(10) Self–medication education.

(11) Personal grooming and hygiene.

(12) An activity program that encourages socialization within the program and general community, and that assists linking the client to resources which are available after leaving the program

(e) Consultative resources shall be used, including consumer and family members, in the planning and organization of rehabilitation services for persons with mental disabilities, incorporating discharge planning intended to enable the client to function and gain independence.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 786.11. Rehabilitation Program—Admission Requirements.

(a) The mental health rehabilitation center shall have an admission agreement, signed by the client or authorized representative, describing the services to be provided and the expectations and rights of the client regarding program rules, client empowerment and involvement in the program, and fees. The client shall receive a copy of the signed admission agreement.

(b) There shall be an initial written assessment of each client within fifteen (15) days of admission, unless a similar assessment has been done by the referring agency within thirty (30) days prior to admissions to the mental health rehabilitation center. The assessment shall include, at a minimum:

(1) Health and psychiatric histories.

(2) Psychosocial skills.

(3) Social support skills.

(4) Current psychological, education, vocational and other functional needs and/or limitations.

(5) Medical needs, as reported.

(6) Self control and symptom management.

(7) The signature of a licensed mental health professional.

(c) Each client admitted shall have a comprehensive individual mental health evaluation within 30 days of admission, signed by a licensed mental health professional upon completion.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 786.12. Rehabilitation Program—Staff.

(a) Licensees are required to provide additional mental health professional, administrative or supportive personnel whenever the Department determines, through a written evaluation, that additional personnel are needed to provide for the health, safety and rehabilitation needs of clients.

(b) Interdisciplinary Professional Staff: The mental health rehabilitation center shall provide either through direct employment or by contractual arrangement, an interdisciplinary professional staff to develop and implement a specialized rehabilitation program and services, and to provide specific expertise to the program staff, and to provide direct client services.

(1) The interdisciplinary professional staff shall be composed of at least two of the following disciplines:

(A) Psychologist.

(B) Social Worker.

(C) Marriage, Family and Child Counselor.

(D) Occupational Therapist.

(E) Mental Health Rehabilitation Specialist.

(F) Program Director as specified in Section 786.13(d).

(G) Licensed Nursing Staff.

(H) Any other related discipline approved by the Department

(2) Each member of the professional staff shall have a minimum of one (1) year of experience or training in a mental health setting.

(3) In addition to other staffing requirements, a licensed mental health rehabilitation facility which provides a rehabilitation services program shall provide interdisciplinary professional staff as required in (b) above, in accordance with the following schedule:

(A) For facilities having an average of 41 or fewer clients per week, a minimum of 24 hours per week of interdisciplinary professional staff time.

(B) For facilities having an average of 42 or more clients per week, a minimum of 48 hours per week of interdisciplinary professional staff time.

(c) Program staff shall include only those full or part time employees of the mental health rehabilitation center whose duties and responsibilities include the treatment, counseling or supervision of the mental health rehabilitation center's program population.

(1) At a minimum, all program staff shall have graduated from high school or possess a General Equivalency Diploma (GED) and have a minimum of two (2) years of full–time experience, or its part–time equivalent, working in a mental health program serving persons with severe and persistent mental disabilities. Such experience shall be in the direct provision of services to a program's identified clients or residents. A bachelors degree with a major in psychology, social work or behavioral sciences may be substituted for the two (2) years of full–time work experience or its part–time equivalent.

(A) Persons who have been consumers of mental health services may be utilized in the program when consistent with program design and services provided, and (c)(1) above.

(B) Program staff shall be employed and on duty in at least the number and with the qualifications determined by the Department to provide the required rehabilitation services.

(2) The mental health rehabilitation center shall provide at least one (1) hour of program staff time for each five (5) hours of rehabilitation services provided for each client.

(d) Program staff time shall not include the program director, interdisciplinary professional staff, director of nursing service or nursing staff.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 786.13. Rehabilitation Program—Program Director.

(a) The mental health rehabilitation center shall have a program director who meets the requirements of Section 782.40. The program director shall not be the director of nursing service or a charge nurse.

(b) The program director shall also have at least two years experience or training in a mental or training setting, one year of which shall include experience or training in program development for persons with severe and persistent mental disabilities.

(c) The program director shall ensure that an in–service education program is provided.

(d) The program director may be included and counted as a member of interdisciplinary professional staff in mental rehabilitation centers with 41 or fewer beds.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 786.14. Rehabilitation Program—In–Service Education.

(a) The mental health rehabilitation center shall provide to all rehabilitation and activity staff an average of fifty two (52) hours per year of ongoing, planned academic and on–the–job in–service education. The education shall include, but not be limited to, the following:

(1) Client–centered approach as to addressing the needs and goals of persons with mental disabilities.

(2) Principles and practices of psychosocial rehabilitation and community support, including self–help, peer support and family involvement.

(3) Cultural competence.

(4) Interpersonal relationships and communication skills.

(5) Confidentiality of client information.

(6) Preservation of client dignity, including provision of privacy.

(7) Client rights and civil rights.

(8) Conflict resolution.

(9) Prevention and control of infections.

(10) Fire prevention and safety.

(11) Accident prevention and safety measures.

(12) Choking prevention and intervention.

(13) Sex education.

(14) Use of unlicensed staff.

(b) In addition to (a) above, all direct service staff shall have training in cardiopulmonary resuscitation.

(c) The mental health rehabilitation center shall maintain a record of the in–service education. This record shall include the signature of staff in attendance, the number of hours, the date and the subjects covered.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 786.15. Rehabilitation Program—Individual Service Plan and Documentation Requirements.

(a) The written individual service plan shall be prepared within 30 days following admission by the program director or a staff member that is a licensed mental health professional, and shall include, but not be limited to, the following:

(1) Specific goals and measurable objectives, the staff and client's responsibilities for their achievement.

(A) Statement of specific treatment/rehabilitation needs and goals.

(B) The individual service plan shall indicate the services to be provided, the objectives to be accomplished, and the staff responsible for the provision of each service.

(C) The objectives shall be measurable, with time frames, and shall be reviewed and updated at least monthly.

(b) There shall be weekly progress notes in the record for each client which shall include notes written by members of the program staff or interdisciplinary professional staff providing rehabilitation services to the client. The notes shall be a general review of weekly progress.

(c) Documentation of reviews by staff and clients of the individual service plan on at least a monthly basis.

(1) Clients shall be involved in an on–going review of progress towards goal attainment and in the planning and evaluation of their treatment/rehabilitation goals.

(2) Anticipated length of stay for the client in the mental health rehabilitation center needed to accomplish identified goals, and methods to evaluate the achievement of these goals.

(d) There shall be a review and updating of the individual service plan as necessary but at least quarterly, and more often if there is a change in the client's condition.

(1) The quarterly review shall include a reevaluation which shall be a summary of the progress of the client in the rehabilitation program, the appropriateness of identified needs, client goals and objectives and the success of the plan.

(2) The client should be present at the quarterly review and if agreed to by the client, family members may be notified and attend the quarterly review.

(e) The service plan shall be approved by the program director or a licensed mental health professional, and signed by the client.

(f) Prior to discharge, there shall be a written discharge summary prepared by the staff which shall include an outline of services provided, goals accomplished, reason and plan for discharge, and referral follow–up plans.

(g) At least every four (4) months, the mental health rehabilitation center in conjunction with the local mental health director or designee, shall reassess each client to determine the need for continued placement of the client in the mental health rehabilitation center.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 786.16. Rehabilitation Program—Equipment.

There shall be sufficient equipment, assistive devices and supplies available to implement the treatment/rehabilitation program ordered or indicated for meeting the mental and emotional needs of clients.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 786.17. Activity Program—General.

An activity program shall be staffed and equipped to encourage the participation of each client and to meet the activity needs and interests of each client.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 786.18. Activity Program—Requirements.

(a) Clients shall be encouraged to participate in activities planned to meet their individual assessed needs. An activity program shall have a written, planned schedule of social and other purposeful independent or group activities. The program shall be designed to stimulate and support physical and mental capabilities to the fullest extent, and to enable the client to maintain the highest attainable social, physical and mental functioning.

(b) The activity program shall consist of individual activities, and small and large group activities to which family members shall be invited, if agreed to by the client, which are designed to meet the needs and interests of each client and which shall include, but are not limited to:

(1) Social activities.

(2) Indoor and outdoor activities.

(3) Supervised activities away from the facility.

(4) Opportunity for client involvement for planning and implementation of the activity program.

(5) Creative activities.

(6) Educational activities.

(7) Exercise activities.

(8) Opportunity for client involvement in religious programs.

(9) Client government.

(c) Activities shall be available on a daily basis.

(d) There shall be an activity coordinator, who meets the requirements of Section 782.11 and shall:

(1) Develop and implement the activity program under the supervision of the program director.

(2) Coordinate the activity schedule with other client services.

(3) Post the activity schedule conspicuously, in large visible print, for the information of clients and staff.

(4) Maintain age appropriate equipment and supplies in sufficient quantity.

(5) Develop and maintain contacts with community agencies and organizations.

(6) Maintain progress notes specific to the leisure and activity needs of the clients, at least quarterly, and more frequently if needed, in the client record.

(7) Maintain a current record of the type of frequency of activities provided and the names of clients participating in each activity.

(e) Where appropriate, the activity coordinator may recruit, train and supervise a volunteer program to assist with, and augment, services of the activity program.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 786.19. Activity Program—Staff.

(a) Activity staff with appropriate training and experience shall be available to meet the needs and interest of clients.

(1) At a minimum, all activity staff shall have graduated from high school or possess a General Equivalency Diploma (GED) and have a minimum of two (2) years of full–time experience, or its part–time equivalent, working in a mental health program serving persons with mental disabilities. Such experience shall be in the direct provision of services to a program's identified clients or residents. A bachelors degree with a major in psychology, social work or behavioral sciences may be substituted for the two (2) years of full–time work experience or its part–time equivalent.

(A) Persons who have been consumers of mental health services may be utilized in the activity program when consistent with program design and services provided, and (a)(1) above.

(2) The mental health rehabilitation center shall provide at least one (1) hour of activity program staff time for each seven (7) hours of activity programs provided to each client.

(b) An activity director shall be designated by and be responsible to the program director.

(1) Be an occupational therapist, art therapist, music therapist, dance therapist, or recreation therapist.

(2) Have two (2) years of experience in a social or recreational program within the past five (5) years, one (1) year of which was full–time in client activities and programs in a mental health setting.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 786.20. Activity Program—Equipment and Supplies.

Each mental health rehabilitation center shall provide equipment and supplies for both independent and group activities and for clients having special interests.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 786.21. Activity Program—Staff.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 786.22. Activity Program—Equipment and Supplies.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 786.23. Activity Program—Space.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

Article 7. Physical Plant

§ 787.00. Fire Safety.

(a) The licensee shall be responsible for maintaining the mental health rehabilitation center in conformity with the regulations adopted by the State Fire Marshal for the prevention of fire and for the protection of life and property against fire and panic. The licensee shall also secure and maintain a clearance relative to health safety from the State Fire Marshal in order to comply with the requirements for participation in the Federal Medicare and California's Medi–Cal programs.

(b) Clients shall not be permitted to smoke in the mental health rehabilitation center.

(1) The mental health rehabilitation center shall provide designated outside areas for smoking.

(A) Clients shall be permitted to smoke only in the designated areas.

(B) The designated area shall be under the periodic observation of mental health rehabilitation center personnel.

(2) "No Smoking" signs shall be posted in prominent locations within the mental health rehabilitation center.

(c) Smoking or open flames shall not be permitted in any space where oxygen cylinders are stored or where oxygen is in use. Such space shall be identified by prominently posted "No Smoking" or "No Open Flame" signs.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 787.10. Alterations to Existing Buildings or New Construction.

(a) Alterations to existing buildings or new construction shall be in conformance with the California Building Standards Code, Title 24, California Code of Regulations and requirements of the State Fire Marshal.

(b) Mental health rehabilitation centers licensed and in operation prior to the effective date of changes to applicable law or regulations shall not be required to institute corrective alterations or construction in order to comply with such new requirements. Any mental health rehabilitation center for which preliminary or working drawings and specifications have been approved by the Department prior to the effective date of changes to construction regulations shall not be required to comply with such new requirements provided substantial actual construction is commenced within one year of the effective date of such new requirements.

(c) All mental health rehabilitation centers shall maintain in operating condition all buildings, fixtures and spaces in the numbers and types as specified in the construction requirements under which the facility or unit was first licensed.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 787.11. Space Conversion.

Space approved for specific use at the time of licensure shall not be converted to other use without the approval of the Department.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 787.12. Notice to Department.

The Department shall be notified in writing, by the owner or licensee of the mental health rehabilitation center, within five (5) days of the commencement of any construction, remodeling or alterations to the mental health rehabilitation center.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 787.13. Housekeeping.

(a) Each mental health rehabilitation center shall routinely clean articles and surfaces such as furniture, floors, walls, ceilings, supply and exhaust grills and lighting fixtures.

(b) Schedules and procedures shall be posted which indicate the areas of the facility which shall be cleaned daily, weekly or monthly. The cleaning schedules and procedures shall be implemented.

(c) Cleaning supplies and equipment shall be available to housekeeping staff. Such cleaning supplies and equipment shall meet the following requirements:

(1) Cleaning supplies and equipment shall be stored in rooms for housekeeping use only.

(2) A commercial detergent germicide shall be used for all cleaning.

(3) Mop heads shall be removable and changed at least daily.

(d) Housekeeping personnel shall be employed to maintain the interior of the mental health rehabilitation center in a safe, clean, orderly and attractive manner free from offensive odors.

(e) Janitor closets, service sinks and storage areas shall be clean and maintained to meet the needs of the facility.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 787.14. Laundry.

(a) When a mental health rehabilitation center operates its own laundry, the laundry areas shall be:

(1) Located in relationship to other areas so that steam, odors, lint and objectionable noises do not reach client or personnel areas.

(2) Adequate in size, well–lighted, ventilated to meet the needs of the mental health rehabilitation center, and be kept clean and sanitary.

(3) Laundry equipment shall be kept in good condition, maintained in a sanitary condition, and have a suitable capacity.

(b) Laundry areas shall have, at a minimum, the following:

(1) Separate rooms for the storage of clean linen and soiled linen.

(2) Handwashing and toilet facilities maintained at locations convenient for laundry personnel.

(3) Separate linen carts labeled "soiled" or "clean" linen and constructed of washable materials which shall be laundered or suitably cleaned as needed to maintain sanitation.

(c) Written procedures for handling, storage, transportation and processing of linens shall be posted in the laundry and shall be implemented.

(d) If the mental health rehabilitation center does not maintain a laundry service, the commercial laundry utilized shall meet the standards of this section.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 787.15. General Maintenance.

(a) The mental health rehabilitation center, including the grounds, shall be maintained in a clean and sanitary condition and in good condition at all times to ensure safety and well–being of clients, staff and visitors.

(b) Buildings and grounds shall be free of environmental pollutants and such nuisances as may adversely affect the health or welfare of clients to the extent that such conditions are within the reasonable control of the mental health rehabilitation center.

(c) All buildings, fixtures, equipment and spaces shall be maintained in operable condition.

(d) Personnel shall be employed to provide preventive maintenance and to carry out the required maintenance program.

(e) Equipment provided shall meet all applicable California Occupational Safety and Health Act requirements in effect at the time of purchase. All portable electrical medical equipment designed for 110–120 volts, 60 hertz current, shall be equipped with a 3 wire–grounded power cord with a hospital–grade 3 prong plug. The cord shall be an integral part of the plug.

(f) The mental health rehabilitation center shall be maintained free from vermin and rodents through operation of a pest control program. The pest control program shall be conducted in the main client buildings, all outbuildings on the property and all grounds.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 787.16. Air Filters.

(a) The licensee shall be responsible for regular inspection, cleaning or replacement of all filters installed in heating, air conditioning and ventilating systems, as necessary to maintain the systems in normal operating condition.

(b) A written record of inspection, cleaning or replacement, including static pressure drop, shall be maintained and available for inspection. The record shall include a description of the filters originally installed, the American Society of Heating, Refrigeration and Air Conditioning Engineers (ASHRAE) efficiency rating and the criteria established by the manufacturer or supplier to determine when replacement or cleaning is necessary.

(c) Following filter replacement or cleaning, the installation shall be visually inspected for torn media and by–pass in filter frames by means of a flashlight or equivalent, both with fans in operation and stopped. Tears in filter media and by–pass in filter frames shall be eliminated in accordance with the manufacturer's directions and as required by the Department.

(d) Where a filter maintenance is performed by an equipment service company, a certification shall be provided to the licensee that the requirements listed in this section have been accommodated.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 787.17. Water Supply and Plumbing.

(a) Where water for human consumption is from an independent source, it shall be subjected to bacteriological analysis by the local health Department or a licensed commercial laboratory at least every three months. A copy of the most recent laboratory report shall be available for inspection.

(b) Plumbing, drainage facilities, and drinking water supplies shall be maintained in compliance with Part 5, Title 24, California Code of Regulations, Basic Plumbing Requirements.

(c) Vacuum breakers shall be maintained in operating condition where required by Part 5, Title 24, California Code of Regulations.

(d) Hot water temperature controls shall be maintained to automatically regulate temperature of hot water delivered to plumbing fixtures used by clients to attain a hot water temperature in compliance with Part 5, Title 24, California Code of Regulations.

(e) Minimum hot water temperature shall be maintained at the final rinse section of dishwashing facilities as required by Part 5, Title 24, California Code of Regulations, unless alternate methods are approved by the Department.

(f) Taps delivering water at or above the state temperatures shall be in compliance with requirements specified in Part 5, Title 24, California Code of Regulations. Special precautions shall be taken to prevent the scalding of clients.

(g) Grab bars, readily accessible to clients, shall be maintained at each toilet, bathtub and shower used by clients.

(h) Toilet, handwashing and bathing facilities shall be maintained in operating condition and in the number and types specified in construction requirements in effect at the time the building or unit was constructed. Those handwashing facilities listed in Part 5, Title 24, California Code of Regulations, shall not be equipped with aerators.

(i) If the mental health rehabilitation center accepts physically handicapped clients, the water closets, bathing and toileting appliances shall be equipped for use by the physically handicapped.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 787.18. Lighting and Power System.

(a) All rooms, attics, basements, passageways, and other spaces shall be provided with artificial illumination, as set forth in Part 3, Title 24, California Code of Regulations.

(b) All client rooms shall have a minimum of 30 foot candles of light delivered to reading or working surfaces and not less than 20 foot candles of light in the rest of the room.

(c) All accessible areas of corridors, storerooms, stairways, ramps, exits and entrances shall have a minimum of 20 foot candles of light.

(d) Auxiliary lighting and power facilities shall be provided as required by Part 3, Title 24, California Code of Regulations. Flashlights shall be in readiness for use at all times. Open–flame type of light shall not be used.

(e) The licensee shall provide and maintain an emergency electrical system in safe operating condition and in compliance with subsections (d), (e) and (f). The system shall serve all lighting, signals, alarms and equipment required to permit continued operation of all necessary functions of the mental health rehabilitation center for a minimum of six hours.

(f) If the Department determines that an evaluation of the emergency electrical system of a mental health rehabilitation center or portion thereof is necessary, the Department may require the licensee to submit a report by a registered electrical engineer which shall establish a bias for alteration of the system to provide reasonable compliance with Part 3, Title 24, California Code of Regulations. Essential engineering data, including load calculations, assumptions and tests, and, where necessary, plans and specifications, acceptable to the Department, shall be submitted in substantiation of the report. When corrective action is determined to be necessary, the work shall be initiated and completed within an acceptable time limit.

(g) The emergency lighting and power system shall be maintained in operating condition to provide automatic restoration of power for emergency circuits within ten seconds after normal power failure.

(h) Emergency generators shall be tested at least every 14 days under full load condition for a minimum of 30 minutes.

(i) A written record of inspection, performance, exercising period, and repair of the emergency electrical system shall be maintained on the premises and available for inspection by the Department.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 787.19. Mechanical Systems.

Heating, air conditioning and ventilating systems shall be maintained in normal operating conditions to provide a comfortable temperature and shall meet the requirements of Part 4, Title 24, California Code of Regulations.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 787.20. Maintenance Manual.

(a) A written manual on maintenance of heating, air conditioning and ventilation systems shall be adopted by each mental health rehabilitation center.

(b) A log shall be utilized to document maintenance work performed.

(c) When maintenance is performed by an equipment service company, a certification shall be provided to the licensee that the required work has been performed in accordance with acceptable standards. This certification shall be retained on file in the mental health rehabilitation center for review by the Department.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 787.21. Space.

Space located in the mental health rehabilitation center or internally connected to a licensed mental health rehabilitation center shall be considered a part of the mental health rehabilitation center and shall be subject to licensing regulations.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 787.22. Rehabilitation Program—Space.

(a) The rehabilitation program shall have identified program or service areas in order to provide at least the required program services.

(b) Indoor and outdoor areas shall be designated for rehabilitation program services.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 787.23. Nursing Service—Space.

(a) A nursing station shall be maintained in each nursing unit or building.

(b) Each nursing station shall have a cabinet, a desk, space for records, a bulletin board, a telephone and a specifically designated and well illuminated medication storage compartment with a lockable door. If a separate medication room is maintained, it shall have a lockable door and a sink with water connections for care of equipment and for handwashing.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 787.24. Activity Program—Space.

(a) Each mental health rehabilitation center shall provide a designated activity area which meets the independent and group activity needs of clients. Such areas shall be of sufficient size to accommodate necessary equipment and permit unobstructed movement of wheelchair and ambulatory clients or personnel responsible for instruction and supervision.

(b) Storage space for equipment and supplies shall be provided and shall be maintained in a clean and orderly manner.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 787.25. Client Rooms.

(a) Each client's room shall be labeled with a number, letter or combination of the two for identification.

(b) Clients' rooms shall not be locked except for rooms approved by the Department for seclusion of clients.

(c) Only upon the written approval of the Department shall an exit door, corridor door, yard enclosure or perimeter fences be locked to egress.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 787.26. Client's Property Storage and Room Furnishings.

(a) Each client room shall be provided with a closet or locker space for clothing, toilet articles and other personal belongings.

(b) For each licensed bed there shall be provided:

(1) A clean comfortable bed with an adequate mattress, sheets, pillow, pillow case and blankets, all of which shall be in good condition, and consistent with individual client needs.

(2) A night stand, chair, and reading light, all of which shall be in good condition.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 787.27. Client Capacity.

(a) A mental health rehabilitation center shall not have more clients or beds set up for use than the number for which it is licensed except in case of emergency when temporary permission may be granted by the Director or designee.

(b) Clients shall not be housed in areas which have not been approved by the Department for client housing and which have not been given a fire clearance by the State Fire Marshal except as provided in (a) above.

(c) The number of licensed beds shown on a license shall not exceed the number of beds for which the mental health rehabilitation center meets applicable construction and operational requirements.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

Article 8. Citations and License Revocation

§ 788.00. Definitions.

(a) The following definitions shall apply to this article:

(1) Substantial probability means that the likelihood of an event is real, actual and not imaginary, insignificant or remote.

(2) Physical harm means that type of dangerous bodily injury, illness or condition in which:

(A) A part of the body would be permanently removed, rendered functionally useless or substantially reduced in capacity, either temporarily or permanently and/or;

(B) A part of an internal function of the body would be inhibited in its normal performance to such a degree as to temporarily or permanently cause a reduction in physical or mental capacity or shorten life.

(3) Direct relationship means one in which a significant risk or effect is created and does not include a remote or minimal risk or effect.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 788.10. Filing of Names and Addresses.

(a) The licensee of each mental health rehabilitation center shall file with the Department the address of the licensee to whom all license citations and revocations shall be mailed by the Department.

(b) Each licensee shall also designate one or more persons who is authorized to accept, on the licensee's behalf, any license citations and revocations to be served by any representative of the Department.

(c) Each licensee shall file with the Department the names or titles of those persons who are such designees of the licensee.

(d) Each licensee shall also file with the Department a written notice of any change in address or of any change of designee. The Department shall mail all license citations and revocations to the latest address on file with the Department.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 788.11. Issuance of Revocation and License Citations.

(a) Each citation shall be in writing and shall include at least the following:

(1) The earliest feasible time for the elimination of the condition constituting the noncompliance with regulations of this chapter. Such time shall be the shortest possible time within which the licensee reasonably can be expected to comply with the regulations. In prescribing such time, the Department shall consider the following factors:

(A) The risk of physical harm to clients or staff because of the alleged noncompliance.

(B) The number of clients affected.

(C) The availability of required equipment or personnel.

(D) The estimated time required for delivery, and any installation of required equipment.

(E) Any other relevant circumstances.

(2) The Department shall require a plan describing the corrective measures that the licensee will take to remedy the conditions that caused the issuance of the citation(s).

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 788.12. Conditions of Revocation of License.

(a) The Department may revoke a license for noncompliance with the provisions of this chapter. In establishing the conditions for imposing revocation, the Department shall consider:

(1) the gravity of the noncompliance which shall include:

(A) The degree of substantial probability that death or physical harm to the client would result and, if applicable, did result from the noncompliance.

(B) The severity of serious physical harm to a client or guest which was likely to result and, if applicable, that did result, from the noncompliance.

(C) The extent of noncompliance with the provisions of the applicable statutes or regulations.

(2) Mitigating circumstances, which shall include awareness of the applicable statutes and regulations and reasonable diligence in complying with such requirements, prior accomplishments manifesting the licensee's desire to comply with such requirements, and any other mitigating factors in favor of the licensee.

(3) Any previous license citations and revocations committed by the licensee.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 788.13. Appeal of Revocation.

The licensee may appeal any license citations or revocations imposed by submitting a written appeal to the Director within 30 calendar days of the issuance of a citation. The Director shall respond to the appeal within 60 calendar days. If an appeal is denied, the licensee may request a citation review conference.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 788.14. License Revocation and Citation Review Conference.

(a) At a citation review conference:

(1) The licensee shall have the right to be represented by legal counsel, or a person of the licensee's choosing, to prevent oral or written information on the licensee's behalf, and to explain any mitigating circumstances.

(2) The representatives of the Department who issued the citation should attend the conference and present information, oral or written, in substantiation of the alleged noncompliance.

(3) The conference shall be an informal proceeding, and shall not be conducted in the manner of a judicial hearing or as a hearing under the Administrative Procedure Action (Chapter 5 [commencing with Section 11500] of Part 1 of Division 3 of Title 2 of the Government Code), and need not be conducted according to technical rules relating to evidence and witnesses.

(4) Neither the licensee nor the Department shall have the right to subpoena any witness to attend the conference, to record testimony at the conference, nor to formally cross–examine any person testifying at the conference. However, the licensee and the Department may present any witness on its behalf at the conference.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

Chapter 4. Community Mental Health Services Under the Lanterman–Petris–Short Act

Article 1. Application

§ 800. Application of Subchapter.

Subchapter 4 shall apply to community mental health services as provided for in the Lanterman–Petris–Short Act of part 1 of division 5 of the Welfare and Institutions Code.

NOTE: Authority cited: Section 5400, Welfare and Institutions Code. Reference: Sections 5000 through 5401, Welfare and Institutions Code. Additional authority cited: Section 5750, Welfare and Institutions Code.

§ 801. Section Headings.

Article 2. Definitions and General Provisions

§ 810. Act.

''Act'' means the Lanterman–Petris–Short Act, Division 5, Part 1 (commencing with Section 5000 of the Welfare and Institutions Code).

NOTE: Authority cited: Section 5400, Welfare and Institutions Code. Reference: Section 5000, Welfare and Institutions Code.

§ 811. Department.

''Department'' means the State Department of Mental Health.

NOTE: Authority cited: Sections 4012 and 5400, Welfare and Institutions Code. Reference: Chapter 1252, Statutes of 1977.

§ 812. Shall and May.

As used in this subchapter, ''shall'' is mandatory and ''may'' is permissive.

§ 813. Mental Disorder.

NOTE: Authority cited: Section 5400, Welfare and Institutions Code. Reference: Sections 5150, 5200 and 5250, Welfare and Institutions Code.

Article 3. Facilities

§ 820. Designation by Board of Supervisors.

§ 821. Approval of Facilities.

Any facility designated by the board of supervisors of a county for evaluation and treatment pursuant to Articles 1 and 2 of Chapter 2, Part 1, Division 5 of the Welfare and Institutions Code, is subject to approval of the Department. Such a facility shall be approved by the Department if it meets the requirements of Chapter 3 of this title for inpatient services.

NOTE: Authority cited: Sections 5400 and 5404, Welfare and Institutions Code. Reference: Sections 5150, 5202, 5366.1, 5400 and 5404, Welfare and Institutions Code.

§ 821.1. Approval of Persons or Agencies for Prepetition Screening.

Any person or agency designated by the board of supervisors of a county under Section 5202 of the Act to provide prepetition screening is subject to the approval of the Department. Such person or agency shall be approved by the Department only if the person or agency is working under the direction of the Director of Local Mental Health Services or a physician designated by the Director of Local Mental Health Services or social worker as defined in Section 624 or 625 designated by the Director of Local Mental Health Services.

NOTE: Authority cited: Sections 5202 and 5400, Welfare and Institutions Code. Reference: Section 5202, Welfare and Institutions Code.

§ 822. Professional Person in Charge of a Facility.

As used in the Act, ''professional person in charge of a facility'' means a person as defined in Section 623, 624, 625, 626, or 627 of this Chapter who is designated by the governing board of the facility or other agency or person having control of the facility as the professional person clinically in charge of the facility for purposes of the Act. The designation shall be in writing.

NOTE: Authority cited: Sections 5600.5, 5750 and 5751, Welfare and Institutions Code. Reference: Sections 5150, 5152.1, 5154, 5208, 5251, 5254, 5254.1, 5257, 5258, 5264, 5267, 5268, 5275, 5301, 5326, 5328(k), 5328.3, 5328.4, 5328.6, 5328.8, 5352, 5352.3, 5352.5 and 5366.1, Welfare and Institutions Code.

§ 823. Attending Staff.

''Attending staff'' under section 5150 of the Act means any person having responsibility for the care and treatment of the patient, as designated by the Local Mental Health Director, on the staff of an evaluation facility designated by the county.

§ 824. Facilities for Inebriates and Alcoholics.

§ 825. Calculation of Evaluation and Treatment Period.

As of January 1, 1979, all facilities that are designated as 72–hour

evaluation and treatment facilities pursuant to Section 5150 of the Welfare and Institutions Code must count Saturdays, Sundays, and holidays as part of the 72–hour period unless exempted by the Department.

NOTE: Authority cited: Section 5151, Welfare and Institutions Code. Reference: Section 5151, Welfare and Institutions Code.

§ 825.1. Exemption Requests.

Facilities wishing to be exempted from this requirement must apply through the Local Mental Health Director who shall submit a written request to the Department requesting such exemption.

NOTE: Authority cite: Section 5151, Welfare and Institutions Code. Reference: Section 5151, Welfare and Institutions Code.

§ 825.2. Exemption Request Requirements.

The request shall include the following information:

(a) The identity of the facility for which the exemption is requested;

(b) The reason(s) that evaluation and treatment services cannot be made available on Saturdays, Sundays, and holidays. If the reason relates to staffing, there shall be included a statement explaining normal staffing standards pursuant to Article 10 of Subchapter 3 on days when evaluation and treatment services are provided and why such staffing is not available on Saturdays, Sundays, and holidays.

(c) A description of the efforts the facility has made and will make to provide evaluation and treatment services on Saturdays, Sundays, and holidays.

NOTE: Authority cited: Section 5151, Welfare and Institutions Code. Reference: Section 5151, Welfare and Institutions Code.

§ 825.3. Certification of Exemptions.

The Department will either certify that the facility cannot reasonably provide evaluation and treatment services on Saturdays, Sundays, and holidays or deny such certification. If granted, the certification shall be effective for two years unless revoked in accordance with Section 825.4.

NOTE: Authority cited: Section 5151, Welfare and Institutions Code. Reference: Section 5151, Welfare and Institutions Code.

§ 825.4. Reapplication for or Revocation of Certification.

If certification is denied a facility, the Local Mental Health Director may reapply for certification at any time. In addition, prior certifications exempting facilities may be revoked by the Department upon a finding that the facility can reasonably be expected to provide such services and after written notice and opportunity for the facility to respond has been given.

NOTE: Authority cited: Section 5151, Welfare and Institutions Code. Reference: Section 5151, Welfare and Institutions Code.

§ 829. Mental Health Treatment Facility.

NOTE: Authority cited: Sections 1500 and 1851, Probate Code. References: Sections 1500 and 1851, Probate Code and division 5, part 1, chapter 2 and chapter 3, Welfare and Institutions Code.

Article 4. Conservatorship

§ 830. Conservatorship.

Article 5. Patients' Rights: Convulsive Treatment and Psychosurgery

§ 835. General Provision.

Any person, without regard to where that person is treated, shall have the right to refuse convulsive treatment, insulin coma treatment, prefrontal sonic treatment, and psychosurgery, except as otherwise provided by statute or regulation. In addition, any administration of these treatments or performance of psychosurgery, wherever administered or performed, shall be performed only by a physician licensed to practice in the State of California, and shall be subject to the regulations contained in this Article.

NOTE: Authority cited: Sections 5325(g), 5326.95 and 5400, Welfare and Institutions Code. Reference: Sections 5325(f), 5325.1(i), 5326.6, 5326.7, 5326.75 and 5326.85, Welfare and Institutions Code.

§ 836. Types of Treatment: Definitions.

(a) ''Convulsive treatment'' is the planned induction of a seizure through electrical or chemical means for therapeutic purposes. When more than one seizure is induced in a single treatment session, each seizure shall be considered a separate treatment for records–keeping and reporting purposes.

(b) ''Insulin Coma Treatment'' consists of the production of a coma for therapeutic purposes, with or without convulsions, through the intramuscular administration of insulin.

(c) ''Psychosurgery'' is defined as any of those operations currently referred to as lobotomy, psychiatric surgery, and behavioral surgery and all other forms of brain surgery if the surgery is performed for the purpose of any of the following:

(1) Modification, alteration, or control of thoughts, feelings, actions, or behavior rather than the treatment of a known and diagnosed physical disease of the brain;

(2) Modification or alteration of normal brain function, brain tissue or brain cells in order to modify, alter, or control thoughts, feelings, actions, or behavior; or

(3) Treatment of abnormal brain function, brain tissue or brain cells in order to modify, alter, or control thoughts, feelings, actions, or behavior when the abnormality is not an established cause for those thoughts, feelings, actions, or behavior.

Psychosurgery shall not include surgery for relief of pain caused by physical disease elsewhere in the body.

(d) "Prefrontal sonic treatment" is the direct stimulation and/or destruction of brain cells or brain tissue by ultrasound for therapeutic purposes, as discussed in Section 837.

NOTE: Authority cited: Sections 5325(g), 5326.95 and 5400, Welfare and Institutions Code. Reference: Sections 5325, 5326.6, 5326.7, 5326.75, 5326.8 and 5326.85, Welfare and Institutions Code.

§ 836.1. Voluntary and Involuntary Patients: Definitions.

(a) "Involuntary patients," for purposes of this Article, include:

(1) Persons involuntarily detained for 72–hour evaluation and treatment under Section 5150 of the Welfare and Institutions Code;

(2) Persons certified for intensive treatment under Section 5250 of the Welfare and Institutions Code;

(3) Persons certified for additional intensive treatment as suicidal under Section 5260 of the Welfare and Institutions Code;

(4) Persons postcertified as a demonstrated danger of substantial physical harm to others under Section 5300 of the Welfare and Institutions Code;

(5) Persons under temporary or permanent conservatorship or guardianship;

(6) Persons who have been judicially committed, as defined under Section 5008.1 of the Welfare and Institutions Code. In the event that this Article conflicts with regulations dealing with the developmentally disabled promulgated under Chapter 1 (commencing with Section 4500) of the Welfare and Institutions Code, the latter statute and regulations shall control.

(b) "Voluntary patients," for the purposes of this Article, include all other patients not included in subdivision (a) above.

NOTE: Authority cited: Sections 5326.95 and 5400, Welfare and Institutions Code. Reference: Sections 5326.7, 5326.15 and 5326.75, Welfare and Institutions Code.

§ 836.2. Facility: Definition.

"Facility" includes any health facility, including but not limited to, any health facility as defined in Section 1250 of the Health and Safety Code, in which convulsive treatment, insulin coma treatment, prefrontal sonic treatment or psychosurgery is administered or performed.

NOTE: Authority cited: Sections 5326.95 and 5400, Welfare and Institutions Code. Reference: Sections 5325, 5326.6, 5326.7, 5326.15 and 5326.75, Welfare and Institutions Code.

§ 837. Procedures for Insulin Coma and Prefrontal Sonic Treatment.

(a) Unless otherwise indicated, all the requirements set forth in statute or regulation for the administration of convulsive treatment shall be followed when insulin coma treatment is administered, or when prefrontal sonic treatment is administered which involves only direct stimulation of brain cells or brain tissue.

(b) Unless otherwise indicated, all the requirements of statute or regulation described for psychosurgery shall be followed when prefrontal sonic treatment is administered and there exists any possibility there will be destruction of brain cells or brain tissue.

NOTE: Authority cited: Sections 5325(g), 5326.95 and 5400, Welfare and Institutions Code. Reference: Sections 5326.6, 5326.7 and 5326.75, Welfare and Institutions Code.

§ 838. Quarterly Reports on Convulsive, Insulin Coma, and Prefrontal Sonic Treatment—Application and Requirement.

(a) The reporting requirements of Welfare and Institutions Code Section 5326.15 shall be applicable to all facilities which administer or perform convulsive treatment, insulin coma treatment, or prefrontal sonic treatment involving only direct stimulation of cells or tissue, and to all physicians who provide these treatments outside health facilities.

(b) Quarterly, any such facility which has performed these treatments during the prior quarter, or which considers such treatment methods a part of the facility's program, shall report to the local mental health director. These reports shall be made regardless of whether or not any of these treatment methods were used during the quarter. Likewise, any physician who considers any of these methods a service that he or she provides, and whose use of the above–mentioned treatment methods is not included in any facility's report, must submit a quarterly report to the local mental health director even if such treatments were not administered during that particular quarter.

(c) Quarterly reports shall be made on a form which shall be issued by the Director of the State Department of Mental Health which shall include all necessary instructions and definitions.

NOTE: Authority cited: Sections 5325(g), 5326.95 and 5400, Welfare and Institutions Code. Reference: Sections 5326.1 and 5326.15, Welfare and Institutions Code.

§ 838.1. Quarterly Reports on Psychosurgery.

Each facility which performs psychosurgery, or prefrontal sonic treatment involving destruction of cells or tissue, or each physician who performs these treatments outside a facility, shall submit to the local mental health director a quarterly report of all such procedures actually performed during the preceding quarter. The report shall contain, in addition to the data listed in Welfare and Institutions Code Section 5326.15, the following information:

(a) Psychiatric diagnosis;

(b) Type of psychosurgery performed;

(c) Date surgery performed;

(d) Complications that arose during or after completing psychosurgery.

NOTE: Authority cited: Sections 5326.95 and 5400, Welfare and Institutions Code. Reference: Section 5326.15, Welfare and Institutions Code.

§ 838.2. Failure to Submit Quarterly Reports.

A facility, clinic, or physician who fails to submit the reports as provided in Section 838 or 838.1, by the 15th of the month following completion of the quarter, shall be notified by the local mental health director of the legal obligation to submit these reports. Failure to comply within 15 days after such notification shall be reported to the Director of the State Department of Mental Health who may take any or all of the actions specified in Section 5326.9 of the Welfare and Institutions Code.

NOTE: Authority cited: Sections 5325(g), 5326.95 and 5400, Welfare and Institutions Code. Reference: Section 5326.15, Welfare and Institutions Code.

§ 838.3. Quarterly Reports to State.

The local mental health director shall transmit copies of all quarterly reports received to the Director of the State Department of Mental Health, or to the office designated by the Director, by the last day of the month following the end of the quarter.

NOTE: Authority cited: Sections 5325(g), 5326.95 and 5400, Welfare and Institutions Code. Reference: Sections 5326.1 and 5326.15, Welfare and Institutions Code.

§ 839. Informed Consent for Electroconvulsive Treatment.

(a) For purposes of obtaining written informed consent to electroconvulsive treatment, the treating physician shall use the consent form developed by the department. The form entitled "Informed Consent for Electroconvulsive Treatment (ECT) MH 300 (11/90)" is the standard written consent form prescribed in section 5326.3 of the Welfare and Institutions Code.

(b) The oral explanation required by section 5326.4 of the Welfare and Institutions Code regarding the information contained on the consent form shall be in a language or modality understood by the person giving consent.

NOTE: Authority cited: Section 5326.95, Welfare and Institutions Code. Reference: Sections 5325, 5326.2, 5326.3, 5326.4, 5326.5, 5326.6, 5326.7, 5326.75 and 5326.8, Welfare and Institutions.

§ 840. Capacity to Consent or Refuse Consent to Recommended Treatment or Surgery.

(a) A person shall be deemed to have the capacity to consent or to refuse to consent if it is determined that such person has actually understood and can knowingly and intelligently act upon the information specified in Welfare and Institutions Code Section 5326.2. Understanding of the potential benefits and risks of the proposed treatment or surgery is the primary factor in determining such capacity to consent or to refuse consent.

(b) A person shall not be deemed to lack capacity to consent or refuse consent solely by virtue of any psychiatric or medical diagnosis.

(c) When Section 5326.7(e) of the Welfare and Institutions Code requires that a person's attorney make a determination as to the person's capacity or incapacity to give written informed consent, the attorney shall make an independent judgment of capacity.

NOTE: Authority cited: Sections 5325(g), 5326.95 and 5400, Welfare and Institutions Code. Reference: Sections 5326.5, 5326.7 and 5326.75, Welfare and Institutions Code.

§ 841. Refusal to Consent to Recommended Treatment or Surgery.

If a patient is deemed by the physician to have the capacity to give informed consent, but refuses to do so, the physician shall indicate in the clinical record that the treatment was refused despite the physician's advice, and that he or she has explained to the patient the patient's responsibility for any untoward consequence of the refusal. However, such explanation shall in no case be made in a manner so as to constitute duress or coercion. Transfer of the patient to another facility, loss of hospital privileges or placement in a more restrictive setting may subsequently be justified for medical or psychiatric reasons, but shall not be a direct consequence of the patient's refusal to consent to the proposed treatment.

NOTE: Authority cited: Sections 5325(g), 5326.95 and 5400, Welfare and Institutions Code. Reference: Sections 5326.5 and 5326.85, Welfare and Institutions Code.

§ 845. Minors.

(a) Under no circumstances shall psychosurgery or prefrontal sonic treatment be performed on a person under 18 years of age.

(b) The following minors shall be subject to the provisions of Section 5326.7 of the Welfare and Institutions Code: (1) persons aged 16 or 17 who are involuntary patients, or who lack verification of capacity to give written informed consent as required by Section 5326.75 of the Welfare and Institutions Code; and (2) all persons aged 12, 13, 14, or 15.

(c) For persons listed in subdivision (b), except where such persons have been emancipated, the custodial parent or parents, or the individual or agency with legal custody, shall be considered the guardian for purposes of granting or withholding substituted consent.

(d) Persons aged 16 and 17 who are voluntary patients may themselves grant or withhold consent for convulsive treatment to the same extent as adults who are voluntary patients.

NOTE: Authority cited: Sections 5325(g), 5326.95 and 5400, Welfare and Institutions Code. Reference: Sections 5326.6 and 5326.8, Welfare and Institutions Code.

§ 847. Post–Treatment Review Committees.

(a) Any facility in which convulsive treatment is performed, whether on a voluntary or an involuntary patient, shall designate a qualified committee of three psychiatrists and/or neurologists knowledgeable about the treatment and its effect to verify the appropriateness and need for such treatment. This committee shall review all convulsive treatments given in that facility on a quarterly basis. If treatments are initiated in a facility, and then continued outside that facility, the physician who continues treatments shall report the total number to the facility. Any such treatments shall be reviewed by the facility's review committee.

(b) For convulsive treatments and insulin coma treatments not included under Subdivision (a), the local mental health director shall establish the post–treatment review committee. This committee shall consist of three psychiatrists and/or neurologists, and shall meet on a quarterly basis to verify the appropriateness and need for such treatment. Records submitted to these committees shall have data identifying the patient deleted, except where disclosure is otherwise authorized by Welfare and Institutions Code Sections 5328, et seq.

(c) Refusal by any facility or physician to submit convulsive treatment and insulin coma treatment cases for review shall be reported by the review committees to the Director of the State Department of Mental Health who may take any or all of the actions specified in Section 5326.9 of the Welfare and Institutions Code.

NOTE: Authority cited: Sections 5326.91, 5326.95 and 5400, Welfare and Institutions Code. Reference: Section 5326.91, Welfare and Institutions Code.

§ 849. Excessive Use of Convulsive Treatment.

(a) Convulsive treatments shall be considered excessive if more than 15 treatments are given to a patient within a 30–day period, or a total or more than 30 treatments are given to a patient within a one–year period.

(b) If, in the judgment of the attending physician, more than the above limits are indicated, prior approval must first be obtained from the review committee of the facility or county, whichever is appropriate. (Sections 847 and 848.) Requests for approval shall include documentation of the diagnosis, the clinical findings leading to the recommendation for the additional treatments, the consideration of other reasonable treatment modalities and the opinion that additional treatments pose less risk than other potentially effective alternatives available for the particular patient at the present time. A maximum number of additional treatments shall be specified. The review committee shall act upon any such request within seven days of its receipt and shall document the maximum number of additional treatments approved. All applicable informed consent procedures shall also be followed.

NOTE: Authority cited: Sections 5326.95 and 5400, Welfare and Institutions Code. Reference: Section 5326.95, Welfare and Institutions Code.

Article 5.5. Voluntary Patients' Right to Refuse Antipsychotic Medications

§ 850. Refusal of Antipsychotic Medications.

Every person admitted as a voluntary patient for psychiatric evaluation or treatment in any facility as listed in Section 860 of this subchapter has the right to refuse the administration of antipsychotic medications.

A voluntary patient for purposes of this article does not include:

(a) voluntary minor patients unless such minor is otherwise authorized by law to seek and consent to treatment for mental illness, nor

(b) conservatees (as defined by Section 5350 et seq. of the Welfare and Institutions Code, i.e., "L–P–S conservatees") whose conservators have been given the right to require their conservatees to receive treatment related specifically to remedying or preventing the recurrence of the conservatees' being gravely disabled.

NOTE: Authority cited: Sections 5325 and 5326.95, Welfare and Institutions Code. Reference: Sections 5325, 5325.1, 5358, 6000, 6002 and 6004, Welfare and Institutions Code.

§ 851. Informed Consent to Antipsychotic Medications.

A voluntary patient shall be treated with antipsychotic medications only after such person has been informed of his or her right to accept or refuse such medications and has consented to the administration of such medications. In order to make an informed decision, the patient must be provided with sufficient information by the physician prescribing such medications (in the patient's native language, if possible) which shall include the following:

(a) The nature of the patient's mental condition,

(b) The reasons for taking such medication, including the likelihood of improving or not improving without such medication, and that consent, once given, may be withdrawn at any time by stating such intention to any member of the treating staff,

(c) The reasonable alternative treatments available, if any,

(d) The type, range of frequency and amount (including use of PRN orders), method (oral or injection), and duration of taking the medications,

(e) The probable side effects of these drugs known to commonly occur, and any particular side effects likely to occur with the particular patient,

(f) The possible additional side effects which may occur to patients taking such medication beyond three months. The patient shall be advised that such side effects may include persistent involuntary movement of the face or mouth and might at times include similar movement of the hands and feet, and that these symptoms of tardive dyskinesia are potentially irreversible and may appear after medications have been discontinued.

NOTE: Authority cited: Sections 5325 and 5326.95, Welfare and Institutions Code. Reference: Sections 5325 and 5325.1, Welfare and Institutions Code; *Cobbs v. Grant* (1972) 8 Cal. 3d 229.

§ 852. Maintenance of Records.

For each patient receiving antipsychotic medications, the facility shall maintain a written record of the patient's decision to consent to such medications.

That written record shall be a written consent form signed by the patient indicating that items (a) through (f) of Section 851 have been discussed with the patient by the prescribing physician.

In the event that the patient has been shown but does not wish to sign the written consent form, it shall be sufficient for the physician to place the unsigned form in the patient's records maintained by the facility together with the notation that while the patient understands the nature and effect of antipsychotic medications and consents to the administration of such medications, the patient does not desire to sign a written consent form.

NOTE: Authority cited: Sections 5325 and 5326.95, Welfare and Institutions Code. Reference: Sections 5325 and 5325.1, Welfare and Institutions Code.

§ 853. Emergency.

Nothing in this article is intended to prohibit the physician from taking appropriate action in an emergency. An emergency exists when there is a sudden marked change in the patient's condition so that action is immediately necessary for the preservation of the life or the prevention of serious bodily harm to the patient or others, and it is impracticable to first obtain consent. If antipsychotic medication is administered during an emergency, such medication shall be only that which is required to treat the emergency condition and shall be provided in ways that are least restrictive of the personal liberty of the patient.

NOTE: Authority cited: Sections 5325, 5326 and 5326.95, Welfare and Institutions Code. Reference: Sections 5325 and 5325.1, Welfare and Institutions Code; *Cobbs v. Grant* (1972) 8 Cal. 3d 229.

§ 854. Withdrawal of Consent.

A voluntary patient may withdraw consent to the administration of antipsychotic medications at any time by stating such intention to any member of the treatment staff.

NOTE: Authority cited: Sections 5325 and 5326.95, Welfare and Institutions Code. Reference: Sections 5325, 5325.1, 6000, 6002 and 6004, Welfare and Institutions Code.

§ 855. Consequence of Refusal.

The refusal to consent to the administration of antipsychotic medications shall not in itself constitute grounds for initiating an involuntary commitment.

NOTE: Authority cited: Sections 5325 and 5326.95, Welfare and Institutions Code. Reference: Sections 5150, 5250, 5325 and 5325.1, Welfare and Institutions Code.

§ 856. Definition of Antipsychotic Medication.

For purposes of this article, ''antipsychotic medication'' means any drug customarily used for the treatment of symptoms of psychoses and other severe mental and emotional disorders.

NOTE: Authority cited: Sections 5325 and 5326.95, Welfare and Institutions Code. Reference: Title 9, California Administrative Code, Sections 850–855.

§ 857. Reports of Violations.

Any alleged or suspected violation of the rights of patients as set out in this article shall be reported to the county patients' rights advocate, or for state hospital patients, to the state hospital patients' rights advocate, who shall report all complaints to the Director of the State Department of Mental Health. The Director shall take appropriate action which, depending on the nature of the complaint, could include:

(a) Referral for disciplinary action to the facility governing body for review and monitoring,

(b) Referral to the Board of Medical Quality Assurance regarding a review of the individual practitioner's license,

(c) Referral for review of the facility license,

(d) Compelling negotiations to ensure compliance with these regulations, withholding part or all of state mental health funds, or taking appropriate court action.

The remedies provided by these regulations shall not preclude any other remedies which the individual patient may have under the law.

NOTE: Authority cited: Sections 5325 and 5326.95, Welfare and Institutions Code. Reference: Sections 5325, 5325.1, 5326.9 and 5655, Welfare and Institutions Code.

Article 6. Patient Rights: Denial for Good Cause

§ 860. Application of Article.

NOTE: Authority cited: Section 5326, Welfare and Institutions Code. Reference: Section 5326, Welfare and Institutions Code.

§ 861. List of Rights.

§ 862. Notification of Rights.

(a) A list of the rights set forth in Section 5325 of the Welfare and Institutions Code and in Section 861, as well as the complaint procedure, prescribed in Section 864, shall remain posted, in English and Spanish, in all wards and common living areas of facilities specified in Section 860.

(b) Each person admitted to a facility specified in Section 860 shall be personally notified of his rights in writing, in language he can understand, or shall have his rights brought to his attention by other means if he is unable to read or understand the information provided him.

(c) A notation to the effect that notification, or an attempt to provide notification, has occurred, shall be entered in the patient's/resident's record within 24 hours of admission.

§ 863. Definitions.

(a) The ''Patients' Rights Specialist'' means the person in the Headquarters Office of the Department of Health delegated the responsibility for ensuring that mentally and developmentally disabled persons in facilities providing mental health services or residential care are afforded their statutory and constitutional rights.

(b) The ''Patients' Advocate'' means the person in a local mental health program delegated the responsibility for ensuring that mentally disabled persons in facilities specified in Section 860 are afforded their statutory and constitutional rights.

(c) The ''Residents' Advocate'' means the person in a regional center program delegated the responsibility for ensuring that developmentally disabled residents in facilities specified in Section 860 are afforded their statutory and constitutional rights.

§ 863.1. Assignment of Patients'/Residents' Advocate.

(a) Each county mental health director shall assign a Patients' Advocate to handle complaints of mentally disabled patients and residents regarding the abuse, unreasonable denial, or punitive withholding of a right guaranteed under Section 861 of this article. Each regional center director shall assign a Residents' Advocate to handle similar complaints from developmentally disabled residents. If the person assigned to handle complaints is a member of the staff of a particular facility, he shall not be involved in the direct supervision of patients or residents of that facility.

(b) The appointment of a Patients'/Residents' Advocate in a state hospital, as well as the complaint procedure to be observed there, shall be in accordance with Department of Health directives on the patients' rights program for state hospitals.

§ 863.2. Duties of Patients'/Residents' Advocate.

(a) The Patients'/Residents' Advocate shall:

(1) Ensure that the rights listed in Section 5325 of the Welfare and Institutions Code and in Section 861 remain posted in all facilities where posting is required pursuant to Section 860.

(2) Ensure that all incoming patients/residents are notified of these rights.

(3) Assist in training staff of facilities specified in Section 860 regarding patients'/residents' rights.

(4) Investigate complaints of patients/residents or their responsible relatives, and, if necessary, act as advocate for patients/residents.

(5) Act as advocate in behalf of patients/residents who are unable to register a complaint because of their mental or physical condition.

(6) Act as local consultant in the area of patients'/residents' rights.

(7) Act as liaison to the Patient Rights Specialist, Department of Health.

§ 864. Complaint Procedure.

(a) The list of rights that shall be posted, provided, or explained to the patient/resident pursuant to Section 862 shall contain:

(1) Notification that any patient/resident who believes a right of his/hers has been abused, punitively withheld, or unreasonably denied may file a complaint with the Patients'/Residents' Advocate.

(2) The name of the Patients'/Residents' Advocate who has been assigned to handle such complaints, his telephone number, and the times during which he may be contacted.

(b) When a complaint is received by the Patients'/Residents' Advocate he shall, within two working days, take action to investigate and resolve it.

(c) If the complainant expresses dissatisfaction with the action taken, the matter shall be referred, within five working days, to the local mental health director if the complaint originated in the mental disabilities program or to the regional center director if the complaint originated in the developmental disabilities program.

(d) If the complaint cannot be satisfactorily resolved by the local mental health director or by the regional center director within ten working days, it shall be referred to the Patients' Rights Specialist, Department of Health, whose responsibility it shall be to make a decision in the case. Appeal from the decision of the Patients' Rights Specialist may be made to the Director of State Department of Health, or his designee.

§ 865. Authority for Denial of Rights.

(a) (Reserved)

(b) ''Professional person in charge of the facility'' is defined in Section 822 of this subchapter, Title 9, California Administrative Code; in community care facilities it is the administrator of the facility. Prior to denying the rights, as listed in Section 861, of a resident for good cause, the administrator of a community care facility shall first obtain concurrence from the resident's physician or social worker that good cause for denial exists.

(c) Notwithstanding the provisions of this article, good cause denial of that right listed under subdivision (f) of Section 5325 shall be in accordance with the provisions set forth in Article 7 (commencing with Section 5325) of Chapter 2 of Part 1 of Division 5 of the Welfare and Institutions Code, as interpreted by court decision.

(d) Any person who has the lawful right on his own choice to discharge himself from a facility shall be informed of said right at the time of admission to the facility. If the person elects to discharge himself from the facility rather than voluntarily accepting any denial of his rights, such election shall be documented in his treatment record, and the person shall be permitted to leave the facility.

§ 865.1. Denial of Rights in Community Care Facilities.

(a) A right listed in Section 861 of this article may be denied a resident of a licensed community care facility only upon the failure of all other means taken to resolve the behavior necessitating denial.

(b) Agreements and negotiations between the resident, administrator, and social worker shall be the primary means of resolving problems regarding the rights of the resident.

(c) If the community care facility, after compliance with subsections (a) and (b) of this section, wishes to deny one or more Section 861(a) through (e) rights, the procedure of Section 865 must be followed.

§ 865.2. Good Cause for Denial of Rights.

(a) Rights listed in Section 861, except for that right listed in subdivision (g), may be denied only for good cause, and the rights under subdivision (f) may be denied only under the conditions specified in Article 7 (commencing with Section 5325) of Chapter 2 of Part 1 of Division 5 of the Welfare and Institutions Code. Good cause for denying a patient/resident the exercise of a right exists when the professional person in charge of a facility or his designee has good reason to believe:

(1) That the exercise of the specific right would be injurious to the patient/resident; or

(2) That there is evidence that the specific right, if exercised would seriously infringe on the rights of others; or

(3) That the institution or facility would suffer serious damage if the specific right is not denied; and

(4) That there is no less restrictive way of protecting the interests specified in (1), (2), or (3).

(b) The reason used to justify the denial of a right to a patient/resident must be related to the specific right denied. A right shall not be withheld or denied as a punitive measure, nor shall a right be considered a privilege to be earned.

(c) Treatment modalities shall not include denial of any right specified in Section 861 of this article. Waivers signed by the patient/resident or by the responsible relative/guardian/conservator shall not be used as a basis for denying Section 861 rights in any treatment modality.

§ 865.3. Documentation of Denial of Rights.

(a) Each denial of a patient's/resident's right shall be noted in his treatment record. Documentation shall take place immediately whenever a right has been denied. The notation shall include:

(1) Date and time the right was denied.

(2) Specific right denied.

(3) Good cause for denial of right.

(4) Date of review if denial was extended beyond 30 days.

(5) Signature of the professional person in charge of the facility or his designee authorizing denial of right.

(b) The patient/resident shall be told of the content of the notation.

(c) Each denial of a right shall be documented regardless of the gravity of the reason for the denial or the frequency with which a specific right is denied in a partiular facility or to a particular individual.

§ 865.4. Seclusion and Restraints.

(a) Seclusion is the involuntary isolation of a patient in a locked room. Seclusion and/or restraints shall never be used as punishment or as a substitute for a less restrictive alternative form of treatment.

(b) Each instance of seclusion and/or restraints shall be noted in the patient's record in accordance with Section 865.3.

(c) Documentation of the Section 861 rights actually denied a person in seclusion or restraints shall be entered in the patient's record.

(d) In addition to the foregoing, all of the provisions contained in Sections 70577(j) (General Acute Care Hospitals), 71545 (Acute Psychiatric Hospitals), 72407, 72409, 72411, 72413 (SNF), and 73403, 73405, 73407, 73409 (ICF) of Title 22 of the California Administrative Code shall prevail as applicable rules for the respective health care facilities.

(e) The authority for the use of seclusion and/or restraints on any resident of a community care facility shall be in accordance with provisions of Title 22, California Administrative Code, Section 80403(f).

§ 865.5. Restoration of Rights.

A right shall not continue to be denied a patient/resident when the good cause for its denial no longer exists. When a right has been denied, staff shall employ the least restrictive means of managing the behavior problem which led to the denial. The date a specific right is restored shall be documented in the patient's/resident's treatment record.

§ 866. Quarterly Reports to the Director of Health.

(a) Each local mental health director shall, by the last day of January, April, July, and October, report on the appropriate form to the Patients' Rights Specialist, Department of Health, the number of persons, by facility, whose rights were denied and the specific right or rights denied. Denials of rights in the following types of local facilities must be reported to the local mental health director for inclusion in each quarterly report:

(1) Facilities that treat persons involuntarily detained under the Lanterman–Petris–Short Act;

(2) Local mental health facilities operated directly by or under contract with local mental health services or designated in the county plan to provide such services;

(3) Private mental institutions;

(4) Psychiatric units of general acute care hospitals, acute psychiatric hospitals, and skilled nursing facilities.

(b) The content of the quarterly reports shall enable the State Director of Health and the Patients' Rights Specialist to identify individual treatment records, if necessary, for further analysis and investigation.

(c) Each facility shall note in its report to the local mental health directors that the treatment record of a person denied a specific right is identifiable and can be located for purposes of analysis and investigation by the Department.

(d) State hospitals shall submit quarterly reports on denials of rights directly to the Patients' Rights Specialist, Department of Health, in accordance with Department directive on the patients' rights program in state hospitals, as revised 1975.

§ 867. Access to Denial of Rights Information.

Information in a patient's/resident's treatment record pertaining to a denial of a right shall be available on request to the patient/resident, his attorney/conservator/guardian, the Department of Health, a member of the State Legislature, or a member of a county board of supervisors.

§ 868. Annual Review.

(a) The Patients' Rights Specialist shall, with the assistance of the Patients'/Residents' Advocate, conduct an annual review of the patients' rights program in each local mental health program and regional center.

(b) The Patients' Rights Specialist shall submit a report of the annual review to the local mental health director or the regional center director, as appropriate, with a copy to the Mental Disabilities Services Branch Chief, or the Developmental Disabilities Branch Chief, as appropriate.

Chapter 4.5. Patients' Rights and Related Procedures for Non–Lanterman–Petris–Short Act Patients in Department of Mental Health Facilities

Article 1. General Provisions

§ 880. Application of Chapter.

Chapter 4.5 applies to patients' rights and related procedures for all non–Lanterman–Petris–Short Act (LPS) patients placed in or committed to a treatment program in a Department of Mental Health facility, except when transferred to or placed in a federally certified program.

NOTE: Authority cited: Sections 4005.1 and 4027, Welfare and Institutions Code. Reference: Section 4027, Welfare and Institutions Code.

§ 881. Definitions, Abbreviations and Program Terms.

(a) "Abuse" means physical abuse, neglect, financial abuse, abandonment, isolation, abduction, or other treatment with resulting physical harm or pain or mental suffering. The deprivation by a care custodian of goods or services that are necessary to avoid physical harm or mental suffering.

(b) "Administrative isolation" means the temporary separation of a patient from other patients and the normal living environment for the purpose of protecting possible evidence or maintaining safety and security during a criminal investigation.

(c) "Confidential mail" means letters or documents sent to or received from attorneys, courts or government officials through the mail.

(d) "Confidential telephone calls" means telephone calls that are not monitored or recorded by hospital staff.

(e) "Contraband" means materials, articles, or goods that patients are prohibited from having in their possession because such materials, articles or goods present a risk to safety and security in the facility.

(f) "Department " means the State Department of Mental Health.

(g) "Facility" means a state hospital or other locked inpatient facility operated by the Department, either directly or by contract, for the care and treatment of non–LPS patients.

(h) "Facility director" means the Executive Director or designee in overall charge of the facility.

(i) "Facility monetary replacement system" means the alternate methods used to allow patients to purchase personal items within the facility without using United States currency.

(j) "Interdisciplinary team" means the group of persons from each of the disciplines or service areas that works directly with the patient.

(k) "Medical care" means procedures determined to be medically necessary, and that are not merely cosmetic in nature.

(*l*) "Medical isolation" means the confinement of a patient alone in a room for the purpose of preventing the spread of infectious or contagious diseases that may be a public health concern.

(m) "Mental disorder" means a diagnosed mental disorder listed in the American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision, DSM–IV–TR, 2000.

(n) "Neglect" means the negligent failure of any person having the care or custody of an elder or a dependent adult to exercise that degree of care that a reasonable person in a like position would exercise.

(o) "Non–LPS" means that the placement in or commitment to the facility is pursuant to legal authority other than the Lanterman–Petris–Short (LPS) Act, commencing with Section 5000, of Part 1, Division 5 of the Welfare and Institutions Code).

(p) "Office of Patients' Rights" means the contractor designated in accordance with Section 5510 of the Welfare and Institutions Code. The contractor is delegated the responsibility for providing direct advocacy and investigative services in the state hospitals and technical assistance, training and advice regarding patients' rights to advocates, mental health programs and/or patients.

(q) "Package" means a wrapped or boxed object, a parcel, or a container in which something is packed for storage, mailing, or transporting.

(r) "Patient" means a person placed in or committed to a facility under authority of law for care and treatment.

(s) "Patients' Rights Advocate" means the person in the facility delegated the responsibility for reviewing and attempting to resolve patients' rights complaints and for ensuring that patients' rights of mentally disordered persons in the facility are observed and protected. This individual shall have no direct or indirect clinical or administrative responsibility for the person receiving mental health services.

(t) "Physical restraint" means the direct application of physical force and/or approved restraining devices and methods to an individual, to restrict and/or limit freedom of movement.

(u) "Privacy" means being free from observation by individuals of the opposite sex during medical examinations, personal care, bathing and restroom use, except during emergencies and necessary supervision by staff.

(v) "Protective isolation" means the separation of a patient from other patients and the normal living environment to protect that individual from harm by others.

(w) "Safety" means protection of persons and property from potential danger, risk, injury, harm or damage.

(x) "Security" means the measures necessary to achieve the management and accountability of patients of the facility, staff, and visitors, as well as property of the facility.

(y) "Seclusion" means the involuntary confinement of a person in a locked room or any area where the person is physically prevented from leaving.

(z) "Treatment" means clinical intervention and action that is devised and implemented based on comprehensive assessment of the patient by the interdisciplinary team and that is designed to improve or stabilize a diagnosed mental and/or physical condition.

(aa) "Treatment Plan" means the method developed by the interdisciplinary team to implement treatment for the patient on an ongoing basis. The treatment plan is documented in writing in the patient's medical record, includes specific goals and objectives, identifies a continuum of care, and is reviewed and modified at frequent intervals by the interdisciplinary team.

NOTE: Authority cited: Sections 4005.1 and 4027, Welfare and Institutions Code. Reference: Sections 4005.1 and 4027, Welfare and Institutions Code.

Article 2. Non–LPS Patients' Rights

§ 882. Notification of Rights.

(a) Upon admission to the facility, each non–LPS patient shall be informed of the rights specified in Sections 883 and 884 and given a copy of their rights in the language or modality understood by the patient.

(b) These patients' rights shall also be prominently posted in the predominant languages of the patients in patients' living areas.

NOTE: Authority cited: Sections 4005.1 and 4027, Welfare and Institutions Code. Reference: Sections 4027 and 5600.2(a), Welfare and Institutions Code.

§ 883. Non–LPS Patients' Rights — Non–Deniable.

(a) The patient's parent, guardian, or conservator may not waive the rights listed in this Section unless authority to waive these rights is specifically granted by court order.

(b) Non–LPS Patients have the following rights:

(1) A right to privacy, dignity, respect and humane care.

(2) A right to receive treatment for a diagnosed mental disorder that is provided in a method least restrictive of individual liberty and promotes personal independence.

(3) A right to medical care and treatment for physical ailments and conditions according to accepted clinical standards and practices.

(4) A right to refuse psychosurgery, electroconvulsive therapy, experimental and other hazardous procedures.

(5) A right to be free from harm including abuse or neglect, and unnecessary or excessive medication, restraint, seclusion, or protective or administrative isolation. Medication, restraint, seclusion, or protective or administrative isolation shall not be used as punishment, as retaliation for filing complaints, for the convenience of staff, as a substitute for a treatment program or in quantities that interfere with the patient's treatment.

(6) A right to confidential case discussions, consultation, examination, and patient records. Confidential information shall only be provided to those people providing evaluation and/or treatment or as authorized by law.

(7) A right to be informed of the procedures for filing complaints and the process for appeals when complaints are not resolved to the patient's satisfaction.

(8) A right to access the services of a Patients' Rights Advocate.

(9) A right to confidential communications with an attorney, either through correspondence or through private consultation, during regularly scheduled visiting days and hours.

(10) A right to religious freedom and practice, within the context of the environment of a secure treatment facility.

(11) A right to opportunities for physical exercise and recreational activities.

NOTE: Authority cited: Sections 4005.1 and 4027, Welfare and Institutions Code. Reference: Section 4027, Welfare and Institutions Code.

§ 884. Patients' Rights Subject to Denial for Good Cause.

(a) The patient's parent, guardian, or conservator may not waive the rights listed in this Section unless authority to waive these rights is specifically granted by court order. These rights shall only be denied for good cause in accordance with Subsection (b) of this Section.

(b) Non–LPS Patients have the following rights, subject to denial for good cause:

(1) A right to keep and use personal possessions as space permits, except items and materials that are listed as contraband by the facility. Each facility shall make a copy of the contraband listing available on all treatment units and public areas within the facility. Each patient shall receive a copy of the contraband listing upon admission.

(2) A right to have access to individual secured storage space for personal possessions in accordance with the formal policies and procedures of the facility. Title 19, Section 314 and Title 22, Sections 71543 and 73507 require hospitals and licensees to comply with State Fire Marshall regulations.

(3) A right to keep and spend a sum of the patient's own money via the facility monetary replacement system.

(4) A right to personal visits during regularly scheduled visiting days and hours. The right to have visits shall not be denied except as is necessary for reasonable security of the facility and the safety of persons. The length and frequency of visits and the number of persons permitted to visit a patient at the same time may be limited consistent with safety, security, and to ensure that all patients have a fair opportunity to have visitors.

(5) A right to access telephones to make and receive confidential telephone calls, or to have such calls made for them. Telephone hours, frequency and duration of telephone calls, and method of payment may be limited to ensure access by all patients.

(6) A right to have access to letter writing materials and to mail and receive correspondence. Designated facility employees shall open and inspect all incoming and outgoing mail addressed to and from patients for contraband. Confidential mail, as defined in Section 881(c), shall not be read. Limitations on size, weight and volume of mail shall be specified by formal facility policy.

(7) A right to receive packages. Designated facility employees shall open and inspect all incoming and outgoing packages addressed to and from patients for contraband. Limitations on the size, weight and volume, and frequency/number of packages allowed shall be specified by formal facility policy.

(8) A right to have access to legal reference material. Limitations on the time, duration, frequency, and method of access shall be specified by formal facility policy to ensure opportunity for access by all patients.

(9) A right to participate in appropriate programs of publicly supported education that are consistent with the patient's treatment plan and with the secure treatment facility environment.

(10) A right to social interaction. The formation of supervised patient leisure time activity groups that promote educational, social, cultural and recreational interests of participating patients shall be permitted, except for activities that pose a threat to safety and security.

(c) The rights specified in Subsection (b) of this Section shall be denied only for good cause. Good cause for denying a patient the exercise of a right exists when the facility director determines that:

(1) The exercise of the specific right would be injurious to the patient; or

(2) There is evidence that the specific right, if exercised, would seriously infringe on the rights of others; or

(3) The facility would suffer serious damage if the specific right is not denied, or;

(4) The exercise of the right would compromise the safety and security of the facility and/or the safety of others; and

(5) That there is no less restrictive way of protecting the interests specified in Subsections (c)(1) through (4) of this Section.

(d) The reason for denial of a right under this Section must be related to the specific right denied. A right specified in this Section shall not be withheld or denied as a punitive measure, nor shall a right specified in this Section be considered a privilege to be earned. A denial of a right shall not exceed thirty days without additional staff review. Treatment plans shall not include denial of any right specified in Subsection (b) of this Section.

(e) Each denial of a right specified in this Section shall be noted in the patient's treatment record. Documentation shall take place immediately whenever a right is denied. The notation shall include:

(1) Date and time the right was denied.

(2) Specific right denied.

(3) Good cause for denial of right.

(4) Date of review if denial was extended beyond 30 days.

(5) The facility director's signature authorizing the denial.

(f) The patient shall be told of the content of the notation and the process for restoration at the time of the denial.

(g) Each denial of a right specified in this Section shall be documented regardless of the reason for the denial, or the frequency with which a specific right is denied in a particular facility, or to a particular patient.

(h) A patient's right under this Section shall be restored when the good cause for its denial no longer exists. When a right has been denied, staff shall employ the least restrictive means of managing the behavior that led to the denial. The date that a specific right is restored shall be documented in the patient's treatment record.

(i) Information in the patients' treatment record pertaining to a denial of rights shall be available on request to the patient, their attorney/conservator/guardian, the Department, or excluding the patient identity, a member of the State Legislature.

NOTE: Authority cited: Sections 4005.1 and 4027, Welfare and Institutions Code. Reference: Section 4027, Welfare and Institution Code.

§ 885. Complaint and Appeal Procedure.

Non–LPS patients shall be informed of and provided with a written procedure for filing complaints or appeals alleging violations of any right(s) contained in Sections 883 and 884. The written procedure shall contain the following information:

(a) Notification that any patient who believes a patients' right listed in this Article has been abused, punitively withheld, or unreasonably denied may file a complaint with the Patients' Rights Advocate.

(b) The contact name of the Patients' Rights Advocate assigned to address patients' rights complaints, their telephone number and contact times.

(c) A statement that the Patients' Rights Advocate shall take action to investigate and address patients' rights complaints within two working days.

(d) A statement that if the complainant is not satisfied with the response and/or action taken pursuant to Subsection (c) of this Section, the complainant may, within ten working days, request that the complaint be referred to the facility director for review and response.

(e) A statement that the facility director shall take action to review the patients' rights complaint and issue a response within fifteen working days.

(f) A statement that if the complainant is not satisfied with the response of the facility director, the complainant may, within thirty working days, request that the complaint be referred to the Office of Patients' Rights for review and response.

(g) A statement that if the complainant is not satisfied with the response of the Office of Patients Rights, the complainant may request, within thirty working days, that the complaint be referred to the Director of the Department.

NOTE: Authority cited: Sections 4005.1 and 4027, Welfare and Institutions Code. Reference: Section 4027, Welfare and Institutions Code.

§ 886. Quarterly Reports to the Office of Patients' Rights.

(a) Each facility director shall file quarterly reports with the Office of Patients' Rights, by the last day of January, April, July, and October. These reports shall list the number of patients whose right or rights were denied and the specific right or rights that were denied.

(b) The quarterly reports shall enable the Director of the Department and the Office of Patients' Rights to identify individual treatment records, if necessary, for further analysis and investigation.

NOTE: Authority cited: Sections 4005.1 and 4027, Welfare and Institutions Code. Reference: Section 4027, Welfare and Institutions Code.

Article 3. General Limitations Applicable to Non–LPS Patients.

§ 890. Clothing.

The facility director shall specify the types of clothing that are authorized to be worn by non–LPS patients in the facility.

NOTE: Authority cited: Sections 4005.1 and 4027, Welfare and Institutions Code. Reference: Sections 4027 and 7232, Welfare and Institutions Code.

§ 891. Internet Usage.

Non–LPS patients shall not have access to the Internet.

NOTE: Authority cited: Sections 4005.1 and 4027, Welfare and Institutions Code. Reference: Sections 4005.1 and 4027, Welfare and Institutions Code.

§ 892. Operating Businesses from Within the Facility.

Non–LPS patients shall not operate a business from within the facility. If there is any business activity of a patient or disposition of property owned by a patient that needs to be attended to or to be administered, the patient shall designate a person outside the facility to be responsible for doing so. If necessary, the patient shall execute a power of attorney or other legally authorizing instrument that allows the patient's designee the legal authority to take care of the patient's business or property while the patient is in the facility.

NOTE: Authority cited: Sections 4005.1 and 4027, Welfare and Institutions Code. Reference: Sections 4005.1 and 4027, Welfare and Institutions Code.

Chapter 5. Conduct of Research and Patient Data Information Requirements in Facilities Providing Service Under Divisions 5, 6, or 7 of the Welfare and Institutions Code

Article 1. Application

§ 900. Application of Chapter.

Chapter 5 shall apply to mental health services as provided for in Division 5 (commencing with Section 5000), Division 6 (commencing with Section 6000), and Division 7 (commencing with Section 7000) of the Welfare and Institutions Code, to either voluntary or involuntary patients.

NOTE: Authority cited for Subchapter 5: Sections 4101, 5750, 7003, 7201, Welfare and Institutions Code. Reference: Section 5328(e), Welfare and Institutions Code.

§ 901. Section Headings.

Article 2. Definitions and General Provisions

§ 910. Department.

''Department'' means the State Department of Mental Health.

NOTE: Authority cited: Sections 4012 and 5400, Welfare and Institutions Code. Chapter 1252, Statutes of 1977.

§ 911. Shall and May.

As used in this subchapter, ''shall'' is mandatory and ''may'' is permissive.

§ 912. Facilities.

As used in this subchapter ''facilities'' include every State Hospital, Neuropsychiatric Institute, Local Mental Health Service, private or public establishment and institution providing services under Divisions 5, 6 or 7 of the Welfare and Institutions Code.

Article 3. Research

Article 4. Patient Data Information

NOTE: Authority cited for Article 4: Sections 4011, 5750, 6002, 7003 and 7201, Welfare and Institutions Code.

Chapter 6. Joint Regulations for Handicapped Children—Interagency Responsibilities for Providing Services to Handicapped Children

§ 1000. Joint Regulations for Handicapped Children

CROSS–REFERENCE: See Title 2, Division 9, Articles 1–9, Sections 60000–60610, not consecutive.

Chapter 7. Acute and Nonacute Levels of 24–Hour Mental Health Care Provided by County Mental Health Agencies in Correctional Treatment Centers

§ 1101. Application of Chapter.

This Chapter shall apply to acute and nonacute levels of 24– hour mental health care provided by county mental health agencies in correctional treatment centers in local detention facilities.

NOTE: Authority cited: Sections 1250.1(a)(12) and 1267.10(a). Health and Safety Code. Reference: Sections 1250(i) and 1254, Health and Safety Code.

§ 1102. Definitions.

The following definitions contained in Article 1 (commencing with Section 79501) of Chapter 12 of Division 5 of Title 22 as adopted by the Department of Health Services shall apply to terms used in this chapter; Sections 79509; 79511; 79513; 79516; 79531; 79535; 79537; 79539; 79541; 79543; 79547; 79551; 79559; 79561; 79564; 79565; 79567; 79569; 79571; 79575 and 79577.

NOTE: Authority cited: Sections 1250.1(a)(12) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 1103. Mental Health Treatment Program.

A mental health treatment program shall be organized, staffed, and equipped to provide mental health treatment services for inmate–patients who require 24–hour inpatient care and treatment for acute or nonacute mental health disorders. A mental health treatment program is an optional program within a licensed correctional treatment center and therefore shall be subject to all pertinent rules contained in 22 CCR Sections 79501 through 79861.

NOTE: Authority cited: Sections 1250.1(a)(12) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 1104. Mental Health Treatment Program—General Requirements.

(a) The mental health treatment program shall be only for inmate–patients with a diagnosable mental disorder who require 24–hour mental health care.

(b) Each mental health treatment program shall have a clinical director who shall direct the clinical program, provide general direction to professional and nonprofessional staff and be responsible for the quality of clinical services performed in the facility.

(c) The clinical director of the mental health treatment program in consultation with other mental health staff, shall develop and implement written policies and procedures for the mental health treatment program.

(d) There shall be preadmission patient screening for each inmate–patient completed by the clinical director or his or her designee.

(e) Release of medical records or mental health treatment information concerning any inmate–patient shall be only as authorized under Section 5328 of the Welfare and Institutions Code.

(f) Involuntary mental health treatment, including involuntary medication, shall be provided only as authorized in accordance with Part 1 (commencing with Section 5000) of Division 5 of the Welfare and Institutions Code, unless involuntary treatment is otherwise authorized by law.

NOTE: Authority cited: Sections 1250.1(a)(12) and 2367.10(a), Health and Safety Code. Reference: Sections 1250(i) and 1254, Health and Safety Code.

§ 1105. Mental Health Treatment Program—Admission and Discharge Policies.

(a) Each mental health treatment program shall develop and implement written admission and discharge policies approved by the Governing Body encompassing which staff members authorized by law to diagnose and treat may admit or discharge inmate–patients, the types of diagnoses for which inmate–patients may be admitted, limitations imposed by law or licensure, staffing limitations, preadmission inmate–patient screening, rules governing emergency admission, limitation of services, termination of services, discharge of inmate–patients and other relevant functions.

(b) No inmate–patient may be placed in a mental health treatment program who is not admitted as an inmate–patient by a member of the mental health treatment program staff.

(c) The inmate–patient's condition, provisional diagnosis and a plan for initial treatment shall be determined by admitting staff within 24 hours of admission.

NOTE: Authority cited: Sections 1250.1(a)(12) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 1106. Mental Health Treatment Program—Multidisciplinary Treatment Team.

(a) The multidisciplinary treatment team shall be comprised of those persons who work directly with the inmate–patient in each of the disciplines or service areas that provide service to the inmate–patient, including the clinical director or designee, a psychiatrist, a clinical psychologist, a licensed clinical social worker, a member of the nursing staff and any other staff person who is involved in the treatment and care of the inmate–patient.

(b) The multidisciplinary treatment team shall provide assessment, and any reassessment, of an inmate–patient's individual treatment plan.

NOTE: Authority cited: Sections 1250.1(a)(12) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(i) and 1254, Health and Safety Code.

§ 1107. Mental Health Treatment Program—Individual Treatment Plan.

(a) The individual treatment plan shall:

(1) Be developed in writing by the multidisciplinary treatment team and, where possible, in collaboration with the inmate–patient. The treatment plan shall be developed as soon as possible, but no later than 72 hours following the inmate–patient's admission.

(2) Be based on a comprehensive assessment of the inmate–patient's physical, mental, emotional and social needs.

(3) Be reviewed and updated as often as indicated, but no less often than every seven (7) days, weekends and holidays excepted, for acute mental health inmate–patients and every thirty (30) days for nonacute mental health inmate–patients.

(4) Include, but not be limited to:

(A) A statement of the inmate–patient's physical and mental condition, including all mental health diagnoses.

(B) Prescribed medication, dosage and frequency of administration.

(C) Specific goals of treatment with intervention and actions that identify steps toward improvement or recovery and observable, measurable objectives.

(D) Identification of methods to be utilized, the frequency for conducting each treatment method and the person(s) or discipline(s) responsible for each treatment method.

(E) Documentation of the success or failure in achieving stated objectives.

(F) Evaluation of the factors contributing to the inmate–patient's progress or lack of progress toward recovery and a statement of the multidisciplinary treatment team decision for follow–up action.

(G) An activity plan.

(H) A plan for other services needed by the inmate–patient which are not provided by the mental health treatment program.

(I) Goals for aftercare and a plan for post–discharge follow–up.

(b) The individual treatment plan shall be in writing and be approved by a clinical psychologist, psychiatrist, licensed clinical social worker, licensed marriage, family and child counselor, or a psychiatric mental health nurse designated by the clinical director.

(c) The staff shall observe and note any chances in the inmate–patient's condition and the treatment plan shall be modified in response to the observed changes.

NOTE: Authority cited: Sections 1250.1(a)(12) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 1108. Mental Health Treatment Program—Services.

(a) Psychiatric and psychological services.

(1) Psychiatrists or clinical psychologists, within the scope of their licensure and subject to the rules of the facility, shall be responsible for the initial diagnosis of each inmate–patient.

(2) An inmate–patient shall be evaluated by a psychiatrist as soon as possible but not later than seventy–two (72) hours from the time staff determines that the inmate–patient requires or may require psychotropic medication.

(b) Social work services shall be organized, directed and supervised by a licensed clinical social worker.

(c) Mental health rehabilitation therapy services.

(1) Mental health treatment programs shall provide and conduct organized therapeutic social, recreational and vocational activities in accordance with the interests, abilities and needs of the inmate–patient, and will include the opportunity for exercise.

(2) Mental health rehabilitation therapy services shall be designed by and provided under the direction of a recreational therapist, an occupational therapist, a psychiatrist, a clinical psychologist, a licensed clinical social worker, a licensed marriage, family, and child counselor, or a psychiatric mental health nurse.

(d) Aftercare plan.

(1) A written aftercare plan shall describe those services that should be provided to an inmate–patient following discharge, transfer or release from the mental health program for the purpose of enabling the inmate–patient to maintain stabilization and/or achieve an optimum level of functioning.

(2) Prior to or at the time of discharge, transfer or release from the mental health treatment program, each inmate–patient shall be evaluated concerning the inmate–patient's need for aftercare services. This evaluation shall consider the inmate's potential in–custody housing, proximity to release from incarceration, probable need for community treatment and social services, and need for continued mental health care.

(3) Aftercare plans shall include, but not be limited to, the following:

(A) Arrangement for medication supervision and follow–up care.

(B) Referral to social, vocational or education services, if available and appropriate.

(4) A member of the multidisciplinary treatment team designated by the clinical director shall be responsible for ensuring that the referral of the inmate–patient to the appropriate aftercare service has been completed and documented in the inmate–patient's health record.

(5) Arrangements for necessary community referral, placement, conservatorship or post–discharge care shall be made prior to release from custody.

(6) A copy of the aftercare plan conforming to the requirements of Section 5622 of the Welfare and Institutions Code shall be transmitted to the local director of mental health services or a designee in the county of residence for any inmatepatient referred to community service funded by the Bronzan–McCorquodale Act [Part 2 (commencing with Section 5600) of Division 5 of the Welfare and Institutions Code].

(7) The inmate–patient shall receive a copy of the aftercare plan when referred to community services.

NOTE: Authority cited: Sections 1250.1(a)(12) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 1109. Acute Mental Health Care.

Acute mental health care means that level of voluntary or involuntary 24 hour care that is required to provide ongoing intensive evaluation and treatment by mental health staff to inmate–patients suffering from severe mental disorder. Acute levels of care include, but are not limited to: (1) treatment of acute levels of severe mental disorder or (2) clinical restraint and seclusion. Such inmate–patients are those, who if in the community, would require the services of a licensed health facility providing 24–hour acute mental health care. Such facilities include but are not limited to psychiatric health facilities or acute psychiatric hospitals.

NOTE: Authority cited: Sections 1250.1(a)(12) and 1267.10(a), Health and Safety Code. Reference: Section 1250(j) and 1254, Health and Safety Code.

§ 1110. Nonacute 24–Hour Mental Health Care.

Nonacute 24–hour mental health care means that level of voluntary or involuntary care that is required to provide mental health services to mentally disordered inmate–patients who are not in need of acute mental health care, but who require general mental health evaluation, diagnostic assessment, treatment, nursing and/or related services, on a 24–hour per day basis in order to achieve stabilization and/or an optimal level of functioning. Such inmate–patients are those who, if in the community, would require the services of a licensed health facility providing 24–hour subacute mental health care. Such facilities include, but are not limited to, skilled nursing facilities with special treatment programs. Subacute has the same meaning as nonacute as defined in this section.

NOTE: Authority cited: Sections 1250.1(a)(12) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 1111. Mental Health Treatment Program Staffing—Basic Requirements.

(a) Each mental health treatment program shall have a clinical director who shall be a psychiatrist, clinical psychologist, licensed clinical social worker, licensed marriage, family and child counselor, or a psychiatric mental health nurse operating within his or her scope of licensure. The clinical director shall have at least three years of direct clinical experience with the severely mentally disordered (after the completion of his or her last year of graduate education).

(b) Only that portion of correctional treatment center staff or contracted employee hours spent on the care of patients in the mental health treatment program may be counted as part of the required staffing pattern.

(c) The required minimum staffing ratios shall be calculated based upon the actual census of inmate–patients receiving 24–hour mental health care.

(d) Mental health treatment program nursing services shall be provided under the direction of a registered nurse who shall meet at least the following qualifications:

(1) Master's degree in psychiatric nursing or related field with experience in administration; or

(2) Two years of experience in psychiatric nursing; or

(3) Two years of experience in nursing administration or supervision and one year of experience in psychiatric nursing.

(e) A registered nurse with experience in psychiatric nursing shall be employed forty (40) hours per week.

(f) There shall be a registered nurse, a licensed vocational nurse or a psychiatric technician in the mental health treatment area at all times.

(g) In addition to the minimum staffing required above, the mental health treatment program shall employ professional and other staff on all shifts in the number and with the qualifications to provide all necessary services for those inmate–patients admitted for care.

(h) Clinical psychologists, licensed clinical social workers, and licensed marriage, family and child counselors shall be employed pursuant to the provisions of Section 5751.2 of the Welfare and Institutions Code.

(i) Psychiatric postgraduate trainees, interns, residents, postdoctoral fellows or instructors may practice psychiatric medicine under the provisions of Section 2065 of the Business and Professions Code.

NOTE: Authority cited: Sections 1250.1(a)(12) and 1267.10(a), Health and Safety Code; and Section 5751.2, Welfare and Institutions Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 1112. Mental Health Treatment Program Staffing—Acute Care Requirements.

Mental health treatment programs that provide acute 24–hour mental health care shall meet the following dedicated full–time equivalent staff to census ratios for only acute inmate–patients in any 24–hour period. These are minimum requirements of the total numbers of persons to staff all shifts in any 24–hour period. Staff required by earlier sections of this chapter for the disciplines listed in this section may be counted toward meeting the staffing pattern required in this section for that portion of their time that is spent in caring for acute patients. The above staffing requirements in this section for registered nurse, licensed vocational nurse, or psychiatric technician are to be followed instead of the requirement of 2.5 nursing hours per patient day required for other correctional treatment center inmate–patients. That portion of the time of a psychiatric mental health nurse that is counted toward one category of the staffing requirements shall not be counted towards another category of the staffing requirements. Unlicensed custody staff, to the degree they do work that would otherwise be done by mental health workers and who meet the qualifications of mental health workers, as defined in Title 22, Section 79547, may be counted toward the mental health worker requirement. The following chart specifies acute care staffing requirements in relation to the acute mental health care inmate–patient census.

Acute Mental Health Care Census:	1–5	6–10	11–20	21–30	31–40	41–50	51–60	61–70	71–80	81–90	91–100
Staff: Psychiatrist or Clinical Psychologist or Licensed Clinical Social Worker or Licensed Marriage, Family and Child Counselor, or Psychiatric Mental Health Nurse	.5	1	2	3	4	5	6	7	8	9	10
Registered Nurse or Licensed Vocational Nurse or Psychiatric Technician	3	4	5	6	8	10	12	14	16	18	20
Mental Health Worker	1.5	3	5	8	10	13	15	18	20	23	25
TOTALS	5	8	12	17	22	28	33	39	44	50	55

NOTE: Authority cited: Sections 1250.1(a)(12) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 1113. Mental Health Treatment Program Staffing—Nonacute Care Requirements.

Nonacute 24–hour mental health care may be provided by any correctional treatment center meeting the basic staffing requirements specified in 22 CCR Section 79631, Nursing Service– Staff Required Services, including the requirements for 2.5 nursing hours per patient day, and by the Mental Health Treatment Program Staffing—Basic Requirements, set forth in Section 791.

NOTE: Authority cited: Sections 1250.1(a)(12) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 1114. Mental Health Treatment Program—Space.

Space shall be provided for the conduct of the mental health treatment program and shall include:

(1) A consultation room for interviewing.

(2) An observation room for acutely disturbed inmate–patients.

(3) Indoor or outdoor facilities for therapeutic activities.

NOTE: Authority cited: Sections 1250.1(a)(12) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 1115. Clinical Restraint, Treatment Restraint, and Clinical Seclusion.

(a) Written policies and procedures concerning the use of clinical restraint, treatment restraint, and clinical seclusion shall be developed and approved by the correctional treatment center administration.

(b) Clinical restraint and clinical seclusion shall be based on a written or verbal order of a psychiatrist or clinical psychologist. Clinical restraint shall additionally require a physician's or physician's assistant's, or nurse practitioner's written or verbal approval operating under the supervision of a physician. The order shall include the reason for restraint or seclusion and the types of restraints. Under emergency circumstances, clinical restraint or clinical seclusion may be applied and then an approval and/or an order shall be obtained as soon as possible, but at least within one hour of application. Emergency circumstances exist when there is a sudden marked change in the inmate–patient's condition so that action is immediately necessary for the preservation of life or the prevention

of serious bodily harm to the inmate–patient or others, and it is impractical to first obtain an order and approval. Telephone orders and approvals for clinical restraint and clinical seclusion shall be received only by licensed medical and mental health care staff, shall be recorded immediately in the inmate–patient's health record, and shall be signed within twenty–four (24) hours.

(c) A physician shall complete a medical assessment of an inmate–patient at the earliest opportunity but not later than twenty four (24) hours after the inmate–patient has been placed in a clinical restraint or clinical seclusion.

(d) Clinical restraint, treatment restraint and clinical seclusion shall only be used as a measure to prevent injury to self or others. Clinical restraint, treatment restraint and clinical seclusion shall only be used when less restrictive alternative methods are not sufficient to protect the inmate–patient or others from injury, and shall not be used as punishment or as a substitute for more effective programming or for the convenience of the staff. Removing an inmate–patient from an activity or area to another unlocked area for a period of time as a way to use separation as a behavioral modification technique shall not be considered clinical seclusion.

(e) Each order for clinical restraint and clinical seclusion shall be in force no longer than twenty–four (24) hours.

(f) There shall be no PRN orders (as needed orders) for clinical restraint and clinical seclusion.

(g) An inmate–patient placed in a clinical restraint shall be physically checked at least every fifteen (15) minutes by nursing staff to assure that the restraints remain properly applied, that circulation is not impaired, that the inmate–patient is not in danger of harming himself or herself, and that other medical problems are not present. Fluids and nourishment shall be provided every two (2) hours, except during sleep. An opportunity to use a toilet or, when necessary, an alternative shall be provided every two hours, except during sleep. An inmate–patient placed in clinical seclusion shall be checked by nursing staff at least every fifteen (15) minutes. Routine range of motion exercises shall be done with clinically restrained inmate–patients for at least ten (10) minutes every two hours. A written record shall be kept of these checks and exercises, and maintained in the individual inmate–patient health record.

(h) The inmate–patient's health record shall include written justification for the application of clinical restraints, note the times of application and removal of clinical restraints and document the inmate–patient's status, the judgment of a physician or clinical psychologist on the necessity of continuing the order, and the approval of a physician on the medical safety of the continuation of restraints at a minimum of once every twenty–four (24) hours.

(i) Clinical and treatment restraints shall be used in such a way as to minimize the risk of physical injury to the inmate–patient and to ensure the least possible discomfort. The minimum necessary force shall be used. Belts and cuffs shall be well padded.

(j) Clinical restraints shall be placed on inmate–patients only in an area that is under direct observation of staff. Such inmate–patients shall be afforded protection from other inmate–patients who may also be in the area.

NOTE: Authority cited: Sections 1250.1(a)(12) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code; and Section 5325, Welfare and Institutions Code.

Chapter 8. Recovery Houses

NOTE: Authority cited: Sections 11217, Health and Safety Code and Sections 4351–4355 and 4360, Welfare and Institutions Code. Reference: Section 11217, Health and Safety Code, and Sections 4350–4370.5, Welfare and Institutions Code.

Chapter 9. Audit Appeals of Community Mental Health Services Under the Short–Doyle Act

Article 1. Definitions

§ 1550. Policy.

Upon conclusion of any audit or examination by or on behalf of the Department of Mental Health or its predecessors, of records or reports of a Local Mental Health Service as defined in subchapter 3, efforts will be made to resolve and reconcile all differences with the Local Mental Health Service. When such differences cannot be resolved, the audit or examination findings shall not be final except as set forth in this article.

NOTE: Authority cited: Sections 5400 and 5750, Welfare and Institutions Code. Reference: Sections 5700.1 and 5712, Welfare and Institutions Code.

§ 1551. Definitions.

The following definitions shall govern the construction of sections 1550 through 1590.

(a) Act. ''Act'' means part 2 of division 5 of the Welfare and Institutions Code, known as the Short–Doyle Act.

(b) Director. ''Director'' means the Director of the Department of Mental Health unless otherwise specified.

(c) Local Director. ''Local Director'' means the administrator or director of the Local Mental Health Service appointed by the governing body.

(d) Department. ''Department'' means the State Department of Mental Health.

(e) May, Shall, and Should. ''May'' is permissive. ''Shall'' is mandatory. ''Should'' means suggested or recommended.

(f) Date of Receipt. The ''Date of Receipt'' shall be the date of signed certified mail receipt. A mailing by the Department shall be properly addressed if addressed to the last address of record with the Department.

(g) Location. The ''location'' of informal conferences and hearings shall be:

The County of San Francisco for Local Mental Health Service in the 1st Appellate District which includes the following counties:

Alameda	Lake	Napa	Santa Clara
Contra Costa	Marin	San Benito	Santa Cruz
Del Norte	Mendocino	San Francisco	Solano
Humboldt	Monterey	San Mateo	Sonoma

The County of Los Angeles for Local Mental Health Service in the 2nd or 4th Appellate District which includes the following counties:

2nd Appellate District			
Los Angeles	San Luis Obispo	Santa Barbara	Ventura
4th Appellate District			
Orange	Inyo	San Bernardino	San Diego
	Riverside	Imperial	

The County of Sacramento for Local Mental Health Service in the 3rd or 5th Appellate District which includes the following counties:

3rd Appellate District			
Alpine	Glenn	Plumas	Sutter
Amador	Lassen	Sacramento	Tehama
Butte	Modoc	San Joaquin	Trinity
Calaveras	Mono	Shasta	Yolo
Colusa	Nevada	Sierra	Yuba
El Dorado	Placer	Siskiyou	
5th Appellate District			
Fresno	Kings	Mariposa	Stanislaus
Kern	Madera	Merced	Tulare
			Tuolumne

Notwithstanding the above, the parties by mutual agreement may select any place within the State.

NOTE: Authority cited: Sections 5400 and 5750, Welfare and Institutions Code. Reference: Sections 5700.1 and 5712, Welfare and Institutions Code.

Article 2. Informal Conference

§ 1555. Time for Filing Request.

If a Local Mental Health Service disputes any audit or examination findings, the Local Mental Health Service may file a request within sixty (60) days of the date of receipt of the written notice of the audit or examination findings that the Department of Mental Health conduct an informal conference. This request may be amended at any time during this sixty (60)–day period. A request shall be deemed filed on the date it is delivered or mailed to the Director. If no such request is made, the audit or examination findings shall then be final.

NOTE: Authority cited: Sections 5400 and 5750, Welfare and Institutions Code. Reference: Sections 5700.1 and 5712, Welfare and Institutions Code.

§ 1556. Contents of Request.

The request shall be in writing and shall be known as the ''Statement of Disputed Issues''. It need not be formal, but it shall be specific as to the issues which are in dispute, and it shall set forth the Local Mental Health Service's contentions as to those issues.

NOTE: Authority cited: Sections 5400 and 5750, Welfare and Institutions Code. Reference: Sections 5700.1 and 5712, Welfare and Institutions Code.

§ 1557. Informal Conference.

The Department shall schedule an informal conference within thirty (30) calendar days and shall conduct the informal conference within two–hundred ten (210) calendar days following receipt of the request therefor. The informal conference shall be held at the locations defined in section

1551. Notice of the time and place of the informal conference shall be given in writing by the Department to the Local Mental Health Service at least fifteen (15) calendar days in advance of the conference. The results of the informal conference shall, within forty–five (45) calendar days from the close of the conference, be mailed to the Local Mental Health Service in the form of a written letter of findings. The time limits in this section may be extended by mutual agreement of the Local Mental Health Service and the Department.

NOTE: Authority cited: Sections 5400 and 5750, Welfare and Institutions Code. Reference: Sections 5700.1 and 5712, Welfare and Institutions Code.

Article 3. Filing of Appeal

§ 1560. Audit Appeal Hearing.

If upon receipt of the written letter of findings the Local Mental Health Service continues to dispute any matter which was in issue at the informal conference, the Local Mental Health Service may appeal to the Director for a hearing conducted by a hearing officer designated by the Director.

NOTE: Authority cited: Sections 5400 and 5750, Welfare and Institutions Code. Reference: Sections 5700.1 and 5712, Welfare and Institutions Code.

§ 1561. Time for Filing Appeal.

The Local Mental Health Service shall have thirty (30) calendar days following the date of receipt of the letter of findings within which to file an appeal with the Director. An appeal shall be deemed filed on the date it is delivered or mailed to the Director. The time limits in this section may be extended by mutual agreement of the Local Mental Health Director and the Department.

NOTE: Authority cited: Sections 5400 and 5750, Welfare and Institutions Code. Reference: Sections 5700.1 and 5712, Welfare and Institutions Code.

§ 1562. Denial of Late Appeal.

If an appeal under section 1561 is filed after the time permitted herein, a decision shall be issued denying the appeal unless the Local Mental Health Service shows good cause for the late filing. The determination of what constitutes good cause is solely within the discretion of the Director.

NOTE: Authority cited: Sections 5400 and 5750, Welfare and Institutions Code. Reference: Section 5700.1 and 5712, Welfare and Institutions Code.

§ 1563. Form of Appeal.

An appeal shall be in writing, signed by the Local Director or his or her authorized agent, and shall state the address of the Local Mental Health Service and of the agent, if any. An original and a copy of the appeal shall be submitted. The designation of an agent must be in writing by the Local Mental Health Director.

NOTE: Authority cited: Sections 5400 and 5750, Welfare and Institutions Code. Reference: Sections 5700.1 and 5712, Welfare and Institutions Code.

§ 1564. Contents of Appeal.

An appeal need not be formal, but it shall be specific as to the issues which continue to be in dispute and shall set forth the Local Mental Health Service's contentions as to those issues. If an appeal fails to state the specific grounds upon which it is based, the Local Mental Health Director or authorized agent shall be notified that it does not comply with the requirement of this section. Within fifteen (15) calendar days after the date that such notice is received, an amended appeal may be filed. If, within the time permitted, the Local Mental Health Director or the authorized agent fails to amend the appeal, the appeal shall be dismissed.

NOTE: Authority cited: Sections 5400 and 5750, Welfare and Institutions Code. Reference: Sections 5700.1 and 5712, Welfare and Institutions Code.

Article 4. Formal Appeal Hearing

§ 1565. Disqualification of Hearing Officer.

A hearing officer shall voluntarily disqualify himself or herself and withdraw from any proceedings in which he or she has an interest. A party may request the disqualification of a hearing officer by filing an affidavit stating in detail the grounds upon which it is claimed that a fair and impartial hearing cannot be given, or that the hearing officer has an interest in the proceedings. The hearing officer shall immediately present the affidavit to the Director who will initiate an investigation into the allegations and shall advise the complaining party, in writing, of his or her decision. A copy of this decision shall be mailed to the other parties.

If the Director is able to conveniently reassign the case to another hearing officer, no investigation shall be required.

NOTE: Authority cited: Sections 5400 and 5750, Welfare and Institutions Code. Reference: Sections 5700.1 and 5712, Welfare and Institutions Code.

§ 1566. Joinder of Successive Appeals.

If, at the time any appeal is filed, one or more prior appeals by the same Local Mental Health Service involving the same or similar issues have not been heard by a hearing officer, such prior appeals may be combined with the last appeals filed and the hearing officer may issue a single decision.

If this procedure is undertaken, notice must first be given to the other party or parties involved and agreement must be mutual and in writing.

NOTE: Authority cited: Sections 5400 and 5750, Welfare and Institutions Code. Reference: Sections 5700.1 and 5712, Welfare and Institutions Code.

§ 1567. Scheduling of Hearings.

(a) Hearings shall be scheduled within thirty (30) calendar days from receipt of the appeal request under section 1561 and shall be set for a reasonable time thereafter, at such locations defined in section 1551.

(b) Written notice of the time and place of the hearing on an appeal shall be mailed to each party by the hearing officer at least fifteen (15) calendar days before the date of the hearing. The notice period may be shortened with the consent of all parties.

NOTE: Authority cited: Sections 5400 and 5750, Welfare and Institutions Code. Reference: Sections 5700.1 and 5712, Welfare and Institutions Code.

§ 1568. Witnesses and Subpoenas.

(a) A party shall arrange for his or her witnesses to be present at the hearing.

(b) A subpoena may be issued by a hearing officer on his or her own motion.

(c) A subpoena to compel the attendance of a witness may be issued by a hearing officer upon written request made by a party and a showing of the need therefor.

(d) An application for a subpoena duces tecum ordering a witness to produce books, papers, correspondence, memoranda, or other records shall be made by affidavit to a hearing officer. The application should contain:

(1) the name and address of the person or entity upon whom the subpoena is to be served,

(2) a description of the documents, paper, books, accounts, letters, photographs, objects, or other tangible things which are not privileged and which should be produced,

(3) a showing of the materiality of these items to the issue(s) involved in the proceedings, and

(4) a statement indicating that, to the best of applicant's knowledge, the witness has such items in his or her possession or under his or her control.

(e) Each party shall arrange for the service of all subpoenas issued to him or her. A copy of the affidavit for the subpoena duces tecum shall be served with the subpoena.

(f) With the exception of employees of the Department, witnesses who are subpoenaed for any hearing are entitled to the fees and mileage reimbursements set forth in section 68093 of the Government Code. A written request must be filed with the hearing officer not later than ten (10) calendar days after the date on which the witness appeared at the hearing. If a request is not filed within ten (10) calendar days, no fees or mileage reimbursement shall be allowed.

NOTE: Authority cited: Sections 5400 and 5750, Welfare and Institutions Code. Reference: Sections 5700.1 and 5712, Welfare and Institutions Code.

§ 1569. Consolidation of Proceedings.

Any number of proceedings may be consolidated for hearing or decision when the facts and circumstances are similar and no substantial right of any party will be prejudiced.

NOTE: Authority cited: Sections 5400 and 5750, Welfare and Institutions Code. Reference: Sections 5700.1 and 5712, Welfare and Institutions Code.

§ 1570. Severance of Issues.

The hearing officer may, upon the motion of any party, or upon his or her own motion, proceed to the hearing of any issue or issues where it is found that the decision of that issue or issues could abate further proceedings on the appeal.

(a) An interlocutory decision on that separately heard issue may be prepared by the hearing officer and adopted by the Director as his or her final decision on the specified issue.

(b) The hearing on any remaining issues presented by the Local Mental Health Service's appeal may be postponed until this interlocutory decision has been issued.

NOTE: Authority cited: Sections 5400 and 5750, Welfare and Institutions Code. Reference: Sections 5700.1 and 5712, Welfare and Institutions Code.

§ 1571. Preparation for Hearing.

A party appearing at a hearing before a hearing officer shall have his or her evidence prepared and witnesses present and be ready to proceed. The hearing officer, if he or she deems it necessary for a party's preparation or hearing may, on reasonable notice, require either or both parties to submit a written statement of their contentions and the reasons therefor. A copy of such written statement shall be provided to all parties.

NOTE: Authority cited: Sections 5400 and 5750, Welfare and Institutions Code. Reference: Sections 5700.1 and 5712, Welfare and Institutions Code.

§ 1572. Conduct of Hearing.

(a) Testimony shall be taken only by oath or affirmation and under penalty of perjury.

(b) Each party shall have the right to call and examine parties and witnesses, to introduce exhibits, to question opposing witnesses and parties on any matter relevant to the issue even though the matter was not covered in the direct examination, to impeach any witness regardless of which party first called that witness to testify, and to rebut evidence.

(c) Any relevant evidence shall be admitted if it is the type of evidence on which responsible persons are accustomed to rely in the conduct of serious affairs, regardless of the existence of any common law or statutory rule which might make the admission of such evidence improper, over objection, in civil or criminal actions.

(d) A hearing officer may order the taking of interrogatories and depositions, and assess the expense to the requesting party when the hearing officer deems it proper.

(e) A hearing officer may question any party or witness and may admit any relevant and material evidence.

(f) The hearing officer shall control the taking of evidence in a manner best suited to ascertain the facts and safeguard the rights of the parties. Prior to taking evidence, the hearing officer shall explain the issues and the order in which evidence will be received.

(g) A party has the burden of proving whatever facts it must establish to sustain its position.

(h) The burden of producing evidence as to a particular fact is on the party against whom a finding on that fact would be required in the absence of further evidence.

NOTE: Authority cited: Sections 5400 and 5750, Welfare and Institutions Code. Reference: Sections 5700.1 and 5712, Welfare and Institutions Code.

§ 1573. Official and Judicial Notice.

(a) The hearing officer shall take official notice of those matters which must be judicially noticed by a court under section 451 of the Evidence Code. The hearing officer may take official notice of those matters set forth in section 452 of the Evidence Code.

(b) Each party shall be given reasonable opportunity to present information relevant to the propriety of taking official notice, and the matters to be noticed.

NOTE: Authority cited: Sections 5400 and 5750, Welfare and Institutions Code. Reference: Sections 5700.1 and 5712, Welfare and Institutions Code.

§ 1574. Department Records.

(a) A hearing officer may order the production or inspection of any records in the possession of the Department when necessary to decide the issues in any proceeding before a hearing officer or to assist a party in preparing for the proceedings.

(b) A request by a party for an order to produce or inspect Department records shall be in writing and shall state clearly the information desired, the records desired to be produced or inspected, and the reason(s) therefor.

NOTE: Authority cited: Sections 5400 and 5750, Welfare and Institutions Code. Reference: Sections 5700.1 and 5712, Welfare and Institutions Code.

§ 1575. Continuance of Hearings; Further Hearing.

A hearing officer may continue a hearing to another time or place on his or her own motion or, upon a showing of good cause, at the request of any party. Written notice of the time and place of the continued hearing, except as provided in this section, shall be in accordance with requirements set forth in other parts of this subchapter. When a continuance is ordered during a hearing, oral

notice of the time and place of the continued hearing may be given to each party present at the hearing. Notice thereof shall be given in accordance with this subchapter.

NOTE: Authority cited: Sections 5400 and 5750, Welfare and Institutions Code. Reference: Sections 5700.1 and 5712, Welfare and Institutions Code.

§ 1576. Continuance for Additional Evidence.

If, after a hearing has begun, the hearing officer determines that additional evidence is necessary to decide the case, the hearing officer may:

(a) Continue the hearing to a later date and order either party to produce additional evidence, or

(b) Close the hearing and hold the record open in order to permit the introduction of additional documentary evidence. Any material submitted after the close of the hearing shall be made available to both parties and each party shall have the opportunity for rebuttal. The hearing officer may order a further hearing if the nature of the additional evidence or the refutation thereof makes a further hearing desirable.

NOTE: Authority cited: Sections 5400 and 5750, Welfare and Institutions Code. Reference: Sections 5700.1 and 5712, Welfare and Institutions Code.

§ 1577. Representation at a Hearing.

A hearing officer may refuse to allow any person to represent a party in any hearing when such person engages in unethical, disruptive, or contemptuous conduct, or intentionally fails to comply with the proper instructions or orders of the hearing officer or the provisions of this subchapter.

NOTE: Authority cited: Sections 5400 and 5750, Welfare and Institutions Code. Reference: Sections 5700.1 and 5712, Welfare and Institutions Code.

§ 1578. Oral Argument and Briefs.

At the request of any party made prior to the close of the hearings, the hearing officer may grant oral argument. If written argument is requested, it may be granted and parties shall be advised as to the time and manner within which such argument is to be filed. The hearing officer may, at his or her own discretion, require any party to submit written memoranda pertaining to any or all issues raised in the hearing.

NOTE: Authority cited: Sections 5400 and 5750, Welfare and Institutions Code. Reference: Sections 5700.1 and 5712, Welfare and Institutions Code.

§ 1579. Decision.

(a) At the conclusion of the hearing or rehearing pursuant to this section, the hearing officer shall take the matter under submission and within forty–five (45) calendar days thereafter submit to the Director a proposed decision that may be adopted as the final decision of the Director provided, however, that the proposed decision in any dispute involving services provided under part 2 of division 5 of the Welfare and Institutions Code shall be first submitted to the Director of Health Services, who, no later than ten (10) days after receipt, shall forward the proposed decision with his or her written comments, if any, to the Director. The proposed decision shall be in writing and shall contain findings of fact, a determination of the issues presented, and an order. The Director may adopt the proposed decision without reading or hearing the record, or he or she may reject the proposed decision and have a decision prepared based upon the record, or he or she may remand the matter to the hearing officer for a rehearing to take additional evidence.

(b) The Director shall, within twenty (20) calendar days of the receipt of the proposed decision, take action as set forth in subsection (a) of this section. The decision shall be final upon adoption by the Director. Copies of the decision of the Director shall be mailed to the Local Mental Health Service and any representative thereof.

(c) A decision shall be issued dismissing the appeal if a Local Mental Health Director or the authorized agent fails to appear at a hearing. A copy of the decision shall be mailed to each party together with a statement of the Local Mental Health Service's right to reopen the appeal.

(d) Any decision dismissing an appeal may be rescinded if the Local Mental Health Director makes an application in writing within ten (10) calendar days after personal service, or the date of receipt of such decision, showing good cause for the failure to appear at the hearing. Lack of good cause will be presumed when a continuance of the hearing was not requested promptly upon discovery of the reasons for failure to appear at the hearing.

(e) The parties shall be notified in writing of an order granting or denying any application to rescind a dismissal.

NOTE: Authority cited: Sections 5400 and 5750, Welfare and Institutions Code. Reference: Sections 5700.1 and 5712, Welfare and Institutions Code.

Article 5. Recovery of Overpayments

§ 1585. Recovery of Overpayments to Local Mental Health Service.

(a) Any overpayment to a Local Mental Health Service determined by audit or examination to be due and payable shall be liquidated by the Department by offset against current payments due to the Local Mental Health Service.

(b) Notwithstanding subsection (a) the Department and the Local Mental Health Service may execute an agreement which provides an alternate repayment schedule.

(c) This section shall not be construed to preclude the Department from utilizing any other method of recovery available by law, as deemed appropriate by the Director.

NOTE: Authority cited: Sections 5400 and 5750, Welfare and Institutions Code. Reference: Sections 5700.1 and 5712, Welfare and Institutions Code.

§ 1586. Time of Recovery.

The Department shall begin recovery of an overpayment, as set forth in section 1585, sixty–one (61) calendar days after notice of the audit findings, unless:

(1) The Local Mental Health Service files a timely request for an informal conference, in which case recovery will take place thirty–six (36) calendar days from the date of mailing of a letter of findings, or

(2) The Local Mental Health Service files a timely appeal, in which case recovery will take place fifteen (15) calendar days from the date of mailing of the decision of the Director.

NOTE: Authority cited: Sections 5400 and 5750, Welfare and Institutions Code. Reference: Sections 5700.1 and 5712, Welfare and Institutions Code.

Article 6. Payments

§ 1590. Underpayments.

In the event of an underpayment to a Local Mental Health Service due to a denied appeal which is subsequently overturned, the Department shall be responsible for the prompt filing of all required claims with the State Board of Control to obtain the necessary appropriation and approval to make payment.

NOTE: Authority cited: Sections 5400 and 5750, Welfare and Institutions Code. Reference: Sections 5700.1 and 5712, Welfare and Institutions Code.

Chapter 10. Medi–Cal Psychiatric Inpatient Hospital Services

Article 1. Definitions, Abbreviations and Program Terms

§ 1700. Acute Psychiatric Inpatient Hospital Services.

"Acute Psychiatric Inpatient Hospital Services" means medically necessary services received in a psychiatric inpatient hospital by a beneficiary while not on administrative day services.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777 and 14684, Welfare and Institutions Code.

§ 1701. Administrative Day Service.

"Administrative Day Services" means services authorized by a Mental Health Plan's Point of Authorization or a Short–Doyle/Medi–Cal provider's Utilization Review Committee that is acting as a Point of Authorization, for a beneficiary residing in a psychiatric inpatient hospital when, due to a lack of residential placement options at appropriate, non–acute treatment facilities as identified by the Mental Health Plan, the beneficiary's stay at the psychiatric inpatient hospital must be continued beyond the beneficiary's need for acute psychiatric inpatient hospital services.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777 and 14684, Welfare and Institutions Code.

§ 1702. Beneficiary.

"Beneficiary" means any person certified as eligible under the Medi–Cal Program according to Section 51001, Title 22, California Code of Regulations.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777 and 14684, Welfare and Institutions Code.

§ 1703. Contract Hospital.

"Contract Hospital" means a provider of psychiatric inpatient hospital services which is certified by the Department of Health Services to provide Medi–Cal services, and which has a contract with a specific Mental Health Plan to provide psychiatric inpatient hospital services to beneficiaries.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1704. Culturally Competent Services.

"Culturally Competent Services" means a set of congruent behaviors, attitudes and policies in a system or agency to enable effective service provision in cross–cultural settings. These behaviors, attitudes and policies shall be designed to foster a climate that will provide services which recognize and are sensitive to cultural diversity.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1705. Department.

"Department" means the State Department of Mental Health.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5775, 5777, 5778, 14680 and 14684, Welfare and Institutions Code.

§ 1706. Disproportionate Share Hospital (DSH).

"Disproportionate Share Hospital (DSH)" means a provider as defined in Section 1923(b)(1) of the Social Security Act, 42 USC 1396 r–4.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 14680, Welfare and Institutions Code.

§ 1707. Fee–for–Service/Medi–Cal Provider.

"Fee–for–Service/Medi–Cal Provider" means a provider who submits reimbursement claims for Medi–Cal psychiatric inpatient hospital services through the fiscal intermediary.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 14680 and 14684, Welfare and Institutions Code.

§ 1708. Fiscal Intermediary.

"Fiscal Intermediary" means the entity which has contracted with the Department of Health Services to perform services for the Medi–Cal Program pursuant to Section 14104.3 of the Welfare and Institutions Code.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778, 14104.3 and 14684, Welfare and Institutions Code.

§ 1709. Hospital.

"Hospital" means an institution, including a psychiatric health facility, that meets the requirements of Section 51207, Title 22, California Code of Regulations.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1710. Hospital–Based Ancillary Services.

"Hospital–Based Ancillary Services" means services, which include but are not limited to electroconvulsive therapy (ECT) and magnetic resonance imaging (MRI), that are received by a beneficiary admitted to a psychiatric inpatient hospital, other than routine services.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777 and 14684, Welfare and Institutions Code.

§ 1711. Implementation Plan for Psychiatric Inpatient Hospital Services.

Implementation Plan for Psychiatric Inpatient Hospital Services" means a written description submitted to the Department by the Mental Health Plan and approved by the Department which specifies the procedures which will be used by a prospective Mental Health Plan to provide psychiatric hospital services as described in this chapter.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5778, 5779 and 14684, Welfare and Institutions Code.

§ 1712. Medi–Cal Managed Care Plan.

"Medi–Cal Managed Care Plan" means an entity contracting with the Department of Health Services to provide services to beneficiaries under Chapter 7, commencing with Section 14000 or Chapter 8, commencing with Section 14200 of Division 9, Part 3 of the Welfare and Institutions Code.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1713. Mental Health Plan.

"Mental Health Plan" (MHP) means an entity which enters into an agreement with the Department to contract, arrange and/or provide psychiatric inpatient hospital services for beneficiaries. An MHP may be a county, counties acting jointly or another governmental or nongovernmental entity.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5775, 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1714. Mental Health Plan (MHP) of Beneficiary.

"MHP of beneficiary" means the MHP responsible for authorizing and paying the required matching funds for psychiatric inpatient hospital services for beneficiaries. The responsible MHP shall be determined by the beneficiary's county of residence code as listed in the Medi–Cal Eligibility Data System (MEDS) file.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1715. MHP Payment Authorization.

"MHP Payment Authorization" means the initial process in which reimbursement for services provided by a psychiatric inpatient hospital to a beneficiary is authorized in writing by the MHP. In addition to the MHP payment authorization, the claim must meet all other Medi–Cal requirements prior to payment.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1716. Non–contract Hospital.

"Non–contract Hospital" means a provider of psychiatric inpatient

hospital services which is certified by the Department of Health Services to provide Medi–Cal services but which does not have a contract with a specific MHP to provide psychiatric inpatient hospital services to beneficiaries.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5775, 5777 and 14684, Welfare and Institutions Code.

§ 1717. Point of Authorization.

"Point of Authorization" means the function within the MHP that is required to receive provider communications twenty–four hours a day, seven days a week regarding requests for MHP payment authorization of psychiatric inpatient hospital services for beneficiaries and authorizes payment for those services. This function may be assigned to a person, an identified staffing unit, a committee, or an organizational executive who may delegate the authorization functions.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1718. Provider.

"Provider" means a hospital, certified by the Department of Health Services to be a Medi–Cal provider, whether a Fee–for–Service/Medi–Cal or a Short–Doyle/Medi–Cal provider, which provides psychiatric inpatient hospital services to beneficiaries.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5775, 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1719. Psychiatric Inpatient Hospital Services.

"Psychiatric Inpatient Hospital Services" means both acute psychiatric inpatient hospital services and administrative day services provided in a general acute psychiatric inpatient hospital, or a free–standing psychiatric hospital which are certified by Department of Health Services to be Medi–Cal providers or a psychiatric health facility that is licensed by the Department and certified by the Department of Health Services as a Medi–Cal provider of hospital services. A free–standing psychiatric hospital or psychiatric health facility that is larger than sixteen (16) beds may only be reimbursed for beneficiaries 65 years of age and over and for persons under 21 years of age, except if the patient was receiving such services prior to his/her twenty–first birthday. If he/she continues without interruption to require and receive such services, the eligibility for services continues to the date he/she no longer requires such services, or if earlier, his/her twenty–second birthday. These restrictions regarding services in free standing psychiatric hospitals and psychiatric health facilities shall cease to have effect if federal law changes and reimbursement are subsequently approved.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5778, 14680 and 14684, Welfare and Institutions Code.

§ 1720. Receipt or Date of Receipt.

"Receipt" means the receipt or date of receipt of a Treatment Authorization Request or other document. The date of receipt shall be as indicated by a time stamp or fax time and date recorded on that document. In the absence of a date/time stamp made by the receiver, the postmark date shall be used as the date of receipt.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1721. Routine Services.

"Routine Services" means bed, board and all medical, nursing and other support services usually provided to an inpatient by a psychiatric inpatient hospital. Routine services do not include hospital–based ancillary services or physician or psychologist services.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1722. Short–Doyle/Medi–Cal Provider.

"Short–Doyle/Medi–Cal Provider" means a provider that submits claims for Medi–Cal psychiatric inpatient hospital services through the Department to the Department of Health Services and not to the fiscal intermediary.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1723. Submit or Date of Submission.

"Submit" or "date of submission" means to transmit a document by mail, fax, or hand delivery. The date of submission shall be as indicated by the postmark date, fax date, or the date of hand delivery as shown by a time stamp on the document. In the absence of a date/time stamp by the receiver, the postmark date shall be used as the date of submission.

§ 1724. Traditional Hospital Provider.

"Traditional Hospital Provider" means a provider that, according to the latest historical Medi–Cal payment data collected by the Department of Health Services, provides services to beneficiaries of an MHP that account for five (5) percent or twenty thousand dollars ($20,000), whichever is more, of the total fiscal year Medi–Cal psychiatric inpatient hospital service payments made for beneficiaries of an MHP.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778, 14680 and 14684, Welfare and Institutions Code.

Article 2. Administration

§ 1725. Applicability of Laws and Regulations.

(a) Each MHP shall comply with all applicable Federal regulations and guidelines and all applicable State Medi–Cal regulations in Title 22 of the California Code of Regulations, except as provided in Section 5776 of the Welfare and Institutions Code, for MHP payment authorization and funding of psychiatric inpatient hospital services.

(b) Except for Short–Doyle/Medi–Cal hospital services, this chapter shall not apply to a beneficiary enrolled in a Medi–Cal Managed Care Plan which includes the provision of Fee–for–Service/Medi–Cal (FFS/MC) psychiatric inpatient hospital services to beneficiaries.

(c) Unless specifically allowed by this chapter, provisions of the contract between the MHP and the Provider shall not be in conflict with this chapter.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5775, 5776, 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1726. Designation of MHPs.

(a) A county that wishes to be designated as the MHP for the beneficiaries of that county shall communicate its intent in a resolution from the county board of supervisors which shall be transmitted to the Department. The resolution shall state:

(1) The county assumes responsibility for Medi–Cal authorization and payment for all psychiatric inpatient hospital services for beneficiaries of that MHP.

(2) The county recognizes and agrees that the allocation of State funds pursuant to Section 5778 Welfare and Institutions Code is payment in full from the State for the services specified in (a)(1) except as described in Section 1750 of this chapter.

(3) The county shall utilize a public planning process that involves various constituency groups to assist in formulating policies and procedures for the operation of the MHP insofar as these policies and procedures are not specifically prescribed in law and regulation.

(4) The county shall submit to the Department an Implementation Plan for Psychiatric Inpatient Hospital Services pursuant to Section 1727 of this chapter.

(b) If a county declines to be the MHP for the beneficiaries of that county, other qualifying entities including other counties acting jointly, or governmental, and non–governmental entities, may be selected as the MHP by the Department pursuant to Section 5775 Welfare and Institutions Code. The entity selected shall meet the same duties and obligations required of a county in (a)(1)–(4).

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5775, 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1727. Implementation Plan for Psychiatric Inpatient Hospital Services.

(a) An entity applying to become the MHP for beneficiaries who are residents of a specific county, including counties which have submitted a resolution, shall submit within sixty (60) calendar days prior to implementation an Implementation Plan for Psychiatric Inpatient Hospital Services to the Department that includes:

(1) Procedures for MHP payment authorization of psychiatric inpatient hospital services by the MHP including the point of authorization.

(2) A process for:

(A) Screening, referral and coordination with other necessary services, including, but not limited to, educational, health, housing and vocational rehabilitation services.

(B) Outreach efforts for the purpose of providing information regarding access under the MHP to beneficiaries and providers.

(3) The processes for problem resolution as required in Article 5 of this chapter.

(4) A description of the provider selection process, including provider selection criteria consistent with Section 1729. The MHP shall include a Request for Exemption from Contracting in accordance with Section 1730(c) of this chapter if the MHP decides not to contract with a Traditional Hospital Provider or DSH.

(5) A description of the provision, to the extent feasible, of culturally competent and age–appropriate services to beneficiaries.

(6) A description of a process for planned admissions in non–contract hospitals if such an admission is determined to be necessary by the MHP.

(b) The Department shall review and either approve, disapprove, or request additional information for each Implementation Plan for Psychiatric Inpatient Hospital Services. Notices of approval, disapproval and requests for additional information shall be forwarded to applicant MHP entities within sixty (60) calendar days of the receipt of the Implementation Plan. Upon approval by the Department, the Implementation Plan becomes a binding contract between the Department and the MHP. The contract term shall be one year with automatic renewal for an additional one year period, provided the MHP continues to meet its obligations under this chapter.

(c) An MHP shall notify the Department in writing prior to implementing changes in the policies, processes or procedures that modify its current Implementation Plan. If the changes meet the minimum standards in this chapter, the changes shall be approved by the Department. The Department shall provide a Notice of Approval or a Notice of Disapproval, including the reasons for disapproval, to the MHP within thirty (30) days after the receipt of the notice from the MHP. The MHP may implement the proposed changes thirty (30) calendar days from submission to the Department if the Department fails to provide a Notice of Approval or Disapproval.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5775, 5777, 5778, 14683 and 14684, Welfare and Institutions Code.

§ 1728. Scope of Reimbursable Services.

(a) An MHP shall be responsible for the MHP payment authorization for psychiatric inpatient hospital services as described in (b) and (c).

(b) Psychiatric Inpatient Hospital Services for a Fee–for–Service/Medi–Cal provider shall include:

(1) Routine services, and

(2) All hospital–based ancillary services.

(c) Psychiatric Inpatient Hospital Services for a Short–Doyle/Medi–Cal provider shall include:

(1) Routine services,

(2) All hospital–based ancillary services, and

(3) Services of a physician or a psychologist provided in the hospital to inpatients.

(d) An MHP shall not be responsible for the payment authorization for the following services:

(1) Out–of–state psychiatric inpatient hospital services except when it is customary practice for a California beneficiary to receive medical services in a border community outside the State.

(2) Psychiatric inpatient hospital services provided by a hospital operated by the Department or the State Department of Developmental Services.

(3) Psychiatric inpatient hospital services, except administrative day services which follow any approved acute inpatient psychiatric hospital service day, provided to a beneficiary eligible for Medicare (Part A) except as specified in (4) below, prior to the exhaustion of the beneficiary's Medicare (Part A) benefits.

(4) Psychiatric inpatient hospital services, including administrative day services, provided to beneficiaries who are also eligible for Medi–Care (Part A), in hospitals reimbursed through Medicare (Part A) based on Diagnostic Related Groups (DRGs), prior to the exhaustion of the beneficiary's Medicare (Part A) benefits when the DRG reimbursement covers administrative day services according to Medicare (Part A).

(5) Psychiatric inpatient hospital services provided to persons enrolled in a Medi–Cal Managed Care Plan that includes the provision of Fee–for–Service/Medi–Cal psychiatric inpatient hospital services.

(6) Acute psychiatric inpatient hospital services received by a beneficiary when services are not billed to an allowable psychiatric accommodation code.

(e) An MHP shall authorize payment for psychiatric inpatient hospital services provided to a beneficiary eligible for Medicare (Part A) if the payment being authorized is for administrative day services following any approved acute psychiatric inpatient hospital services day, and there is compliance with Section 1777(j)(5).

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1729. Provider Selection Criteria.

An MHP shall establish a provider selection process which meets the following criteria:

(a) The MHP shall require that each provider:

(1) Comply with all applicable Federal Medicaid laws, regulations and guidelines and all applicable State statutes and regulations.

(2) Sign a provider agreement with the Department of Health Services.

(3) Provide psychiatric inpatient hospital services, within its scope of licensure, to all beneficiaries who are referred by the MHP, unless compelling clinical circumstances exist that contraindicate admission, or the MHP negotiates a different arrangement with the provider.

(4) Refer beneficiaries for other services when necessary.

(5) Not refuse an admission solely on the basis of age, sex, race, religion, physical or mental disability, or national origin.

(b) In addition to the specified conditions in (a), an MHP may consider but is not limited to any or all of the following in selecting providers:

(1) History of Medi–Cal certification, licensure and accreditation.

(2) Circumstances and outcomes of any current or previous litigation against the provider.

(3) The geographical location(s) that would maximize beneficiary participation.

(4) Ability of the provider to:

(A) Offer services at competitive rates.

(B) Demonstrate positive outcomes and cost effectiveness.

(C) Address the needs of beneficiaries based on factors including age, language, culture, physical disability, and specified clinical interventions.

(D) Serve beneficiaries with severe mental illness and serious emotional disturbances.

(E) Meet the quality improvement, authorization, clinical and administrative requirements of the MHP.

(F) Work with beneficiaries, their families and other providers in a collaborative and supportive manner.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1730. Contracting for Service Availability.

(a) An MHP shall contract with DSH and Traditional Hospital Providers when:

(1) The DSH or Traditional Provider meets the provider selection criteria described in the MHP's Implementation Plan as required by Section 1727(a)(4).

(2) The DSH is located:

(A) In the same county as the MHP, or

(B) In a different county than the MHP and according to the latest historical Medi–Cal paid claims data, the DSH provides services to beneficiaries of the MHP that account for five (5) percent or twenty thousand dollars ($20,000), whichever is more, of the total fiscal year Fee–For–Service/Medi–Cal psychiatric inpatient hospital service payments for beneficiaries of the MHP.

(b) Prior to the beginning of each state fiscal year, the Department shall notify all MHPs of the DSH and Traditional Hospital Providers for that fiscal year.

(c) If an MHP determines not to contract with a DSH or Traditional Hospital Provider, it shall submit a Request for Exemption from Contracting to the Department with its Implementation Plan for Psychiatric Inpatient Hospital Services. The MHP shall submit Requests for Exemption initiated after the submission of the Implementation Plan to the Department as a separate submission. The Request for Exemption from Contracting shall address the projected effect on beneficiaries. At a minimum, the Request for Exemption from Contracting shall include:

(1) The name of the hospital for which the Request for Exemption from Contracting is requested.

(2) An analysis of the most recently available data from the Office of Statewide Health Planning and Development (OSHPD) on the availability, within an accessible geographic area, of hospital beds for psychiatric inpatient hospital services with and without a contract. Other data may be substituted if OSHPD data is not available or if equally reliable data is more comprehensive.

(3) The estimated impact on maximum and average travel time and distances for beneficiaries to obtain psychiatric inpatient hospital services, from providers either with or without a contract.

(4) An MHP shall notify the DSH or Traditional Hospital Provider of the Request for Exemption from Contracting at the same time that the Request for Exemption is sent to the Department.

(5) The Department shall approve or deny in writing the MHP's Request for Exemption from Contracting within thirty (30) calendar days of its receipt and shall notify both the MHP and the DSH or Traditional Hospital Provider of its decision. The Department shall deny any Request for Exemption from Contracting when failure to contract is likely to result in hardship to beneficiaries as measured by local community standards.

(d) At a minimum, a contract between an MHP and a provider of psychiatric inpatient hospital services shall meet federal contracting requirements as provided in 42 CFR, Section 434.6 and shall include the following provisions:

(1) Treatment requirements as a condition for reimbursement for psychiatric inpatient hospital services assure which ensure beneficiaries will receive the same level of services as provided to all other patients served.

(2) Assurances that beneficiaries will not be discriminated against in any manner, including admission practices, placement in special wings or rooms, or provisions of special or separate meals.

(3) Specifics of how the provider shall make records available for authorized review for fiscal audits, program compliance and beneficiary complaints.

(4) Language specifying that the per diem rate included in the contract is considered to be payment in full, subject to third party liability and patient share of costs, for psychiatric inpatient hospital services to a beneficiary.

(5) Language specifying that the rate structure in the contract includes all services defined as psychiatric inpatient hospital services in this chapter and that the rate structure does not include non–hospital based physician or psychologist services rendered to a beneficiary covered under the contract unless the provider is a Short–Doyle/Medi–Cal Provider.

(6) Requirements that a provider adhere to Title XIX of the Social Security Act, 42 USC and conform to all applicable Federal and State statutes and regulations.

(e) No provision of a contract shall be construed to replace or conflict with the duties of county patients' rights advocates as described in Welfare and Institutions Code Section 5520.

(f) A formal contract between an MHP and a psychiatric inpatient hospital is not required when the MHP owns or operates the hospital.

(g) By October 1 of each year, an MHP shall submit to the Department a list of all hospitals with which an MHP has current contracts.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1731. State Oversight.

(a) The Department shall provide ongoing oversight to an MHP through site visits and monitoring of data reports from MHPs and claims processing. In addition, the Department shall:

(1) Perform reviews of program and fiscal operations of each MHP to verify that medically necessary services are provided in compliance with this chapter and the provisions of the Department's Federal Waiver Request for Medi–Cal Psychiatric Inpatient Hospital Services.

(2) Perform immediate on–site reviews of MHP program operations whenever there is a threat to the health or safety of beneficiaries.

(3) Monitor compliance with problem resolution process requirements contained in Article 5 of this chapter and the MHP's Implementation Plan for Psychiatric Inpatient Hospital Services.

(4) Monitor provider contracts to ensure that the MHP enters into necessary contracts with DSH and Traditional Hospital Providers.

(5) Monitor denials of MHP authorizations for payment.

(b) If the Department activities in (a) result in a determination that an MHP is out of compliance with State or Federal laws and regulations, the Department shall provide the MHP with a written Notice of Noncompliance. The Notice of Noncompliance shall include:

(1) A description of the violation.

(2) A description of any corrective action required by the Department and time limits for compliance.

(c) In the event that the agreement with an MHP is terminated for any cause, the remaining balance of State funds which were

transferred to the MHP for psychiatric inpatient hospital services shall be returned to the Department. The State has a right to examine all records of an MHP to determine the balance of funds to be returned to the Department.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

Article 3. Fiscal Provisions

§ 1739. Allowable Psychiatric Accommodation Code.

"Allowable Psychiatric Accommodation Code" means a reimbursable hospital billing code that may be used by Fee–For–Service/Medi–Cal providers to claim payment for psychiatric inpatient hospital services provided to beneficiaries. The allowable codes are:

097 Psychiatric Acute (Adolescent and Child)
098 Administrative Days
114 Room and Board, Private, Psychiatric
124 Room and Board, Semi–Private 2 Bed, Psychiatric
134 Room and Board, Semi–Private 3 or 4 Bed, Psychiatric
154 Room and Board – Ward (Medical or General), Psychiatric
204 Intensive Care, Psychiatric

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1740. Border Communities.

"Border Communities" mean those communities located outside the State of California which are included in California's rate regions because of their proximity and utilization by Medi–Cal beneficiaries. Specific border communities are set forth in Section 1752(i).

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1741. Located.

"Located" means the actual physical location of a psychiatric inpatient hospital, and unless otherwise specified, refers to the specific county within the geographical boundaries of which the hospital exists.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1742. Per Diem Rate.

"Per Diem Rate" means a daily rate paid for reimbursable psychiatric inpatient hospital services for a beneficiary for the day of admission and each day that services are provided excluding the day of discharge.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1743. Rate Region.

"Rate Region" means regions, by county in California and border communities outside California, as specified in this chapter, for the purpose of establishing and determining reimbursement rates for non–contract Fee–For–Service/Medi–Cal providers.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1744. Risk Reinsurance.

"Risk Reinsurance" means an insurance policy purchased for an MHP that provides coverage for costs of providing services exceeding specified limits.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1745. Small County.

"Small County" means a county in California with a population of less than 200,000 by 1990 census data.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 5778, Welfare and Institutions Code.

§ 1746. Small County Reserve.

"Small County Reserve" means that portion of the State General Fund appropriation for consolidation of psychiatric inpatient hospital services that is allocated for use by MHPs in small counties as self–insurance to provide a mechanism to reduce financial risk.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 5778, Welfare and Institutions Code.

§ 1747. Third Party Liability.

"Third Party Liability" means an amount owed for psychiatric inpatient hospital services on behalf of a beneficiary by any payor other than Medi–Cal or the beneficiary.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1748. Usual and Customary Charges.

"Usual and Customary Charges" means those uniform charges which are listed in a provider's established charge schedule which are in effect and applied consistently to most patients.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1749. Utilization Control and Operations Committee.

"Utilization Control and Operations Committee" means a group of individuals designated by the MHPs in the small counties to provide oversight for the Small County Reserve.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1750. Small County Reserve.

(a) Small counties shall establish the Small County Reserve with funds allocated by the Department for that purpose.

(b) The Small County Reserve shall be used for:

(1) Reimbursement of MHPs in small counties for the cost of psychiatric inpatient hospital services in excess of their allocation.

(2) Purchase of risk reinsurance for MHPs in small counties.

(3) Costs associated with the administration of the Reserve.

(c) Any interest earned from funds held in the Small County Reserve shall accrue to the Small County Reserve.

(d) The Department shall not be liable for payments that exceed the balance in the Small County Reserve. When costs do not exceed the balance in the Small County Reserve during any given State fiscal year, the amount of unexpended funds shall be reported to the Department by November 30 of the following State fiscal year. The unexpended funds may be retained in the Small County Reserve and used as specified in (b).

(e) The administrative procedures for, and the process of, appointing members to the Utilization Control and Operations Committee of the Small County Reserve shall be determined by the small counties, through an organization representing the counties, in consultation with the Department.

(f) The Utilization Control and Operations Committee shall:

(1) Develop procedures and provide policy direction for the operation of the Small County Reserve.

(2) Determine circumstances under which a small county MHP shall be eligible to receive Small County Reserve funds.

(3) Provide guidance for the day–to–day operation of the Small County Reserve.

(4) Monitor utilization of psychiatric inpatient hospital services by member MHPs.

(5) Recommend corrective actions and arrange for technical

assistance to MHPs that have been denied access to the Small County Reserve funds.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 5778, Welfare and Institutions Code.

§ 1751. Rate Setting for Psychiatric Inpatient Hospital Services for Negotiated Rate, Fee–for–Service/Medi–Cal Providers.

(a) Reimbursement for acute psychiatric inpatient hospital services for each Fee–for–Service/Medi–Cal provider with a contract with any MHP, shall be based on a per diem rate established through negotiations between the provider and the MHP in the county in which the provider is located except when:

(1) The MHP from the county in which the provider is located delegates the rate negotiation responsibilities to an MHP in another county with the agreement of that MHP.

(2) The provider is located in a border community and an MHP wants to negotiate rates. The MHP shall request approval from the Department to be designated as the negotiator.

(3) For a provider owned or operated by the same organizational entity as the MHP, the per diem rate must be approved by the Department. The Department shall approve a per diem rate submitted by the MHP, if the rate is not greater than the highest per diem rate within the State negotiated by a different MHP for a different hospital.

(b) The per diem rate shall include routine services and all hospital–based ancillary services.

(c) Only one rate for each allowable psychiatric accommodation code for each negotiated rate Fee–for–Service/Medi–Cal provider may be established and shall be used by all MHPs with that provider. The negotiated rate shall not be subject to retrospective adjustment to cost.

(d) Reimbursement for administrative day services shall be the rate established in accordance with Section 51542, Title 22, California Code of Regulations except for facility–specific reimbursements determined by the Department of Health Services in accordance with Section 51511(a)(2)(B), Title 22, California Code of Regulations plus an allowance for hospital–based ancillary services equal to twenty–five (25) percent of the maximum rate established under Section 51542.

(e) For both acute psychiatric inpatient hospital services and administrative day services, reimbursement to the provider shall be based on the per diem rate, less third party liability and patient share of cost.

(f) The provider shall bill its usual and customary charges.

(g) At the end of each fiscal year, the Department shall compare, in aggregate, usual and customary charges to per diem rate for each provider. Future claims shall be offset by the amount that the per diem rate exceeds the usual and customary charges for that fiscal year.

(h) The per diem rate included in the contract shall be considered to be payment in full, less third party liability and patient share of costs, for psychiatric inpatient hospital services to a beneficiary.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1752. Rate Setting for Psychiatric Inpatient Hospital Services for Non–negotiated Rate, Fee–for–Service/Medi–Cal Providers.

(a) Reimbursement rates for acute psychiatric inpatient hospital services for each Fee–for–Service/Medi–Cal provider with no contract with any MHP, shall be determined by the Department.

(1) The reimbursement rates in (a) shall be calculated by the Department prior to the beginning of each fiscal year and shall not be modified for subsequent rate changes among contract providers or the addition of new contract providers.

(2) One rate per allowable psychiatric accommodation code per non–negotiated rate, Fee–for–Service/Medi–Cal provider per Rate Region listed in (i) shall be established and shall be used by all MHPs.

(3) The rates shall not be subject to retrospective adjustment to cost.

(b) The per diem rate includes routine services and all hospital–based ancillary services.

(c) The per diem rate shall equal the weighted average diem rates negotiated for all Fee–for–Service/Medi–Cal providers within the Rate Region where the non–negotiated rate provider is located and shall be based on the following information from each Fee–for–Service/Medi–Cal hospital with a contract in the Rate Region where the non–negotiated rate provider is located:

(1) The latest available fiscal year Medi–Cal paid claims data for Fee–for–Service/Medi–Cal acute psychiatric inpatient hospital services patient days.

(2) The negotiated per diem rates for the subsequent fiscal year.

(d) Reimbursement for administrative day services shall be based on a rate established in accordance with Section 51542, Title 22, California Code of Regulations, except for facility–specific reimbursements determined by the Department of Health Services in accordance with Section 51511(a)(2)(B), Title 22, California Code of Regulations, plus an allowance for hospital–based ancillary services equal to twenty–five (25) percent of the maximum rate established under Section 51542.

(e) For both acute psychiatric inpatient services and administrative day services, interim reimbursement to the non–negotiated rate, Fee–for–Service/Medi–Cal provider shall be based on the calculated per diem rate less third party liability and patient share of cost.

(f) The provider shall bill its usual and customary charges.

(g) At the end of each fiscal year, the Department shall compare, in aggregate, the usual and customary charges to the per diem rate for each provider. Future claims shall be offset by the amount that the per diem rate exceeds the usual and customary charges for that fiscal year.

(h) The Medi–Cal payment constitutes payment in full for acute psychiatric inpatient hospital services less third party liability and patient share of costs, for psychiatric inpatient hospital services to a beneficiary.

(i) The Rate Regions are:

(1) Superior – Butte, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Tehama, Trinity, and Grants Pass, Klamath Falls, Lakeview, and Medford, Oregon.

(2) Central Valley – Alpine, Amador, Calaveras, El Dorado, Fresno, Kings, Madera, Mariposa, Merced, Mono, Placer, Sacramento, San Joaquin, Stanislaus, Sutter, Tulare, Tuolumne, Yolo, Yuba, and Carson City, Incline Village, Reno, and Sparks, Nevada.

(3) Bay Area – Alameda, Contra Costa, Marin, Monterey, Napa, San Benito, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma.

(4) Southern California – Imperial, Inyo, Kern, Orange, Riverside, San Bernardino, San Diego, San Luis Obispo, Santa Barbara, Ventura, Las Vegas, and Yerington, Nevada and Kingman and Yuma, Arizona.

(5) Los Angeles

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1753. Rate Setting for Psychiatric Inpatient Hospital Services for Short–Doyle/Medi–Cal Providers.

(a) Reimbursement for acute psychiatric inpatient hospital services for Short–Doyle/Medi–Cal providers shall be established in accordance with Section 51516, Title 22, California Code of Regulations.

(b) Reimbursement for administrative day services for

Short–Doyle/Medi–Cal providers shall be established in accordance with Section 51542, Title 22, California Code of Regulations.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5720 and 5724, Welfare and Institutions Code.

§ 1754. Rate Reporting.

An MHP shall provide to the Department, within thirty (30) calendar days prior to the beginning of each State fiscal year, a listing of rates negotiated with negotiated rate, Fee–For–Service/Medi–Cal providers of psychiatric inpatient hospital services.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1755. Reporting Unexpended Balances.

An MHP shall report to the Department by November 30 of the year following the close of the State fiscal year, the amount of any unexpended balance still remaining from the allocation made pursuant to Section 5778 Welfare and Institutions Code. This reporting requirement shall also apply to the organizational entity administering the small county reserve defined in Section 1746.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 5777, Welfare and Institutions Code.

Article 4. Provision of Services

§ 1765. Adverse Decision.

"Adverse Decision" means denial or termination of an MHP payment authorization y the MHP's Point of Authorization or by a Short–Doyle/Medi–Cal provider's Utilization Review Committee which determines the MHP's authorization for payment.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1766. Continued Stay Services.

"Continued Stay Services" means psychiatric inpatient hospital services for beneficiaries which occur after admission.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1767. County Medical Services Program.

"County Medical Services Program" means the service delivery and payment system for health care for low income persons who are not eligible for Medi–Cal and which is administered by the Department of Health Services for counties.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1768. Emergency Admission.

"Emergency Admission" means an admission to a psychiatric inpatient hospital of a beneficiary due to an emergency psychiatric condition.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1769. Emergency Psychiatric Condition.

"Emergency Psychiatric Condition" means that a beneficiary has a condition that meets admission reimbursement criteria for medical necessity in Section 1774 of this chapter and, due to a mental disorder, is:

(a) A danger to self or others, or

(b) Immediately unable to provide for, or utilize, food, shelter or clothing.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 5777, Welfare and Institutions Code.

§ 1770. Licensed Mental Health Professional.

"Licensed mental health professional" means, for the purposes of this chapter, a licensed physician, a licensed clinical psychologist, a licensed clinical social worker, a licensed marriage, family and child counselor, a registered nurse, a licensed vocational nurse, and a licensed psychiatric technician. Individuals who have a waiver of licensure to obtain supervised clinical hours for one of the above categories may perform the functions of a licensed mental health professional specified in this chapter.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1771. Planned Admission.

"Planned Admission" means an admission of a beneficiary to a psychiatric inpatient hospital with a contract with an MHP for the purpose of providing medically necessary treatment that cannot be provided in another setting or a lower level of care and is not an emergency admission. Planned admissions may occur in a non–contract psychiatric inpatient hospital pursuant to Section 1727(a)(6) of this chapter.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1772. Prior Authorization.

"Prior authorization" means that a provider obtains the written MHP payment authorization by the MHP's Point of Authorization or the Short–Doyle/Medi–Cal provider's Utilization Review Committee, if acting as a Point of Authorization, prior to the admission of a beneficiary or the provision of continued stay services to a beneficiary in a psychiatric inpatient hospital.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1773. Utilization Review Committee.

"Utilization Review Committee" means a committee that reviews services provided to determine appropriateness for psychiatric inpatient hospital services, identifies problems with quality of care, and meets the requirements of Title 42, CFR, Chapter IV, Subchapter C, Part 456, Subpart D.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 5777, Welfare and Institutions Code.

§ 1774. Medical Necessity Criteria for Reimbursement of Psychiatric Inpatient Hospital Services.

(a) For Medi–Cal reimbursement for an admission to a acute psychiatric inpatient hospital, the beneficiary shall meet medical necessity criteria set forth in (1) and (2) below:

(1) One of the following diagnoses in the Diagnostic and Statistical Manual, Fourth Edition, published by the American Psychiatric Association:

(A) Pervasive Developmental Disorders

(B) Disruptive Behavior and Attention Deficit Disorders

(C) Feeding and Eating Disorders of Infancy or Early Childhood

(D) Tic Disorders

(E) Elimination Disorders

(F) Other Disorders of Infancy, Childhood, or Adolescence

(G) Cognitive Disorders (only Dementias with Delusions, or Depressed Mood)

(H) Substance Induced Disorders, only with Psychotic, Mood, or Anxiety Disorder

(I) Schizophrenia and Other Psychotic Disorders

(J) Mood Disorders

(K) Anxiety Disorders

(L) Somatoform Disorders

(M) Dissociative Disorders

(N) Eating Disorders

(O) Intermittent Explosive Disorder

(P) Pyromania

(Q) Adjustment Disorders

(R) Personality Disorders

(2) A beneficiary must have both (A) and (B):

(A) Cannot be safely treated at another level of care; and

(B) Requires psychiatric inpatient hospital services, as the result of a mental disorder, due to the indications in either 1 or 2 below:

1. Has symptoms or behaviors due to a mental disorder that (one of the following):

a. Represents a current danger to self or others, or significant property destruction.

b. Prevents the beneficiary from providing for, or utilizing, food, clothing or shelter.

c. Presents a severe risk to the beneficiary's physical health.

d. Represents a recent, significant deterioration in ability to function.

2. Requires admission for one of the following:

a. Further psychiatric evaluation.

b. Medication treatment.

c. Other treatment that can reasonably be provided only if the patient is hospitalized.

(b) Continued stay services in a psychiatric inpatient hospital shall only be reimbursed when a beneficiary experiences one of the following:

(1) Continued presence of indications which meet the medical necessity criteria as specified in (a).

(2) Serious adverse reaction to medications, procedures or therapies requiring continued hospitalization.

(3) Presence of new indications which meet medical necessity criteria specified in (a).

(4) Need for continued medical evaluation or treatment that can only be provided if the beneficiary remains in a psychiatric inpatient hospital.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1775. Provider Utilization Control.

All providers shall comply with Federal requirements for utilization control pursuant to Title 42, CFR, Chapter IV, Subchapter C, Part 456, Subpart D. These requirements include certification of need for care, evaluation and medical review, plans of care and utilization review plan. Each provider shall establish a Utilization Review Committee to determine whether admission and length of stay are appropriate to level of care and to identify problems with quality of care. Composition of the committee shall meet the requirements of Title 42, CFR, Chapter IV, Subchapter C, Part 456, Subpart D.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777 and 5778, Welfare and Institutions Code.

§ 1776. MHP Payment Authorization – General Provisions.

(a) The MHP payment authorization shall be determined for:

(1) Fee–for–Service/Medi–Cal providers by an MHP's Point of Authorization.

(2) For Short–Doyle/Medi–Cal providers by either:

(A) An MHP's Point of Authorization, or

(B) The provider's Utilization Review Committee.

(b) An MHP that authorizes payment to a provider of psychiatric inpatient hospital services, shall be responsible for payment of the Medi–Cal matching funds, with the following exceptions:

(1) Psychiatric inpatient hospital services for individuals eligible for the County Medical Services Program. These services shall be authorized by the MHP for that county, but the MHP will not be responsible for payment of those services.

(2) Psychiatric inpatient hospital services for a beneficiary from San Mateo, Santa Barbara or Solano County who is not a member of the County Organized Health System in those counties. These services shall be authorized by the MHP for the beneficiary's county but the MHP shall not be responsible for payment of those services.

(c) An MHP shall authorize payment for psychiatric inpatient hospital services that meet the requirements of this chapter and any additional contract requirements. When all other authorization criteria are met, MHP payment authorization requests presented for authorization beyond the timelines specified in this chapter shall be granted when an MHP determines that the provider was prevented from submitting a timely request because of circumstances beyond the provider's control.

(1) The provider shall submit any additional and relevant documentation, if required by the MHP, within sixty (60) calendar days of submission of the late request. The documentation shall verify that the lateness was due to:

(A) A natural disaster which has:

1. Destroyed or damaged the provider's business office or records, or

2. Substantially interfered with the processing of provider's request for MHP payment authorization; or

(B) Delays caused by other circumstances beyond the provider's control which have been reported to an appropriate law enforcement or fire agency when applicable.

(2) Circumstances which shall not be considered beyond the control of the provider include but are not limited to:

(A) Negligence by employees.

(B) Misunderstanding of program requirements.

(C) Illness or absence of any employee trained to prepare MHP payment authorizations.

(D) Delays caused by the United States Postal Service or any private delivery service.

(d) The MHP authorizing payment for services shall be the MHP for the county of residence as specified on the Medi–Cal Eligibility Data System (MEDS) file.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1777. MHP Payment Authorization by a Point of Authorization.

(a) A provider shall submit a separate written request for MHP payment authorization of psychiatric inpatient hospital services to the Point of Authorization of the beneficiary's MHP for each of the following:

(1) The planned admission of a beneficiary.

(2) Ninety–nine (99) calendar days of continuous service to a beneficiary, if the hospital stay exceeds that period of time.

(3) Discharge.

(4) Services that qualify for Medical Assistance Pending Fair Hearing (Aid Paid Pending).

(5) Administrative day services that are requested for a beneficiary.

(b) A provider shall submit the request for MHP payment authorization for psychiatric inpatient hospital services to the Point of Authorization of the beneficiary's MHP not later than:

(1) Prior to a planned admission.

(2) Within fourteen (14) calendar days after:

(A) Ninety–nine (99) calendar days of continuous service to a beneficiary if the hospital stay exceeds that period of time.

(B) Discharge.

(C) The date that a beneficiary qualifies for Medical Assistance Pending Fair Hearing (Aid Paid Pending).

(c) A written request for MHP payment authorization to the Point of Authorization shall be in the form of:

(1) A Treatment Authorization Request (TAR) for Fee–for–Service/Medi–Cal providers or;

(2) As specified by the MHP Short–Doyle/Medi–Cal providers.

(d) The Point of Authorization staff that approve or deny payment

shall be licensed mental health professionals of the beneficiary's MHP.

(e) Approval or disapproval for each MHP payment authorization shall be documented by the Point of Authorization in writing:

(1) On the same TAR on which the Fee–for–Service/Medi–Cal provider requested MHP payment authorization or,

(2) In an MHP payment authorization log maintained by the MHP for Short–Doyle/Medi–Cal providers.

(f) The MHP shall document that all adverse decisions regarding provider requests for MHP payment authorization based on medical necessity criteria or emergency medical condition were reviewed and approved:

(1) by a physician, or

(2) at the discretion of the MHP, by a psychologist for patients admitted by a psychologist and who received services under his/her scope of practice.

(g) A request for an MHP payment authorization may be denied by a Point of Authorization if the request is not submitted in accordance with timelines in this chapter [except as specified in Section 1776(c)], the notification requirements, the medical necessity reimbursement criteria, emergency psychiatric condition criteria on an emergency admission or if the provider has failed to meet any other mandatory requirements of the contract negotiated between the provider and the MHP.

(h) A Point of Authorization shall approve or deny the request for MHP payment authorization within 14 days of the receipt of the request.

(i) Point of Authorization staff may authorize payments for up to seven (7) calendar days in advance of service provision.

(j) Approval of the MHP payment authorization by a Point of Authorization requires that:

(1) Planned admission requests for an MHP's payment authorization shall be approved when written documentation provided indicates that the beneficiary meets medical necessity criteria for reimbursement of psychiatric inpatient hospital services, as specified in Section 1774. The request shall be submitted and approved prior to admission.

(2) Emergency admissions shall not be subject to prior MHP payment authorization.

(3) A request for MHP payment authorization for continued stay services shall be submitted to the Point of Authorization as follows:

(A) A contract provider's request shall be submitted within the timelines specified in the contract. If the contract does not specify timelines, the contract provider shall be subject to the same timeline requirements as the non–contract providers.

(B) A non–contract provider's request shall be submitted to the Point of Authorization not later than:

1. Within fourteen (14) calendar days after the beneficiary is discharged from the hospital, or

2. Within fourteen (14) calendar days after a beneficiary has received ninety–nine (99) continuous calendar days of psychiatric inpatient hospital services.

(4) Requests for MHP payment authorization for continued stay services shall be approved if written documentation has been provided to the MHP indicating that the beneficiary met the medical necessity reimbursement criteria for acute psychiatric inpatient hospital services for each day of service as well as the other requirements for timeliness of notification and any other contractual requirements except as specified in Section 1776.

(5) Requests for MHP payment authorization for administrative day services shall be approved by an MHP when both of the following conditions are met:

(A) During the hospital stay, a beneficiary previously has met medical necessity criteria for reimbursement of acute psychiatric inpatient hospital services.

(B) There is no appropriate, non–acute treatment facility in a reasonable geographic area and a provider documents contacts with a minimum of five (5) appropriate, non–acute treatment facilities per week subject to the following requirements:

1. Point of Authorization staff may waive the requirements of five (5) contacts per week if there are less than five (5) appropriate, non–acute treatment facilities available as placement options for the beneficiary. In no case shall there be less than one (1) contact per week.

2. The lack of appropriate, non–acute treatment facilities and the contacts made at appropriate facilities shall be documented to include but not be limited to:

a. The status of the placement option.

b. Date of the contact.

c. Signature of the person making the contact.

(C) For beneficiaries also eligible under Medicare (Part A) who have received acute psychiatric inpatient hospital services which are not covered by Medi–Cal, providers shall notify the Point of Authorization within twenty–four (24) hours or as specified in the contract, prior to beginning administrative day services meeting the requirements in Section 1728.

(6) Medical Assistance Pending Fair Hearing Decision requests for MHP payment authorization by a provider shall be approved by an MHP when necessary documentation, as specified in Title 22, California Code of Regulations, is submitted.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1778. MHP Payment Authorization for Emergency Admissions by a Point of Authorization.

(a) A provider shall not be required to obtain prior authorization for payment for an emergency admission, whether voluntary or involuntary.

(b) The provider of emergency psychiatric inpatient hospital services shall assure that the beneficiary meets the criteria for medical necessity in Section 1774 of this chapter, and due to a mental disorder, is:

(1) A danger to self or others, or

(2) Immediately unable to provide for, or utilize, food, shelter or clothing.

(c) The provider of emergency psychiatric inpatient hospital services shall notify the MHP of the county of the beneficiary within twenty–four (24) hours of the time of the admission of the beneficiary to the hospital, or within the timelines specified in the contract, if applicable.

(1) If the provider cannot determine the MHP of the beneficiary, the provider shall notify the MHP of the county where the provider is located, within twenty–four (24) hours of admission.

(2) The MHP for the county where the provider is located shall assist the provider to determine the MHP of the beneficiary. The provider shall notify the MHP of the beneficiary within twenty–four (24) hours of determination of the appropriate MHP.

(d) Requests for MHP payment authorization for an emergency admission shall be approved by an MHP when:

(1) A provider notified the Point of Authorization within twenty–four (24) hours of admission of a beneficiary to the hospital or within the time required by contract, if applicable.

(2) Written documentation has been provided to the MHP that certifies that a beneficiary met the criteria in (b) at the time of admission.

(3) Written documentation has been provided to the MHP that certifies a beneficiary met the criteria in (b) for the day of admission.

(4) A non–contract provider includes documentation that the beneficiary could not be safely transferred to a contract hospital of the MHP of the beneficiary if the transfer was requested by an MHP.

(e) After an emergency admission, a beneficiary's MHP may:

(1) Transfer the beneficiary from a non–contract to a contract

provider as soon as it is safe to do so, based on reasonable clinical judgement.

(2) Choose to authorize continued stay with a non–contract provider.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1779. MHP Payment Authorization by a Utilization Review Committee.

(a) MHP payment authorization for psychiatric inpatient hospital services provided by a Short–Doyle/Medi–Cal provider, if not made by an MHP's Point of Authorization pursuant to Section 1777 of this chapter, shall be made by the provider's Utilization Review Committee.

(1) The Utilization Review Committee shall meet the Federal requirements for participants pursuant to Title 42, CFR, Chapter IV, Subchapter C, Part 456, Subpart D.

(2) The decision regarding MHP payment authorization shall be documented in writing by the Utilization Review Committee.

(b) The Utilization Review Committee or its designee shall approve or deny the initial MHP payment authorization no later than the third working day from the day of admission.

(c) At the time of the initial MHP payment authorization, the Utilization Review Committee or its designee shall specify the date for the subsequent MHP payment authorization determination.

(d) Approval of MHP payment authorization by a Utilization Review Committee requires that:

(1) When provider documentation in the clinical record substantiates that the beneficiary met the medical necessity criteria, the Utilization Review Committee shall authorize payment for each day that services are provided.

(2) Requests for MHP payment authorization for administrative day services shall be approved by the Utilization Review Committee when both of the following conditions are met:

(A) During the hospital stay, a beneficiary previously had met medical necessity criteria for acute psychiatric inpatient hospital services.

(B) There is no appropriate, non–acute treatment facility within a reasonable geographic area and the provider documents contacts with a minimum of five (5) appropriate, non–acute treatment facilities per week for placement of the beneficiary subject to the following requirements.

1. The MHP or its designee can waive the requirements of five (5) contacts per week if there are fewer than five (5) appropriate, non–acute residential treatment facilities available as placement options for the beneficiary. In no case shall there be less than one (1) contact per week.

2. The lack of placement options at appropriate, residential treatment facilities and the contacts made at appropriate treatment facilities shall be documented to include but not be limited to:

a. The status of the placement option.

b. Date of the contact.

c. Signature of the person making the contact.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

Article 5. Problem Resolution Processes

§ 1790. Complaint Resolution Process.

"Complaint Resolution Process" means an informal process for the resolution of beneficiary concerns or complaints regarding psychiatric inpatient hospital services.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777 and 14684, Welfare and Institutions Code.

§ 1791. Denial.

"Denial" means that the MHP does not approve a request for MHP payment authorization of an admission for psychiatric inpatient hospital services.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 14684, Welfare and Institutions Code.

§ 1792. Fair Hearing.

"Fair Hearing" means a formal hearing, as required by Federal regulations and State statutes and regulations, which is conducted when requested by a beneficiary within specified timelines, because his/her services or extension of services are denied or terminated.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1793. Grievance Process.

"Grievance Process" means the MHP's formal process for the purpose of hearing and attempting to resolve beneficiary concerns or complaints regarding psychiatric inpatient hospital services.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 14684, Welfare and Institutions Code.

§ 1794. Terminated.

"Terminated" means that the MHP does not approve a request for continued stay services after an MHP payment authorization for an admission.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 14684, Welfare and Institutions Code.

§ 1795. Beneficiary Problem Resolution Processes.

(a) An MHP shall develop problem resolution processes that enable a beneficiary to resolve a complaint or grievance about any psychiatric inpatient hospital service–related issue.

(b) The MHP's beneficiary problem resolution processes shall include both:

(1) A Complaint Resolution Proces; and,

(2) A Grievance Process (Two Levels)

(c) An MHP shall ensure that each beneficiary has adequate information about and access to the resolution processes in (b).

(d) The Complaint Resolution Process shall, at a minimum:

(1) Focus upon resolution of a beneficiary's concerns as quickly and simply as possible.

(2) Emphasize simple, informal and easily understood procedures.

(3) Inform a beneficiary of his or her right to use the Grievance Process at any time before, during or after the Complaint Resolution Process has begun.

(4) Identify a procedure by which issues identified as a result of the Complaint Resolution Process are transmitted to the MHP's Quality Improvement Committee, to the MHP's administration or to another appropriate body within the MHP to implement needed action.

(5) Identify the roles and responsibilities of the MHP, the provider and the beneficiary.

(e) The Grievance Process shall, at a minimum:

(1) Be a formal written procedure that provides for two levels of review within the MHP.

(2) Allow for the resolution of each level of a grievance within thirty (30) calendar days of receipt of the grievance by that level of the MHP.

(3) Identify a procedure by which issues identified as a result of the Grievance Process are transmitted to the MHP's Quality Improvement Committee, to the MHP's administration or to another appropriate body within the MHP to implement needed action.

(4) Identify the roles and responsibilities of the MHP, the provider and the beneficiary.

(5) Provide for:

(A) Recording the grievance in a Grievance Log(s) within one (1) working day of the date of receipt of the grievance.

(B) The Log entry shall include but not be limited to:

1. The name of the beneficiary.
2. The date of receipt of the grievance.
3. The nature of the problem.
4. The time period allowed for resolution.
5. The party responsible for addressing the grievance.

(C) Recording the resolution of a grievance within the required time period or document the reason(s) the problem has not been resolved.

(D) Documenting the notification of a beneficiary of the resolution of the grievance or documenting efforts to notify the beneficiary if he or she could not be contacted.

(E) If a provider was included in the grievance, notifying any provider involved with the resolution of the beneficiary grievance.

(F) Notifying the beneficiary of his or her right to appeal the grievance decision to a second level of review within the MHP.

(f) The MHP shall ensure that for the Complaint Resolution Process or the Grievance Process:

(1) A beneficiary may authorize another person to act on his or her behalf.

(2) Specific MHP staff are identified as having responsibility for assisting a beneficiary with these processes at the beneficiary's request.

(3) A beneficiary shall not be subject to discrimination or any other penalty for filing a complaint or grievance.

(4) Procedures used shall maintain the confidentiality of a beneficiary.

(g) An MHP's Grievance Log(s) shall be open to review by the Department, the Department of Health Services and the Federal oversight agency.

(h) A provider may have its own complaint resolution and grievance processes. A beneficiary shall have access to the provider's processes as well as those provided by the MHP.

(i) No provision of an MHP Beneficiary Problem Resolution Process shall be construed to replace or conflict with the duties of county patients' rights advocates designated in Welfare and Institutions Code Section 5500.

(j) Each MHP shall report to the Department by October 1 of each year, a summary of beneficiary grievances, as well as their status and resolution.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 14684, Welfare and Institutions Code.

§ 1796. Fair Hearing and Notice of Action.

(a) An MHP shall provide a written Notice of Action to the beneficiary that informs him or her of the right to a fair hearing when:

(1) An MHP payment authorization for a planned admission is denied.

(2) An MHP payment authorization for continued stay services is terminated for a beneficiary by the MHP while the beneficiary remains in the hospital.

(b) Fair hearing shall be administered by the Department of Health Services.

(c) An MHP shall be governed by the conditions set forth in Section 51014.1, Title 22, California Code of Regulations, and court rulings that have interpreted or modified existing regulations.

(d) For the purpose of this chapter, each reference to Department in Section 51014.1, Title 22, California Code of Regulations, shall mean the MHP.

(e) For the purpose of this section, "medical service" as cited in Section 51014.1, Title 22, California Code of Regulations shall mean those psychiatric inpatient hospital services that are subject to prior authorization by an MHP pursuant to Article 4 of this chapter.

(f) An MHP shall submit to the Department within ten (10) working days, copies of all Notices of Action delivered to beneficiaries.

NOTE: Authority cited: Section 14684, Welfare and Institutions Code. Reference: Section 14684, Welfare and Institutions Code.

§ 1797. Medical Assistance for Beneficiary Pending Fair Hearing Decision.

A beneficiary receiving psychiatric inpatient hospital services pursuant to this chapter shall have the same rights to file for medical assistance pending fair hearing as prescribed in Section 51014.2, Title 22, California Code of Regulations, or required by court decisions.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 14684, Welfare and Institutions Code.

§ 1798. Provider Appeal Process—Services.

(a) A provider may appeal a denied, terminated or reduced request for MHP payment authorization of psychiatric inpatient hospital services which is based on this chapter to the beneficiary's MHP. Any additional MHP contractual requirements which are beyond the requirements of this chapter cannot be appealed to the Department. The written appeal shall be submitted to the MHP within ninety (90) calendar days of the date of receipt date of notification of the non–approval of payment.

(b) The MHP shall have sixty (60) calendar days from its receipt of the appeal to inform the provider in writing of the decision and its basis.

(1) If no basis is found for altering the decision the provider shall be notified of its right to submit an appeal to the Department when applicable.

(2) If the MHP grants the request, the MHP shall have fourteen (14) calendar days from the date of receipt of the provider's revised request for MHP payment authorization to approve the document.

(3) If an MHP does not respond within sixty (60) calendar days, the appeal is denied and the provider retains the right to appeal directly to the Department.

(c) If a provider chooses to appeal to the Department an MHP's denial of MHP payment authorization, the appeal shall be submitted in writing, along with supporting documentation, within thirty (30) calendar days from the date of the MHP's written decision of denial. The provider may appeal to the Department within thirty (30) calendar days after sixty (60) calendar days from submission to the MHP, if the MHP fails to respond. Supporting documentation shall include, but not be limited to:

(1) Any documentation supporting allegations of timeliness, if at issue, including fax records, phone records or memos.

(2) Clinical records supporting the existence of medical necessity if at issue.

(3) A summary of reasons why the MHP should have approved the MHP payment authorization.

(4) A contact person(s) name, address and phone number.

(d) The Department shall notify the MHP and the provider of its receipt of a request for appeal within seven (7) calendar days, along with a request for specific documentation supporting the denial of the MHP payment authorization.

(e) The MHP shall submit the required documentation within twenty–one (21) calendar days or the Department shall find in favor of the provider.

(f) The Department shall have sixty (60) calendar days from the receipt of the MHP's documentation to notify, in writing, the provider and the MHP of its decision and its basis.

(1) The Department may allow both a provider representative(s) and the MHP representative(s) an opportunity to present oral argument to the department.

(2) If the Department upholds a provider's appeal, the MHP has fourteen (14) calendar days from the receipt of the provider's revised request for payment to approve the MHP payment authorization document or submit documentation to the Medi–Cal fiscal intermediary required to process the MHP payment authorization.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 14684, Welfare and Institutions Code.

§ 1799. Provider Appeal Process—Claims Processing.

(a) A Fee–for–Service/Medi–Cal provider may file an appeal

concerning the processing or payment of its claims for psychiatric inpatient hospital services directly to the fiscal intermediary. The fiscal intermediary shall have sixty (60) calendar days from the receipt of the appeal to make a determination in writing to the provider.

(b) A Short–Doyle/Medi–Cal provider may file an appeal concerning the processing or payment of its claims for psychiatric inpatient hospital services directly to the Department. The Department shall have sixty (60) calendar days from the receipt of the appeal to make a determination in writing to the provider.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 14684, Welfare and Institutions Code.

Chapter 11. Medi–Cal Specialty Mental Health Services

Subchapter 1. General Provisions

Article 1. General

§ 1810.100. General.

Specialty mental health services shall be provided to Medi–Cal beneficiaries in any county through a mental health plan which contracts with the department to provide specialty mental health services to those Medi–Cal beneficiaries and to share in the risk of providing specialty mental health services as provided in this chapter. When a mental health plan contracts with the department pursuant to this chapter, all beneficiaries in that county shall be eligible to receive Medi–Cal funded specialty mental health services as described in this chapter only through the mental health plan.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5775, 5776, 5777, 5778, 5780, 14640, 14681, 14682, 14683, 14684, 14685, Welfare and Institutions Code.

§ 1810.110. Applicability of Laws and Regulations and Program Flexibility.

(a) Each mental health plan contracting with the department pursuant to this chapter shall comply with this chapter, all applicable Federal laws, regulations and guidelines, and all applicable State Medi–Cal regulations in Division 3, Subdivision 1, of Title 22. When there is a conflict between Title 22 and this chapter, this chapter shall prevail with regard to Medi–Cal funded specialty mental health services.

(b) Provisions of contracts between mental health plans and providers shall not be in conflict with this chapter.

(c) The department may waive regulations in subchapters 1, 2, 3, and 4 at the request of a mental health plan for the purpose of testing elements of the specialty mental health services delivery system to be established pursuant to Section 5779 of the Welfare and Institutions Code, provided the mental health plan remains in compliance with all other applicable laws and regulations. A written request and substantiating evidence supporting the request shall be submitted by the mental health plan to the department. If the request is consistent with this subsection, the request may be approved by the department. The approval shall provide for the terms and conditions under which the exception is granted, and shall be effected by an amendment to the contract between the mental health plan and the department under this chapter.

(d) The department may approve the use of alternate concepts, methods, procedures, techniques, equipment, personnel qualifications or the conducting of pilot projects, provided such exceptions are carried out consistent with the mental health plan's obligations to ensure access, quality of care, and cost effectiveness under federal and state laws and regulations, and the terms of the contract between the department and the mental health plan. A written request and substantiating evidence supporting the request shall be submitted by the mental health plan to the department. If the request is consistent with this subsection, the request may be approved by the department. The approval shall provide for the terms and conditions under which the exception is granted, and may be effected by an amendment to the contract between the mental health plan and the department under this chapter.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5775, 5776, 5777, 5778, 5779 and 14684, Welfare and Institutions Code.

Article 2. Definitions, Abbreviations and Program Terms

§ 1810.201. Acute Psychiatric Inpatient Hospital Services.

"Acute Psychiatric Inpatient Hospital Services" means those services provided by a hospital to beneficiaries for whom the facilities, services and equipment described in Section 1810.350 are medically necessary for diagnosis or treatment of a mental disorder in accordance with Section 1820.205.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 14132 and 14684, Welfare and Institutions Code.

§ 1810.202. Administrative Day Service.

"Administrative Day Services" means psychiatric inpatient hospital services provided to a beneficiary who has been admitted to the hospital for acute psychiatric inpatient hospital services, and the beneficiary's stay at the hospital must be continued beyond the beneficiary's need for acute psychiatric inpatient hospital services due to a temporary lack of residential placement options at appropriate, non–acute treatment facilities.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 14132 and 14684, Welfare and Institutions Code.

§ 1810.203. Adult Residential Treatment Service.

"Adult Residential Treatment Service" means rehabilitative services, provided in a non–institutional, residential setting, which provide a therapeutic community including a range of activities and services for beneficiaries who would be at risk of hospitalization or other institutional placement if they were not in the residential treatment program. The service is available 24 hours a day, seven days a week. Service activities may include assessment, plan development, therapy, rehabilitation and collateral.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 14021.4 and 14684, Welfare and Institutions Code.

§ 1810.204. Assessment.

"Assessment" means a service activity which may include a clinical analysis of the history and current status of a beneficiary's mental, emotional, or behavioral disorder; relevant cultural issues and history; diagnosis; and the use of testing procedures.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 14021.4 and 14684, Welfare and Institutions Code.

§ 1810.205. Beneficiary.

"Beneficiary" means any person certified as eligible under the Medi–Cal Program according to Title 22, Section 51001.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 14000, 14005 and 14684, Welfare and Institutions Code.

§ 1810.205.1. Border Community.

"Border Community" means a community located outside the State of California which is not considered to be out of state for the purpose of excluding coverage by the MHPs because of its proximity to California and historical usage of providers in the community by Medi–Cal beneficiaries. Specific border communities are Ashland, Brookings, Cave Junction, Grants Pass, Jacksonville, Klamath Falls, Lakeview, Medford and Merrill, Oregon; Carson City, Henderson, Incline Village, Las Vegas, Minden, Reno, Sparks, and Zephyr Cove, Nevada; and Bullhead, Kingman, Lake Havasu City, Parker, and Yuma, Arizona.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777 and 14684, Welfare and Institutions Code.

§ 1810.206. Collateral.

"Collateral" means a service activity to a significant support person in a beneficiary's life with the intent of improving or maintaining the mental health status of the beneficiary. The beneficiary may or may not be present for this service activity.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 14021.4 and 14684, Welfare and Institutions Code.

§ 1810.207. Contract Hospital.

"Contract Hospital" means a hospital which has a contract with a specific Mental Health Plan to provide psychiatric inpatient hospital services to beneficiaries.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1810.208. Crisis Residential Treatment Service.

"Crisis Residential Treatment Service" means therapeutic or rehabilitative services provided in a non–institutional residential setting which provides a structured program for beneficiaries as an alternative to hospitalization for beneficiaries experiencing an acute psychiatric episode or crisis who do not present medical complications requiring nursing care. The service supports beneficiaries in their efforts to restore, maintain, and apply interpersonal and independent living skills, and to access community support systems. The service is available 24 hours a day, seven days a week. Service activities may include assessment, plan development, therapy, rehabilitation, collateral, and crisis intervention.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 14021.4 and 14684, Welfare and Institutions Code.

§ 1810.209. Crisis Intervention.

"Crisis Intervention" means a service, lasting less than 24 hours, to or on behalf of a beneficiary for a condition which requires more timely response than a regularly scheduled visit. Service activities may include but are not limited to assessment, collateral and therapy. Crisis intervention is distinguished from crisis stabilization by being delivered by providers who are not eligible to deliver crisis stabilization or who are eligible, but deliver the service at a site other than a provider site that has been certified by the department or a Mental Health Plan to provide crisis stabilization.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 14021.4 and 14684, Welfare and Institutions Code.

§ 1810.210. Crisis Stabilization.

"Crisis Stabilization" means a service lasting less than 24 hours, to or on behalf of a beneficiary for a condition which requires more timely response than a regularly scheduled visit. Service activities may include but are not limited to assessment, collateral and therapy. Crisis stabilization must be provided on site at a 24 hour health facility or hospital–based outpatient program or at other provider sites which have been certified by the department or a Mental Health Plan to provide crisis stabilization services.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 14021.4 and 14684, Welfare and Institutions Code.

§ 1810.211. Cultural Competence.

"Cultural Competence" means a set of congruent practice skills, behaviors, attitudes and policies in a system, agency, or among those persons providing services that enables that system, agency, or those persons providing services to work effectively in cross cultural situations.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1810.212. Day Rehabilitation.

"Day Rehabilitation" means a structured program of rehabilitation and therapy to improve, maintain or restore personal independence and functioning, consistent with requirements for learning and development, which provides services to a distinct group of beneficiaries and is available at least three hours and less than twenty–four hours each day the program is open. Service activities may include, but are not limited to, assessment, plan development, therapy, rehabilitation and collateral.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 14021.4 and 14684, Welfare and Institutions Code.

§ 1810.213. Day Treatment Intensive.

"Day Treatment Intensive" means a structured, multi–disciplinary program of therapy which may be an alternative to hospitalization, avoid placement in a more restrictive setting, or maintain the beneficiary in a community setting, with services available at least three hours and less than twenty–four hours each day the program is open. Service activities may include, but are not limited to, assessment, plan development, therapy, rehabilitation and collateral.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 14021.4 and 14684, Welfare and Institutions Code.

§ 1810.214. Department.

"Department" means the State Department of Mental Health.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5775, 5777, 5778, 14680 and 14684, Welfare and Institutions Code.

§ 1810.214.1. Disproportionate Share Hospital (DSH).

"Disproportionate Share Hospital (DSH)" means a hospital that serves a disproportionate share of low income people as determined annually by the State Department of Health Services in accordance with Welfare and Institutions Code, Section 14105.98.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 14105.98, Welfare and Institutions Code, and Title 42, Section 1396r–4, United States Code.

§ 1810.215. Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Supplemental Specialty Mental Health Services.

"EPSDT supplemental specialty mental health services" means those services defined in Title 22, Section 51184, that are provided to correct or ameliorate the diagnoses listed in Section 1830.205, and that are not otherwise covered by this chapter.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 14132 and 14684, Welfare and Institutions Code, and Title 42, Section 1396d(r), United States Code.

§ 1810.216. Emergency Psychiatric Condition.

"Emergency Psychiatric Condition" means a condition that meets the criteria in Section 1820.205 when the beneficiary with the condition, due to a mental disorder, is a danger to self or others, or immediately unable to provide for or utilize, food, shelter or clothing, and requires psychiatric inpatient hospital or psychiatric health facility services.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777 and 14684, Welfare and Institutions Code.

§ 1810.216.1. Fair Hearing.

"Fair Hearing" means the State hearing provided to beneficiaries pursuant to Title 22, Sections 50951 and 50953.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 10950–10965 and 14684, Welfare and Institutions Code.

§ 1810.216.2. Federal Financial Participation (FFP).

"Federal Financial Participation (FFP)" means the federal matching funds available for services provided to Medi–Cal beneficiaries under the Medi–Cal program.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 5778, Welfare and Institutions Code.

§ 1810.217. Fee–for–Service/Medi–Cal Hospital.

"Fee–for–Service/Medi–Cal Hospital" means a hospital that submits reimbursement claims for Medi–Cal psychiatric inpatient hospital services through the fiscal intermediary.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 14680 and 14684, Welfare and Institutions Code.

§ 1810.218. Fiscal Intermediary.

"Fiscal Intermediary" means the entity which has contracted with the State Department of Health Services to perform services for the Medi–Cal Program pursuant to Section 14104.3 of the Welfare and Institutions Code.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778, 14104.3 and 14684, Welfare and Institutions Code.

§ 1810.218.1. Grievance.

"Grievance" means a beneficiary's written complaint or expression of concern filed through the MHP's grievance process as required by Section 1850.205(e)(1).

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 14684, Welfare and Institutions Code.

§ 1810.218.2. Group Provider.

"Group Provider" means an organization that provides specialty mental health services through two or more individual providers. Group providers include entities such as independent practice associations, hospital outpatient departments, health care service plans, and clinics.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777 and 14684, Welfare and Institutions Code.

§ 1810.219. Hospital.

"Hospital" means an institution that meets the requirements of Title 22, Section 51207, and has been certified by the State Department of Health Services as a Medi–Cal provider of inpatient hospital services. Hospital includes general acute care hospitals, acute psychiatric hospitals, and psychiatric health facilities.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1810.220. Hospital–Based Ancillary Services.

"Hospital–Based Ancillary Services" means services, which include but are not limited to prescription drugs, laboratory services, x–ray, electroconvulsive therapy (ECT) and magnetic resonance imaging (MRI), that are received by a beneficiary admitted to a hospital, other than routine hospital services.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777 and 14684, Welfare and Institutions Code.

§ 1810.221. Implementation Plan.

"Implementation Plan" means a written description submitted to the department by a prospective Mental Health Plan and approved by the department which specifies the procedures which will be used by the Mental Health Plan to provide specialty mental health services to beneficiaries.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5778 and 14684, Welfare and Institutions Code.

§ 1810.222. Individual Provider.

"Individual Provider" means licensed mental health professionals whose scope of practice permits the practice of psychotherapy without supervision who provide specialty mental health services directly to beneficiaries. Individual provider includes licensed physicians, licensed psychologists, licensed clinical social workers, licensed marriage, family and child counselors, and registered nurses with a master's degree within their scope of practice. Individual provider does not include licensed mental health professionals when they are acting as employees of any organizational provider or contractors of organizational providers other than the MHP.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777 and 14684, Welfare and Institutions Code.

§ 1810.222.1. Institution for Mental Disease.

"Institution for Mental Disease" means a hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment or care of persons with mental illnesses, including medical attention, nursing care, and related services.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Title 42, Section 1396d(a) and (i), United States Code.

§ 1810.223. Licensed Mental Health Professional.

"Licensed mental health professional" means licensed physicians, licensed clinical psychologists, licensed clinical social workers, licensed marriage, family and child counselors, registered nurses, licensed vocational nurses, and licensed psychiatric technicians.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1810.224. Medi–Cal Managed Care Plan.

"Medi–Cal Managed Care Plan" means an entity contracting with the State Department of Health Services to provide services to enrolled beneficiaries under Chapter 7, commencing with Section 14000, or Chapter 8, commencing with Section 14200, of Division 9, Part 3 of the Welfare and Institutions Code.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1810.225. Medication Support Services.

"Medication Support Services" means those services which include prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals which are necessary to alleviate the symptoms of mental illness. The services may include evaluation of the need for medication, evaluation of clinical effectiveness and side effects, the obtaining of informed consent, medication education and plan development related to the delivery of the service and/or assessment of the beneficiary.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 14021.4 and 14684, Welfare and Institutions Code.

§ 1810.225.1. Memorandum of Understanding (MOU).

"Memorandum of Understanding (MOU)" means a written agreement between mental health plans and Medi–Cal managed care plans describing their responsibilities in the delivery of specialty mental health services to beneficiaries who are served by both parties.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 14681 and 14683, Welfare and Institutions Code.

§ 1810.226. Mental Health Plan (MHP).

"Mental Health Plan" (MHP) means an entity which enters into an agreement with the department to arrange for and/or provide specialty mental health services to beneficiaries in a county as provided in this chapter. An MHP may be a county, counties acting jointly or another governmental or nongovernmental entity.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5775, 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1810.227. Mental Health Services.

"Mental Health Services" means those individual or group therapies and interventions that are designed to provide reduction of mental disability and improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self–sufficiency and that are not provided as a component of adult residential services, crisis residential treatment services, crisis intervention, crisis stabilization, day rehabilitation, or day treatment intensive. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation and collateral.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 14021.4 and 14684, Welfare and Institutions Code.

§ 1810.228. MHP of Beneficiary.

"MHP of beneficiary" means the MHP responsible for providing or arranging and paying for specialty mental health services for a beneficiary under the provisions of this chapter. The responsible MHP is the MHP serving the county that corresponds to the beneficiary's county of residence code as listed in the Medi–Cal Eligibility Data System (MEDS), unless another MHP is determined responsible pursuant to Section 1850.405.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1810.229. MHP Payment Authorization.

"MHP Payment Authorization" means the written, electronic or verbal authorization given by an MHP to a provider for reimbursement of specialty mental health services provided to a beneficiary. In addition to obtaining any required MHP payment authorization, the provider must meet all other applicable Medi–Cal requirements and requirements of the contract between the MHP and the provider to ensure reimbursement by the MHP.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1810.230. Non–contract Hospital.

"Non–contract Hospital" means a hospital which is certified by the State Department of Health Services to provide Medi–Cal services, but which does not have a contract with a specific MHP to provide psychiatric inpatient hospital services to beneficiaries.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5775, 5777 and 14684, Welfare and Institutions Code.

§ 1810.231. Organizational Provider.

"Organizational provider" means a provider of specialty mental health services other than psychiatric inpatient hospital services or psychiatric nursing facility services that provides the services to beneficiaries through employed or contracting licensed mental health or waivered/registered professionals and other staff. The MHP is an organizational provider when specialty mental health services are provided to beneficiaries by employees of the MHP.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777 and 14684, Welfare and Institutions Code.

§ 1810.232. Plan Development.

"Plan Development" means a service activity which consists of development of client plans, approval of client plans, and/or monitoring of a beneficiary's progress.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 14021.4 and 14684, Welfare and Institutions Code.

§ 1810.233. Point of Authorization.

"Point of Authorization" means the function within the MHP that is required to receive provider communications twenty–four hours a day, seven days a week regarding requests for MHP payment authorization of psychiatric inpatient hospital, psychiatric health facility, and psychiatric nursing facility services and authorizes payment for those services. This function may be assigned to a person, an identified staffing unit, a committee, or an organizational executive who may delegate the authorization functions.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1810.234. Prior Authorization.

"Prior authorization" means the issuance of an MHP payment authorization to a provider before the requested service has been provided.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1810.235. Provider.

"Provider" means person or entity who is licensed, certified, or otherwise recognized or authorized under state law governing the healing arts to provide specialty mental health services and who meets the standards for participation in the Medi–Cal program as described in this chapter and in Division 3, Subdivision 1 of Title 22. Provider includes licensed mental health professionals, clinics, hospital outpatient departments, certified day treatment facilities, certified residential treatment facilities, skilled nursing facilities, psychiatric health facilities, and hospitals. The MHP is a provider when direct services are provided to beneficiaries by employees of the MHP.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5775, 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1810.236. Psychiatric Health Facility.

"Psychiatric Health Facility" means a facility licensed by the department under the provisions of Chapter 9, Division 5 of Title 22. For the purposes of this chapter, psychiatric health facilities that have been certified by the State Department of Health Services as providers of inpatient hospital services will be governed by the provisions applicable to hospitals and psychiatric inpatient hospital services, except when specifically indicated in context.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777 and 14684, Welfare and Institutions Code.

§ 1810.237. Psychiatric Health Facility Services.

"Psychiatric Health Facility Services" mean therapeutic and/or rehabilitative services provided in a non–hospital psychiatric health facility on an inpatient basis to beneficiaries who need acute care and whose physical health needs can be met in an affiliated hospital or in outpatient settings. The determination of the need for acute care shall be made in accordance with Section 1820.205.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 14021.4 and 14684, Welfare and Institutions Code.

§ 1810.237.1. Psychiatric Inpatient Hospital Professional Services.

"Psychiatric Inpatient Hospital Professional Services" means specialty mental health services provided to a beneficiary by a licensed mental health professional with hospital admitting privileges while the beneficiary is in a psychiatric inpatient hospital. Psychiatric inpatient hospital professional services do not include all specialty mental health services that may be provided in an inpatient setting. Psychiatric inpatient hospital professional services include only those services provided for the purpose of evaluating and managing the mental disorder that resulted in the need for psychiatric inpatient hospital services. Psychiatric inpatient hospital professional services

do not include routine hospital services or hospital–based ancillary services.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777 and 14684, Welfare and Institutions Code.

§ 1810.238. Psychiatric Inpatient Hospital Services.

"Psychiatric Inpatient Hospital Services" means both acute psychiatric inpatient hospital services and administrative day services provided in a hospital.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5778, 14132 and 14684, Welfare and Institutions Code.

§ 1810.239. Psychiatric Nursing Facility Services.

"Psychiatric Nursing Facility Services" means skilled nursing facility services as defined in Title 22, Section 51123, that include special treatment program services for mentally disordered persons as defined in Chapter 3, Division 5, Title 22, provided by an entity that is licensed as a skilled nursing facility by the State Department of Health Services and is certified by the department to provide special treatment program services.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 14132 and 14684, Welfare and Institutions Code.

§ 1810.240. Psychiatrist Services.

"Psychiatrist Services" means services provided by licensed physicians, within their scope of practice, who have contracted with the MHP to provide specialty mental health services or who have indicated a psychiatrist specialty as part of the provider enrollment process for the Medi–Cal program, to diagnosis or treat a mental illness or condition. For the purposes of this chapter, psychiatrist services may only be provided by physicians who are individual or group providers.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 14132 and 14684, Welfare and Institutions Code.

§ 1810.241. Psychologist Services.

"Psychologist Services" means services provided by licensed psychologists, within their scope of practice, to diagnose or treat a mental illness or condition. For the purposes of this chapter, psychologist services may only be provided by psychologists who are individual or group providers.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 14132 and 14684, Welfare and Institutions Code.

§ 1810.242. Receipt or Date of Receipt.

"Receipt" means the receipt of a Treatment Authorization Request or other document. The "date of receipt" means the date the document was received as indicated by a date stamp made by the receiver or the fax date recorded on the document. For documents submitted by mail, the postmark date shall be used as the date of receipt in the absence of a date/time stamp made by the receiver.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5778 and 14684, Welfare and Institutions Code.

§ 1810.243. Rehabilitation.

"Rehabilitation" means a service activity which includes assistance in improving, maintaining, or restoring a beneficiary's or group of beneficiaries' functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, and support resources; and/or medication education.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 14021.4 and 14684, Welfare and Institutions Code.

§ 1810.243.1. Risk Reinsurance.

"Risk Reinsurance" means an insurance policy purchased for an MHP that provides coverage for costs of providing services exceeding specified limits.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5778, Welfare and Institutions Code.

§ 1810.244. Routine Hospital Services.

"Routine Hospital Services" means bed, board and all medical, nursing and other support services usually provided to an inpatient by a psychiatric inpatient hospital. Routine hospital services do not include hospital–based ancillary services, psychiatrist or other physician services, or psychologist services.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1810.245. Service Activities.

"Service Activities" means activities conducted to provide specialty mental health services when the definition of the service includes these activities. Service activities include, but are not limited to, assessment, collateral, therapy, rehabilitation, and plan development.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 14021.4 and 14684, Welfare and Institutions Code.

§ 1810.246. Short–Doyle/Medi–Cal Hospital.

"Short–Doyle/Medi–Cal Hospital" means a hospital that submits claims for Medi–Cal psychiatric inpatient hospital services through the department to the State Department of Health Services and not to the fiscal intermediary.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1810.246.1. Significant Support Person.

"Significant support person" means persons, in the opinion of the beneficiary or the person providing services, who have or could have a significant role in the successful outcome of treatment, including but not limited to the parents or legal guardian of a beneficiary who is a minor, the legal representative of a beneficiary who is not a minor, a person living in the same household as the beneficiary, the beneficiary's spouse, and relatives of the beneficiary.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 14021.4 and 14684, Welfare and Institutions Code.

§ 1810.246.2. Small County.

"Small County" means a county in California with a population of less than 200,000 by 1990 census data.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 5778, Welfare and Institutions Code.

§ 1810.246.3. Small County Reserve.

"Small County Reserve" means that portion of the State General Fund appropriation for consolidation of psychiatric inpatient hospital services that is allocated for use by MHPs in small counties as self–insurance to provide a mechanism to reduce financial risk.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 5778, Welfare and Institutions Code.

§ 1810.247. Specialty Mental Health Services.

"Specialty Mental Health Services" means:

(a) Rehabilitative Services, which includes mental health services, medication support services, day treatment intensive, day rehabilitation, crisis intervention, crisis stabilization, adult residential treatment services, crisis residential services, and psychiatric health facility services.

(b) Psychiatric Inpatient Hospital Services;

(c) Targeted Case Management;

(d) Psychiatrist Services;

(e) Psychologist Services;

(f) EPSDT Supplemental Specialty Mental Health Services; and

(g) Psychiatric Nursing Facility Services.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 14021.3, 14021.4, 14132 and 14684, Welfare and Institutions Code.

§ 1810.248. Submit or Date of Submission.

"Submit" means to transmit a document by mail, fax, or hand delivery. The "date of submission" means the date the document was submitted as indicated by the postmark date, the fax date, or the date of hand delivery as shown by a date stamp made by the receiver. For documents submitted by mail, the postmark date shall be used as the date of submission.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 5775, Welfare and Institutions Code.

§ 1810.249. Targeted Case Management.

"Targeted Case Management" means services that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities may include, but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary's progress; and plan development.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 14021.3 and 14684, Welfare and Institutions Code.

§ 1810.250. Therapy.

"Therapy" means a service activity which is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments. Therapy may be delivered to an individual or group of beneficiaries and may include family therapy at which the beneficiary is present.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 14021.3 and 14684, Welfare and Institutions Code.

§ 1810.251. Third Party Liability.

"Third Party Liability" means an amount owed for specialty mental health services on behalf of a beneficiary by any payor other than the MHP, the Medi–Cal program or the beneficiary.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1810.252. Traditional Hospital.

"Traditional Hospital" means a Fee–for–Service/Medi–Cal hospital that, according to historical Medi–Cal payment data collected by the State Department of Health Services for the most recent fiscal year, provides services to beneficiaries of an MHP that account for five percent or twenty thousand dollars, whichever is more, of the total fiscal year Medi–Cal psychiatric inpatient hospital service payments made to Fee–for–Service/Medi–Cal hospitals for beneficiaries of an MHP.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1810.253. Urgent Condition.

"Urgent Condition" means a situation experienced by a beneficiary that, without timely intervention, is certain to result in an immediate emergency psychiatric condition.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777 and 14684, Welfare and Institutions Code.

§ 1810.253.1. Usual and Customary Charges.

"Usual and Customary Charges" means those uniform charges which are listed in a provider's established charge schedule which are in effect and applied consistently to most patients.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 5778, Welfare and Institutions Code.

§ 1810.254. Waivered/Registered Professional.

"Waivered/Registered Professional" means an individual who has a waiver of psychologist licensure issued by the department or has registered with the applicable state licensing authority to obtain supervised clinical hours for Marriage, Family and Child Counselor or Clinical Social Worker licensure.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777 and 14684, Welfare and Institutions Code.

Article 3. Administration

§ 1810.305. Designation of MHPs.

(a) A county that wishes to be designated as the MHP for the beneficiaries of that county shall communicate its intent in a resolution from the county board of supervisors which shall be transmitted to the department. The resolution shall state that:

(1) The county assumes responsibility for Medi–Cal authorization and payment for all covered specialty mental health services for beneficiaries of that MHP and assures that access to services through the MHP will be no less than access provided to beneficiaries prior to operation of the MHP.

(2) The county recognizes and agrees that the allocation of State funds pursuant to Section 5778, Welfare and Institutions Code, is the full payment from the State for the services specified in subsection (a)(1), except as specifically provided in this chapter.

(3) The county will utilize a public planning process that involves various constituency groups, including, but not limited to beneficiaries, providers, and beneficiaries' significant support persons as self identified, to assist in formulating policies and procedures for the operation of the MHP insofar as these policies and procedures are not specifically prescribed in law and regulation.

(4) The county will submit to the department an Implementation Plan pursuant to Section 1810.310.

(b) If a county declines to be the MHP for the beneficiaries of that county or if the county or the department terminates or fails to renew the contract between the department and a designated MHP, other qualifying entities including another county, other counties acting jointly, or other governmental and non–governmental entities, may be designated as the MHP by the department pursuant to Section 5775, Welfare and Institutions Code. The entity selected shall meet the same duties and obligations required of a county in subsections (a)(1) through (4).

(c) The department may designate an MHP pursuant to subsection (b) through a competitive procurement process. If the department elects to do so, the department may integrate the requirements of subsections (a)(1) through (4) and the requirements of Section 1810.310 into the procurement process as appropriate.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5775, 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1810.310. Implementation Plan.

(a) An entity designated as an MHP shall submit an Implementation Plan to the department, within the time frame established by the department. The time frame shall be no more than 180 days and no less than 90 calendar days prior to the date on which the entity proposes to begin operations. The Implementation Plan shall include:

(1) Procedures for MHP payment authorization of specialty mental health services by the MHP, including a description of the point of authorization.

(2) A description of the process for:

(A) Screening, referral and coordination with other necessary

services, including, but not limited to, substance abuse, educational, health, housing and vocational rehabilitation services.

(B) Outreach efforts for the purpose of providing information regarding access under the MHP to beneficiaries and providers.

(C) Assuring continuity of care for beneficiaries receiving specialty mental health services prior to the date the entity begins operation as the MHP.

(D) Providing clinical consultation and training to beneficiaries' primary care physicians and other physical health care providers.

(3) A description of the processes for problem resolution as required in Subchapter 6.

(4) A description of the provider selection process, including provider selection criteria consistent with Sections 1810.425 and 1810.435. The MHP shall include a Request for Exemption from Contracting in accordance with Section 1810.430(c) if the MHP decides not to contract with a Traditional Hospital or DSH.

(5) A description of the provision, to the extent feasible, of age–appropriate services to beneficiaries.

(6) The MHP's proposed Cultural Competence Plan as described in Section 1810.410, unless the department has determined that the Cultural Competence Plan will be submitted in accordance with the terms of the contract between the MHP and the department pursuant to Section 1810.410(c).

(7) A description of a process for planned admissions in non–contract hospitals if such an admission is determined to be necessary by the MHP.

(8) A description of the MHP's Quality Improvement and Utilization Management Programs.

(9) A description of policies and procedures that assure beneficiary confidentiality in compliance with applicable state and federal laws and regulations.

(10) Other policies and procedures identified by the department as relevant to determining readiness to provide specialty mental health services to beneficiaries as described in this chapter.

(b) The department shall review and either approve, disapprove, or request additional information for each Implementation Plan. Notices of Approval, Notices of Disapproval and requests for additional information shall be forwarded to applicant MHP entities within 60 calendar days of the receipt of the Implementation Plan.

(c) Prior to implementing changes in the policies, processes or procedures that modify its current Implementation Plan, an MHP shall submit its proposed changes in writing to the department for review. If the changes are consistent with this chapter, the changes shall be approved by the department. The department shall provide a Notice of Approval or a Notice of Disapproval, including the reasons for disapproval, to the MHP within 30 calendar days after the receipt of the notice from the MHP. The MHP may implement the proposed changes 30 calendar days from submission to the department if the department fails to provide a Notice of Approval or Disapproval.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5775, 5777, 5778, 14683 and 14684, Welfare and Institutions Code.

§ 1810.315. Contracts Between the Department and the MHP.

(a) The term of the contract between an MHP and the department shall be for a term agreed to by the parties not to exceed three years. Regardless of the effective date of the contract, the expiration date of the contract shall be June 30, the end of the State fiscal year.

(b) The contract may be amended by mutual written agreement of the MHP and the department.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5775, 5777 and 5778, Welfare and Institutions Code.

§ 1810.320. Contract Renewal.

(a) A MHP contract shall be renewed unless good cause is shown for nonrenewal. The term of a renewed contract shall be one year. Good cause for nonrenewal shall include, but not be limited to the following:

(1) Failure of the MHP to comply with all terms and conditions of the contract and with all applicable laws and regulations.

(2) The department's finding of fact, based upon the MHP's past performance under its contract, that it does not have the ability to fulfill the terms of the contract with the State.

(b) The department shall have final discretionary authority in the renewal of the MHP contract.

(c) If either party chooses nonrenewal of the contract, then the MHP or the department must give to the other party at least 180 calendar days prior notice of nonrenewal.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5775, 5777 and 5778, Welfare and Institutions Code.

§ 1810.325. Contract Termination.

(a) The MHP may terminate its contract with the department in accordance with the terms of its contract with the department by delivering written notice of termination to the department at least 180 calendar days prior to the effective date of termination.

(b) The department shall immediately terminate its contract with an MHP if the department finds that there is an immediate threat to the health and safety of Medi–Cal beneficiaries.

(c) The department shall terminate its contract with an MHP that the Secretary, Health and Human Services has determined does not meet the requirements for participation in the Medicaid program, Title XIX of the Social Security Act. The department shall deliver written notice of termination to the MHP at least 60 calendar days prior to the proposed effective date of termination.

(d) The department may terminate the MHP contract for noncompliance with the requirements of law or regulations or terms of the contract. The department shall deliver written notice of termination to the MHP at least 90 calendar days prior to the proposed effective date of termination.

(e) The department may terminate its contract with an MHP for any reason not specified in subsections (b), (c), or (d) by delivering written notice of termination to the MHP at least 180 calendar days prior to the proposed effective date of termination.

(f) The written notice of termination shall be provided to the MHP and to other persons and organizations as the department may deem necessary.

(g) The written notice of termination shall include the reason for the termination and the proposed effective date of termination.

(h) The MHP may appeal, in writing, a proposed contract termination to the department within 15 working days after the date of receipt of the notice of termination, setting forth relevant facts and arguments. The department shall grant or deny the appeal within 30 calendar days after receipt of the appeal. In granting an appeal, the department may take another action available under Section 1810.380(b). The department's election to take another action shall not be appealable to the department. Except for terminations pursuant to subsection (c), the department shall pend the termination date until the department has acted on the MHP's appeal.

(1) The MHP may request that a public hearing be held by the Office of Administrative Hearings to allow the department to show cause for the termination. The public hearing shall be held no later than 30 calendar days after receipt by the MHP of the notice to terminate the contract. In order to give the Office of Administrative Hearings sufficient time to arrange for a hearing, the MHP request for a hearing shall be submitted no later than five working days after receipt of the notion to terminate, by making its request to the Office of Administrative Hearings directly.

(2) The Office of Administrative Hearings shall provide written recommendations concerning the termination of the contract to the department and to the MHP within 30 calendar days after conclusion of the hearing. The department shall act to grant or deny the appeal within 30 calendar days after receipt of the recommendations of the Office of Administrative Hearings. In granting an appeal, the

department may take another action available under Section 1810.380(b). The department's election to take another action shall not be appealable to the department or to the Office of Administrative Hearings. Except for terminations pursuant to subsection (c), the department shall pend the termination date until the department has acted on the MHP's appeal.

(i) In the event that the contract with an MHP is terminated for any cause, the remaining balance of State funds which were transferred to the MHP for specialty mental health services shall be returned to the department on a timeline specified by the department in the notice of termination. The State has a right to examine all records of an MHP to determine the balance of funds to be returned to the department.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5775, 5776, 5777, 5778 and 5780, Welfare and Institutions Code.

§ 1810.330. Allocation of State Funds to MHPs.

In consultation with a statewide organization representing counties, the department shall determine the methodology for allocating state funds to the MHPs annually. The methodology shall include a determination of the appropriate level for the Small County Reserve allocation. The allocation shall include state funds for specialty mental health services covered by the MHP that are not eligible for federal financial participation pursuant to Subchapter 4, subject to the appropriation of such funds by the legislature. State funds based on the allocation process shall be provided to each MHP annually in accordance with the terms of its contract with the department and to the Small County Reserve, if applicable.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777 and 5778, Welfare and Institutions Code.

§ 1810.335. Renegotiation of the Allocation of State Funds to an MHP.

Either the department or an MHP may request renegotiation of the amount of state funds paid to the MHP for the fiscal year, if it determines that there have been changes in the obligations of the MHP as a result of changes in federal or state law or regulation or the interpretation of federal or state law or regulation that increases or decreases the cost of providing services under the contract between the department and the MHP after the annual allocation of state funds has been determined in accordance with Section 1810.330. Any change in the amount of state funds to be paid to the MHP agreed to by the parties shall be effected as an amendment to the contract between the department and the MHP and shall be effective as of the date the obligations changed or a date agreed to by the parties, whichever is later. Any changes in state funding shall be subject to appropriation by the legislature.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777 and 5778, Welfare and Institutions Code.

§ 1810.341. Small County Reserve Allocation.

(a) MHPs in small counties shall establish the Small County Reserve with funds allocated by the department pursuant to Section 1810.330.

(b) The Small County Reserve may only be used for:

(1) Reimbursement of MHPs in small counties for the cost of psychiatric inpatient hospital services in excess of their allocation.

(2) Purchase of risk reinsurance for MHPs in small counties.

(3) Alternatives to hospitalization.

(4) Costs associated with the administration of the Reserve.

(c) Any interest earned from funds held in the Small County Reserve shall accrue to the Small County Reserve.

(d) The department shall not be liable for obligations of the MHPs in small counties that exceed the balance in the Small County Reserve. When costs do not exceed the balance in the Small County Reserve during any given State fiscal year, the amount of unexpended funds shall be reported to the department by November 30 of the following State fiscal year. The unexpended funds may be retained in the Small County Reserve and used as specified in (b).

(e) The MHPs in the small counties shall establish a Utilization Control and Operations Committee. The administrative procedures for, and the process of, appointing members to the Utilization Control and Operations Committee of the Small County Reserve shall be determined by the MHPs in small counties, through an organization representing the MHPs, in consultation with the department. The department shall not be liable for any action of the MHPs in small counties or the Utilization Control and Operations Committee related to the administration of the Small County Reserve.

(f) The Utilization Control and Operations Committee shall:

(1) Develop procedures and provide policy direction for the operation of the Small County Reserve.

(2) Determine circumstances under which a small county MHP shall be eligible to receive Small County Reserve funds.

(3) Provide guidance for the day–to–day operation of the Small County Reserve.

(4) Monitor utilization of psychiatric inpatient hospital services and other specialty mental health services by member MHPs.

(5) Recommend corrective actions and arrange for technical assistance to MHPs that have been denied access to the Small County Reserve funds.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 5778, Welfare and Institutions Code.

§ 1810.345. Scope of Covered Specialty Mental Health Services.

(a) The MHP of a beneficiary shall provide or arrange and pay for specialty mental health services to the beneficiary when the medical necessity criteria in Sections 1820.205, 1830.205, or 1830.210 are met and when specialty mental health services are required to assess whether the medical necessity criteria are met. Except as provided elsewhere in this chapter, the MHP shall not be required to provide or arrange for any specific specialty mental health service, but shall ensure that the specialty mental health services available are adequate to meet the needs of the beneficiary as described in the medical necessity criteria in Sections 1820.205, 1830.205, or 1830.210 as applicable. The MHP of a beneficiary shall be required to provide specialty mental health services only to the extent the beneficiary is eligible for those services based on the beneficiary's Medi–Cal eligibility under Title 22, Division 3, Subdivision 1, Chapter 2, Article 5 and Article 7.

(b) The department may exclude psychiatric nursing facility services from the specialty mental health services covered by the MHP until the department determines that all necessary systems are in place at the State level to ensure proper payment of the providers of psychiatric nursing facility services and proper claiming of federal funds pursuant to Subchapter 4. The department shall adjust the contract between the MHP and the department and the allocation to the MHP pursuant to Section 1810.330 to reflect the exclusion and inclusion of these services as appropriate.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5775, 5777, 14007.5, 14011, 14142, 14145 and 14682, Welfare and Institutions Code.

§ 1810.350. Scope of Covered Psychiatric Inpatient Hospital Services.

(a) An MHP shall be responsible for the MHP payment authorization for psychiatric inpatient hospital services as described in Section 1810.345 and in (b) and (c).

(b) Psychiatric Inpatient Hospital Services for a Fee–for–Service/Medi–Cal hospital shall include:

(1) Routine hospital services and

(2) All hospital–based ancillary services.

(c) Psychiatric Inpatient Hospital Services for a Short–Doyle/Medi–Cal hospital shall include:

(1) Routine hospital services,

(2) All hospital–based ancillary services, and

(3) Psychiatric inpatient hospital professional services.

(d) An MHP shall be responsible for the MHP payment authorization for psychiatric inpatient hospital services provided to a beneficiary eligible for Medicare (Part A) if the payment being authorized is for administrative day services following any approved acute psychiatric inpatient hospital services day and there is compliance with Section 1820.220(j)(5).

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1810.355. Excluded Services.

(a) MHPs shall not be responsible to provide or arrange and pay for the following services:

(1) Medi–Cal services, which are those services described in Title 22, Division 3, Subdivision 1, Chapter 3, that are not specialty mental health services as defined in Section 1810.247.

(A) Prescribed drugs as described in Title 22, Section 51313, and laboratory, radiological, and radioisotope services as described in Title 22, Section 51311, are not the responsibility of the MHPs, except when provided as hospital–based ancillary services. Medi–Cal beneficiaries may obtain Medi–Cal covered prescription drugs and laboratory, radiological, and radioisotope services prescribed by licensed mental health professionals acting within their scope of practice and employed by or contracting with the MHP under applicable provisions of Title 22, Division 3, Subdivision 1.

(B) Medical transportation services as described in Title 22, Section 51323, are not the responsibility of the MHP except when the purpose of the medical transportation service is to transport a beneficiary from a psychiatric inpatient hospital to another psychiatric inpatient hospital or another type of 24 hour care facility because the services in the facility to which the beneficiary is being transported will result in lower costs to the MHP.

(C) Physician services as described in Title 22, Section 51305, that are not psychiatric services as defined in Section 1810.240, even if the services are provided to treat a diagnosis included in Sections 1820.205 or 1830.205.

(2) Out–of–state specialty mental health services except when it is customary practice for a California beneficiary to receive medical services in a border community outside the State.

(3) Specialty mental health services provided by a hospital operated by the department or the State Department of Developmental Services.

(4) Specialty mental health services provided to a beneficiary eligible for Medicare, prior to the exhaustion of beneficiary's Medicare mental health benefits. Administrative day services are excluded only if the beneficiary is in a hospital reimbursed through Medicare (Part A) based on Diagnostic Related Groups (DRGs), when the DRG reimbursement covers administrative day services according to Medicare (Part A).

(5) Specialty mental health services provided to a beneficiary enrolled in a Medi–Cal Managed Care Plan to the extent specialty mental health services are covered by the Medi–Cal Managed Care Plan.

(6) Psychiatric inpatient hospital services received by a beneficiary when services are not billed to an allowable psychiatric accommodation code as defined in Section 1820.100(a).

(7) Medi–Cal services that may include specialty mental health services as a component of a larger service package as follows:

(A) Psychiatrist and psychologist services provided by adult day health centers pursuant to Title 22, Section 54325.

(B) Home and community based waiver services as defined in Title 22, Section 51176.

(C) Specialty mental health services authorized by the California Children's Services (CCS) Program to treat CCS eligible beneficiaries.

(D) Local Education Agency (LEA) services as defined in Title 22, Section 51190.4.

(E) Specialty mental health services provided by Federally Qualified Health Centers, Indian Health Centers, and Rural Health Clinics.

(F) Home health agency services as described in Title 22, Section 51337.

(b) Beneficiaries whose diagnoses are not included in the applicable listing of diagnoses in Sections 1820.205 or 1830.205 may obtain specialty mental health services under applicable provisions of Title 22, Division 3, Subdivision 1.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5775, 5776, 5777, 5778, 5780, 14681, 14682, 14683, 14684, 14685, Welfare and Institutions Code.

§ 1810.360. Notification of Beneficiaries.

(a) Prior to the date the MHP begins operations, the department shall mail a notice to all beneficiaries in a county containing the following information:

(1) The date the MHP will begin operation.

(2) The name and statewide, toll–free telephone number of the MHP.

(3) The availability of a brochure and provider list from the MHP upon request.

(b) The department shall ensure that the notice described in subsection (a) is provided to new beneficiaries either through the mail, through the Medi–Cal eligibility determination process, or through other appropriate means.

(c) The MHP of the beneficiary shall provide beneficiaries with a brochure upon request or when a beneficiary first accesses services. The beneficiary brochure shall contain the following information:

(1) A description of the services available.

(2) A description of the process for obtaining services, including the MHP's statewide toll–free telephone number.

(3) A description of the MHP's beneficiary problem resolution process, including the complaint resolution and grievance processes and the availability of fair hearings.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 14683, Welfare and Institutions Code.

§ 1810.365. Beneficiary Billing.

(a) The MHP of a beneficiary, or an affiliate, vendor, contractor, or sub–subcontractor of the MHP shall not submit a claim to, demand or otherwise collect reimbursement from, the beneficiary or persons acting on behalf of the beneficiary for any specialty mental health or related administrative services provided under this chapter except to collect:

(1) Other health care coverage pursuant to Title 22, Section 51005.

(2) Share of cost as provided in Title 22, Sections 50657 through 50659.

(3) Copayments in accordance with Welfare and Institutions Code, Section 14134, and Title 22, Section 51004.

(b) In the event that a beneficiary willfully refuses to provide other current health insurance coverage billing information as described in Title 22, Section 50763(a)(5) to a provider, including the MHP, upon giving the beneficiary written notice of intent, the provider may bill the beneficiary as a private pay patient.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 14005.9, 14024 and 14134, Welfare and Institutions Code.

§ 1810.370. MOUs with Medi–Cal Managed Care Plans.

(a) The MHP shall enter into an MOU with any Medi–Cal Managed Care Plan that enrolls beneficiaries covered by the MHP. The MOU shall, at a minimum, address the following:

(1) Referral protocols between plans, including how the MHP will provide a referral to the Medi–Cal managed care plan when the MHP determines that the beneficiary's mental illness would be responsive to physical health care based treatment and how the Medi–Cal

managed care plan will provide a referral when the Medi–Cal managed care plan determines specialty mental health services covered by the MHP may be required.

(2) The availability of clinical consultation, including consultation on medications, to the Medi–Cal managed care plan for beneficiaries whose mental illness is being treated by the Medi–Cal managed care plan.

(3) Appropriate management of a beneficiary's care, including procedures for the exchange of medical records information, which maintain confidentiality in accordance with applicable state and federal laws and regulations. The procedures shall ensure that the confidentiality of medical records is maintained in accordance with applicable state and federal laws and regulations.

(4) Procedures for providing beneficiaries with services necessary to the treatment of mental illnesses covered by the MHP when those necessary services are covered by the Medi–Cal managed care plan. The procedures shall address, but are not limited to:

(A) Prescription drugs and laboratory services covered by the Medi–Cal managed care plan and prescribed through the MHP. Prescription drug and laboratory service procedures shall include:

1. The MHP's obligation to provide the names and qualifications of the MHP's prescribing physicians to the Medi–Cal managed care plan, if the Medi–Cal managed care plan covers prescription drugs.

2. The Medi–Cal managed care plan's obligation to provide the Medi–Cal managed care plan's procedures for obtaining authorization of prescribed drugs and laboratory services and a list of available pharmacies and laboratories to the MHP, if the Medi–Cal managed care plan covers these services.

(B) Emergency room facility and related services other than specialty mental health services, home health services, non–emergency medical transportation, and services to treat the physical health care needs of beneficiaries who are inpatients in a psychiatric inpatient hospital, including the history and physical required upon admission.

(C) Direct transfers between psychiatric inpatient hospital services and inpatient hospital services required to address a beneficiary's medical problems based on changes in the beneficiary's mental health or medical condition.

(5) A process for resolving disputes between the MHP and the Medi–Cal managed care plan that includes a means for beneficiaries to receive medically necessary services, including specialty mental health services and prescription drugs, while the dispute is being resolved.

(b) If the MHP does not enter into an MOU with the Medi–Cal managed care plan, the MHP shall not be out of compliance with this section provided the MHP establishes to the satisfaction of the department that it has made good faith efforts to enter into an MOU.

(c) When enrollment in a Medi–Cal managed care plan in any county is 2000 beneficiaries or less, the department shall, at the request of the MHP or the Medi–Cal managed care plan, grant a waiver from the requirements of this section provided both plans provide assurance that beneficiary care will be coordinated in compliance with Section 1810.415.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 14681, Welfare and Institutions Code.

§ 1810.375. MHP Reporting.

Each MHP shall submit reports to the department as specified below.

(a) A report which summarizes beneficiary grievances filed from July 1 of the previous year through June 30 of that year by October 1 of each year. The report shall include the total number of grievances by type, by final level of review, and by disposition.

(b) A list of all hospitals with which the MHP has current contracts, submitted by October 1 of each year.

(c) Fee–for–Service/Medi–Cal contract hospital rates negotiated by the MHP for each State fiscal year, submitted June 1 prior to the beginning of each State fiscal year.

(d) By December 31 of the year following the close of each State fiscal year, the amount of any unexpected balance still remaining from the allocation made pursuant to Section 1810.330 or Section 1810.335 for that State fiscal year. This reporting requirement shall also apply to the organizational entity administering the small county reserve pursuant to Section 1810.341(e).

(e) Any reports required in the contract between the department and the MHP.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5775, 5777 and 14684, Welfare and Institutions Code.

§ 1810.380. State Oversight.

(a) The department shall provide ongoing oversight to an MHP through site visits and monitoring of data reports from MHPs and claims processing. In addition, the department shall:

(1) Perform reviews of program and fiscal operations of each MHP to verify that medically necessary services are provided in compliance with this chapter and the provisions of the approved federal waiver for Medi–Cal Specialty Mental Health Services Consolidation.

(2) Perform immediate on–site reviews of MHP program operations whenever the department obtains information indicating that there is a threat to the health or safety of beneficiaries.

(3) Monitor compliance with problem resolution process requirements contained in Subchapter 5 and the MHP's Implementation Plan.

(4) Monitor provider contracts to ensure that the MHP enters into necessary contracts with DSH and Traditional Hospitals.

(5) Monitor denials of MHP payment authorizations.

(b) If the department determines that an MHP is out of compliance with State or Federal laws and regulations, the department may take any or all of the following actions:

(1) Require that the MHP develop a plan of correction.

(2) Withhold all or a portion of payments due to the MHP from the department.

(3) Impose civil penalties pursuant to Section 1810.385.

(4) Require that the MHP meet reporting, access to care, quality of care, provider reimbursement, and beneficiary and provider problem resolution process requirements that exceed the requirements of this chapter.

(5) Terminate the contract with the MHP pursuant to Section 1810.325.

(6) Take other actions deemed necessary to encourage and ensure contract and regulatory compliance.

(c) If the department determines that an action should be taken pursuant to subsection (b), the department shall provide the MHP with a written Notice of Noncompliance. The Notice of Noncompliance shall include:

(1) A description of the violation.

(2) A description of any corrective action required by the department and time limits for compliance.

(3) A description of any and all proposed actions by the department under this section, Section 1810.385, or Section 1810.325 and any related appeal rights.

(d) Except as provided in Section 1810.325, the MHP may appeal the Notice of Noncompliance to the department, in writing, within 15 working days after the receipt of the notice, setting forth relevant facts and arguments. The department shall grant or deny the appeal in whole or in part within 30 calendar days after receipt of the appeal. The department shall pend any proposed action pursuant to subsection (c)(3) until the department has acted on the MHP's appeal.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1810.385. Civil Penalties.

(a) The department may impose one or more of the civil penalties specified in (b) upon an MHP which fails to comply with the

provisions of Part 2.5, Division 5, and Articles 4 and 5, Chapter 8.8, Part 3, Division 9, Welfare and Institutions Code, the provisions of this chapter, or the terms of the MHP's contract with the department.

(b) Civil penalties imposed by the department shall be in the amounts specified below with respect to violation of:

(1) The provisions of Section 1810.350, "Notification of Beneficiaries", Section 1850.205, "Beneficiary Problem Resolution Processes", Section 1850.210, "Fair Hearing and Notice of Action", and Section 1850.215, "Medical Assistance for Beneficiary Pending Fair Hearing Decision".

(A) First violation: $1,000.

(B) Second and each subsequent violation: $5,000.

(2) The provisions of Section 1810.375, "MHP Reporting", and any other regulation or contract provision establishing a time frame for action.

(A) First violation: $500, plus $25 per day for each day that the item to be submitted is late.

(B) Second and each subsequent violation: $500, plus $25 per day for each day that the item to be submitted is late.

(3) Any provision of this chapter which is not specifically addressed in this section.

(A) First violation: $500.

(B) Second violation: $1,000.

(C) Third and each subsequent violation: $5,000.

(4) Any provision of the contract between the MHP and the department which is not specifically governed by regulation in this chapter.

(A) First violation: $500.

(B) Second and subsequent violations: $1,000.

(5) Any provision of Part 2.5, Division 5, and Articles 4 and 5, Chapter 8.8, Part 3, Division 9, Welfare and Institutions Code, which is not specifically addressed by regulations in this chapter.

(A) First violation: $1,000.

(B) Second and subsequent violations: $1,000.

(c) When the department issues a notice of noncompliance as described in Section 1810.380 to an MHP found by the department to be in violation of any provision of law, regulation or the contract, failure to comply with corrective actions in the notice within the time limits given shall be deemed to be a subsequent violation under this section.

NOTE: Authority cited: Sections 5775(e)(1) and 14680, Welfare and Institutions Code. Reference: Sections 5775(e)(1) and 5777, Welfare and Institutions Code.

Article 4. Standards

§ 1810.405. Access Standards for Specialty Mental Health Services.

(a) The MHP of the beneficiary shall be responsible for assuring that the beneficiary has access to specialty mental health services as provided in Section 1810.345 and Section 1810.350.

(b) Referrals to the MHP for Specialty Mental Health Services may be received through beneficiary self referral or through referral by another person or organization, including but not limited to:

(1) Physical health care providers

(2) Schools

(3) County welfare departments

(4) Other MHPs.

(5) Conservators, guardians, or family members.

(6) Law enforcement agencies.

(c) Each MHP shall make specialty mental health services to treat a beneficiary's urgent condition available 24 hours a day, seven days per week. If the MHP requires that a provider obtain approval of an MHP payment authorization request prior to the delivery of a specialty mental health service to treat a beneficiary's urgent condition as a condition of payment to the provider, the MHP shall have a statewide, toll–free telephone number available 24 hours a day, seven days per week, to act on MHP payment authorization requests for specialty mental health services to treat a beneficiary's urgent condition. Under these circumstances, the MHP shall act on the MHP payment authorization request within one hour of the request.

(d) Each MHP shall provide a statewide, toll–free telephone number 24 hours a day, seven days per week, with language capability in the languages spoken by beneficiaries of the county, that will provide information to beneficiaries about how to access specialty mental health services, including services needed to treat a beneficiary's urgent condition, and how to use the beneficiary problem resolution and fair hearing processes.

(e) At the request of a beneficiary, the MHP of the beneficiary shall provide for a second opinion by a licensed mental health professional employed by, contracting with or otherwise made available by the MHP when the MHP or its providers determine that the medical necessity criteria in Section 1830.205(b)(1), (b)(2) or (b)(3)(C) or Section 1830.210(a) have not been met and that the beneficiary is, therefore, not entitled to any specialty mental health services from the MHP. The MHP shall determine whether the second opinion requires a face–to–face encounter with the beneficiary.

(f) The MHP shall maintain a written log of the initial requests for specialty mental health services from beneficiaries of the MHP. The requests shall be recorded whether they are made via telephone, in writing, or in person. The log shall contain the name of the beneficiary, the date of the request, and the initial disposition of the request.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 5778, Welfare and Institutions Code.

§ 1810.410. Cultural and Linguistic Requirements.

(a) Each MHP shall comply with the cultural competence and linguistic requirements included in this section, the terms of the contract between the MHP and the department, and the MHP's Cultural Competence Plan established pursuant to subsection (b). The terms of the contract between the MHP and the department may provide additional requirements for the Cultural Competence Plan, including a description of the acceptable data sources and requirements for arraying data for the components of the Cultural Competence Plan.

(b) Each MHP shall develop and implement a Cultural Competence Plan which includes the following components:

(1) Objectives and strategies for improving the MHP's cultural competence based on the assessments required in subsections (b)(2) and the MHP's performance on the standards in subsection (d).

(2) A population assessment and an organizational and service provider assessment focusing on issues of cultural competence and linguistic capability.

(3) A listing of specialty mental health services and other MHP services available for beneficiaries in their primary language by location of the services.

(4) A plan for cultural competency training for the administrative and management staff of the MHP, the persons providing specialty mental health services employed by or contracting with the MHP or with contractors of the MHP, and the persons employed by or contracting with the MHP or with contractors of the MHP to provide interpreter or other support services to beneficiaries.

(c) The department shall establish timelines for the submission and review of the Cultural Competence Plan described in subsection (b) either as a component of the Implementation Plan process described in Section 1810.310 or as a term of the contract between the MHP and the department. The MHP shall submit the Cultural Competence Plan to the department for review and approval in accordance with these timelines. The MHP shall update the Cultural Competence Plan and submit these updates to the department for review and approval annually.

(d) Each MHP shall provide:

(1) A statewide, toll–free telephone number available 24 hours a

day, seven days a week, with language capability in all the languages spoken by the beneficiaries of the MHP as required by Section 1810.405(d).

(2) Interpreter services in threshold languages at key points of contact available to assist beneficiaries whose primary language is a threshold language to access the specialty mental health services or related services available through that key point of contact. The threshold languages shall be determined on a countywide basis. MHPs may limit the key points of contact at which interpreter services in a threshold language are available to a specific geographic area within the county when:

(A) The MHP has determined, for a language that is a threshold language on a countywide basis, that there are geographic areas of the county where that language is a threshold language, and other areas where it is not; and

(B) The MHP provides referrals for beneficiaries who prefer to receive services in that threshold language, but who initially access services outside the applicable area, to a key point of contact that does have interpreter services in that threshold language.

(3) General program literature used by the MHP to assist beneficiaries in accessing services including, but not limited to, the beneficiary brochure required by Section 1810.360(c), materials explaining the beneficiary problem resolution and fair hearing processes required by Section 1850.205(c)(1), and health education materials used by the MHP, in threshold languages, based on the threshold languages in the county as a whole.

(e) In consultation with representatives from MHPs, beneficiaries, and community–based diverse cultural and linguistic groups, the department shall develop, and update as appropriate, a set of comprehensive cultural and linguistic requirements which may be incorporated into regulation as changes to Cultural Competence Plan requirements or as specific standards or into the contract between the department and each MHP.

(f) Definitions:

(1) "Key points of contact" means common points of access to specialty mental health services from the MHP, including the MHP's beneficiary problem resolution process, county owned or operated or contract hospitals, and any other central access locations established by the MHP.

(2) "Primary language" means that language, including sign language, which must be used by the beneficiary to communicate effectively and which is so identified by the beneficiary.

(3) "Threshold Language" means a language that has been identified as the primary language, as indicated on the Medi–Cal Eligibility Data System (MEDS), of 3,000 beneficiaries or five percent of the beneficiary population, whichever is lower, in an identified geographic area.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1810.415. Coordination of Physical and Mental Health Care.

(a) The MHP shall make clinical consultation and training, including consultation and training on medications, available to a beneficiary's health care provider for beneficiaries whose mental illness is not being treated by the MHP or for beneficiaries who are receiving treatment from another health care provider in addition to receiving specialty mental health services from the MHP.

(b) The MHP shall arrange appropriate management of a beneficiary's care, including the exchange of medical records information, with a beneficiary's other health care providers or providers of specialty mental health services. The MHP shall maintain the confidentiality of medical records in accordance with applicable state and federal laws and regulations.

(c) The MHP shall coordinate with pharmacies and Medi–Cal managed care plans as appropriate to assist beneficiaries to receive prescription drugs and laboratory services prescribed through the MHP.

(d) The MHP of the beneficiary shall refer the beneficiary to a source of treatment or a source of referral for treatment outside the MHP when the MHP determines that the beneficiary's diagnosis is not included in Section 1830.205(b)(1) or is included but would be responsive to physical health care based treatment. Whenever possible, the MHP shall make the referral to a provider with whom the beneficiary already has a patient–provider relationship. Where appropriate, the MHP may make the referral to the health care options program described in Welfare and Institutions Code, Section 14016.5; the local Child Health and Disability Prevention program as described in Title 17, Section 6800 et seq.; the Medi–Cal managed care plan in which the beneficiary is enrolled; provider organizations; or local providers who have indicated an interest in receiving referrals. The MHP of the beneficiary shall not be required to ensure the beneficiary's access to physical health care based treatment or to treatment from licensed mental health professionals for diagnoses not covered in Section 1830.205(b)(1).

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 14681, 14683 and 14684, Welfare and Institutions Code.

§ 1810.425. Hospital Selection Criteria.

An MHP shall establish a hospital selection process which meets the following criteria:

(a) The MHP shall require that each hospital;

(1) Comply with all applicable Federal Medicaid laws, regulations and guidelines and all applicable State statutes and regulations.

(2) Sign a provider agreement with the State Department of Health Services.

(3) Provide psychiatric inpatient hospital services, within its scope of licensure, to all beneficiaries who are referred by the MHP, unless compelling clinical circumstances exist that contraindicate admission, or the MHP negotiates a different arrangement with the hospital.

(4) Refer beneficiaries for other services when necessary.

(5) Not refuse an admission solely on the basis of age, sex, race, religion, physical or mental disability, or national origin.

(b) In addition to the specified conditions in (a), an MHP may consider but is not limited to any or all of the following in selected hospitals:

(1) History of Medi–Cal certification, licensure and accreditation.

(2) Circumstances and outcomes of any current or previous litigation against the hospital.

(3) The geographic location(s) that would maximize beneficiary participation.

(4) Ability of the hospital to:

(A) Offer services at competitive rates.

(B) Demonstrate positive outcomes and cost effectiveness.

(C) Address the needs of beneficiaries based on factors including age, language, culture, physical disability, and specified clinical interventions.

(D) Serve beneficiaries with severe mental illness and serious emotional disturbances.

(E) Meet the quality improvement, authorization, clinical and administrative requirements of the MHP.

(F) Work with beneficiaries, their families and other providers in a collaborative and supportive manner.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1810.430. Contracting for Psychiatric Inpatient Hospital Service Availability.

(a) An MHP shall contract with DSH and Traditional Hospitals when:

(1) The DSH or Traditional Hospital meets the hospital selection

criteria described in the MHP's Implementation Plan as required by Section 1810.310(a)(4).

(2) The DSH is located:

(A) In the same county as the MHP, or

(B) In a different county than the MHP and according to the latest historical Medi–Cal paid claims data, the DSH provides services to beneficiaries of the MHP that account for five percent or twenty thousand dollars, whichever is more, of the total fiscal year Fee–For–Service/Medi–Cal psychiatric inpatient hospital service payments for beneficiaries of the MHP.

(b) Prior to the beginning of each state fiscal year, the department shall notify all MHPs of the DSH and Traditional Hospitals for that fiscal year.

(c)(1) If an MHP determines not to contract with a DSH or Traditional Hospital, it shall submit a Request for Exemption from Contracting to the department with its Implementation Plan. The MHP shall submit Requests for Exemption initiated after the submission of the Implementation Plan to the department as a separate submission. The Request for Exemption from Contracting shall address the projected effect on beneficiaries. At a minimum, the Request for Exemption from Contracting shall include:

(A) The name of the hospital for which the Request for Exemption from Contracting is requested.

(B) An analysis of the most recently available data from the Office of Statewide Health Planning and Development (OSHPD) on the availability, within an accessible geographic area, of hospital beds for psychiatric inpatient hospital services with and without a contract. Other data may be substituted if OSHPD data is not available or if equally reliable data is more comprehensive.

(C) The estimated impact on maximum and average travel time and distances for beneficiaries to obtain psychiatric inpatient hospital services, from hospitals either with or without a contract.

(2) An MHP shall notify the DSH or Traditional Hospital of the Request for Exemption from Contracting at the same time that the Request for Exemption is sent to the department.

(3) The department shall approve or deny in writing the MHPs Request for Exemption from Contracting within 30 calendar days of its receipt and shall notify both the MHP and the DSH or Traditional Hospital of its decision. The department shall deny any Request for Exemption from Contracting when failure to contract is likely to result in hardship to beneficiaries as measured by local community standards.

(d) At a minimum, a contract between an MHP and a provider of psychiatric inpatient hospital services shall meet federal contracting requirements as provided in Title 42, Code of Federal Regulations, Section 434.6, and shall include the following provisions:

(1) Treatment requirements, as a condition for reimbursement for psychiatric inpatient hospital services, which ensure beneficiaries will receive the same level of services as provided to all other patients served.

(2) Assurances that beneficiaries will not be discriminated against in any manner, including admission practices, placement in special wings or rooms, or provision of special or separate meals.

(3) Specifics of how the hospital shall make records available for authorized review for fiscal audits, program compliance and beneficiary complaints.

(4) Language specifying that the per diem rate included in the contract is considered to be payment in full, subject to third party liability and patient share of costs, for psychiatric inpatient hospital services to a beneficiary.

(5) Language specifying that the rate structure in the contract includes all services defined as psychiatric inpatient hospital services in this chapter and that the rate structure does not include non–hospital based physician or psychologist services rendered to a beneficiary covered under the contract unless the hospital is a Short–Doyle/Medi–Cal Hospital.

(6) Requirements that a hospital adhere to Title XIX of the Social Security Act and conform to all applicable Federal and State statutes and regulations.

(e) No provision of a contract shall be construed to replace or conflict with the duties of county patients' rights advocates described in Section 5520 of the Welfare and Institutions Code.

(f) A formal contract between an MHP and a psychiatric inpatient hospital is not required when the MHP owns or operates the hospital.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1810.435. MHP Individual, Group and Organizational Provider Selection Criteria.

(a) Each MHP shall establish individual, group, and organizational provider selection criteria that comply with the requirements of this section, the terms of the contract between the MHP and the department, and the MHP's Implementation Plan pursuant to Section 1810.310.

(b) In selecting individual or group providers with which to contract, the MHP shall require that each individual or group provider:

(1) Possess the necessary license or certification to practice psychotherapy independently. Each individual practicing as part of a group provider shall possess the necessary license or certification.

(2) Maintain a safe facility.

(3) Store and dispense medications in compliance with all applicable state and federal laws and regulations.

(4) Maintain client records in a manner that meets state and federal standards.

(5) Meet the MHP's Quality Management Program standards.

(6) Meet any additional requirements established by the MHP as part of a credentialing or other evaluation process.

(c) In selecting organizational providers with which to contract, the MHP shall require that each provider:

(1) Possess the necessary license to operate.

(2) Provide for appropriate supervision of staff.

(3) Have as head of service a licensed mental health professional or other appropriate individual as described in Sections 622 through 630.

(4) Possess appropriate liability insurance.

(5) Maintain a safe facility.

(6) Store and dispense medications in compliance with all pertinent state and federal standards.

(7) Maintain client records in a manner that meets state and federal standards.

(8) Meet the MHP's Quality Management Program standards and requirements.

(9) Have accounting and fiscal practices that are sufficient to comply with its obligations pursuant to Section 1840.105.

(10) Meet any additional requirements established by the MHP as part of a credentialing or other evaluation process.

(d) The MHP shall certify that a provider other than the MHP meets the applicable criteria in subsections (b) or (c) prior to the provision of specialty mental health services under this chapter, unless another time frame is provided in the contract between the department and the MHP. For organizational providers, the MHP's certification process shall include an on site review in addition to a review of relevant documentation.

(e) When an organizational provider is the MHP, the department shall certify that each specific office or facility owned or operated by the MHP meets the applicable criteria in subsections (b), (c), or the contract between the department and the MHP. Unless another time frame is provided in the contract between the department and the MHP, the department's certification shall be obtained by the MHP prior to use of the provider for the provision of specialty mental health services under this chapter. The department's certification process

shall include an on–site review of the office or facility in addition to a review of relevant documentation.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777 and 14684, Welfare and Institutions Code.

§ 1810.436. MHP Individual, Group and Organizational Provider Contracting Requirements.

(a) At a minimum, a contract between an MHP and a provider shall meet federal contracting requirements as provided in Title 42, Code of Federal Regulations, Section 434.6, and shall include the following provisions:

(1) Treatment requirements, as a condition for reimbursement, which ensure beneficiaries will receive the same level of services as provided to all other patients served.

(2) Assurances that beneficiaries will not be discriminated against in any manner.

(3) Specifics of how the provider shall make records available for authorized review for fiscal audits, program compliance and beneficiary complaints.

(4) Language specifying that the rate included in the contract is considered to be payment in full, subject to third party liability and beneficiary share of cost, for the specialty mental health services provided to a beneficiary.

(5) Requirements that the provider adhere to Title XIX of the Social Security Act and conform to all other applicable Federal and State statutes and regulations.

(b) No provision of a contract shall be constructed to replace or conflict with the duties of county patients' rights advocates described in Section 5520 of the Welfare and Institutions Code.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1810.438. Alternative Contracts Between MHPs and Providers.

(a) The MHP shall request approval from the department to establish a contract with a provider for specialty mental health services where that provider is held financially responsible for specialty mental health services provided to beneficiaries by one or more other providers.

(b) The MHP may request approval from the department under this section by submitting a written request to the department containing a description of:

(1) The proposed contract terms concerning reimbursement.

(2) A complete description of the administrative system of the provider and the MHP that will ensure proper payment to the provider, claiming of the FFP available for services provided to Medi–Cal beneficiaries under the Medi–Cal program, and MHP cost report settlement.

(c) The MHP shall not implement the proposed contract terms until written approval by the department is received. The department shall review the proposal and approve the request only if the following conditions are met:

(1) The proposed contract complies with federal and state requirements for reimbursement for specialty mental health services.

(2) The MHP has established appropriate systems to prevent duplicate claiming of FFP.

(3) The MHP has established appropriate procedures to assure that services provided under the contract are reported by only one provider in cost and data reporting to the department.

(d) Nothing in this section shall exclude or exempt a provider from compliance with any applicable licensing requirements for health care service plans and specialized health care service plans under Health and Safety Code, Section 1340 et seq.

(e) For contracts executed before November 1, 1997 that meet the criteria of subsection (a) the MHP shall request approval from the department no later than July 1, 1998 or the date the contract is amended to change the reimbursement method, whichever is earlier. Nothing in this subsection shall preclude the department from reviewing any contracts for compliance with other applicable laws and regulations pursuant to Section 1810.380.

(f) A negotiated rate of payment between an MHP and a provider pursuant to this section shall not be the basis for finding a violation of the requirements of Title 22, Section 51501(a) or Section 51480 and shall not be the basis for otherwise reducing the provider's reimbursement pursuant to Title 22, Division 3, Subdivision 1, Chapter 3, Article 7.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 1340 et seq., Health and Safety Code; and Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1810.440. MHP Quality Management Programs.

The MHP shall establish a Quality Management Program in accordance with the terms of the contract between the MHP and the department that includes at least the following elements:

(a) A Quality Improvement Program responsible for reviewing the quality of specialty mental health services provided to beneficiaries by the MHP that:

(1) Is accountable to the director of the MHP.

(2) Has active involvement in planning, design and execution from:

(A) Providers;

(B) Beneficiaries who have accessed specialty mental health services through the MHP; and

(C) Parents, spouses, relatives, legal representatives, or other persons similarly involved with beneficiaries who have accessed specialty mental health services.

(3) Includes substantial involvement of a licensed mental health professional.

(4) Conducts monitoring activities including but not limited to review of beneficiary complaints and grievances and fair hearings, provider appeals, and clinical records review.

(5) Is reviewed by the MHP and revised as appropriate annually.

(b) A Utilization Management Program responsible for assuring that beneficiaries have appropriate access to specialty mental health services from the MHP that:

(1) Assures that the access and authorization criteria established in this chapter are met.

(2) Conducts monitoring activities to ensure that the MHP meets the established standards for authorization decision making and takes action to improve performance if necessary.

(3) Is reviewed by the MHP and revised as appropriate annually.

(c) A beneficiary documentation and medical record system that meets the requirements of the contract between the MHP and the department and any applicable requirements of state and federal law and regulation.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 14683 and 14684, Welfare and Institutions Code.

Subchapter 2. Medi–Cal Psychiatric Inpatient Hospital Services

Article 1. Fiscal Provisions

§ 1820.100. Definitions.

(a) "Allowable Psychiatric Accommodation Code" means a reimbursable hospital billing code that may be used by Fee–For–Service/Medi–Cal hospitals to claim payment for psychiatric inpatient hospital services provided to beneficiaries. The allowable codes are:

097 Psychiatric Acute (Adolescent and Child)
098 Administrative Days
114 Room and Board, Private, Psychiatric
124 Room and Board, Semi–Private 2 Bed, Psychiatric
134 Room and Board, Semi–Private 3 or 4 Bed, Psychiatric

154 Room and Board—Ward (Medical or General), Psychiatric
204 Intensive Care, Psychiatric

(b) "Located" means the actual physical location of a psychiatric inpatient hospital, and unless otherwise specified, refers to the specific county within the geographic boundaries of which the hospital exists.

(c) "Per Diem Rate" means a daily rate paid for reimbursable psychiatric inpatient hospital services for a beneficiary for the day of admission and each day that services are provided excluding the day of discharge.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1820.110. Rate Setting for Psychiatric Inpatient Hospital Services for Negotiated Rate, Fee–for–Service/Medi–Cal Hospitals.

(a) Reimbursement for acute psychiatric inpatient hospital services for each Fee–for–Service/Medi–Cal hospital with a contract with any MHP, shall be based on a per diem rate established through negotiations between the hospital and the MHP in the county in which the hospital is located except when:

(1) The MHP from the county in which the hospital is located delegates the rate negotiation responsibilities to an MHP in another county with the agreement of that MHP.

(2) The MHP from the county in which the hospital is located declines to contract with the hospital or is otherwise exempt from contracting under this subchapter and another MHP wants to negotiate rates. The MHP shall request approval from the department to be designated as the negotiator. The department shall approve the request unless approval has already been given to another MHP.

(3) The hospital is located in a border community and an MHP wants to negotiate rates. The MHP shall request approval from the department to be designated as the negotiator.

(4) A hospital is owned or operated by the same organizational entity as the MHP. The per diem rate must be approved by the department. The department shall approve a per diem rate submitted by the MHP if it is not greater than the highest per diem rate within the State, negotiated by a different MHP for a different hospital.

(b) The per diem rate shall include routine hospital services and all hospital–based ancillary services.

(c) Only one rate for each allowable psychiatric accommodation code for each negotiated rate Fee–for–Service/Medi–Cal hospital may be established and shall be used by all MHPs with that hospital. The negotiated rate shall not be subject to retrospective adjustment to cost.

(d) Reimbursement for administrative day services shall be the rate established in accordance with Title 22, Section 51542 except for facility–specific reimbursements determined by the State Department of Health Services in accordance with Title 22, Section 51511(a)(2)(B) plus an allowance for hospital–based ancillary services equal to 25 percent of the maximum rate established under Title 22, Section 51542(a)(3).

(e) For both acute psychiatric inpatient hospital services and administrative day services, reimbursement to the hospital shall be based on the per diem rate, less third party liability and patient share of cost.

(f) The hospital shall submit reimbursement claims for Medi–Cal psychiatric inpatient hospital services to the fiscal intermediary based on its usual and customary charges.

(g) At the end of each fiscal year, the department shall compare, in aggregate, usual and customary charges to per diem rate for each hospital. Future claims shall be offset by the amount that the per diem rate exceeds the usual and customary charges for that fiscal year.

(h) The per diem rate included in the contract less third party liability and patient share of costs shall be considered to be payment in full for acute psychiatric inpatient hospital services to a beneficiary. The per diem rate established pursuant to subsection (d) less third party liability and patient share of costs shall be considered to be payment in full for administrative day services to a beneficiary.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1820.115. Rate Setting for Psychiatric Inpatient Hospitals for Non–negotiated Rate, Fee–for–Service/Medi–Cal Hospitals.

(a) Reimbursement rates for acute psychiatric inpatient hospital services for each Fee–for–Service/Medi–Cal hospital with no contract with any MHP, shall be determined by the department.

(1) The reimbursement rates in (a) shall be calculated by the department prior to the beginning of each fiscal year and shall not be modified for subsequent rate changes among Fee–for–Service/Medi–Cal contract hospitals or the addition of new Fee–for–Service/Medi–Cal contract hospitals.

(2) One rate per allowable psychiatric accommodation code per non–negotiated rate, Fee–for–Service/Medi–Cal hospital per Rate Region listed in (i) shall be established and shall be used by all MHPs.

(3) The rates shall not be subject to retrospective adjustment to cost.

(b) The per diem rate includes routine hospital services and all hospital–based ancillary services.

(c) The per diem rate by accommodation code shall equal the weighted average per diem rates by accommodation code negotiated for all Fee–for–Service/Medi–Cal hospitals within the Rate Region listed in (i) where the non–negotiated Fee–for–Service/Medi–Cal hospital is located or, if there are no Fee–for–Service/Medi–Cal hospitals with a negotiated rate by accommodation code within the Rate Region, the weighted average per diem rates by accommodation code negotiated for all Fee–for–Service/Medi–Cal hospitals statewide. The per diem rate shall be based on the following information from each Fee–for–Service/Medi–Cal hospital with a contract in the Rate Region where the non–negotiated rate Fee–for–Service/Medi–Cal hospital is located or statewide, if applicable:

(1) The latest available fiscal year Medi–Cal paid claims data for Fee–for–Service/Medi–Cal acute psychiatric inpatient hospital services patient days.

(2) The negotiated per diem rates by accommodation code for Fee–for–Service/Medi–Cal hospitals for the subsequent fiscal year.

(d) Reimbursement for administrative day services shall be the rate established in accordance with Title 22, Section 51542, except for facility–specific reimbursements determined by the State Department of Health Services in accordance with Title 22, Section 51511(a)(2)(B), plus an allowance for hospital–based ancillary services equal to 25 percent of the maximum rate established under Title 22, Section 51542(a)(3).

(e) For both acute psychiatric inpatient hospital services and administrative day services, interim reimbursement to the non–negotiated rate Fee–for–Service/Medi–Cal hospital shall be based on the calculated per diem rate less third party liability and patient share cost.

(f) The hospital shall bill its usual and customary charges.

(g) At the end of each fiscal year, the department shall compare, in aggregate, the usual and customary charges to the per diem rate for each hospital. Future claims shall be offset by the amount that the per diem rate exceeds the usual and customary charges for that fiscal year.

(h) The per diem rates established by this section less third party liability and patient share of costs shall be considered to be payment in full for psychiatric inpatient hospital services to a beneficiary.

(i) The Rate Regions, including border communities, are:

(1) Superior—Butte, Colusa, Del Norte, Glenn, Humboldt. Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Tehama, Trinity, and Ashland, Brookings, Cave Junction,

Grants Pass, Jacksonville, Klamath Falls, Lakeview, Medford, and Merrill, Oregon.

(2) Central Valley—Alpine, Amador, Calaveras, El Dorado, Fresno, Kings, Madera, Mariposa, Merced, Mono, Placer, Sacramento, San Joaquin, Stanislaus, Sutter, Tulare, Tuolumne, Yolo, Yuba Counties, and Carson City, Incline Village, Minden, Reno, Sparks, and Zephyr Cove, Nevada.

(3) Bay Area—Alameda, Contra Costa, Marin, Monterey, Napa, San Benito, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma Counties.

(4) Southern California—Imperial, Inyo, Kern, Orange, Riverside, San Bernardino, San Diego, San Luis Obispo, Santa Barbara, and Ventura Counties, and Las Vegas and Henderson, Nevada; and Bullhead City, Kingman, Lake Havasu City, Parker and Yuma, Arizona.

(5) Los Angeles.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1820.120. Rate Setting for Psychiatric Inpatient Hospital Services for Short–Doyle/Medi–Cal Hospitals.

(a) Reimbursement for acute psychiatric inpatient hospital services for Short–Doyle/Medi–Cal hospitals shall be established in accordance with Section 1840.105.

(b) Reimbursement for administrative day services for Short–Doyle/Medi–Cal hospitals shall be established in accordance with Title 22, Section 51542.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5720 and 5724, Welfare and Institutions Code.

Article 2. Provision of Services

§ 1820.200. Definitions.

(a) "Adverse Decision" means denial or termination of an MHP payment authorization by the MHP's Point of Authorization or by a Short–Doyle/Medi–Cal hospital's Utilization Review Committee which determines the MHPs authorization for payment.

(b) "Continued Stay Services" means psychiatric inpatient hospital services for beneficiaries which occur after admission.

(c) "County Medical Services Program" means the service delivery and payment system for health care for low income persons who are not eligible for Medi–Cal and which is administered by the State Department of Health Services for counties.

(d) "Emergency Admission" means an admission to a psychiatric inpatient hospital of a beneficiary due to an emergency psychiatric condition.

(e) "Planned Admission" means an admission of a beneficiary to a psychiatric inpatient hospital with a contract with an MHP for the purpose of providing medically necessary treatment that cannot be provided in another setting or a lower level of care and is not an emergency admission. Planned admissions may occur in a non–contact psychiatric inpatient hospital pursuant to the MHP's Implementation Plan, as provided in Section 1810.310(a)(6) of this chapter.

(f) "Utilization Review Committee" means a committee that reviews services provided to determine appropriateness for psychiatric inpatient hospital services, identifies problems with quality of care, and meets the requirements of Title 42, Code of Federal Regulations, Chapter IV, Subchapter C, Part 456, Subpart D.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 5777, Welfare and Institutions Code.

§ 1820.205. Medical Necessity Criteria for Reimbursement of Psychiatric Inpatient Hospital Services.

(a) For Medi–Cal reimbursement for an admission to a psychiatric inpatient hospital, the beneficiary shall meet medical necessity criteria set forth in (1) and (2) below:

(1) One of the following diagnoses in the Diagnostic and Statistical Manual, Fourth Edition, published by the American Psychiatric Association:

(A) Pervasive Developmental Disorders

(B) Disruptive Behavior and Attention Deficit Disorders

(C) Feeding and Eating Disorders of Infancy or Early Childhood

(D) Tic Disorders

(E) Elimination Disorders

(F) Other Disorders of Infancy, Childhood, or Adolescence

(G) Cognitive Disorders (only Dementias with Delusions, or Depressed Mood)

(H) Substance Induced Disorders, only with Psychotic, Mood, or Anxiety Disorder

(I) Schizophrenia and Other Psychotic Disorders

(J) Mood Disorders

(K) Anxiety Disorders

(L) Somatoform Disorders

(M) Dissociative Disorders

(N) Eating Disorders

(O) Intermittent Explosive Disorder

(P) Pyromania

(Q) Adjustment Disorders

(R) Personality Disorders

(2) A beneficiary must have both (A) and (B):

(A) Cannot be safely treated at a lower level of care; and

(B) Requires psychiatric inpatient hospital services, as the result of a mental disorder, due to indications in either 1 or 2 below:

1. Has symptoms or behaviors due to a mental disorder that (one of the following):

a. Represent a current danger to self or others, or significant property destruction.

b. Prevent the beneficiary from providing for, or utilizing, food, clothing or shelter.

c. Present a severe risk to the beneficiary's physical health.

d. Represent a recent, significant deterioration in ability to function.

2. Require admission for one of the following:

a. Further psychiatric evaluation.

b. Medication treatment.

c. Other treatment that can reasonably be provided only if the patient is hospitalized.

(b) Continued stay services in a psychiatric inpatient hospital shall only be reimbursed when a beneficiary experiences one of the following:

(1) Continued presence of indications which meet the medical necessity criteria as specified in (a).

(2) Serious adverse reaction to medications, procedures or therapies requiring continued hospitalization.

(3) Presence of new indications which meet medical necessity criteria specified in (a).

(4) Need for continued medical evaluation or treatment that can only be provided if the beneficiary remains in a psychiatric inpatient hospital.

(c) An acute patient shall be considered stable when no deterioration of the patient's condition is likely, within reasonable medical probability, to result from or occur during the transfer of the patient from the hospital.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1820.210. Hospital Utilization Control.

All hospitals shall comply with Federal requirements for utilization control pursuant to Title 42, Code of Federal Regulations, Chapter IV, Subchapter C, Part 456, Subpart D. These requirements include certification of need for care, evaluation and medical review, plans of care and utilization review plan. Each hospital shall establish

a Utilization Review Committee to determine whether admission and length of stay are appropriate to level of care and to identify problems with quality of care. Composition of the committee shall meet the requirements of Title 42, Code of Federal Regulations, Chapter IV, Subchapter C, Part 456, Subpart D.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777 and 5778, Welfare and Institutions Code.

§ 1820.215. MHP Payment Authorization—General Provisions.

(a) The MHP payment authorization shall be determined for

(1) Fee–for–Service/Medi–Cal hospitals, by an MHP's Point of Authorization.

(2) For Short–Doyle/Medi–Cal hospitals contracting with the MHP, by either:

(A) An MHP's Point of Authorization, or

(B) The hospital's Utilization Review Committee, as agreed to in the contract.

(3) For Short–Doyle/Medi–Cal hospitals that do not have a contract with the MHP, by an MHP's Point of Authorization.

(b) The MHP that approves the MHP payment authorization shall have financial responsibility as described in this chapter for the services authorized, unless financial responsibility is assigned to another entity pursuant to Sections 1850.405 and 1850.505 or unless the services are provided to individuals eligible for the County Medical Services Program. Services provided to individuals eligible for the County Medical Services Program shall be authorized by the MHP for that county, but the MHP will not be responsible for payment of those services.

(c) MHP payment authorization requests presented for authorization beyond the timelines specified in this subchapter shall be accepted for consideration by the MHP only when the MHP determines that the hospital was prevented from submitting a timely request because of a reason that meets one of the criteria specified in subsections (1) and (2). The hospital shall submit factual documentation deemed necessary by the MHP with the MHP payment authorization request. Any additional documentation requested by the MHP shall be submitted within 60 calendar days of the MHP's request. The documentation shall verify that the late submission was due to:

(1) A natural disaster which has:

(A) Destroyed or damaged the hospital's business office or records, or

(B) Substantially interfered with the hospital's agent's processing of requests for MHP payment authorization; or

(2) Delays caused by other circumstances beyond the hospital's control which have been reported to an appropriate law enforcement or fire agency when applicable. Circumstances which shall not be considered beyond the control of the hospital include but are not limited to:

(A) Negligence by employees.

(B) Misunderstanding of program requirements.

(C) Illness or absence of any employee trained to prepare MHP payment authorizations.

(D) Delays caused by the United States Postal Service or any private delivery service.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1820.220. MHP Payment Authorization by a Point of Authorization.

(a) A hospital shall submit a separate written request for MHP payment authorization of psychiatric inpatient hospital services to the Point of Authorization of the beneficiary's MHP for each of the following:

(1) The planned admission of a beneficiary.

(2) Ninety–nine calendar days of continuous service to a beneficiary, if the hospital stay exceeds that period of time.

(3) Upon discharge.

(4) Services that qualify for Medical Assistance Pending Fair Hearing (Aid Paid Pending).

(5) Administrative day services that are requested for a beneficiary.

(b) A hospital shall submit the request for MHP payment authorization for psychiatric inpatient hospital services to the Point of Authorization of the beneficiary's MHP not later than:

(1) Prior to a planned admission.

(2) Within 14 calendar days after:

(A) Ninety–nine calendar days of continuous service to a beneficiary if the hospital stay exceeds that period of time.

(B) Discharge.

(C) The date that a beneficiary qualifies for Medical Assistance Pending Fair Hearing (Aid Paid Pending).

(c) A written request for MHP payment authorization to the Point of Authorization shall be in the form of:

(1) A Treatment Authorization Request (TAR) for Fee–for–Service/Medi–Cal hospitals; or

(2) As specified by the MHP for Short–Doyle/Medi–Cal hospitals.

(d) The Point of Authorization staff that approve or deny payment shall be licensed mental health or waivered/registered professionals of the beneficiary's MHP.

(e) Approval or disapproval for each MHP payment authorization shall be documented by the Point of Authorization in writing:

(1) On the same TAR on which the Fee–for–Service/Medi–Cal hospital requested MHP payment authorization or

(2) In an MHP payment authorization log maintained by the MHP for Short–Doyle/Medi–Cal hospitals.

(f) The MHP shall document that all adverse decisions regarding hospital requests for MHP payment authorization based on medical necessity criteria or the criteria for emergency admission were reviewed and approved:

(1) by a physician, or

(2) at the discretion of the MHP, by a psychologist for patients admitted by a psychologist and who received services under his/her scope of practice.

(g) A request for an MHP payment authorization may be denied by a Point of Authorization if the request is not submitted in accordance with timelines in this subchapter or does not meet applicable medical necessity reimbursement criteria or emergency psychiatric condition criteria on an emergency admission or if the hospital has failed to meet any other mandatory requirements of the contract negotiated between the hospital and the MHP.

(h) A Point of Authorization shall approve or deny the request for MHP payment authorization within 14 calendar days of the receipt of the request and, for a request from a Fee–for–Service/Medi–Cal hospital, shall submit the TAR to the fiscal intermediary within 14 calendar days of approval or denial.

(i) Point of Authorization staff may authorize payments for up to seven calendar days in advance of service provision.

(j) Approval of the MHP payment authorization by a Point of Authorization requires that:

(1) Planned admission requests for an MHP's payment authorization shall be approved when written documentation provided indicates that the beneficiary meets medical necessity criteria for reimbursement of psychiatric inpatient hospital services, as specified in Section 1820.205, any other applicable requirements of this subchapter, and any mandatory requirements of the contract negotiated between the hospital and the MHP. The request shall be submitted and approved prior to admission.

(2) Emergency admissions shall not be subject to prior MHP payment authorization.

(3) A request for MHP payment authorization for continued stay services shall be submitted to the Point of Authorization as follows:

(A) A contract hospital's request shall be submitted within the timelines specified in the contract. If the contract does not specify timelines, the contract hospital shall be subject to the same timeline requirements as the non–contract hospitals.

(B) A non–contract hospital's request shall be submitted to the Point of Authorization not later than:

1. Within 14 calendar days after the beneficiary is discharged from the hospital, or

2. Within 14 calendar days after a beneficiary has received 99 continuous calendar days of psychiatric inpatient hospital services.

(4) Requests for MHP payment authorization for continued stay services shall be approved if written documentation has been provided to the MHP indicating that the beneficiary met the medical necessity reimbursement criteria for acute psychiatric inpatient hospital services for each day of service in addition to requirements for timeliness of notification and any mandatory requirements of the contract negotiated between the hospital and the MHP.

(5) Requests for MHP payment authorization for administrative day services shall be approved by an MHP when the following conditions are met in addition to requirements for timeliness of notification and any mandatory requirements of the contract negotiated between the hospital and the MHP:

(A) During the hospital stay, a beneficiary previously has met medical necessity criteria for reimbursement of acute psychiatric inpatient hospital services.

(B) There is no appropriate, non–acute treatment facility in a reasonable geographic area and a hospital documents contacts with a minimum of five appropriate, non–acute treatment facilities per week subject to the following requirements:

1. Point of Authorization staff may waive the requirements of five contacts per week if there are fewer than fie appropriate, non–acute residential treatment facilities available as placement options for the beneficiary. In no case shall there be less than one contact per week.

2. The lack of placement options at appropriate, non–acute residential treatment facilities and the contacts made at appropriate facilities shall be documented to include but not be limited to:

a. The status of the placement option.

b. Date of the contact.

c. Signature of the person making the contact.

(C) For beneficiaries also eligible under Medicare (Part A) who have received acute psychiatric inpatient hospital services which were approved for Medicare (Part A) coverage, the hospital has notified the Point of Authorization within 24 hours or as specified in the contract, prior to beginning administrative day services.

(6) Medical Assistance Pending Fair Hearing Decision requests for MHP payment authorization by a hospital shall be approved by an MHP when necessary documentation, as specified in Section 1850.215, is submitted.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1820.225. MHP Payment Authorization for Emergency Admissions by a Point of Authorization.

(a) The MHP shall not require a hospital to obtain prior MHP payment authorization for an emergency admission, whether voluntary or involuntary.

(b) The hospital providing emergency psychiatric inpatient hospital services shall assure that the beneficiary meets the criteria for medical necessity in Section 1820.205, and due to a mental disorder, is:

(1) A danger to self or others, or

(2) Immediately unable to provide for, or utilize, food, shelter or clothing.

(c) The hospital providing emergency psychiatric inpatient hospital services shall notify the MHP of the county of the beneficiary within 24 hours of the time of the admission of the beneficiary to the hospital, or within the timelines specified in the contract, if applicable.

(1) If the hospital cannot determine the MHP of the beneficiary, the hospital shall notify the MHP of the county where the hospital is located, within 24 hours of admission.

(2) The MHP for the county where the hospital is located shall assist the hospital to determine the MHP of the beneficiary. The hospital shall notify the MHP of the beneficiary within 24 hours of determination of the appropriate MHP.

(d) Requests for MHP payment authorization for an emergency admission shall be approved by an MHP when:

(1) A hospital notified the Point of Authorization within 24 hours of admission of a beneficiary to the hospital or within the time required by contract, if applicable.

(2) Written documentation has been provided to the MHP that certifies that a beneficiary met the criteria in (b) at the time of admission.

(3) Written documentation has been provided to the MHP that certifies a beneficiary met the criteria in (b) for the day of admission.

(4) A non–contract hospital includes documentation that the beneficiary could not be safely transferred to a contract hospital or a hospital owned or operated by the MHP of the beneficiary, if the transfer was requested by the MHP.

(5) Any mandatory requirements of the contract negotiated between the hospital and the MHP are met.

(e) After an emergency admission, the MHP of the beneficiary may:

(1) Transfer the beneficiary from a non–contract to a contract hospital or a hospital owned or operated by the MHP of the beneficiary as soon as it is safe to do so. An acute patient shall be considered stable when no deterioration of the patient's condition is likely, within reasonable medical probability, to result from or occur during the transfer of the patient from the hospital.

(2) Choose to authorize continued stay with a non–contract hospital.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1820.230. MHP Payment Authorization by a Utilization Review Committee.

(a) MHP payment authorization for psychiatric inpatient hospital services provided by a Short–Doyle/Medi–Cal hospital, if not made by an MHP's Point of Authorization pursuant to Section 1820.220, shall be made by the hospital's Utilization Review Committee.

(1) The hospital's Utilization Review Committee shall meet the Federal requirements for participants pursuant to Title 42, Code of Federal Regulations, Chapter IV, Subchapter C, Part 456, Subpart D.

(2) The decision regarding MHP payment authorization shall be documented in writing by the hospital's Utilization Review Committee.

(b) The hospital's Utilization Review Committee or its designee shall approve or deny the initial MHP payment authorization no later than the third working day from the day of admission.

(c) At the time of the initial MHP payment authorization, the hospital's Utilization Review Committee or its designee shall specify the date for the subsequent MHP payment authorization determination.

(d) Approval of MHP payment authorization by a hospital's Utilization Review Committee requires that:

(1) When documentation in the clinical record substantiates that the beneficiary met the medical necessity criteria, the hospital's Utilization Review Committee shall authorize payment for each day that services are provided.

(2) Requests for MHP payment authorization for administrative day services shall be approved by the hospital's Utilization Review Committee when both of the following conditions are met:

(A) During the hospital stay, a beneficiary previously has met medical necessity criteria for acute psychiatric inpatient hospital services.

(B) There is no appropriate, non–acute treatment facility within a reasonable geographic area and the hospital documents contacts with a minimum of five appropriate, non–acute treatment facilities per week for placement of the beneficiary subject to the following requirements.

1. The MHP or its designee can waive the requirements of five contacts per week if there are fewer than five appropriate, non–acute residential treatment facilities available as placement options for the beneficiary. In no case shall there be less than one contact per week.

2. The lack of placement options at appropriate, residential treatment facilities and the contacts made at appropriate facilities shall be documented to include but not limited to:

a. The status of the placement option.

b. Date of the contact.

c. Signature of the person making the contact.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

Subchapter 3. Specialty Mental Health Services Other than Psychiatric Inpatient Hospital Services

§ 1830.100. General Provisions.

This subchapter applies to specialty mental health services other than psychiatric inpatient hospital services, unless specifically provided otherwise.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777 and 14684, Welfare and Institutions Code.

Article 1. Fiscal Provisions

§ 1830.105. Provider Rate Setting Standards and Requirements.

(a) The MHP shall reimburse organizational providers that provide services to beneficiaries of the MHP in accordance with Section 1840.105.

(b) The MHP shall reimburse individual and group providers that contract with the MHP in accordance with the terms of the contract.

(c) The MHP shall reimburse individual or group providers that provide services to beneficiaries of the MHP and that do not have a contract with the MHP at the rates established by the Medi–Cal program in Title 22, Division 3, Subdivision 1, Chapter 3, Article 7, unless a different rate is agreed to between the MHP and the provider, except as provided in subsection (d).

(d) The MHP shall reimburse individual or group providers that provide psychiatric inpatient hospital professional services to a beneficiary of the MHP with an emergency medical condition and that do not have a contract with the MHP at the rates established by the Medi–Cal program in Title 22, Division 3, Subdivision 1, Chapter 3, Article 7.

(e) Individual and group providers shall bill the MHP the provider's usual and customary charges for the specialty mental health service rendered to the beneficiary. The rate paid by the MHP to individual and group providers less third party liability and beneficiary share of cost shall be considered payment in full for the specialty mental health services provided to the beneficiary.

(f) Organizational providers shall bill the MHP in accordance with the applicable cost settlement requirements described in Section 1840.105.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1830.115. Psychiatric Nursing Facility Services Rates.

The rate for psychiatric nursing facility services shall be the rate established by the State Department of Health Services in accordance with Title 22, Section 51510, Section 51511, Section 51511.1, Section 51535, and Section 51535.1. The nursing facility shall bill its usual and customary charges. The rate established by this section less third party liability and beneficiary share of cost be considered payment in full for the scope of services described in those sections provided to the beneficiary.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

Article 2. Provision of Services

§ 1830.205. Medical Necessity Criteria for MHP Reimbursement of Speciality Mental Health Services.

(a) The following mental necessity criteria determine Medi–Cal reimbursement for specialty mental health services that are the responsibility of the MHP under this subchapter, except as specially provided.

(b) The beneficiary must meet criteria outlined in (1), (2), and (3) below to be eligible for services:

(1) Be diagnosed by the MHP with one of the following diagnoses in the Diagnostic and Statistical Manual, Forth Edition, published by the American Psychiatric Association:

(A) Pervasive Developmental Disorders, except Autistic Disorders

(B) Disruptive Behavior and Attention Deficit Disorders

(C) Feeding and Eating Disorders of Infancy and Early Childhood

(D) Elimination Disorders

(E) Other Disorders of Infancy, Childhood, or Adolescence

(F) Schizophrenia and other Psychotic Disorders

(G) Mood Disorders

(H) Anxiety Disorders

(I) Somatoform Disorders

(J) Factitious Disorders

(K) Dissociative Disorders

(L) Paraphilias

(M) Gender Identity Disorder

(N) Eating Disorders

(O) Impulse Control Disorders Not Elsewhere Classified

(P) Adjustment Disorders

(Q) Personality Disorders, excluding Antisocial Personality Disorder

(R) Medication–Induced Movement Disorders related to other included diagnoses.

(2) Must have at least one of the following impairments as a result of the mental disorder(s) listed in subdivision (1) above:

(A) A significant impairment in an important area of life functioning.

(B) A probability of significant deterioration in an important area of life functioning.

(C) Except as provided in Section 1830.210, a probability a child will not progress developmentally as individually appropriate. For the purpose of this section, a child is a person under the age of 21 years.

(3) Must meet each of the intervention criteria listed below:

(A) The focus of the proposed intervention is to address the condition identified in (2) above.

(B) The expectation is that the proposed intervention will:

1. Significantly diminish the impairment, or

2. Prevent significant deterioration in an important area of life functioning, or

3. Except as provided in Section 1830.210, allow the child to progress developmentally as individually appropriate.

(C) The condition would not be responsive to physical health care based treatment.

(c) When the requirements of this section are met, beneficiaries shall receive specialty mental health services for a diagnosis included in subsection (b)(1) even if a diagnosis that is not included in subsection (b)(1) is also present.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777 and 14684, Welfare and Institutions Code.

§ 1830.210. Medical Necessity Criteria for MHP Reimbursement for Specialty Mental Health Services for Eligible Beneficiaries Under 21 Years of Age.

(a) For beneficiaries under 21 years of age who do not meet the medical necessity requirements of Section 1830.205(b)(2) and (3), medical necessity criteria for specialty mental health services covered by this subchapter shall be met when all of the following exist:

(1) The beneficiary meets the diagnosis criteria in Section 1830.205(b)(1),

(2) The beneficiary has a condition that would not be responsive to physical health care based treatment, and

(3) The requirements of Title 22, Section 51340(e)(3) are met; or, for targeted case management services, the service to which access is to be gained through case management is medically necessary for the beneficiary under Section 1830.205 or under Title 22, Section 51340(e)(3) and the requirements of Title 22, Section 51340(f) are met.

(b) The MHP shall not approve a request for an EPSDT Supplemental Speciality Mental Health Service under this section if the MHP determines that the service to be provided is accessible and available in an appropriate and timely manner as another specialty mental health service covered by this subchapter.

(c) The MHP shall not approve a request for specialty mental health services under this section in home and community based settings if the MHP determines that the total cost incurred by the Medi–Cal program for providing such services to the beneficiary is greater than the total cost to the Medi–Cal program in providing medically equivalent services at the beneficiary's otherwise appropriate institutional level of care, where medically equivalent services at the appropriate level are available in a timely manner.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 14132 and 14684, Welfare and Institutions Code; and Title 42, Section 1396d(r), United States Code.

§ 1830.215. MHP Payment Authorization.

(a) Except as provided in Sections 1830.245 and 1830.250, the MHP may require that providers obtain MHP payment authorization of any or all specialty mental health services covered by this subchapter as a condition of reimbursement for the service.

(1) The MHP's authorization function may be assigned to a person, an identified staffing unit, a committee, or an organizational executive who may delegate the authorization function; including any such persons or entities affiliated with a contracting provider to which the MHP has delegated the authorization function.

(2) The individuals who review and approve or deny requests from providers for MHP payment authorization shall be licensed mental health professionals or waivered/registered professionals of the MHP of the beneficiary. Licensed psychiatric technicians and licensed vocational nurses may approve or deny such requests only when the provider indicates that the beneficiary to whom the specialty mental health services will be delivered has an urgent condition.

(b) The MHP may require that providers obtain MHP payment authorization prior to rendering any specialty mental health service covered by this subchapter as a condition of reimbursement for the service, except for those services provided to beneficiaries with emergency psychiatric conditions as provided in Sections 1830.230 and 1830.245.

(c) Notwithstanding the provisions of subsections (a) and (b), the MHP shall require that providers obtain MHP payment authorization for day rehabilitation, day treatment intensive and EPSDT supplemental specialty mental health services as required in the MHP contract with the Department, and in compliance with Title 42, Code of Federal Regulations (CFR) Part 438, Section 438.210, Subsections (a) and (b), as published in the June 14, 2002 Federal Register (Vol. 67, No. 115, Pages 41107 and 41108), which is hereby incorporated by reference.

(d) Whether or not the MHP payment authorization of a specialty mental health service is required pursuant to subsections (a) or (b), the MHP may require that providers notify the MHP of their intent to provide the service prior to the delivery of the service. If the MHP does require such notice, the MHP shall inform providers of this requirement by including the MHP requirement in a publication commonly available to all providers serving beneficiaries.

NOTE: Authority cited: Sections 5775, 14043.75 and 14680, Welfare and Institutions Code. Reference: Sections 5718, 5767, 5776, 5777, 5778 and 14684, Welfare and Institutions Code; and 42 CFR Part 438, Section 438.210(a) and (b).

§ 1830.220. Authorization of Out–of–Plan Services.

(a) "Out–of–Plan Services" means specialty mental health services covered by this subchapter, other than psychiatric nursing facility services, provided to a beneficiary by providers other than the MHP of the beneficiary or a provider contracting with the MHP of the beneficiary.

(b) The MHP shall be required to provide out–of–plan services only under the following circumstances:

(1) When a beneficiary with an emergency psychiatric condition is admitted for psychiatric inpatient hospital services as described in Section 1820.225 to the extent provided in Section 1830.230.

(2) When a beneficiary with an emergency psychiatric condition is admitted for psychiatric health facility services under the conditions described in Section 1830.245.

(3) When a beneficiary is out of county and develops an urgent condition and there are no providers contracting with the MHP reasonably available to the beneficiary based on the MHP's evaluation of the needs of the beneficiary, especially in terms of timeliness of service.

(4) When there are no providers contracting with the MHP reasonably available to the beneficiary based on the MHP's evaluation of the needs of the beneficiary, the geographic availability of providers, and community standards for availability of providers in the county in which the beneficiary is placed and the beneficiary is placed out of county by:

(A) The Foster Care Programs as described in Article 5 (commencing with Section 11400), Chapter 2, Part 3, Division 9 of the Welfare and Institutions Code, the Adoption Assistance Program as described in Chapter 2.1 (commencing with Section 16115), Part 4, Division 9 of the Welfare and Institutions Code, or other foster care arrangement.

(B) A Lanterman–Petris–Short or Probate Conservator or other legal involuntary placement.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 11400, 14684 and 16115, Welfare and Institutions Code.

§ 1830.225. Initial Selection and Change of Person Providing Services.

(a) Whenever feasible, the MHP of the beneficiary, at the request of the beneficiary, shall provide a beneficiary who has been determined by the MHP to meet the medical necessity criteria for outpatient psychiatrist, psychologist, EPSDT supplemental specialty mental health, rehabilitative or targeted case management services an initial choice of the person who will provide the service to the beneficiary. The MHP may limit the beneficiary's choice, at the election of the MHP, to a choice between two of the individual providers contracting with the MHP or a choice between two of the persons providing services who are employed by, contracting with or otherwise made available by the group or organizational provider to whom the MHP has assigned the beneficiary.

(b) Whenever feasible, the MHP of the beneficiary, at the request of the beneficiary, shall provide beneficiaries an opportunity to

change persons providing outpatient psychiatrist, psychologist, EPSDT supplemental specialty mental health, rehabilitative, or targeted case management services. The MHP may limit the beneficiary's choice of another person to provide services, at the election of the MHP, to an individual provider contracting with the MHP or to another person providing services who is employed by, contracting with or otherwise made available by the group or organizational provider to whom the MHP has assigned the beneficiary.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 14681, 14683 and 14684, Welfare and Institutions Code.

§ 1830.230. Psychiatric Inpatient Hospital Professional Services.

(a) Notwithstanding any other provisions of this chapter, the medical necessity criteria applicable to psychiatric inpatient professional services is the medical necessity criteria in Section 1820.205.

(b) When the beneficiary is admitted to a Fee–for–Service/Medi–Cal hospital, the MHP shall not require prior authorization of psychiatric inpatient hospital professional services that do not exceed one service per day of psychiatric inpatient hospital services. On the day of admission, the MHP shall not require prior authorization of a psychiatrist service or a mental health or medication support service by a physician in addition to a service by an admitting licensed mental health professional who is not a physician.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777 and 14684, Welfare and Institutions Code.

§ 1830.245. Psychiatric Health Facility Services.

(a) Notwithstanding any other provision of this chapter, the medical necessity criteria applicable to psychiatric health facility services are the medical necessity criteria of Section 1820.205.

(b) The MHP may not require a psychiatric health facility to obtain prior authorization for an admission when the beneficiary has an emergency psychiatric condition.

(c) MHP payment authorization for the admission of a beneficiary with an emergency psychiatric condition shall be made in accordance with the terms of the contract between the MHP and the psychiatric health facility, or, if applicable, with the terms of the contract between another MHP and the psychiatric health facility. Where no applicable contract terms apply, MHP payment authorization shall be approved by an MHP when:

(1) The psychiatric health facility notified the MHP's Point of Authorization within 24 hours of admission of a beneficiary to the facility.

(2) Written documentation has been provided to the MHP within 14 days that certifies that a beneficiary met the criteria in Section 1820.225(b) at the time of admission, for the day of admission, and for any additional days prior to discharge during which the beneficiary received psychiatric health facility services, or after the beneficiary has received 99 continuous calendar days of psychiatric health facility services, whichever is sooner.

(3) If, after the emergency admission, the MHP of the beneficiary requests transfer of the beneficiary to a psychiatric health facility contracting with the MHP, a contract hospital, or a psychiatric health facility or hospital owned or operated by the MHP of the beneficiary and the psychiatric health facility does not transfer the beneficiary, documentation shall include evidence that the beneficiary could not be safely be transferred. An acute patient shall be considered stable when no deterioration of the patient's condition is likely, within reasonable medical probability,
to result from or occur during the transfer of the patient from the psychiatric health facility.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777 and 14684, Welfare and Institutions Code.

§ 1830.250. MHP Payment Authorization for Psychiatric Nursing Facility Services.

(a) The following conditions apply to the provisions of psychiatric nursing facility services by the MHP:

(1) The MHP of the beneficiary shall not exclude any nursing facility that is licensed and certified to provide psychiatric nursing facility services and is in good standing with the Medi–Cal program from providing services to the beneficiary on the grounds that the facility would be providing out–of–plan services pursuant to Section 1830.220.

(2) Psychiatric nursing facility services shall be billed by the psychiatric nursing facility to the fiscal intermediary, rather than the MHP.

(b) A psychiatric nursing facility shall submit a separate written request for MHP payment authorization of psychiatric nursing facility services to the Point of Authorization of the MHP of the beneficiary for each of the following:

(1) The planned admission of a beneficiary.

(2) Services the psychiatric nursing facility believes are medically necessary that exceed the days previously authorized by the MHP.

(3) Services that qualify for Medical Assistance Pending Fair Hearing pursuant to Section 1850.215.

(c) Unless there is a contract between the psychiatric nursing facility and the MHP that provides for different time frames, a psychiatric nursing facility shall submit the request for MHP payment authorization for psychiatric nursing facility services to the Point of Authorization of the beneficiary's MHP not later than:

(1) Prior to a planned admission;

(2) Ten working days prior to the expiration date of a previous MHP payment authorization; or

(3) The date that a beneficiary qualifies for Medical Assistance Pending Fair Hearing pursuant to Section 1850.215.

(d) MHP payment authorization requests presented for authorization beyond the time frames specified in this subchapter shall be accepted for consideration by the MHP only when the MHP determines that the psychiatric nursing facility was prevented from submitting a timely request because of a reason that meets one of the criteria specified in subsections (1) and (2). The psychiatric nursing facility shall submit factual documentation deemed necessary by the MHP with the MHP payment authorization request. Any additional documentation requested by the MHP shall be submitted within 60 calendar days of the MHP's request. The documentation shall verify that the late submission was due to:

(1) A natural disaster which has:

(A) Destroyed or damaged the psychiatric nursing facility's business office or records, or

(B) Substantially interfered with the psychiatric nursing facility's agent's processing of requests for MHP payment authorization; or

(2) Delays caused by other circumstances beyond the psychiatric nursing facility's control which have been reported to an appropriate law enforcement or fire agency when applicable. Circumstances which shall not be considered beyond the control of the psychiatric nursing facility include but are not limited to:

(A) Negligence by employees.

(B) Misunderstanding of program requirements.

(C) Illness or absence of any employee trained to prepare MHP payment authorization.

(D) Delays caused by the United States Postal Service or any private delivery service.

(e) A written request for MHP payment authorization to the Point of Authorization shall be in the form of a Treatment Authorization Request (TAR).

(f) The Point of Authorization staff that approve or deny payment

shall be licensed mental health professionals and waivered/registered professionals of the MHP of the beneficiary. Licensed psychiatric technicians and licensed vocational nurses my approve or deny such requests only when he provider indicates that the beneficiary to whom the specialty mental health services will be delivered has an urgent condition.

(g) Approval or disapproval for each MHP payment authorization shall be documented by the Point of Authorization in writing on the same TAR on which the psychiatric nursing facility requested MHP payment authorization.

(h) A Point of Authorization shall approve, deny or defer the request for MHP payment authorization within five working days of the receipt of the request. If the request is deferred, the MHP shall advise the psychiatric nursing facility of the additional documentation required by the MHP. The Point of Authorization shall send an approved or denied TAR to the fiscal intermediary within 14 calendar days of the approval or denial.

(i) MHP payment authorizations shall be approved by the MHP's Point of Authorization as follows:

(1) Requests for an MHP payment authorization for planned admissions and continued stays shall be approved when written documentation provided indicates that the beneficiary meets medical necessity criteria for reimbursement of psychiatric nursing facility services, as specified in Section 1830.205, in addition to any other applicable requirements of this chapter.

(2) AN MHP payment authorization approved by the MHP for a specific time period shall not be terminated or reduced because the beneficiary receiving the psychiatric nursing facility services:

(A) Is on leave of absence from the facility, subject to the limitations described in Title 22, Section 51535, or

(B) Has exercised the bed hold option provided by Title 22, Sections 72520, 73504, 76506 and 76709.1, subject to the limitations of Title 22, Section 51535.1.

(3) Medical Assistance Pending Fair Hearing Decision requests for MHP payment authorization by a psychiatric nursing facility shall be approved by an MHP when necessary documentation, as specified in Section 1850.215, is submitted.

(j) The MHP that approves the MHP payment authorization shall have financial responsibility as described in this chapter for the services authorized, unless financial responsibility is assigned to another entity pursuant to Sections 1850.405 and 1850.505.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

Subchapter 4. Federal Financial Participation

Article 1. General

§ 1840.100. Definitions.

(a) "Claiming" means the process by which MHPs may obtain FFP for the expenditures they have made for specialty mental health services to Medi–Cal beneficiaries.

(b) "Health Care Financing Administration's Common Procedure Coding System (HCPCS)" means a coded listing and description of health care services and items as defined in Title 22, Section 51050, which is prepared and updated annually by the Health Care Financing Administration. HCPCS consists of the Physicians' Current Procedural Terminology (CPT), published by the American Medical Association, and other codes and descriptions authorized by the Health Care Financing Administration to describe services and items not contained in the CPT. Unless a different definition is adopted by the State Department of Health Services in Title 22, Division 3, Subdivision 1, Chapter 3, the definitions of individual HCPCS codes used in this subchapter are the definitions provided in HCPCS and each of its subsequent updates.

(c) "Legal entity" means each MHP and each of the corporations, partnerships, agencies, or individuals providing specialty mental health services under contract with the MHP, except that legal entity does not include individual or group providers. Fee–For–Service/Medi–Cal hospitals or psychiatric nursing facilities.

(d) "Lockout" means a situation or circumstance under which FFP is not available for a specific specialty mental health service.

(e) "Reimbursement" means a payment of FFP.

(f) "Service functions" mean mental health services, medication support services, day treatment intensive, day rehabilitation, crisis intervention, crisis stabilization, psychiatric health facility services, and targeted case management in the context of claiming FFP.

(g) "Short–Doyle/Medi–Cal system" means the system operated by the State Department of Health Services for the purpose of claiming FFP for specialty mental health services covered by the MHP other than psychiatric inpatient hospital services in a Fee–For–Service/Medi–Cal hospital or psychiatric nursing facility services.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 5778, Welfare and Institutions Code.

§ 1840.105. General.

(a) Except as provided in this subchapter, FFP for specialty mental health services shall be based on the lowest of the following:

(1) The provider's usual and customary charge to the general public for the same or similar services, unless the provider is a nominal provider pursuant to Medicare rules at Title 42, Code of Federal Regulations, Section 413.13.

(2) The MHP, Short–Doyle/Medi–Cal hospital or organizational provider's reasonable and allowable cost of rendering the services, based on year–end cost reports and Medicare principles of reimbursement pursuant to Title 42, Code of Federal Regulations, Part 413 and as described in HCFA Publication 15–1, for these providers not contracting on a negotiated rate basis.

(3) The negotiated rates for providers, including the MHP, contracting on a negotiated rate basis pursuant to subchapter 2, article 1; subchapter 3, article 1; or Sections 5705 or 5716 of the Welfare and Institutions Code.

(4) The maximum allowances established by Title 22, Section 51516, except that the applicable definitions of individual specialty mental health services shall be the definitions in this chapter. When crisis stabilization is claimed under this subchapter, the maximum allowance provided in Title 22, Section 51516, for "crisis stabilization–emergency room" shall apply when the service is provided in a 24 hour facility, including a hospital outpatient department and the maximum allowance for "crisis stabilization–urgent care" shall apply when the service is provided in any other appropriate site.

(b) Reimbursement to the MHP, Short–Doyle/Medi–Cal hospitals, or organizational providers based on negotiated rates shall be subject to retrospective cost settlement which shares equally between the federal government and the legal entity the portion of the federal reimbursement that exceeds actual cost in the aggregate by the legal entity. In no case will payments exceed the established maximum allowances.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5705, 5716, 5718, 5720, 5724 and 5778, Welfare and Institutions Code.

§ 1840.110. Claims Submission.

(a) Except as otherwise provided in this subchapter, the MHP shall submit all claims for specialty mental health services provided to Medi–Cal beneficiaries by the MHP through the Short–Doyle/Medi–Cal system.

(b) Except for good cause, as specified in Title 22, Section 51008, and approved by the State Department of Health Services, claims for specialty mental health services shall be presented to the department no later than six months after the month of service. The department

shall present such claims to the State Department of Health Services no later than seven months after the date of service.

(c) The department shall resubmit a claim, which has been returned by the State Department of Health Services for correction or additional information, no later than three months after the month in which the claim was returned by the State Department of Health Services.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5778 and 14021.5, Welfare and Institutions Code.

§ 1840.112. MHP Claims Certification and Program Integrity.

(a) Each MHP shall comply with all state and federal statutory and regulatory requirements for certification of claims, including Title 42, Code of Federal Regulations (CFR) Part 438, Sections 438.604, 438.606, and, as effective August 13, 2003, Section 438.608, as published in the June 14, 2002 Federal Register (Vol. 67, No. 115, Page 41112), which are hereby incorporated by reference.

(b) Each MHP shall certify to the Department, in writing, each monthly claim prior to submission to the State for reimbursement. The certification shall attest to the following for each beneficiary with services included in the claim:

(1) An assessment of the beneficiary was conducted in compliance with the requirements established in the MHP contract with the Department.

(2) The beneficiary was eligible to receive Medi–Cal services at the time the services were provided to the beneficiary.

(3) The services included in the claim were actually provided to the beneficiary.

(4) Medical necessity was established for the beneficiary as defined under this chapter for the service or services provided, for the timeframe in which the services were provided.

(5) A client plan was developed and maintained for the beneficiary that met all client plan requirements established in the MHP contract with the Department.

(6) For each beneficiary with day rehabilitation, day treatment intensive or EPSDT supplemental specialty mental health services included in the claim, all requirements for MHP payment authorization in the MHP contract for day rehabilitation, day treatment intensive and EPSDT supplemental specialty mental health services were met, and any reviews for such service or services were conducted prior to the initial authorization and any re–authorization periods as established in the MHP contract with the Department.

NOTE: Authority cited: Sections 5775, 14043.75 and 14680, Welfare and Institutions Code. Reference: Sections 5718, 5719, 5724, 5767, 5776, 5777, 5778 and 14684, Welfare and Institutions Code; and 42 CFR Part 433, Section 433.51, Part 438, Sections 438.604, 438.606 and 438.608 and Part 455, Section 455.18.

§ 1840.115. Alternative Contract Provider Rates.

FFP for payments to providers by the MHP based on Section 1810.438 shall be claimed on the basis of actual services provided in accordance with articles 2 and 3 of this subchapter.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 5778, Welfare and Institutions Code.

Article 2. Psychiatric Inpatient Hospital Services

§ 1840.205. General.

(a) FFP for Short–Doyle/Medi–Cal hospitals shall be claimed through the Short–Doyle/Medi–Cal system in accordance with Section 1840.110.

(b) FFP for Fee–For–Service/Medi–Cal hospitals shall be claimed by the State Department of Health Services in the same manner as FFP is claimed for other Medi–Cal services billed to the fiscal intermediary.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 5778, Welfare and Institutions Code.

§ 1840.210. Non–Reimbursable Psychiatric Inpatient Hospital Services.

The MHP may claim FFP for psychiatric inpatient hospital services in a hospital that is a psychiatric health facility or acute psychiatric hospital larger than 16 beds only for beneficiaries 65 years of age or older, or beneficiaries under 21 years of age, except if the beneficiary was receiving such services prior to his/her twenty–first birthday. If the beneficiary continues without interruption to require and receive such services, the eligibility for FFP continues to the date he or she no longer requires such services, or if earlier, his/her twenty–second birthday. These restrictions regarding claiming FFP for services in acute psychiatric hospitals and psychiatric health facilities shall cease to have effect if federal law changes or a federal waiver is obtained and reimbursement is subsequently approved.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 5778, Welfare and Institutions Code.

§ 1840.215. Lockouts for Psychiatric Inpatient Hospital Services.

(a) The following services are not reimbursable on days when psychiatric inpatient hospital services are reimbursed, excerpt for the day of admission to psychiatric inpatient hospital services:

(1) Adult Residential Treatment Services,

(2) Crisis Residential Treatment Services,

(3) Crisis Intervention,

(4) Day Treatment Intensive,

(5) Day Rehabilitation,

(6) Psychiatric Nursing Facility Services, except as provided in subsection (b),

(7) Crisis Stabilization, and

(8) Psychiatric Health Facility Services.

(b) Psychiatric Nursing Facility Services may be claimed for the same day as a psychiatric inpatient hospital services, if the beneficiary has exercised the bed hold option provided by Title 22, Section 72520, 73504, 76506, and 76709.1, subject to the limitations of Title 22, Section 51535.1.

(c) When psychiatric inpatient services are provided in a Short–Doyle/Medi–Cal hospital, in addition to the services listed in (a), psychiatrist services, psychologist services, mental health services, and medication support services are included in the per diem rate and not separately reimbursable, except for the day of admission.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 5778, Welfare and Institutions Code.

Article 3. Specialty Mental Health Services Other than Psychiatric Inpatient Hospital Services

§ 1840.302. Psychiatric Nursing Facility Services.

FFP for psychiatric nursing facility services shall be claimed by the State Department of Health Services in the same manner as FFP is claimed for other Medi–Cal services billed to the fiscal intermediary.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 5778, Welfare and Institutions Code.

§ 1840.304. Crosswalk Between Service Functions and HCPCS Codes.

(a) When a provider bills the MHP for psychiatrist, psychologist, or EPSDT Supplemental Speciality Mental Health Services using a CPT or other HCPCS code in column A, then the MHP shall claim FFP based on the service function in column B at the units of time listed in column C. The dollar amount claimed shall be in accordance with Section 1840.105.

Column A	*Column B*	*Column C*
90843 Individual Psychotherapy	Mental Health Services	30 minutes
90844 Individual Psychotherapy	Mental Health Services	50 minutes
Z0300 Individual Psychotherapy	Mental Health Services	25 minutes
90853 Group Psychotherapy	Mental Health Services	15 minutes
90862 Pharmacological Management	Medication Support	15 minutes
90870 Electro Convulsive Therapy	Medication Support	25 minutes
90871 Electro Convulsive Therapy	Medication Support	25 minutes
90880 Hypnotherapy	Mental Health Services	25 minutes
96100 Psychological Testing	Mental Health Services	60 minutes
99201 Office/OP Visit New Patient	Mental Health Services	20 minutes
99202 Office/OP Visit New Patient	Mental Health Services	30 minutes
99203 Office/OP Visit New Patient	Mental Health Services	40 minutes
99204 Office/OP Visit New Patient	Mental Health Services	45 minutes
99205 Office/OP Visit New Patient	Mental Health Services	60 minutes
99211 Office/OP Visit Established Patient	Mental Health Services	15 minutes
99212 Office/OP Visit Established Patient	Mental Health Services	20 minutes
99213 Office/OP Visit Established Patient	Mental Health Services	25 minutes
99214 Office/OP Visit Established Patient	Mental Health Services	30 minutes
99215 Office/OP Visit Established Patient	Mental Health Services	40 minutes

Column A	*Column B*	*Column C*
99217 Hospital Observation Care	Mental Health Services	30 minutes
99218 Hospital Observation Care	Mental Health Services	30 minutes
99219 Hospital Observation Care	Mental Health Services	50 minutes
99220 Hospital Observation Care	Mental Health Services	70 minutes
99221 Hospital Inpatient Initial Care	Medication Support	30 minutes
99222 Hospital Inpatient Initial Care	Medication Support	50 minutes
99223 Hospital Inpatient Initial Care	Medication Support	70 minutes
99231 Hospital Inpatient Subsequent Care	Medication Support	15 minutes
99232 Hospital Inpatient Subsequent Care	Medication Support	25 minutes
99233 Hospital Inpatient Subsequent Care	Medication Support	35 minutes
99238 Hospital Discharge Services	Mental Health Services	30 minutes
99239 Hospital Discharge Services	Mental Health Services	50 minutes
99241 Office Consultation	Mental Health Services	25 minutes
99242 Office Consultation	Mental Health Services	35 minutes
99243 Office Consultation	Mental Health Services	45 minutes
99244 Office Consultation	Mental Health Services	60 minutes
99245 Office Consultation	Mental Health Services	80 minutes
99251 Initial Inpatient Consultation	Mental Health Services	20 minutes
99252 Initial Inpatient Consultation	Mental Health Services	40 minutes
99253 Initial Inpatient Consultation	Mental Health Services	55 minutes

Column A	*Column B*	*Column C*
99254 Initial Inpatient Consultation	Mental Health Services	80 minutes
99255 Initial Inpatient Consultation	Mental Health Services	110 minutes
99261 Follow Up Inpatient Consultation	Mental Health Services	10 minutes
99262 Follow Up Inpatient Consultation	Mental Health Services	20 minutes
99263 Follow Up Inpatient Consultation	Mental Health Services	30 minutes
99271 Confirmatory Consultation	Mental Health Services	30 minutes
99272 Confirmatory Consultation	Mental Health Services	45 minutes
99273 Confirmatory Consultation	Mental Health Services	45 minutes
99274 Confirmatory Consultation	Mental Health Services	45 minutes
99275 Confirmatory Consultation	Mental Health Services	45 minutes
99281 Emergency Dep't.	Mental Health Services	25 minutes
99282 Emergency Dep't.	Mental Health Services	30 minutes
99283 Emergency Dep't.	Crisis Intervention	30 minutes
99284 Emergency Dep't.	Crisis Intervention	45 minutes
99285 Emergency Dep't.	Crisis Intervention	60 minutes
99301 Nursing Facility Assessment	Medication Support	30 minutes
99302 Nursing Facility Assessment	Medication Support	40 minutes
99303 Nursing Facility Assessment	Medication Support	50 minutes
99311 Nursing Facility Subsequent Care	Medication Support	15 minutes
99312 Nursing Facility Subsequent Care	Medication Support	25 minutes
99313 Nursing Facility Subsequent Care	Medication Support	35 minutes
99321 Domiciliary/Rest Home; New Patient;	Medication Support	30 minutes
99322 Domiciliary/Rest Home; New Patient;	Medication Support	40 minutes
99323 Domiciliary/Rest Home; New Patient;	Medication Support	50 minutes
99331 Domiciliary/Rest Home; Established Patient	Medication Support	30 minutes
99332 Domiciliary/Rest Home; Established Patient	Medication Support	40 minutes
99333 Domiciliary/Rest Home; Established Patient	Medication Support	50 minutes
Z0200 Skilled Nursing Facility Multiple Established Patients	Medication Support	10 minutes
Z0202 Nursing Facility/Board & Care Homes Multiple Established, Patients	Medication Support	5 minutes
Z0204 Nursing Facility/Board & Care Homes; Multiple Established Patients	Medication Support	10 minutes
Z0206 Nursing Facility/Board & Care Homes; Multiple Established, Patients	Medication Support	15 minutes
Z0208 Nursing Facility/Board & Care Homes Multiple Established Patients	Medication Support	25 minutes
Z0210 Nursing Facility/Board & Care Homes Multiple Established, Patients	Medication Support	30 minutes
99341 Home Visit New Patient	Medication Support	30 minutes
99342 Home Visit New Patient	Medication Support	40 minutes
99343 Home Visit New Patient	Medication Support	50 minutes
99351 Home Visit Established Patient	Medication Support	30 minutes

Column A	*Column B*	*Column C*
99352 Home Visit Established Patient	Medication Support	40 minutes
99353 Home Visit Established Patient	Medication Support	50 minutes
99354 Prolonged MD Services Office/Outpatient Setting	Mental Health Services	60 minutes
99355 Prolonged MD Services; Office/Outpatient Setting	Mental Health Services	30 minutes
99356 Prolonged MD Services; Inpatient Setting	Medication Support	60 minutes
99357 Prolonged MD Services; Inpatient Setting	Medication Support	30 minutes
X9500 Individual Psychotherapy	Mental Health Services	30 minutes
X9502 Individual Psychotherapy	Mental Health Services	60 minutes
X9504 Individual Psychotherapy	Mental Health Services	90 minutes
X9506 Group Therapy/Counseling Per person, Per session	Mental Health Services	15 minutes
X9508 Family Therapy	Mental Health Services	60 minutes
X9510 Family Therapy	Mental Health Services	90 minutes
X9512 Family Therapy	Mental Health Services	2 minutes
X9514 Test Administration	Mental Health Services	60 minutes
X9516 Test Administration	Mental Health Services	120 minutes
X9518 Test Administration	Mental Health Services	180 minutes
X9520 Test Administration	Mental Health Services	240 minutes
X9522 Test Administration	Mental Health Services	300 minutes
X9524 Test Administration	Mental Health Services	360 minutes
X9526 Test Administration	Mental Health Services	15 minutes
X9528 Group Test Administration	Mental Health Services	10 minutes
X9530 Test Scoring	Mental Health Services	60 minutes
X9532 Test Scoring	Mental Health Services	120 minutes
X9534 Test Scoring	Mental Health Services	15 minutes
X9536 Computer Scored Test	Mental Health Services	30 minutes
X9538 Test Report	Mental Health Services	60 minutes
X9540 Test Report	Mental Health Services	120 minutes
X9542 Test Report	Mental Health Services	15 minutes
X9544 Case Conference	Mental Health Services	30 minutes
X9546 Case Conference	Mental Health Services	60 minutes
X9548 Case Conference Out of Office Call	Mental Health Services	5 minutes
Z5814 Supplemental Services delivered by an MFCC	Mental Health Services	60 minutes
Z5816 Supplemental Services delivered by an LCSW	Mental Health Services	60 minutes
Z5820 Supplemental Targeted Case Management Services	Targeted Case Management	60 minutes

(b) When a provider that is a hospital outpatient department bills the MHP for facility room use using the HCPCS codes Z7500 or Z7502 in addition to the CPT or other HCPCS code applicable to the speciality mental health service provided to the beneficiary, the MHP shall claim FFP for the combined codes under the applicable CPT or other HCPCS codes listed on the table in subsection (a). When a provider bills the MHP using a CPT or other HCPCS code that is not included on the table in section (a) other than Z7500 or Z7502, the MHP shall determine the appropriate service function for the service provided and shall claim FFP in accordance with Section 1840.308.

(c) An MHP may define a HCPCS code differently than defined in this subchapter in a contract between the MHP and a provider, provided the definition in the contract is not substantially different from the definition in this subchapter. Requiring that a provider other than a physician use a CPT code to bill for a therapy service shall not be considered to be substantially different.

(d) The lockouts described in Section 1840.215 and Sections 1840.360 through 1840.374 shall apply to claiming of FFP for services claimed under this section. For the purpose of determining lockouts the service shall be considered to be the service identified in column B at the units of time listed in column C.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 5778, Welfare and Institutions Code.

§ 1840.306. Psychiatrist, Psychologist, and EPSDT Supplemental Specialty Mental Health Services.

FFP for psychiatrist, psychologist, and EPSDT supplemental speciality mental health services shall be claimed through the

Short–Doyle/Medi–Cal system in accordance with Section 1840.110 based on the crosswalk detailed in Section 1840.304. The dollar amount claimed shall be in accordance with Section 1840.105.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 5778, Welfare and Institutions Code.

§ 1840.308. Service Functions.

FFP for service functions shall be claimed through the Short–Doyle/Medi–Cal system in accordance with Sections 1840.110. To be eligible for reimbursement, each service function shall have been provided in accordance with Sections 1840.314 through 1840.372. The dollar amount claimed shall be in accordance with Section 1840.105.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 5778, Welfare and Institutions Code.

§ 1840.312. Non–Reimbursable Services—General.

The following services are not eligible for FFP:

(a) Academic educational services

(b) Vocational services which have as a purpose actual work or work training

(c) Recreation

(d) Socialization is not reimbursable if it consists of generalized group activities which do not provide systematic individualized feedback to the specific targeted behaviors of the beneficiaries involved.

(e) Board and care costs for Adult Residential Treatment Services, Crisis Residential Treatment Services, and Psychiatric Health Facility Services.

(f) Medi–Cal program benefits that are excluded from coverage by the MHP as described in Section 1810.355.

(g) Specialty mental health services covered by this article provided during the time a beneficiary 21 years of age through 64 years of age resides in any institution for mental disease.

(h) Specialty mental health services covered by this article provided during the time a beneficiary under 21 years of age resides in an institution for mental disease other than psychiatric health facility that is a hospital as defined in this chapter or an acute psychiatric hospital, except if the beneficiary under 21 years of age was receiving such services prior to his/her twenty–first birthday. If this beneficiary continues without interruption to require and receive such services, the eligibility for FFP continues to the date he or she no longer requires such services, or if earlier, his/her twenty–second birthday. These restrictions regarding claiming FFP for services in an institution for mental disease shall cease to have effect if federal law changes or a federal waiver is obtained and reimbursement is subsequently approved.

(i) The restrictions in subsections (g) and (h) regarding claiming FFP for services to beneficiaries residing in institutions for mental disease shall cease to have effect if federal law changes or a federal waiver is obtained and claiming FFP is subsequently approved.

(j) Specialty mental health services that are minor consent services as defined in Title 22, Section 50063.5 to the extent that they are provided to beneficiaries whose Medi–Cal eligibility pursuant to Title 22, Section 50147.1 is determined to be limited to minor consent services.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 5778, Welfare and Institutions Code.

§ 1840.314. Claiming for Service Functions—General.

In order to receive FFP for provider payments made by the MHP or for services delivered directly by the MHP, the MHP must assure that the following requirements are met for all service functions:

(a) The provider must meet the applicable standards for participation in the Medi–Cal program as established under Titles XVIII and XIX of the Social Security Act.

(b) Contacts with significant support persons in the beneficiary's life are directed exclusively to the mental health needs of the beneficiary.

(c) When services are being provided to or on behalf of a beneficiary by two or more persons at one point in time, each person's involvement shall be documented in the context of the mental health needs of the beneficiary.

(d) Services shall be provided within the scope of practice of the person delivering service, if applicable.

(e) Hospital outpatient departments as defined in Title 22, Section 51112, operating under the license of a hospital may only provide service functions in compliance with licensing requirements.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 5778, Welfare and Institutions Code.

§ 1840.316. Claiming for Service Functions Based on Minutes of Time.

(a) For the following services the billing unit is the time of the person delivering the service in minutes of time:

(1) Mental Health Services

(2) Medication Support Services

(3) Crisis Intervention

(4) Targeted Case Management

(b) The following requirements apply for claiming of services based on minutes of time:

(1) The exact number of minutes used by persons providing a reimbursable services shall be reported and billed. In no case shall more than 60 units of time be reported or claimed for any one person during a one–hour period. In no case shall the units of time reported or claimed for any one person exceed the hours worked.

(2) When a person provides service to, or on behalf of, more than one beneficiary at the same time, the person's time must be prorated to each beneficiary. When more than one person provides a service to more than one beneficiary at the same time, the time utilized by all those providing the service shall be added together to yield the total claimable services. The total time claimed shall not exceed the actual time utilized for claimable services.

(3) The time required for documentation and travel is reimbursable when the documentation or travel is a component of a reimbursable service activity, whether or not the time is on the same day as the reimbursable service activity.

(4) Plan development for Mental Health Services and Medication Support Services is reimbursable. Units of time may be billed regardless of whether there is a face–to–face or phone contact with the beneficiary.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 5778, Welfare and Institutions Code.

§ 1840.318. Claiming for Service Functions on Half Days or Full Days of Time.

(a) Day treatment intensive and day rehabilitation shall be billed as half days or full days of service.

(b) The following requirements apply for claiming of services based on half days or full days of time:

(1) A half day shall be billed for each day in which the beneficiary receives face–to–face services in a program with services available four hours or less per day. Services must be available a minimum of three hours each day the program is open.

(2) A full day shall be billed for each day in which the beneficiary receives face–to–face services in a program with services available more than four hours per day.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 5778, Welfare and Institutions Code.

§ 1840.320. Claiming for Service Functions Based on Calendar Days.

(a) The following services are reimbursed based on calendar days:

(1) Adult Residential Treatment Services

(2) Crisis Residential Treatment Services

(3) Psychiatric Health Facility Services.

(b) The following requirements apply for claiming of services based on calendar days:

(1) A day shall be billed for each calendar day in which the beneficiary receives face–to–face services and the beneficiary has been admitted to the program. Services may not be billed for days the beneficiary is not present.

(2) Board and care costs are not included in the claiming rate.

(3) The day of admission may be billed but not the day of discharge.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 5778, Welfare and Institutions Code.

§ 1840.322. Claiming for Service Functions Based on Hours of Time.

(a) Crisis Stabilization shall be based on hours of time.

(b) The following requirements apply for claiming of services based on time:

(1) Each one hour block that the beneficiary receives crisis stabilization services shall be claimed.

(2) Partial blocks of time shall be rounded up or down to the nearest one hour increment except that services provided during the first hour shall always be rounded up.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 5778, Welfare and Institutions Code.

§ 1840.324. Mental Health Services Contact and Site Requirements.

Mental Health Services may be either face–to–face or by telephone with the beneficiary or significant support persons and may be provided anywhere in the community.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 5778, Welfare and Institutions Code.

§ 1840.326. Medication Support Services Contact and Site Requirements.

(a) Medication Support Services may be either face–to–face or by telephone with the beneficiary or significant support persons and may be provided anywhere in the community.

(b) Medication Support Services that are provided within a residential or day program shall be billed as Medication Support Services separately from the residential or day program service.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 5778, Welfare and Institutions Code.

§ 1840.328. Day Treatment Intensive Services Contact and Site Requirements.

Day Treatment Intensive Services shall have a clearly established site for services, although all services need not be delivered at that site.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 5778, Welfare and Institutions Code.

§ 1840.330. Day Rehabilitation Services Contact and Site Requirements.

Day Rehabilitation Services shall have a clearly established site for services, although all services need not be delivered at that site.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 5778, Welfare and Institutions Code.

§ 1840.332. Adult Residential Treatment Services Contact and Site Requirements.

(a) Adult Residential Treatment Services shall have a clearly established certified site for services, although all services need not be delivered at that site. Services shall not be claimable unless there is face–to–face contact on the day of service and the beneficiary has been admitted to the program.

(b) Programs which provide Adult Residential Treatment Services must be certified as a Social Rehabilitation Program by the department as either a Transitional Residential Treatment Program or a Long Term Residential Treatment Program. Facility capacity must be limited to a maximum of 16 beds.

(c) In addition to Social Rehabilitation Program certification, programs which provide Adult Residential Treatment Services must be licensed as a Social Rehabilitation Facility or Community Care Facility by the State Department of Social Services or authorized to operate as a Mental Health Rehabilitation Center by the department.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 5778, Welfare and Institutions Code.

§ 1840.334. Crisis Residential Treatment Services Contact and Site Requirements.

(a) Crisis Residential Treatment Services shall have a clearly established certified site for services although all services need not be delivered at that site. Services shall not be claimable unless there is face–to–face contact on the day of service and the beneficiary has been admitted to the program.

(b) Programs shall have written procedures for accessing emergency psychiatric and health services on a 24–hour basis.

(c) Programs providing Crisis Residential Treatment Services shall be certified as a Social Rehabilitation Program (Short–Term Crisis Residential Treatment Program) by the department. Facility capacity shall be limited to a maximum of 16 beds.

(d) In addition to Social Rehabilitation Program certification, programs providing Crisis Residential Treatment Services shall be licensed as a Social Rehabilitation Facility or Community Care Facility by the State Department of Social Services or authorized to operate as a Mental Health Rehabilitation Center by the department.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 5778, Welfare and Institutions Code.

§ 1840.336. Crisis Intervention Contact and Site Requirements.

Crisis Intervention may either be face–to–face or by telephone with the beneficiary or significant support persons and may be provided anywhere in the community.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 5778, Welfare and Institutions Code.

§ 1840.338. Crisis Stabilization Contact and Site Requirements.

(a) Crisis Stabilization shall be provided on site at a licensed 24 hour health care facility or hospital based outpatient program or a provider site certified by the department or an MHP to perform crisis stabilization.

(b) Medical backup services must be available either on site or by written contract or agreement with a hospital. Medical backup means immediate access within reasonable proximity to health care for medical emergencies. Immediate access and reasonable proximity shall be defined by the Mental Health Plan. Medications must be available on an as needed basis and the staffing must reflect this availability.

(c) All beneficiaries receiving Crisis Stabilization shall receive an assessment of their physical and mental health. This may be accomplished using protocols approved by a physician. If outside services are needed, a referral which corresponds with the beneficiary's need shall be made, to the extent resources are available.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 5778, Welfare and Institutions Code.

§ 1840.340. Psychiatric Health Facility Services Contact and Site Requirements.

(a) Psychiatric Health Facility Services shall have a clearly established certified site for services. Services shall not be claimable unless there is face–to–face contact on the day of service and the beneficiary has been admitted to the program.

(b) Programs providing Psychiatric Health Facility Services must be licensed as a Psychiatric Health Facility by the department.

(c) Programs shall have written procedures for accessing emergency health services on a 24 hour basis.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 5778, Welfare and Institutions Code.

§ 1840.342. Targeted Case Management Contact and Site Requirements.

Targeted Case Management may be either face–to–face or by telephone with the beneficiary or significant support persons and may be provided anywhere in the community.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 5778, Welfare and Institutions Code.

§ 1840.344. Service Function Staffing Requirements–General.

Mental Health Services, Day Rehabilitation Services, Day Treatment Intensive Services, Crisis Intervention Services, Targeted Case Management, and Adult Residential Treatment Services may be provided by any person determined by the MHP to be qualified to provide the service, consistent with state law.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 5778, Welfare and Institutions Code.

§ 1840.346. Medication Support Services Staffing Requirements.

Medication Support Services shall be provided within the applicable scope of practice by any of the following:

(a) Physician

(b) Registered Nurse

(c) Licensed Vocational Nurse

(d) Psychiatric Technician

(e) Pharmacist

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 5778, Welfare and Institutions Code.

§ 1840.348. Crisis Stabilization Staffing Requirements.

(a) A physician shall be on call at all times for the provision of those Crisis Stabilization Services which can only be provided by a physician.

(b) There shall be a minimum of one Registered Nurse, Psychiatric Technician, or Licensed Vocational Nurse on site at all times beneficiaries are present.

(c) At a minimum there shall be a ratio of at least one licensed mental health or waivered/registered professional on site for each four beneficiaries or other patients receiving Crisis Stabilization at any given time.

(d) If the beneficiary is evaluated as needing service activities that can only be provided by a specific type of licensed professional, such persons shall be available.

(e) Other persons may be utilized by the program, according to need.

(f) If Crisis Stabilization services are co–located with other specialty mental health services, persons providing Crisis Stabilization must be separate and distinct from persons providing other services.

(g) Persons included in required Crisis Stabilization ratios and minimums may not be counted toward meeting ratios and minimums for other services.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 5778, Welfare and Institutions Code.

§ 1840.350. Day Treatment Intensive Staffing Requirements.

(a) At a minimum there must be an average ratio of at least one person from the following list providing Day Treatment Intensive services to eight beneficiaries or other clients in attendance during the period the program is open.

(1) Physicians.

(2) Psychologists or related waivered/registered professionals.

(3) Licensed Clinical Social Workers or related waivered/registered professionals.

(4) Marriage, Family and Child Counselors or related waivered/registered professionals.

(5) Registered Nurses.

(6) Licensed Vocational Nurses.

(7) Psychiatric Technicians.

(8) Occupational Therapists.

(9) Mental Health Rehabilitation Specialists as defined in Section 630.

(b) Persons who are not solely used to provide Day Treatment Intensive services may be utilized according to program need, but shall not be included as part of the above ratio formula. The MHP shall ensure that there is a clear audit trail of the number and identity of the persons who provide Day Treatment Intensive services and function in other capacities.

(c) Persons providing services in Day Treatment Intensive programs serving more than 12 clients shall include at least one person from each of two of the following groups:

(1) Physicians.

(2) Psychologists or related waivered/registered professionals.

(3) Licensed Clinical Social Workers or related waivered/registered professionals.

(4) Marriage, Family and Child Counselors or related waivered/registered professionals.

(5) Registered Nurses.

(6) Licensed Vocational Nurses.

(7) Psychiatric Technicians.

(8) Occupational Therapists.

(9) Mental Health Rehabilitation Specialists as defined in Section 630.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 5778, Welfare and Institutions Code.

§ 1840.352. Day Rehabilitation Staffing Requirements.

(a) At a minimum there must be an average ratio of at least one person from the following list providing Day Rehabilitation services to ten beneficiaries or other clients in attendance during the period the program is open.

(1) Physicians.

(2) Psychologists or related waivered/registered professionals.

(3) Licensed Clinical Social Workers or related waivered/registered professionals.

(4) Marriage, Family and Child Counselors or related waivered/registered professionals.

(5) Registered Nurses.

(6) Licensed Vocational Nurses.

(7) Psychiatric Technicians.

(8) Occupational Therapists.

(9) Mental Health Rehabilitation Specialists as defined in Section 630.

(b) Persons who are not solely used to provide Day Rehabilitation services may be utilized according to program need, but shall not be included as part of the above ratio formula. The MHP shall ensure that there is a clear audit trail of the number and identity of the persons who provide Day Rehabilitation services and function in other capacities.

(c) Persons providing services in Day Rehabilitation programs serving more than 12 clients shall include at least two of the following:

(1) Physicians.

(2) Psychologists or related waivered/registered professionals.

(3) Licensed Clinical Social Workers or related waivered/registered professionals.

(4) Marriage, Family and Child Counselors or related waivered/registered professionals.

(5) Registered Nurses.

(6) Licensed Vocational Nurses.

(7) Psychiatric Technicians.

(8) Mental Health Rehabilitation Specialists as defined in Section 630.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 5778, Welfare and Institutions Code.

§ 1840.354. Adult Residential Treatment Services Staffing Requirements.

(a) Staffing ratios and qualifications in Adult Residential Treatment Services shall be consistent with Section 531.

(b) The MHP shall ensure that there is a clear audit trail of the number and identity of the persons who provide Adult Residential Treatment Services and function in other capacities.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 5778, Welfare and Institutions Code.

§ 1840.356. Crisis Residential Treatment Services Staffing Requirements.

(a) Staffing ratios and qualifications in Crisis Residential Treatment Services shall be consistent with Section 531.

(b) The MHP shall ensure that there is a clear audit trail of the number and identity of the persons who provide Crisis Residential Treatment Services and function in other capacities.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 5778, Welfare and Institutions Code.

§ 1840.358. Psychiatric Health Facility Staffing Requirements.

(a) Staffing ratios in Psychiatric Health Facility Services shall be consistent with Title 22, Section 77061.

(b) Staffing qualifications shall be consistent with Title 22, Sections 77004, 77011.2, 77012, 77012.1, 77012.2, 77017, 77023, 77059–77069, 77079.1 and 77079.12.

(c) The MHP shall ensure that there is a clear audit trail of the number and identity of the persons who provide Psychiatric Health Facility Services and function in other capacities.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 5778, Welfare and Institutions Code.

§ 1840.360. Lockouts for Day Rehabilitation and Day Treatment Intensive.

Day Rehabilitation and Day Treatment Intensive are not reimbursable under the following circumstances:

(a) When Crisis Residential Treatment Services, Psychiatric Inpatient Hospital Services, Psychiatric Health Facility Services, or Psychiatric Nursing Facility Services are reimbursed, except for the day of admission to those services.

(b) Mental Health Services are not reimbursable when provided by Day Rehabilitation or Day Treatment Intensive staff during the same time period that Day Rehabilitation or Day Treatment Intensive are provided.

(c) Two half–day programs may not be provided to the same beneficiary on the same day.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 5778, Welfare and Institutions Code.

§ 1840.362. Lockouts for Adult Residential Treatment Services.

Adult Residential Treatment Services are not reimbursable under the following circumstances:

(a) When Crisis Residential Treatment Services, Psychiatric Inpatient Hospital Services, Psychiatric Health Facility, or Psychiatric Nursing Facility Services are reimbursed, except for the day of admission.

(b) When beneficiaries are receiving Adult Residential and Mental Health Services under two cost centers for the same period of time.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 5778, Welfare and Institutions Code.

§ 1840.364. Lockouts for Crisis Residential Treatment Services.

Crisis Residential Treatment Services are not reimbursable on days when the following services are reimbursed, except for day of admission to Crisis Residential Treatment Services:

(a) Mental Health Services
(b) Day Treatment Intensive
(c) Day Rehabilitation
(d) Psychiatric Inpatient Hospital Services
(e) Psychiatric Health Facility Services
(f) Psychiatric Nursing Facility Services
(g) Adult Residential Treatment Services
(h) Crisis Intervention
(i) Crisis Stabilization

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 5778, Welfare and Institutions Code.

§ 1840.366. Lockouts for Crisis Intervention.

(a) Crisis Intervention is not reimbursable on days when Crisis Residential Treatment Services, Psychiatric Health Facility Services, Psychiatric Nursing Facility Services, or Psychiatric Inpatient Hospital Services are reimbursed, except for the day of admission to those services.

(b) The maximum amount claimable for Crisis Intervention in a 24–hour period is 8 hours.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 5778, Welfare and Institutions Code.

§ 1840.368. Lockouts for Crisis Stabilization.

(a) Crisis Stabilization is not reimbursable on days when Psychiatric Inpatient Hospital Services, Psychiatric Health Facility Services, or Psychiatric Nursing Facility Services are reimbursed, except on the day of admission to those services.

(b) Crisis Stabilization is a package program and no other specialty mental health services are reimbursable during the same time period this service is reimbursed, except for Targeted Case Management.

(c) The maximum number of hours claimable for Crisis Stabilization in a 24–hour period is 20 hours.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 5778, Welfare and Institutions Code.

§ 1840.370. Lockouts for Psychiatric Health Facility Services.

Psychiatric Health Facility Services are not reimbursable on days when the following services are reimbursed, except for day of admission to Psychiatric Health Facility Services:

(a) Adult Residential Treatment Services.
(b) Crisis Residential Treatment Services.
(c) Crisis Intervention.
(d) Day Treatment Intensive.
(e) Day Rehabilitation.
(f) Psychiatric Inpatient Hospital Services.
(g) Medication Support Services.
(h) Mental Health Services.
(i) Crisis Stabilization.
(j) Psychiatric Nursing Facility Services.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 5778, Welfare and Institutions Code.

§ 1840.372. Lockouts for Medication Support Services.

The maximum amount claimable for Medication Support Services in a 24–hour period is 4 hours.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 5778, Welfare and Institutions Code.

§ 1840.374. Lockouts for Targeted Case Management Services.

(a) Targeted Case Management Services are not reimbursable on days when the following services are reimbursed, except for day of admission or for placement services as provided in subsection (b):

(1) Psychiatric Inpatient Hospital Services
(2) Psychiatric Health Facility Services
(3) Psychiatric Nursing Facility Services

(b) Targeted Case Management Services solely for the purpose of coordinating placement of the beneficiary on discharge from the psychiatric inpatient hospital, psychiatric health facility or psychiatric nursing facility may be provided during the 30 calendar days

immediately prior to the day of discharge, for a maximum of three nonconsecutive periods of 30 calendar days or less per continuous stay in the facility.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 5778, Welfare and Institutions Code.

Subchapter 5. Problem Resolution Processes

§ 1850.205. Beneficiary Problem Resolution Processes.

(a) An MHP shall develop problem resolution processes that enable a beneficiary to resolve a concern or complaint about any specialty mental health service–related issue.

(b) The MHP's beneficiary problem resolution processes shall include:

(1) A complaint resolution process.

(2) A grievance process.

(c) For both the complaint resolution process and the grievance process, the MHP shall ensure:

(1) That each beneficiary has adequate information about the MHP's processes by taking at least the following actions:

(A) Including information describing the complaint resolution process and the grievance process in the MHP's beneficiary brochure and providing the beneficiary brochure to beneficiaries as described in Section 1810.360.

(B) Posting notices explaining compliant resolution and grievance process procedures in locations at all MHP provider sites sufficient to ensure that the information is readily available to both beneficiaries and provider staff. For the purposes of this section, an MHP provider site means any office or facility owned or operated by the MHP or a provider contracting with the MHP at which beneficiaries may obtain specialty mental health services.

(C) Making grievance forms and self addressed envelopes available for beneficiaries to pick up at all MHP provider sites without having to make a verbal or written request to anyone.

(2) That a beneficiary may authorize another person to act on the beneficiary's behalf.

(3) That a beneficiary's legal representative may use the complaint resolution process or the grievance process on the beneficiary's behalf.

(4) That an MHP staff person or other individual is identified as having responsibility for assisting a beneficiary with these processes at the beneficiary's request.

(5) That a beneficiary is not subject to discrimination or any other penalty for filing a complaint or grievance.

(6) That procedures for the processes maintain the confidentiality of beneficiaries.

(7) That a procedure is included by which issues identified as a result of the complaint resolution or grievance process are transmitted to the MHP's Quality Improvement Committee, the MHP's administration or another appropriate body within the MHP for review and, if applicable, implementation of needed system changes.

(d) In addition to meeting the requirements of subsection (c), the complaint resolution process shall, at a minimum:

(1) Provide for resolution of a beneficiary's concerns or complaints as quickly and simply as possible.

(2) Involve simple, informal and easily understood procedures that do not require beneficiaries to present their concerns or complaints in writing.

(3) Inform a beneficiary of his or her right to use the grievance process or request a fair hearing at any time before, during or after the complaint resolution process has begun.

(4) Identify the roles and responsibilities of the MHP, the provider and the beneficiary.

(e) In addition to meeting the requirements of subsection (c), the grievance process shall, at a minimum:

(1) Require that beneficiaries provide their concerns or complaints to the MHP as a written grievance.

(2) Provide for two levels of review within the MHP.

(3) Provide for a decision on the grievance at each level of review within 30 calendar days of receipt of the grievance by that level of review within the MHP.

(4) Provide for an expedited review of grievances where the beneficiary is grieving a decision by a provider or the MHP to discontinue adult residential or crisis residential services. When the written grievance is received by the MHP prior to the beneficiary's discharge from the services, the beneficiary shall continue to receive the adult residential or crisis stabilization services and the MHP shall continue payment for the services until the MHP responds to the grievance at the first level of review, at which point action may be taken by the provider or the MHP as appropriate based on the grievance decision. Services shall not be continued if the provider or the MHP determines that ongoing placement of the beneficiary in that facility poses a danger to the beneficiary or others.

(5) Identify the roles and responsibilities of the MHP, the provider and the beneficiary.

(6) Provide for:

(A) Recording the grievance in a grievance log within one working day of the date of receipt of the grievance. The log entry shall include but not be limited to:

1. The name of the beneficiary.

2. The date of receipt of the grievance.

3. The nature of the problem.

(B) Recording the final disposition of a grievance, including the date the decision is sent to the beneficiary, or documenting the reason(s) that there has not been final disposition of the grievance.

(C) An MHP staff person or other individual with responsibility to provide information on request by the beneficiary or an appropriate representative regarding the status of the beneficiary's grievance.

(D) Notifying the beneficiary or the appropriate representative in writing of the grievance decision and documenting the notification or efforts to notify the beneficiary, if he or she could not be contacted. When the notice contains the decision of the MHP's first level of review, the notice shall include the beneficiary's right to appeal to the second level of review and to request a fair hearing if the beneficiary disagrees with the decision instead of, before, during or after filing the grievance at the second level of review. When the notice contains the decision of the MHP's second level of review, the notice shall include the beneficiary's right to request a fair hearing if the beneficiary disagrees with the decision.

(E) If any providers were cited by the beneficiary or otherwise involved in the grievance, notifying those providers of the final disposition of the beneficiary's grievance.

(f) An MHP's grievance log and any other grievance process files, and any complaint resolution process files shall be open to review by the department, the State Department of Health Services, and any appropriate oversight agency.

(g) Nothing in this section precludes a provider other than the MHP from establishing complaint or grievance processes for beneficiaries receiving services from that provider. When such processes exist, beneficiaries shall not be required by the MHP to use or exhaust the provider's processes prior to using the MHP's beneficiary problem resolution process, unless the following conditions have been met:

(1) The MHP delegated the responsibility for the beneficiary problem resolution process to the provider in writing, specifically outlining the provider's responsibility under the delegation.

(2) The provider's beneficiary problem resolution process fully complies with this section.

(3) No beneficiary is prevented from accessing the grievance process solely on the grounds that the grievance was incorrectly filed with either the MHP or the provider.

(h) No provision of an MHP's beneficiary problem resolution processes shall be construed to replace or conflict with the duties of county patients' rights advocates as described in Welfare and Institutions Code, Section 5520.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5520 and 14684, Welfare and Institutions Code.

§ 1850.210. Fair Hearing and Notice of Action.

(a) The MHP shall provide a beneficiary of the MHP with a Notice of Action when the MHP acts to deny an MHP payment authorization request from a provider for a specialty mental health service to the beneficiary. Notice in response to an initial request from a provider shall be provided in accordance with this subsection. Notice in response to a request for continuation of a specialty mental health service shall be provided in accordance with Title 22, Section 51014.1. The Notice of Action under this subsection shall not be required in the following situations:

(1) The denial is a denial of a request for MHP payment authorization for a specialty mental health service that has already been provided to the beneficiary.

(2) The denial is a non–binding verbal description to a provider of the specialty mental health services which may be approved by the MHP.

(b) The MHP of the beneficiary shall provide the beneficiary with a Notice of Action when the MHP defers action on an MHP payment authorization request from a provider for a specialty mental health service to the beneficiary. The Notice of Action shall be delayed for 30 calendar days to allow the provider of the specialty mental health service time to submit the additional information requested by the MHP and to allow time for the MHP to make a decision. If, after 30 calendar days from the MHP's receipt of the MHP payment authorization request, the provider has not complied with the MHP's request for additional information, the MHP shall provide the beneficiary a notice of action to deny the service pursuant to subdivision (a). If, within that 30 day period, the provider does comply, the MHP shall take appropriate action on the MHP payment authorization request as supplemented by the additional information, including providing a Notice of Action to the beneficiary if the service is denied or modified or if the MHP defers action on the MHP payment authorization request for an additional period of time. The Notice of Action under this subsection shall not be required when the MHP defers action on an MHP payment authorization request for a specialty mental health service that has already been provided to the beneficiary.

(c) The MHP shall provide a beneficiary of the MHP with a Notice of Action when the MHP modifies an MHP payment authorization request from a provider for a specialty mental health service to the beneficiary. Notice in response to an initial request from a provider shall be provided in accordance with Title 22, Section 51014.1. The Notice of Action pursuant to this subsection shall not be required when the MHP modifies the duration of any approved specialty mental health services as long as the MHP provides an opportunity for the provider to request MHP payment authorization of additional specialty mental health services before the end of the approved duration of services. The Notice of Action under this subsection shall not be required when the MHP modifies an MHP payment authorization request for a specialty mental health service that has already been provided to the beneficiary.

(d) The written Notice of Action issued pursuant to subsections (a), (b), or (c) shall be deposited with the United States postal service in time for pick–up no later than the third working day after the action and shall specify:

(1) The action taken by the MHP.

(2) The reason for the action taken.

(3) A citation of the specific regulations or MHP payment authorization procedures supporting the action.

(4) The beneficiary's right to a fair hearing, including:

(A) The method by which a hearing may be obtained.

(B) That the beneficiary may be either:

1. Self–represented.

2. Represented by an authorized third party such as legal counsel, relative, friend or any other person.

(C) An explanation of the circumstances under which a specialty mental health service will be continued if a fair hearing is requested.

(D) The time limits for requesting fair hearing.

(e) The fair hearings under this section shall be administered by the State Department of Health Services.

(f) For the purpose of this section, each reference to Medi–Cal managed care plan in Title 22, Section 50114.1, shall mean the MHP.

(g) For the purposes of this section, "mental service" as cited in Title 22, Section 51014.1, shall mean those specialty mental health services that are subject to prior authorization by an MHP pursuant to subchapters 2 and 3.

(h) The provisions of this section do not apply to the decisions of providers including the MHP serving beneficiaries when prior authorization of the service by the MHP's authorization procedures is not a condition of payment to the provider for the specialty mental health service.

(i) When a Notice of Action would not be required under subsections (a), (b), or (c), the MHP of the beneficiary shall provide a beneficiary with Notice of Action under this subsection when the MHP or its providers determine that the medical necessity criteria in Section 1830.205(b)(1), (b)(2) or (b)(3)(C) or Section 1830.210(a) have not been met and that the beneficiary is, therefore, not entitled to any specialty mental health services from the MHP. The Notice of Action under this subsection, shall, at the election of the MHP, be hand delivered to the beneficiary on the date of the action or mailed to the beneficiary in accordance with subsection (d) and shall specify:

(1) The reason the mental necessity criteria was not met.

(2) The beneficiary's options for obtaining care outside the MHP, if applicable.

(3) The beneficiary's right to request a second opinion on the determination.

(4) The beneficiary's right to file a complaint or grievance with the MHP.

(5) The beneficiary's right to a fair hearing, including:

(A) The method by which a hearing may be obtained.

(B) That the beneficiary may be either:

1. Self–represented.

2. Represented by an authorized third party such as legal counsel, relative, friend or any other person.

(C) The time limits for requesting fair hearing.

NOTE: Authority cited: Section 14684, Welfare and Institutions Code. Reference: Section 14684, Welfare and Institutions Code.

§ 1850.215. Medical Assistance for Beneficiary Pending Fair Hearing Decision.

A beneficiary receiving specialty mental health services pursuant to this chapter shall have a right to file for continuation of specialty mental health services pending fair hearing pursuant to Title 22, Section 51014.2. For the purpose of this section, each reference to Medi–Cal managed care plan in Title 22, Section 51014.2, shall mean the MHP. The time limits for filing for a continuation of services pursuant to Title 22, Section 51014.2 shall not be extended by a beneficiary's decision to pursue an MHP's beneficiary problem resolution process as described in Section 1850.205.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 14684, Welfare and Institutions Code.

§ 1850.305. Provider Problem Resolution and Appeal Processes.

(a) An MHP shall develop provider problem resolution and appeal processes that enable providers to resolve MHP payment authorization issues or other complaints and concerns.

(b) The MHP shall ensure that participating providers are provided written information regarding the provider problem resolution and appeal processes.

(c) The Provider Problem Resolution Process shall include, at a minimum:

(1) A means to identify and resolve provider concerns and problems quickly and easily.

(2) Utilize simple, informal, and easily understood procedures.

(3) Inform providers of their right to access the Provider Appeal Process at any time before, during, or after the Provider Problem Resolution Process has begun when the complaint concerns a denied or modified request for MHP payment authorization or the processing or payment of a provider's claim to the MHP.

(d) The Provider Appeal Process shall include the following:

(1) A provider may appeal a denied or modified request for MHP payment authorization or a dispute with the MHP concerning the processing or payment of a provider's claim to the MHP. The written appeal shall be submitted to the MHP within 90 calendar days of the date of receipt of the non–approval of payment or within 90 calendar days of the MHP's failure to act on the request in accordance with the time frames required by Sections 1820.220 or 1830.250, or established by the MHP pursuant to Section 1830.215.

(2) The MHP shall have 60 calendar days from its receipt of the appeal to inform the provider in writing of the decision, including a statement of the reasons for the decision that addresses each issue raised by the provider, and any action required by the provider to implement the decision.

(A) If the appeal concerns the denial or modification of an MHP payment authorization request, the MHP shall utilize personnel not involved in the initial denial or modification decision to determine the appeal decision.

(B) If the appeal is not granted in full, the provider shall be notified of any right to submit an appeal to the department pursuant to subsection (e).

(C) If applicable, the provider shall submit a revised request for MHP payment authorization within 30 calendar days from receipt of the MHP's decision to approve the MHP payment authorization request.

(D) If applicable, the MHP shall have 14 calendar days from the date of receipt of the provider's revised request for MHP payment authorization to submit the TAR to the fiscal intermediary for processing.

(3) If an MHP does not respond within 60 calendar days to the appeal, the appeal shall be considered denied by the MHP. If applicable under subsection (e), the provider may appeal directly to the department.

(e) When an appeal concerning the denial or modification of an MHP payment authorization request for the specialty mental health services provided in an emergency as described in Sections 1820.225, 1830.230, and 1830.245 is denied in full or in part by the MHP's Provider Appeal Process on the basis that the provider did not comply with the required timelines for notification or submission of the MHP payment request or that the medical necessity criteria were not met, the provider may appeal the denial or modification to the department.

(1) Hospitals and the individual, group or organizational providers who have provided specialty mental health services under Sections 1820.225, 1830.230, and 1830.245 to a beneficiary during the psychiatric inpatient hospital stay that is subject of the appeal may appeal separately to the department unless they have agreed to another arrangement as a term of their contract with the MHP.

(2) If a provider chooses to appeal to the department an MHP's denial of MHP payment authorization, the appeal shall be submitted in writing, along with supporting documentation, within 30 calendar days from the date of the MHP's written decision of denial. The provider may appeal to the department within 30 calendar days after 60 calendar days from submission to the MHP, if the MHP fails to respond. Supporting documentation shall include, but not be limited to:

(A) Any documentation supporting allegations of timeliness, if at issue, including fax records, phone records or memos.

(B) Clinical records supporting the existence of medical necessity if at issue.

(C) A summary of reasons why the MHP should have approved the MHP payment authorization.

(D) A contact person(s) name, address and phone number.

(3) The department shall notify the MHP and the provider of its receipt of a request for appeal pursuant to subsection (d) within seven calendar days. The notice to the MHP shall include a request to the MHP for specific documentation supporting denial of the MHP payment authorization and a request for documentation establishing any agreements with the appealing provider or other providers who may be affected by the appeal pursuant to subsection (d)(1).

(4) The MHP shall submit the requested documentation within 21 calendar days or the department shall decide the appeal based solely on the documentation filed by the provider.

(5) The department shall have 60 calendar days from the receipt of the MHP's documentation or from the 21st calendar day after the request for documentation, whichever is earlier, to notify the provider and the MHP, in writing, of its decision, including a statement of the reasons for the decision that addresses each issue raised by the provider and the MHP, and any actions required by the MHP or the provider to implement the decision. At the election of the provider, if the department fails to act within the 60 calendar days, the appeal may be considered to have been denied by the department.

(A) The department may allow both a provider representative(s) and the MHP representative(s) an opportunity to present oral argument to the department.

(B) If applicable, the provider shall submit a revised request for MHP payment authorization within 30 calendar days from receipt of the department's decision to uphold the appeal.

(C) If applicable, the MHP shall have 14 calendar days from the receipt of the provider's revised MHP payment authorization request to approve the MHP payment authorization or submit documentation to the Medi–Cal fiscal intermediary required to process the MHP payment authorization.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 14684, Welfare and Institutions Code.

§ 1850.310. Provider Appeal Process—Claims Processing.

Notwithstanding Section 1850.305:

(a) A Fee–for–Service/Medi–Cal hospital or a psychiatric nursing facility may file an appeal concerning the processing or payment of its claims for payment for services directly to the fiscal intermediary within 90 calendar days of the date the payment was due. The fiscal intermediary shall have 60 calendar days from the receipt of the appeal to make a determination in writing to the provider.

(b) An MHP may file an appeal concerning the processing or payment of its claim for services paid through the Short–Doyle/Medi–Cal system to the department within 90 calendar days of the date the payment was due. The department shall have 60 calendar days from the receipt of the appeal to make a determination in writing to the MHP.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 14684, Welfare and Institutions Code.

§ 1850.405. Resolution of Disputes Between MHPs Regarding MHP of Beneficiary.

(a) Under the following arbitration processes the MHP of the beneficiary may be determined to be different than that specified in the Medi–Cal Eligibility Data System (MEDS) file.

(b) Any two or more MHPs may develop an arbitration agreement to provide for determining final responsibility for MHP payment authorization as described in subchapters 2 and 3 when there is a dispute between the participating MHPs. Each arbitration agreement must:

(1) Provide for the selection of an arbitrator.

(2) Include timelines for filing and resolution.

(3) Include criteria that will serve as a basis for a decision.

(4) Specify that decisions reached under the arbitration process will be final.

(5) Be signed by all participating MHPs or their designees.

(6) Require that all decisions of the arbitrator shall be in writing.

(7) Provide that a copy of each decision shall be forwarded to the affected MHPs within 14 calendar days of the decision.

(c) In cases where there is a disagreement between MHPs that are not participating in an arbitration process, the arbitration process shall be as follows:

(1) Each MHP shall provide the department with at least one individual available to serve as an arbitrator. The MHP shall confirm or update the available individuals annually. The department shall provide a listing of the available individuals to the MHPs annually by October 1. The parties to the dispute may agree to a single arbitrator. If the parties to the dispute cannot agree on a single arbitrator, the parties shall each select an arbitrator from the list of available individuals, except that an individual identified by either involved MHP may not be selected. The selected arbitrators shall select a third arbitrator who is not an individual identified by either involved MHP from the listing.

(2) The arbitrators' services shall be reimbursed at the hourly rate charge by the State Office of Administrative Hearings for hearings it conducts for other state agencies, not to exceed a total of ten hours. The parties shall share equally in paying for the arbitrators' services. Payment shall be made directly to the arbitrators unless the arbitrator is an employee of the MHP, in which case payment shall be made to that MHP.

(3) The arbitrators' decision as to the MHP of the beneficiary shall be based on a review of the facts in relation to the following criteria:

(A) If a beneficiary has moved to a county or acts to establish residency in a county and has a clear intent to reside in the county, the MHP for that county shall be considered the MHP of the beneficiary.

(B) If a beneficiary is a Lanterman–Petris–Short or Probate Conservatee, the MHP for the county in which the beneficiary is conserved shall be considered the MHP of the beneficiary.

(C) If a beneficiary has been placed in legal custody by a county, the MHP for the county that initiated the legal proceeding shall be considered the MHP of the beneficiary. If a beneficiary is on parole or in a conditional release program and is restricted to a particular area, the MHP for the county which includes the area to which the beneficiary is restricted shall be the MHP of the beneficiary.

(D) If a beneficiary has adopted a transient, nomadic lifestyle and has a clear intent to continue this lifestyle, the MHP for the county in which the beneficiary presents for services shall be considered the MHP of the beneficiary.

(E) If a beneficiary, because of the beneficiary's mental status, is unable to form or express a clear intent to reside anywhere, the following may be considered evidence that the MHP for the county involved would be the MHP of the beneficiary:

1. The county that originated residential, medical, or psychiatric placement.

2. The county in which the beneficiary has current housing.

3. The county that has paid general assistance to the beneficiary.

4. The county in which the beneficiary has received ongoing community mental health clinical care during the last six months.

(F) Where the facts do not clearly meet the criteria, the arbitrators' decision shall be reasonable in light of the facts presented using the criteria in (A) through (E) as a general guidelines.

(4) The affected MHPs shall provide relevant documentation to arbitrators no later than 21 calendar days after the arbitrators have been selected.

(5) The arbitrators shall decide on the issue no later 60 calendar days

(A) from the date documentation is received from the affected MHPs, or

(B) from 21 calendar days after the arbitrator has been selected, whichever is sooner.

(6) The arbitrators shall issue the decision in writing to the affected MHPs within 14 calendar days of the decision.

(d) When the arbitrators acting under either subsections (b) or (c) determine that an MHP is responsible for payment for specialty mental health services previously authorized by another MHP, the MHP found responsible for payment of services shall perform, within 14 calendar days from the date of the arbitrator's decision, any action required of the MHP to implement the decision of the arbitration process. The department reserves the right to take action necessary to implement the decision of the arbitration process if the MHP found to be responsible fails to comply with the decision.

(e) A dispute regarding the MHP of the beneficiary shall not delay medically necessary services to beneficiaries. The MHP of the beneficiary as identified on the MEDS file shall be responsible for providing or authorizing and paying for the service until the dispute is resolved.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 5778 and 14684, Welfare and Institutions Code.

§ 1850.505. Resolution of Disputes Between MHPs and Medi–Cal Managed Care Plans.

(a) When an MHP has a dispute with Medi–Cal Managed Care Plan that cannot be resolved to the satisfaction of the MHP concerning the obligations of the MHP or the Medi–Cal Managed Care Plan under their respective contracts with the State, State Medi–Cal laws and regulations, or an MOU as described in Section 1810.370, the MHP may submit a request for resolution to the department.

(b) When a Medi–Cal Managed Care plan has a dispute with an MHP that cannot be resolved to the satisfaction of the Medi–Cal Managed Care Plan concerning the obligations of the MHP or the Medi–Cal Managed Care Plan under their respective contracts with the State, State Medi–Cal laws and regulations, or an MOU as described in Section 1810.370, the Medi–Cal Managed Care Plan may submit a request for resolution to the State Department of Health Services.

(c) If the MHP and the Medi–Cal Managed Care Plan have an MOU pursuant to Section 1810.370, a request for resolution by either department shall be submitted to the respective department within 30 calendar days of the completion of the dispute resolution process between the parties as provided in the MOU. If there is no MOU, a request for resolution shall be submitted to the respective department within 60 calendar days after the event giving rise to the dispute. The request for resolution shall contain the following information:

(1) A summary of the issue and a statement of the desired remedy, including any disputed services that have been or are expected to be delivered to the beneficiary and the expected rate of payment for each type of service.

(2) History of attempts to resolve the issue.

(3) Justification for the desired remedy.

(4) Documentation regarding the issue.

(d) Upon receipt of a request for resolution, the department receiving the request shall notify the other department and the other party within seven calendar days. The notice to the other party shall include a copy of the request and will ask for a statement of the party's position on the dispute, any relevant documentation supporting its position, and any dispute of the rate of payment for services included by the other party in its request.

(e) The other party shall submit the requested documentation within 21 calendar days or the departments shall decide the dispute based solely on the documentation filed by the initiating party.

(f) The two departments shall each designate at least one and no more than two individuals to review the dispute and make a joint

recommendation to directors of the departments or their designees. The recommendation shall be based on a review of the submitted documentation in relation to the statutory, regulatory and contractual obligations of the MHP and the Medi–Cal Managed Care Plan. The individuals reviewing the dispute may, at their discretion, allow representatives of both the MHP and the Medi–Cal Managed Care Plan an opportunity to present oral argument.

(g) The directors of the departments or their designees shall jointly issue a written decision to the MHP and the Medi–Cal Managed Care Plan within

(1) 90 calendar days from the receipt of the documentation requested from the other party, or

(2) from the twenty–first calendar day after the request for documentation, whichever is earlier.

(h) The written decision of the departments shall include a statement of the reasons for the decision, the determination of rates of payment if the rates of payment were disputed, and any decision and any actions required by the MHP and the Medi–Cal Managed Care Plan to implement the decision.

(i) The departments shall take any necessary steps to enforce the decision, including the withholding of funds as provided in subsection (*l*).

(j) A dispute between an MHP and a Medi–Cal Managed Care Plan shall not delay medically necessary specialty mental health services, physical health care services, or related prescription drugs and laboratory, radiological, or radioisotope services to beneficiaries, when delay in the provision of services is likely to harm to the beneficiary. Until the dispute is resolved, when a delay in the provision of services is likely to harm the beneficiary, the following shall apply:

(1) The parties may agree to an arrangement satisfactory to both parties regarding how the services under dispute will be provided; or

(2) When the dispute concerns the Medi–Cal Managed Care Plan's contention that the MHP is required to deliver specially mental health services to a beneficiary either because the beneficiary's condition would not be responsive to physical health care based treatment or because the MHP has incorrectly determined the beneficiary's diagnosis to be a diagnosis not covered by the MHP, the Medi–Cal Managed Care Plan shall manage the care of the beneficiary under the terms of its contract with the State, by providing those services that are covered by the terms of the contract that will meet the needs of the beneficiary until the dispute is resolved.

(3) When the dispute concerns the MHP's contention that the Medi–Cal Managed Care Plan is required to deliver physical health care based treatment of a mental illness; prescription drugs and laboratory, radiological, or radioisotope services required to diagnose or treat the mental illness; or other physical health care services, the MHP shall be responsible for providing or arranging and paying for those services to the beneficiary until the dispute is resolved.

(k) Nothing in this section shall preclude the departments from taking appropriate oversight/corrective actions if warranted.

(*l*) Nothing in this section shall preclude a beneficiary from utilizing the MHP's beneficiary problem resolution process or any similar process offered by the Medi–Cal managed care plan or to request a fair hearing.

(m) When the resolution of a dispute under this section includes a determination that the unsuccessful party in the dispute has a financial liability to the other party for services rendered by the successful party, financial liability and the liquidation of that liability shall be as follows:

(1) Financial liability shall not exceed the lower of the following rates, applicable at the time the services were rendered:

(A) The usual and customary charges made to the general public by the provider who rendered the service.

(B) The fee–for–service rates for similar services under the Medi–Cal program. Upon determination of the financial liability, if no final rate has been established for the providers who rendered the services for the period and type of services in question, then the applicable interim rate shall be used for the final determination of financial liability.

(2) The rate of payment included in the request pursuant to subsection (c) shall be presumed correct, and the successful party shall be entitled to the full rate requested in its request should it prevail, unless the other party disputed the rate of payment in its response under subsection (d), which places the rates in issue.

(3) A plan determined to be financially liable shall within 30 calendar days of the effective date of the decision:

(A) Reimburse the successful party for the full amount of the determined liability.

(B) Provide proof of reimbursement in such form as the written decision of the departments requires.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5778, 5780, 14681, 14683 and 14684, Welfare and Institutions Code.

Chapter 12. Mental Health Program Standards for the Community Treatment Facility

Article 1. General Provisions

§ 1900. Application of Chapter.

(a) This Chapter shall apply to mental health programs of a Community Treatment Facility, hereinafter referred to as a CTF, as defined in Section 1502(a)(8) of the Health and Safety Code. Pursuant to Section 4094 of the Welfare and Institutions Code, the State Department of Mental Health, hereinafter referred to as the Department, certifies the mental health program while the California Department of Social Services licenses a facility as a CTF following issuance of a certificate of compliance by the Department.

NOTE: Authority cited: Section 4094, Welfare and Institutions Code. Reference: Sections 4094 et seq., Welfare and Institutions Code; and Section 1502, Health and Safety Code.

§ 1901. Definitions and Terms.

(a) Meaning of words. A word or phrase shall have its usual meaning unless the context or a definition clearly indicates a different meaning. Words and phrases used in their present tense include the future tense. Words and phrases in the singular form include the plural form. Use of the word "shall" denotes mandatory conduct, "may" denotes permissive conduct.

(b) "Advocate" means the person or persons authorized to provide advocacy services pursuant to Section 5520 et seq. of the Welfare and Institutions Code.

(c) "Applicant" means any adult, firm, partnership, association, corporation, county, city, public agency or other governmental entity that has made application for an initial CTF mental health program certification.

(d) "Certificate holder" means the adult, firm, partnership, association, corporation, county, city, public agency or other governmental entity that has an approved mental health program documented by a certificate issued to them by the Department.

(e) "Child" means an individual under 18 years of age who is seriously emotionally disturbed as defined in Section 5600.3 of the Welfare and Institutions Code, including those individuals 18 through 21 years of age specified in Section 1924(b).

(f) "Child care staff" means a direct service employee, as defined by the Division of Community Care Licensing, of a CTF whose duties include but are not limited to the care and supervision of the children residing in the facility.

(g) "Child's facility record" means the documents supporting the child's admission and treatment at the CTF.

(h) "Clinical psychologist" means a psychologist licensed by this State who possesses a doctorate degree in psychology from an educational institution meeting the criteria for subdivision (c) of Section 2914 of the Business and Professions Code, and who has not

less than two years clinical experience in a multi–disciplinary facility licensed or operated by this or another State or by the United States to provide health care, or who is listed in the latest edition of the National Register of Health Service Providers in Psychology, as adopted by the Council for the National Register of Health Service Providers in Psychology and as provided in Section 1316.5 of the Health and Safety Code.

(i) "Conservator" means a person appointed pursuant to Section 5350 of the Welfare and Institutions Code.

(j) "Department" means the California State Department of Mental Health.

(k) "Emergency" means an unforseen situation that calls for immediate action without time for full deliberation to prevent the physical injury of a child or others or extreme property damage which could result in such injury.

(*l*) "Interagency placement committee" means a committee established by the county in accordance with Section 4096(c) of the Welfare and Institutions Code with a membership that includes at least a representative from the county placing agency and a licensed mental health professional from the county department of mental health.

(m) "Least restrictive setting" means the treatment setting which affords the maximum amount of personal freedom consistent with the effective delivery of services for the child being treated that can fulfill the objectives of the child's treatment plan.

(n) "Licensed clinical social worker" means a person who is licensed as a clinical social worker by the Board of Behavioral Science Examiners.

(o) "Licensed marriage, family, and child counselor" means a marriage, family, and child counselor licensed by the State Board of Behavioral Science Examiners.

(p) "Licensed mental health professional" means any of the following:

(1) A psychiatrist;

(2) A clinical psychologist;

(3) A licensed marriage, family and child counselor;

(4) A licensed clinical social worker;

(5) A licensed registered nurse with a masters or doctorate degree in psychiatric nursing.

(q) "Licensed nursing staff" means a licensed registered nurse, a licensed vocational nurse, or a licensed psychiatric technician as defined in this chapter, and employed by a CTF to perform functions within their scope of practice.

(r) "Licensed vocational nurse" means a person licensed as a licensed vocational nurse by the California Board of Vocational Nurse and Psychiatric Technician Examiners.

(s) "Mental health program director" means the licensed mental health professional who has been designated by a CTF's certificate holder to oversee and implement the overall mental health treatment program.

(t) "Needs and Services Plan" or "NSP" is the written plan of all therapeutic, behavioral, and other interventions that are to be provided to the child, and that are necessary to achieve the desired outcomes or goals for that child.

(u) "Non–secure portion of the facility" means that part of a CTF which has entrances and exits, including windows, which are not controlled with locking mechanisms allowing egress or ingress from the premises to the children housed in this portion of the facility.

(v) "Physical restraint" means physically controlling a child's behavior. Physical control includes restricting movement by positioning staff, restricting motion by holding, the application of mechanical devices and involuntary placement of a child in a seclusion room or any other room in which they are involuntarily isolated.

(w) "Physician" means a person licensed as a physician and surgeon by the California Medical Board or by the Board of Osteopathic Examiners.

(x) "Progress notes" are written comments or descriptions of a child's participation and response to the provision of prescribed mental health treatment services.

(y) "Provider" means a "certificate holder" as defined in subsection (d).

(z) "Provision" or "provide" means whenever any regulation of this chapter specifies that any service, personnel, or other requirement be provided or that provision be made for, the provider shall do so directly or present documentation that the requirement has been met by some other means.

(aa) "Psychiatric technician" means a person licensed as a psychiatric technician by the California Board of Vocational Nurse and Psychiatric Technician Examiners.

(bb) "Psychiatrist" means a physician and surgeon licensed by the Medical Board of California who can show evidence of having completed the required course of graduate psychiatric education as specified by the American Board of Psychiatry and Neurology in a program of training accredited by the Accreditation Council for Graduate Medical Education, the American Medical Association or the American Osteopathic Association.

(cc) "Registered nurse" means a person licensed as a registered nurse by the California Board of Registered Nursing.

(dd) "Seclusion" means the involuntary confinement of a child in a room.

(ee) "Secure portion of the facility" means that part of a CTF which has entrances and exits, including windows, which are controlled with locking mechanisms that are inaccessible to the children. Any additional outside spaces and recreational areas that are attached to the facility must similarly be enclosed to preclude egress or ingress from the premises.

NOTE: Authority cited: Section 4094, Welfare and Institutions Code. Reference: Sections 4094 et seq., Welfare and Institutions Code; and Section 1502, Health and Safety Code.

Article 2. Mental Health Program Certification Procedures

§ 1902. Application for Mental Health Program Certification.

(a) Any adult, firm, partnership, association, corporation, county, city, public agency or other governmental entity desiring program certification for a CTF shall file an application with the Department which shall include the name of the adult, firm, partnership, association, corporation or governmental entity, the location of the proposed CTF, a proposed plan of operation as defined in Section 1919(c) of this chapter, and supporting documents as defined in subsection (c).

(b) Upon the Department's request, an applicant shall provide the Department with verification of the information submitted in their application and/or supporting documentation.

(c) Supporting documents are defined to include the following: previous or current experience in the provision of residential treatment services to children; letters of support or need from county mental health directors, county social service directors, county probation directors, and/or county or district offices of education; and a description of current or proposed relationships to transitional, less restrictive placements.

NOTE: Authority cited: Section 4094, Welfare and Institutions Code. Reference: Sections 4094 et seq., Welfare and Institutions Code; and Section 1502, Health and Safety Code.

§ 1903. Mental Health Program Certification of Separate Premises.

(a) A separate program certification is required by the Department for each CTF mental health program as described in Section 1919 that is maintained on separate premises.

(b) A separate program certification is not required for separate residential units on adjoining lots provided that the certificate holder operates the mental health programs as one program using the same administrator and mental health program director.

NOTE: Authority cited: Section 4094, Welfare and Institutions Code. Reference: Sections 4094 et seq., Welfare and Institutions Code; and Section 1502, Health and Safety Code.

§ 1904. Application Review.

(a) When an application is submitted pursuant to Section 1902 the Department will inform the applicant, within thirty (30) calendar days of receipt of the application, that the application is complete and accepted for filing or that the application is deficient and what specific information or documentation is required to complete the application.

(1) The Department shall inform each applicant of the statutory statewide limits on the number of licensed CTF beds imposed by Section 4094.7 of the Welfare and Institutions Code, regional restrictions on CTFs required by state law, and the effect that these limits will have on their application.

(2) The Department shall inform each applicant how the criteria used by the Department to determine the providers of CTF services within the state affected the certification or certification denial of their proposed mental health treatment program. The criteria will measure how the proposed mental health treatment program meets:

(A) Regional service needs;

(B) Treatment program needs of the target population;

(C) Fiscal accountability and stability; and

(D) Experience in providing residential treatment services.

(b) An application shall be considered complete when all documents or information required to be submitted with an application have been received by the Department.

(c) If an applicant fails to respond within thirty (30) calendar days to the Department's request pursuant to subsection (a) for additional information or documentation, the application shall be deemed to have been withdrawn by the applicant.

(d) Any applicant deemed to have withdrawn an application pursuant to subsection (c) may re–apply by submitting a new application.

(e) The Department shall notify the applicant in writing of the Department's decision regarding the application within sixty (60) calendar days of receipt of a completed application.

(f) If the Department fails to notify an applicant within the time period specified in subsection (e), the applicant may request a review by the Director of the Department or his designee. The written request shall include:

(1) The identity of the applicant;

(2) The date upon which the application was submitted;

(3) A copy of all correspondence between the Department and the applicant regarding the application;

(4) Any other information which the applicant wishes to submit regarding the timeliness of the Department's consideration of the application.

(g) Nothing in this section shall be construed to require mental health program certification by the Department.

(h) An applicant shall have the right to withdraw an application for an initial or renewal certification. The withdrawal notification shall be in writing.

(i) All applications for mental health program certification and requests for application withdrawal shall be filed with the Department headquarters office: State of California, Department of Mental Health, 1600 9th Street, Sacramento, CA 95814.

NOTE: Authority cited: Section 4094, Welfare and Institutions Code. Reference: Sections 4094 et seq., Welfare and Institutions Code; and Section 1502, Health and Safety Code.

§ 1905. Mental Health Program Certification.

(a) The Department shall issue a certificate of approval to applicants it approves to be a regional CTF provider.

(b) The Department shall notify the California Department of Social Services in writing of the certification of the program of a specific applicant.

(c) Mental health program certification shall expire one year from the date of issuance.

NOTE: Authority cited: Section 4094, Welfare and Institutions Code. Reference: Sections 4094 et seq., Welfare and Institutions Code; and Section 1502, Health and Safety Code.

§ 1906. Application for Renewal of Mental Health Program Certification.

(a) The Department shall renew certification of the certificate holder's program based on the results of a yearly site visit by a Department representative or designee which verifies that all requirements of this chapter and requirements of the California Department of Social Services continue to be met.

(b) The Department shall notify the certificate holder, in writing, of the certification renewal or non renewal with an explanation of the reasons for non renewal within sixty (60) calendar days of the site visit.

(c) The Department shall notify the California Department of Social Services of the renewal certification or non renewal of certification of each CTF program.

(d) Pending the issuance of a renewal certification pursuant to subsection (a) or the notification of non renewal pursuant to subsection (b), the current certification shall remain in effect.

NOTE: Authority cited: Section 4094, Welfare and Institutions Code. Reference: Sections 4094 et seq., Welfare and Institutions Code; and Section 1502, Health and Safety Code.

§ 1907. Submission of a New Application.

(a) A certificate holder shall be required to file a new application, as required in Section 1902, whenever there is a change in conditions or limitations described on the current license as issued by the California Department of Social Services, or other changes including but not limited to the following:

(1) Changes in the facility's plan of operation, as required in Section 1919 of this chapter;

(2) Changes in the limitations on the number of beds authorized for mental health program certification on a statewide basis, as established in statute;

(b) The Department shall review the application as specified in Section 1904 and notify the certificate holder within thirty (30) calendar days of changes in state statute that affect the limitations on the mental health program certification of CTF beds.

NOTE: Authority cited: Section 4094, Welfare and Institutions Code. Reference: Sections 4094 et seq., Welfare and Institutions Code; and Section 1502, Health and Safety Code.

Article 3. Administrative Actions

§ 1908. Denial of Application for Mental Health Program Certification.

(a) The Department shall deny an application for mental health program certification if it is determined that the applicant is not in compliance with the provisions of this chapter.

(b) If the application for initial mental health program certification is denied, the Department shall notify the applicant and the California Department of Social Services of the denial in writing. The notification shall set forth the reason for the denial and advise the applicant of the right to petition for a hearing to appeal the decision.

(c) An applicant may contest a certification denial by submitting a written request for a hearing to appeal the decision to the Department within fifteen (15) calendar days of receipt of the denial notice. Upon receipt of a written request the Department will forward a copy of the request for hearing, along with any documentation, to the California Department of Social Services.

(d) A hearing concerning denial of mental health program certification and/or licensure shall be conducted by the California Department of Social Services and held jointly with the Department.

(e) The proceedings for the hearing shall be governed by Chapter 5, commencing with Section 11500, Part 1 of Division 3 of Title 2 of the Government Code.

(f) The Department shall provide consultation and documentation to the California Department of Social Services for any administrative proceeding regarding denial of a CTF license.

NOTE: Authority cited: Section 4094, Welfare and Institutions Code. Reference: Sections 4094 et seq., Welfare and Institutions Code; and Section 1502, Health and Safety Code.

§ 1909. Revocation or Suspension of Mental Health Program Certification.

(a) The Department may immediately suspend or revoke mental health program certification of a facility after a notice of noncompliance is given to the provider pursuant to Section 1915 on any of the following grounds:

(1) Violation of any provision of this chapter which places the health or safety of a child in jeopardy;

(2) Aiding, abetting, or permitting the violation of any provision of this chapter;

(3) Conduct by the certificate holder or any employee, or contractor to the certificate holder which represents an immediate or substantial threat to the physical health, mental health, or safety of any child in the facility.

(b) Upon completion of a site review and determination that grounds for revocation or suspension pursuant to subsection (a) have been met, the Department shall notify the certificate holder and the California Department of Social Services via facsimile transmission or mail within two (2) working days and proceedings shall be conducted in accordance with Chapter 5, commencing with Section 11500, Part 1 of Division 3 of Title 2 of the Government Code.

(c) A hearing concerning revocation or suspension of either mental health program certification, or California Department of Social Services licensure, or both shall be conducted by the California Department of Social Services and shall be held jointly with the Department.

(d) The Department shall provide consultation and documentation to the California Department of Social Services for any administrative proceeding regarding revocation or suspension of a CTF license.

(e) When notified of revocation of CTF licensure by the California Department of Social Services, the Department shall revoke the corresponding CTF mental health program certification.

NOTE: Authority cited: Section 4094, Welfare and Institutions Code. Reference: Sections 4094 et seq., Welfare and Institutions Code; and Section 1502, Health and Safety Code.

Article 4. Oversight and Enforcement Provisions

§ 1910. Department Oversight.

(a) A CTF shall participate fully in the ongoing oversight of a certified mental health treatment program by allowing announced and unannounced site visits by Department representatives and by submitting required reports as described in Section 1912 for monitoring by the Department.

(b) A CTF shall fully cooperate in the following:

(1) Periodic reviews of program and fiscal operations of a CTF by a Department representative to verify that all mental health treatment services are provided in compliance with this chapter;

(2) Immediate on–site investigations by a Department representative, as specified in Section 1914 of this chapter, of a CTF mental health treatment services program whenever there is a threat to the health or safety of the children placed in a CTF;

(3) Monitoring activities by a Department representative for compliance with all applicable patient's rights regulations and admission and discharge due process requirements and procedures as described in Sections 1923 through 1938 of this chapter.

(c) When Department activities described in subsection (b) result in the determination that a CTF is out of compliance with the regulations contained in this chapter, the Department shall provide the certificate holder with a written notice of noncompliance as defined in Section 1915. The notice of noncompliance will be left with a CTF mental health program director upon completion of a site review, or will be sent to a CTF certificate holder via facsimile transmission or mail within two (2) working days.

(d) The Department shall have authority to interview children residing in the facility or staff and to inspect and audit individual child facility records or program records immediately upon requesting to do so at either a regularly scheduled site visit or at an unscheduled complaint investigation.

(e) The certificate holder shall make provisions for the private interviews with any child or staff at a CTF, and for the examination of all records relating to the operation of the facility's mental health program.

(f) The Department shall have the authority to observe the physical condition of any child, including conditions which could indicate abuse, neglect or inappropriate placement, and to have any child physically examined by a licensed mental health professional or physician operating within their scope of practice.

NOTE: Authority cited: Section 4094, Welfare and Institutions Code. Reference: Sections 4094 et seq., Welfare and Institutions Code; and Section 1502, Health and Safety Code.

§ 1911. Inspection by Department.

(a) Any duly authorized representative of the Department shall, upon presentation of proper identification, be allowed to enter and inspect any location of a CTF or premise designated by an applicant as a proposed CTF at any time, with or without advance notice to the certificate holder or applicant, to ensure compliance with, or to prevent a violation of, any provisions of this chapter. The Department shall have the authority to make any number of visits to a CTF mental health program site in order to determine compliance with this chapter.

NOTE: Authority cited: Section 4094, Welfare and Institutions Code. Reference: Sections 4094 et seq., Welfare and Institutions Code; and Section 1502, Health and Safety Code.

§ 1912. Required Reporting.

(a) A certificate holder shall report to the Department the following information every six (6) months:

(1) Occupancy rate of the facility;

(2) Average length of stay, specifying the average number of days spent in secure settings and days spent in non– secure settings;

(3) Numbers of admissions of CTF residents to acute inpatient psychiatric settings;

(4) Listing of counties utilizing the facility and numbers of placements per county;

(5) Demographic information of admitted children, including age, gender, ethnicity and placing agency or authority;

(6) Number of requested pre–admission hearings conducted pursuant to In re Roger S. [19 Cal. 3d 921(1977)], hereinafter referred to as "Roger S.," administrative hearings, waivers of the right to such a hearing, and requests for writs of habeas corpus per the following categories of children placed within the facility: court ward; court dependent; educationally placed; and private pay.

(7) Other information requested by the Department to resolve any fiscal or programmatic issues raised by the information reported pursuant to this subsection.

(b) A certificate holder shall report special incidents related to a child to his appointed licensing agent of the California Department of Social Services according to Title 22, Section 84161 of the California Code of Regulations and to the Department.

(c) A certificate holder shall report to the Department changes of the facility's mental health program director within ten (10) calendar days of the date of hire.

(d) A certificate holder shall provide a summary of denials of personal rights to both the Department and the county patients' rights office on a quarterly basis.

NOTE: Authority cited: Section 4094, Welfare and Institutions Code. Reference: Sections 4094 et seq., Welfare and Institutions Code; and Section 1502, Health and Safety Code.

§ 1913. Complaints.

(a) Any person may submit a complaint to the Department concerning the operation of a CTF mental health program in accordance with the provisions of this chapter.

(b) The California Department of Social Services shall report to the Department when there is reasonable cause to believe that a CTF is not in compliance with the program standards established in this chapter.

(c) The complaint may be made to the Department either orally or in writing at 1600 9th Street, Sacramento, CA 95814, specifying enough details of the alleged violation to enable the Department to determine the date of the alleged violation, who was involved, and what the alleged violation was.

(d) The substance of the complaint shall be communicated to the certificate holder no earlier than at the time of the on–site investigation if silence regarding the complaint issue is necessary for purposes of conducting an unannounced investigation.

(e) Unless the complainant specifically requests otherwise, neither the substance of the complaint provided the certificate holder nor any copy of the complaint or any record published, released or otherwise made available to the certificate holder shall disclose the name of any person mentioned in the complaint except the name of any duly authorized representative of the Department or the California Department of Social Services, conducting the investigation or inspection pursuant to this chapter.

NOTE: Authority cited: Section 4094, Welfare and Institutions Code. Reference: Sections 4094 et seq., Welfare and Institutions Code; and Section 1502, Health and Safety Code.

§ 1914. Investigation Authority.

(a) Upon receipt of a complaint regarding an alleged violation of any provision of this chapter, the Department representative may do one or more of the following:

(1) Make a preliminary review and determine that there is or is not a reasonable basis for the complaint.

(A) If there is reasonable basis for the complaint, Department staff may schedule an on–site investigation within ten (10) calendar days after receiving the complaint.

(B) If there is reasonable basis for the complaint, Department staff may contact the certificate holder directly to further discuss the complaint and to determine if corrective actions are necessary.

(b) In either event cited in subsections (a)(1)(A) and (a)(1)(B), the complainant shall be promptly informed of the Department's proposed course of action.

NOTE: Authority cited: Section 4094, Welfare and Institutions Code. Reference: Sections 4094 et seq., Welfare and Institutions Code; and Section 1502, Health and Safety Code.

§ 1915. Notice of Noncompliance.

(a) Prior to completion of an inspection, investigation or record review, the certificate holder or his designee, and the Department representative shall meet to discuss any noncompliance, jointly develop a plan for correcting each noncompliance, and acknowledge receipt of the notice of noncompliance which shall include:

(1) A citation of the statute or the regulation which has been violated;

(2) A description of the nature of the noncompliance, stating the manner in which the certificate holder failed to comply with a specified statute or regulation;

(3) A plan developed for correcting each noncompliance;

(4) A date by which each noncompliance shall be corrected.

(b) When a Department representative conducts an inspection, investigation or record review, and determines that a CTF is in noncompliance with provisions of this chapter, the Department shall issue a notice of noncompliance, except in the following situations:

(1) When the noncompliance is not an immediate or substantial threat to the physical health, mental health, or safety of the child in the program and is corrected during the visit;

(2) When the noncompliance is corrected immediately through the provision of requested documents or information via fax transmission.

(c) A Department representative shall provide a written notice of noncompliance and plan of correction to the certificate holder by one of the following:

(1) Personal delivery to the administrator of the facility at the completion of the visit;

(2) Leaving the written notice with the person in charge of the mental health program at the completion of the visit when the administrator is not at a CTF site. A copy of the written notice shall also be mailed to the certificate holder.

(d) When the investigation or record review is conducted at Department offices, the notice of noncompliance and plan of correction shall be faxed, when possible, to the certificate holder and mailed within one (1) working day following the completion of the investigation.

(e) The date for correcting a deficiency shall not be more than thirty (30) calendar days following service of the notice of noncompliance, unless a Department representative determines that the deficiency cannot be completely corrected in thirty (30) calendar days.

(f) When the date for correcting the deficiency is more than thirty (30) calendar days following the service of the notice of noncompliance, the notice shall specify the corrective actions which must be taken within thirty (30) calendar days to begin correction, as well as a time frame for completion of the correction.

(g) A Department representative shall require correction of the deficiency within twenty–four (24) hours or less if there is an immediate threat to the physical or mental health or safety of the children.

NOTE: Authority cited: Section 4094, Welfare and Institutions Code. Reference: Sections 4094 et seq., Welfare and Institutions Code; and Section 1502, Health and Safety Code.

§ 1916. Determining Compliance.

(a) A follow–up visit may be conducted by the Department representative to determine compliance with the plan of correction specified in the notice of noncompliance.

(b) If a follow–up visit indicates that a deficiency was not corrected on or before the date specified in the notice of noncompliance, the Department shall initiate proceedings for the revocation or suspension of the mental health program certification.

(c) Notwithstanding Section 1916 (b), a Department representative shall have the authority to extend the date specified for corrections of a deficiency if warranted by the facts or circumstances presented in support of a request for extension.

(d) The certificate holder may request an extension in writing which the Department must receive at least seven (7) calendar days prior to the date specified in the notice of noncompliance for completion of the plan of correction.

NOTE: Authority cited: Section 4094, Welfare and Institutions Code. Reference: Sections 4094 et seq., Welfare and Institutions Code; and Section 1502, Health and Safety Code.

§ 1917. Administrative Review.

(a) A certificate holder may request an administrative review of a notice of noncompliance within ten (10) working days of receipt of such notice.

(1) The written request for an administrative review of a notice of noncompliance submitted by a certificate holder to the Department does not change the time limits for correcting the deficiency cited in the notice of noncompliance.

(b) The review shall be conducted by a Department reviewer who is a designee of the Department at a staff level senior to that of the Department representative who issued the notice.

(c) If the Department reviewer determines that a notice of noncompliance has not been issued in accordance with the provisions of this chapter, he shall have the authority to amend or dismiss the notice.

(d) The Department reviewer shall have the authority to extend the date specified for correction of a deficiency if warranted by the facts or circumstances presented in support of the request for extension or by the request for administrative review.

NOTE: Authority cited: Section 4094, Welfare and Institutions Code. Reference: Sections 4094 et seq., Welfare and Institutions Code; and Section 1502, Health and Safety Code.

Article 5. Continuing Requirements

§ 1918. Facility Requirements.

(a) The certificate holder shall comply with all regulations established by the California Department of Social Services pertaining to a licensed CTF.

(b) A CTF mental health program shall have the capacity to provide secure containment.

NOTE: Authority cited: Section 4094, Welfare and Institutions Code. Reference: Sections 4094 et seq., Welfare and Institutions Code; and Section 1502, Health and Safety Code.

§ 1919. Plan of Operation.

(a) An applicant shall submit a written plan of operation, as defined in Section 1919(c) of this article, as part of the application process for initial review and approval by the Department.

(b) Any changes to a plan of operation, as described in subsection (c) shall be mailed or faxed to the Department within ten (10) calendar days of the change.

(c) The plan of operation of a CTF, for the purposes of this chapter, shall include the following:

(1) The philosophy and goals of the facility's mental health services program including the proposed average length of stay and criteria under which a briefer or longer stay would be authorized;

(2) A description of the facility's proposed target population by range of age, gender, ethnicity, culture or special needs;

(3) A description of the array of mental health treatment services that can be made available to a child during his placement within a CTF;

(4) Written documentation demonstrating the proposed or existing facility's capability to provide those mental health services required by a child placed within the facility, to include:

(A) Job descriptions and staffing patterns for the mental health program director, services team staff, and licensed mental health professionals who will be working directly with children in a CTF with appropriate documentation of the staff's cultural competence as described in Section 5600.2(g) of the Welfare and Institutions Code;

(B) The name of the proposed mental health program director, with his professional license number, who shall be qualified in accordance with these regulations;

(C) An organizational chart which lists functions and licenses, if applicable, of the administrative and licensed mental health professional staff and contracted licensed mental health professionals providing the interventions and services described in the provider's overall program plan;

(D) A detailed staff development plan, describing staff orientation procedures, on–the–job training requirements and proposed continuing education activities;

(5) Written policies and procedures for providing access to community resources to be utilized in the delivery of prescribed services, including medical and crisis intervention, inpatient psychiatric hospitalization and educational placements and classes as necessary;

(6) Written policies, procedures and criteria for:

(A) Recording daily observations and interactions with each child by CTF staff;

(B) Admission;

(C) Discharge;

(D) Psychotropic medication control;

(E) The inclusion of the child and his parent or conservator in the development and implementation of an individualized needs and services plan, hereinafter referred to as NSP;

(F) The monthly review of each child's NSP;

(G) Physical restraint and seclusion;

(H) Staff training to ensure due process rights of children while in the CTF;

(I) Visitation and phone use;

(J) Confidentiality pursuant to Section 5328.15 of the Welfare and Institutions Code;

(K) Transitioning a child from a non–secure portion of the facility to a secure one and vice versa.

(L) Proposed documents to be used to inform children and their parents or conservators of the above requirements;

(7) A quality assurance program designed to enhance services and care through an objective assessment of the facility's overall program to ensure the correction of identified problems;

(A) The quality assurance program shall include procedures for ensuring the accountability of the facility's licensed mental health professionals and child care staff for the services and care provided to children residing in the facility and for the implementation of any necessary changes.

(8) A utilization review plan and program to monitor the appropriateness of a child's admission and continued stay or discharge to establish the basis for identifying and assessing the utilization of mental health program services and the continued need for placement;

(A) The utilization review plan shall include a description of the procedures to be used by the facility staff to determine the placement or transfer of a child into either the secure or non–secure portion of the facility.

(B) These procedures shall include documentation of approval of the proposed change of a child's placement within the facility by a licensed mental health professional.

(9) A listing and copies of all agreements, contracts or memorandums of understanding with participating private or public mental health providers;

(10) Detailed plans of the buildings and grounds, including the number of beds in the secure and non–secure portions of the facility, security features and procedures, proposed offices, staff areas, visitor areas, physical restraint and seclusion rooms, educational sites and outdoor recreational areas;

(11) A proposed budget for the facility, including demonstration of sufficient funds or resources to ensure adequate start up activities and treatment services.

NOTE: Authority cited: Section 4094, Welfare and Institutions Code. Reference: Sections 4094 et seq. and 5600.2(g), Welfare and Institutions Code; and Section 1502, Health and Safety Code.

§ 1920. Mental Health Program Director Requirements and Responsibilities.

(a) A CTF shall have a mental health program director who shall be a licensed mental health professional as defined in this chapter. The mental health program director shall have at least three years of post graduate direct clinical experience with seriously emotionally disturbed children, at least one year of which shall be in the position of supervising direct care staff.

(b) The mental health program director shall be responsible for the following:

(1) Ensuring the provision of appropriate mental health services to the children in the facility;

(2) Ensuring timely completion of all activities, documentation and reports as required by Section 1927(a–j) of this chapter;

(3) Assessing the facility's mental health services on a quarterly

basis and providing a signed and dated report summary to the CTF certificate holder with any recommendations that address identified problems;

(4) Supervising, or ensuring supervision by a qualified individual, of licensed mental health professionals and child care staff regarding specific roles and responsibilities in delivering and monitoring mental health services for each child in a CTF;

(5) Reviewing all incidents of physical restraint and seclusion within the facility, including all necessary staff debriefings, staff meetings, individual supervision of staff, recommended changes in facility staffing patterns, recommended additional training, and each child's NSP, for the purpose of reducing physical restraint and seclusion.

(c) If the mental health program director is not a board eligible psychiatrist, the provider must employ or contract with a board eligible psychiatrist to assume medical responsibility for mental health services.

NOTE: Authority cited: Section 4094, Welfare and Institutions Code. Reference: Sections 4094 et seq., Welfare and Institutions Code; and Section 1502, Health and Safety Code.

§ 1921. Licensed Mental Health Treatment Staffing.

(a) A certificate holder shall employ sufficient numbers of licensed mental health professionals and licensed nursing staff.

(b) All mental health professionals providing services in a CTF shall meet all professional licensing and certification requirements.

(c) All program nursing services shall be provided by licensed nursing staff. Program nursing services shall include but not be limited to physical assessment, dispensing psychotropic medication, providing discipline, and monitoring seclusion and restraint.

(d) All program nursing services shall be provided under the direction of a registered nurse who shall meet at least the following qualifications:

(1) A master's degree in psychiatric nursing or related field with experience in administration; or

(2) Two years of experience in psychiatric nursing; or

(3) Two years of experience in nursing administration or supervision and one year of experience in psychiatric nursing.

(e) Each CTF shall have qualified nursing staff in the facility on a twenty–four (24) hour basis.

NOTE: Authority cited: Section 4094, Welfare and Institutions Code. Reference: Sections 4094 et seq., Welfare and Institutions Code; and Section 1502, Health and Safety Code.

§ 1922. Required Staff Training.

(a) All staff persons working directly with children shall receive training in the following areas:

(1) Children's due process and patient's rights as defined in federal and state statutes, regulations and case law and appropriate management of requests from a child regarding his due process or patient's rights;

(2) Monitoring and documenting responses to psychotropic medications and recognizing possible side effects in children and adolescents;

(3) A staff member shall have participated in at least sixteen (16) hours of basic training in the areas of preventing and managing assaultive and self–injurious behaviors prior to participating in the physical restraint or seclusion of a child.

(b) Staff participating in the physical restraint or seclusion of a child shall also participate in a required four (4) hours of bi–annual review of the above referenced subjects. All behavior management training courses shall be pre–approved by the Department to ensure the proposed courses' relevance to the safe seclusion and restraint of children.

NOTE: Authority cited: Section 4094, Welfare and Institutions Code. Reference: Sections 4094 et seq., Welfare and Institutions Code; and Section 1502, Health and Safety Code.

§ 1923. Admission Criteria.

(a) A CTF may only admit a child when the applicable conditions in subsections (b), (c) and (d) have occurred and are documented.

(b) A child, court, conservator or parents must submit one of the following types of admission applications and consent for treatment to a CTF:

(1) An application by a child of any age who is under the jurisdiction of the juvenile court and the court's consent to treatment shall be documented by a copy of the juvenile court ruling making the findings specified in Section 6552 of the Welfare and Institutions Code which must be included in the child's application for admission;

(2) An application made by the conservator for a child of any age, appointed in accordance with Section 5350 of the Welfare and Institutions Code shall be documented by the court documents appointing the conservator and specifying the conservator's authorization to place the child in a CTF, as well as any other powers that may be relevant in this setting, along with the conservator's written consent for treatment;

(3) An application made by the parents of a child under the age of fourteen and a consent to treatment signed by both parents unless the admitting parent submits a court order demonstrating that he has sole custody and control of the child.

(4) An application made by the parents of a child fourteen (14) through seventeen (17) years old, a consent to treatment signed by both parents unless the admitting parent submits a court order demonstrating that he has sole custody and control of the child and one of the following:

(A) A statement signed by the child and the child's attorney or patients' rights advocate that the child has made a knowing and voluntary waiver of his right to a pre–admission hearing after being advised by the attorney or notified by the advocate of his rights to a pre–admission "Roger S." hearing. If the child waives his right to a pre–admission hearing based on the notification of rights by the advocate, the child's statement must also indicate that he has been notified of his right to receive the advice of an attorney and has made a knowing and voluntary waiver of that right as well; or

(B) The findings and order from a preadmission hearing held pursuant to Section 4094(g) of the Welfare and Institutions Code in accordance with the criteria delineated in "Roger S." and findings have been made that the child suffers from a mental disorder; that there is a substantial probability that treatment will significantly improve the child's mental disorder; that the proposed placement is the least restrictive setting necessary to achieve the purposes of treatment; and that there is no suitable alternative to CTF placement. A hearing held in accordance with this provision shall include but not be limited to the following:

1. A neutral and detached fact finder and decision maker who shall have no personal, administrative or financial ties to any parties represented at the hearing nor to the proposed placement facility;

2. Adequate written notice to the child before the hearing stating the basis for the proposed admission to a CTF;

3. An informal setting to minimize the anxiety of both parents and children and to promote cooperation and communication between all parties. All parties shall speak in terms the child understands and shall explain any terminology with which he is unfamiliar;

4. The stipulation that formal rules of evidence are not applicable and that the standard for decision shall be by a preponderance of the evidence;

5. The requirement that the hearing shall be closed to anyone other than the child, his parents or parent; the child's attorney, the person conducting the hearing, the professional person presenting evidence in favor of the commitment, and other persons requested to be in attendance by the child, or by the child's attorney;

6. Assistance provided by an attorney to the child who shall be allowed to call witnesses, examine evidence, present evidence on his own behalf and question persons presenting evidence in support of the admission; and

7. Maintenance of a record of the proceedings adequate to permit meaningful judicial or appellate review which shall be confidential in accordance with Section 5328 of the Welfare and Institutions Code.

(c) A written statement has been signed by an appropriate licensed mental health professional certifying that the child requires periods of containment to participate in and benefit from mental health treatment, the proposed treatment program is reasonably expected to improve the child's the mental disorder, the child is seriously emotionally disturbed as defined in Section 5600.3(a)(2) of the Welfare and Institutions Code and also meets one or more of the following requirements:

(1) Less restrictive interventions including, but not limited to outpatient therapy, family counseling, case management, family preservation efforts, special education classes, or nonpublic schooling have been attempted and proved insufficient.

(2) He is an inpatient in a psychiatric hospital, psychiatric health facility or residential treatment facility and is receiving services on either a voluntary or involuntary basis.

(d) A signed written statement from the placing county's or the parent's county of residence interagency placement committee must certify that:

(1) The child is in need of the level of care provided by a CTF to implement the proposed treatment program and meets the requirements of subsection (c);

(2) Informed consent for treatment has been given by a child's parents or the parent having sole legal custody and control of the child or the conservator.

(3) A pre–admission hearing officer has made the findings and order specified in Section 1923(b)(4)(B), when the child is 14 to 17 years old, under parental custody, and has not waived their right to a "Roger S" hearing.

NOTE: Authority cited: Section 4094, Welfare and Institutions Code. Reference: Sections 4094 et seq., Welfare and Institutions Code; and Section 1502, Health and Safety Code.

§ 1924. Continuing Stay Criteria.

(a) Continuing stay criteria used by a CTF shall include documentation by the CTF psychiatrist of the continuation of admission criteria in addition to written documentation from the appropriate interagency placement committee, or other designated external case manager, such as the probation department, county mental health department, or private insurance utilization review personnel, supporting the decision for continued placement of the child within a CTF. Continuing stay criteria shall be reviewed by a CTF in intervals not to exceed ninety (90) days. Findings shall be entered into each child's facility record.

(b) Individuals who are special education pupils identified in paragraph (4) of subdivision (c) of Section 56026 of the Education Code and who are placed in a CTF prior to age eighteen (18) pursuant to Chapter 26.5 of the Government Code may continue to receive services through age 21 provided the following conditions are met:

(1) They continue to satisfy the requirements of subsection (a);

(2) They have not graduated from high school;

(3) They sign a consent for treatment and a release of information for CTF staff to communicate with education and county mental health professionals after staff have informed them of their rights as an adult.

(4) A CTF obtains an exception from the California Department of Social Services to allow for the continued treatment of the young adult in a CTF pursuant to Section 80024, Title 22, Division 6, Chapter 1 of the California Code of Regulations.

NOTE: Authority cited: Section 4094, Welfare and Institutions Code. Reference: Sections 4094 et seq., Welfare and Institutions Code; and Section 1502, Health and Safety Code.

§ 1925. Discharge and Release Procedures.

(a) When it is deemed clinically appropriate a child shall be discharged from a CTF after completing normal discharge procedures.

(b) When it is not deemed clinically appropriate for a child to be discharged from a CTF a child shall be released under the following circumstances:

(1) A child admitted to the facility pursuant to Subsection (b)(1) of Section 1923 is deemed to be a voluntary patient and may revoke the voluntary status by giving notice of his desire to leave the facility to any member of the CTF staff. The child may make this notification directly or through an attorney or advocate. When staff is notified of a child's desire to revoke his voluntary consent to treatment, the court shall be notified no later than within one working day by a CTF staff person pursuant to Section 6552 of the Welfare and Institutions Code, and arrangements shall be made to return the child to the court. If the child leaves the care and custody of a CTF without permission prior to being discharged by a CTF, the juvenile court shall be notified immediately;

(2) A child admitted to a CTF pursuant to Subsection (b)(2) of Section 1923 is deemed to be a voluntary patient and the child's conservator, appointed in accordance with Section 5350 of the Welfare and Institutions Code, may revoke the voluntary status by giving notice to the facility;

(3) A child admitted to a CTF pursuant to Subsection (b)(3) or (b)(4) of Section 1923 and the child's parents, or the parent entitled to sole custody of the minor may remove the child from a CTF after completing normal CTF discharge procedures.

(4) A special education pupil over the age of eighteen who is continuing to receive treatment pursuant to Section 1924(b) need only withdraw consent for treatment to be discharged if he is not a ward of the court or under the care and custody of a conservator.

NOTE: Authority cited: Section 4094, Welfare and Institutions Code. Reference: Sections 4094 et seq., Welfare and Institutions Code, and Section 1502, Health and Safety Code.

§ 1926. Habeas Corpus Hearings.

(a) Pursuant to Section 4094.6 of the Welfare and Institutions Code, every child placed in a CTF has a right to a hearing by writ of habeas corpus, including court appointed counsel, within two (2) days of filing a petition with the superior court of the county in which the facility is located. The child may make this request directly or through an attorney or advocate.

(b) Any member of a CTF staff to whom a request for release is made shall promptly do the following:

(1) Provide the child making the request with a form for a request for release or mark a copy of the form for the child. The form shall be substantially as follows:

(Name of the Facility)_____day of _____19__

I, _____ (member of the CTF staff) have today received a request for the release of _____ (name of child) from the undersigned child on his or her own behalf or from the undersigned person on behalf of the child.

_____

Signature or mark of child making request for release.

_____

Signature or mark of person making request for release on behalf of patient.

_____

Signature or mark of staff person receiving request for release

(2) Deliver the completed request form to the CTF administrator and note the request in the child's facility record;

(3) As soon as possible, but not longer than the next working day, a member of the facility staff shall submit the request for release form to the superior court of the county in which the facility is located;

(4) As soon as possible, but not longer than twenty–four (24) hours from the request for release, the member of the facility staff shall inform the individual who admitted the child of the request for release;

(5) A copy of the child's request for release, along with notification documents to the superior court shall be maintained in the child's facility record;

(6) The CTF administrator shall ensure that the child is informed as soon as possible of the date, time and location of the hearing.

NOTE: Authority cited: Section 4094, Welfare and Institutions Code. Reference: Sections 4094 et seq., Welfare and Institutions Code; and Section 1502, Health and Safety Code.

§ 1927. Mental Health Program Components and Documentation Requirements.

(a) The certificate holder of a CTF shall ensure that the required child facility records are kept on each child residing within the facility. Required child facility records include:

(1) A signed and dated copy of the interagency placement committee's placement authorization letter from the child's county of residence;

(2) Documentation of the child's, and his parents' or conservator's voluntary consent to treatment, when applicable;

(3) The intake report;

(4) The admission assessment;

(5) A psychiatric evaluation;

(6) A needs and services plan;

(7) Daily progress notes;

(8) Monthly clinical review reports;

(9) Written informed consent by the child for prescribed psychotropic medication, and, when applicable, by the parents, conservator or judge pursuant to Section 851 of Chapter 4;

(10) A copy of the court order for conservatorship if the child is conserved;

(11) A copy of the administrative hearing ruling if the child contested placement and a pre–admission administrative hearing was held or a copy of the form waiving this right signed by the child;

(12) A discharge summary;

(13) A discharge report.

(14) A Welfare and Institutions Code, Section 6552 order if the child is a ward or dependent of the court.

(b) The intake report shall be a typed document completed prior to admission which shall be signed by a member of the facility's licensed mental health professional staff and placed into the child's facility record upon intake that includes:

(1) Demographic information as defined in Section 84168.2(c)(1) of Title 22, California Code of Regulations;

(2) Presenting problems;

(3) Current DSM diagnosis;

(4) An assessment of danger to self and others;

(5) Medications;

(6) Immediate educational, service and treatment needs;

(c) The admission assessment shall be a typed document which shall be completed and signed by a member of the facility's licensed mental health professional staff within five (5) calendar days of admission. A typed copy of the admission assessment shall be provided to the child's parents, conservator, or the person designated by the court to manage the placement within ten (10) working days of assessment completion and it shall be included in the child's facility record. The admission assessment shall contain a prognosis and estimated length of stay based upon and including:

(1) The reasons for referral;

(2) A statement of presenting problems;

(3) Precipitating events;

(4) Factors relating to presenting problems;

(5) Psychiatric history including onset of symptoms and progressions;

(6) Medical history;

(7) Psychological history including a review and summary of existing psychological evaluation material;

(8) Academic and school history;

(9) Social history;

(10) Family history;

(11) Work history if applicable;

(12) Developmental status;

(13) DSM Diagnosis;

(14) A summary of the child's strengths and weaknesses as related to his family, school and social relationships.

(d) A psychiatric evaluation shall be completed by a psychiatrist within five (5) calendar days of admission but may be performed up to sixty (60) calendar days prior to admission unless CTF mental health professionals admitting the child feel it is no longer accurate. It shall be part of the admission assessment and shall include:

(1) A mental status examination;

(2) Indications and contraindications for medications; and

(3) Therapeutic response to medications, including an assessment of side effects, if available, and the child's compliance with medications when appropriate.

(e) Each child residing within a CTF shall have an NSP completed by a licensed mental health professional within fifteen (15) calendar days of admission which shall include:

(1) Identified specific behavioral goals and specific actions to be undertaken by facility staff to assist the child in accomplishing these goals within a defined period of time through appropriate behavioral interventions and treatment modalities which shall include but not be limited to a determination of the expected duration of each use of secure containment;

(2) Discharge goals that are general indicators of the child's readiness for transition to alternative treatment settings;

(3) Participation of the child, and, when appropriate, parent, conservator or person identified by the court to manage the child's placement in the development or modification of the NSP;

(4) A review at least every thirty (30) calendar days;

(5) Appropriate clinical oversight for a child involved with the maintenance of his residential unit. This participation shall be for the purpose of skill development in cooperative living to the extent the activities are age appropriate, and within the functioning level and physical capacity of the child. Clinically indicated restrictions to protect the safety and welfare of the child and the other children and facility staff shall be documented in the child's NSP.

(A) A child shall not be used as a substitute for employed staff and shall be supervised by treatment team staff while participating in any of the above cited activities contained within his NSP.

(f) When scheduled reviews of a child's participation within the facility's program activities indicate that the child requires transition to or from a secure portion of the facility for continued treatment at the facility, the mental health program director, or a designee, shall provide the child, and, when appropriate, parent, conservator, or the person identified by the court to manage the placement, with prior notification. This notification shall include an estimated treatment duration within the new portion of the facility. The method of notification, time, date, person doing the notification and the person notified shall be entered in the child's facility record.

(1) When a child is transferred from a non–secure portion to a secure portion of the facility based upon immediate need, the notification of the parent, conservator, or person identified by the court to manage the placement shall occur as soon as possible, but not more than twenty–four (24) hours after the transfer and shall include an estimated treatment duration within the secure portion of the facility.

(g) Progress notes shall be written daily to document a child's participation and responses to the prescribed mental health treatment services and additionally whenever a significant event occurs which affects or potentially affects the child's condition or course of treatment. The progress notes shall be maintained in the child's facility record. A licensed mental health professional shall review these progress notes on a regular basis, but not less than every thirty (30) calendar days, documented by a date and the initials of the reviewer.

(h) The monthly clinical review report is a typed document substantiating a child's status and progress in treatment, signed and dated by a licensed mental health professional, to be completed every thirty (30) days based on the date of the admission assessment. It shall include:

(1) The justification for decisions concerning admission or a continued stay for a child;

(2) The types and intensity of services provided to the child and family including the use of restraint and secure containment;

(3) The impact of these same services upon treatment goals, changes in or continuation of the treatment plan objectives;

(4) The facility's discharge planning activities and a summary of the progress of a child toward his discharge goals.

(i) A typed discharge summary for a child shall be completed and signed by a member of the facility's licensed mental health professional staff and provided to the child's parent, conservator, or the person identified by the court to manage the placement on the date of discharge which shall include:

(1) Demographic information as defined in Section 84168.2(c)(1) of Title 22, California Code of Regulations;

(2) Date of admission;

(3) DSM diagnosis;

(4) Current emotional and/or behavioral problems;

(5) Continuing therapeutic and educational needs;

(6) Medications;

(7) Reason for discharge.

(j) A typed discharge report shall be completed and signed by a member of the facility's licensed mental health professional staff within fourteen (14) calendar days of the date of discharge for each child, and a copy provided to the parent, conservator or the person identified by the court to manage the placement. It shall include:

(1) The reason for admission;

(2) The reason for discharge, referencing the child's discharge planning goals, or the reason for removal;

(3) The course of treatment, including medications and the child's response;

(4) The child's discharge diagnosis according to the current edition of the DSM;

(5) Medical and dental services received while in the CTF;

(6) The child's prognosis and recommendations for further mental health treatment, educational programs or placement;

(7) A signed written approval of discharge or removal from the child's parent, conservator, or the person identified by the court to manage the placement, and the name, address and relationship to the child of the person to whom the child was released. If the written approval cannot be secured, the child's record shall include an explanation of why the written approval was not obtained.

NOTE: Authority cited: Section 4094, Welfare and Institutions Code. Reference: Sections 4094 et seq., Welfare and Institutions Code; and Section 1502, Health and Safety Code.

§ 1928. Psychotropic Medication Control and Monitoring.

(a) A CTF shall have written protocols for psychotropic medication control and monitoring that require:

(1) Examination of each child by the prescribing physician, prior to prescribing any psychotropic medication which shall include screening for medical complications which may contribute to the child's mental disorder;

(2) A written medication review by the treating physician at least every thirty (30) days as clinically appropriate, based upon actual observations of the child and a review of a child's progress notes recorded by treatment team staff. This review shall be included in the child's facility record and shall include:

(A) Observations concerning the presence or absence of any side effects;

(B) Response to each psychotropic medication currently prescribed;

(C) Compliance with the medication plan;

(D) Justification for continued medication use and/or any changes in the medication plan.

(3) Appropriate documentation of informed consent from the child, and, when applicable, the parent, conservator, or judge pursuant to Title 9, Division 1, Chapter 4, Article 5.5, Section 851 of the California Code of Regulations;

(A) Psychotropic medications for a child placed in a CTF shall only be prescribed by the attending physician with the written informed consent of the child, and, when applicable, the parents, conservator or judge pursuant to Title 9, Division 1, Chapter 4, Article 5.5, Section 851 of the California Code of Regulations.

(B) No provisions included within the facility's written protocols shall allow for prior blanket consent for psychotropic medications to be prescribed for, administered to, or passed to a child.

(4) Procedures for monitoring psychotropic medications by a person licensed to prescribe or dispense prescription drugs, with the current name and qualifications of the person who shall conduct the monitoring.

(b) Any psychotropic medication control and/or monitoring practices employed by a designated CTF licensed mental health professional shall ensure that any use of prescribed psychotropic medications are consistent with the goals and objectives of a child's NSP.

NOTE: Authority cited: Section 4094, Welfare and Institutions Code. Reference: Sections 4094 et seq., Welfare and Institutions Code; and Section 1502, Health and Safety Code.

§ 1929. Restraint and Seclusion.

(a) Physical restraint and seclusion shall be used only when alternative methods are not sufficient to protect the child or others from immediate injury.

(b) Physical restraint and seclusion shall not be used as aversive treatment, punishment, as a substitute for more effective programming, or for the convenience of the staff.

(c) Physical restraint and seclusion shall only be used with a written order designed to lead to a less restrictive way of managing, and ultimately eliminating, the behavior for which the physical restraint or seclusion is applied.

(d) A CTF shall adhere to written policies and procedures concerning the use of physical restraints and seclusion that include:

(1) A medical evaluation of each child upon admission to the facility to determine the existence of any condition that would contraindicate the use of physical restraint or seclusion;

(2) A requirement that they be used only with a signed order of a physician or licensed psychologist, except in an emergency as defined in Section 1901(K). In such an emergency a child may be placed in physical restraint at the discretion of a registered nurse. An order shall be received by telephone within sixty (60) minutes of the application of physical restraint, and shall be signed by the prescriber within twenty–four (24) hours. Telephone orders shall be received only by authorized mental health professional staff, and shall be recorded immediately in the child's facility record;

(A) The order shall include reasons for the physical restraint or seclusion in specific behavioral terms, type and number of points, if applicable, conditions for release or termination of physical restraint, with specific directions for discussing with the child the conditions that required the application of the physical restraint, the level of nursing care the child is entitled to while in physical restraint and the types of behaviors that will meet the criteria for terminating the order for physical restraint.

(B) Full documentation of the episode leading to the use of physical restraint, including the antecedent behaviors, and less restrictive means attempted by staff prior to the use of physical restraint, the type of physical restraint used, the length of effectiveness of the physical restraint time and the name of the individual applying such measures shall be entered in the child's facility record.

(C) At the time physical restraint or seclusion is initiated, or as soon as practical, but in every case within one (1) hour, information regarding the child's medical condition including vital signs, medications, current medical treatments and any relevant medical circumstances specific to the child shall be reviewed by the facility's on duty licensed nursing staff and noted in the child's facility record.

(D) All orders for physical restraint shall become invalid two (2) hours after the restraint or seclusion is initiated for children ages 9 to 17, one (1) hour for children under age 9, and four (4) hours for any special education pupils ages 18 through 21 remaining in the facility under continuing stay provisions. If continued physical restraint or seclusion is needed a new order shall be required.

(3) A prohibition that physical restraint shall not be allowed for longer than twenty–four (24) hours;

(4) A prohibition against as–needed, also known as "PRN" orders for physical restraint or seclusion.

(5) A description of acceptable forms of physical restraint or seclusion which shall be:

(A) Seclusion in either a designated seclusion room with a door which may be held shut to prevent a child's egress by a staff member or by a mechanism which releases upon removal of a staff person's foot and/or hand or in any other room or part of the facility where the child is prevented from physically leaving for any period of time, thus limiting their movement, activities and contact with the other children;

(B) Physical containment of a child by two or more trained staff persons utilizing methods approved by the Department;

(C) The application of mechanical devices such as well padded belts and cuffs, mittens without thumbs which are securely fastened about the wrist with a small tie and vests consisting of sleeveless cloth webbing;

(6) A requirement that restraint shall be applied in such a way as not to cause physical injury and to insure the least possible discomfort to the child;

(7) A requirement that restraints using mechanical devices shall be applied in such a manner that the device can be speedily removed in case of fire or other emergencies;

(8) A requirement that staff shall make provisions for regularly scheduled periods, at intervals not to exceed two (2) hours, for range of motion exercises, toileting and access to liquids and meals;

(9) A requirement that staff shall make provisions for responding promptly and appropriately to a child's request for services and assistance, and for repositioning the child when appropriate;

(10) A requirement for staff to take all precautions to insure the safety of children in restraints by insuring that they remain in staffs' line of vision, by isolating them from other children and by insuring that the restraints can be easily removed in case of fire or emergency;

(11) A requirement that staff shall make provisions to insure that a child placed in physical restraint shall be checked at a minimum of every fifteen (15) minutes by the licensed nursing staff to insure that the restraint remains properly applied and that the child has not harmed himself. A written record of each check shall be placed in the child's record and shall include:

(A) Vital signs which shall be measured at least every half hour, unless otherwise indicated by the prescribing professional;

(B) Justification for continued physical restraint;

(C) The child's responses to information regarding his behavioral criteria for termination of the physical restraint.

(e) A child's parent, conservator or the person identified by the court to manage the placement shall be informed of a restraint or seclusion within twenty four (24) hours, excepting weekends.

(f) Under no circumstances shall physical restraint be used as a disciplinary action.

NOTE: Authority cited: Section 4094, Welfare and Institutions Code. Reference: Sections 4094 et seq., Welfare and Institutions Code; and Section 1502, Health and Safety Code.

§ 1930. Discipline Practices.

(a) The applicant or certificate holder shall develop, maintain and implement written discipline practice policies that are consistent with the NSP of the child and ensure that all staff follow these procedures when disciplining a child including the following:

(1) A directive that under no circumstance shall physical restraint be used as a disciplinary action;

(2) Reviews, to include a licensed mental health professional, of each disciplinary action initiated by staff;

(3) Joint reviews by the program director, licensed mental health professionals, and the facility staff of discipline practices approved for use within the facility.

(b) A CTF shall provide placing agencies, children placed in a CTF, parents, conservators, or the person identified by the court to manage the placement with a copy of the facility's discipline practices upon admission.

(c) A CTF's discipline practices shall comply with the Title 22, California Code of Regulations, Division 6, Section 84072.1 which outlines the appropriate forms of discipline to be used within a licensed community care facility, except that no form of discipline shall deny the basic rights of a CTF resident delineated in Section 5325 of the Welfare and Institutions Code without following the procedures described in Section 1934 of this chapter and without establishing good cause for denial of the right as described in Section 1935 of this chapter.

NOTE: Authority cited: Section 4094, Welfare and Institutions Code. Reference: Sections 4094 et seq., Welfare and Institutions Code; and Section 1502, Health and Safety Code. Title 22, California Code of Regulations, Division 6, Sections 84072.1 and 84001d.(1).

Article 6. Personal Rights

§ 1931. Patient's Rights.

(a) Any child admitted to a CTF shall be afforded the legal and civil rights as prescribed in Article 7, Sections 4095, 5325, 5325.1, 5325.2 and 5326 of the Welfare and Institutions Code. In addition, any child admitted to a CTF shall have the right to participate in daily outdoor activities, weather permitting.

NOTE: Authority cited: Section 4094, Welfare and Institutions Code. Reference: Sections 4094 et seq., Welfare and Institutions Code; and Section 1502, Health and Safety Code.

§ 1932. Notification of Rights.

(a) The following shall remain posted in all wards and common living areas of a CTF:

(1) A list of the rights set forth in Sections 5325, 5325.1 and 5325.2 of the Welfare and Institutions Code;

(2) A statement that any child admitted to a CTF has the right to a hearing by writ of habeas corpus pursuant to Section 4095 of the Welfare and Institutions Code; and,

(3) The complaint procedure prescribed in Section 1933.

(b) Each child admitted to a CTF shall be personally notified of his rights in writing and in language he can understand, or shall have his rights brought to his attention by other means if he is unable to read or understand the information provided.

(c) A notation to the effect that notification, or an attempt to provide notification, has occurred shall be entered in the child's facility record within 24 hours of admission.

NOTE: Authority cited: Section 4094, Welfare and Institutions Code. Reference: Sections 4094 et seq., Welfare and Institutions Code; and Section 1502, Health and Safety Code.

§ 1933. Complaint Procedures.

(a) The list of rights and resources that must be posted, provided or explained to the children in a CTF pursuant to Section 1932 shall contain:

(1) Notification that any child who believes a right of his has been abused, punitively withheld or unreasonably denied may file a complaint with the Department or the county patients' rights advocate;

(2) The human rights unit of the Department and the name of the county patients' rights advocate who has been assigned to handle such complaints and his telephone number.

(b) When a complaint is received by the county patients' rights advocate he shall, within two working days, take action to investigate and resolve it.

(c) If the complainant expresses dissatisfaction to the county patients' rights advocate with the action taken, the matter shall be referred, within five (5) working days, to the local mental health director if the complaint originated in the mental disabilities program or to the regional center director if the complaint originated in the developmental disabilities program.

(d) If the complaint cannot be satisfactorily resolved by the local mental health director within ten (10) working days, it shall be referred to the patients' rights specialist at the Department whose responsibility it shall be to resolve the complaint. Appeal of the resolution provided by the patients' rights specialist may be made to the Director of the Department, or his designee.

NOTE: Authority cited: Section 4094, Welfare and Institutions Code. Reference: Sections 4094 et seq., Welfare and Institutions Code; and Section 1502, Health and Safety Code.

§ 1934. Denial of Rights.

(a) The rights listed in subsection (a) through (e) of Section 5325 of the Welfare and Institutions Code, and the right to participate in daily outdoor activities, weather permitting, may be denied a child in a CTF only upon the failure of all other means taken to resolve the behavior necessitating denial.

(b) Agreements and negotiations between the child, administrator and social worker shall be the primary means of resolving problems regarding the rights of the child.

(c) If a CTF, after complying with subsections (a) and (b) of this section, wishes to deny one or more of the rights delineated in subsection (a), the procedures outlined in Section 1935 must be followed.

NOTE: Authority cited: Section 4094, Welfare and Institutions Code. Reference: Sections 4094 et seq., Welfare and Institutions Code; and Section 1502, Health and Safety Code.

§ 1935. Good Cause for Denial of Rights.

(a) The rights delineated in Subsection (a) of Section 1934 may be denied only for good cause. Good cause for denying a child a right exists when the professional person in charge of a CTF or his designee has good reason to believe:

(1) That the exercise of the specific right would be injurious to the child;

(2) That there is evidence that the specific right, if exercised, would seriously infringe on the rights of others;

(3) That the facility would suffer serious damage if the specific right is not denied; and

(4) That there is no less restrictive way of protecting the interests specified in (1), (2), or (3).

(b) The reason used to justify the denial of a right to a child must be related to the specific right denied. A right shall not be withheld or denied as a punitive measure, nor shall a right be considered a privilege to be earned.

(c) Treatment modalities shall not include denial of any right specified in Section 1931. Waivers signed by the child, parent, conservator or person appointed by the court to manage the placement shall not be used as a basis for denying rights prescribed in Section 1931 in any treatment modality.

NOTE: Authority cited: Section 4094, Welfare and Institutions Code. Reference: Sections 4094 et seq., Welfare and Institutions Code; and Section 1502, Health and Safety Code.

§ 1936. Documentation of Denial of Rights.

(a) Each denial of a child's rights shall be noted in his facility record. Documentation shall take place immediately whenever a right has been denied. The notation shall include:

(1) Date and time the right was denied;

(2) Specific right denied;

(3) Good cause for denial of the right;

(4) Date of review if denial was extended beyond 30 days;

(5) Signature of the professional person in charge of the facility or his designee authorizing the denial of the right.

(b) The child shall be told the content of the notation.

(c) Each denial of a right shall be documented regardless of the gravity of the reason for the denial or the frequency with which a specific right is denied in a particular facility or to a particular child.

NOTE: Authority cited: Section 4094, Welfare and Institutions Code. Reference: Sections 4094 et seq., Welfare and Institutions Code; and Section 1502, Health and Safety Code.

§ 1937. Restoration of Rights.

(a) A right shall not continue to be denied to a child when the good cause for its denial no longer exists. When a right has been denied, staff shall employ the least restrictive means of managing the behavior problem which led to the denial. The date a specific right is restored shall be documented in the child's facility record.

(b) A child who has been denied a patients' right shall have the good cause for this denial reviewed every five (5) days after the denial by a CTF mental health program director or his designee. This review shall result in either the restoration of the right to the child or continuation of the denial due to the determination that good cause for the denial of the right still exists. The results of the review will be documented in the child's facility record.

NOTE: Authority cited: Section 4094, Welfare and Institutions Code. Reference: Section 4094.6, Welfare and Institutions Code.

§ 1938. Child and Family Involvement and Participation.

(a) A CTF certificate holder shall ensure that, upon admission, the child, parent, conservator or person identified by the court to manage the placement receive typed copies of the following:

(1) Admission criteria;

(2) Continued stay criteria;

(3) Criteria or guidelines regarding the transfer of a child to and from secure and non–secure portions of the facility including an estimated duration of treatment in each;

(4) A copy of the child's due process rights and patient's rights handbook;

(5) Family visitation guidelines;

(6) A description of the facility's discipline practices;

(7) A copy of the facility's policies and procedures regarding physical restraint and seclusion.

(b) A CTF certificate holder shall ensure, to the maximum extent possible, the participation of the child, parent, conservator or person identified by the court to manage the placement in the discussion and planning of the child's NSP.

(1) Activities undertaken by the CTF staff to achieve this participation shall be documented and included in the child's NSP, monthly clinical review report and facility record.

(2) The child's parent, conservator or person identified by the court to manage the placement shall be informed of the services to be provided which are stated in the child's NSP, and their written approval of any modification of the NSP shall be received prior to it's implementation.

NOTE: Authority cited: Section 4094, Welfare and Institutions Code. Reference: Sections 4094 et seq., Welfare and Institutions Code; and Section 1502, Health and Safety Code.

TITLE 15. CRIME PREVENTION AND CORRECTIONS

Division 1. Board of Corrections

Chapter 1. Board of Corrections

Subchapter 4. Minimum Standards for Local Detention Facilities

Article 11. Medical/Mental Health Services

§ 1200. Responsibility for Health Care Services.

(a) In Type I, II, III and IV facilities, the facility administrator shall have the responsibility to ensure provision of emergency and basic health care services to all inmates. Medical, dental, and mental health matters involving clinical judgments are the sole province of the responsible physician, dentist, and psychiatrist or psychologist respectively; however, security regulations applicable to facility personnel also apply to health personnel.

Each facility shall have at least one physician available to treat physical disorders. In Type IV facilities, compliance may be attained by providing access into the community; however, in such cases, there shall be a written plan for the treatment, transfer, or referral in the event of an emergency.

(b) In court holding and temporary holding facilities, the facility administrator shall have the responsibility to develop written policies and procedures which ensure provision of emergency health care services to all inmates.

NOTE: Authority cited: Section 6030, Penal Code. Reference: Section 6030, Penal Code.

§ 1201. Health Care Services—Type IV Facilities.

NOTE: Authority cited: Section 6030, Penal Code. Reference: Section 6030, Penal Code.

§ 1202. Health Service Audits.

The health authority shall develop and implement a written plan for annual statistical summaries of health care and pharmaceutical services that are provided. The responsible physician shall also establish a mechanism to assure that the quality and adequacy of these services are assessed annually. The plan shall include a means for the correction of identified deficiencies of the health care and pharmaceutical services delivered.

Based on information from these audits, the health authority shall provide the facility administrator with an annual written report on health care and pharmaceutical services delivered.

NOTE: Authority cited: Section 6030, Penal Code. Reference: Section 6030, Penal Code.

§ 1203. Health Care Staff Qualifications.

State and/or local licensure and/or certification requirements and restrictions apply to health care personnel working in the facility the same as to those working in the community. Copies of licensing and/or certification credentials shall be on file in the facility or at a central location where they are available for review.

NOTE: Authority cited: Section 6030, Penal Code. Reference: Section 6030, Penal Code.

§ 1204. Health Care Staff Procedure.

Medical care performed by personnel other than a physician shall be performed pursuant to written protocol or order of the responsible physician.

NOTE: Authority cited: Section 6030, Penal Code. Reference: Section 6030, Penal Code.

§ 1205. Medical/Mental Health Records.

(a) The health authority shall maintain individual, complete and dated health records which shall include, but not be limited to:

(1) receiving screening form/history;

(2) medical/mental health evaluation reports;

(3) complaints of illness or injury;

(4) names of personnel who treat, prescribe, and/or administer/deliver prescription medication;

(5) location where treated; and,

(6) medication records in conformance with section 1216.

(b) The physician/patient confidentiality privilege applies to the medical/mental health record. Access to the medical/mental health record shall be controlled by the health authority or designee.

The health authority shall ensure the confidentiality of each inmate's medical/mental health record file and such files shall be maintained separately from and in no way be part of the inmate's other jail records. The responsible physician or designee shall communicate information obtained in the course of medical/mental health screening and care to jail authorities when necessary for the protection of the welfare of the inmate or others, management of the jail, or maintenance of jail security and order.

(c) Written authorization by the inmate is necessary for transfer of medical/mental health record information unless otherwise provided by law or administrative regulations having the force and effect of law.

(d) Inmates shall not be used for medical/mental health recordkeeping.

NOTE: Authority cited: Section 6030, Penal Code. Reference: Section 6030, Penal Code.

§ 1206. Health Care Procedures Manual.

The health authority shall, in cooperation with the facility administrator, set forth in writing, policies and procedures in conformance with applicable state and federal law, which are reviewed and updated at least annually and include but are not limited to:

(a) summoning and application of proper medical aid;

(b) contact and consultation with private physicians;

(c) emergency and non–emergency medical and dental services, including transportation;

(d) provision for medically required dental and medical prostheses and eyeglasses;

(e) notification of next of kin or legal guardian in case of serious illness which may result in death;

(f) provision for screening and care of pregnant and lactating women, including postpartum care, and other services mandated by statute;

(g) screening, referral and care of mentally disordered and developmentally disabled inmates;

(h) implementation of special medical programs;

(i) management of inmates suspected of or confirmed to have communicable diseases;

(j) the procurement, storage, repackaging, labeling, dispensing, administration/delivery to inmates, and disposal of pharmaceuticals;

(k) use of non–physician personnel in providing medical care;

(*l*) provision of therapeutic diets;

(m) patient confidentiality and its exceptions;

(n) the transfer of pertinent individualized health care information, or individual documentation that no health care information is available, to the health authority of another correctional system, medical facility, or mental health facility at the time each inmate is transferred and prior notification pursuant to Health and Safety Code Sections 121361 and 121362 for inmates with known or suspected active tuberculosis disease. Procedures for notification to the transferring health care staff shall allow sufficient time to prepare the summary. The summary information shall identify the sending facility and be in a consistent format that includes the need for follow–up care, diagnostic tests performed, medications prescribed, pending appointments, significant health problems, and other information that is necessary to provide for continuity of health care.

Necessary inmate medication and health care information shall be provided to the transporting staff, together with precautions necessary to protect staff and inmate passengers from disease transmission during transport.

(o) forensic medical services, including drawing of blood alcohol samples, body cavity searches, and other functions for the purpose of prosecution shall not be performed by medical personnel responsible for providing ongoing care to the inmates.

NOTE: Authority cited: Section 6030, Penal Code. Reference: Section 6030, Penal Code.

§ 1206.5. Management of Communicable Diseases in a Custody Setting.

(a) The responsible physician, in conjunction with the facility administrator and the county health officer, shall develop a written plan to address the identification, treatment, control and follow–up management of communicable diseases including, but not limited to, tuberculosis and other airborne diseases. The plan shall cover the intake screening procedures, identification of relevant symptoms, referral for a medical evaluation, treatment responsibilities during incarceration and coordination with public health officials for follow–up treatment in the community. The plan shall reflect the current local incidence of communicable diseases which threaten the health of inmates and staff.

(b) Consistent with the above plan, the health authority shall, in cooperation with the facility administrator and the county health officer, set forth in writing, policies and procedures in conformance with applicable state and federal law, which include, but are not limited to:

(1) the types of communicable diseases to be reported;

(2) the persons who shall receive the medical reports;

(3) sharing of medical information with inmates and custody staff;

(4) medical procedures required to identify the presence of disease(s) and lessen the risk of exposure to others;

(5) medical confidentiality requirements;

(6) housing considerations based upon behavior, medical needs, and safety of the affected inmates;

(7) provisions for inmate consent that address the limits of confidentiality; and,

(8) reporting and appropriate action upon the possible exposure of custody staff to a communicable disease.

NOTE: Authority cited: Section 6030, Penal Code. Reference: Sections 6030, 7501, and 7552, Penal Code.

§ 1207. Medical Receiving Screening.

With the exception of inmates transferred directly within a custody system with documented receiving screening, a screening shall be completed on all inmates at the time of intake. This screening shall be completed in accordance with written procedures and shall include but not be limited to medical and mental health problems, developmental disabilities, and communicable diseases, including, but not limited to, tuberculosis and other airborne diseases. The screening shall be performed by licensed health personnel or trained facility staff.

The facility administrator and responsible physician shall develop a written plan for complying with Penal Code Section 2656 (orthopedic or prosthetic appliance used by inmates).

There shall be a written plan to provide care for any inmate who appears at this screening to be in need of or who requests medical, mental health, or developmental disability treatment.

Written procedures and screening protocol shall be established by the responsible physician in cooperation with the facility administrator.

NOTE: Authority cited: Section 6030, Penal Code. Reference: Sections 2656 and 6030, Penal Code.

§ 1207.5. Special Mental Disorder Assessment.

An additional mental health screening will be performed, according to written procedures, on women who have given birth within the past year and are charged with murder or attempted murder of their infants. Such screening will be performed at intake and if the assessment indicates postpartum psychosis a referral for further evaluation will be made.

NOTE: Authority cited: Section 6030, Penal Code. Reference: Section 6030, Penal Code.

§ 1208. Access to Treatment.

The health authority, in cooperation with the facility administrator, shall develop a written plan for identifying, assessing, treating and/or referring any inmate who appears to be in need of medical, mental health or developmental disability treatment at any time during his/her incarceration subsequent to the receiving screening. This evaluation shall be performed by licensed health personnel.

NOTE: Authority cited: Section 6030, Penal Code. Reference: Section 6030, Penal Code.

§ 1209. Mental Heath Services and Transfer to Treatment Facility.

(a) The health authority, in cooperation with the mental health director and facility administrator, shall establish policies and procedures to provide mental health services. These services shall include but not be limited to:

1. screening for mental health problems;

2. crisis intervention and management of acute psychiatric episodes;

3. stabilization and treatment of mental disorders; and,

4. medication support services.

(b) A mentally disordered inmate who appears to be a danger to himself or others, or to be gravely disabled, shall be transferred for further evaluation to a designated Lanterman Petris Short treatment facility designated by the county and approved by the State Department of Mental Health for diagnosis and treatment of such apparent mental disorder pursuant to Penal Code section 4011.6 or 4011.8 unless the jail contains a designated treatment facility.

NOTE: Authority cited: Section 6030, Penal Code. Reference: Section 6030, Penal Code.

§ 1210. Individualized Treatment Plans.

(a) For each inmate treated by a mental health service in a jail, the treatment staff shall develop a written treatment plan. The custody staff shall be informed of the treatment plan when necessary, to ensure coordination and cooperation in the ongoing care of the inmate. This treatment plan shall include referral to treatment after release from the facility when recommended by treatment staff.

(b) For each inmate treated for a major medical problem in a jail, the treatment staff shall develop a written treatment plan. The custody staff shall be informed of the treatment plan when necessary, to ensure coordination and cooperation in the ongoing care of the inmate. This treatment plan shall include referral to treatment after release from the facility when recommended by treatment staff.

NOTE: Authority cited: Section 6030, Penal Code. Reference: Section 6030, Penal Code.

§ 1211. Sick Call.

There shall be written policies and procedures developed by the facility administrator, in cooperation with the health authority, which provides for a daily sick call conducted for all inmates or provision made that any inmate requesting medical/mental health attention be given such attention.

NOTE: Authority cited: Section 6030, Penal Code. Reference: Section 6030, Penal Code.

§ 1212. Vermin Control.

The responsible physician shall develop a written plan for the control and treatment of vermin–infested inmates. There shall be written, medical protocols, signed by the responsible physician, for the treatment of persons suspected of being infested or having contact with a vermin–infested inmate.

NOTE: Authority cited: Section 6030, Penal Code. Reference: Section 6030, Penal Code.

§ 1213. Detoxification Treatment.

The responsible physician shall develop written medical policies on detoxification which shall include a statement as to whether detoxification will be provided within the facility or require transfer to a licensed medical facility. The facility detoxification protocol shall include procedures and symptoms necessitating immediate transfer to a hospital or other medical facility.

Facilities without medically licensed personnel in attendance shall not retain inmates undergoing withdrawal reactions judged or defined in policy, by the responsible physician, as not being readily controllable with available medical treatment. Such facilities shall arrange for immediate transfer to an appropriate medical facility.

NOTE: Authority cited: Section 6030, Penal Code. Reference: Section 6030, Penal Code.

§ 1214. Informed Consent.

The health authority shall set forth in writing a plan for informed consent of inmates in a language understood by the inmate. Except for emergency treatment, as defined in Business and Professions Code Section 2397 and Title 15, Section 1217, all examinations, treatments and procedures affected by informed consent standards in the community are likewise observed for inmate care. In the case of minors, or conservatees, the informed consent of parent, guardian or legal custodian applies where required by law. Any inmate who has not been adjudicated to be incompetent may refuse non–emergency medical and mental health care. Absent informed consent in non–emergency situations, a court order is required before involuntary medical treatment can be administered to an inmate.

NOTE: Authority cited: Section 6030, Penal Code. Reference: Section 6030, Penal Code.

§ 1215. Dental Care.

The facility administrator shall develop written policies and procedures to ensure emergency and medically required dental care is provided to each inmate, upon request, under the direction and supervision of a dentist, licensed in the state.

NOTE: Authority cited: Section 6030, Penal Code. Reference: Section 6030, Penal Code.

§ 1216. Pharmaceutical Management.

(a) The health authority in consultation with a pharmacist and the facility administrator, shall develop written plans, establish procedures, and provide space and accessories for the secure storage, the controlled administration, and disposal of all legally obtained drugs. Such plans, procedures, space and accessories shall include, but not be limited to, the following:

(1) securely lockable cabinets, closets, and refrigeration units;

(2) a means for the positive identification of the recipient of the prescribed medication;

(3) procedures for administration/delivery of medicines to inmates as prescribed;

(4) confirming that the recipient has ingested the medication or accounting for medication under self–administration procedures outlined in Section 1216(d);

(5) that prescribed medications have or have not been administered, by whom, and if not, for what reason;

(6) prohibiting the delivery of drugs by inmates;

(7) limitation to the length of time medication may be administered without further medical evaluation; and,

(8) limitation to the length of time required for a physician's signature on verbal orders.

(9) A written report shall be prepared by a pharmacist, no less than annually, on the status of pharmacy services in the institution. The pharmacist shall provide the report to the health authority and the facility administrator.

(b) Consistent with pharmacy laws and regulations, the health authority shall establish written protocols that limit the following functions to being performed by the identified personnel:

(1) Procurement shall be done by a physician, dentist, pharmacist, or other persons authorized by law.

(2) Storage of medications shall assure that stock supplies of legend medications shall be accessed only by licensed health personnel. Supplies of legend medications that have been dispensed and supplies of over–the–counter medications may be accessed by either licensed or non–licensed personnel.

(3) Repackaging shall only be done by a physician, dentist, pharmacist, or other persons authorized by law.

(4) Preparation of labels can only be done by a physician, dentist, pharmacist or other persons, either licensed or non–licensed, provided the label is checked and affixed to the medication container by the physician, dentist, or pharmacist before administration or delivery to the inmate. Labels shall be prepared in accordance with section 4076, Business and Professions Code.

(5) Dispensing shall only be done by a physician, dentist, pharmacist, or persons authorized by law.

(6) Administration of medication shall only be done by licensed health personnel who are authorized to administer medication acting on the order of a prescriber.

(7) Delivery of medication may be done by either licensed or non–licensed personnel, e.g., custody staff, acting on the order of a prescriber.

(8) Disposal of legend medication shall be done in accordance with pharmacy laws and regulations and requires any combination of two of the following classifications: physician, dentist, pharmacist, or registered nurse. Controlled substances shall be disposed of in accordance with the Drug Enforcement Administration disposal procedures.

(c) Policy and procedures on "over–the–counter" medications shall include, but not be limited to, how they are made available, documentation when delivered by staff and precautions against hoarding large quantities.

(d) Policy and procedures may allow inmate self–administration of prescribed medications under limited circumstances. Policies and procedures shall include but are not limited to the following considerations:

(1) Medications permitted for self–administration are limited to those with no recognized abuse potential. Medications for treatment of tuberculosis, psychotropic medication, controlled substances, injectables and any medications for which documentation of ingestion is essential are excluded from self–administration.

(2) Inmates with histories of frequent rule violations of any type, or who are found to be in violation of rules regarding self–administration, are excluded from self–administration.

(3) Prescribing health care staff document that each inmate participating in self–administration is capable of understanding and following the rules of the program and instructions for medication use.

(4) Provisions are made for the secure storage of the prescribed medication when it is not on the inmate's person.

(5) Provisions are made for the consistent enforcement of self–medication rules by both custody and health care staff, with systems of communication among them when either one finds that an inmate is in violation of rules regarding self–administration.

(6) Provisions are made for health care staff to perform documented assessments of inmate compliance with self–administration medication regimens. Compliance evaluations are done with sufficient frequency to guard against hoarding medication and deterioration of the inmate's health.

NOTE: Authority cited: Section 6030, Penal Code. Reference: Section 6030, Penal Code.

§ 1217. Psychotropic Medications.

The responsible physician, in cooperation with the facility

administrator, shall develop written policies and procedures governing the use of psychotropic medications. An inmate found by a physician to be a danger to him/herself or others by reason of mental disorders may be involuntarily given psychotropic medication appropriate to the illness on an emergency basis. Psychotropic medication is any medication prescribed for the treatment of symptoms of psychoses and other mental and emotional disorders. An emergency is a situation in which action to impose treatment over the inmate's objection is immediately necessary for the preservation of life or the prevention of serious bodily harm to the inmate or others, and it is impracticable to first gain consent. It is not necessary for harm to take place or become unavoidable prior to treatment.

If psychotropic medication is administered during an emergency, such medication shall be only that which is required to treat the emergency condition. The medication shall be prescribed by a physician in written form in the inmate's record or by verbal order in dosage appropriate to the inmate's need. Verbal orders shall be entered in the inmate's record and signed by a physician within 72 hours. The responsible physician shall develop a protocol for the supervision and monitoring of inmates involuntarily receiving psychotropic medication.

Psychotropic medication shall not be administered to an inmate absent an emergency unless the inmate has given his or her informed consent in accordance with Welfare and Institutions Code Section 5326.2, or has been found to lack the capacity to give informed consent consistent with the county's hearing procedures under the Lanterman–Petris–Short Act for handling capacity determinations and subsequent reviews.

There shall be a policy which limits the length of time both voluntary and involuntary psychotropic medications may be administered and a plan of monitoring and re–evaluating all inmates receiving psychotropic medications, including a review of all emergency situations.

The administration of psychotropic medication is not allowed for disciplinary reasons.

NOTE: Authority cited: Section 6030, Penal Code. Reference: Section 6030, Penal Code.

§ 1218. Inmate Deaths.

The health authority in cooperation with the facility administrator, shall establish written procedures to ensure that there shall be a medical review of every in–custody inmate death.

NOTE: Authority cited: Section 6030, Penal Code. Reference: Section 6030, Penal Code.

§ 1219. Suicide Prevention Program.

The facility administrator and the health authority shall develop a written plan for a suicide prevention program designed to identify, monitor, and provide treatment to those inmates who present a suicide risk.

NOTE: Authority cited: Section 6030, Penal Code. Reference: Section 6030, Penal Code.

§ 1220. First Aid Kit(s).

First aid kit(s) shall be available in all facilities. The responsible physician shall approve the contents, number, location and procedure for periodic inspection of the kit(s). In Court and Temporary Holding facilities, the facility administrator shall have the above approval authority, pursuant to Section 1200 of these regulations.

NOTE: Authority cited: Section 6030, Penal Code. Reference: Section 6030, Penal Code.

§ 1230. Food Handlers.

The responsible physician, in cooperation with the food services manager and the facility administrator, shall develop written procedures for medical screening of inmate food service workers prior to working in the facility kitchen. Additionally, there shall be written procedures for education and ongoing monitoring and cleanliness of these workers in accordance with Section 114020 of the Health and Safety Code, California Uniform Retail Food Facilities Law.

NOTE: Authority cited: Section 6030, Penal Code. Reference: Section 6030, Penal Code.

Division 3. Department of Corrections

Chapter 1. Rules and Regulations of the Director of Corrections

Subchapter 4. General Institution Regulations

Article 9. Mental Health Services

§ 3360. Availability of Mental Health Services.

(a) The department will provide a broad range of mental health services to inmates and parolees by assessing the needs of its population and developing specialized programs of mental health care, to the extent resources are available for this purpose. Necessary and appropriate mental health services will be provided to inmates and parolees, and adequate staff and facilities will be maintained for the delivery of such services.

(b) When an inmate is found to require mental health care not available within these resources, but which is available in the Department of Mental Health, the case will be referred to the director for consideration of temporary transfer to that department pursuant to Penal Code section 2684.

(c) Recognizing that many parolees have unique treatment needs not readily met by community mental health programs, and that the promptness and appropriateness of those needs affect public safety, the department provides outpatient clinics for parolees. These clinics are conducted in widely distributed locations throughout the state at times and places such that they are available to parolees, and that they shall maintain close working relationships with parole supervisors, paroling authorities, and the community in which the parolee resides.

NOTE: Authority cited: Section 5058, Penal Code. Reference: Sections 2684 and 5054, Penal Code.

§ 3361. Responsibility.

(a) All required mental health treatment or diagnostic services shall be provided under the supervision of a psychiatrist licensed to practice in this state, or a psychologist licensed to practice in this state and who holds a doctoral degree and has at least two years of experience in the diagnosis and treatment of emotional and mental disorders. Facilities for mental health treatment and diagnostic services shall be under the direction of such a psychiatrist or psychologist. A psychiatrist shall be available to assume responsibility for all acts of diagnosis or treatment that may only be performed by a licensed physician and surgeon.

(b) When an inmate or an inmate's guardian or relative, or an attorney or other interested party desires to have an inmate examined by a private psychiatrist or other mental health professional, a request shall be submitted in writing by such person or persons to the warden. After consulting with the institution's chief psychiatrist or, in his absence, the chief medical officer, the warden will grant the request unless there are specific case factors which, in the judgment of the warden, warrant denial. If the request is denied, the person making the request will be notified in writing of the reason for the denial and the right to appeal the decision, to the director. Any financial responsibility or obligation for private consultants or examinations will be assumed by the inmate or the person requesting the service. Private consultants will not be permitted to order mental health treatment for any inmate. However, the private consultant may be asked to make a report of findings and recommendations to the warden.

(c) Recognizing that mental health care often involves revealing deeply personal and private matters, all mental health care shall be provided in such a manner as to maintain the dignity of the inmate. Professional relationships shall be conducted with proper privacy, with due regard to the professional to take necessary and appropriate action to prevent harm to the patient or to others. Records of mental health diagnosis, evaluation and treatment prepared or maintained by the department shall remain the property of the department and are subject to all applicable laws governing their confidentiality and disclosure. Treatment will be in accord with sound principles of practice and will not serve a punitive purpose.

NOTE: Authority cited: Sections 5058 and 5079, Penal Code. Reference: Section 5054, Penal Code.

§ 3362. Availability of Treatment.

All persons committed to the department shall be informed that mental health services are available to them. They shall be informed that, upon their request, an evaluative interview will be provided within a reasonable period of time by a licensed practitioner, or a specially trained counselor supervised by a licensed practitioner. Upon request, they will be provided with information as to what specialized treatment programs may be available in the department and how such treatment may be obtained.

NOTE: Authority cited: Section 5058, Penal Code. Reference: Section 5054, Penal Code.

§ 3363. Right to Refuse Treatment.

Inmates/Parolees shall be informed any time they are the object of particular mental health diagnosis or treatment procedure. Such persons shall have the right to refuse assignment to such a program of diagnosis or treatment without being subject to discipline or other deprivation, except as indicated in the following:

(a) When mental health evaluation is required by law or ordered by a court.

(b) When an inmate is placed in a mental health program for diagnostic study by the action of a classification committee, which acted upon documented information or observations that gave reasonable cause to believe the inmate was suffering from a mental illness which poses a danger to self or others, or is gravely disabled. A physician or other licensed practitioner may act in an emergency situation to place an inmate in psychiatric segregation under observation and treatment for a period of up to five working days pending classification action, providing the reasons for this action are documented.

(c) When diagnostic study has led to a diagnosis of existing or recurrent mental illness which renders the inmate dangerous to self or others, or gravely disabled.

(d) If there is a special condition of parole requiring attendance at a parole outpatient clinic, interviews may be imposed upon the parolee. However, no medication will be administered by these clinics without the specific informed consent of the patient.

NOTE: Authority cited: Section 5058, Penal Code. Reference: Section 5054, Penal Code.

§ 3364. Involuntary Medication.

(a) If medication used in the treatment of mental disease, disorder or defect is administered in an emergency, as that term is defined in section 3351, such medication shall only be that which is required to treat the emergency condition and shall be provided in ways that are least restrictive of the personal liberty of the inmate. If it is determined that further administration of such medication involuntarily is necessary for a period of longer than 72 hours, the following provisions shall be followed:

(1) The administration of involuntary medication to inmates in excess of three days shall be in compliance with those procedures required in *Keyhea v. Rushen*, Solano County Superior Court No. 67432, Order Granting Plaintiffs' Motion for Clarification and Modification of Injunction and Permanent Injunction, filed October 31, 1986.

(2) The administration of involuntary medication to inmates in excess of ten days shall be in compliance with those procedures required in *Keyhea v. Rushen*, supra.

(3) The administration of involuntary medication to inmates in excess of 24 days shall be in compliance with those procedures required in *Keyhea v. Rushen*, supra. The judicial hearing for the authorization for the involuntary administration of psychotropic medication provided for in part III of *Keyhea v. Rushen*, supra, shall

be conducted by an administrative law judge. The hearing may, at the direction of the director, be conducted at the facility where the inmate is located.

(b) Involuntary antipsychotic medication shall not normally be administered to an inmate in his or her housing unit. An inmate shall normally be transferred to the hospital, clinic, emergency room or infirmary room at the institution prior to the administration of the medication. If a psychiatrist determines that the prior transfer of the inmate to such a setting would pose a greater risk to the inmate and staff than the risk involved to the inmate in receiving the medication in a non–medical setting, the involuntary medication may be administered in the inmate's cell, provided that:

(1) Medical staff shall alert security staff, orally and in writing, of the fact that such medication has been administered, of the date and time of administration, of possible side–effects, if any, which could develop, and shall provide security staff with instructions for contacting medical staff immediately upon the development of any such side effects. On–call medical staff shall make periodic observations of the inmate and shall respond to any emergency request for medical aid.

(2) In all cases where it is both feasible and medically desirable, a fast–acting medication shall be utilized to facilitate the inmate's rapid transfer to a medical setting.

(3) The inmate shall be considered for transfer from his or her cell to a medical setting at least once a day after the injection by a staff psychiatrist, or if a psychiatrist is not available by a staff physician, for the effective duration of the medication. The staff psychiatrist or physician shall note his or her observations and decision in writing. The inmate shall be transferred to a medical setting no later than 72 hours after the injection if the effective duration of the drug administered exceeds that time period.

(c) Each institution's chief psychiatrist, or in his or her absence, chief medical officer, shall ensure that a log is maintained in which is recorded each occasion of involuntary treatment of any inmate. The log entries shall identify the inmate by name and number, and shall include the name of the ordering physician, the reason for medication, and the time and date of medication. In institutions with a designated psychiatric treatment unit, a separate log shall be maintained for recording involuntary treatment and medication administered to inmates in that unit. The log shall be reviewed by the institution's chief psychiatrist, or in his or her absence, the chief medical officer, at least monthly. Such logs shall be made available for review by the departmental medical director upon request.

NOTE: Authority cited: Section 5058, Penal Code. Reference: Sections 2600 and 5054, Penal Code; *Whitaker v. Rushen, et al.*, USDC No. C–81–3284 SAW (N.D. Cal.); and *Keyhea v. Rushen*, Solano County Superior Court No. 67432, Order Granting Plaintiffs' Motion for Clarification and Modification of Injunction and Permanent Injunction, filed October 31, 1986.

§ 3365. Suicide Prevention and Response.

(a) Each institution head shall ensure that all employees whose assignments routinely involve inmate contact are trained to recognize signs and symptoms associated with suicide risk, the appropriate procedures for staff intervention, and the appropriate procedures to be followed in response to emergency situations resulting from self–injurious or suicidal actions. This training shall be conducted as in–service training, in compliance with Section 3435.

(b) Each institution head shall implement a Suicide Prevention Program for inmates who display self–injurious or suicidal behavior or symptoms. These programs shall include the following components:

(1) Suicide Watch. When medical staff determine that an inmate is actively suicidal, a licensed physician or psychologist shall order placement of the inmate on suicide watch in a General Acute Care Hospital (GACH), Correctional Treatment Center (CTC), Skilled Nursing Facility (SNF), Outpatient Housing Unit (OHU), or other appropriate health care facility, for continual observation.

(2) Suicide Precaution. When medical staff determine that an inmate is at high risk of attempting self–injurious behavior, a licensed physician or psychologist shall order placement of the inmate on suicide precaution in a GACH, CTC, SNF, OHU, or other appropriate health care facility, for periodic monitoring.

(3) Follow–up Treatment. Discharge from suicide watch or suicide precaution shall occur when an interdisciplinary team of clinicians determines that the inmate no longer presents a suicide risk. A written treatment plan and follow–up outpatient treatment shall be provided by a mental health clinician.

(c) When a suicide attempt is discovered in progress, medical assistance shall be summoned immediately to provide emergency medical care. Security and safety procedures shall be followed, including the use of required equipment and procedures to deal with bodily fluids. A cut–down kit shall be immediately accessible on each unit and shall be used by staff in case of an attempted suicide by hanging. All subsequent activities and procedures shall comply with local institutional emergency plans, as developed in compliance with Section 3301.

NOTE: Authority cited: Section 5058, Penal Code. Reference: Section 5054, Penal Code.

§ 3366. Mental Health Advisory Board.

NOTE: Authority cited: Section 5058, Penal Code. Reference: Section 5054, Penal Code.

§ 3367. Psychosurgery.

Psychosurgery, including lobotomy, stereotactic surgery, chemical or other destruction of brain tissue, or implantation of electrodes into brain tissue, is not and will not be performed on persons committed to or in the custody of the Department of Corrections.

NOTE: Authority cited: Section 5058, Penal Code. Reference: Section 5054, Penal Code.

§ 3368. Aversive Therapy.

The use of any drug, electronic stimulation of the brain, or infliction of physical pain when used as an aversive or reinforcing stimulus in a program of aversive, classical or operant conditioning is not and will not be performed on persons committed to or in the custody of the Director of Corrections. Nothing in this section prohibits the administration of drugs intended to cause negative physical reactions to the ingestion of alcohol or drugs unless part of a program of aversive conditioning.

NOTE: Authority cited: Section 5058, Penal Code. Reference: Section 5054, Penal Code.

§ 3369. Shock Therapy.

(a) Shock therapy is the only form of organic therapy, as defined by law, which may be used in the treatment of persons committed to the custody of the Director of Corrections. No inmate who is competent and capable of giving informed consent will be administered any form of shock therapy without having given his or her consent. Prior authorization of a superior court is also required before shock therapy may be administered for any treatment purpose other than as an emergency lifesaving measure.

(1) Shock therapy as a lifesaving emergency medical measure may be administered to an inmate who is competent and capable of giving informed consent and who has given consent, or an inmate who is incompetent or incapable of giving informed consent, without prior court authorization. However, all pertinent clinical data relating to the nature of the emergency and the treatment given will be presented to the court for review within 10 days of the first instance of emergency shock treatment.

(2) When an inmate is competent and capable of giving informed consent and has done so, and the court has authorized such treatment, shock therapy may be administered in a nonemergency course of treatment. No form of shock therapy may exceed three months of continuous treatment nor more than three months in any 12–month period.

(b) Informed Consent. The term, "Informed Consent," means that a person must knowingly and intelligently, without duress or coercion, and clearly and explicitly consent to the proposed shock therapy. The inmate's consent must be given in writing and in the presence of the attending physician. It must be preserved and be available to the inmate, the inmate's attorney, guardian, or conservator.

(c) Determining Need. If the attending physician determines that shock therapy is required for the health and safety of the inmate, permission may be requested of the warden or superintendent to administer the therapy.

(1) The warden or superintendent will appoint a committee of physicians, two of whom are board certified or eligible for board certification in psychiatry or neurosurgery, to review the inmate's treatment record and the determination of the attending physician. At least one of the attending physicians must not be a full–time employee of the department.

(2) Before shock treatment may be administered, this committee must unanimously agree with the attending physician's determination that it is required and, if it is to be performed under the provisions of subsection (b), that the inmate has the ability to give informed consent and has in fact given informed consent.

(d) Withdrawal of Consent. Any inmate who has given informed consent may withdraw it at any time. The shock therapy must cease immediately.

(e) Court Petition.

(1) An inmate, or inmate's attorney, guardian or conservator may file a petition with the superior court of the county in which the inmate is confined for an order to prohibit the administration of shock therapy upon the inmate. This petition must be served by the county clerk upon the warden or superintendent on the same day it is filed and constitutes a refusal of consent or withdrawal of any prior consent.

(2) The warden or superintendent has 10 days to file a response to the petition. The superior court may grant a continuance of 10 additional days. The response must be served upon the inmate, and upon the inmate's attorney, guardian or conservator on the same day it is filed with the clerk of the superior court.

(f) Correspondence Regarding Shock Therapy. The inmate is entitled to communicate in writing with his or her attorney, and by writing or visits with his or her parents, guardian or conservator regarding any proposed administration of shock therapy or organic therapy. Any mail regarding shock therapy will not be prevented from leaving the institution.

(g) Incapable of Informed Consent.

(1) If the inmate is incapable of giving informed consent to a program of shock therapy, and the attending physician believes that such treatment is required for the health and safety of the inmate, the attending physician may request the permission of the warden or superintendent. If the warden or superintendent agrees with the request and the committee, appointed pursuant to subsection (c)(1), also unanimously agrees that such therapy is required, the warden or superintendent will forward the request to the Chief, Medical Services for review and recommendation to the director. If the director concurs in the course of treatment, the warden or superintendent will petition the superior court for permission to conduct the hearing. No treatment will be conducted until after a hearing at which the inmate is represented by counsel and after a court order authorizing the treatment is issued.

(2) In an extraordinary case, the attending physician may determine that shock treatment is required for a longer period of time than three months, or more frequently than three months in the period of one year. The same procedures as in paragraph (1) of this subsection will be followed before any further shock therapy will be administered.

(h) Inmate Rights. If the attending physician determines that an inmate should be administered shock therapy, the inmate will be informed of his or her rights under this article. A copy of Penal Code Sections 2670 through 2680 will be made and will be given to the inmate at that time.

NOTE: Authority cited: Section 5058, Penal Code. Reference: Section 5054, Penal Code.

§ 3369.1. Inmate/Parolee Placements in Department of Mental Health Hospitals.

(a) Inmates considered for placement in a Department of Mental Health hospital pursuant to Penal Code section 2684 shall be informed of their rights to a hearing on the placement and to waive such a hearing. Except as provided in (b) below, inmates who do not waive their right to the hearing shall be provided the following:

(1) A written notice of the placement hearing at least 72 hours prior to the hearing.

(2) An independent and qualified staff member to assist the inmate with their preparation for the hearing. Any costs or expenses incurred related to independent assistance obtained by the inmate on their own shall be the sole responsibility of the inmate.

(3) An opportunity to present documentary evidence and the oral or written testimony of witnesses, and to refute evidence and cross examine witnesses unless the hearing officer indicates a good cause for prohibiting such evidence or witnesses.

(4) A hearing officer who shall be the institution head or a designee which shall be a correctional administrator, physician, psychiatrist, or psychologist who is not involved with treating the inmate.

(5) A copy of the written decision within 72 hours after the hearing which shall include the reason for the decision and the evidence relied upon in making the decision.

(b) Inmates and parolees who require emergency psychiatric hospitalization shall be entitled to a certification review hearing pursuant to Welfare and Institutions Code section 5256 at the Department of Mental Health hospital in lieu of the above hearing and waiver requirements.

(c) Inmates and parolees housed in Department of Mental Health hospitals remain under the jurisdiction of the department and shall not be permitted to leave the hospital grounds without the specific authorization of the director.

NOTE: Authority cited: Section 5058, Penal Code. Reference: Sections 5150 and 5250 through 5256, Welfare and Institutions Code; Sections 2684, 2974 and 5054, Penal Code; and Vitek v. Jones (1980) 445 U.S. 480, 100 S.CT. 1254.

Division 4. Department of the Youth Authority

Chapter 3. Institutions and Camps Services

Subchapter 3. Services to Wards

Article 1. Medical and Dental Services

§ 4730. Medical and Dental Treatment.

Medical and dental treatment shall be provided Youth Authority wards according to the following guidelines:

(a) Emergencies, acute illnesses, and traumatic conditions of recent origin shall be treated promptly.

(b) Emergent conditions shall be treated when such treatment is indicated for the welfare of the individual in order to preserve health, prevent permanent disability, or prevent permanent impairment of the health and welfare of the ward. In borderline cases, health care decisions shall be based upon the judgment of the physician or the dentist acting in accordance with the guidelines for the Utilization Review Committee.

(c) Ongoing medical treatment which is necessary for the maintenance of health, including the treatment of chronic conditions such as diabetes mellitus or epilepsy, shall be provided.

(d) Significant functional defects, which would include those incurred prior to Youth Authority commitment or while in a Youth Authority facility, may be corrected if:

(1) There is marked functional disability, or

(2) The delay in the correction of such a disability would result in further loss of function or health impairment.

(e) A ward requiring extensive or long–term medical, surgical, or psychiatric treatment shall, when possible, be considered for return to the committing county or home environment for such care.

(f) Correction of cosmetic defects shall not be provided except where there is marked clinical evidence and expectation that the ward's physical and psychological state may be greatly benefited by the correction of such cosmetic defect.

NOTE: Authority cited: Section 1712, Welfare and Institutions Code. Reference: Sections 1001, 1002, 1004, 1752, 1755.3 and 1755.5, Welfare and Institutions Code.

§ 4731. Treatment Centers.

NOTE: Authority cited: Sections 1001, 1002, 1004, 1711.3 and 1751, Welfare and Institutions Code. Reference: Sections 1002, 1711.3, 1752, 1755.3 and 1755.5, Welfare and Institutions Code.

§ 4732. Medical and Dental Examination.

(a) A ward shall receive a complete baseline health evaluation, including a dental examination, and the physician shall record in the ward's medical record the following:

(1) The ward's complete medical history.

(2) Medical findings.

(3) Treatment recommendations.

(b) (Reserved)

(c) A physical examination for a parole violator returned to a reception center and clinic:

(1) Shall consist of an interval history and physical examination when the previous medical record is available and when, in the judgment of the chief medical officer, the previous information is sufficient.

(2) Shall consist of a complete history, physical examination and laboratory tests when the medical record is not available.

(d) A ward scheduled for transfer to a camp shall be examined to determine fitness and shall receive priority for the necessary dental and/or medical treatment to prepare the ward for camp clearance. The ward may be held for completion of such treatment before being transferred to a camp.

(e) A ward returning to a facility after furlough or escape shall not be permitted to come in contact with other wards until he or she has been examined for infectious diseases and cleared by medical staff.

(f) A ward shall have a physical examination prior to being assigned to work as a food handler or in food service areas.

(g) A ward shall receive a physical examination, and the medical and dental staff shall review his or her medical and dental records upon notification of a projected date for release to parole. When a ward with a disability, illness, or condition requiring continuous medical treatment and medication is released to parole, the chief medical officer shall approve the provision of a 30 day supply of the required medication. For those wards prescribed psychotropic medications that could pose a serious health risk if taken in a suicide attempt, the chief medical officer shall approve the provision of a three (3) day supply of medication and a 15 day prescription. This section does not authorize the dispensing of Drug Enforcement Administration regulated medication or other drugs of high abuse potential unless withdrawal could create side effects.

NOTE: Authority cited: Section 1712, Welfare and Institutions Code. Reference: Sections 1001, 1002, 1004, 1752 and 1755.3, Welfare and Institutions Code.

§ 4733. Consent for Medical or Dental Treatment.

(a) Consent shall be obtained for all medical or dental treatment. Treatment and procedures which are complex, as identified by the physician or dentist, and psychotropic medication require informed consent. Informed consent is defined as consent which is obtained without duress or coercion and which clearly and explicitly manifests consent to the proposed medication, treatment or procedure in writing.

(b) A ward 18 years of age or older, or a ward who has emancipated minor status, who is competent to make an informed decision, may give his or her own consent for medical or dental treatment.

(c) A ward 18 years of age or older or a ward who has emancipated minor status, who is not competent to give informed consent, is a ward, who in the professional opinion of a physician or psychiatrist, is considered incompetent to refuse psychiatric treatment or psychotropic medication, or lacks the capacity to refuse medical or dental treatment, or medication. This includes a ward who lacks the ability to knowingly and intelligently act upon the medical information provided.

(d) For a ward under 18 years of age, who legally cannot give informed consent, medical or dental treatment shall be given as follows:

(1) Primary care treatment may be approved by the superintendent in the event that a parent or guardian cannot be located.

(2) Complex treatment, as identified by the physician or dentist, or psychotropic medication for wards under 18 require informed consent from a parent or guardian.

NOTE: Authority cited: Section 1712, Welfare and Institutions Code. Reference: Sections 1001, 1002, 1004, 1752 and 1755.3, Welfare and Institutions Code.

§ 4734. Refusal of Medical or Dental Treatment.

(a) A ward, or a parent or guardian if the ward is under 18 years of age, may refuse medical, surgical, mental and/or dental treatment, including the administration of medication; and if the treatment is accepted, may revoke that acceptance at any time in the future. However, necessary medical or dental treatment may be administered to a ward, either an adult or a minor, without consent, or in the absence of a parent or guardian's consent and against his or her will and in accordance with Section 4735. Involuntary psychotropic medication may be administered in accordance with Article 1.5, Section 4747.

(b) The Youth Authority physician or dentist shall explain the consequences of the refusal to the ward or a parent or guardian if the ward is under 18 and record the refusal in the medical record, including a statement of the possible consequences if the medical, surgical, mental and/or dental treatment is not administered.

NOTE: Authority cited: Section 1712, Welfare and Institutions Code. Reference: Sections 1001, 1002, 1004, 1752 and 1755.3, Welfare and Institutions Code.

§ 4735. Compulsory Medical or Dental Treatment.

(a) Authorization may be sought from a court to compel necessary medical and/or dental treatment for a ward 18 years of age or older or for a ward under 18, when a parent or guardian refuses to consent or is not available if:

(1) In the professional opinion of the treating physician, the treatment is immediately necessary for the prevention of death or severe physical disability to the ward in question, or

(2) In the opinion of the chief medical officer and the chief of the health care services division, there would be a resultant danger to the welfare and/or safety of the institution and/or staff or wards as a result of the refusal.

(b) Medical or dental treatment, as defined in subsection (a)(1) and (a)(2) may be initiated immediately and continued pending resolution by the court.

(c) Involuntary psychotropic medication may be administered in accordance with Article 1.5, Section 4747.

NOTE: Authority cited: Section 1712, Welfare and Institutions Code. Reference: Sections 1001, 1002, 1004, 1752 and 1755.3, Welfare and Institutions Code.

§ 4739. Off–Site Medical and Dental Treatment.

Off–site health care services may be provided when emergency or other necessary medical, surgical, mental, or dental treatment cannot be provided at a Youth Authority facility. The chief medical officer shall arrange to send the ward to a medical facility with which a contract has been negotiated for emergency and inpatient service, unless the Emergency Medical System makes the decision as to the receiving hospital.

NOTE: Authority cited: Section 1712, Welfare and Institutions Code. Reference: Sections 1001, 1002, 1004, 1752, 1755.3, 1755.5 and 1756, Welfare and Institutions Code.

Article 1.5. Mental Health

§ 4742. Availability of Mental Health Services.

(a) The Department shall provide wards, who have been diagnosed by a Youth Authority Global Assessment of Function (YA–GAF) as having a mental disorder, with available mental health treatment services.

(b) Mental health services shall be provided in a manner consistent with the community standards of mental health care.

(c) The goal shall be to achieve a standardized and integrated system of care designed to augment current treatment programs and to create a continuum of services as follows:

(1) Treatment in a Correctional Treatment Center (CTC), which provides licensed hospital inpatient acute and nonacute care.

(2) Treatment in an Intensive Treatment Program (ITP), which provides residential intensive treatment.

(3) Treatment in a Special Counseling Program (SCP) which provides residential specialized counseling services and therapy.

(4) Treatment while housed in a general population program, which provides therapy with a psychiatrist or psychologist.

NOTE: Authority cited: Section 1712, Welfare and Institutions Code. Reference: Sections 1001, 1002, 1004, 1752 and 1755.3, Welfare and Institutions Code.

§ 4743. Mental Health Records.

(a) The Unified Health Record is the official and chronological record of mental health treatment and shall be used to document that appropriate care has been delivered.

(b) The Unified Health Record shall be subject to the Information Practices Act of 1977 of the Civil Code, Sections 1798–1798.82 of Chapter 1 governing confidentiality and disclosure.

NOTE: Authority cited: Section 1712, Welfare and Institutions Code. Reference: Sections 1001, 1002, 1004, 1752 and 1755.3, Welfare and Institutions Code.

§ 4744. Suicide Prevention, Assessment, and Response.

(a) The superintendent of each facility shall establish a suicide prevention, assessment, and response policy that is consistent with the following elements:

(1) Identification and screening based on a file review and a face–to–face interview with each ward upon intake at each reception center and clinic, institution, or camp.

(2) Assessment and referral to include:

(A) Referral of any potentially suicidal ward to the appropriate mental health professional.

(B) Assessment of the ward's suicidal status at each progress case conference.

(C) Immediate referral to the appropriate mental health professional for any ward who appears to need intervention.

(3) Crisis management based on direct daily contact with wards and skills in observation and awareness of changes in mood or behavior.

(4) Immediate intervention after direct visual evidence of a suicide attempt, a suicide threat, or indications of suicidal ideation.

(5) Monitoring guidelines for actively suicidal wards to include:

(A) Constant sight supervision by staff on a one–on–one basis unless video monitoring is available.

(B) Personal and verbal contact at no more than 15 minute intervals with documentation of each 15 minute check.

(C) A determination by the appropriate mental health professional of the level of housing, supervision, and programming necessary to effectively manage the crisis. The decision to remove a ward from suicide watch is to be made only by a designated psychiatrist or psychologist.

(6) Training for all staff in the recognition of signs of suicidal ideation or intent and suicide prevention.

(A) Orientation for all volunteers and others working with wards in the recognition of suicidal ideation or intent.

(B) Annual training for mental health professionals designated as the primary caregiver for suicidal wards.

(7) Standardized reporting and collection of data regarding suicide threats, gestures, and attempts with review by a Suicide Prevention and Review Committee at each institution and a Branch Committee.

NOTE: Authority cited: Section 1712, Welfare and Institutions Code. Reference: Sections 1001, 1002, 1004, 1752 and 1755.3, Welfare and Institutions Code.

§ 4745. Youth Authority Global Assessment of Functioning (YA–GAF).

(a) The YA–GAF is the primary diagnostic assessment of mental disorder for Youth Authority wards and the basis for assignment to mental health treatment programs.

(b) The YA–GAF shall:

(1) Describe symptoms and behavior unique to adolescent and young adult wards in Youth Authority facilities.

(2) Identify wards who will receive the most benefit from the mental health treatment programs.

(3) Identify wards who are not appropriate for the mental health treatment programs and who require an alternative approach.

(4) Ensure a consistent screening for mental health treatment programs through the use of a standardized YA–GAF screening form, YA 8.216 (Revised 2/01).

(c) The YA–GAF screening shall consist of a face–to–face assessment of wards by a trained team of two mental health professionals, one of whom must be a clinical psychologist or psychiatrist.

(d) Oversight of the YA–GAF screening process shall be provided by a Utilization Review Panel at each facility, which shall review a random sample of at least two YA–GAF screenings every 30 days.

NOTE: Authority cited: Section 1712, Welfare and Institutions Code. Reference: Sections 1001, 1002, 1004, 1752 and 1755.3, Welfare and Institutions Code.

§ 4746. Psychotropic Medication.

(a) Psychotropic medication shall be ordered and administered

only after a psychiatrist, in consultation with the treatment team, has evaluated the ward, arrived at a differential diagnosis, and concluded that the ward would benefit from a psychotropic medication.

(b) The psychotropic medication shall be justified with a YA–GAF evaluation and a full and proper Diagnostics and Statistics Manual IV (DSM IV) diagnosis with linkage for a specific effect to the mental health diagnosis in Axis I or the behavioral diagnosis in Axis II

(c) All psychotropic medication shall be administered by directly observed therapy by nursing personnel and shall be properly recorded in the Unified Health Record.

(d) Informed consent shall be obtained for the administration of voluntary psychotropic medication in accordance with Article 1, Section 4733.

NOTE: Authority cited: Section 1712, Welfare and Institutions Code. Reference: Sections 1001, 1002, 1004, 1752 and 1755.3, Welfare and Institutions Code.

§ 4746.5. Voluntary Psychotropic Medication to Minors.

(a) Voluntary psychotropic medication may be administered to a minor committed to the Youth Authority only for treatment of signs and symptoms of a Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (2000) (DSM–IV–TR tm), diagnosis with linkage for a specific effect to the mental health diagnosis in Axis I or the behavioral diagnosis in Axis II.

(b) In order to administer psychotropic medication to minors committed to the Department informed consent shall be obtained in accordance with Article 1, Section 4733. If the Department is unable to locate a parent or legal guardian to receive informed consent, voluntary psychotropic medication may be administered under the following circumstances:

(1) When two physicians have reviewed the need and agree that it is medically appropriate, and

(2) When the minor agrees to the administration of psychotropic medication and an Application for Order for Psychotropic Medication–Juvenile (Judicial Council form JV 220 (New 1/1/01)) is filed with the juvenile court of commitment.

(c) If the medication is administered according to the above procedures and the court denies the Application for Order, the medication shall terminate. The termination of medication shall be done in keeping with medical standards.

NOTE: Authority cited: Section 1712, Welfare and Institutions Code. Reference: Sections 1001, 1002, 1004, 1752, 1753.3 and 1755.4, Welfare and Institutions Code.

§ 4747. Involuntary Psychotropic Medication.

(a) Involuntary psychotropic medication may be administered in an emergency. An emergency exists when:

(1) There is a marked change in the ward's condition that indicates that action is immediately necessary for the preservation of life or the prevention of bodily harm to self or others, and

(2) It is impracticable or impossible to obtain informed consent.

(b) The administration of psychotropic medication in an emergency shall be only that which is required to treat the emergency condition and shall be provided in ways which are the least restrictive to the personal liberty of the ward.

(c) The administration of psychotropic medication in an emergency may be continued for 72 hours on the order of the psychiatrist or physician.

(d) The chief medical officer at each facility shall ensure that a log is maintained in which each occasion of involuntary psychotropic medication is recorded for each ward.

(1) The log shall identify the ward by name and number, and shall include the name of the ordering physician, the reason for medication and the time and date of medication.

(2) The log shall be reviewed by the chief medical officer at least monthly and shall be made available for review by the chief of the health care services division upon request.

(e) The administration of involuntary psychotropic medication in excess of 72 hours for wards 18 years of age or older or emancipated minors shall be prohibited unless such wards are provided with the protections required in Keyhea v. Rushen, Solano County Superior Court No. 67432, Order Granting Plaintiffs Motion for Clarification and Modification of Injunction and Permanent Injunction, filed October 31, 1986.

(1) The administration of involuntary psychotropic medication in excess of ten days shall be prohibited unless such wards are provided with the protections required in Keyhea v. Rushen, supra.

(2) The administration of involuntary psychotropic medication in excess of 24 days shall be prohibited unless such wards are provided with the protections required in Keyhea v. Rushen, supra.

(A) The judicial hearing for the authorization for the involuntary administration of psychotropic medication provided for in part III of Keyhea v. Rushen, supra, shall be conducted by an administrative law judge.

(B) The judicial hearing may, at the direction of the director, be conducted at the facility where the ward is located.

(f) The administration of involuntary psychotropic medication in excess of the 72 hours for wards under the age of 18 who are not emancipated minors shall be in accordance with the following and shall occur only when a parent or guardian denies consent as defined in Article 1, Section 4733 or when a parent or guardian is not available:

(1) If consent is denied by a parent or guardian and the ward meets the criteria identified in Keyhea v. Rushen, supra, the procedures in subsection (c)(1) through (c)(4) shall be initiated.

(2) If consent is denied by a parent or guardian and the ward does not meet the criteria identified in Keyhea v. Rushen supra but has a diagnosed mental health condition that would benefit from psychotropic medication, medication shall not be administered. Psychotherapy shall be initiated and the progress and outcome recorded in the Unified Health Record.

(3) If the parent or guardian is not available and the ward meets the criteria identified in Keyhea v. Rushen, supra, the procedures in subsection (c)(1) through (c)(4) shall be initiated.

(4) If the parent or guardian is not available and the ward does not meet the criteria identified in Keyhea v. Rushen, supra, consultation from a community psychiatrist shall be obtained. Administration of psychotropic medication shall be based on the recommendation of the community psychiatrist.

NOTE: Authority cited: Section 1712, Welfare and Institutions Code. Reference: Sections 1001, 1002, 1004, 1752 and 1755.3, Welfare and Institutions Code; *Keyhea* v. *Rushen*, Solano County Superior Court No. 67432, Order Granting Plaintiffs' Motion for Clarification and Modification of Injunction and Permanent Injunction, filed October 31, 1986.

TITLE 16. PROFESSIONAL AND VOCATIONAL REGULATIONS

Division 13.1. Board of Psychology

Article 1. General Provisions

§ 1380. Citation and Authority.

This chapter may be cited and referred to as the "Psychology Regulations."

NOTE: Authority and reference cited: Section 2930, Business and Professions Code.

§ 1380.1. Location of Principal Office.

The principal office of the Board of Psychology is located at 1422 Howe Avenue, Suite 22, Sacramento, California 95825–3200.

NOTE: Authority cited: Section 2930, Business and Professions Code. Reference: Section 2930, Business and Professions Code.

§ 1380.2. Tenses, Gender and Number.

NOTE: Authority cited: Section 2930, Business and Professions Code.

§ 1380.3. Definitions.

For the purpose of the regulations contained in this chapter, the term "board" means the Board of Psychology, and the term "code" means the Business and Professions Code.

NOTE: Authority and reference cited: Section 2930, Business and Professions Code.

§ 1380.4. Delegation of Functions.

Except for those powers reserved exclusively to the "agency itself " under the Administrative Procedure Act (section 11500 et seq. of the Government Code), the board delegates and confers upon the executive officer for the board, or in his or her absence, the chairperson of the board, or in his or her absence, the vice chairperson of the board, all functions necessary to the dispatch of business of the board in connection with investigative and administrative proceedings under the jurisdiction of the board.

NOTE: Authority cited: Section 2930, Business and Professions Code. Reference: Sections 2928 and 2965, Business and Professions Code; and Section 11500, Government Code.

§ 1380.5. Filing of Address.

Each person holding a license as a psychologist shall file with the board his proper and current mailing address, and shall report immediately to the board at its Sacramento office any and all changes of address, giving both his old and new address.

NOTE: Authority cited: Section 2930, Business and Professions Code. Reference: Section 2982, Business and Professions Code.

§ 1380.6. Display of License Number.

Pursuant to Section 137 of the code, every licensed psychologist shall include his or her number in any advertising, public directory or solicitation, regardless of whether such a presentment is made under the licensee's own name, a fictitious business or group name or a corporate name.

This requirement shall not apply to psychologists practicing in governmental organizations, nonprofit organizations which are engaged in research, education or services which services are defined by a board composed of community representatives and professionals.

NOTE: Authority cited: Sections 137 and 2930, Business and Professions Code. Reference: Section 137, Business and Professions Code.

§ 1380.7. Declaratory Decisions.

No decision or opinion issued by the Board of Psychology is a declaratory decision under Government Code Sections 11465.10–11456.70 unless the decision or opinion specifically states that it is a "Declaratory Decision".

NOTE: Authority cited: Section 2930, Business and Professions Code. Reference: Sections 11465.10–11465.70, Government Code.

§ 1380.10. Emergency Meetings and Additions to Meeting Agendas.

NOTE: Authority cited: Section 2930, Business and Professions Code.

Article 1.5. Psychological Assistants

Article 2. Applications

§ 1381. Applications

All applications shall be accompanied by such evidence, statements or documents as therein required. All applications shall be received in the board's Sacramento office at least 90 days prior to the date of the examination for which the application is made. All supporting documents required by the application shall be received in the board's Sacramento office at least 45 days prior to the date of the examination for which the application is made. Applications which do not meet the above–mentioned deadline shall not be considered for the examination for which the application is made, but will be considered for the following examination.

NOTE: Authority cited: Section 2930, Business and Professions Code. Reference: Sections 2940 and 2941, Business and Professions Code.

§ 1381.1. Abandonment of Applications.

An application shall be denied without prejudice when, in the discretion of the board, an applicant does not exercise due diligence in the completion of his or her application, in furnishing additional information or documents requested or in the payment of any required fees.

NOTE: Authority cited: Section 2930, Business and Professions Code. Reference: Section 2940, Business and Professions Code.

§ 1381.2. Petition for Hearing.

An applicant for examination or licensure whose credentials indicate ineligibility shall be notified of the deficiency. The applicant may correct the deficiency indicated or in the alternative file a request for hearing before the appropriate committee.

NOTE: Authority cited: Section 2930, Business and Professions Code. Reference: Section 2940, Business and Professions Code.

§ 1381.3. Appearances Before the Committee.

§ 1381.4. Failure to Appear for Examination—Withdrawal of Application.

Any applicant approved to take or retake a board licensing examination who fails to appear for such examination in any twelve month period shall have his or her application withdrawn. An applicant who subsequently decides to take the examination shall be required to file a new application and pay the current application and examination fees.

NOTE: Authority cited: Section 2930, Business and Professions Code. Reference: Sections 2914, 2931, 2940, 2941, and 2942, Business and Professions Code.

§ 1381.5. Failure to Pay Initial License Fee.

An application shall be deemed to have been abandoned if an applicant fails to pay the initial license fee within three years after notification by the board. An applicant whose application has been deemed abandoned may again be eligible for licensure upon the filing of a new application and upon meeting the requirements set forth in section 1388.6(d) of these regulations.

NOTE: Authority cited: Section 2930, Business and Professions Code. Reference: Sections 2940 and 2983, Business and Professions Code.

§ 1381.6. Permit Processing Times.

"Permit" as defined by the Permit Reform Act of 1981 means any license, certificate, registration permit or any other form of authorization required by a state agency to engage in a particular activity or act. Processing times for the board's various programs are set forth below. The actual processing times apply to those applicants who have passed all appropriate examinations.

Program	*Maximum time for notifying the applicant, in writing, that the application is complete and accepted for filing, or that the application is deficient and what specific information is required*	*Maximum time after receipt of a complete application to issue or deny license*	*ACTUAL PROCESSING TIMES FOR ISSUANCE OF A LICENSE BASED ON PRIOR TWO YEARS*		
			Minimum	*Median*	*Maximum*
Psychological Assistants	60	60	31	69	202
Psychologists	60	180	102	403	1,832
Registered Psychologists	180	–0– (Retroactive approval to date of completion)	1	15	216

NOTE: Authority cited: Section 2930, Business and Professions Code. Reference: Section 15736, Government Code.

Article 3. Education and Experience

§ 1382. Human Sexuality Training.

Unless otherwise exempted, all persons applying for a license as a psychologist shall, in addition to all other requirements for licensure, have completed coursework or training in human sexuality which meets the requirements of this section. Such training shall:

(a) Be completed after January 1, 1970.

(b) Be obtained

(1) In an accredited or approved educational institution, as defined in section 2901 of the Code, including extension courses offered by such institutions, or

(2) In an educational institution approved by the Department of Education pursuant to section 94310 of the Education Code, or

(3) From a continuing education provider approved by a professional association, or

(4) In a course sponsored or offered by a professional association, or

(5) In a course sponsored, offered or approved by a local, county or state department of health or mental health or by health agencies of the Federal Government.

(c) Have a minimum length of ten (10) contact hours.

(d) Include the study of physiological–psychological and social–cultural variables associated with sexual identity, sexual behavior or sexual disorders.

All applicants shall provide the board with documentation of completion of the required human sexuality training.

It is the intent of the board that all persons licensed to practice psychology have minimal training in human sexuality. It is not intended that by complying with the requirements of this section only, a practitioner is fully trained in the subject of sex therapy.

NOTE: Authority cited: Section 2930, Business and Professions Code. Reference: Section 25, Business and Professions Code.

§ 1382.1. Human Sexuality Training Required for Licensees.

NOTE: Authority cited: Section 2930, Business and Professions Code. Reference: Section 25, Business and Professions Code.

§ 1382.2. Exemption from Human Sexuality Training Requirement.

NOTE: Authority cited: Section 2930, Business and Professions Code. Reference: Section 25, Business and Professions Code.

§ 1382.3. Training in Alcoholism/Chemical Dependency Detection and Treatment.

The requirements set forth in Section 2914 (e) of the code shall be satisfied by completion of a graduate level course which meets the following criteria:

(a) The course shall be devoted solely to the topic of alcoholism and chemical dependency detection and treatment and shall not be less than a semester or a quarter term in length.

(b) The course must be obtained at an educational institution, or in an extension course offered by an institution, which is either credited under Education Code Section 94310.1, or approved under Education Code Section 94310.2, by the State Department of Education.

(c) An original transcript indicating successful completion of the course shall be deemed sufficient evidence for purposes of satisfying this requirement.

(d) The course shall include training in each of the following subjects as they relate to alcoholism and chemical dependency:

(1) The definition of alcoholism and other chemical dependency, and the evaluation of the user.

(2) Current theories of, and research on, the etiology of substance abuse.

(3) Physiological and medical aspects and effects of alcoholism and other chemical dependency.

(4) Psychopharmacology and the interaction of various classes of drugs, including alcohol.

(5) Diagnosing and differentiating alcoholism and substance abuse in patients referred for other clinical symptoms, such as depression, anxiety, psychosis, and impotence.

(6) Populations at risk with regard to substance abuse.

(7) Cultural and ethnic considerations.

(8) Prenatal effects.

(9) Adolescent substance abuse.

(10) Implications for the geriatric population.

(11) Iatrogenic dependency.

(12) Major treatment approaches to alcoholism and chemical dependency, including research and application.

(13) The role of persons and systems which support or compound abuse.

(14) Family issues which include treatment approaches with families of alcoholics and/or substance abusers.

(15) The process of referring affected persons.

(16) Community resources offering assessment, treatment and follow-up for the abuser and family.

(17) Ethical and Legal issues for clinical practice.

(18) Prevention of substance abuse.

NOTE: Authority cited: Section 2930, Business and Professions Code. Reference: Section 2914(e), Business and Professions Code.

§ 1382.4. Child Abuse Assessment Training Requirements.

All persons applying for a license or renewal of a license as a psychologist shall in addition to all other requirements for licensure, have completed coursework or training in child abuse assessment and reporting and shall submit documentation thereof to the board. The coursework or training in child abuse assessment and reporting shall consist of not less than 7 instructional hours and shall include training in each of the subject areas described in section 28 of the Code. The coursework or training shall be:

(a) Obtained at an educational institution, or in an extension course offered by an institution which is accredited by the Western Association of Schools and Colleges, the Northwest Association of Secondary and Higher Schools, or an essentially equivalent accrediting agency as determined by the board or approved by the State Department of Education pursuant to section 94310.2 of the Education Code; or

(b) Obtained from a statewide professional association representing the professions of psychology, social work, or marriage, family and child counseling; or

(c) Obtained from or sponsored by a local county, state or federal governmental entity.

(d) Completed after January 1, 1983.

NOTE: Authority cited: Sections 28 and 2930, Business and Professions Code. Reference: Section 28, Business and Professions Code.

§ 1382.5. Spousal or Partner Abuse Assessment, Detection, and Intervention Training Requirements.

All persons applying for a license as a psychologist who began their graduate training on or after January 1, 1995 shall, in addition to all other requirements for licensure, have completed coursework in spousal or partner abuse assessment, detection, and intervention, and shall submit documentation thereof to the board. This is a one–time requirement. The coursework in spousal or partner abuse assessment, detection, and intervention shall consist of not less than a combined total of two (2) classroom hours focused on this topic.

The coursework shall be:

(a) taken in fulfillment of other educational requirements in the applicant's graduate and/or doctoral training, or

(b) taken in a separate course approved by the board's recognized continuing education accrediting agency, or

(c) taken in a separate course provided by a sponsor approved by the American Psychological Association.

(d) completed after January 1, 1995.

NOTE: Authority cited: Sections 2914(f) and 2930, Business and Professions Code. Reference: Section 2914(f), Business and Professions Code.

§ 1383. Comparable Programs.

NOTE: Authority cited: Section 2930, Business and Professions Code. Reference: Section 2914, Business and Professions Code.

§ 1383.1. Criteria for Approval of Comparable Programs.

NOTE: Authority cited: Section 2930, Business and Professions Code. Reference: Section 2914, Business and Professions Code.

§ 1383.2. W.A.S.C. Accreditation.

§ 1384. Criteria for Evaluation of Equivalent Education.

NOTE: Authority cited: Section 2930, Business and Professions Code.

§ 1384.5. Effect of Revised Criteria for Evaluation of Equivalent Education.

NOTE: Authority cited: Section 2930, Business and Professions Code. Reference: Section 2914, Business and Professions Code.

§ 1384.6. Revised Criteria for Evaluation of Education.

NOTE: Authority cited: Section 2930, Business and Professions Code. Reference: Section 2914, Business and Professions Code.

§ 1384.7. Original Research Dissertation Requirement Defined.

NOTE: Authority cited: Section 2930, Business and Professions Code. Reference: Section 2914, Business and Professions Code.

§ 1385. Foreign Graduates.

NOTE: Authority cited: Section 2930, Business and Professions Code. Reference: Sections 2914 and 2940, Business and Professions Code.

§ 1386. Revised Criteria for Evaluation of Education.

(a) Only those doctorate degrees which are designated as being earned in a department or school of psychology, educational psychology or education with the field of specialization in counseling psychology or educational psychology shall be accepted as an earned doctorate degree as specified in section 2914, subdivisions (b)(1) through (3), of the code. If it is not evident on the official transcript, the board may require that any doctorate degree earned in education with the field of specialization in counseling psychology or educational psychology be certified by the registrar as such a degree.

NOTE: Authority cited: Section 2930, Business and Professions Code. Reference: Section 2914, Business and Professions Code.

§ 1386.5. Effect of Revised Criteria for Evaluation of Experience.

NOTE: Authority cited: Section 2930, Business and Professions Code.

§ 1387. Supervised Professional Experience.

This section becomes operative effective January 1, 2001.

Any supervised professional experience (SPE) accrued on or after January 1, 2001, must comply with the following criteria:

SPE is defined as an organized program that consists of a planned, structured and administered sequence of professionally supervised comprehensive training experiences. SPE shall have a logical training sequence that builds upon the skills and competencies of trainees to prepare them for the independent practice of psychology.

SPE shall include socialization into the profession of psychology and shall be augmented by integrated modalities including mentoring, didactic exposure, role–modeling, enactment, observational/vicarious learning, and consultative guidance.

SPE shall include activities which address the application of psychological concepts and current and evolving scientific knowledge, principles, and theories to the professional delivery of psychological services to the consumer public.

The term "formal internship" as used in these regulations means a placement which is accredited by the American Psychological Association (APA) or which is a member of or meets the membership requirements of the Association of Psychology Postdoctoral and Internship Centers (APPIC) or which is a member of or meets the membership requirements of the California Psychology Internship Council (CAPIC).

(a) Pursuant to section 2914(c) of the code, two years of qualifying SPE shall be completed and documented prior to licensure. One year of SPE shall be defined as 1500 hours. At least one year of SPE shall be completed postdoctorally. Each year of SPE shall be completed within a thirty (30) consecutive month period. If both years of SPE (3000 hours) are completed postdoctorally, they shall be completed within a sixty (60) month period.

(1) Predoctoral SPE: Up to 1500 hours of SPE may be accrued predoctorally but only after completion of 48 semester/trimester or 72 quarter units of graduate coursework in psychology not including thesis, internship or dissertation. Predoctoral SPE may be accrued only as follows:

(A) In a formal internship placement pursuant to section 2911 of the code; or

(B) As an employee of an exempt setting pursuant to section 2910 of the code; or

(C) As a psychological assistant pursuant to section 2913 of the code.

(2) Postdoctoral SPE: At least 1500 hours of SPE shall be accrued postdoctorally. "Postdoctorally" means after the date certified as "meeting all the requirements for the doctoral degree" by the Registrar or Dean of the educational institution, or by the Director of Training of the doctoral program. Postdoctoral SPE may be accrued only as follows:

(A) As a registered psychologist pursuant to section 2909(d) of the code; or

(B) As an employee of an exempt setting pursuant to section 2910 of the code; or

(C) As a psychological assistant pursuant to section 2913 of the code.

(b) Supervision Requirements:

(1) Primary supervisors shall meet the requirements set forth in section 1387.1.

(2) Delegated supervisors shall meet the requirements set forth in section 1387.2.

(3) Supervisees shall have no proprietary interest in the business of the primary or delegated supervisor(s) and shall not serve in any capacity which would hold influence over the primary or delegated supervisor(s)' judgment in providing supervision.

(4) Supervisees shall be provided with supervision for 10% of the total time worked each week. At least one hour per week shall be face–to–face, direct, individual supervision with the primary supervisor.

(5) A maximum of forty four (44) hours per week will be credited toward meeting the SPE requirement. This shall include the required 10% supervision.

(6) The primary supervisor shall be employed in the same work setting at least half the time as the supervisee and be available to the supervisee 100% of the time the supervisee is accruing SPE. This availability may be in–person, by telephone, by pager or other appropriate technology. This subparagraph does not apply to psychological assistants, who are governed by subsection (d) of this section.

(7) SPE shall not be obtained from supervisors who have received payment, monetary or otherwise, from the supervisee for the purpose of providing such supervision.

(8) SPE gained while the supervisee is functioning in any other professional capacity under another license or credential, shall not be credited toward meeting the requirements for the psychologist's license.

(9) SPE shall be verified in writing by the primary supervisor under penalty of perjury. When verifying hours of SPE, both primary and delegated supervisors shall make the qualification certification required in sections 1387.1(b) and section 1387.2(b). When verifying hours of SPE, the primary supervisor shall certify under penalty of perjury that all requirements of this section have been met. The supervisor's written verification of SPE shall be sent directly to the board by the primary supervisor.

(c) Delegated Supervision Requirements:

(1) Except as provided in 1387(d), which governs the supervision of psychological assistants, primary supervisors may delegate supervision to other qualified licensed psychologists or to other qualified mental health professionals including licensed marriage and family therapists, licensed educational psychologists, licensed clinical social workers and board certified psychiatrists.

(2) The primary supervisor remains responsible for providing the minimum one hour per week of direct, individual face–to–face supervision.

(3) The primary supervisor remains responsible for ensuring compliance with this section.

(d) Exceptions Governing Psychological Assistants:

(1) Psychological assistants shall be in compliance with the psychological assistant regulations commencing with section 1391 CCR and shall meet the following criteria:

(A) The supervisor shall be physically on site at least 50% of the time that the registered psychological assistant is working each week and shall be available at all other times the supervisee is accruing SPE by telephone, pager or other appropriate technology.

(B) The supervisor shall provide supervision each week for no less than 10% of the hours worked by the supervisee. This shall include at least one hour of direct, individual, face–to–face supervision.

(C) A maximum of 750 hours out of the 3000 required hours of SPE may be accrued as a psychological assistant registered under the supervision of a board certified psychiatrist. The remaining 2250 hours must be accrued under the primary supervision of a qualified psychologist.

(2) A registered psychological assistant employed by one of the organizations specified in section 2913 of the code may receive delegated supervision pursuant to section 1387(c) from a qualified psychologist or a board certified psychiatrist other than the supervisor to whom s/he is registered if the delegated supervisor is also employed within the same organization. Otherwise, supervision may not be delegated under a psychological assistant registration.

NOTE: Authority cited: Section 2930, Business and Professions Code. Reference: Section 2914, Business and Professions Code.

§ 1387.1. Qualifications and Responsibilities of Primary Supervisors.

All primary supervisors shall be licensed psychologists, except that board certified psychiatrists may be primary supervisors of their own registered psychological assistants.

(a) Primary supervisors shall possess and maintain a valid, active license free of any formal disciplinary action, and shall immediately notify the supervisee of any disciplinary action, including revocation, surrender, suspension, probation terms, or changes in licensure status including inactive license, delinquent license or any other license status change that affects the primary supervisor's ability or qualifications to supervise.

(b) This subsection will become inoperative on January 1, 2003.

Primary supervisors shall certify under penalty of perjury on the verification form referenced in section 1387(b)(12) that they are qualified to supervise psychology trainees pursuant to 1387.1(a) and that they have completed at least six hours of formal training in supervision. Such training shall include the processes, procedures and theories of supervision needed to prepare trainees for independent practice of psychology with safety to the public. Additionally, such training shall include laws and regulations relating to the practice of psychology. Training pursuant to this section may be obtained in one or more of the following ways:

(1) Supervision of supervision training during internship;

(2) Formal coursework in supervision of psychology trainees taken from an accredited educational institution.

(3) Workshops in supervision of psychology trainees;

(4) Supervision training received as part of grand rounds;

(5) Other experiences which provide direction and education in the principles of supervision of psychology trainees.

(c) Effective January 1, 2003, primary supervisors who are licensed by the board shall complete a minimum of six (6) hours of supervision coursework every two years.

(1) Primary supervisors who have completed a minimum of six (6) hours of supervision coursework between January 1, 2000, and December 31, 2002, may apply that training or coursework towards this requirement.

(2) Primary supervisors who have not previously met this requirement shall complete a minimum of six (6) hours of supervision coursework within sixty (60) days of commencement of supervision.

(3) Primary supervisors shall certify under penalty of perjury to completion of this coursework requirement each time the supervisor completes a verification form as referenced in section 1387(b)(9).

(d) Primary supervisors shall be in compliance at all times with the provisions of the Psychology Licensing Law, the licensing laws of the Board of Behavioral Sciences, the Medical Practice Act, and the regulations adopted pursuant to these laws.

(e) Primary supervisors shall be responsible for ensuring compliance at all times by the supervisee with the provisions of the Psychology Licensing Law, The licensing laws of the Board of Behavioral Sciences and the Medical Practice Act, and the regulations adopted pursuant to these laws.

(f) Primary supervisors shall be responsible for ensuring that all SPE including record keeping is conducted in compliance with the Ethical Principles and Code of Conduct of the American Psychological Association.

(g) Primary supervisors shall be responsible for monitoring the welfare of the supervisee's clients.

(h) Primary supervisors shall be responsible for informing each client or patient in writing prior to the rendering of services by the supervisee that the supervisee is unlicensed and is functioning under the direction and supervision of the supervisor and that any fees paid for the services of the supervisee must be paid directly to the primary supervisor or employer.

(i) Primary supervisors shall be responsible for monitoring the clinical performance and professional development of the supervisee.

(j) Primary supervisors shall ensure that they have the education, training, and experience in the area(s) of psychological practice they will supervise.

(k) The primary supervisor shall ensure that the supervisee has education and training in the area(s) of psychological practice to be supervised.

(l) Primary supervisors shall have no familial, intimate or other relationship with the supervisee which would compromise the supervisor's effectiveness, and/or which would violate the Ethical Principles and Code of Conduct of the American Psychological Association.

(m) Primary supervisors shall not supervise a supervisee who is now or has ever been a psychotherapy client of the supervisor.

(n) Primary supervisors shall not exploit or engage in sexual relationships, or any other sexual contact with supervisees.

(o) Primary supervisors shall provide a copy of the pamphlet Professional Therapy Never Includes Sex to each supervisee.

(p) Primary supervisors shall monitor the supervision performance of all delegated supervisors.

NOTE: Authority cited: Section 2930, Business and Professions Code. Reference: Section 2914, Business and Professions Code.

§ 1387.2. Qualifications and Responsibilities of Delegated Supervisors.

This section becomes operative effective January 1, 2001.

Delegated supervisors shall be Licensed Psychologists or those other licensed mental health professionals listed in section 1387(c).

(a) Delegated supervisors shall have and shall maintain a valid, active license free of any formal disciplinary action, shall immediately notify the supervisee and the primary supervisor of any disciplinary action, including revocation, surrender, suspension, probation terms, or changes in licensure status including inactive license, or any other license status change that affects the supervisor's ability or qualifications to supervise.

(b) Delegated supervisors shall certify under penalty of perjury on the verification form referenced in section 1387(b)(12) that they are qualified to supervise psychology trainees pursuant to section 1387.1(a) and that they have completed six hours of formal training in supervision. Such training shall include the processes, procedures and theories of supervision needed to prepare trainees for independent practice of psychology with safety to the public. Additionally, such training shall include laws and regulations relating to the practice of psychology. Training pursuant to this section may be obtained in one or more of the following ways:

(1) Supervision of supervision training during internship;

(2) Formal coursework in supervision of psychology trainees taken from an accredited educational institution;

(3) Workshops in supervision of psychological trainees;

(4) Supervision training received as part of grand rounds;

(5) Other experiences which provide direction and education in the principles of supervision of psychology trainees.

(c) Delegated supervisors shall be in compliance at all times with the provisions of the Psychology Licensing Law, the licensing laws of the Board of Behavioral Sciences and the Medical Practice Act and the regulations adopted pursuant to these laws.

(d) Delegated supervisors shall be responsible for ensuring compliance by the supervisee with the provisions of the Psychology Licensing Law, the licensing laws of the Board of Behavioral Sciences and the Medical Practice Act, and the regulations adopted pursuant to these laws.

(e) Delegated supervisors shall be responsible for ensuring that all SPE and record keeping performed under the supervision delegated to them is conducted in compliance with the Ethical Principles and Code of Conduct of the American Psychological Association.

(f) Delegated supervisors shall be responsible for monitoring the welfare of the supervisee's clients while under their delegated supervision.

(g) Delegated supervisors shall be responsible for monitoring the clinical performance and professional development of the supervisee and for reporting this performance and development to the primary supervisor.

(h) Delegated supervisors shall ensure that they have the education, training, and experience in the area(s) of psychological practice to be supervised.

(i) Delegated supervisors shall have no familial, intimate or other relationship with the supervisee which would compromise the supervisor's effectiveness and/or which would violate the Ethical Principles and Code of Conduct of the American Psychological Association.

(j) Delegated supervisors shall not supervise a supervisee who is now or has ever been a psychotherapy client of the supervisor.

(k) Delegated supervisors shall not exploit or engage in sexual relationships, or any other sexual contact with supervisees.

NOTE: Authority cited: Section 2930, Business and Professions Code. Reference: Section 2914, Business and Professions Code.

§ 1387.3. SPE for Trainees Preparing for Practice in Non–Mental Health Delivery Services.

This section becomes operative effective January 1, 2001.

(a) Due to lack of training sites and qualified supervisors, typically in the area of applied psychological research, industrial–organizational psychology, and social–experimental psychology, but not including those involving direct mental health delivery services, a plan for supervised experience may be submitted by the supervisee to the Board for approval on a case–by–case basis as provided for in section 2914(c) of the code.

(b) For training approved pursuant to this section, the supervisee may be supervised by an appropriate unlicensed individual only if the supervisee has obtained an agreement within the provisions of this section with a licensee who meets the qualifications set forth in section 1387.1, and who is educated and experienced in the supervisee's area of education and training, to serve as co–supervisor. The qualifications and responsibilities of both the supervisor and co–supervisor shall be stated in the letter of agreement for supervision submitted by the supervisee to the board for approval.

NOTE: Authority cited: Section 2930, Business and Professions Code. Reference: Section 2914, Business and Professions Code.

§ 1387.4. Out of State Experience.

This section becomes operative effective January 1, 2001.

(a) SPE accrued in another state, U.S. Territory, or Canadian Province shall meet all of the supervision requirements set forth in

sections 1387, 1387.1, 1387.2, 1387.3 (if applicable) and 1387.5 of these regulations. Notwithstanding the requirements of these sections, all out of state SPE must be supervised by a psychologist licensed at the doctoral level in the state, territory or province in which the SPE is taking place or, for no more than 750 hours, by a board certified psychiatrist who is licensed as a physician and surgeon in the state, territory or province in which the SPE is taking place.

(b) SPE can be accrued in countries outside the U.S. or Canada which regulate the profession of psychology pursuant to the same requirements as set forth in section 2914 of the code. SPE accrued in countries outside the U.S., its Territories or Canada must comply with all the supervision requirements of section 1387. The burden shall be upon the applicant to provide the necessary documentation and translation that the board may require to verify the qualification of the SPE.

NOTE: Authority cited: Section 2930, Business and Professions Code. Reference: Section 2914, Business and Professions Code.

§ 1387.5. SPE Log.

This section becomes operative effective January 1, 2001.

(a) The supervisee shall maintain a written weekly log of all hours of SPE earned toward licensure. The log shall contain a weekly accounting of the following information and shall be made available to the board upon request:

(1) The specific work setting in which the SPE took place.

(2) The specific dates for which the log is being completed.

(3) The number of hours worked during the week.

(4) The number of hours of supervision received during the week.

(5) An indication of whether the supervision was direct, individual, face–to–face, group, or other (specifically listing each activity).

(b) This log must also contain the following information:

(1) The supervisee's legibly printed name, signature and date signed.

(2) The primary supervisor's legibly printed name, signature, license type and number, and date signed.

(3) Any delegated supervisors' legibly printed name, license type and number, and date signed.

(4) A description of the psychological duties performed during the period of supervised professional experience.

(5) A statement signed by the primary supervisor attesting to the accuracy of the information.

(c) When SPE is accrued as part of a formal internship, the internship training director shall be authorized to provide all information required in section 1387.5(b).

NOTE: Authority cited: Section 2930, Business and Professions Code. Reference: Section 2914, Business and Professions Code.

§ 1387.6. Training in Alcoholism/Chemical Dependency Detection and Treatment.

NOTE: Authority cited: Section 2930, Business and Professions Code. Reference: Section 2914(e), Business and Professions Code.

§ 1387.7. Child Abuse Assessment Training Requirements.

NOTE: Authority cited: Sections 28 and 2930, Business and Professions Code. Reference: Section 28, Business and Professions Code.

§ 1387.8. Spousal or Partner Abuse Assessment, Detection, and Intervention Training Requirements.

NOTE: Authority cited: Sections 2914(f) and 2930, Business and Professions Code. Reference: Section 2914(f), Business and Professions Code.

Article 4. Examination

§ 1388. Examinations.

(a) The board recognizes the expertise of the Department of Consumer Affairs' (DCA) Office of Examination Resources (OER). The board shall utilize the services of the OER in licensing examination development and validation through an interagency agreement.

(b) An applicant shall successfully complete the licensing examination prior to being licensed. The licensing examination shall consist of the Association of State and Provincial Psychology Boards' (ASPPB) Examination for Professional Practice in Psychology (EPPP) and the California Jurisprudence and Professional Ethics Examination (CJPEE), except that the EPPP shall be waived for those applicants who meet the criteria in section 1388.6 of this chapter.

(c) An applicant is eligible to take the EPPP upon completion of a qualifying doctorate degree and 1500 hours of qualifying professional experience. An applicant shall pass the EPPP and complete all 3000 hours of supervised professional experience prior to being eligible for the CJPEE.

(d) Upon application, the board will notify applicants of their eligibility to take the EPPP. Applicants are responsible for completing any administrative requirements for taking the EPPP established by ASPPB or its agent, including paying any fees. This subsection applies to those re–taking the EPPP as well as to those taking it for the first time.

(e) For forms of the EPPP taken prior to September 1, 2001, the passing score is the score that was recognized by the board at that time. For computer administered forms of the EPPP, the board shall apply a scaled score of 500 as recommended by ASPPB.

(f) Qualified applicants desiring to take the CJPEE shall submit to the board the fee set forth in section 1392 of this chapter. Applicants shall comply with all instructions established by the DCA examination vendor for taking the CJPEE.

(g) An individual receiving at least a passing score on the CJPEE shall have successfully completed the CJPEE. The passing score on the CJPEE shall be determined for each form of the examination by a criterion referenced procedure performed by OER.

NOTE: Authority cited: Sections 2930 and 2942, Business and Professions Code. Reference: Sections 123, 496, 2941, 2942, 2943 and 2960, Business and Professions Code.

§ 1388.5. Oral Examinations.

NOTE: Authority cited: Section 2930, Business and Professions Code. Reference: Sections 2931, 2941, 2942 and 2945, Business and Professions Code; and Section 12944, Government Code.

§ 1388.6. License Requirements and Waiver of Examination.

(a) When a California–licensed psychologist has been licensed for at least five years and has allowed his/her license to expire by not renewing the license for at least three years, the psychologist shall not be required to take the EPPP.

(b) If an applicant for licensure as a psychologist has been licensed in another state, Canadian province, or U.S. territory, for at least five years the applicant shall not be required to take the EPPP.

(c) An applicant for licensure as a psychologist who holds a Certificate of Professional Qualification (CPQ) issued by the Association of State and Provincial Psychology Boards (ASPPB), shall not be required to take the EPPP. Such an applicant shall be deemed to have met the educational and experience requirements of subdivisions (b) and (c) of Code section 2914.

(d) An applicant for licensure as a psychologist who is credentialed as a Health Service Provider in Psychology by the National Register of Health Service Providers in Psychology (NRHSPP) and has been licensed based on a doctoral degree in another state, Canadian province, or U.S. territory for a minimum of five years shall not be required to take the EPPP. Such an applicant shall be deemed to have met the educational and experience requirements of subdivisions (b) and (c) of Code section 2914.

(e) An applicant for licensure as a psychologist who has abandoned his or her application pursuant to section 1381.5 of these regulations and thereby must reapply for a license, shall not be required to take the EPPP.

(f) Although the EPPP is waived under this section, an applicant must file a complete application and meet all current licensing requirements not addressed above, including payment of any fees, take and pass the California Jurisprudence and Professional Ethics Examination (CJPEE), and not been subject to discipline.

NOTE: Authority cited: Sections 2930 and 2946, Business and Professions Code. Reference: Section 2946, Business and Professions Code.

§ 1389. Reconsideration of Examinations.

(a) There shall be no reconsideration of the grade received on the EPPP or on the CJPEE.

(b) Nothing in this section shall be construed to deprive an applicant of his or her rights of appeal as afforded by other provisions of law.

NOTE: Authority cited: Section 2930, Business and Professions Code. Reference: Sections 2942 and 2944, Business and Professions Code.

§ 1390. Inspection of Examinations.

(a) All examination materials, except those owned by an examination service, shall be retained by the board at the board's office in Sacramento for a period of two (2) years after the date of the examination.

(b) No inspection is allowed of the written examination administered by the board.

NOTE: Authority cited: Section 2930, Business and Professions Code. Reference: Sections 2942 and 2944, Business and Professions Code; and Section 12944, Government Code.

Article 5. Psychological Assistants

§ 1391. Citation.

This article may be cited and referred to as the "Psychological Assistant Regulations."

NOTE: Authority cited: Section 2930, Business and Professions Code. Reference: Section 2913, Business and Professions Code.

§ 1391.1. Registration.

Any person desiring to supervise a psychological assistant shall submit an application on a form provided by the board.

NOTE: Authority cited: Section 2930, Business and Professions Code. Reference: Section 2913, Business and Professions Code.

§ 1391.2. Withdrawal of Applications.

Applications for registration which have not been completed within ninety (90) days after additional information has been requested shall be deemed to be withdrawn.

§ 1391.3. Required Training.

Any person who possesses an earned doctorate degree which will qualify for licensure as a psychologist pursuant to Section 2914 of the code and the rules adopted pursuant thereto, shall be deemed to have completed "one fully matriculated year of graduate training in psychology" and will be eligible for registration as a psychological assistant upon compliance with other provisions of Section 2913 of the code.

NOTE: Authority cited: Section 2930, Business and Professions Code. Reference: Section 2913, Business and Professions Code.

§ 1391.4. Limited Psychological Functions.

As used in Section 2913 of the code, the phrase "limited psychological functions" means those functions which are consistent with the education and training of the psychological assistant and the education, training and experience of the supervisor.

§ 1391.5. Statement of Purpose; Supervision Required.

(a) A psychological assistant shall be under the direction and supervision of a licensed psychologist or board–certified psychiatrist who is rendering professional services in the same work setting at the same time as the psychological assistant is rendering professional services at least fifty percent (50%) of the time professional services are being rendered by the psychological assistant. A licensed psychologist who is supervising a psychological assistant on January 1, 1989, may renew the registration to continue that supervision. On or after January 1, 1989, a licensed psychologist may not apply to supervise any psychological assistant he or she has not previously supervised unless the licensed psychologiust has three (3) years post-licensure professional practice.

(b) The supervisor shall provide a minimum of one (1) hour per week of individual supervision to the psychological assistant, unless more such supervision is required under Section 1391.7 or by the nature of the limited psychological functions performed by the psychological assistant.

NOTE: Authority cited: Section 2930, Business and Professions Code. Reference: Section 2913, Business and Professions Code.

§ 1391.6. Supervisor's Responsibility.

(a) Every supervisor of a psychological assistant shall be responsible for the limited psychological functions performed by the psychological assistant and ensuring that the extent, kind and quality of the limited psychological functions performed by the assistant are consistent with his or her training and experience, and that the assistant complies with the provisions of the code and the board's regulations.

(b) The supervisor shall inform each client or patient in writing prior to the rendering of services by the psychological assistant that the assistant is unlicensed and is under the direction and supervision of the supervisor as an employee.

NOTE: Authority cited: Section 2930, Business and Professions Code. Reference: Section 2913, Business and Professions Code.

§ 1391.7. Supervised Professional Experience.

In order to qualify as "supervised professional experience" pursuant to Section 2914(c) of the code, experience gained as a psychological assistant must comply with Section 1387.

NOTE: Authority cited: Section 2930, Business and Professions Code. Reference: Section 2913, Business and Professions Code.

§ 1391.8. Employer–Employee Business Relationship.

(a) No supervisor or employer of a psychological assistant may charge a fee or otherwise require monetary payment in consideration for the employment or supervision of a psychological assistant.

(b) The psychological assistant shall have no proprietary interest in the business of the supervisor or the employer.

(c) The psychological assistant shall not rent, lease, sublease, or lease–purchase office space from the supervisor or the employer.

NOTE: Authority cited: Section 2930, Business and Professions Code. Reference: Section 2913, Business and Professions Code.

§ 1391.9. Continuing Education.

NOTE: Authority cited: Section 2930, Business and Professions Code.

§ 1391.10. Annual Reports.

On or before January 31, of each year, every supervisor of a psychological assistant shall submit to the board on a form provided by the board a report for the preceding calendar year showing:

(a) The nature of the limited psychological functions performed by the psychological assistant being supervised;

(b) Evidence of employment which shall include at least one of the following: the employment contract with the psychological assistant, a letter of agreement, or other forms evidencing the employer–employee relationship which may include evidence of workers' compensation payments, social security contributions, or payroll records.

(c) The locations at which the psychological assistant provided the limited psychological functions and the type, extent and amount of supervision.

(d) A certification that the limited psychological functions performed by the psychological assistant are within the scope of the psychological assistant's education and training.

NOTE: Authority cited: Section 2930, Business and Professions Code. Reference: Section 2913, Business and Professions Code.

§ 1391.11. Notification of Termination.

Within thirty (30) days after the termination of the employment of a psychological assistant, the employer shall notify the board in writing of such termination, setting forth the date thereof.

NOTE: Authority cited: Section 2930, Business and Professions Code. Reference: Section 2913, Business and Professions Code.

§ 1391.12. Psychological Assistant Renewals.

(a) The registration of a psychological assistant shall be renewed by the employer no later than January 31 of each year.

(b) Those registrations renewed 30 days after the deadline must be accompanied by the delinquency fee required in section 1392.1.

(c) A psychological assistant who has been registered with the board but whose registration has not been renewed by the employer shall not function as a psychological assistant.

(d) A psychological assistant employed and registered by more than one employer shall have his or her registration renewed by each employer.

(e) Those registrations not renewed within 60 days after the renewal date shall become void and a new application for registration shall be submitted by the employer.

NOTE: Authority cited: Section 2930, Business and Professions Code. Reference: Section 2913, Business and Professions Code.

§ 1391.13. Effect of Violation, Psychological Assistant.

NOTE: Authority cited: Section 2930, Business and Professions Code.

§ 1391.14. Effect of Violation, Employer.

NOTE: Authority cited: Section 2930, Business and Professions Code.

Article 5.5. Psychological Corporations

NOTE: Authority cited: Sections 2119 and 2151.9, Business and Professions Code.

Article 6. Fees

§ 1392. Psychologist Fees.

(a) The application fee for a psychologist is $40.00.

(b) The fee for the California Jurisprudence and Professional Ethics Examination is $129.00.

(c) An applicant taking or repeating either licensing examination shall pay the full fee for that examination.

(d) The initial license fee and the biennial renewal fee for a psychologist are $400.00. except that if an initial license will expire less than one year after its issuance, then the initial license fee is an amount equal to 50 percent of the renewal fee in effect on the last regular renewal date before the date on which the license is issued.

(e) The biennial renewal fee for an inactive license is $40.00.

NOTE: Authority cited: Sections 2930, 2987 and 2989, Business and Professions Code. Reference: Sections 2987, 2988 and 2989, Business and Professions Code.

§ 1392.1. Psychological Assistant Fees.

(a) The application fee for registration of a psychological assistant which is payable by the supervisor is $40.00.

(b) The annual renewal fee for registration of a psychological assistant is $40.00.

(c) The delinquency fee for a psychological assistant is $20.00.

NOTE: Authority cited: Section 2930, Business and Professions Code. Reference: Sections 2688 and 2689, Business and Professions Code.

§ 1392.2. Professional Corporation Fees.

NOTE: Authority cited: Section 2930, Business and Professions Code.

Article 7. Restoration of Suspended or Revoked Licenses

§ 1393. Requirements for Psychologists on Probation.

Each psychologist who has been placed on probation by the board shall be subject to the board's probation program and shall be required to fully cooperate with the assigned probation monitor.

NOTE: Authority cited: Section 2930, Business and Professions Code. Reference: Sections 2960 and 2961, Business and Professions Code.

§ 1394. Substantial Relationship Criteria.

For the purposes of denial, suspension, or revocation of a license or registration pursuant to Division 1.5 (commencing with Section 475) of the code, a crime or act shall be considered to be substantially related to the qualifications, functions or duties of a person holding a license or registration under the Psychology Licensing Law (Chapter 6.6 of Division 2 of the Code), if to a substantial degree it evidences present or potential unfitness of a person holding a license or registration to perform the functions authorized by his or her license or registration or in a manner consistent with the public health, safety, or welfare. Such crimes or acts shall include but not be limited to those involving the following:

(a) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of or conspiring to violate any provision or term of that law.

(b) Conviction of a crime involving fiscal dishonesty.

NOTE: Authority cited: Sections 481 and 2930, Business and Professions Code. Reference: Sections 481, 490, 2960 and 2963, Business and Professions Code.

§ 1395. Rehabilitation Criteria for Denials and Reinstatements.

When considering the denial of a license or registration under section 480 of the code, or a petition for reinstatement under section 11522 of the Government Code, the board in evaluating the rehabilitation of the applicant and his or her present eligibility for a license or registration, will consider the following criteria:

(1) The nature and severity of the act(s) or crime(s) under consideration as grounds for denial.

(2) Evidence of any act(s) committed subsequent to the act(s) or crime(s) under consideration as grounds for denial which also could be considered as grounds for denial under section 480 of the Code.

(3) The time that has elapsed since commission of the act(s) or crime(s) referred to in subdivision (1) or (2).

(4) The extent to which the applicant has complied with any terms of parole, probation, restitution, or any other sanctions lawfully imposed against the applicant.

(5) Evidence, if any, of rehabilitation submitted by the applicant.

NOTE: Authority cited: Sections 482 and 2930, Business and Professions Code. Reference: Sections 480, 482, 2960, 2962 and 2963, Business and Professions Code.

§ 1395.1. Rehabilitation Criteria for Suspensions or Revocations.

When considering the suspension or revocation of a license or registration on the ground that a person holding a license or registration under the Psychology Licensing Law (chapter 6.6 of division 2 of the code) has been convicted of a crime the board in evaluating the rehabilitation of such person and his or her eligibility for a license or registration will consider the following criteria:

(1) Nature and severity of the act(s) or offense(s).

(2) Total criminal record.

(3) The time that has elapsed since commission of the act(s) or offense(s).

(4) Whether the licensee or registration holder has complied with any terms of parole, probation, restitution or any other sanctions lawfully imposed against such person.

(5) If applicable, evidence of expungement proceedings pursuant to section 1203.4 of the Penal Code.

(6) Evidence, if any, of rehabilitation submitted by the licensee or registration holder.

NOTE: Authority cited: Sections 482 and 2930, Business and Professions Code. Reference: Sections 482, 2960 and 2963, Business and Professions Code.

Article 8. Rules of Professional Conduct

§ 1396. Competence.

A psychologist shall not function outside his or her particular field or fields of competence as established by his or her education, training and experience.

NOTE: Authority cited: Sections 2930 and 2936, Business and Professions Code. Reference: Section 2936, Business and Professions Code.

§ 1396.1. Interpersonal Relations.

It is recognized that a psychologist's effectiveness depends upon his or her ability to maintain sound interpersonal relations, and that temporary or more enduring problems in a psychologist's own personality may interfere with this ability and distort his or her appraisals of others. A psychologist shall not knowingly undertake any activity in which temporary or more enduring personal problems in the psychologist's personality integration may result in inferior professional services or harm to a patient or client. If a psychologist is already engaged in such activity when becoming aware of such personal problems, he or she shall seek competent professional assistance to determine whether services to the patient or client should be continued or terminated.

NOTE: Authority cited: Sections 2930 and 2936, Business and Professions Code. Reference: Section 2936, Business and Professions Code.

§ 1396.2. Misrepresentation.

A psychologist shall not misrepresent nor permit the misrepresentation of his or her professional qualifications, affiliations, or purposes, or those of the institutions, organizations, products and/or services with which he or she is associated.

NOTE: Authority cited: Sections 2930 and 2936, Business and Professions Code. Reference: Section 2936, Business and Professions Code.

§ 1396.3. Test Security.

A psychologist shall not reproduce or describe in public or in publications subject to general public distribution any psychological tests or other assessment devices, the value of which depends in whole or in part on the naivete of the subject, in ways that might invalidate the techniques; and shall limit access to such tests or devices to persons with professional interests who will safeguard their use.

NOTE: Authority cited: Sections 2930 and 2936, Business and Professions Code. Reference: Section 2936, Business and Professions Code.

§ 1396.4. Professional Identification.

(a) When engaged in any professional psychological activity, whether for a fee or otherwise, a psychologist shall at all times and under all circumstances identify himself or herself as a psychologist.

(b) A psychological assistant shall at all times and under all circumstances identify himself or herself to patients or clients as a psychological assistant to his or her employer or responsible supervisor when engaged in any psychological activity in connection with that employment.

NOTE: Authority cited: Sections 2930 and 2936, Business and Professions Code. Reference: Sections 2913 and 2936, Business and Professions Code.

§ 1397. Advertising.

A licensed psychologist may advertise the provision of any services authorized to be provided by such license within the psychologist's field of competence in a manner authorized under Section 651 of the code, so long as such advertising does not promote the excessive or unnecessary use of such services.

NOTE: Authority cited: Sections 651, 2930 and 2936, Business and Professions Code. Reference: Sections 651, 2936 and 2960, Business and Professions Code.

§ 1397.1. Child Abuse Reporting Requirements.

Failure to comply with the reporting requirements contained in Penal Code Section 11166 shall constitute unprofessional conduct.

NOTE: Authority cited: Sections 2930 and 2936, Business and Professions Code. Reference: Sections 2936 and 2960 (i), Business and Professions Code.

§ 1397.2. Effect of Violation.

NOTE: Authority cited: Section 2936, Business and Professions Code. Reference: Sections 2913, 2936, and 2960, Business and Professions Code.

§ 1397.3. Competence.

§ 1397.4. Interpersonal Relations.

§ 1397.5. Misrepresentation.

§ 1397.6. Confidentiality.

§ 1397.7. Test Security.

§ 1397.8. Professional Identification.

§ 1397.9. Employment of Psychological Assistant.

NOTE: Authority cited: Section 2930, Business and Professions Code.

§ 1397.10. Unprofessional Conduct.

NOTE: Authority cited: Section 2930, Business and Professions Code.

§ 1397.11. Advertising.

NOTE: Authority cited: Sections 651, 2930 and 2936, Business and Professions Code. Reference: Sections 651, 651.3, 2936 and 2960, Business and Professions Code.

§ 1397.12. Disciplinary Guidelines.

In reaching a decision on a disciplinary action under the administrative adjudication provisions of the Administrative Procedure Act (Government Code Section 11400 et seq.), the Board of Psychology shall consider the disciplinary guidelines entitled "Disciplinary Guidelines," as amended 9/1/02" which are hereby incorporated by reference. Deviation from these guidelines and orders, including the standard terms of probation is appropriate where the Board of Psychology in its sole discretion determines that the facts of the particular case warrant such a deviation—for example: the presence of mitigating factors; the age of the case; evidentiary problems.

NOTE: Authority cited: Section 2930, Business and Professions Code. Reference: Sections 2960, 2960.05, 2960.1, 2960.5, 2960.6, 2961, 2962, 2963, 2964, 2964.3, 2964.5, 2964.6, 2965, 2966 and 2969, Business and Professions Code; and Section 11425.50(e), Government Code.

§ 1397.30. Citation.

These regulations may be cited and referred to as the "Psychology Corporation Regulations."

NOTE: Authority and reference cited: Sections 2930 and 2999, Business and Professions Code.

§ 1397.31. Professional Relationships and Responsibilities Not Affected.

NOTE: Authority cited: Section 2930, Business and Professions Code.

§ 1397.32. Office for Filing.

NOTE: Authority cited: Section 2930, Business and Professions Code.

§ 1397.33. Application.

NOTE: Section 2930, Business and Professions Code.

§ 1397.34. Approval and Issuance of Certificates.

NOTE: Section 2930, Business and Professions Code.

§ 1397.35. Requirements for Professional Corporations.

A professional corporation shall comply with the following provisions:

(a) The corporation is organized and exists pursuant to the general corporation law and is a professional corporation within the meaning of the Moscone–Knox Professional Corporation Act (Part 4, Division 3, Title 1 of the Corporations Code).

(b) Each shareholder, director and officer (except as provided in Section 13403 of the Corporations Code and Section 2997 of the code) holds a valid psychology license; provided that, a licensed physician, podiatrist, marriage, family, and child counselor, licensed clinical social worker, chiropractor, optometrist or registered nurse may be a shareholder, director or officer of a psychology corporation so long as such licensees own no more than 49% of the total shares issued by the

psychology corporation and the number of licensed physicians, podiatrists, marriage, family, and child counselors, licensed clinical social workers, chiropractors, optometrists or registered nurses owning shares in the psychology corporation does not exceed the number of psychologists owning shares in such a corporation. A psychologist may be a shareholder in more than one psychology corporation.

(c) Each professional employee of the applicant who will practice psychology, podiatry, medicine, marriage, family and child counseling, clinical social work, chiropractic, optometry or professional nursing, whether or not a shareholder, director or officer, holds a valid license.

NOTE: Authority cited: Sections 2930 and 2999, Business and Professions Code. Reference: Section 2995, Business and Professions Code; and Sections 13401, 13401.5, 13403, 13406 and 13407, Corporations Code.

§ 1397.36. Namestyle.

NOTE: Authority cited: Sections 2930 and 2996.6, Business and Professions Code. Reference: Section 2995.8, Business and Professions Code. Section 13409, Corporations Code.

§ 1397.37. Shares: Ownership and Transfer.

(a) Where there are two or more shareholders in a psychology corporation and one of the shareholders:

(1) Dies; or

(2) Becomes a disqualified person as defined in Section 13401(d) of the Corporations Code, his or her shares shall be sold and transferred to the corporation, its shareholders or other eligible licensed persons on such terms as are agreed upon. Such sale or transfer shall not be later than six (6) months after any such death and ninety (90) days after the shareholder becomes a disqualified person. The requirements of this subsection shall be set forth in the psychology corporation's articles of incorporation or bylaws.

(b) A corporation and its shareholders may, but need not, agree that shares sold to it by a person who becomes a disqualified person may be resold to such person if and when he or she again becomes an eligible shareholder.

(c) The share certificates of a psychology corporation shall contain an appropriate legend setting forth the restrictions of subsection (a).

(d) Nothing in these regulations shall be construed to prohibit a psychology corporation from owning shares in a nonprofessional corporation.

NOTE: Authority cited: Sections 2930 and 2999, Business and Professions Code. Reference: Section 2999, Business and Professions Code; and Sections 13401, 13403, 13406 and 13407, Corporations Code.

§ 1397.38. Certificates of Registration: Continuing Validity and Reports.

NOTE: Authority cited: Sections 2930 and 2996.6, Business and Professions Code. Reference: Sections 2995.4 and 2995.6, Business and Professions Code.

§ 1397.39. Corporate Activities.

(a) A psychology corporation may perform any act authorized in its articles of incorporation or bylaws so long as that act is not in conflict with or prohibited by these rules, the Psychology Licensing Law, the Medical Practice Act, the Optometry Law or the Nursing Practice Act or the regulations adopted pursuant thereto.

(b) A psychology corporation may enter into partnership agreements with other psychologists practicing individually or in a group or with other psychology corporations.

NOTE: Authority cited: Sections 2930 and 2999, Business and Professions Code. Reference: Section 2996.6, Business and Professions Code; and Sections 13403, 13408 and 13410, Corporations Code.

§ 1397.40. Trusts.

The restrictions on the ownership of the shares of psychology corporations shall apply to both the legal and equitable title to such shares.

NOTE: Authority cited: Sections 2930 and 2999, Business and Professions Code. Reference: Sections 13406 and 13407, Corporations Code.

§ 1397.41. Effect of Surrendered or Revoked Certificates; Probate.

NOTE: Authority cited: Section 2999, Business and Professions Code.

Article 9. Citations and Fines

§ 1397.50. Citations and Fines.

(a) For purposes of this article, "board official" shall mean the executive officer of the board or his or her representative.

(b) A board official is authorized to determine when and against whom a citation will be issued and to issue citations containing orders of abatement and fines for violations by a licensed psychologist of the statutes referred to in section 1397.51.

(c) A citation shall be issued whenever any fine is levied or any order of abatement is issued. Each citation shall be in writing and shall describe with particularity the nature and facts of the violation, including a reference to the statute or regulations alleged to have been violated. The citation shall be served upon the individual personally or by certified mail, return receipt requested.

NOTE: Authority cited: Sections 125.9, 148 and 2930, Business and Professions Code. Reference: Sections 125.9 and 148, Business and Professions Code.

§ 1397.51. Amount of Fines.

The amount of any fine to be levied by a board official shall take into consideration the factors listed in subdivision (b)(3) of section 125.9 of the code and shall be within the range set forth below.

(a) A board official may issue a citation under section 1397.50 for a violation of the provisions listed in this section. The fine for a violation of the following code sections shall be from $100 to $2500:

(1) Business and Professions Code section 125
(2) Business and Professions Code section 125.6
(**3**) Business and Professions Code section 475(a)(1)
(4) Business and Professions Code section 490
(5) Business and Professions Code section 496
(6) Business and Professions Code section 580
(7) Business and Professions Code section 581
(8) Business and Professions Code section 582
(9) Business and Professions Code section 583
(10) Business and Professions Code section 584
(11) Business and Professions Code section 650
(12) Business and Professions Code section 651
(13) Business and Professions Code section 654.2
(14) Business and Professions Code section 702
(15) Business and Professions Code section 810
(16) Business and Professions Code section 2903
(17) Business and Professions Code section 2960(a)
(18) Business and Professions Code section 2960(c)
(19) Business and Professions Code section 2960(d)
(20) Business and Professions Code section 2960(f)
(21) Business and Professions Code section 2960(g)
(22) Business and Professions Code section 2960(h)
(23) Business and Professions Code section 2960(i)
(24) Business and Professions Code section 2960(k)
(25) Business and Professions Code section 2960(*l*)
(26) Business and Professions Code section 2960(m)
(27) Business and Professions Code section 2960(n)
(28) Business and Professions Code section 2960(p)
(29) Business and Professions Code section 2960(q)
(30) Business and Professions Code section 2960(r)
(31) Business and Professions Code section 2960.6
(32) Business and Professions Code section 17500
(33) Penal Code section 11166.5
(34) Business and Professions Code section 2913(c)
(35) Business and Professions Code section 2914(c)

(36) Business and Professions Code section 2915

(b) At his or her discretion, a board official may issue a citation with an order of abatement without levying a fine for the first violation of any provision set forth above.

NOTE: Authority cited: Sections 125.9, 148 and 2930, Business and Professions Code. Reference: Sections 125.9 and 148, Business and Professions Code.

§ 1397.52. Compliance with Orders of Abatement.

(a) If a cited person who has been issued an order of abatement is unable to complete the correction with the time set forth in the citation because of conditions beyond his or her control after the exercise of reasonable diligence, the person cited may request an extension of time in which to complete the correction from the board official who issued the citation. Such a request shall be in writing and shall be made within the time set forth for abatement.

(b) When an order of abatement is not contested or if the order is appealed and the person cited does not prevail, failure to abate the violation charged within the time allowed shall constitute a violation and failure to comply with the order of abatement. An order of abatement shall either be personally served or mailed by certified mail, return receipt requested. The time allowed for the abatement of a violation shall begin when the order of abatement is final and has been served or received. Such failure may result in disciplinary action being taken by the Board of Psychology or other appropriate judicial relief being taken against the person cited.

NOTE: Authority cited: Sections 125.9, 148 and 2930, Business and Professions Code. Reference: Sections 125.9 and 148, Business and Professions Code.

§ 1397.53. Citations for Unlicensed Practice.

A board official is authorized to determine when and against whom a citation will be issued and to issue citations containing orders of abatement and fines against persons, partnerships, corporations or associations who are performing or who have performed services for which licensure as a psychologist is required under the laws and regulations relating to the practice of psychology. Each citation issued shall contain an order of abatement. Where appropriate, a board official shall levy a fine for such unlicensed activity in accordance with subdivision (b)(3) of section 125.9 of the code. The provisions of section 1397.50 and 1397.52 shall apply to the issuance of citations for unlicensed activity under this subsection. The sanction authorized under this section shall be separate from and in addition to any other civil or criminal remedies.

NOTE: Authority cited: Sections 125.9, 148 and 2930, Business and Professions Code. Reference: Sections 125.9 and 148, Business and Professions Code.

§ 1397.54. Contest of Citations.

(a) In addition to requesting a hearing as provided for in subdivision (b)(4) of section 125.9 of the code, the person cited may, within ten (10) days after service or receipt of the citation, notify the board official who issued the citation in writing of his or her request for an informal conference with the board official regarding the acts charged in the citation. The time allowed for the request shall begin the first day after the citation has been served or received.

(b) The board official who issued the citation shall, within 30 days from the receipt of the request, hold an informal conference with the person cited and/or his or her legal counsel or authorized representative. At the conclusion of the informal conference the board official may affirm, modify or dismiss the citation, including any fine levied or order of abatement issued. The board official shall state in writing the reasons for his or her action and serve or mail a copy of his or her findings and decision to the person cited within ten (10) days from the date of the informal conference, as provided in subsection (b) of section 1397.52. This decision shall be deemed to be a final order with regard to the citation issued, including the fine levied and the order of abatement.

(c) The person cited does not waive his or her request for a hearing to contest a citation by requesting an informal conference after which the citation is affirmed by a board official. If the citation is dismissed after the informal conference, the request for a hearing on the matter of the citation shall be deemed to be withdrawn. If the citation, including any fine levied or order of abatement, is modified, the citation originally issued shall be considered withdrawn and new citation issued. If a hearing is requested for the subsequent citation it shall be requested within 30 days in accordance with subdivision (b)(4) of section 125.9 of the code.

NOTE: Authority cited: Sections 125.9, 148 and 2930, Business and Professions Code. Reference: Sections 125.9 and 148, Business and Professions Code.

§ 1397.55. Disconnection of Telephone Service.

(a) If, upon investigation, the board official has probable cause to believe that an unlicensed person, who is not otherwise exempt from licensure, has advertised to provide psychological services in an alphabetical or classified directory in violation of section 2903 of the code, the board official may issue a citation containing an order of abatement pursuant to section 1397.50 of these regulations. The order of abatement shall require the unlicensed person to cease the unlawful advertising and to notify the telephone company furnishing services to the cited person to (1) disconnect the telephone services furnished to any telephone number contained in the unlawful advertising, and (2) that subsequent calls to that number shall not be referred by the telephone company to any new number obtained by that person. The cited person shall provide written evidence of compliance to the board official.

(b) If the person to whom a citation is issued under subdivision (a) submits a written request to the board official to appeal the citation, the board official shall afford an opportunity for a hearing, as provided in section 1397.54 of these regulations.

(c) If the person to whom the citation and order of abatement is issued fails to comply with the order of abatement after the order is final as provided in section 1398.54(b) of these regulations, the board official shall inform the Public Utilities Commission of the violation in accordance with Business and Professions Code section 149.

NOTE: Authority cited: Sections 125.9, 148 and 2930, Business and Professions Code. Reference: Sections 125.9, 148 and 149, Business and Professions Code.

Article 10. Continuing Education

§ 1397.60. Definitions.

As used in this article:

(a) An “accreditation agency” means an organization recognized by the board which evaluates and approves each provider of continuing education, evaluates and approves each course offering, and monitors the quality of the approved continuing education courses.

(b) A “provider” means an organization, institution, association, university, or other person or entity assuming full responsibility for the course offered, whose qualifications as a continuing education provider have been approved by a board recognized accreditation agency.

(c) A “course” or “presentation” means an approved systematic learning experience of at least one hour in length. One hour shall consist of 60 minutes of actual instruction. Courses or presentations less than one hour in duration shall not be approved.

(d) “Continuing education” means the variety of forms of learning experiences, including, but not limited to, lectures, conferences, seminars, workshops, grand rounds, in–service training programs, video conferencing, and distance learning technologies.

(e) A “conference” means a course consisting of multiple concurrent or sequential free–standing presentations. Approved presentations must meet all standards of an approved continuing education course.

(f) “Grand rounds” or “in–service training program” means a course consisting of sequential, free–standing presentations designed

to meet the internal educational needs of the staff or members of an organization and is not marketed, advertised or promoted to professionals outside of the organization. Approved presentations must meet all standards of an approved continuing education course.

(g) "Distance learning" means the variety of forms of organized and directed learning experiences that occur when the instructor and the student are not in direct visual or auditory contact. These include, but are not limited to, courses delivered via the Internet, CD–ROM, satellite downlink, correspondence and home study. Self–initiated, independent study programs without an approved CE sponsor are not acceptable for continuing education. Except for qualified individuals with a disability who apply to and are approved by the board pursuant to section 1397.62(e), distance learning can be used to meet no more than 22% (8 hours) of the continuing education required in each renewal cycle. Distance learning courses must meet all standards of an approved continuing education course.

NOTE: Authority cited: Sections 2915(g) and 2930, Business and Professions Code. Reference: Sections 29 and 2915, Business and Professions Code.

§ 1397.61. Continuing Education Requirements.

(a) Except as provided in section 2915(e) of the Business and Professions Code and section 1397.62 of these regulations, each licensed psychologist shall submit with the application for license renewal proof satisfactory to the board that he or she has completed the continuing education requirements set forth in section 2915 of the code. A licensee who falsifies or makes a material misrepresentation of fact on a renewal application or who cannot verify completion of continuing education by producing verification of attendance certificates, whenever requested to do so by the board, is subject to disciplinary action under section 2960 of the code.

(b) Any person renewing his or her license on or after January 1, 2000 shall provide written evidence of completion of a continuing education course of no less than four hours in length in the subject of laws and ethics for each license renewal cycle. This course shall cover laws and regulations related to the practice of psychology; recent changes/updates in ethics codes and practice; current accepted standards of practice; and application of ethical principles in the independent practice of psychology. It is the responsibility of each licensee to certify, under penalty of perjury, to the completion of this course to the Board of Psychology as indicated on the license renewal application.

(c) Licensees are encouraged to participate in periodic training in subject matter for which the Legislature finds cause, including but not limited to: spousal or partner abuse assessment, detection and intervention; geriatric pharmacology; and the characteristics and methods of assessment and treatment of acquired immune deficiency syndrome (AIDS).

(d) This subsection becomes inoperative effective December 31, 2003. Courses taken on or after January 1, 2002 that are provided by American Psychological Association (APA) approved sponsors shall be accepted for continuing education credit. Any licensee who receives approved continuing education course credit hours from an APA approved sponsor shall submit verification of course completion and the participant reporting fee specified in section 1397.69 to a board recognized accrediting agency.

(e) This subsection becomes inoperative effective December 31, 2003. Courses taken on or after January 1, 2002 that are Continuing Medical Education (CME) courses specifically applicable and pertinent to the practice of psychology and that are accredited by the California Medical Association or the Accreditation Council for Continuing Medical Education shall be accepted for continuing education credit. Any licensee who receives approved continuing education course credit hours from a CME provider shall submit verification of course completion and the participant reporting fee specified in section 1397.69 to a board recognized accrediting agency.

(f) This subsection becomes inoperative effective December 31, 2003. Courses sponsored by the Academies of the specialty boards of the American Board of Professional Psychology (ABPP) shall be accepted for continuing education credit. Any licensee who receives approved continuing education credit from any such course sponsored by an Academy of a specialty board of (ABPP) shall submit verification of course completion and the participant reporting fee specified in section 1397.69 to a board–recognized accrediting agency.

(g) This subsection becomes operative effective January 1, 2004. The Board of Psychology may recognize an entity to perform an accrediting function if the entity:

(1) Has had at least 10 years experience managing continuing education programs for psychologists on a statewide basis, including, but not limited to:

(A) Maintaining and managing records and data related to continuing education programs.

(B) Monitoring and approving courses.

(2) Has a means to avoid a conflict of interest between any provider and accreditation functions.

(3) Submits a detailed plan of procedures for monitoring and approving the provider functions. The plan must demonstrate that it has the capacity to evaluate each course, including provisions requiring the following:

(A) Topics and subject matter shall be pertinent to the practice of psychology. Courses predominantly focused on business issues, marketing, or exploring opportunities for personal growth are not eligible for credit. Course material must have a relevance or direct application to a consumer of psychological services.

(B) Each continuing education course shall have written educational goals and specific learning objectives which are measurable and which serve as a basis for an evaluation of the effectiveness of the course.

(C) Instructors shall be competent in the subject matter of the course and shall be qualified by education, training, experience, scope of practice and licensure.

(D) Each continuing education course shall have a syllabus which provides a general outline of the course.

(E) When an approved provider works with others on the development, distribution and/or presentation of a continuing education course (joint sponsorship), there shall be procedures to identify and document the functions of each participating party.

(F) An evaluation mechanism shall be completed by each participant to evaluate the continuing education course.

(G) Respond to complaints from the board concerning its activities.

(H) The entity agency shall provide services to all licensees without discrimination.

(h) Failure of the entity to substantially comply with the provisions as set forth in subsection (g) shall constitute cause for revocation of recognition by the board. Recognition can be revoked only by a formal board action, after notice and hearing, and for good cause.

NOTE: Authority cited: Sections 2915(g) and 2930, Business and Professions Code. Reference: Sections 29 and 2915, Business and Professions Code.

§ 1397.62. Continuing Education Exemptions and Exceptions.

At the time of making application for renewal of a license, a psychologist may as provided in this section request an exemption or an exception from all or part of the continuing education requirements.

(a) The board shall grant an exemption only if the psychologist verifies in writing that, during the two year period immediately prior to the expiration date of the license, he or she:

(1) Has been residing in another country or state for at least one year reasonably preventing completion of the continuing education requirements; or

(2) Has been absent from California for at least one year because of military or missionary service reasonably preventing completion of the continuing education requirements; or

(3) Has been prevented from completing the continuing education requirements for reasons of health or other good cause which includes:

(A) Total physical and/or mental disability of the psychologist for at least one year; or

(B) Total physical and/or mental disability of an immediate family member for at least one year where the psychologist has total responsibility for the care of that family member.

Verification of a physical disability under subsection (a)(3) shall be by a licensed physician and surgeon or, in the case of a mental disability, by a licensed psychologist or a board certified or board eligible psychiatrist.

(b) An exception to the requirements of Business and Professions Code section 2915(d) may be granted to licensed psychologists who are not engaged in the direct delivery of mental health services for whom there is an absence of available continuing education courses relevant to their specific area of practice.

(1) An exception granted pursuant to this subsection means that the board will accept continuing education courses that are not approved pursuant to sections 1397.61(d), (e), (f) provided that they are directly related to the licensee's specific area of practice and offered by recognized professional organizations. The board will review the licensee's area of practice, the subject matter of the course, and the provider on a case–by–case basis. This exception does not mean the licensee is exempt from completing the continuing education required by Business and Professions Code section 2915 and this article.

(2) Licensees seeking this exception shall provide all necessary information to enable the board to determine the lack of available approved continuing education and the relevance of each course to the continuing competence of the licensee. Such a request shall be submitted in writing and must include a clear statement as to the relevance of the course to the practice of psychology and the following information:

(A) Information describing, in detail, the depth and breadth of the content covered (e.g., a course syllabus and the goals and objectives of the course), particularly as it relates to the practice of psychology.

(B) Information that shows the course instructor's qualifications to teach the content being taught (e.g., his or her education, training, experience, scope of practice, licenses held and length of experience and expertise in the relevant subject matter), particularly as it relates to the practice of psychology.

(C) Information that shows the course provider's qualifications to offer the type of course being offered (e.g., the provider's background, history, experience and similar courses previously offered by the provider), particularly as it relates to the practice of psychology.

(3) This subsection does not apply to licensees engaged in the direct delivery of mental health services.

(c) Psychologists requiring reasonable accommodation according to the Americans with Disabilities Act may be granted an exemption from the on–site participation requirement and may substitute all or part of their continuing education requirement with an American Psychological Association or accreditation agency approved distance learning continuing education program. A qualified individual with a disability must apply to the board to receive this exemption.

(d) Any licensee who submits a request for an exemption or exception which is denied by the board shall complete any continuing education requirements within 120 days of the notification that the request was denied.

NOTE: Authority cited: Sections 2915(g) and 2930, Business and Professions Code. Reference: Section 2915, Business and Professions Code.

§ 1397.63. Hour Value System.

(a) Licensees will earn one hour continuing education credit for each hour of approved instruction. One 3–unit academic quarter is equal to 10 hours of continuing education credit and one 3–unit academic semester is equal to 15 hours of continuing education credit.

(b)(1) Licensees who serve the Board of Psychology as selected participants in any examination development related function will receive one hour of continuing education credit for each hour served. Selected board experts will receive one hour of continuing education credit for each hour attending Board of Psychology sponsored Expert Training Seminars. Any licensee who receives approved continuing education credit as set forth in subsection (b)(1) shall have his/her credit reported by the board to the board recognized accrediting agency.

(2) Licensees who serve as examiners for the Academies of the specialty boards of the American Board of Professional Psychology (ABPP) will receive one hour of continuing education credit for each hour served, not to exceed fours hours each two year renewal period. Any licensee who receives continuing education credit as set forth in subsection (b)(2) shall submit verification and the course attendee fee specified in section 1397.68 to the board recognized accreditation agency.

(c) An approved instructor may claim the course for his/her own credit only one time that he/she teaches the approved course during a renewal cycle, receiving the same credit hours as the participant.

(d) No course may be taken and claimed more than once during a renewal period for continuing education credit.

NOTE: Authority cited: Sections 2915(g) and 2930, Business and Professions Code. Reference: Section 2915, Business and Professions Code.

§ 1397.64. Accreditation Agencies.

(a) Upon written application to the board, continuing education accreditation agencies will be recognized if the board determines that the organization meets the criteria set forth in section 2915(f) of the code and:

(1) the organization submits a plan demonstrating that it has the capacity to evaluate each continuing education provider's course in accordance with the following criteria:

(A) Topics and subject matter shall be pertinent to the practice of psychology. Courses predominantly focused on business issues, or marketing, or that are predominantly designed to explore opportunities for personal growth are not eligible for credit. Course material must have a relevance or direct application to a consumer of psychological services.

(B) Each continuing education course shall have written educational goals and specific learning objectives which are measurable and which serve as a basis for an evaluation of the effectiveness of the course.

(C) Instructors shall be competent in the subject matter of the course and shall be qualified by education, training, experience, scope of practice and licensure.

(D) Each continuing education course shall have a syllabus which provides a general outline of the course.

(E) When an approved provider works with others on the development, distribution and/or presentation of a continuing education course (joint sponsorship), there shall be procedures to identify and document the functions of each participating party.

(F) An evaluation mechanism shall be completed by each participant to evaluate the continuing education course.

(2) The accreditation agency agrees to perform the following:

(A) Maintain a list of the names and addresses of the persons designated as responsible for the provider's continuing education courses and records. The accreditation agency shall require that any change in the designated responsible person's identity shall be reported to the agency within 30 days of the effective date of such change.

(B) Notify the board of names, addresses and responsible party of each provider and each course on a quarterly basis. Provide without charge to any licensee who makes a request, a current list of providers and approved courses.

(C) Verify attendance of licentiates at specific courses by

maintaining a record of approved continuing education courses completed by licensees. The record must include the licensees' name and license number, and all agency approved continuing education courses successfully completed by each licensee. In addition, and for an activity reporting fee paid by the licensee and on forms acceptable to the agency (see form No. 07M–BOP–15(New 10/94)), incorporate into licensee's record all non–agency approved continuing education courses as defined in sections 1397.61 and 1397.63 of these regulations. The accreditation agency shall provide a copy of this combined record to the board upon request. The records must be retrievable by license number.

(D) Respond to complaints from the board concerning activities of any of its approved providers or their course(s). Respond to complaints and inquiries regarding providers, courses, and general continuing education questions presented by any licensee. The accreditation agency shall provide services to all licensees without discrimination.

(E) Audit at least 10% of the continuing education courses approved by the agency, for compliance with the agency's requirements and requirements of the board, and on request, report the findings of such audits to the board.

(F) Take such action as is necessary to assure that the continuing education course material offered by its providers meets the continuing education requirements of the board as defined in sections 1397.64(a)(1) and 1397.65 of these regulations.

(G) Establish a procedure for reconsideration of its decision that a provider or a provider's course does not meet statutory or regulatory criteria.

(b) Failure of a recognized accreditation agency to substantially comply with the provisions as set forth in this article shall constitute cause for revocation of recognition by the board. Recognition can be revoked only by a formal board action, after notice and hearing, and for good cause.

NOTE: Authority cited: Sections 2915(g) and 2930, Business and Professions Code. Reference: Section 2915, Business and Professions Code.

§ 1397.65. Requirements for Approved Providers.

(a) Providers of continuing education courses in psychology shall apply to a board recognized accreditation agency for approval as a provider, and for approval of each course, prior to offering any such courses.

(b)(1) Upon satisfactory completion of the provider requirements of the accreditation agency, including payment of the appropriate fees and receipt of written approval therefrom, a continuing education provider may represent itself as a California approved provider of continuing education courses for psychologists for one year.

(2) Upon presentation of satisfactory evidence, organizations approved by the American Psychological Association (APA) as Sponsors of Continuing Education for Psychologists will be recognized as California approved providers of continuing education courses for psychologists during the duration of their APA approval, and shall be exempt from the annual continuing education provider fee described in section 1397.68. Such APA providers shall be held to all other requirements of California approved providers of continuing education for psychologists except for the individual course review requirement.

(c) The provider is responsible for assuring the educational quality of its course material. All continuing education course material shall meet the standards set forth in section 1397.64(a)(1) of these regulations and shall be:

(1) approved in advance by an accreditation agency (except for those courses offered by providers defined in section 1397.61(d), (e) and (f));

(2) specifically applicable and pertinent to the practice of psychology;

(3) accurate and timely;

(4) presented in an organized manner conducive to the learning process;

(5) complete and objective, and not reflecting predominantly any commercial views of the provider or presenter or of anyone giving financial assistance to the provider or presenter;

(6) based on stated educational goals and objectives; and

(7) accompanied by a syllabus which contains, at a minimum, the instructional objectives for each course and a summary containing the main points of each topic.

(d) All providers shall furnish a list of course participants, with the accompanying course attendee fee as required in section 1397.68, to the accreditation agency, and verification of attendance certificates to all participants within 45 days of course completion. The list and the certificate shall contain the name of the licensee and license number, name and number of the provider, title of the course, number of completed hours, date of completion, course number, if applicable, and the name of the accreditation agency.

(e) Every approved provider shall apply to the accreditation agency, on forms approved by the board (see form No. 07M–BOP–14(New 10/94)), at least 30 days in advance, for each continuing education course offered or presented, whether for the first time or repeated.

(f) The approved provider shall be required to maintain attendance records for three (3) years for each continuing education course. Acceptable documentation of participation shall include attendance rosters, sign–in and sign–out sheets, and completed course evaluation forms.

(g) The approved provider's course shall be valid for up to one year following the initial approval provided a notification and activity registration fee is submitted to the accreditation agency at least 30 days in advance for each time the course is offered or presented.

(h) The approved provider's advertisements for approved courses shall clearly indicate the provider's name, course title, course approval number, the number of credit hours, and the name of the accrediting agency.

(i) The approved provider shall have a written policy, available upon request, which provides information on:

1. refunds in case of non–attendance
2. time period for return of fees
3. notification if course is canceled.

(j) Providers may not grant partial credit for continuing education courses. However, conferences, in–service training programs and grand rounds consisting of a series of presentations may obtain approval for the entire conference, in–service training program or grand round as one course wherein credit may be granted to participants separately for each individual presentation in such courses.

(k) Provider approval is non–transferable. Approved providers shall inform the accrediting agency in writing within 30 days of any changes in organizational structure and/or person(s) responsible for continuing education program, including name and address changes.

(*l*) Providers are responsible for meeting all applicable local, state and federal standards which include, but are not limited to, the Americans with Disabilities Act.

(m) Providers may obtain approval for grand rounds activities for an entire year with one application provided the staff person responsible for grand rounds submits to the accreditation agency a general descriptive outline of grand rounds activities for the year. This outline shall be of sufficient detail regarding content to be covered in the weekly grand rounds activities to allow the accreditation agency to determine whether the activities are appropriate for continuing education credit for licensed psychologists.

NOTE: Authority cited: Sections 2915(g) and 2930, Business and Professions Code. Reference: Section 2915, Business and Professions Code.

§ 1397.66. Provider Audit Requirements.

Upon written request from the accreditation agency or the board, relating to an audit of course material, each approved provider shall submit such materials as are required by the accreditation agency or the board.

NOTE: Authority cited: Sections 2915(g) and 2930, Business and Professions Code. Reference: Section 2915, Business and Professions Code.

§ 1397.67. Renewal After Inactive or Delinquent Status.

(a) To activate licenses which have been placed on inactive status pursuant to section 2988 of the code, the licensee must submit evidence of completion of the requisite 36 hours of qualifying continuing education courses for the two–year period prior to establishing the license as active.

(b) For the renewal of a delinquent psychologist license within three years of the date of expiration, the applicant for renewal shall provide documentation of completion of the required hours of continuing education.

After a license has been delinquent for three years, the license is automatically cancelled and the applicant must submit a complete licensing application, meet all current licensing requirements, and successfully pass the licensing examination just as for the initial licensing application unless the board grants a waiver of the examination pursuant to section 2946 of the code.

NOTE: Authority cited: Sections 2915(g) and 2930, Business and Professions Code. Reference: Section 2915, 2984, 2986, and 2988, Business and Professions Code.

§ 1397.68. Provider Fees.

(a) The following fees are established to be paid to an accreditation agency by the course provider:

(1) Continuing education annual provider approval fee $200

(2) Continuing education course registration fee $35

(3) Continuing education conference fee $100

(4) Continuing education course attendee fee . . . . . $7 per licensee

These fees are to be paid by the provider to an accreditation agency as defined in section 1397.65(b), (d), and (g).

NOTE: Authority cited: Sections 2915(g) and 2930, Business and Professions Code. Reference: Section 2915, Business and Professions Code.

§ 1397.69. Participant Fees.

The following fees are established to be paid by the course participant:

(a) Participant report recording fee $35

This fee is to be paid to an accreditation agency to report non–accrediting agency approved courses taken by the participant as defined in section 1397.61(d), 1397.63(b) and 1397.64(a)(2)(C).

NOTE: Authority cited: Sections 2915(g) and 2930, Business and Professions Code. Reference: Section 2915, Business and Professions Code.

ACCREDITING AGENCY
LOGO W/ADDRESS AND PHONE

Mandatory Continuing Education for Psychologists (MCEP)

NON–ACCREDITING AGENCY MCEP CREDIT REPORTING FORM

This form is used to report courses that are directly authorized for MCEP credit by law or BOP regulation rather than by a recognized accrediting agency. The purpose of this report is to integrate MCEP credit from all sources into one complete record for each psychologist. If you need further assistance with this report, call the accrediting agency at the number above.

DATE:_____ Psychology License #:_____

Last Name:_____

First Name:_____Phone #:_____

Address:_____

Address:_____

City:_____State:_____Zip:_____

Course/ Date	Provider Name	Course Title	# of Credit Hrs

Verification must be submitted for each course listed. Licensee must retain proof of attendance in the event the Board of Psychology requests verification. If more room is needed to list courses, please attach additional copies of this form. In order for this report to be processed, the regulated $35 filing fee must be enclosed.

07M–BOP–15(New 10/94)

Accrediting Agency

TEL:
FAX:

Course Application

Failure to complete this cover sheet and application will result in the return of the course application without further review. A separate course form is required for each course. Some of the information supplied may be published. Responses must be typed in the spaces provided.

Cover Sheet

A. Provider Information:

Provider Name:	
MCEP Provider #:	Phone:
MCEP Program Administrator:	MCEP Program Developer:

B. Course Information:

Course Title:	
Standard Course Fee: Discounts available? ☐ Yes ☐ No	
Course Description (limit to 50 words):	
Course Date(s):	Course Time(s):
Course Site Address	Phone:
	City State Zip
Course Level (choose one): ☐ Introductory (useful for psychologists new to this field) ☐ Intermediate (useful for psychologists with limited experience in this field) ☐ Advanced (useful for psychologists with extensive experience in this field)	Target Audience ☐ Licensed Psychologists ☐ Other Non–Mental Health Professionals ☐ MFCC/LCSW/LED's ☐ General Public ☐ MD/RN's
Total Instructional Time:	

C. Co–Sponsorship Information:

Is this course co–sponsored? ☐ Yes ☐ No	Name of co–sponsoring organization:
Contact Name:	Phone:
Address:	
	City State Zip

D. Primary Instructor Information:

Name:	Daytime Phone:	Fax:
Address:		
	City State Zip	

07M–BOP–14 (Revised 11/97)

MCEP Course Application
California Psychological Association Accrediting Agency

Section I – Course Material

Standard: Course material will be pertinent, accurate and will clearly contribute in the area of practice, theory or methodology at a post–doctorate level.

Please enclose the following documents:

√ Course syllabus containing:
- ☐ Course Outline
- ☐ Description of Content
- ☐ Course Goals and Objectives

√ Primary Instructor vita.

Section II – Evaluation Process

Standard: Every course shall include an evaluation process that assesses both the effectiveness of the course and participant achievement in accordance to the course's goals and objectives.

Are the course evaluations part of a larger evaluation or needs assessment process? If yes, please describe their use.

Please enclose the following documents:

√ Course evaluation form

√ Describe the evaluation mechanism you will use for participants to assess their achievement in accordance with course objectives.

Section III – Administration

Standard: Course monitoring procedures (attendance list, credit assignment) and record keeping is in accordance with state regulations and policy.

A. Course Monitoring

1. Describe your procedures for monitoring course attendance.

2. How do you plan to identify psychology licensees who attend your programs?

MCEP Course Application *page 2 of 2*
California Psychological Association Accrediting Agency
Please enclose the following documents.

√ Sample attendee list format √ Sample attendance certificate √ Signed After Course Agreement

B. Co–sponsorship
If this course, or the larger event this course is part of, is sponsored in full or in part by another organization, this section of the application must be completed.

Identify the organization responsible for each of the following areas:

Course content
Course presentation
Course monitoring
Course records
Advertising/Marketing
Financial Arrangements
Administrative Policies

Section IV—Authorization

I certify, on behalf of _____, that the preceding statements and the enclosed
provider organization
documents are true. I understand that any false statements may result in the revocation of provider approval. I understand that I am responsible for maintaining all standards outlined in the provider application and that this course may be subject to either an unannounced on–site course audit or an administrative audit.

_____ _____
Program Developer Signature Date

_____ _____
Program Administrator Signature Date

Both signatures are required to process application.

Section V—Payment

A non–refundable MCEP course application fee of $35, made payable to the California Psychological Association Accrediting Agency must accompany 3 copies of the application including all attachments.

☐ Check enclosed ☐ Please bill my credit card:
☐ Visa ☐ Mastercard ☐ Discover ☐ American Express

Account #: _____ Exp. Date: _____

Signature: _____

Important

Completion of this form does not constitute MCEP course approval status. If granted, MCEP course approval will become effective on the date set forth in the notification of approval letter.

§ 1397.70. Sanctions for Noncompliance.

(a) If documentation of the CE requirement is improper or inadequate, the license becomes invalid for renewal. The continued practice of psychology is prohibited while the license is invalid for renewal, and the renewal is forfeited. Notwithstanding section 2984, the licensee shall correct the deficiency within six months. If the deficiency is not corrected within six months, the license remains invalid for renewal. Continued practice without a valid license shall constitute grounds for appropriate disciplinary action pursuant to sections 148 and/or 2960 of the code.

(b) Misrepresentation of compliance shall constitute grounds for disciplinary action.

NOTE: Authority cited: Sections 2915 and 2930, Business and Professions Code. Reference: Section 2915, Business and Professions Code.

§ 1397.71. Denial, Suspension and Revocation of CE Provider Status.

(a) A board recognized accreditation agency may deny, suspend, place on probation with terms and conditions, or revoke its approval of an applicant or provider of continuing education for good cause. Good cause includes, but is not limited to, one or more of the following:

(1) Conviction of a felony or misdemeanor substantially related to the activities of an accreditation agency approved provider.

(2) Failure of an applicant or provider who is a psychologist, psychological assistant, psychological intern or registered psychologist to comply with any provisions of the Psychology License Law (Business and Professions Code Section 2900 *et seq.*) or the regulations adopted pursuant thereto in Division 13.1 of Title 16 (commencing with section 1380) of the California Code of Regulations.

(3) Failure of an applicant or provider, who is a licensee of another healing arts board, to comply with the statutes and regulations governing that license.

(4) Making a material misrepresentation of fact in information submitted to the board recognized accreditation agency or to the board.

(5) Failure to comply with provisions of the Psychology License Law (Business and Professions Code Section 2900 *et seq.*), or the regulations adopted pursuant thereto in Division 13.1 of Title 16 (commencing with section 1380) of the California Code of Regulations, applicable to continuing education providers.

(b) After a thorough case review, if the board recognized accreditation agency denies, suspends, places on probation with terms or conditions, or revokes its approval of a provider, it shall give the applicant or provider written notice setting forth its reasons for the denial, suspension, placing on probation with terms and conditions, or revocation. The applicant or provider may appeal the action in writing within fifteen (15) days after receipt of the notice, and request a hearing before a panel appointed by the recognized accreditation agency. A suspension or revocation of approval shall be stayed upon the filing of an appeal. A denial of approval shall not be stayed.

The panel shall consist of three persons who have not been involved in the determination to deny, suspend or revoke the approval of the applicant or provider. The panel shall hear the appeal within 60 days of the receipt of the appeal, and maintain a record of the proceedings. A decision in writing shall be issued within 30 days of the date of the hearing.

If the appointed panel sustains the denial, placing on probation with terms and conditions, suspension or revocation, the applicant or provider may appeal the decision of the panel to a Continuing Education Appeals Committee (CE Appeals Committee) of the board. The CE Appeals Committee shall be appointed by the board's president and consist of two board members, one public member and one licensed psychologist member. The appeal must be filed with the board within seven (7) days after receipt of the panel's decision. Upon filing of the appeal, the CE Appeals Committee chairperson shall have discretion to extend the stay of the suspension or revocation. The hearing of the CE Appeals Committee shall take place at a date and location established by the Committee chairperson, the date not to exceed 60 days from the date of the filing of the appeal. The record of the panel's hearing shall be made available to the CE Appeals Committee. The Committee shall issue a written decision within 30 days of the date of the hearing.

The decision of the CE Appeals Committee is final. An applicant or provider who has had his or her application or provider status denied or revoked may not reapply for provider status for a period of one year from the date of the CE Appeals Committee's decision.

NOTE: Authority cited: Sections 2915 and 2930, Business and Professions Code. Reference: Section 2915, Business and Professions Code.

Division 18. Board of Behavioral Sciences

(Originally Printed 12–5–46)

Article 1. General Provisions

§ 1800. Declaratory Decisions.

No decision or opinion issued by the Board is a declaratory decision under Government Code Sections 11465.10.–11465.70. unless the decision or opinion specifically states that it is a "Declaratory Decision".

NOTE: Authority cited: Sections 4980.60 and 4990.14, Business and Professions Code. Reference: Sections 11465.10–11465.70, Government Code.

§ 1801. Tenses, Gender, and Number.

§ 1802. Definitions.

For the purpose of the rules and regulations contained in this chapter, the term "board" means the Board of Behavioral Sciences; and the term "Code" means the Business and Professions Code.

NOTE: Authority cited: Sections 4980.60 and 4990.14, Business and Professions Code. Reference: Sections 4990 and 4990.1, Business and Professions Code.

§ 1803. Delegation of Certain Functions.

The power and discretion conferred by law upon the board to receive and file accusations; issue notices of hearing, statements to respondent and statements of issues; receive and file notices of defense; determine the time and place of hearings under Section 11508 of the Government Code; issue subpoenas and subpoenas duces tecum; set and calendar cases for hearing and perform other functions necessary to the efficient dispatch of the business of the board in connection with proceedings under the provisions of Section 11500 through 11528 of the Government Code, prior to the hearing of such proceedings; and the certification and delivery or mailing of copies of decisions under Section 11518 of said code are hereby delegated to and conferred upon the executive officer, or, in his or her absence from the office of the board, the acting executive officer.

NOTE: Authority cited: Sections 4980.60 and 4990.14, Business and Professions Code. Reference: Sections 4980.07, 4990.8 and 4990.13, Business and Professions Code; and Section 11500–11528, Government Code.

§ 1804. Filing of Addresses.

Each person or professional corporation regulated by the board shall maintain a current mailing address with the board and shall notify the board within thirty (30) days concerning any change of address giving both the old and new addresses.

NOTE: Authority cited: Sections 4980.60, 4990.11 and 4990.14, Business and Professions Code. Reference: Sections 4980.07, 4990.11 and 4990.13, Business and Professions Code.

§ 1805. Applications.

(a) Applications submitted to the board for registration or licensure shall be on a form prescribed by the board.

(b) The board may issue final filing dates for all examinations not to exceed ninety (90) days prior to any examination. An applicant who fails to submit a complete examination application to the board by a final filing date shall not be eligible for that examination and his or her application shall be considered abandoned if it meets the criteria in Section 1806(c).

NOTE: Authority cited: Sections 4980.60, 4988.2 and 4990.14, Business and Professions Code. Reference: Sections 4980.30, 4980.40, 4986.20, 4987.6, 4992 and 4996.2, Business and Professions Code.

§ 1805.1. Permit Processing Times.

"Permit" as defined by the Permit Reform Act of 1981 means any license, certificate, registration, permit or any other form of authorization required by a state agency to engage in a particular activity or act. Processing times for the board's various programs are set forth below. The actual processing times reflect the period from the date the board receives an application to the date a license or registration is issued, and apply to those persons who take and pass the first actual available examination.

Program	*Maximum time for notifying that application is complete or deficient*	*Maximum time after receipt of a complete application to issue or deny license or registration*	*ACTUAL PROCESSING TIMES BASED ON PRIOR TWO YEARS*		
			Minimum	*Median*	*Maximum*
MFCC Intern Registration	60 days	30 days	15	100	186
MFCC License	90 days	120 days	104	182	260
LCSW Associate Registration	60 days	30 days	15	53	90
LCSW License	90 days	120 days	104	178	253
LEP License	90 days	120 days	98	179	260
CE Provider Approval	30 days	30 days	n/a	n/a	n/a
MFCC Referral Service Registration	30 days	30 days	n/a	n/a	n/a
All Renewals	30 days	60 days	28	42	56

NOTE: Authority cited: Sections 650.4, 4980.60 and 4990.14, Business and Professions Code. Reference: Section 15376, Government Code.

§ 1806. Abandonment of Application.

An application shall be deemed abandoned if:

(a) The application has not been completed by the applicant within one (1) year after it has been filed. An application shall be deemed complete when all documents and information required have been submitted to the board; or

(b) The applicant does not submit information that he or she has corrected the deficiencies specified in a deficiency letter within one (1) year from the date of the deficiency letter; or

(c) The applicant fails to sit for examination within one (1) year after being notified of eligibility; or

(d) The applicant fails to pay the initial license fee within one (1) year after notification by the board of successful completion of examination requirements.

An application submitted subsequent to the abandonment of a prior application shall be treated as a new application.

NOTE: Authority cited: Sections 4980.60 and 4990.14, Business and Professions Code. Reference: Sections 4980.30, 4980.35, 4984.7, 4986.20, 4986.80, 4992 and 4996.3, Business and Professions Code.

§ 1807. Human Sexuality Training.

The human sexuality training required of marriage, family and child counselors and clinical social workers by Sections 25 and 4980.41 of the Code shall:

(a) Consist of a minimum of ten (10) hours of training or coursework.

(b) Include the study of physiological–psychological and social–cultural variables associated with sexual identity, sexual behavior or sexual disorders.

(c) Have been completed after January 1, 1970, and shall have been obtained from one of the educational institutions or entities specified herein:

(1) An educational institution accredited by one or more of those entities specified in Section 1832 of these regulations, including extension courses offered by such institutions; or

(2) An educational institution approved by the Bureau for Private Postsecondary and Vocational Education pursuant to Sections 94900 and 94901 of the Education Code; including extension courses offered by such institutions; or

(3) A continuing education provider approved by the board; or

(4) A course sponsored by a professional association; or

(5) A course sponsored, offered, or approved by a state, county, or local department of health services or department of mental health.

NOTE: Authority cited: Sections 4980.60 and 4990.14, Business and Professions Code. Reference: Sections 25, 4980.41, 4980.54 and 4996.22, Business and Professions Code.

§ 1807.1. Human Sexuality Training; Renewal and Documentation.

NOTE: Authority cited: Sections 4980.60 and 4990.14, Business and Professions Code. Reference: Section 25, Business and Professions Code.

§ 1807.2. Child Abuse Assessment Training Requirements.

All persons applying for a license or renewal of a license as a marriage, family and child counselor or clinical social worker shall in addition to all other requirements for licensure, have completed coursework or training in child abuse assessment and reporting and shall submit documentation to the board. The coursework or training in child abuse assessment and reporting shall consist of not less than 7 classroom hours and shall include training in each of the subject areas described in Section 28 of the Code. The coursework or training shall be:

(a) Obtained at an educational institution, or in an extension course offered by an institution which is accredited by the Western Association of Schools and Colleges, or approved by the Bureau for Private Postsecondary and Vocational Education, pursuant to Sections 94900 and 94901 of the Education Code; or

(b) Obtained from a statewide professional association representing the professions of psychology, social work or marriage, family and child counseling; or

(c) Obtained from or sponsored by a local, county, state or federal governmental entity, or licensed health facility; or

(d) Obtained from a continuing education provider approved by the board.

(e) Completed after January 1, 1983.

NOTE: Authority cited: Sections 28, 4980.60 and 4990.14, Business and Professions Code. Reference: Sections 28, 4980.54 and 4996.22, Business and Professions Code; and Sections 11165 and 11166, Penal Code.

§ 1808. Surrender of Suspended or Revoked Licenses.

§ 1809. Results of Examination.

NOTE: Authority cited: Section 17806, Business and Professions Code. Reference: Sections 17800, 17800.2, 17800.3, 17800.7, 17801, 17803, 17804, 17804.1, 17804.2, 17804.3, 17804.4, 17804.5, 17805, 17806, 17820 and 17847, Business and Professions Code.

§ 1810. Alcoholism Training.

The instruction and training in alcoholism and other chemical substance dependency required by Sections 4980.41, 4980.80, 4980.90 and 4996.2 of the Code shall be a course which satisfies the following criteria:

(a) The course shall consist of not less than one semester unit, with no less than fifteen hours of classroom training.

(b) The course must be obtained at an educational institution or in an extension course offered by an institution, which is accredited by one or more of the entities specified in Section 1832 of the regulations or which is approved by the State Department of Education pursuant to Section 94310.2 of the Education Code.

(c) The course shall include training in each of the following subjects related to alcoholism and chemical dependency.

(1) The definition of alcoholism and other chemical dependency, and the evaluation of the abuser.

(2) Medical aspects of alcoholism and other chemical dependency.

(3) Current theories of the etiology of substance abuse.

(4) The role of persons and systems which support or compound the abuse.

(5) Major treatment approaches to alcoholism and chemical dependency.

(6) Legal aspects of substance abuse.

(7) Knowledge of certain populations at risk with regard to substance abuse.

(8) Community resources offering assessment, treatment and follow–up for the abuser and family.

(9) The process of referring affected persons.

(10) Education concerning and prevention of substance abuse.

NOTE: Authority cited: Section 4990.14, Business and Professions Code. Reference: Sections 4980.41 and 4996.2, Business and Professions Code.

§ 1811. Use of License Number in Directories and Advertisements.

All persons or referral services regulated by the board who advertise their services shall include their license or registration number in the advertisement unless such advertisement contains the following specific information:

(a) The full name of the licensee or registered referral service as filed with the board; and

(b) A designation of the type of license or registration held as follows:

(1) Licensed Marriage, Family and Child Counselor.

(2) Licensed Educational Psychologist.

(3) Licensed Clinical Social Worker.

(4) Registered MFCC Referral Service.

(c) An unlicensed Marriage, Family and Child Counselor Registered Intern may advertise if such advertisement complies with Section 4980.44(a)(4) of the Code making disclosures required by that section.

(d) An unlicensed Associate Clinical Social Worker may advertise if such advertisement complies with Section 4996.18(e) of the Code making disclosures required by that section.

NOTE: Authority cited: Sections 137, 650.4, 4980.60 and 4990.14, Business and Professions Code. Reference: Sections 137, 4980.44 and 4996.18, Business and Professions Code.

§ 1812. Substantial Relationship Criteria.

For purposes of denial, suspension, or revocation of a license or registration pursuant to Division 1.5 (commencing with Section 475) of the Code, a crime or act shall be considered to be substantially related to the qualifications, functions or duties of a person holding a license under Chapter 17 of Division 3 and Chapter 4 of Part 3 of Division 7 of the Code if to a substantial degree it evidences present or potential unfitness of a person holding a license to perform the

functions authorized by his or her license in a manner consistent with the public health, safety or welfare.

NOTE: Authority cited: Sections 4980.60 and 4990.14, Business and Professions Code. Reference: Sections 481, 490 and 4982, Business and Professions Code.

§ 1813. Criteria for Rehabilitation—Denial of Licensure.

When considering the denial of a license or registration under Section 480 of the Code, the board, in evaluating the rehabilitation of the applicant and his or her present eligibility for a license or registration shall consider the following criteria:

(a) The nature and severity of the act(s) or crime(s) under consideration as grounds for denial.

(b) Evidence of any act(s) committed subsequent to the act(s) or crime(s) under consideration as grounds for denial which also could be considered as grounds for denial under Section 480 of the Code.

(c) The time that has elapsed since commission of the act(s) or crime(s) referred to in Section 480 of the Code.

(d) The extent to which the applicant has complied with any terms of probation, parole, restitution, or any other sanctions lawfully imposed against the applicant.

(e) Evidence, if any, of rehabilitation submitted by the applicant.

NOTE: Authority cited: Sections 4980.60 and 4990.14, Business and Professions Code. Reference: Sections 482 and 4982, Business and Professions Code.

§ 1814. Criteria for Rehabilitation—Suspensions or Revocations.

(a) When considering the suspension or revocation of a license, the board, in evaluating the rehabilitation of such person and his or her eligibility for a license will consider the following criteria:

(1) Nature and severity of the act(s) or crime(s) under consideration as grounds for suspension or revocation.

(2) Evidence of any act(s) committed subsequent to the act(s) or crime(s) under consideration as grounds for suspension or revocation under Section 490 of the Code.

(3) The time that has elapsed since commission of the act(s) or crime(s) giving rise to the suspension or revocation.

(4) Whether the licensee has complied with any terms of probation, parole, restitution or any other sanctions lawfully imposed against such person.

(5) If applicable, evidence of expungement proceedings pursuant to Section 1203.4 of the Penal Code.

(6) Evidence, if any, concerning the degree to which a false statement relative to application for licensure may have been unintentional, inadvertent or immaterial.

(7) Efforts made by the applicant either to correct a false statement once made on an application or to conceal the truth concerning facts required to be disclosed.

(8) Evidence, if any, of rehabilitation submitted by the licensee.

(b) When considering a petition for reinstatement of a license or registration under the provisions of Section 11522 of the Government Code, the board shall evaluate evidence of rehabilitation submitted by the petitioner considering those criteria specified in Section 1813 of this article.

NOTE: Authority cited: Sections 4980.60 and 4990.14, Business and Professions Code. Reference: Sections 482 and 4982, Business and Professions Code.

§ 1815. Oral Examination Appeals.

NOTE: Authority cited: Sections 4980.60 and 4990.14, Business and Professions Code. Reference: Sections 4980.50, 4984.7, 4986.80, 4992.1 and 4996.3, Business and Professions Code.

Article 2. Fees

§ 1816. Renewal Fees.

(a) The biennial renewal fee for a marriage, family and child counselor is one hundred fifty dollars ($150.00). For those persons whose license expires on or after July 1, 1998, the biennial renewal fee shall be one hundred thirty dollars ($130.00) except for the period of time in subsection (h).

(b) The biennial renewal fee for a licensed clinical social worker is one hundred fifty dollars ($150.00). For those persons whose license expires on or after July 1, 1998, the biennial renewal fee shall be one hundred dollars ($100.00) except for the period of time in subsection (i).

(c) The biennial renewal fee for a licensed educational psychologist is eighty dollars ($80.00) for each person whose license expires on or after July 1, 1998 except for the period of time in subsection (j).

(d) The biennial renewal fee for a board–approved continuing education provider is two hundred dollars ($200.00).

(e) The annual renewal fee for intern registration is seventy–five dollars ($75.00).

(f) The annual renewal fee for associate clinical social worker registration is seventy–five dollars ($75.00).

(g) The fee for associate clinical social worker extension is fifty dollars ($50.00).

(h) For the period of January 1, 2001 through December 31, 2002, the biennial renewal fee for a marriage, family, and child counselor is twenty–five dollars ($25.00).

(i) For the period of January 1, 2001 through December 31, 2002, the biennial renewal fee for a licensed clinical social worker is twenty–five dollars ($25.00).

(j) For the period of January 1, 2001 through December 31, 2002, the biennial renewal fee for a licensed educational psychologist is twenty–five dollars ($25.00).

NOTE: Authority cited: Sections 4980.54, 4980.60, 4990.14 and 4994.1, Business and Professions Code. Reference: Sections 4980.54, 4984.7, 4986.80, 4994.1, 4996.6, 4996.18 and 4996.22, Business and Professions Code.

§ 1816.1. Initial License and Registration Fees.

(a) On or after July 1, 1998, the fee for issuance of the initial marriage, family and child counselor license shall be one hundred thirty dollars ($130.00).

(b) On or after July 1, 1998, the fee for issuance of the initial clinical social worker license shall be one hundred dollars ($100.00).

(c) On or after July 1, 1998, the fee for issuance of the initial educational psychologist license shall be eighty dollars ($80.00).

(d) The fee for issuance of the initial intern registration shall be seventy–five dollars ($75.00).

(e) The fee for issuance of the initial associate clinical social worker registration shall be seventy–five dollars ($75.00).

NOTE: Authority cited: Sections 4980.60, 4990.14 and 4994.1, Business and Professions Code. Reference: Sections 4984.7, 4986.80, 4994.1, 4996.3 and 4996.18, Business and Professions Code.

§ 1816.2. Written Examination and Re–Examination Fees.

(a) The examination and re–examination fee for the standard written examination of the licensed clinical social worker shall be one hundred dollars ($100.00).

(b) The examination and re–examination fee for the written clinical vignette examination of the licensed clinical social worker shall be one hundred dollars ($100.00).

(c) The examination and re–examination fee for the standard written examination of the marriage and family therapist shall be one hundred dollars ($100.00).

(d) The examination and re–examination fee for the written clinical vignette examination of the marriage and family therapist shall be one hundred dollars ($100.00).

(e) The examination and re–examination fee for the written examination of the licensed educational psychologist shall be one hundred dollars ($100.00).

NOTE: Authority cited: Sections 4980.60 and 4990.14, Business and Professions Code. Reference: Sections 4984.7, 4986.80, 4996.3(a) and 4996.4, Business and Professions Code.

§ 1816.3. Examination Rescoring Fees.

The fee for rescoring any marriage and family therapist, licensed clinical social worker, or licensed educational psychologist written examination shall be twenty dollars ($20.00).

NOTE: Authority cited: Sections 4980.60 and 4990.14, Business and Professions Code. Reference: Sections 4984.7, 4986.80 and 4996.3, Business and Professions Code.

§ 1816.4. Examination Application Fees.

(a) The examination application fee for the marriage, family, and child counselor shall be one hundred dollars ($100.00).

(b) The examination application fee for the licensed clinical social worker shall be one hundred dollars ($100.00).

(c) The examination application fee for the licensed educational psychologist shall be one hundred dollars ($100.00).

NOTE: Authority cited: Sections 4980.60 and 4990.14, Business and Professions Code. Reference: Sections 4984.7, 4986.80 and 4996.3, Business and Professions Code.

§ 1816.5. Replacement and Certification Fees.

(a) The fee for issuance of any replacement registration, license, or certificate shall be twenty dollars ($20.00).

(b) The fee for issuance of a certificate or letter of good standing shall be twenty–five dollars ($25.00).

NOTE: Authority cited: Sections 4980.60 and 4990.14, Business and Professions Code. Reference: Sections 4984.7, 4986.80 and 4996.6, Business and Professions Code.

§ 1816.6. Inactive License Fees.

(a) The fee for issuance of the inactive marriage, family, and child counselor license shall be sixty–five dollars ($65.00) except for the period of time in subsection (d).

(b) The fee for issuance of the inactive licensed clinical social worker license shall be fifty dollars ($50.00) except for the period of time in subsection (e).

(c) The fee for issuance of the inactive licensed educational psychologist license shall be forty dollars ($40.00) except for the period of time in subsection (f).

(d) For the period of January 1, 2001 through December 31, 2002, the fee for issuance of the inactive marriage, family, and child counselor license shall be twelve dollars and fifty cents ($12.50).

(e) For the period of January 1, 2001 through December 31, 2002, the fee for issuance of the inactive licensed clinical social worker license shall be twelve dollars and fifty cents ($12.50).

(f) For the period of January 1, 2001 through December 31, 2002, the fee for issuance of the inactive licensed educational psychologist license shall be twelve dollars and fifty cents ($12.50).

NOTE: Authority cited: Sections 4980.60 and 4990.14, Business and Professions Code. Reference: Sections 4984.8, 4986.82 and 4997, Business and Professions Code.

§ 1816.7. Delinquent License Fees.

(a) The delinquency fee for the marriage, family, and child counselor license shall be sixty–five dollars ($65.00) except for the period of time in subsection (d).

(b) The delinquency fee for the licensed clinical social worker license shall be fifty dollars ($50.00) except for the period of time in subsection (e).

(c) The delinquency fee for the licensed educational psychologist license shall be forty dollars ($40.00) except for the period of time in subsection (f).

(d) For the period of January 1, 2001 through December 31, 2002, the delinquency fee for the marriage, family, and child counselor license shall be twenty–five dollars ($25.00).

(e) For the period of January 1, 2001 through December 31, 2002, the delinquency fee for the licensed clinical social worker license shall be twenty–five dollars ($25.00).

(f) For the period of January 1, 2001 through December 31, 2002, the delinquency fee for the licensed educational psychologist license shall be twenty–five dollars ($25.00).

NOTE: Authority cited: Sections 4980.60 and 4990.14, Business and Professions Code. Reference: Sections 4984.7, 4986.80 and 4996.6, Business and Professions Code.

§ 1817. Professional Corporation Fees.

NOTE: Authority cited: Sections 4980.60 and 4990.14, Business and Professions Code. Reference: Sections 4987.6, 4987.7, 4998.1 and 4998.2, Business and Professions Code.

§ 1818. Licensed Educational Psychologist Fees.

NOTE: Authority cited: Section 4980.60, Business and Professions Code. Reference: Sections 152.6 and 4986.80, Business and Professions Code.

§ 1819. Refund of Application Fee.

§ 1819.1. Continuing Education Provider Fees.

The application fee for board approval as a continuing education provider is two hundred dollars ($200.00). This fee also covers the issuance of the initial two–year continuing education provider approval.

NOTE: Authority cited: Sections 4980.60 and 4990.14, Business and Professions Code. Reference: Sections 4980.54 and 4996.22, Business and Professions Code.

Article 3. Registered Social Workers

§ 1820. Definition of Registered Social Worker.

§ 1821. Eligibility for Examination.

NOTE: Reference: Section 9023, Business and Professions Code.

§ 1821.5. Verification.

NOTE: Reference: Sections 9022 and 9023, Business and Professions Code.

§ 1822. Graduates of Foreign Schools.

§ 1823. Results of Examination.

NOTE: Reference: Sections 9006 and 9011, Business and Professions Code.

Article 4. Marriage, Family and Child Counselors

§ 1829. Examinations.

The written examinations shall consist of the following:

(a) A standard written examination designed to determine an applicant's knowledge, familiarity with the field, and practical understanding of the principles, techniques, objectives, theory and laws under which he or she must operate; and

(b) A written clinical vignette examination designed to assess the applicant's judgment, knowledge of the application of psychosocial and psychotherapeutic methods and measures in treatment, and ability to assume professional responsibilities.

NOTE: Authority cited: Sections 4980.40 and 4980.60, Business and Professions Code. Reference: Section 4980.40, Business and Professions Code.

§ 1830. Education Requirements of Application.

NOTE: Authority cited: Section 4980.60, Business and Professions Code. Reference: Sections 25, 4980.40 and 4980.41, Business and Professions Code.

§ 1831. Minimum Educational Requirements.

§ 1832. Equivalent Accrediting Agencies.

The following accrediting agencies are essentially equivalent to Western College Association, which has been renamed the Western Association of Schools and Colleges, and Northwest Association of Secondary and Higher Schools:

(a) Middle States Association of Colleges and Secondary Schools.

(b) New England Association of Schools and Colleges.

(c) North Central Association of Colleges and Secondary Schools.

(d) Southern Association of Colleges and Schools.

(e) The Credentials Evaluation Service of the International Education Research Foundation, Inc. when it evaluates the foreign degree as being equivalent to the required degrees, and those foreign degree programs meet the educational requirements for equivalent degrees and the specific course content and educational requirements as set forth in sections 4980.40 and 4980.41 of the Code.

(f) State of California, Department of Education, Bureau of School Approvals with respect to its functions under Education Code section 29023(a)(2), when applied to master's degree and/or doctoral programs which meet the requirements for an equivalent degree pursuant to section 1830 of these regulations, and the specific course content and educational requirements as set forth in sections 4980.40 and 4980.41, of the Code.

NOTE: Authority cited: Section 4980.60, Business and Professions Code. Reference:Sections 4980.40 and 4980.41, Business and Professions Code.

§ 1833. Experience.

(a) In order for experience to qualify under Section 4980.40(f) of the code, it must meet the following criteria:

(1) It must have been gained in accordance with Sections 4980.42 through 4980.45 of the Code and the regulations contained in this article.

(2) Experience shall not be credited for more than forty (40) hours in any week.

(3) No more than five hundred (500) hours of experience will be credited for providing group therapy or group counseling.

(4) No more than two hundred fifty (250) hours of experience will be credited for administering and evaluating psychological tests of counselees, writing clinical reports, writing progress notes, or writing process notes; except that for any person who enrolled in a qualifying degree program prior to January 1, 1990, no more than five hundred (500) hours of experience may be credited for such activities.

(5) For any person who enrolls in a qualifying degree program on or after January 1, 1990, no more than two hundred fifty (250) hours of experience will be credited for actual time spent counseling or crisis counseling on the telephone.

(6) For any person who enrolls in a qualifying degree program on or after January 1, 1990, not less than five hundred (500) total hours of experience shall have been gained in diagnosing and treating couples, families and children.

(b) The term "supervision", as used in this article, includes ensuring that the extent, kind, and quality of counseling performed is consistent with the education, training, and experience of the person being supervised; reviewing client/patient records, monitoring and evaluating assessment, diagnosis, and treatment decisions of the intern or trainee; monitoring and evaluating the ability of the intern or trainee to provide services at the site(s) where he or she will be practicing and to the particular clientele being served; and ensuring compliance with laws and regulations governing the practice of marriage, family, and child counseling. Supervision shall include that amount of direct observation, or review of audio or video tapes of therapy, as deemed appropriate by the supervisor. Supervision shall be credited only upon the following conditions:

(1) During each week in which experience is claimed and for each work setting in which experience is gained, an applicant shall have at least one (1) hour of one–on–one, individual, face–to–face supervisor contact or two (2) hours of face–to–face supervisor contact in a group of not more than eight (8) persons receiving supervision. No more than five (5) hours of supervision, whether individual or group, shall be credited during any single week.

(2) The applicant shall have received at least one (1) hour of one–on–one, individual, face–to–face supervisor contact per week for a minimum of fifty–two (52) weeks.

(3) Any experience obtained under the supervision of a spouse, relative, or domestic partner shall not be credited toward the required hours of supervised experience. Any experience obtained under the supervision of a supervisor with whom the applicant has had or currently has a personal or business relationship which undermines the authority or effectiveness of the supervisor shall not be credited toward the required hours of supervised experience.

(4) In a setting which is not a private practice, the authorized supervisor may be employed by the applicant's employer on either a paid or a voluntary basis. If such employment is on a voluntary basis, a written agreement must be executed between the supervisor and the organization, prior to commencement of supervision, in which the supervisor agrees to ensure that the extent, kind, and quality of counseling performed by the intern or trainee is consistent with the intern or trainee's training, education, and experience, and is appropriate in extent, kind, and quality. The agreement shall contain an acknowledgment by the employer that the employer:

(A) Is aware of the licensing requirements that must be met by the intern or trainee and agrees not to interfere with the supervisor's legal and ethical obligations to ensure compliance with those requirements; and

(B) Agrees to provide the supervisor access to clinical records of the clients counseled by the intern or trainee.

(c) Professional enrichment activities may be credited toward the experience requirement as specified in this article and by Section 4980.43(d)(1) of the Code.

(1) No more than two hundred fifty (250) hours of verified attendance, with the approval of the applicant's supervisor, at workshops, seminars, training sessions, or conferences directly related to marriage, family, and child counseling will be credited.

(2) No more than one hundred (100) hours of psychotherapy, which will be triple counted, received as specified in Section 4980.43(d)(2) of the Code, will be credited.

(d) Experience gained by interns and trainees shall be subject to the following conditions, as applicable:

(1) When an intern employed in private practice is supervised by someone other than the employer, the supervisor must be employed by and practice at the same site(s) as the intern's employer.

(2) A trainee shall not perform services in a private practice.

(3) Interns and trainees may only perform services as employees or volunteers and not as independent contractors.

(e) Effective January 1, 1991, trainees and interns shall maintain a log of all hours of experience gained toward licensure. The log shall be in the form specified below and shall be signed by the supervisor on a weekly basis. An applicant shall retain all logs until such time as the applicant is licensed by the board. The board shall have the right to require an applicant to submit all or such portions of the log as it deems necessary to verify hours of experience.

STATE OF CALIFORNIA
WEEKLY SUMMARY OF HOURS OF EXPERIENCE
1800 37A–524(REV. 1/99)

BOARD OF BEHAVIORAL SCIENCES
400 R ST., SUITE 3150, SACRAMENTO, CA 95814–6240
TELEPHONE: (916)445–4933 TDD: (916)322–1700
WEBSITE ADDRESS: http://www.bbs.ca.gov

Note: Child Counseling can be logged in any appropriate category as specified by your supervisor.
THIS FORM SHALL BE COMPLETED PURSUANT TO TITLE 16, CALIFORNIA CODE OF REGULATIONS SECTION 1833(e).
(Use a separate log for each supervised work setting and for each status indicated below.)

YEAR_____

Name of MFCC Intern/Trainee_____ BBS File No. *(if known)*_____

Work Setting:_____
Name and Address of Employer

Date enrolled in graduate degree program _____

Indicate the status of the MFCC Intern for the hours logged:

- ☐ Trainee
- ☐ Trainee in Practicum
- ☐ Post–Degree with Application Pending for Intern Registration [B & P Code Section 4980.43(h)]
- ☐ Registered Intern (MFCC Intern No. _____)

WEEK OF:														Total Hours
Individual Psychotherapy (performed by you)														
Couples, Families, and Children (min. 500 hrs.)														
Group Therapy or Counseling (performed by you)														
Telephone Counseling (actual counseling time performed by you)														
Administering & Evaluating Psych. Tests, Writing Clinical Reports, writing progress or process notes														
Supervision, Individual Face–to–Face														
Supervision, Group														
Workshops, Seminars, Training Sessions or Conferences														
Total Per Week														
SIGNATURE OF SUPERVISOR														

This form may be reproduced

NOTE: Authority cited: Sections 4980.35 and 4980.60, Business and Professions Code. Reference: Sections 4980.35, 4980.40(f), and 4980.42 through 4980.45, Business and Professions Code.

§ 1833.1. Requirements for Supervisors.

(a) Any person supervising an intern or trainee (hereinafter "supervisor") within California shall comply with the requirements set forth below and shall, prior to the commencement of such supervision, sign under penalty of perjury the "Responsibility Statement for Supervisors of a Marriage, Family, and Child Counselor Trainee or Intern" revised 1–00, requiring that:

(1) The supervisor possesses and maintains a current valid California license as either a marriage, family, and child counselor, licensed clinical social worker, licensed psychologist, or physician who is certified in psychiatry as specified in Section 4980.40(f) of the Code and has been so licensed in California for at least two years prior to commencing any supervision; or

(A) Provides supervision only to trainees at an academic institution that offers a qualifying degree program as specified in Section 4980.40(a) of the Code; and

(B) Has been licensed in California as specified in Section 4980.40(f) of the Code, and in any other state, for a total of at least two years prior to commencing any supervision.

(2) If such supervisor is not licensed as a marriage, family, and child counselor, he or she shall have sufficient experience, training, and education in marriage, family, and child counseling to competently practice marriage, family, and child counseling in California.

(3) The supervisor keeps himself or herself informed of developments in marriage, family, and child counseling and in California law governing the practice of marriage, family, and child counseling.

(4) The supervisor has and maintains a current license in good standing and will immediately notify the intern or trainee of any disciplinary action, including revocation or suspension, even if stayed, probation terms, inactive license status, or lapse in licensure, that affects the supervisor's ability or right to supervise.

(5) The supervisor has practiced psychotherapy for at least two (2) years within the five (5) year period immediately preceding any supervision and has averaged at least five (5) patient/client contact hours per week.

(6) The supervisor has had sufficient experience, training and education in the area of clinical supervision to competently supervise trainees or interns.

(A) Effective January 1, 2000, supervisors who are licensed by the board shall complete a minimum of six (6) hours of supervision training or coursework every two years. This training or coursework may apply towards the continuing education requirements set forth in Sections 4980.54 and 4996.22 of the Code.

(B) Supervisors who are licensed by the board who have completed a minimum of six (6) hours of supervision training or coursework between 1, 1997, and December 31, 1999, may apply that training towards the requirement described in subsection (A).

(C) Supervisors who are licensed by the board who commence supervision on and after January 1, 2000, and have not met requirements of subsection (A), shall complete a minimum of six (6) hours of supervision training or coursework within sixty (60) days of commencement of supervision.

(7) The supervisor knows and understands the laws and regulations pertaining to both the supervision of trainees and interns and the experience required for licensure as a marriage, family, and child counselor.

(8) The supervisor shall ensure that the extent, kind, and quality of counseling performed is consistent with the education, training, and experience of the intern or trainee.

(9) The supervisor shall monitor and evaluate the extent, kind, and quality of counseling performed by the intern or trainee by direct observation, review of audio or video tapes of therapy, review of progress and process notes and other treatment records, or by any other means deemed appropriate by the supervisor.

(10) The supervisor shall address with the intern or trainee the manner in which emergencies will be handled.

(11) The supervisor agrees not to provide supervision to a trainee unless the trainee is a volunteer or employed in one of the following work settings permitted by law:

(A) a governmental entity

(B) a school, college or university

(C) a nonprofit and charitable corporation

(D) a licensed health facility (Health and Safety Code Sections 1250, 1250.2 and 1250.3)

(E) a social rehabilitation facility or a community treatment facility (Health and Safety Code Section 1502(a))

(F) a pediatric day health and respite care facility (Health and Safety Code Section 1760.2)

(G) a licensed alcoholism or drug abuse recovery or treatment facility (Health and Safety Code Section 11834.02)

(12) The supervisor agrees not to provide supervision to an intern unless the intern is a volunteer or employed in one of the following work settings permitted by law:

(A) a governmental entity

(B) a school, college or university

(C) a nonprofit and charitable corporation

(D) a licensed health facility (Health and Safety Code Sections 1250, 1250.2 and 1250.3)

(E) a social rehabilitation facility or a community treatment facility (Health and Safety Code Section 1502(a))

(F) a pediatric day health and respite care facility (Health and Safety Code Section 1760.2)

(G) a licensed alcoholism or drug abuse recovery or treatment facility (Health and Safety Code Section 11834.02)

(H) a private practice as specified in Section 4980.43(f)

(b) Each supervisor shall provide the intern or trainee with the original signed "Responsibility Statement for Supervisors of a Marriage, Family, and Child Counselor Intern or Trainee" revised 1–00 prior to the commencement of any counseling or supervision. The intern shall provide the board with his or her signed "Responsibility Statement for Supervisors of a Marriage, Family, and Child Counselor Intern or Trainee" revised 1–00 from each supervisor upon application for licensure. The trainee shall provide the board with his or her signed "Responsibility Statement for Supervisors of a Marriage, Family, and Child Counselor Intern or Trainee" revised 1–00 from each supervisor upon application for internship.

(c) A supervisor shall give at least one (1) week's written notice to an intern or trainee of the supervisor's intent not to certify any further hours of experience for such person. A supervisor who has not provided such notice shall sign for hours of experience obtained in good faith where such supervisor actually provided the required supervision.

(d) The supervisor shall obtain from any intern or trainee for which supervision will be provided, the name, address, and telephone number of the intern's or trainee's most recent supervisor and employer.

(e) In any setting that is not a private practice, a supervisor shall evaluate the site(s) where an intern or trainee will be gaining hours of experience toward licensure and shall determine that: (1) the site(s) provides experience which is within the scope of marriage, family, and child counseling; and (2) the experience is in compliance with the requirements set forth in this section.

(f) Upon written request of the board, the supervisor shall provide to the board any documentation which verifies the supervisor's compliance with the requirements set forth in this section.

(g) The supervisor responsibility statement required by this section shall be used for supervisorial relationships commencing on or after 1–1–98.

(h) The board shall not deny hours of experience gained towards licensure by any supervisee due to failure of his or her supervisor to complete the training or coursework requirements in subsection (a)(6).

NOTE: Authority cited: Sections 4980.35, 4980.40(f) and 4980.60, Business and Professions Code. Reference: Sections 4980.35, 4980.40(f), 4980.42–4980.45, 4980.54 and 4996.22, Business and Professions Code.

§ 1833.2. Supervision of Experience Gained Outside of California.

Experience gained outside of California on or after January 1, 1991 must have been supervised in accordance with the following criteria:

At the time of supervision, the supervisor was licensed or certified by the state in which the supervision occurred and possessed a current license which was not under suspension or probation. The supervisor was licensed or certified by that state, for at least two (2) years prior to acting as supervisor, as either a psychologist, clinical social worker, physician certified in psychiatry as specified in Section 4980.40(f) of the code, or a marriage, family and child counselor or similarly titled marriage and family practitioner.

In a state which does not license or certify marriage, family and child counselors or similarly titled marriage and family practitioners, experience may be obtained under the supervision of a person who at the time of supervision held a clinical membership in the American Association of Marriage and Family Therapists for at least two years and who maintained such membership throughout the period of supervision.

NOTE: Authority cited: Sections 4980.35, 4980.40(f) and 4980.60, Business and Professions Code. Reference: Sections 4980.35, 4980.40(f), 4980.42–4980.45 and 4980.90, Business and Professions Code.

§ 1833.3. Reexamination.

An applicant who fails any examination may within one (1) year from the date of that failure retake that examination as regularly scheduled without further application upon payment of the required examination fees. Thereafter, the applicant shall not be eligible for further examination unless a new application is filed, meeting all requirements, and required fees are paid.

NOTE: Authority cited: Section 4980.60, Business and Professions Code. Reference: Sections 4980.40 and 4980.50, Business and Professions Code.

§ 1834. Improper Advertising.

§ 1834.5. Notification of Degrees.

NOTE: Authority cited: Sections 9012 and 17806, Business and Professions Code. Reference: Sections 9023, 17804, 17808, 17820, Business and Professions Code.

§ 1834.6. Criteria for Use of Hypnosis.

NOTE: Authority cited: Section 4980.60, Business and Professions Code. Reference: Sections 4980.02 and 4980.40, Business and Professions Code.

§ 1835. Licensure Required.

NOTE: Authority cited: Section 17806, Business and Professions Code. Reference: Sections 17800, 17800.2, 17800.3, 17800.7, 17801, 17803, 17804, 17804.1, 17804.2, 17804.3, 17804.4, 17804.5, 17805, 17806, 17820 and 17847, Business and Professions Code.

§ 1836. Supervision of Unlicensed Counselors.

§ 1840. Display of License.

§ 1841. Human Sexuality Training.

NOTE: Authority cited: Sections 25, 9012 and 17806, Business and Professions Code. Reference: Sections 25, 9042 and 17804, Business and Professions Code.

§ 1841.1. Human Sexuality Training Required for Licensees.

NOTE: Authority cited: Sections 25, 9012 and 17806, Business and Professions Code. Reference: Sections 25, 9042 and 17804, Business and Professions Code.

§ 1841.2. Renewal Dependent upon Training Documentation.

NOTE: Authority cited: Sections 25, 9012 and 17806, Business and Professions Code. Reference: Sections 25, 9042 and 17804, Business and Professions Code.

§ 1845. Unprofessional Conduct.

As used in Section 4982 of the code, unprofessional conduct includes, but is not limited to:

(a) Performing or holding himself or herself out as able to perform professional services beyond his or her field or fields of competence as established by his or her education, training and/or experience.

(b) Permitting a trainee or intern under his or her supervision or control to perform or permitting the trainee or intern to hold himself or herself out as competent to perform professional services beyond the trainee's or intern's level of education, training and/or experience.

(c) Failing to comply with the child abuse reporting requirements of Penal Code Section 11166.

(d) Failing to comply with the elder and dependent adult abuse reporting requirements of Welfare and Institutions Code Section 15630.

NOTE: Authority cited: Section 4980.60, Business and Professions Code. Reference: Sections 4980.03, 4980.60 and 4982, Business and Professions Code; Section 11166, Penal Code; and Section 15630, Welfare and Institutions Code.

§ 1846. Marriage, Family and Child Counselor Interns.

The registration of each intern shall expire at midnight one year from the last day of the month in which the registration was issued.

NOTE: Authority cited: Section 4980.60, Business and Professions Code. Reference: Sections 4980.03(b), 4980.44 and 4984.7(e), Business and Professions Code.

§ 1846.1. Notification of Employment and Termination of a Registered Marriage, Family and Child Counselor Intern.

NOTE: Authority cited: Section 4980.60, Business and Professions Code. Reference: Sections 4980.40, 4980.42 and 4980.60, Business and Professions Code.

§ 1848. Surrender of Suspended or Revoked Licenses.

Article 4.5. Professional Corporations

§ 1850. Citation of Rules.

NOTE: Authority cited: Sections 9012, 9077, 17806 and 17882, Business and Professions Code. Reference for Article 4.5: Section 17875, et seq., Business and Professions Code; Section 13400, et seq., Corporations Code.

§ 1850.1. Definitions as Used in This Article.

§ 1850.2. Professional Relationships, Responsibilities and Conduct Not Affected

§ 1850.3. Office for Filing.

§ 1850.4. Application: Review of Refusal to Approve.

§ 1850.5. Requirements for Issuance of Certificate of Registration.

§ 1850.6. Name of Corporation.

The wording or abbreviation denoting corporate existence shall be limited to one of the following: "Professional Corporation," "Prof. Corp.," "Corporation," "Corp.," "Incorporated," or "Inc."

NOTE: Authority cited: Sections 4980.60 and 4990.14, Business and Professions Code. Reference: Sections 4987.8 and 4998.3, Business and Professions Code.

§ 1850.7. Shares: Ownership and Transfer.

(a) The shares of a marriage, family and child counseling

corporation may be issued or transferred only to the issuing corporation or to an appropriately licensed person in accordance with Section 13401.5 of the Corporations Code.

(b) The shares of a licensed clinical social worker corporation may be issued or transferred only to the issuing corporation or to an appropriately licensed person in accordance with Section 13401.5 of the Corporations Code.

(c) Where there are two or more shareholders in a corporation and one of its shareholders dies, or becomes a disqualified person as defined in Section 13401(d) of the Corporations Code, for a period exceeding ninety (90) days, his or her shares shall be sold and transferred to a licensed person or to the issuing corporation, on such terms as are agreed upon. Such sale or transfer shall not be later than six (6) months after any such death and not later than ninety (90) days after the date the shareholder became a disqualified person.

(d) A corporation and its shareholders may, but need not, agree that shares sold to it by a person who becomes a disqualified person may be resold to such person if and when he or she again ceases to become a disqualified person.

(e) The restrictions of subdivisions (a) or (b) where appropriate and, if appropriate, subdivision (c) of this section shall be set forth in the corporation's by–laws or articles of incorporation.

(f) The income of the corporation attributable to professional, licensed services rendered while a shareholder is a disqualified person shall not in any manner accrue to the benefit of such shareholder or his or her shares.

(g) The share certificates of the corporation shall contain either:

(1) An appropriate legend setting forth the restriction of subdivision (a) or (b) where appropriate , and where applicable, the restriction of subdivision (c), or

(2) An appropriate legend stating that ownership and transfer of the shares are restricted and specifically referring to an identified section of the by–laws or articles of incorporation of the corporation wherein the restrictions are set forth.

NOTE: Authority cited: Sections 4980.60 and 4990.14, Business and Professions Code. Reference: Sections 4987.9, 4988, 4998.4 and 4998.5, Business and Professions Code; and Sections 13401, 13401.5, 13403 and 13407, Corporations Code.

§ 1850.8. Certificate of Registration: Continuing Validity: Reports.

NOTE: Authority cited: Sections 4980.60 and 4990.14, Business and Professions Code. Reference: Sections 4987.6, 4987.7, 4998, 4998.1 and 4998.2, Business and Professions Code.

Article 5. Licensed Educational Psychologists

§ 1854. Equivalent Degrees.

Degrees deemed equivalent to those specified in Section 4986.20(a) of the Code shall include a master's degree or its equivalent obtained from a college or university accredited by one of the following agencies:

(a) Western Association of Schools and Colleges.

(b) Northwest Association of Secondary and Higher Schools.

(c) Middle States Association of Colleges and Secondary Schools.

(d) New England Association of Colleges and Secondary Schools.

(e) North Central Association of Colleges and Secondary Schools.

(f) Southern Association of Colleges and Schools.

(g) The Credentials Evaluation Service of the International Education Research Foundation, Inc., where it evaluates the foreign degree as being equivalent to the required degree or degrees.

NOTE: Authority cited: Section 4980.60, Business and Professions Code. Reference: Section 4986.20(a), Business and Professions Code.

§ 1855. Equivalent Experience in Pupil Personnel Services.

Semester hours in instructing a course in pupil personnel services approved by the board and offered by an institution accredited by one of the accrediting agencies set forth in Section 1854 above shall be deemed equivalent, within the meaning of Section 4986.20(d) of the Code, to semester hours of postgraduate work devoted to pupil personnel services under the following conditions:

(1) The applicant has instructed the particular course for at least two semesters;

(2) The particular course has not been submitted by the applicant for credit as a postgraduate course; and

(3) The particular course is not a practicum or field work course.

In addition to the above, the board may, in its discretion, recognize other experience as equivalent to semester hours of postgraduate work devoted to pupil personnel services.

NOTE: Authority cited: Section 4980.60, Business and Professions Code. Reference: Section 4986.20, Business and Professions Code.

§ 1856. Experience Equivalent to Three (3) Years Full–Time Experience as Credentialed School Psychologist.

(a) No more than one year of experience will be granted for any 12 month period.

(b) Part time experience may be accumulated provided that the experience is obtained within six (6) calendar years.

(c) Experience as a credentialed school psychologist employed by a parochial or private school may, at the board's discretion, be deemed equivalent to experience as a credentialed school psychologist in the public schools.

(d) Persons meeting this requirement must verify this experience by written statements from their sponsors as specified in Section 4986.20 of the Code. These statements shall include information regarding the applicant's:

(1) Skill in the administration of standardized individual tests for subjects varying from three (3) to twenty–one (21) years of age.

(2) Skill in the interpretation of results to parents, teachers, administrators, admissions committees, or other appropriate parties.

(3) Skill in the classification of subjects for special programming based on existing legislation.

(4) Recognition and diagnosis of learning problems with recommendations for solution of the problems.

(5) Recognition and amelioration of behavior problems.

(6) Interpretation of scores of standardized group tests.

(7) Skills in the use of psychological counseling or other therapeutic techniques with children and parents.

NOTE: Authority cited: Section 4980.60, Business and Professions Code. Reference: Section 4986.20, Business and Professions Code.

§ 1857. Experience Equivalent to One Year of Supervised Professional Experience.

(a) An applicant who has completed a minimum of seven hundred and twenty (720) clock hours under professional supervision as specified herein in the following experiences shall be deemed to have suitable experience equivalent to one year of supervised professional experience in an accredited school psychology program, or under the direction of a licensed psychologist:

(1) Utilization of all instruments presented within the prescribed course of study in the educational institution attended, with a wide variety of subjects (generally inclusive of WAIS, WISC, Binet, and group tests).

(2) Administration of additional tests commonly employed in the field by school psychologists.

(3) Consulting with teachers concerning learning and behavior problems of children enrolled in special education programs.

(4) Referral to and use of community agencies.

(5) Oral and written communication of results in accordance with the local supervisor's requirements.

(b) The local supervisor shall consult with the intern at least once weekly during the period of internship and shall:

(1) Possess a valid credential in school psychology; and

(2) Have a minimum of two (2) years experience in the field of school psychology.

(c) The general supervisor shall arrange for and coordinate intern placement with the local supervisor, and shall consult with the intern and/or the local supervisor at least three times during the period of internship. A general supervisor shall be qualified as one of the following:

(1) A credentialed school psychologist;

(2) A licensed psychologist;

(3) A licensed educational psychologist;

(4) A state or accredited training institution designated supervisor of school psychology trainees.

NOTE: Authority cited: Section 4980.60, Business and Professions Code. Reference: Section 4980.20, Business and Professions Code.

§ 1858. Unprofessional Conduct.

The Board may suspend or revoke the license of a licensee who:

(a) Misrepresents the type or status of license held by the licensee.

(b) Impersonates a licensee or who allows another person to use his or her license.

(c) Aids or abets an unlicensed person to engage in conduct requiring a license.

(d) Intentionally or recklessly causes physical or emotional harm to a client.

(e) Commits any dishonest, corrupt, or fraudulent act which is substantially related to the qualifications, functions or duties of a licensee.

(f) When employed by another person or agency, encourages, either orally or in writing, the employer's or agency's clientele to utilize his or her private practice for further counseling without the approval of the employing agency or administration.

(g) Misrepresents or permits the misrepresentation of his or her professional qualifications, affiliations, or purposes.

(h) Has sexual relations with a client, or who solicits sexual relations with a client, or who commits an act of sexual abuse, or who commits an act of sexual misconduct, or who commits an act punishable as a sexual related crime if such act or solicitation is substantially related to the qualifications, functions or duties of an educational psychologist.

(i) Performs or holds himself or herself out as able to perform professional services beyond his or her field or fields of competence as established by his or her education, training and/or experience.

(j) Permits a person under his or her supervision or control to perform or permits such person to hold himself or herself out as competent to perform professional services beyond the level of education, training and/or experience of that person.

(k) Fails to maintain the confidentiality, except as otherwise required or permitted by law, of all information that has been received from a client during the course of treatment and all information about the client which is obtained from tests or other such means.

(*l*) Prior to the commencement of treatment, fails to disclose to the client, or prospective client, the fee to be charged for the professional services, or the basis upon which such fee will be computed.

(m) Advertises in a manner which is false or misleading.

(n) Reproduces or describes in public or in publications subject to general public distribution, any psychological test or other assessment device, the value of which depends in whole or in part on the naivete of the subject, in ways that might invalidate such test or device. An Educational Psychologist shall limit access to such test or device to persons with professional interests who can be expected to safeguard their use.

(o) Fails to comply with the child abuse reporting requirements of Penal Code Section 11166.

(p) Fails to comply with the elder and adult dependent abuse reporting requirements of Welfare and Institutions Code Section 15630.

NOTE: Authority cited: Section 4987, Business and Professions Code. Reference: Sections 730, 4986.70, 4986.71 and 4987, Business and Professions Code; Section 11166, Penal Code; and Section 15630, Welfare and Institutions Code.

§ 1863. Application and Renewal Fees.

Article 6. Licensed Clinical Social Workers

§ 1870. Requirements for Associate Clinical Social Worker Supervisors.

(a) Any person supervising an associate clinical social worker registered with the board on and after May 10, 1999, (hereinafter called "supervisor") within California shall comply with the requirements set forth below and shall, prior to the commencement of such supervision, sign under penalty of perjury the "Responsibility Statement for Supervisors of an Associate Clinical Worker" (revised 09/01), which requires that:

(1) The supervisor possesses and will maintain a current valid California license as either a licensed clinical social worker or a licensed mental health professional acceptable to the Board as specified in Section 4996.21(b) of the Code and Section 1874 of California Code of Regulations.

(2) The supervisor has and will maintain a current license in good standing and will immediately notify the associate of any disciplinary action, including revocation, suspension (even if stayed), probation terms, inactive license, or lapse in licensure, that affects the supervisor's ability or right to supervise.

(3) The supervisor has practiced psychotherapy as part of his/her clinical experience for at least two (2) years within the last five (5) years immediately preceding supervision.

(4) The supervisor has had sufficient experience, training and education in the area of clinical supervision to competently supervise associates. Effective January 1, 2001, supervisors who are licensed by the board shall have:

(A) A minimum of fifteen (15) contact hours in supervision training obtained from a state agency or approved continuing education provider. This training may apply towards the approved continuing education requirements set forth in Sections 4980.54 and 4996.22 of the Code. The content of such training shall include, but not be limited to:

1. familiarity with supervision literature through reading assignments specified by course instructors;

2. facilitation of therapist–client and supervisor–therapist relationships;

3. evaluation and identification of problems in therapist–client and supervision–therapist relationships;

4. structuring to maximize supervision, including times and conditions of supervision sessions, problem solving ability, and implementing supervisor interventions within a range of supervisory modalities including live, videotape, audiotape, and case report methods;

5. knowledge of contextual variables such as culture, gender, ethnicity, and economic issues; and

6. the practice of clinical social work, including the mandated reporting laws, and knowledge of ethical and legal issues.

(5) The supervisor knows and understands the laws and regulations pertaining to both supervision of associates and the experience required for licensure as a clinical social worker.

(6) The supervisor shall ensure that the extent, kind and quality of clinical social work performed is consistent with the training and experience of the person being supervised and shall review client/patient records, monitor and evaluate assessment and treatment decisions of the associate clinical social worker, and monitor and evaluate the ability of the associate to provide services at the site(s) where he or she will be practicing and to the particular clientele being served, and ensure compliance with all laws and regulations governing the practice of clinical social work.

(7) Effective January 1, 1999, the supervisor and the associate shall develop the "Supervisory Plan" as described in Section 1870.1. of the California Code of Regulations. This original signed plan shall be

submitted to the board within 30 days of commencement of any supervision.

(8) The supervisor shall provide the board with the original, signed "Responsibility Statement for Supervisors of an Associate Clinical Social Worker" (revised 09/01), within 30 days of commencement of any supervision. A copy of this form shall be provided to the associate by the supervisor.

(9) A supervisor shall give at least one (1) week's written notice to an associate of the supervisor's intent not to certify any further hours of experience for such person. A supervisor who has not provided such notice shall sign for hours of experience obtained in good faith where such supervisor actually provided the required supervision.

(10) At the time of termination of supervision, the supervisor shall complete the "Termination of Supervision" (new 11–98). This original signed form shall be submitted to the board by the supervisor within 30 days of termination of supervision.

(11) Effective January 1, 1999, the supervisor shall complete an assessment of the ongoing strengths and limitations of the associate. The assessments shall be completed at least once a year and at the completion or termination of supervision. A copy of all assessments shall be provided to the associate by the supervisor.

(12) Upon written request of the board, the supervisor shall provide to the board any documentation which verifies the supervisor's compliance with the requirements set forth in this section.

NOTE: Authority cited: Section 4990.14, Business and Professions Code. Reference: Section 4996.21, Business and Professions Code.

§ 1870.1. Supervisory Plan.

(a) On and after January 1, 1999, all associate clinical social workers and licensed clinical social workers or licensed mental health professionals acceptable to the board as defined in Section 1874 who assume responsibility for providing supervision shall develop a supervisory plan that describes the goals and objectives of supervision and shall complete and sign under penalty of perjury the "Supervisory Plan", (form no. 1800 37A–521, revised 02–99), hereby incorporated by reference.

(b) This supervisory plan shall be completed by each supervisor providing supervision and the original signed plan shall be submitted by the associate clinical social worker to the board within 30 days of commencing supervision.

NOTE: Authority cited: Section 4990.14, Business and Professions Code. Reference: Sections 4996.18 and 4996.21, Business and Professions Code.

§ 1873. Experience.

NOTE: Authority cited: Section 4990.14, Business and Professions Code. Reference: Sections 4992.1 and 4996.2, Business and Professions Code.

§ 1874. Definition of Acceptable Mental Health Professionals.

For purposes of Sections 4996.20(b) and 4996.21(b), a licensed mental health professional acceptable to the board is one who, at the time of supervision, has possessed for at least two years a valid license as a psychologist, marriage, family and child counselor or physician certified in psychiatry by the American Board of Psychiatry and Neurology.

NOTE: Authority cited: Section 4990.14, Business and Professions Code. Reference: Sections 4996.20 and 4996.21, Business and Professions Code.

§ 1876. Professional Supervision or Consultation.

NOTE: Authority cited: Section 4990.14, Business and Professions Code. Reference: Sections 4992.1 and 4996.2, Business and Professions Code.

§ 1877. Examinations.

The written examinations shall consist of the following:

(a) A standard written examination designed to determine an applicant's knowledge, familiarity with the field, and practical understanding of the principles, techniques, objectives, theory and laws under which he or she must operate; and

(b) A written clinical vignette examination designed to assess the applicant's judgment, knowledge of the application of psychosocial and psychotherapeutic methods and measures in treatment, and ability to assume professional responsibilities.

NOTE: Authority cited: Section 4990.14, Business and Professions Code. Reference: Section 4992.1, Business and Professions Code.

§ 1878. Human Sexuality Training.

NOTE: Authority cited: Sections 25, 9012 and 17806, Business and Professions Code. Reference: Sections 25, 9042 and 17804, Business and Professions Code.

§ 1878.1. Human Sexuality Training Required for Licensees.

NOTE: Authority cited: Sections 25, 9012 and 17806, Business and Professions Code. Reference: Sections 25, 9042 and 17804, Business and Professions Code.

§ 1878.2. Renewal Dependent upon Training Documentation.

NOTE: Authority cited: Sections 25, 9012 and 17806, Business and Professions Code. Reference: Sections 25, 9042 and 17804, Business and Professions Code.

§ 1880. Unlicensed Assistants.

An unlicensed person employed under Section 4996.15 of the Code to perform limited social work functions shall inform each patient or client prior to performing any such functions that he or she is not a licensed clinical social worker and is under the supervision of a licensed clinical social worker, a licensed psychologist or a licensed psychiatrist, whichever is applicable.

NOTE: Authority cited: Section 4990.14, Business and Professions Code. Reference: Section 4996.15, Business and Professions Code.

§ 1880.1. Notification of Employment and Termination of an Apprentice Clinical Social Worker.

NOTE: Authority cited: Section 4990.14, Business and Professions Code. Reference: Section 4996.17, Business and Professions Code.

§ 1881. Unprofessional Conduct.

The board may suspend or revoke the license of a licensee or may refuse to issue a license to a person who:

(a) Misrepresents the type or status of license held by such person or otherwise misrepresents or permits the misrepresentation of his or her professional qualifications or affiliations.

(b) Impersonates a licensee or who allows another person to use his or her license.

(c) Aids or abets an unlicensed person to engage in conduct requiring a license.

(d) Intentionally or recklessly causes physical or emotional harm to a client.

(e) Commits any dishonest, corrupt, or fraudulent act which is substantially related to the qualifications, functions or duties of a licensee.

(f) Has sexual relations with a client, or who solicits sexual relations with a client, or who commits an act of sexual abuse, or who commits an act of sexual misconduct, or who commits an act punishable as a sexual related crime if such act or solicitation is substantially related to the qualifications, functions or duties of a Licensed Clinical Social Worker.

(g) Performs or holds himself or herself out as able to perform professional services beyond his or her field or fields of competence as established by his or her education, training and/or experience.

(h) Permits a person under his or her supervision or control to perform or permits such person to hold himself or herself out as competent to perform professional services beyond the level of education, training and/or experience of that person.

(i) Fails to maintain the confidentiality, except as otherwise required or permitted by law, of all information that has been received from a client during the course of treatment and all information about the client which is obtained from tests or other such means.

(j) Prior to the commencement of treatment, fails to disclose to the client, or prospective client, the fee to be charged for the professional services, or the basis upon which such fee will be computed.

(k) Advertises in a manner which is false or misleading.

(*l*) Reproduces or describes in public or in publications subject to general public distribution, any psychological test or other assessment device, the value of which depends in whole or in part on the naivete of the subject, in ways that might invalidate such test or device. The licensee shall limit access to such test or device to persons with professional interest who are expected to safeguard their use.

(m) Commits an act or omission which falls sufficiently below that standard of conduct of the profession as to constitute an act of gross negligence.

(n) Pays, accepts or solicits any consideration, compensation or remuneration for the referral of professional clients. All consideration, compensation or remuneration must be in relation to professional counseling services actually provided by the licensee. Nothing in this section shall prevent collaboration among two or more licensees in a case or cases. However, no fee shall be charged for such collaboration except when disclosure of such fee is made in compliance with subparagraph (j) above.

(o) Fails to comply with the child abuse reporting requirements of Penal Code Section 11166.

(p) Fails to comply with the elder and dependent adult abuse reporting requirements of Welfare and Institutions Code Section 15630.

NOTE: Authority cited: Section 4990.14, Business and Professions Code. Reference: Sections 4990.14, 4992.3, 4992.33 and 4996.11, Business and Professions Code; Section 11166, Penal Code; and Section 15630, Welfare and Institutions Code.

Article 6.5. Licensed Clinical Social Workers Corporations

NOTE: Additional authority cited: Section 9077, Business and Professions Code. Reference: Sections 9070–9076, Business and Professions Code; Sections 13400–13410, Corporations Code.

Article 7. Citations and Fines

§ 1886. Authority to Issue Citations and Fines.

The executive officer of the board is authorized to determine when and against whom a citation will be issued and to issue citations containing orders of abatement and fines for violations by a licensed marriage, family, and child counselor (MFCC), licensed educational psychologist (LEP), licensed clinical social worker (LCSW), MFCC Intern, or Associate Clinical Social Worker of the statutes and regulations enforced by the Board of Behavioral Sciences.

NOTE: Authority cited: Sections 125.9, 148, 149, 4980.60, 4987 and 4990.14, Business and Professions Code. Reference: Sections 125.9, 148 and 149, Business and Professions Code.

§ 1886.10. Citations for Unlicensed Practice.

The executive officer of the board is authorized to determine when and against whom a citation will be issued and to issue citations containing orders of abatement and fines against persons, as defined in Section 302(d) of the Code, who are performing or who have performed services for which a license is required under the statutes and regulations enforced by the Board of Behavioral Sciences. Each citation issued for unlicensed activity shall contain an order of abatement. Where appropriate, the executive officer shall levy a fine for such unlicensed activity in accordance with section 1886.40 of these regulations. The provisions of sections 1886–1886.80 shall apply to the issuance of citations for unlicensed activity under this section. The sanction authorized under this section shall be separate from and in addition to any other civil or criminal remedies.

NOTE: Authority cited: Sections 125.9, 148, 149, 4980.60, 4987 and 4990.14, Business and Professions Code. Reference: Sections 125.9, 125.95, 148, 149 and 302(d), Business and Professions Code.

§ 1886.20. Citation Format.

A citation shall be issued whenever any fine is levied or any order of abatement is issued. Each citation shall be in writing and shall describe with particularity the nature and facts of each violation, including a reference to the statute(s) or regulation(s) alleged to have been violated. The citation shall inform the cited person of the right to contest the citation. The citation shall be served upon the cited person personally or by certified mail in accordance with the provisions of Section 11505(c) of the Government Code.

NOTE: Authority cited: Sections 125.9, 148, 149, 4980.60, 4987 and 4990.14, Business and Professions Code. Reference: Sections 125.9, 148 and 149, Business and Professions Code.

§ 1886.30. Citation Factors.

In assessing an administrative fine or issuing an order of abatement, the executive officer of the board shall give due consideration to the following factors:

(a) The gravity of the violation.

(b) The good or bad faith exhibited by the cited person.

(c) The history of previous violations of the same or similar nature.

(d) Evidence that the violation was or was not willful.

(e) The extent to which the cited person has cooperated with the board's investigation.

(f) The extent to which the cited person has mitigated or attempted to mitigate any damage or injury caused by the violation.

(g) Any other factors as justice may require.

NOTE: Authority cited: Sections 125.9, 148, 149, 4980.60, 4987 and 4990.14, Business and Professions Code. Reference: Sections 125.9, 148 and 149, Business and Professions Code.

§ 1886.40. Citable Offenses.

The executive officer of the board shall assess fines for citable offenses listed in this section, provided however, in no case shall the total fines exceed $2,500 for each investigation. The executive officer shall not impose any duplicate fines for the same violation. The fine for a violation of the following sections of the Business and Professions Code, California Code of Regulations, and Welfare and Institutions Code shall be from $100 to $2,500.

B&P refers to the Business and Professions Code.

CCR refers to the California Code of Regulations.

W&I refers to the Welfare and Institutions Code.

The summary description in this section is for the convenience of reference only, does not include the complete text or all required elements of the listed statutes and regulations and shall be disregarded in determining the meaning and effect of this section.

	B&P § *(unless otherwise indicated)*	*CCR§*	*Summary Descriptions*
(a)	15630 (W&I §)	1845(c), 1881(o), 1858(o)	Fails to Comply with Child Abuse, Elder and Dependent Adult Reporting Requirements
(b)	480, 4980.02, 4982(*l*), 4982(s), 4982(t), 4986.10, 4987.9, 4988.1, 4992.3(*l*), 4996.5, 4996.9, 4998.4	1845(a), 1845(b), 1881(g), 1881(h), 1858(i), 1858(j)	Performing, Offering to Perform, Permitting to Perform Beyond Scope of License
(c)	141, 480, 4982.25, 4992.36		Discipline by Another State or by California Against a Corresponding License
(d)	480, 4980(b), 4982(f), 4986.50, 4992.3(f), 4996	1845(a), 1845(b) 1881(a), 1858(a), 1858(g)	Misrepresentation of License/Qualifications, Practice with an Expired License or Without a License
(e)	123, 4982(q), 4992.3(q)	1881(*l*), 1858(n)	Violates Exam Security
(f)	480, 125, 4982(h), 4992.3(h)	1881(c), 1858(c)	Aiding and Abetting Unlicensed/Unregistered Activity
(g)	480, 4982(m), 4992.3(m)	1881(i), 1858(k)	Failure to Maintain Confidentiality
(h)	480, 728		Fails to Provide Sexual Misconduct Brochure
(i)	4980.44(a)(4), 4980.45, 4982(r), 4982(t), 4982(u), 4992.3(r)	1833.1, 1845(b), 1858(j), 1881(h)	Improper Supervision of Trainee/Intern/Associate
(j)	480, 4982(e), 4982(u), 4992.3(e), 4986.70(e), 4996.18, 4996.20(c), 4980.48, 4980.43(f), 4980.43(i)	1880, 1880.1	Violations by Registrants/Applicants/Trainees
(k)	4982(n), 4992.3(n)	1881(j), 1858(*l*)	Failure to Disclose Fees in Advance
(*l*)	4982(o), 4992.3(o)	1881(n)	Pay, Accept, Solicit Fee for Referrals
(m)	480, 651, 4980.46, 4982(p), 4986.70(d), 4987.8, 4992.3(p), 4998.3	1811, 1881(k), 1850.6, 1858(m)	False/Misleading Advertising
(n)	703, 4980.30, 4984, 4987.7 4998.2		Failure to Pay Required Fees
(o)	4987.9, 4988, 4998.2, 4998.3 4998.4, 4998.5, 4996.19	1850.7, 1850.8	Corporation Requirements
(p)	136	1804	Failure to Notify of Change of Address
(q)	654.2		Prohibited Charges
(r)	4996.7, 4996.8		Display of License/Renewal Receipt
(s)	4996.16		Out–of–State Limitations

NOTE: Authority cited: Sections 125.9, 148, 149, 4980.60, 4987 and 4990.14, Business and Professions Code. Reference: Sections 123, 125, 125.9, 136, 141, 148, 149, 480, 651, 654.2, 703, 728, 4980, 4980.02, 4980.30, 4980.43, 4980.44, 4980.45, 4980.46, 4980.48, 4982, 4982.25, 4984, 4986.10, 4986.50, 4986.70, 4987.7, 4987.8, 4987.9, 4988, 4988.1, 4988.5, 4992.3, 4992.36, 4996, 4996.5, 4996.7, 4996.8, 4996.9, 4996.16, 4996.18, 4996.19, 4996.20, 4998.2, 4998.3 and 4998.4, Business and Professions Code; Sections 1804, 1811, 1833.1, 1845, 1850.6, 1850.7, 1850.8, 1858, 1880, 1880.1 and 1881, California Code of Regulations; and Section 15630, Welfare and Institutions Code.

§ 1886.50. Exceptions.

A citation shall not be issued in any of the following circumstances:

(a) The violation is of such a nature and/or severity that revocation of the license or restrictions on the cited person are necessary in order to ensure consumer protection.

(b) The cited person failed to comply with any requirement of any previous citation, including any order of abatement or fine.

NOTE: Authority cited: Sections 125.9, 148, 149, 4980.60, 4987 and 4990.14, Business and Professions Code. Reference: Sections 125.9, 148 and 149, Business and Professions Code.

§ 1886.60. Compliance with Citation/Order of Abatement.

(a) If a cited person who has been issued an order of abatement is unable to complete the correction within the time set forth in the citation because of conditions beyond his or her control after the exercise of reasonable diligence, the cited person may request an extension of time in which to complete the correction from the executive officer of the board. Such a request shall be in writing and shall be made within the time set forth for abatement.

(b) If a citation is not contested, or if the citation is contested and the cited person does not prevail, failure to abate the violation or to pay the assessed fine within the time allowed shall constitute a violation and a failure to comply with the citation or order of abatement.

(c) Failure to timely comply with an order of abatement or pay an assessed fine may result in disciplinary action being taken by the board or other appropriate judicial action being taken against the cited person.

(d) If a fine is not paid after a citation has become final, the fine shall be added to the cited person's license or registration renewal fee. A license or registration shall not be renewed without payment of the renewal fee and fine.

NOTE: Authority cited: Sections 125.9, 148, 149, 4980.60, 4987 and 4990.14, Business and Professions Code. Reference: Sections 125.9, 148 and 149, Business and Professions Code; and Section 11505(c), Government Code.

§ 1886.70. Contested Citations and Request for a Hearing or Informal Citation Conference.

(a) If a cited person wishes to contest the citation, assessment of the administrative fine, or order of abatement, the cited person shall, within thirty (30) days after service of the citation, file in writing a request for an administrative hearing to the executive officer regarding the acts charged in the citation, as provided for in subdivision (b)(4) of Section 125.9 of the Code.

(b) In addition to or instead of requesting an administrative hearing, as provided for in subdivision (b)(4) of Section 125.9 of the Code, the cited person may, within 30 days after service of the citation, contest the citation by submitting a written request for an informal citation conference to the executive officer or his/her designee.

(c) Upon receipt of a written request for an informal citation conference, the executive officer or his/her designee shall, within 60 days, hold an informal citation conference with the cited person. The cited person may be accompanied and represented at the informal conference by an attorney or other authorized representative.

(d) If an informal citation conference is held, the request for an administrative hearing shall be deemed to be withdrawn and the executive officer or his/her designee may affirm, modify or dismiss the citation, including any fine levied or order of abatement issued, at the conclusion of the informal citation conference. If affirmed or modified, the citation originally issued shall be considered withdrawn and an affirmed or modified citation, including reasons for the decision, shall be issued. The affirmed or modified citation shall be mailed to the cited person and his/her counsel, if any, within 10 days from the date of the informal citation conference.

(e) If a cited person wishes to contest an affirmed or modified citation, the cited person shall, within 30 days after service of the citation, contest the affirmed or modified citation by submitting a written request for an administrative hearing, as provided for in subdivision (b)(4) of Section 125.9 of the Code, to the executive officer or his or her designee. An informal citation conference shall not be held on affirmed or modified citations.

NOTE: Authority cited: Sections 125.9, 148, 149, 4980.60, 4987 and 4990.14, Business and Professions Code. Reference: Sections 125.9, 148 and 149, Business and Professions Code.

§ 1886.80. Disconnection of Telephone Service.

Nothing in this section shall preclude the board from using the provisions of Section 149 of the Code in addition to any citation issued to an unlicensed person.

NOTE: Authority cited: Sections 125.9, 148, 149, 4980.60, 4987 and 4990.14, Business and Professions Code. Reference: Sections 125.9, 148 and 149, Business and Professions Code.

Article 8. Continuing Education Requirements for Marriage, Family, and Child Counselors and Licensed Clinical Social Workers

§ 1887. Definitions.

As used in this article:

(a) A continuing education "course" means a form of systematic learning at least one hour in length including, but not limited to, academic studies, extension studies, lectures, conferences, seminars, workshops, viewing of videotapes or film instruction, viewing or participating in other audiovisual activities including interactive video instruction and activities electronically transmitted from another location which has been verified and approved by the continuing education provider, and self–study courses.

(b) A "self–study course" means a form of systematic learning performed at a licensee's residence, office, or other private location including, but not limited to, listening to audiotapes or participating in self–assessment testing (open–book tests that are completed by the member, submitted to the provider, graded, and returned to the member with correct answers and an explanation of why the answer chosen by the provider was the correct answer).

(c) A continuing education "provider" means an accredited or approved school, or an association, health facility, governmental entity, educational institution, individual, or other organization that offers continuing education courses and meets the requirements contained in this article.

(d) A "renewal period" means the two–year period which spans from a license's expiration date to the license's next expiration date.

NOTE: Authority cited: Sections 4980.60 and 4990.14, Business and Professions Code. Reference: Sections 4980.54 and 4996.22, Business and Professions Code.

§ 1887.1. License Renewal Requirements.

(a) Except as provided in Section 1887.2, a licensee shall certify in writing, when applying for license renewal, by signing a statement under penalty of perjury that during the preceeding renewal period the licensee has completed thirty–six (36) hours of continuing education credit as set forth in Sections 4980.54 and 4996.22 of the Code.

(b) A licensee who falsifies or makes a material misrepresentation of fact when applying for license renewal or who cannot verify completion of continuing education by producing a record of course completion, upon request by the board, is subject to disciplinary action under Sections 4982(b) and 4992.3(b) of the Code.

NOTE: Authority cited: Sections 4980.60 and 4990.14, Business and Professions Code. Reference: Sections 4980.54 and 4996.22, Business and Professions Code.

§ 1887.2. Exceptions from Continuing Education Requirements.

(a) An initial licensee shall complete at least eighteen (18) hours of continuing education, of which no more than six (6) hours may be earned through self–study courses, prior to his or her first license renewal.

(b) A licensee is exempt form the continuing education requirement if their license is inactive pursuant to Sections 4984.8 and 4997 of the Code.

(c) A licensee may submit a written request for exception form the continuing education requirement for any of the reasons listed below. The board will notify the licensee, within thirty (30) working days after receipt of the request for exception, whether the exception was granted. If the request for exception is denied, the licensee is responsible for completing the full amount of continuing education required for license renewal. The board shall grant the exception if the licensee can provide evidence, satisfactory to the board, that:

(1) For at least one year during the licensee's previous license renewal period the licensee was absent from California due to military service;

(2) For at least one year during the licensee's previous license renewal period the licensee resided in another country; or

(3) During the licensee's previous renewal period, the licensee or an immediate family member, where the licensee has primary responsibility for the care of that family member, was suffering from or suffered a disability. A disability is a physical or mental impairment that substantially limits one or more of the major life activities of an individual. The disability must be verified by a licensed physician or psychologist with special expertise in the area of disability. Verification of the disability must include:

(A) the nature and extent of the disability;

(B) an explanation of how the disability would hinder the licensee from completing the continuing education requirement; and

(C) the name, title, address, telephone number, professional license or certification number, and original signature of the licensed physician or psychologist verifying the disability.

NOTE: Authority cited: Sections 4980.54, 4980.60, 4990.14 and 4996.22, Business and Professions Code. Reference: Sections 4980.54 and 4996.22, Business and Professions Code.

§ 1887.3. Continuing Education Course Requirements.

(a) A licensee shall accrue at least thirty–six (36) hours of continuing education courses as defined in Section 1887.4. A licensee may accrue no more than twelve (12) hours of continuing education earned through self–study courses during a single renewal period.

(b) Pursuant to Section 29 of the Code, a licensee who started graduate study prior to January 1, 1986, shall take a continuing education course in the detection and treatment of alcohol and other chemical substance dependency during their first renewal period after the adoption of these regulations. The course shall be at least seven (7) hours in length and its content shall comply with the requirements of Section 29 of the Code. This is a one–time requirement for those licensees specified above.

Equivalent alcohol and other chemical substance dependency courses taken prior to the adoption of these regulations, or proof of equivalent teaching or practice experience, may be submitted to the board upon request in lieu of this requirement; however, this coursework or experience shall not be credited as hours toward the continuing education requirements.

(c) Pursuant to Section 32 of the Code, a licensee shall take a continuing education course in the characteristics and methods of assessment and treatment of people living with human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) during their first renewal period after the adoption of these regulations. The course shall be at least seven (7) hours in length and its content shall comply with the requirements of Section 32 of the Code. This is a one–time requirement for all licensees.

Equivalent HIV and AIDS courses taken prior to the adoption of these regulations, or proof of equivalent teaching or practice experience, may be submitted to the board upon request in lieu of this requirement; however, this coursework or experience shall not be credited as hours toward the continuing education requirements.

(d) Any person renewing his or her license on and after January 1, 2004 shall have completed not less than six (6) hours of continuing education in the subject of law and ethics for each renewal period. The six (6) hours shall be considered part of the thirty–six (36) hour continuing education requirement.

(e) If a licensee teaches a course, the licensee may claim credit for the course only one time during a single renewal period, receiving the same amount of hours of continuing education credit as a licensee who attended the course.

(f) A licensee may not claim the same course more than once during a single renewal period for hours of continuing education credit.

(g) A licensee who takes a course as a condition of probation resulting from disciplinary action by the board may not apply the course as credit towards the continuing education requirement.

NOTE: Authority cited: Sections 4980.60 and 4990.14, Business and Professions Code. Reference: Sections 29, 32, 4980.54 and 4996.22, Business and Professions Code.

§ 1887.4. Continuing Education Course Content.

(a) A provider shall ensure that the content of a course shall be relevant to the practice of marriage, family, and child counseling or clinical social work and meet the requirements set forth in sections 4980.54 and 4996.22 of the Code. The content of a course shall also be related to direct or indirect patient/client care.

(1) Direct patient/client care courses cover specialty areas of therapy (e.g., theoretical frameworks for clinical practice; intervention techniques with individuals, couples, or groups).

(2) Indirect patient/client care courses cover pragmatic aspects of clinical practice (e.g., legal or ethical issues, consultation, recordkeeping, office management, insurance risks and benefits, managed care issues, research obligations, supervision training).

(b) A provider shall ensure that a course has specific objectives that are measurable.

(c) Upon completion of a course, a licensee shall evaluate the course through some type of evaluation mechanism.

NOTE: Authority cited: Sections 4980.60 and 4990.14, Business and Professions Code. Reference: Sections 4980.54 and 4996.22, Business and Professions Code.

§ 1887.5. Hours of Continuing Education Credit.

(a) One hour of instruction is equal to one hour of continuing education credit.

(b) One academic quarter unit is equal to ten (10) hours of continuing education credit.

(c) One academic semester unit is equal to fifteen (15) hours of continuing education credit.

NOTE: Authority cited: Sections 4980.60 and 4990.14, Business and Professions Code. Reference: Sections 4980.54 and 4996.22, Business and Professions Code.

§ 1887.6. Continuing Education Providers.

A continuing education course shall be taken from:

(a) an accredited or approved postsecondary institution that meets the requirements set forth in Sections 4980.54(f)(1) or 4996.22(d)(1) of the Code; or

(b) a board–approved provider with a valid, current approval as provided in Section 1887.7.

NOTE: Authority cited: Sections 4980.60 and 4990.14, Business and Professions Code. Reference: Sections 4980.54 and 4996.22, Business and Professions Code.

§ 1887.7. Board–Approved Providers.

(a) A continuing education provider must meet the board's course content and instructor qualifications criteria, as provided under this article, to qualify to become a board–approved provider.

(b) A continuing education provider shall submit a completed Continuing Education Provider Application (form no. 37A–633, new 5/97), hereby incorporated by reference, remit the appropriate fees, and obtain a continuing education provider number from the board to become a board–approved provider.

(c) A provider approval issued under this section shall expire on the last day of the twenty–fourth month after the approval issue date. To renew an unexpired provider approval, the provider shall, on or before the expiration date of the approval, pay the two–year renewal fee set forth in Section 1816 of these regulations.

A provider approval which is not renewed by the expiration date may not be renewed, restored, reinstated, or reissued thereafter, but the provider may apply for a new approval.

(d) Board–approved provider status is non–transferable.

NOTE: Authority cited: Sections 4980.60 and 4990.14, Business and Professions Code. Reference: Sections 4980.54 and 4996.22, Business and Professions Code.

§ 1887.8. Revocation and Denial of Board–Approved Provider Status.

(a) The board may revoke its approval of a provider or deny a provider application for good cause. Good cause includes, but is not limited to, the following:

(1) a provider is convicted of a felony or misdemeanor offense substantially related to the activities of a board–approved provider;

(2) a provider, who is a licensee of the board, fails to comply with any provisions of Chapters 13 and 14 of the Business and Professions Code or Title 16, Division 18 of the California Code of Regulations; or

(3) a provider makes a material misrepresentation of fact in information submitted to the board.

(b) After a thorough case review, should the board decide to revoke

or deny its approval of a provider, it shall give the provider written notice setting forth its reasons for revocation or denial. The provider may appeal the revocation or denial in writing, within fifteen (15) days after receipt of the revocation or denial notice, and request a hearing with the board's designee. The revocation is stayed at this point.

Should the board's designee decide to uphold the revocation or denial, the provider may appeal the decision of the board's designee in writing, within seven (7) days after receipt of the decision of the board's designee, and request a hearing with a continuing education appeals committee appointed by the board chairperson. The hearing will take place at the next regularly scheduled board meeting, provided the appeal is received before the meeting is noticed to the public. It is at the discretion of the board's designee whether to stay the revocation further.

The continuing education appeals committee shall contain three board members, one public board member and two members representing two of the three license types regulated by the board. The decision of the continuing education appeals committee is final.

NOTE: Authority cited: Sections 4980.60 and 4990.14, Business and Professions Code. Reference: Sections 4980.54 and 4996.22, Business and Professions Code.

§ 1887.9. Course Advertisements.

A provider shall ensure that information publicizing a continuing education course is accurate and includes the following:

(a) the provider's name;

(b) the provider number, if a board–approved provider;

(c) the statement "Course meets the qualifications for ____ hours of continuing education credit for MFCCs and/or LCSWs as required by the California Board of Behavioral Sciences";

(d) the provider's policy on refunds in cases of non–attendance by the registrant; and

(e) a clear, concise description of the course content and objectives.

NOTE: Authority cited: Sections 4980.60 and 4990.14, Business and Professions Code. Reference: Sections 4980.54 and 4996.22, Business and Professions Code.

§ 1887.10. Course Instructor Qualifications.

(a) A provider shall ensure that an instructor teaching a course has at least two of the following minimum qualifications:

(1) a license, registration, or certificate in an area related to the subject matter of the course. The license, registration, or certificate shall be current, valid, and free from restrictions due to disciplinary action by this board or any other health care regulatory agency;

(2) a master's or higher degree from an educational institution in an area related to the subject matter of the course;

(3) training, certification, or experience in teaching subject matter related to the subject matter of the course; or

(4) at least two years' experience in an area related to the subject matter of the course.

(b) During the period of time that any instructor has a healing arts license that is restricted pursuant to a disciplinary action in California or in any other state or territory, that instructor shall notify all approved continuing education providers for whom he or she provides instruction of such discipline before instruction begins or immediately upon notice of the decision, whichever occurs first.

NOTE: Authority cited: Sections 4980.60 and 4990.14, Business and Professions Code. Reference: Sections 4980.54, 4982.15 and 4996.22, Business and Professions Code.

§ 1887.11. Records of Course Completion.

Upon completion of a course, a provider shall issue a record of course completion to a licensee (e.g., letters of verification of attendance, certificates, gradeslips, transcripts) containing the following information:

(a) name of license and license number or other identification number;

(b) course title;

(c) provider name and address;

(d) provider number, if a board–approved provider;

(e) date of course;

(f) number of hours of continuing education credit; and

(g) signature of course instructor, provider, or provider designee.

NOTE: Authority cited: Sections 4980.60 and 4990.14, Business and Professions Code. Reference: Sections 4980.54 and 4996.22, Business and Professions Code.

§ 1887.12. Licensee and Provider Course Records.

(a) A licensee shall maintain records of course completion for a period of at least two (2) years from the date of license renewal for which the course was completed.

(b) A provider shall maintain records related to continuing education courses for a period of at least four (4) years. Records shall include:

(1) syllabi for all courses;

(2) the time and location of all courses;

(3) course advertisements;

(4) course instructors' vitaes or resumes;

(5) attendance rosters with the names and license numbers of licensees who attended the courses;

(6) sign–in sheets; and

(7) records of course completion issued to licensees who attended the courses.

(c) The board may audit the course records of a provider to ensure compliance with the board's continuing education requirements.

NOTE: Authority cited: Sections 4980.60 and 4990.14, Business and Professions Code. Reference: Sections 4980.54 and 4996.22, Business and Professions Code.

Article 9. Disciplinary Guidelines

§ 1888. Disciplinary Guidelines.

In reaching a decision on a disciplinary action under the Administrative Procedure Act (Government Code Section 11400 et seq.), the Board of Behavioral Sciences shall consider the disciplinary guidelines entitled "Board of Behavioral Sciences Disciplinary Guidelines" [Rev. November 9, 2001] which are hereby incorporated by reference. Deviation from these guidelines and orders, including the standard terms of probation, is appropriate where the Board in its discretion determines that the facts of the particular case warrant such a deviation—for example: the presence of mitigating factors; the age of the case; evidentiary problems.

NOTE: Authority cited: Sections 4980.60, 4987, 4990.14, 4988.2, 4998.6, Business and Professions Code; and Section 11400.20, Government Code. Reference: Sections 4982, 4986.70, 4988.1, 4992.3, 4998.5, Business and Professions Code; and Sections 11400.20 and 11425.50(e), Government Code.

Article 10. Group Advertising and Referral Services for Marriage, Family, and Child Counselors

§ 1889. Definitions.

An "MFCC referral service" means a group advertising and referral service for marriage, family, and child counselors as provided for in Section 650.4 of the Code.

NOTE: Authority cited: Sections 650.4 and 4980.60, Business and Professions Code. Reference: Section 650.4, Business and Professions Code.

§ 1889.1. Registration.

(a) The board shall issue a registration for an MFCC referral service to an applicant who submits:

(1) a completed MFCC Referral Service Registration Application (form no. 37A–309, new 8/97), hereby incorporated by reference;

(2) a copy of the service's standard form contract regulating its relationship with member marriage, family, and child counselors, demonstrating compliance with Section 650.4 of the Code and this article; and

(3) a copy of the service's advertising, demonstrating compliance with Section 650.4 of the Code and this article.

(b) An MFCC referral service registration issued under this section shall remain valid until suspended or revoked, or until the MFCC referral service notifies the board in writing that the service has discontinued referrals to any marriage, family, and child counselors and no longer desires registration, provided there are no pending disciplinary actions on the MFCC referral service's registration.

(c) It is unlawful for any MFCC referral service to make referrals to participating or member marriage, family, and child counselors unless at the time of so doing such service holds a registration that is valid and in good standing.

(d) An MFCC referral service registration is non–transferrable.

(e) An MFCC referral service shall notify the board within thirty (30) days concerning any changes or modifications to the service's standard form contract regulating its relationship with member marriage, family, and child counselors, providing a copy of the new contract to the board.

NOTE: Authority cited: Sections 650.4 and 4980.60, Business and Professions Code. Reference: Section 650.4, Business and Professions Code.

§ 1889.2. Revocation or Denial of Registration.

(a) The board may revoke its registration of an MFCC referral service or deny an MFCC referral service application for good cause. For the purposes of this subsection, "responsible party" includes any owner, co–owner, or member on the board of directors of an MFCC referral service. Good cause includes, but is not limited to, the following:

(1) The responsible party of an MFCC referral service is convicted of a felony or misdemeanor offense substantially related to the activities of an MFCC referral service;

(2) the responsible party of an MFCC referral service, who is a licensee of the board, fails to comply with any provisions of Chapters 13 and 14 of the Business and Professions Code or Title 16, Division 18 of the California Code of Regulations;

(3) an MFCC referral service fails comply with any provisions of Sections 650, 650.4, or 651 of the Code or these regulations; or

(4) an MFCC referral service makes a material misrepresentation of fact in information submitted to the board.

(b) After a thorough case review, should the board decide to revoke or deny its registration of an MFCC referral service, it shall give the MFCC referral service written notice setting forth its reasons for revocation or denial. The MFCC referral service may appeal the revocation or denial in writing, within fifteen (15) days after service of the revocation or denial notice, and request a hearing with the board's designee. The revocation is stayed at this point.

Should the board's designee decide to uphold the revocation or denial, the MFCC referral service may appeal the decision of the board's designee in writing, within fifteen (15) days after service of the decision of the board's designee, and request a hearing with a referral services appeals committee appointed by the board chairperson. The hearing will take place at the next regularly scheduled board meeting, provided the appeal is received before the meeting is noticed to the public. It is at the discretion of the board's designee whether to stay the revocation further.

The referral services appeals committee shall contain three board members, one of whom shall be a public member, and two whom shall be members representing two of the three license types regulated by the board. The decision of the referral services appeals committee is final.

NOTE: Authority cited: Sections 650.4 and 4980.60, Business and Professions Code. Reference: Section 650.4, Business and Professions Code.

§ 1889.3. Advertising and Referral Guidelines.

(a) An MFCC referral service shall advertise and make referrals in accordance with Sections 650.4 and 651 of the Code and Section 1811 of these regulations.

(b) An MFCC referral service shall only make referrals to marriage, family, and child counselors with current, valid licenses. Referrals made to marriage, family, and child counselors on probation shall be made in accordance with the terms of probation set by the board.

NOTE: Authority cited: Sections 650.4 and 4980.60, Business and Professions Code. Reference: Section 650.4, Business and Professions Code.

Division 25. Board of Vocational Nurse and Psychiatric Technician Examiners of the State of California

Chapter 2. Psychiatric Technicians

Article 1. General Provisions

§ 2560. Location of Offices.

NOTE: Authority cited: Section 4504, Business and Professions Code. Reference: Section 4501, Business and Professions Code.

§ 2561. Tenses, Gender, and Number.

NOTE: Authority cited: Section 4504, Business and Professions Code. Reference: Section 14.1, Business and Professions Code.

§ 2562. Definitions.

As used in this chapter, unless the context otherwise requires:

(a) "Board" means the Board of Vocational Nursing and Psychiatric Technicians of the State of California.

(b) "Code" means the Business and Professions Code.

(c) "Accredited school for psychiatric technicians," "accredited school," and "school" means a school for the training of psychiatric technicians which has been accredited by the Board pursuant to Sections 4530–4532 of the code (the Psychiatric Technicians Law), and whose graduates, if otherwise qualified, are eligible to apply for a license to practice as a psychiatric technician.

(d) "Approved equivalency school" and "approved equivalency program" mean a psychiatric technician course approved by the Board pursuant to Section 2575(c) of this chapter, and whose graduates, if otherwise qualified, are eligible to apply for a license as a psychiatric technician.

NOTE: Authority cited: Section 4504, Business and Professions Code. Reference: Sections 101, 4501 and 4511, Business and Professions Code.

§ 2563. Delegation of Certain Functions.

The power and discretion conferred by law upon the Board to receive and file accusations; issue notices of hearings, statements to respondent and statements of issues; receive and file notices of defense; determine the time and place of hearings under Section 11508 of the Government Code; issue subpoenas and subpoenas duces tecum; set and calendar cases for hearing and perform other functions necessary to the businesslike dispatch of the business of the Board in connection with proceedings under the provisions of Section 11500 through 11528 of the Government Code, prior to the hearing of such proceedings; and the certification and delivery or mailing of copies of decisions under Section 11518 of said code are hereby delegated to and conferred upon the executive officer, or, in the absence of the executive officer from the office of the Board, the assistant executive officer.

NOTE: Authority cited: Section 4504, Business and Professions Code. Reference: Section 4503, Business and Professions Code.

§ 2564. Filing of Addresses.

All persons holding a license from the Board shall file their current mailing address with the Board at its office in Sacramento, and shall immediately notify the Board of any and all changes of mailing address, within 30 days after the change, giving both their old and new addresses and license number.

NOTE: Authority cited: Section 4504, Business and Professions Code. Reference: Sections 136 and 4545, Business and Professions Code.

Article 2. Application for License

§ 2565. Form.

Applications for licensure shall be made upon the form prescribed and provided by the Board, accompanied by such evidence, statements, or documents as therein required.

§ 2566. Place of Filing.

Applications for licensure shall be filed with the Board's principal office in Sacramento.

NOTE: Authority cited: Section 4504, Business and Professions Code. Reference: Section 4501, Business and Professions Code.

§ 2567. Permit Processing Times.

"Permit" as defined by the Permit Reform Act of 1981 means any license, certificate, registration, permit or any other form of authorization required by a state agency to engage in a particular activity or act. Processing times for the board's various permits are set forth below. The actual processing times apply to those persons who apply by the specified filing deadlines (if applicable) and who take and pass the first available examination.

Permit	*Maximum Period of time in which the board will notify applicant in writing that the application is complete and accepted for filing or that the application is deficient and what specific information is required*	*Maximum Period of time after the filing of a complete application in which the Board will notify applicant of a permit decision.*	*Actual Processing Time Based on Prior Two Years Minimum/Median/ Maximum*		
Initial License	90 days	365 days	15	30	385 days
Interim Permit	30 days	60 days	30	45	60 days
Renewals–License	60 days	90 days	30	45	60 days
Continuing Education (CE) Providers	30 days	30 days	1	15	30 days
Blood Withdrawal Certificate	30 days	60 days	1	15	30 days
Blood Withdrawal Course Provider (Initial)	30 days	60 days	1	15	30 days
Blood Withdrawal Course Provider (Renewal)	30 days	60 days	1	15	30 days

NOTE: Authority cited: Section 2854, Business & Professions Code and Section 15376, Government Code. Reference: Sections 15375 and 15376, Government Code.

Article 3. Examinations

§ 2570. Scope of Examinations.

Examinations shall be designed to test the minimal competency of the applicant to safely practice as a psychiatric technician and to protect the health and safety of the consumer.

NOTE: Authority cited: Section 4504, Business and Professions Code. Reference: Section 4510, Business and Professions Code.

§ 2570.1. Failure to Take Assigned Examination.

An applicant who fails to take an assigned examination shall be removed from the eligible list of applicants. To be scheduled for a

subsequent examination the applicant shall notify the Board and shall pay the reexamination fee as prescribed by Section 2590 of this Chapter.

NOTE: Authority cited: Section 4504, Business and Professions Code. Reference: Section 4548, Business and Professions Code.

§ 2571. Abandonment of Application.

(a) An application shall be deemed to have been abandoned and the application fee forfeited when:

(1) The applicant fails to complete the application within two years after it is originally submitted;

(2) The applicant fails to complete the application within two years after the last notification of deficiency; or

(3) The applicant without good cause fails to take the examination within one year after being scheduled.

(b) An application submitted subsequent to the abandonment of a former application shall be treated as a new application.

NOTE: Authority cited: Section 4504, Business and Professions Code. Reference: Sections 4512 and 4515, Business and Professions Code.

§ 2572. Examination Procedure.

No one except as authorized by the Board shall solicit, accept, or compile information regarding the contents of written examination questions, either before, during, or after the administration of any examination.

(a) Applications and all required supporting documentation and fees must be received by the Board prior to the applicant being scheduled for examination.

(b) Psychiatric technician programs shall file a transcript of record for each student who completes the course on a form provided by the Board.

(c) Schools shall submit in duplicate a list of all students whose applications for examination are submitted to the Board by the school.

NOTE: Authority cited: Section 4504, Business and Professions Code. Reference: Sections 4511, 4512, 4513 and 4548, Business and Professions Code.

Article 4. Licenses

§ 2574. Eligibility for Licensure.

NOTE: Authority cited: Section 4504, Business and Professions Code. Reference: Section 4511, Business and Professions Code.

§ 2575. Equivalent Study and Training.

Persons applying for licensure under this section must meet one of the following:

(a) Completion of 576 hours of theory and 954 hours of supervised clinical experience within the ten years prior to the date of application. Any or all of the supervised clinical experience may be satisfied by paid work experience. The hours of theory and clinical experience shall include a minimum of each of the following:

(1) 54 hours of theory in pharmacology, covering the content described in Section 2587(a).

(2) 126 hours of theory and 270 hours of supervised clinical experience in nursing science, covering the content described in Section 2587(b).

(3) 108 hours of theory and 270 hours of supervised clinical experience in mental disorders, covering the content described in Section 2587(c).

(4) 108 hours of theory and 270 hours of supervised clinical experience in developmental disabilities, covering the content described in Section 2587(d).

(b) Completion of an armed forces course involving neuropsychiatric nursing and an armed forces or civilian course from a accredited school in the care of the developmentally disabled client.

(1) One year of verified full time paid work experience, including at least six months in a military clinical facility caring for clients with mental disorders and at least six months in a military or civilian clinical facility caring for clients with developmental disabilities shall be required.

(2) Verified full time paid work experience in a civilian clinical facility for treatment of clients with developmental disabilities may be utilized, in part, to satisfy application requirements.

(c) Completion of the course described below and completion of a minimum of 18 months of paid work experience in the care of physically ill, mentally disordered, and developmentally disabled patients, within the 36 months prior to the date of application. Curriculum content shall be present as specified in Section 2587(a), (b), (c), (e), and (f) of this Chapter. The faculty of such course shall meet the requirements of Section 2584. Facilities utilized for supervised clinical experience shall be approved as provided in Section 2588. The school shall meet the requirements specified in Section 2585. The course must be approved by the Board, and shall include the content described in Section 2587. The course must have a minimum of 450 hours of theory instruction, and the following minimum hours shall be included:

(1) 54 hours of theory in pharmacology.

(2) 126 hours of theory and 100 hours of supervised clinical experience in nursing science.

(3) 108 hours of theory and 100 hours of supervised clinical experience in mental disorders.

(4) 108 hours of theory and 100 hours of supervised clinical experience on developmental disabilities.

NOTE: Authority cited: Section 4504, Business and Professions Code. Reference: Sections 4511 and 4515, Business and Professions Code.

§ 2576. Renewal of License. Eligibility for Renewal After License Has Expired.

Any person who has been issued an equivalent license in another state during the period since the expiration of a license in California, or can otherwise establish to the satisfaction of the Board, that they are qualified to engage in practice as a licensed psychiatric technician, shall be exempted from such examination requirements.

NOTE: Authority cited: Section 4504, Business and Professions Code. Reference: Sections 4515 and 4545, Business and Professions Code.

§ 2576.5. Scope of Psychiatric Technician Practice.

The licensed psychiatric technician performs services requiring technical and manual skills which include the following:

(a) Uses and practices basic assessment (data collection), participates in planning, executes interventions in accordance with the care plan or treatment plan, and contributes to evaluation of individualized interventions related to the care plan or treatment plan.

(b) Provides direct patient/client care by which the licensee:

(1) Performs basic nursing services as defined in subdivision (a);

(2) Administers medications;

(3) Applies communication skills for the purpose of patient/client care and education; and

(4) Contributes to the development and implementation of a teaching plan related to self–care for the patient/client.

NOTE: Authority cited: Section 4504, Business and Professions Code. Reference: Sections 101.6, 108, 4502, 4503, 4517, 4520 and 4521(a), Business and Professions Code; and Section 11215, Health and Safety Code.

§ 2576.6. Performance Standards.

(a) A licensed psychiatric technician shall safeguard patients'/clients' health and safety by actions which include but are not limited to the following:

(1) Reporting to the Board unprofessional conduct as defined in Section 4521(a) of the Business and Professions Code;

(2) Documenting patient/client care in accordance with standards of the profession; and

(3) Performing services in accordance with Section 125.6 of the Business and Professions Code.

(b) A licensed psychiatric technician shall adhere to standards of the profession and shall incorporate ethical and behavioral standards of professional practice which include but are not limited to the

following:

(1) Maintaining current knowledge and skills for safe and competent practice;

(2) Maintaining patient/client confidentiality;

(3) Maintaining professional boundaries with the patient/client; and

(4) Abstaining from chemical/substance abuse.

(c) A violation of this section constitutes unprofessional conduct for purposes of initiating disciplinary action.

NOTE: Authority cited: Section 4504, Business and Professions Code. Reference: Sections 101.6, 108, 4502, 4503, 4517, 4520 and 4521(a), Business and Professions Code; Section 11166, Penal Code; and Section 15630(a), Welfare and Institutions Code.

§ 2577. Gross Negligence.

As set forth in Section 4521 of the code, gross negligence is deemed unprofessional conduct and is grounds for disciplinary action. As used in Section 4521 "gross negligence" means a substantial departure from the standard of care which, under similar circumstances, would have ordinarily been exercised by a competent licensed psychiatric technician, and which has or could have resulted in harm to the consumer. An exercise of so slight a degree of care as to justify the belief that there was a conscious disregard or indifference for the health, safety, or welfare of the consumer shall be considered a substantial departure from the above standard care.

NOTE: Authority cited: Section 4504, Business and Professions Code. Reference: Section 4521, Business and Professions Code.

§ 2577.1. Incompetence.

As set forth in Section 4521 of the code, incompetence is deemed unprofessional conduct and is grounds for disciplinary action. As used in Section 4521, "incompetence" means the lack of possession of and the failure to exercise that degree of learning, skill, care and experience ordinarily possessed and exercised by responsible licensed psychiatric technicians.

NOTE: Authority cited: Section 4504, Business and Professions Code. Reference: Section 4521, Business and Professions Code.

§ 2577.2. Child Abuse Reporting.

Pursuant to Penal Code Section 11166, psychiatric technicians are mandated to report known or suspected child abuse cases to a child protective agency. Failure to make a child abuse report as required shall constitute unprofessional conduct within the meaning of Business and Professions Code Section 4521(a).

NOTE: Authority cited: Section 4504, Business and Professions Code. Reference: Section 4521(a), Business and Professions Code; and Section 11166, Penal Code.

§ 2577.3. Elder Abuse Reporting.

Pursuant to Welfare and Institutions Code Section 9381, psychiatric technicians are mandated to report any known or suspected instance of elder physical abuse to an elder protective agency. Failure to make an elder physical abuse report as required shall constitute unprofessional conduct within the meaning of Business and Professions Code Section 4521(a).

NOTE: Authority cited: Section 4504, Business and Professions Code. Reference: Section 4521(a), Business and Professions Code; and Section 9381, Welfare and Institutions Code.

§ 2577.4. Dependent Adult Abuse Reporting.

Pursuant to Welfare and Institutions Code Section 15630(a), psychiatric technicians are mandated to report any known or suspected instance of dependent adult physical abuse to an adult protective agency. Failure to make a dependent adult physical abuse report as required shall constitute unprofessional conduct within the meaning of Business and Professions Code Section 4521(a).

NOTE: Authority cited: Section 4504, Business and Professions Code. Reference: Section 4521(a), Business and Professions Code; and Section 15630(a), Welfare and Institutions Code.

§ 2578. Substantial Relationship Criteria.

For the purposes of denial, suspension, or revocation of a license pursuant to Division 1.5 (commencing with Section 475) of the Business and Professions Code, a crime or act shall be considered to be substantially related to the qualifications, functions or duties of a licensed psychiatric technician if to a substantial degree it evidences present or potential unfitness of a licensed psychiatric technician to perform the functions authorized by his license in a manner consistent with the public health, safety, or welfare. Such crimes or acts shall include but not be limited to those involving the following:

(a) Procuring a license by fraud, misrepresentation, or mistake.

(b) A conviction of practicing medicine without a license in violation of Chapter 5 of Division 2 of the Business and Professions Code.

(c) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate any provision or term of Chapter 10, Division 2 of the Business and Professions Code.

(d) Aiding or assisting, or agreeing to aid or assist any person or persons, whether a licensed physician or not, in the performance of or arranging for a violation of any of the provisions of Article 13, Chapter 5, Division 2 of the Business and Professions Code.

(e) Conviction of a crime involving fiscal dishonesty.

(f) Any crime or act involving the sale, gift, administration, or furnishing of "narcotics or dangerous drugs or dangerous devices" as defined in Section 4022 of the Business and Professions Code.

NOTE: Authority cited: Section 4504, Business and Professions Code. Reference: Sections 475, 480, 490, 4520, 4521 and 4523, Business and Professions Code.

§ 2579. Criteria for Rehabilitation.

When considering the denial of a license under Section 480 of the Business and Professions Code, the Board, in evaluating the rehabilitation of the applicant and his present eligibility for a license, will consider the following criteria:

(a) The nature and severity of the act(s) or crime(s) under consideration as grounds for denial.

(b) Evidence of any act(s) committed subsequent to the act(s) or crime(s) under consideration as grounds for denial which also could be considered as grounds for denial under Section 480 of the Business and Professions Code.

(c) The time that has elapsed since commission of the act(s) or crime(s) referred to in subdivision (a) or (b).

(d) The extent to which the applicant has complied with any terms of parole, probation, restitution, or any other sanctions lawfully imposed against the applicant.

(e) Evidence, if any, of rehabilitation submitted by the applicant.

NOTE: Authority cited: Section 4504, Business and Professions Code. Reference: Sections 488 and 492, Business and Professions Code.

§ 2579.1. Rehabilitation Criteria for Suspensions or Revocations.

(a) When considering the suspension or revocation of a license on the ground that a licensed psychiatric technician has been convicted of a crime, the Board, in evaluating the rehabilitation of such person and his eligibility for a license will consider the following criteria:

(1) Nature and severity of the act(s) or offense(s).

(2) Total criminal record.

(3) The time that has elapsed since commission of the act(s) or offense(s).

(4) Whether the licensee has complied with any terms of parole, probation, restitution or any other sanctions lawfully imposed against the licensee.

(5) If applicable, evidence of expungement proceedings pursuant to Section 1203.4 of the Penal Code.

(6) Evidence, if any, of rehabilitation submitted by the licensee.

(b) Petition for Reinstatement. When considering a petition for reinstatement of a license under the provisions of Section 11522 of the

Government Code, the Board shall evaluate evidence of rehabilitation submitted by the petitioner, considering those criteria specified in Section 2579 of this article.

NOTE: Authority cited: Section 4504, Business and Professions Code. Reference: Sections 475, 480, 490, 4520, 4521 and 4523, Business and Professions Code.

§ 2579.2. Citations and Fines—Content and Service.

(a) The executive officer of the board or his/her designee, in lieu of filing an accusation against any licensee, may issue a citation which may contain an administrative fine and/or order of abatement against that licensee for any violation of law which would be grounds for discipline or of any regulation adopted by the board pursuant thereto.

(b) Each citation shall be in writing, shall indicate the classification of the citation, and shall describe with particularity the nature and facts of each violation specified in the citation, including a reference to the statute or regulation alleged to have been violated.

(c) The citation may contain an assessment of an administrative fine, an order of abatement fixing a reasonable time for abatement of the violation or both.

(d) The citation shall inform the cited person of the right to an informal conference concerning the matter and of the right to an administrative hearing.

(e) The citation shall be served upon the cited person personally or by certified and regular mail.

NOTE: Authority cited: Sections 125.9, 148 and 4504, Business and Professions Code. Reference: Sections 125.9 and 148, Business and Professions Code.

§ 2579.3. Exceptions.

A citation shall not be issued in any of the following circumstances:

(a) The violation is of such a nature and/or severity that revocation of the license or restrictions on the license are necessary in order to ensure consumer protection.

(b) The licensee's conduct displayed a conscious disregard for the patient and/or the patient's rights. This includes but is not limited to physical abuse; neglect; fiduciary abuse (as defined in the Welfare and Institutions Code); or the deprivation of care or services which are necessary to avoid physical harm or mental suffering.

(c) The licensee failed to comply with any requirement of any previous citation, including any order of abatement or fine.

(d) The licensee has been previously disciplined by the board or has previously been denied a license by the board for the same or similar actions.

(e) The violation involves unprofessional conduct related to controlled substances or dangerous drugs.

(f) The violation involves unprofessional conduct related to sexual abuse, misconduct, or relations with a patient.

(g) The licensee was convicted of an offense substantially related to the qualifications, functions, and duties of a licensed psychiatric technician and there is insufficient evidence of rehabilitation.

NOTE: Authority cited: Sections 125.9, 148 and 4504, Business and Professions Code. Reference: Sections 125.9 and 148, Business and Professions Code.

§ 2579.4. Violation Classifications.

(a) There shall be two classes of violations:

(1) Class "A", and

(2) Class "B".

(b) In determining the violation class, the following factors shall be considered:

(1) Nature and severity of the violation.

(2) Length of time that has passed since the date of the violation.

(3) Consequences of the violation, including potential or actual patient harm.

(4) History of previous violations of the same or similar nature.

(5) Evidence that the violation was willful.

(c) The fine for each class "A" violation shall be not less than $1,001 nor more than $2,500. A class "A" violation includes:

(1) A violation which resulted in or could have resulted in patient harm and where there is no evidence that revocation or other disciplinary action is required to ensure consumer safety. Such violations include but are not limited to patient abandonment and falsifying nursing notes.

(2) Any violation which is neither directly or potentially detrimental to patients nor directly or potentially impacts their care. Such violations include, but are not limited to, a violation committed for personal and/or financial gain.

(3) A minor or technical violation which continues for six months or more in duration; or

(4) A minor or technical violation with one or more "B" citations.

(d) The fine for each class "B" violation shall not exceed $1,000. A class "B" violation is a minor or technical violation which is neither directly or potentially detrimental to patients nor directly or potentially impacts their care and which continues for less than six months duration. Such violations include but are not limited to practicing with an expired license, precharting, charting errors, verbal abuse.

NOTE: Authority cited: Sections 125.9, 148 and 4504, Business and Professions Code. Reference: Sections 125.9 and 148, Business and Professions Code.

§ 2579.5. Citations for Unlicensed Practice.

The executive officer of the board or his/her designee may issue citations, in accordance with Section 148 of the Code, against any person (as defined in section 302 of the Code) who is performing or who has performed services for which licensure is required under the Psychiatric Technician Law or regulations adopted pursuant thereto. Each citation issued under this section shall contain an order of abatement. The sanction authorized under this section shall be separate from and in addition to any other civil or criminal remedies.

NOTE: Authority cited: Sections 125.9, 148 and 4504, Business and Professions Code. Reference: Sections 125.9 and 148, Business and Professions Code.

§ 2579.6. Criteria to be Considered in Assessing a Fine.

In any citation which includes a fine, the following factors shall be considered in determining the amount of the fine to be assessed:

(a) Gravity of the violation.

(b) History of previous violations of the same or a similar nature.

(c) The good or bad faith exhibited by the cited person.

(d) Evidence that the violation was willful.

(e) The extent to which the cited person cooperated with the board's investigation.

(f) The extent to which the cited person has remediated any knowledge and/or skills deficiencies which could have injured a patient.

(g) Any other mitigating or aggravating factors.

NOTE: Authority cited: Sections 125.9, 148 and 4504, Business and Professions Code. Reference: Sections 125.9 and 148, Business and Professions Code.

§ 2579.7. Contested Citations.

(a) In addition to requesting a hearing provided for in subdivision (b)(4) of Section 125.9 of the Code, the cited person may, within 14 calendar days after service of the citation, submit a written request for an informal citation review with the executive officer or his/her designee. A request for a citation review shall be deemed a request for an administrative hearing.

(b) The executive officer or his/her designee shall, within 30 calendar days from receipt of the written request, hold an informal conference with the person cited and his/her legal counsel or authorized representative, if desired.

(c) The executive officer or his/her designee may affirm, modify or dismiss the citation, including any fine or order of abatement, at the conclusion of the informal conference. A written decision stating the reasons for the decision shall be mailed to the cited person and his/her

legal counsel, if any, within 14 calendar days from the date of the informal conference.

If the citation is dismissed, the request for a hearing shall be deemed withdrawn. If the citation is affirmed or modified, the cited person may, in his/her discretion, withdraw the request for a hearing or proceed with the administrative hearing process.

NOTE: Authority cited: Sections 125.9, 148 and 4504, Business and Professions Code. Reference: Sections 125.9 and 148, Business and Professions Code.

§ 2579.8. Compliance with Citation/Order of Abatement.

(a) Orders of abatement may be extended for good cause. If a cited person who has been issued an order of abatement is unable to complete the correction within the time set forth in the citation because of conditions beyond his/her control after the exercise of reasonable diligence, then he/she may request from the executive officer or his/her designee an extension of time within which to complete the correction. Such a request shall be in writing and shall be made within the time set forth for the abatement.

(b) If a citation is not contested, or if the order is appealed and the person cited does not prevail, failure to abate the violation or to pay the assessed fine within the time allowed shall constitute a violation and a failure to comply with the citation or order of abatement.

(c) Failure to timely comply with an order of abatement or pay an assessed fine may result in disciplinary action being taken by the board or other appropriate judicial relief being taken against the person cited.

(d) If a fine is not paid after a citation has become final, the fine shall be added to the cited person's license renewal fee. A license shall not be renewed without payment of the renewal fee and fine.

NOTE: Authority cited: Sections 125.9, 148 and 4504, Business and Professions Code. Reference: Sections 125.9 and 148, Business and Professions Code.

§ 2579.9. Notification to Other Boards and Agencies.

The issuance and disposition of a citation shall be reported to other regulatory agencies.

NOTE: Authority cited: Sections 125.9, 148 and 4520, Business and Professions Code. Reference: Sections 125.9 and 148, Business and Professions Code.

§ 2579.10. Disciplinary Guidelines.

In reaching a decision on a disciplinary action under the Administrative Procedure Act (Government Code Section 11400 et seq.) the Board shall consider the disciplinary guidelines entitled "Disciplinary Guidelines", (Rev. 1/1/2000), which are hereby incorporated by reference. Deviation from these guidelines and orders, including the standard terms of probation, is appropriate where the Board, in its sole discretion, determines that the facts of the particular case warrant such a deviation — for example: the presence of mitigating factors; the age of the case; evidentiary problems.

NOTE: Authority cited: Section 4504, Business and Professions Code; and Section 11425.50(e), Government Code. Reference: Sections 4520 and 4521, Business and Professions Code; and Section 11425.50(e), Government Code.

Article 5. Schools for Preparation of Psychiatric Technicians

§ 2580. Accredited Schools for Preparation of Psychiatric Technicians.

NOTE: Authority cited: Section 4504, Business and Professions Code. Reference: Sections 4530, 4531 and 4532, Business and Professions Code.

§ 2581. Procedure for Accreditation.

(a) The institution shall apply to the Board for accreditation. Written documentation shall be prepared by the director and shall include:

(1) Philosophy of the program.

(2) Conceptual framework.

(3) Terminal objectives to indicate expected student outcomes upon successful completion of the program.

(4) Curriculum objectives.

(5) Course outlines.

(6) Course objectives.

(7) Instructional Plan.

(8) Evaluation methodology for curriculum.

(9) Faculty who meet the qualifications set forth in Section 2584.

(10) Clinical facilities.

(11) Evaluation methodology for clinical facilities.

(12) Admission criteria.

(13) Screening and selection criteria.

(14) Number of students.

(A) A school may admit alternate students in each new class to replace students who drop out prior to commencement of the scheduled clinical experience.

(B) Upon commencement of clinical experience, the number of students may not exceed the actual number of students approved by the Board for that particular class.

(15) Evaluation methodology for student progress.

(16) Student policies:

(A) Credit granting.

(B) Attendance.

(C) Grievance.

(17) Organizational chart.

(18) Proposed starting date.

(19) Evidence of program need to include, but not be limited to:

(A) Description of the geographic area and community to be served by the proposed program;

(B) Clinical affiliations available for student clinical experience; and

(C) Existing nursing and psychiatric technician programs with which clinical affiliations are shared.

(b) An institution may commence a new psychiatric technician program upon Board approval.

(c) A Board representative shall make a survey visit prior to graduation of the initial class. A program shall not commence another class without prior Board approval.

(d) Accreditation will be granted by the Board when a psychiatric technician program demonstrates that it meets all requirements as set forth in this chapter and in Chapter 10, Division 2, of the Business and Professions Code.

(e) The accreditation period shall be for a term of four years unless the Board grants an extension.

(1) An extension may be granted when the program demonstrates to the satisfaction of the Board that it is in full compliance with all requirements as set forth in this chapter and in Chapter 10, Division 2 of the Business and Professions Code.

(2) The extension may be granted for a period not to exceed four years.

(f) Six months prior to the date of accreditation expiration, a program may apply for continued accreditation based upon submission of documentation satisfactory to the Board. A subsequent survey visit may be conducted by a Board representative.

(g) A material misrepresentation of fact by a psychiatric technician program in any information submitted to the Board is cause for denial or revocation of accreditation or provisional accreditation.

NOTE: Authority cited: Section 4504, Business and Professions Code. Reference: Sections 4511, 4515, 4530 and 4532, Business and Professions Code.

§ 2581.1. Provisional Accreditation.

(a) Provisional accreditation means a program has not met all requirements as set forth in this chapter and in Chapter 10, Division 2 of the Business and Professions Code.

(b) Provisional accreditation shall be granted for a period not to

exceed two years unless the Board grants an extension.

(c) The Board may place any program on provisional accreditation when a program does not meet all requirements as set forth in this chapter and in Section 2581. A provisional accreditation may be extended when a program demonstrates to the satisfaction of the Board a good faith effort to correct all deficiencies.

(d) Any program holding provisional accreditation may not admit "new" classes beyond the established pattern of admission previously approved by the Board.

(e) A program placed on provisional accreditation shall receive written notification from the Board. The notification to the program shall include specific areas of noncompliance and requirements for correction. A program's failure to correct delineated areas of noncompliance is cause for revocation of provisional accreditation.

(f) A material misrepresentation of fact by a psychiatric technician program in any information submitted to the Board is cause for revocation of provisional accreditation.

(g) A revocation of provisional accreditation is cause for removal from the Board's list of accredited programs.

NOTE: Authority cited: Section 4504, Business and Professions Code. Reference: Sections 4511, 4515 and 4532, Business and Professions Code.

§ 2582. Reports.

(a) The Board shall require such reports by schools and conduct such investigations as necessary to determine whether or not accreditation will be continued.

(b) A school shall report to the Board within ten days of the termination of a faculty member.

(c) A material misrepresentation of fact by a psychiatric technician program in any information submitted to the Board is cause for denial or revocation of accreditation or provisional accreditation.

NOTE: Authority cited: Section 4504, Business and Professions Code. Reference: Sections 4511 and 4515, Business and Professions Code.

§ 2583. Faculty. Report of Changes.

NOTE: Authority cited: Section 4504, Business and Professions Code. Reference: Section 4531, Business and Professions Code.

§ 2584. Faculty Qualifications.

(a) A school shall submit qualifications of the proposed faculty members for approval by the Board prior to employment.

(b) Each psychiatric technician program shall have one faculty member, designated as director who meets the requirements of subsection (c)(1) herein who shall actively administer the program. The director is responsible for compliance with all regulations in Chapter 2, Article 5 (commencing with Section 2580 et seq.).

(c) Requirements for specific faculty positions are as follows:

(1) Director: A director of a psychiatric technician program shall have completed a course or courses offered by an accredited school with instruction in administration, teaching, and curriculum development and shall meet the qualifications of subsection (A) or (B) below:

(A) Registered Nurse

1. Hold a current California active license as a Registered Nurse; and

2. Hold a baccalaureate degree from an accredited school; and

3. Have a minimum of 3 years experience as a registered nurse; one year shall be in teaching or clinical supervision, or a combination thereof, in a state accredited or approved registered nursing or vocational or practical nursing, or psychiatric technician school within the last five years; or a minimum of three years experience in nursing administration or nursing education within the last five years.

(B) Licensed Psychiatric Technician

1. Hold a current California active license as a psychiatric technician; and

2. Hold a baccalaureate degree from an accredited school; and

3. Have a minimum of three (3) years experience as a psychiatric technician; one (1) year shall be in teaching or clinical supervision, or a combination thereof, in a state accredited or approved psychiatric technician school within the last five (5) years; or have a minimum of three (3) years experience in mental health administration or education within the last five (5) years.

(2) Assistant Director: An assistant director of a psychiatric technician program shall have completed a course or courses offered by an accredited school with instruction in (1) teaching, (2) curriculum development, and (3) administration, and shall meet the qualifications of subsection (A) or (B) below:

(A) Registered Nurse

1. Hold a current California active license as a Registered Nurse; and

2. Hold a baccalaureate degree from an accredited school; and

3. Have a minimum of 3 years experience as a registered nurse; one year shall be in teaching or clinical supervision, or a combination thereof, in a state accredited or approved registered nursing or vocational or practical nursing, or psychiatric technician school within the last five years; or have a minimum of three years experience in nursing administration or nursing education within the last five years.

(B) Licensed Psychiatric Technician

1. Hold a current California active license as a Psychiatric Technician; and

2. Hold a baccalaureate degree from an accredited school; and

3. Have a minimum of 3 years experience as a licensed psychiatric technician; one year shall be in teaching or clinical supervision, or a com-bination thereof, in a state accredited or approved psychiatric technician school within the last five years; or have a minimum of three years experience in mental health administration or education within the last five years.

(3) Instructor: An instructor in a psychiatric technician program shall have had or be currently attending a course in teaching and shall meet the requirements of subsection (A) or (B) below:

(A) Registered Nurse

1. Hold a current California active license as a Registered Nurse; and

2. Hold a baccalaureate degree from an accredited school; or a valid teaching credential; or have completed a minimum of one year full–time teaching experience in a state accredited or approved registered nursing or vocational or practical nursing, or psychiatric technician school within the last five years; or met community college or state university teaching requirements in California; and

3. Have a minimum of 2 years experience as a registered nurse or licensed psychiatric technician within the last 5 years.

(B) Licensed Psychiatric Technician

1. Hold a current active California license as a psychiatric technician; and

2. Hold a baccalaureate degree from an accredited school; or a valid teaching credential; or have completed a minimum of one year full–time teaching experience in a state accredited or approved registered nursing or vocational or practical nursing, or psychiatric technician school within the last five years; or met community college or state university teaching requirements in California; and

3. Have a minimum of two years experience as a psychiatric technician within the last five years.

(4) Additional Faculty: Persons of other disciplines may teach curriculum content as specified in Section 2587(d). Such instructors shall have the qualifications to teach in a community college or a state university in California, or hold a baccalaureate degree in the field related to the curriculum content taught, or meet the requirements for vocational education credential.

(5) Teacher Assistant: A teacher assistant in a psychiatric technician program shall:

(A) Hold a current active California license as a psychiatric technician; and

(B) Have a minimum of two years of experience as a psychiatric technician in the care of mentally disordered or developmentally disabled clients within the last five years.

NOTE: Authority cited: Section 4504, Business and Professions Code. Reference: Section 4531, Business and Professions Code.

§ 2585. General Requirements.

(a) The program shall have sufficient resources, faculty, clinical facilities, library, staff and support services, physical space, skills laboratory, and equipment to achieve the program's objectives.

(b) Regular faculty meetings shall be held. Minutes shall be available to the Board's representative.

(c) Clinical faculty shall have no other responsibilities during the hours they are assigned to the clinical instruction of students.

(d) Each teacher assistant shall work under the direction of an approved instructor. No more than one teacher assistant may be assigned to each instructor. Each teacher assistant shall assist the instructor in skills lab and clinical teaching only. The instructor to whom the teacher assistant is assigned shall be available to provide direction to the teacher assistant as needed.

(e) Each instructor shall have a daily lesson plan which correlates the theory and practice offered to the student. A copy of this plan shall be available to the director.

(f) The program's instructional plan shall be available to all faculty.

(g) Each school shall have on file proof that each enrolled student has completed an approved general education course of study through the 12th grade or evidence of completion of the equivalent thereof.

(h) Each school shall have an attendance policy approved by the Board. The policy shall include but not be limited to, criteria for attendance and the specific course objectives for which make–up time is required. Acceptable methods for make–up include:

(1) Theory: case studies, independent study, written examination, attendance at seminars or workshops, auto–tutorial laboratory, and research reports.

(2) Clinical: performance evaluation in skills laboratory or additional time in the clinical area with clients/patients.

(i) The school shall evaluate student performance to determine the need for remediation or removal from the program.

(j) Each school shall advise students, in writing, of the following:

(1) Right to contact the Board of program concerns.

(2) Credit for previous education and experience.

(3) School's grievance policy.

(4) List of Board approved clinical facilities.

(k) The program shall have prior Board approval to increase the number of students per class and/or increase the frequency of admission of classes. Criteria to evaluate a school's request to increase the number of students per class and/or increase the frequency of class admissions include but are not limited to:

(1) Sufficient program resources as specified in section 2585(a);

(2) Adequacy of clinical experience as specified in section 2588.

(3) Licensure examination pass rates as specified in section 2585(*l*).

(*l*) The program shall maintain a yearly average minimum pass rate on the licensure examination that does not fall below 10 percentage points of the state average pass rate for first time candidates of accredited psychiatric technician schools for the same period.

(1) Failure to achieve the required yearly average minimum pass rate within two years of initial approval may be cause to place a program on provisional accreditation.

(2) Failure to maintain the required yearly average minimum pass rate for two years or four consecutive biannual periods may be cause to place a program on provisional accreditation.

NOTE: Authority cited: Section 4504, Business and Professions Code. Reference: Sections 4511 and 4515, Business and Professions Code.

§ 2585.1. Credit for Previous Education and Experience.

Each school shall have a policy, approved by the Board, for giving credit toward the curriculum requirements.

(a) Transfer credit shall be given for related previous education completed within the last five years. This includes the following courses:

(1) Accredited vocational or practical nursing courses.

(2) Accredited registered nursing courses.

(3) Accredited psychiatric technician courses.

(4) Armed services nursing courses.

(5) Certified nurse assistant courses.

(6) Other courses the school determines are equivalent to courses in the program.

(b) Competency–based credit shall be granted for knowledge and/or skills acquired through experience. Credit shall be determined by written and/or practical examinations.

NOTE: Authority cited: Section 4504, Business and Professions Code. Reference: Sections 4511 and 4511.2, Business and Professions Code.

§ 2586. Curriculum Hours.

(a) The course for preparation of psychiatric technicians shall consist of not less than 1530 hours or 50 semester units. The course may be offered on a full or part time basis. One hour of instruction for purposes of computing the total hours of instruction or for calculating semester units as specified in this section shall consist of not less than 50 minutes of actual class time.

(b) The course shall consist of not less than 576 hours of theory and 954 hours of supervised clinical experience. The hours of theory and clinical experience shall include a minimum of each of the following:

	Theory Hours	*Clinical Hours*
Pharmacology	54	
Nursing science	126	270
Mental disorders	108	270
Developmental disabilities	108	270

(c) The school week shall not exceed 40 hours per week, and the school day shall not exceed 8 hours, including class attendance and clinical experience.

(d) Students may be granted holidays and vacation days equivalent to those granted by community colleges.

NOTE: Authority cited: Section 4504, Business and Professions Code. Reference: Section 4531, Business and Professions Code.

§ 2587. Curriculum Content.

(a) Psychiatric technician programs shall include theory and correlated clinical experience.

(b) The curriculum shall develop the knowledge, skills, and abilities necessary to care for patients of all ages in current health care settings.

(c) Curriculum content shall be taught in a sequence that results in students' progressive mastery of knowledge, skills, and abilities.

(d) The curriculum content shall include:

(1) Anatomy and physiology

(2) Nutrition

(3) Psychology

(4) Normal growth and development

(5) Nursing process

(6) Communication

(7) Nursing science, which shall include:

(A) Nursing fundamentals

(B) Medical/surgical nursing

(C) Communicable diseases, which shall include but not be limited to Human Immunodeficiency Virus (HIV)

(D) Gerontological nursing

(8) Patient education

(9) Pharmacology, which shall include:

(A) Knowledge of commonly used drugs and their actions

(B) Computation of dosages

(C) Preparation of medications

(D) Principles of administration

(10) Classifications, treatment programs, and interventions for

developmental disabilities.

(11) Classifications, treatment programs, and interventions for mental disorders, which shall include addictive behaviors and eating disorders.

(12) Leadership

(13) Supervision

(e) The following related courses may be taught by other professional instructors:

Courses	*Maximum Hours of Instruction By Other Professionals Accepted by the Board*
Anatomy and physiology	54
Psychology	54
Pharmacology	54
Nutrition	54
Normal Growth and Development.	54

(f) All curricular changes that significantly alter the program philosophy, conceptual framework, content, objectives, or other written documentation as required in Section 2581, shall be approved by the Board prior to implementation. Proposed curricular changes must be submitted to the Board in final form by the fifteenth day of the second month preceding the month of the Board meeting at which the changes will be considered. Revisions should include:

(1) Explanation of changes;

(2) Rationale for proposed revision;

(3) Description of revised curriculum materials; and

(4) Changes to behavioral objectives, if applicable.

NOTE: Authority cited: Section 4504, Business and Professions Code. Reference: Sections 4511, 4515 and 4531, Business and Professions Code.

§ 2588. Clinical Experience.

(a) Schools shall apply on a form provided by the Board for approval of each clinical facility prior to use.

(b) Schools shall have clinical facilities adequate as to number, type, and variety of patients treated, to provide clinical experience for all students in the areas specified by Section 2587. There must be available for student assignment, an adequate daily census of patients to afford a variety of clinical experience consistent with competency–based objectives and theory being taught. Clinical objectives which students are expected to master shall be posted in client care areas utilized for clinical experience.

(c) For supervision of clinical experience, there shall be a maximum of 15 students for each instructor.

(d) Schools are responsible for the continuous review of clinical facilities to determine if the students' clinical objectives for each facility are being met.

(e) Fifty percent of the clinical experience may be obtained during the evening shift, except upon determination by the Board that clinical objectives may be met by using additional evening hours.

NOTE: Authority cited: Section 4504, Business and Professions Code. Reference: Sections 4511 and 4531, Business and Professions Code.

§ 2588.1. Clinical Preceptorships.

(a) With prior Board approval, each psychiatric technician program may offer an optional clinical preceptorship during the last nine weeks of the program.

(b) Preceptorship means an optional clinical experience for selected psychiatric technician students, which is conducted in the last nine (9) weeks of the psychiatric technician program.

(c) Preceptor means a registered nurse or a licensed vocational nurse on staff at the clinical facility in which the preceptorship will occur who is specially selected and prepared to work with a student during the preceptorship and who shall be responsible for on–site direction of the student's preceptorship.

(d) The program director or designee shall be responsible for the overall management of the preceptorship and final student outcomes.

(e) General Requirements

(1) The preceptorship may be conducted in any health care setting (including acute, subacute, clinic or a combination of settings) wherein the specific clinical objectives can be met.

(2) The goal of the preceptorship shall be the facilitation of students' maximal application of newly acquired knowledge, skills, and abilities in a realistic setting that simulates actual job performance.

(3) Preceptorships shall not be used for clinical make–up time or remediation.

(4) Prior to implementation of the preceptorship, the director shall apply for Board approval and specify the clinical objectives to be accomplished by the student in the preceptorship facility.

(5) The total length of a student's preceptorship shall not exceed 160 hours.

(6) The total hours per week required of a student for theory and preceptorship attendance shall not exceed 40 hours.

(7) The total hours per day required of a student for theory and preceptorship attendance shall not exceed eight (8) hours.

(8) The preceptorship shall be conducted within the last nine (9) weeks of the program or when presentation of new theory and correlated clinical content has been completed, whichever occurs later.

(9) The maximum instructor–to–preceptorship student ratio is 1:15.

(10) The maximum preceptor–to–student ratio is 1:1.

NOTE: Authority cited: Section 4504, Business and Professions Code. Reference: Sections 4511 and 4531, Business and Professions Code.

§ 2589. Transcript of Records.

NOTE: Authority cited: Section 4504, Business and Professions Code. Reference: Sections 4511 and 4513, Business and Professions Code.

Article 6. Revenue

§ 2590. Fees.

The following fees are established:

(a) The application fee is twenty–five dollars ($25).

(b) The biennial renewal fee is ninety dollars ($90). The delinquent fee is 50% of the renewal fee in effect at the time of renewal.

(c) Notwithstanding subsection (b), licensees shall renew according to the following schedule:

(1) In 1992, for licensing periods beginning on or after July 1, 1992, licensees with an even birth year shall renew for two years and the biennial renewal fee shall be ninety dollars ($90). Licensees with an odd birth year shall renew for one year and the annual renewal fee shall be forty–five dollars ($45).

(2) In 1993, licensees with an odd birth year shall renew for two years and the biennial renewal fee shall be ninety dollars ($90). Licensees with an even birth year who were initially licensed or renewed between January 1, 1992 and June 30, 1992 shall renew for one year and the renewal fee shall be forty–five dollars ($45).

(3) On or after January 1, 1994, all renewing licensees shall renew for two years and the biennial renewal fee shall be ninety dollars ($90).

(d) The reexamination fee for any examination after the first is thirty–five dollars ($35).

(e) For licensing periods beginning on or after July 1, 1992, the fee for an initial license shall be ninety dollars ($90). Licenses shall expire at two year intervals on the last day of the month in which the licensee's birthday occurs, beginning with the second birthday following the date on which the license was issued.

(f) The penalty fee for submitting insufficient funds or fictitious check, draft or order on any bank or depository for payment of any fee to the Board is ten dollars ($10).

NOTE: Authority cited: Section 4504, Business and Professions Code. Reference: Sections 152.6, 4544 and 4548, Business and Professions Code; and Section 6157, Government Code.

§ 2590.1. Provider Fees.

Pursuant to Section 4518 of the Code the application fee for approval as a continuing education provider is one hundred fifty dollars ($150) every two years.

NOTE: Authority cited: Section 4504, Business and Professions Code. Reference: Section 4518, Business and Professions Code.

§ 2591. Waiver of Initial Certificate Fee.

Article 7. Continuing Education

§ 2592.1. Hour Requirements.

(a) Each licensee renewing a license under Section 4544 of the code shall submit proof of having completed, during the preceding two years, thirty (30) hours of continuing education acceptable to the Board.

(b) This section shall not apply to the first license renewal following initial issuance of a license.

NOTE: Authority cited: Section 4504, Business and Professions Code. Reference: Section 4517, Business and Professions Code.

§ 2592.2. Continuing Education Courses.

(a) The Board will accept each hour of theory or course related clinical experience as one (1) hour of continuing education.

(b) Continuing education courses approved by psychiatric technician or nursing licensing agencies of this or of other states, or psychiatric technician or nursing organizations of this or other states, or courses considered comparable by the Board will be accepted.

(c) Courses which are prerequisite to or part of a registered nursing or vocational nursing program, or college and university courses related to the psychiatric technician scope of practice will be accepted.

NOTE: Authority cited: Section 4504, Business and Professions Code. Reference: Section 4517, Business and Professions Code.

§ 2592.3. Course Approval.

(a) Providers applying for approval of a continuing education course must submit written documentation which shall include:

(1) A description of the subject matter of the course as it relates to recent developments in the psychiatric technician field or in any area of psychiatric technician practice:

(2) The course objectives;

(3) Method of instruction;

(4) Length of the course, date the course will start, total number of hours in the course and the course location;

(5) Any enrollment restrictions or prerequisites;

(6) Identification of the course instructor's qualifications, as specified in Section 2592.4;

(b) The Board will issue approval to the provider. A course will not be approved for more than a two year period.

(c) Any material misrepresentation of fact in the application filed by a continuing education provider shall constitute cause for the Board to withdraw its course approval.

NOTE: Authority cited: Section 4504, Business and Professions Code. Reference: Section 4517, Business and Professions Code.

§ 2592.4. Approval of Course Instructors.

For approval, instructors shall meet two of the following:

(a) Completion of specialized training in the subject matter of the course within two years preceding course approval;

(b) Completion of academic studies related to the subject matter of the course within two years preceding course approval;

(c) Teaching experience in a course with similar subject matter content within the previous two years;

(d) Six months of work experience in the subject matter of the course within the previous three years;

(e) Experience in the development of academic courses within two years preceding course approval.

NOTE: Authority cited: Section 4504, Business and Professions Code. Reference: Section 4517, Business and Professions Code.

§ 2592.5. Course Completion Certificates and Reporting.

(a) At the completion of the course, the provider shall issue a certificate to each licensee.

(b) At the time of license renewal, the licensee shall provide a written statement indicating (1) the date each course was completed; (2) provider and course number; (3) course title; and (4) total hours of the course.

(c) Licensees are required to maintain a record of continuing education courses taken during the last four (4) years.

NOTE: Authority cited: Section 4504, Business and Professions Code. Reference: Section 4517, Business and Professions Code.

§ 2592.6. Inactive Licenses.

(a) A license will be placed on inactive status when the renewal fee is paid and continuing education requirements have not been met.

(b) To reactivate an inactive license the licensee must submit proof of thirty hours of continuing education taken during the preceding two years.

NOTE: Authority cited: Section 4504, Business and Professions Code. Reference: Section 4517, Business and Professions Code.

§ 2592.7. Exemption from Continuing Education Requirements.

(a) At the time of making application for renewal, an applicant for exemption from the continuing education requirements shall make written application to the Board.

(b) The applicant must show evidence satisfactory to the Board, that during the two–year period immediately prior to the expiration date of the applicant's license, the licensee:

(1) Has been residing in another country for a period of one year or longer reasonably preventing completion of continuing education requirements; or

(2) Has been absent from California because of military or missionary service for a period of one year or longer preventing completion of continuing education requirements; or

(3) Should be exempt from the continuing education requirements for reasons of health or other good cause which includes;

(A) Total physical or mental disability for one year or more and the ability to return to work, as verified by a licensed physician and surgeon or licensed clinical psychologist.

(B) Total physical or mental disability for one year or longer of an immediate family member for whom the licensee has total responsibility, as verified by a licensed physician and surgeon or licensed clinical psychologist.

NOTE: Authority cited: Section 4504, Business and Professions Code. Reference: Section 4517, Business and Professions Code.

Article 8. Blood Withdrawal

§ 2593. Blood Withdrawal.

A licensed psychiatric technician applying for certification by the Board to withdraw peripheral venous blood from a patient with a mental illness or developmental disability shall complete and submit an application form supplied by the Board entitled "Application to be Certified in Blood Withdrawal for Psychiatric Technicians" (Form 56C–1, 9/98) hereby incorporated by reference. Applicants may qualify for certification in one of the following ways:

(a) Written verification as submitted to the Board by one of the persons specified in Section 2593.3 that the licensed psychiatric technician is competent in the performance of blood withdrawal procedures according to the subject areas specified in Section 2593.2. Written verification shall be provided on a form entitled "Blood Withdrawal Verification for Psychiatric Technicians" (Form 56C–2, 9/98) hereby incorporated by reference.

(b) Satisfactory completion of a course in blood withdrawal, as defined in Section 2593.2 and taught by an approved course provider as specified in Section 2593.3.

NOTE: Authority cited: Section 4504, Business and Professions Code. Reference: Section 4502.2, Business and Professions Code.

§ 2593.1. Procedure for Course Provider Approval.

(a) A person or institution applying for approval of a course in blood withdrawal shall complete and submit an application form supplied by the Board entitled "Application to be a Course Provider in Blood Withdrawal for Psychiatric Technicians" (Form 56C–3, 9/98) hereby incorporated by reference that indicates compliance with the course of instruction delineated in Section 2593.2.

(b) A blood withdrawal course of instruction shall be approved by the Board before a course in blood withdrawal is offered to licensees by the provider.

(c) Approval of a psychiatric technician blood withdrawal certification course may be withdrawn if the Board later discovers misrepresentation in an advertisement or in any information required by the Board in accordance with this Article.

NOTE: Authority cited: Section 4504, Business and Professions Code. Reference: Section 4502.2, Business and Professions Code.

§ 2593.2. Approval of Course Content.

(a) A course of instruction in blood withdrawal shall be taught by an instructor approved as provided in Section 2593.3 and shall include, but not be limited to, the following:

(1) Anatomy and physiology pertinent to peripheral venous blood withdrawal.

(2) Specimen handling:

(A) Container and preservative selection;

(B) Amount of specimen required;

(C) Test requirements, including, but not limited to, acceptable time periods from specimen collection to laboratory processing, temperature requirements, and effect of container motion; and

(D) Patient and specimen container identification techniques.

(3) Selection of appropriate equipment:

(A) Lancet;

(B) Syringe;

(C) Vacuum tube;

(D) Needle (The term "needle" does not include the equipment, methods and procedures used outside of peripheral venous blood withdrawal.); and

(E) Safety measures related to equipment.

(4) Methods of blood withdrawal:

(A) Capillary blood withdrawal; and

(B) Venipuncture.

(5) Withdrawal site:

(A) Selection;

(B) Preparation;

(C) Technique (including safety measures to protect patients and staff); and

(D) Post–procedure care.

(6) Sterile technique.

(7) Universal and standard precautions for infection control.

(8) Possible complications.

(9) Psychological preparation of the patient.

(10) Practice in peripheral venous blood withdrawal shall include at least 5 successful individually supervised venipunctures on live human subjects and 3 successful individually supervised capillary blood withdrawals on live human subjects.

(b) The course shall consist of 10 hours theory and 6 hours clinical practice.

(c) A course will not be approved for more than a two–year period.

NOTE: Authority cited: Section 4504, Business and Professions Code. Reference: Section 4502.2, Business and Professions Code.

§ 2593.3. Qualifications of Blood Withdrawal Course Instructors.

To be approved by the Board, a course in peripheral venous blood withdrawal for licensed psychiatric technicians shall be taught by one of the following persons:

(a) A physician and surgeon licensed by the Medical Board of California who within the last five years has had a minimum of 6 months of experience:

(1) Performing blood withdrawal; or

(2) Teaching courses in blood withdrawal.

(b) A nurse licensed by the California Board of Registered Nursing who within the last five years has had a minimum of 6 months of experience:

(1) Performing blood withdrawal; or

(2) Teaching courses in blood withdrawal.

(c) A clinical laboratory scientist (technologist), licensed by the California Department of Health Services who within the last five years has had a minimum of 6 months of experience:

(1) Performing blood withdrawal; or

(2) Teaching courses in blood withdrawal.

NOTE: Authority cited: Section 4504, Business and Professions Code. Reference: Section 4502.2, Business and Professions Code.

§ 2593.4. Reports to the Board that the Licensee is Eligible for Board–Certification.

(a) The course provider in blood withdrawal for licensed psychiatric technicians shall submit to the Board verification of course completion, which shall include:

(1) Course title;

(2) Date of course completion;

(3) Licensee's name, address, telephone number and psychiatric technician license number;

(4) Course number issued by the Board; and

(5) Number of course hours, specified as theory and clinical hours.

(b) The course provider shall maintain a list of all psychiatric technician licensees who have completed the blood withdrawal course within the preceding four years.

(c) A licensed psychiatric technician is deemed to be Board–certified to withdraw peripheral venous blood upon written notification from the Board.

NOTE: Authority cited: Section 4504, Business and Professions Code. Reference: Section 4502.2, Business and Professions Code.

Article 9. Immunizations and Skin Tests

§ 2594. Immunizations and Skin Tests.

(a) A psychiatric technician, when prescribed by a physician and surgeon, may perform the activities delineated in Section 4502.3 of the Business and Professions Code provided the psychiatric technician has demonstrated competence.

(b) Clinical competence in the administration of immunizations and skin tests by psychiatric technicians shall be determined by a licensed physician and surgeon, physician's assistant, registered nurse, licensed psychiatric technician or licensed vocational nurse who is clinically competent in the performance of the aforenoted procedures.

NOTE: Authority cited: Section 4504, Business and Professions Code. Reference: Section 4502.3, Business and Professions Code.

TITLE 22. SOCIAL SECURITY

Division 3. Health Care Services

Subdivision 1. California Medical Assistance Program*

(Originally Filed 2–28–66)

NOTE: Authority cited for Subdivision 1: Sections 14100, 14105 and 14106, Welfare and Institutions Code. Additional authority cited for regulations filed on 9–30–71: Sections 14005.6, 14106.5, 14122, 14124.5, 14134, W. & I. Code, and Sec. 53.6 of Chapter 577, Stats. of 1971. Additional authority cited: Section 14124.5, Welfare and Institutions Code. Additional authority cited for regulation filed 1–18–74: Sections 10541, 10553.1, 10554, 10554.1, 11004, 11050, 11100, 14000, 14005.1, 14005.2, 14005.4, 14005.7, 14008, 14016, 14017, 14023, 14051, 14053, 14053.6, 14060, 14061, 14100.1, 14132, 14184 and 14329, Welfare and Institutions Code. Reference: Sections 11004, 11050, 11100, 14000, 14005.1, 14005.2, 14005.4, 14005.6, 14005.7, 14008, 14016, 14017, 14023, 14051, 14053, 14053.6, 14059, 14100.1, 14132, 14133, 14184, 14256, 14261, 14301 and 14329, Welfare and Institutions Code.

Chapter 3. Health Care Services

Article 1.3. General Provisions

§ 51003. Prior Authorization.

(a) "Prior authorization," "reauthorization," or "approval" means authorization granted by a designated Medi–Cal consultant or by a PCCM plan, as applicable, in advance of the rendering of a service, unless otherwise specifically stated, after appropriate medical, dental or other review. Authorization may be granted by a PCCM plan only for beneficiaries enrolled in that PCCM plan. The responsibilities of the Medi–Cal consultant shall not be delegated, except to the extent provided under Sections 51013 and 51014. The responsibilities of the PCCM plan shall not be delegated except as provided under Section 51003.7.

(b) Retroactive approval of requests for prior authorization may be granted only under the following conditions:

(1) When certification of the Medi–Cal beneficiary's eligibility by the county welfare department was delayed;

(2) When "other coverage" (i.e., Medicare or other health insurance programs) denied payment of a claim for services;

(3) When communication with the Medi–Cal consultant or PCCM plan could not be established and provision of the required service should
not have been delayed; under this condition the request for retroactive authorization must be received by the Medi–Cal consultant or PCCM plan within 10 working days after the service is provided or initiated.

(4) When a patient does not identify himself to the provider as a Medi–Cal beneficiary by deliberate concealment or because of physical or mental incapacity to so identify himself;

(A) The request for retroactive authorization shall be accompanied by a statement from the provider certifying that the patient did not identify himself and the date the patient was so identified, provided such date is within one year after the month in which service was rendered.

(B) The request for retroactive authorization shall be submitted within 60 days following the certified date of beneficiary identification.

(5) When the Department determines that the provider was prevented from submitting a timely request for reauthorization because of a reason that meets one of the criteria specified in paragraph (A), (B) or (C). The provider shall submit factual documentation deemed necessary by the Department with the reauthorization request. Any additional documentation requested by the Department shall be submitted within 60 days of the request. The documentation shall verify that the late submission was due to:

(A) A natural disaster which has:

1. Destroyed or damaged the provider's business office or records.

2. Substantially interfered with a provider's agent's processing of the provider's Treatment Authorization Requests (TARs).

(B) Delay caused by other circumstances beyond the control of the provider which have been reported to the appropriate law enforcement or fire agency when applicable. Circumstances which shall not be considered beyond the control of the provider include but are not limited to:

1. Negligence by employees.

2. Misunderstanding of program requirements.

3. Illness or absence of any employee trained to prepare TARs.

4. Delays caused by the United States Postal Service or any private delivery service.

(6) When the Department has imposed postservice prepayment audits as set forth in section 51159(b), for emergency services pursuant to section 51056(b)(2), by requiring providers to utilize the procedures for obtaining authorization on a retroactive basis.

(c) "Reauthorization" means authorization of a request for previously authorized services. No services will be reauthorized for any period prior to receipt by the Medi–Cal consultant or PCCM plan of a request for reauthorization, unless the criteria in Medi–Cal program regulations for retroactive authorization apply.

(1) "Request for Nonacute Continuing Services," as used in Section 51014.1(e), means a reauthorization request received by the Medi–Cal Field Office prior to or no later than ten (10) working days after expiration of the immediately preceding approved authorization for services in the following categories:

(A) Long–Term Care, specifically Skilled Nursing Facility, Intermediate Care Facility and Subacute levels of care.

(B) Chronic Hemodialysis, including all related services.

(C) Hospice Care.

(D) In–Home Medical Care Waiver Services, including all related services.

(E) Skilled Nursing Facility Waiver Services, including all related services.

(F) Model Community Based Waiver Services, including all related services.

(G) All other nonacute services under the Medi–Cal program when the treating physician (i.e., the physician, podiatrist, or dentist who is treating the patient and certifying that the services must be continued) substantiates on or with the request that the same level or frequency of services should be continued because the treatment goal approved on the original TAR has not been achieved. To meet the requirement to substantiate the need for continuing care, the treating physician must submit sufficient information (narrative or other evidence) in support of his or her conclusion that services must be continued because treatment goals have not been met. Information submitted is sufficient if the field office consultant determines that a reasonable, competent physician might agree, based on the information submitted, that treatment goals have not been met.

(H) Nursing Facility Waiver Services for beneficiaries.

(2) "Request for Acute Continuing Care Services," as used in section 51014.1(f), means a request for extension (EDS form 18–1, 2/87) of approval for acute care services in hospitals with on–site Medi–Cal reviewers when:

(A) The treating physician (i.e., the physician, dentist or podiatrist certifying the need for acute care pursuant to section 51327(a)(3)(A)) has determined that the beneficiary cannot safely be discharged because acute care services continue to be medically necessary, for one of the following reasons:

1. Further acute care is needed for the purpose of treating the condition or conditions for which acute care was originally approved for an acute admission requiring prior authorization.

2. Complications directly related to the diagnosis for which acute care was originally approved have arisen and necessitate further acute

care.

3. Further acute care is needed for an illness contracted during the course of an approved acute admission if the illness most likely occurred because the patient was hospitalized.

4. Further acute care is needed for the purpose of treating a diagnosed condition or conditions for which a length of stay was previously approved after an emergency or urgent admission.

5. Further diagnostic procedures and/or treatments are needed after a previously approved emergency or urgent admission, for which no length of stay was approved and the acute care stay has been at least five (5) days in duration at the time of the request; and

(B) The medical record contains documentation consistent with subdivision (c)(2)(A) above.

(d) All authorization requests shall include adequate information and justification for the service requested for the beneficiary.

(e) Authorization may be granted only for Medi–Cal benefits that are medically necessary and do not exceed health care services received by the public generally for similar medical conditions. The "Manual of Criteria for Medi–Cal Authorization," published by the Department in January 1982, last amended September 22, 2000, and herein incorporated by reference in its entirety, shall be the basis for the professional judgments of Medi–Cal consultants or PCCM plans in their decisions on authorizations for services or conditions listed in the Manual. Such authorization shall be valid for the number of days specified by the consultant or PCCM plan up to a maximum of 180 days, unless otherwise specified in this chapter. The consultant or PCCM plan may grant authorization for up to a maximum of two years when the treatment as authorized is clearly expected to continue unmodified for up to or beyond two years.

(f) Authorization may be granted only for the lowest cost item or service covered by the program that meets the patient's medical needs.

(g) A provider may appeal the decision of a Medi–Cal Consultant on a TAR. Such an appeal shall be received by the administrator of the Medi–Cal field office which denied the initial request within 60 calendar days from the date of provider notification of the Medi–Cal consultant's decision. A provider appealing the decision of a PCCM plan on a TAR shall file the appeal in accordance with Section 56262.

(1) The appeal shall be submitted in writing to the administrator of the local Medi–Cal field office.

(2) If the administrator of the local Medi–Cal field office finds no basis for altering the original decision of the Medi–Cal consultant, the provider shall be informed in writing, within 60 calendar days of receipt of the appeal, of the local Medi–Cal field office administrator's decision, the basis therefor, and the provider's right to resubmit the appeal to the Field Services Headquarters.

(3) An appeal to the Field Services Headquarters shall be initiated within 30 calendar days from the date of provider notification of the local Medi–Cal field office administrator's decision. The Department shall act on the appeal and inform the provider directly of the Department's decision, and the basis therefor, within 60 calendar days from the receipt of the appeal submitted to the Field Services Headquarters.

*NOTE: The December 1996 revision of this provision was made by emergency regulation package R–60–96E. Implementation of R–60–96E was enjoined on November 26, 1996 (*Carmen Doe, et al.* v. *Wilson, et al.*, City and County of San Francisco Superior Court No. 982521). The change to the Manual of Criteria for Medi–Cal Authorization included in R–60–96E that would have occurred in December 1996 is of no force or effect.

NOTE: Authority cited: Sections 10725, 14105, 14124.5, 14132.22, 14132.5 and 14133, Welfare and Institutions Code; and Section 1267.7, Health and Safety Code. Reference: Sections 14053, 14081, 14087, 14088, 14088.16, 14088.2, 14103.6, 14105.12, 14132, 14132.22, 14132.25, 14132.5, 14132.42, 14133, 14133.1, 14133.25 and 14133.3, Welfare and Institutions Code; *Jeneski* v. *Meyers* (1984) 163 Cal. App.3d 18, 209 Cal. Rptr. 178; *Duran* v. *Belshé*, San Diego County Superior Court Case No. 674204, (1995); and *Fresno Community Hospital and Medical Center v. State of California, et al.*, Superior Court, Fresno County, 1996, No. 555694–9.

Article 4. Scope and Duration of Benefits

§ 51335. Skilled Nursing Facility Services.

Skilled nursing facility services necessary for the treatment of illness or injury, are covered subject to the following:

(a) Skilled nursing facility services are covered only after prior authorization has been obtained from the designated Medi–Cal consultant for the district where the skilled nursing facility is located. The authorization request shall be initiated by the facility and shall be signed by the attending physician.

(b) An initial Treatment Authorization Request shall be required for each admission.

(1) An initial authorization may be granted for periods up to one year from the date of admission.

(2) An approved initial Treatment Authorization Request shall be required prior to the transfer of a beneficiary between skilled nursing facilities.

(3) For Medicare/Medi–Cal covered services (crossover services) a request for authorization shall be received by the Medi–Cal consultant's office on or before the 20th calendar day of skilled nursing facility care. Medi–Cal shall not pay coinsurance for skilled nursing facility care unless an authorization request has been approved covering the 21st and subsequent days of skilled nursing facility care. When the authorization request is received by the Medi–Cal consultant's office after the 20th day of skilled nursing facility care, one day of coinsurance authorization shall be denied for each day the request is late.

(c) A request for reauthorization must be received by the appropriate Medi–Cal consultant on or before the first working day following the expiration of a current authorization. When the request is received by the Medi–Cal consultant later than the first working day after the previously authorized period, one day of authorization shall be denied for each day the request is late.

(1) Reauthorizations may be granted for periods up to one year.

(d) The Medi–Cal consultant shall deny an authorization request or reauthorization request or shall cancel any authorization or reauthorization in effect when services or placement are not appropriate to the needs of the patient (beneficiary).

(1) Where the reauthorization request is denied or an existing authorization is cancelled, the beneficiary shall be notified in writing of the Department's decision to deny ongoing services; the provider will be notified simultaneously. If the beneficiary does not agree with the Department's decision, the beneficiary has the right to request a fair hearing pursuant to section 51014.1 herein. If the beneficiary requests a fair hearing within ten days of the date of the notice, the Department will institute aid paid pending the hearing decision pursuant to section 51014.2 herein.

(2) Medi–Cal consultants shall deny any initial authorization request if the skilled nursing facility is not participating in Medicare as a skilled nursing facility and the patient is qualified for skilled nursing facility care. Medicare benefits shall be utilized to their fullest extent; failure to utilize such benefits shall result in denial of Medi–Cal benefits under this section for the same period of time Medicare benefits would have been available. Exception to this rule may be made:

(A) When skilled nursing facility benefits are known to have been exhausted.

(B) When Medicare rejects skilled nursing facility level of care and the Medi–Cal consultant determines the medical necessity for skilled nursing facility care.

(C) When it can be determined that there are no skilled nursing facility care beds available in or near the community.

(e) The attending physician must recertify, at least every 60 days, the patient's need for continued care in accordance with the

procedures specified by the Director. The attending physician must comply with this requirement prior to the start of the 60–day period of stay for which the patient is being recertified. The facility must present proof of this recertification at the time of billing for services rendered.

(f) Medi–Cal beneficiaries in the facility shall be visited by their attending physician no less often than once every 30 days for the first 90 days following admission. Subsequent to the 90th day, an alternative schedule of visits may be proposed, subject to approval by the Medi–Cal consultant. At no time, however, shall an alternative schedule of visits result in more than 60 days elapsing between physician visits.

(g) Services are not covered unless provided on the signed order of the physician responsible for the care of the patient.

(h) There shall be a periodic medical review, not less often than annually, of all beneficiaries receiving skilled nursing facility services by a medical review team as defined in section 50028.2.

(i) Leave of absence from skilled nursing facilities is reimbursed in accordance with section 51535 and is covered for the maximum number of days per calendar year as indicated below:

(1) Developmentally disabled patients: 73 days.

(2) Patients in a certified special treatment program for mentally disordered persons, or patients in a mental health therapeutic program approved and certified by a local mental health director: 30 days.

(3) All other patients: 18 days. Up to 12 additional days of leave per year may be approved in increments of no more than two consecutive days when the following conditions are met:

(A) The request for additional days of leave shall be in accordance with the individual patient care plan and appropriate to the physical and mental well–being of the patient.

(B) At least five days inpatient care must be provided between each approved leave of absence.

(j) In order to qualify for skilled nursing facility services, a patient shall have a medical condition which needs visits by a physician at least every 60 days and constantly available skilled nursing services. The following criteria together with the provisions of section 51124, will assist in determining appropriate placement:

(1) Need for patient observation, evaluation of treatment plans, and updating of medical orders by the responsible physician;

(2) Need for constantly available skilled nursing services. A patient may qualify for nursing home services if the patient has one or more of the following conditions:

(A) A condition which needs therapeutic procedures. A condition such as the following may weigh in favor of nursing home placement.

1. Dressing of postsurgical wounds, decubiti, leg ulcers, etc. The severity of the lesions and the frequency of dressings will be determining factors in evaluating whether they require nursing home care.

2. Tracheostomy care, nasal catheter maintenance.

3. Indwelling catheter in conjunction with other conditions. Its presence without a requirement for other skilled nursing care is not a sufficient criterion for nursing home placement.

4. Gastrostomy feeding or other tube feeding.

5. Colostomy care for initial or debilitated patients. Facilities shall be required to instruct in self–care, where such is feasible for the patient. Colostomy care alone should not be a reason for continuing nursing home placement.

6. Bladder and bowel training for incontinent patients.

(B) A condition which needs patient skilled nursing observation. Patients whose medical condition requires continuous skilled nursing observation of the following may be in a nursing home dependent on the severity of the condition. Observation must, however, be needed at frequent intervals throughout the 24 hours to warrant care in a nursing home:

1. Regular observation of blood pressure, pulse, and respiration is indicated by the diagnosis or medication and ordered by the attending physician.

2. Regular observation of skin for conditions such as decubiti, edema, color, and turgor.

3. Careful measurement of intake and output is indicated by the diagnosis or medication and ordered by the attending physician.

(C) The patient needs medications which cannot be self–administered and requires skilled nursing services for administration of the medications. Nursing home placement may be necessary for reasons such as the following:

1. Injections administered during more than one nursing shift. If this is the only reason for nursing home placement, consideration should be given to other therapeutic approaches, or the possibility of teaching the patient or a family member to give the injections.

2. Medications prescribed on an as needed basis. This will depend on the nature of the drug and the condition being treated and frequency of need as documented. Many medications are now self–administered on an PRN basis in residential care facilities.

3. Use of restricted or dangerous drugs, if required more than during the daytime, requiring close nursing supervision.

4. Use of new medications requiring close observation during initial stabilization for selected patients. Depending upon the circumstances, such patients may also be candidates for intermediate care facilities.

(D) A physical or mental functional limitation.

1. Physical limitations. The physical functional incapacity of certain patients may exceed the patient care capability of intermediate care facilities.

a. Bedfast patients.

b. Quadriplegics, or other severe paralysis cases. Severe quadriplegics may require such demanding attention (skin care, personal assistance, respiratory embarrassment) as to justify placement in nursing homes.

c. Patients who are unable to feed themselves.

2. Mental limitations. Persons with a primary diagnosis of mental illness (including mental retardation), when such patients are severely incapacitated by mental illness or mental retardation.

The following criteria are used when considering the type of facility most suitable for the mentally ill and mentally retarded person where care is related to his mental condition.

a. The severity of unpredictability of the patient's behavior or emotional state.

b. The intensity of the care, treatment, services, or skilled observation that his condition requires and,

c. The physical environment of the facility, its equipment, and the qualifications of staff and,

d. The impact of the particular patient on other patients under care in the facility.

(3) The general criteria identified above are not intended to be either all–inclusive or mutually exclusive. In practice, they should be applied as a total package in evaluation of an approved admission.

(k) Special program services for the mentally disordered (as defined in chapter 3, division 5, title 22) provided in skilled nursing facilities are covered when prior authorization has been granted by the Department for such services. Payment for these services will be made in accordance with Section 51511.1.

(*l*) A need for a special services program for the mentally disordered is not sufficient justification for a beneficiary to be placed in a skilled nursing facility. All beneficiaries admitted to skilled nursing facilities must meet the criteria found in paragraph (i) of this section.

(m) A need for a special services program for the developmentally disabled or mentally disordered is not sufficient justification for a beneficiary to be placed in a skilled nursing facility. All beneficiaries admitted to skilled nursing facilities must meet the criteria found in paragraph (j) of this section.

(n) The placement criteria established in Section 14091.21 of the

Welfare and Institutions Code must be met except in either of the following circumstances:

(1) The beneficiary's physician and the discharge planner determine that the beneficiary requires short–term nursing facility care for postsurgical, rehabilitation, or therapy services which are curative rather than palliative in nature; or

(2) The beneficiary's attending physician certifies in the medical record that transfer to a freestanding nursing facility would cause specific physical or psychological harm to the beneficiary.

NOTE: Authority cited: Sections 10725, 14105, 14108, 14108.1 and 14124.5, Welfare and Institutions Code. Reference: Sections 10725, 14091.21, 14105, 14108, 14108.1, 14108.2, 14124.5 and 14132, Welfare and Institutions Code; *Hudman v Kizer*, Sacramento County Superior Court Case No. 362172, and *Laguna Honda Hospital and Rehabilitation Center of the City and County of San Francisco v Kizer*, U.S. District Court, EDCA, No. CIV–S90–1239 MLS EM.

Division 5. Licensing and Certification of Health Facilities, Home Health Agencies, Clinics, and Referral Agencies

Chapter 2. Acute Psychiatric Hospital

Article 1. Definitions

§ 71001. Meaning of Words.

Words shall have their usual meaning unless the context or a definition clearly indicates a different meaning. Words used in the present tense include the future; words in the singular number include the plural number; words in the plural number include the singular number and words in the masculine include the feminine. Shall means mandatory. May means permissive. Should means suggested or recommended.

§ 71003. Hospital.

Hospital, where used in these regulations means an acute psychiatric hospital.

§ 71004. Acute Psychiatric Care Bed Classification.

Acute psychiatric care bed classification means beds designated for acute psychiatric, developmentally disabled or drug abuse patients receiving 24–hour medical care.

NOTE: Authority cited: Sections 208, 1250, 1250.1, 1251, 1255, and 1268, Health and Safety Code. Reference: Chapter 854, Statutes of 1976.

§ 71005. Acute Psychiatric Hospital.

(a) Acute psychiatric hospital means a hospital having a duly constituted governing body with overall administrative and professional responsibility and an organized medical staff which provides 24–hour inpatient care for mentally disordered, incompetent or other patients referred to in Division 5 (commencing with section 5000) or Division 6 (commencing with section 6000) of the Welfare and Institutions Code, including the following basic services: medical, nursing, rehabilitative, pharmacy and dietary services.

(b) An acute psychiatric hospital shall not include separate buildings which are used exclusively to house personnel or provide activities not related to hospital patients.

NOTE: Authority cited: Section 1250.1(e), Health and Safety Code. Reference: Section 1250(b), Health and Safety Code.

§ 71007. Alteration.

Alteration means any work other than maintenance in an existing building and which does not increase the floor or roof area or the volume of enclosed space.

§ 71009. Autoclaving.

Autoclaving means the process of sterilization by steam under pressure.

§ 71011. Basic Services.

Basic services means those essential services required by law for licensure as a hospital including medical, nursing, rehabilitative, pharmacy and dietary services.

§ 71012. Certificate of Exemption.

Certificate of Exemption means a document containing Department approval for the exemption of a specified project from Certificate of Need review.

NOTE: Authority cited: Sections 208, 1250, 1250.1, 1251, 1255 and 1268, Health and Safety Code. Reference: Chapter 854, Statutes of 1976.

§ 71012.1. Certificate of Need.

Certificate of Need means a document containing Department approval for a specified project.

NOTE: Authority cited: Sections 208, 1250, 1250.1, 1251, 1255 and 1268, Health and Safety Code. Reference: Chapter 854, Statutes of 1976.

§ 71013. Child.

Child means a person who is 13 years of age or under.

§ 71015. Cleaning.

Cleaning means the process employed to free a surface from dirt or other extraneous material.

§ 71017. Conservator.

Conservator means a person appointed by the court to take care of the person or the property, or both, of a conservatee under Section 5350, et seq., of the Welfare and Institutions Code or under Section 1701, et seq., of the Probate Code.

§ 71019. Defined.

Defined means written.

§ 71021. Department.

Department means the State Department of Health Services.

NOTE: Authority cited: Sections 208, 1255, 1266, 1275, 1402 and 1426, Health and Safety Code; Sections 7354, 14105 and 14124.5, Welfare and Institutions Code. Reference: Sections 1222, 1229, 1250, 1251, 1251.5, 1252–1257, 1265, 1265.5, 1265.7, 1265.8, 1266–1270, 1275–1280, 1282, 1294–1298, 1300, 1315–1318, 1400–1405, 1410–1412, 1417.1, 1418–1432, 1437, 1439, 1729, 1734, 38254 and 38255, Health and Safety Code; Sections 7354, 14105 and 14124.5, Welfare and Institutions Code. Specific reference: Chapter 1252, Statutes of 1977.

§ 71023. Director.

Director means the Director of the State Department of Health Services.

NOTE: Authority cited: Sections 208, 1255, 1266, 1275, 1402 and 1426, Health and Safety Code; Sections 7354, 14105 and 14124.5, Welfare and Institutions Code. Reference: Sections 1222, 1229, 1250, 1251, 1251.5, 1252, 1253–1257, 1265, 1265.5, 1265.7, 1265.8, 1266–1270, 1275–1280, 1282, 1294–1298, 1300, 1315, 1316–1318, 1400–1405, 1410–1412, 1417.1, 1418–1432, 1437, 1439, 1729, 1734, 38254 and 38255, Health and Safety Code; Sections 7354, 14105 and 14124.5, Welfare and Institutions Code. Specific reference: Chapter 1252, Statutes of 1977.

§ 71025. Disinfection.

Disinfection means the process employed to destroy harmful microorganisms but ordinarily not viruses and bacterial spores.

§ 71027. Distinct Part.

Distinct part means an identifiable unit accommodating beds and related facilities including but not limited to contiguous rooms, a wing, floor or building that is approved by the Department for a specific purpose.

§ 71029. Drug Administration.

Drug administration means the act in which a single dose of a prescribed drug or biological is given to a patient by an authorized person in accordance with all laws and regulations governing such acts. The complete act of administration entails removing an individual dose from a previously labeled container, including a unit dose container, verifying the dose with the prescriber's orders, giving the individual dose to the proper patient and promptly recording the time and dose given.

§ 71031. Drug Dispensing.

Drug dispensing means the act entailing the interpretation of an order for a drug or biological and, pursuant to that order, the proper selection, measuring, packaging, labeling and issuance of the drug or biological for a patient or for a service unit of the hospital.

§ 71033. Existing Hospital Building.

Existing hospital building means an extant structure intended for proper hospital use. This excludes physician offices contiguous with the hospital and independent of the hospital as far as ownership.

§ 71035. Governing Body.

Governing body means the person, persons, board of trustees, directors or other body in whom the authority and responsibility is vested for conduct of the hospital.

§ 71037. Guardian.

A guardian means a person appointed by the court to take care of the person or the property, or both, of a ward under Section 1400, et seq., of the Probate Code.

§ 71038. Intermediate Care Bed Classification.

"Intermediate care bed classification" means beds designated for patients requiring skilled nursing and supportive care on less than a continuous basis.

NOTE: Authority cited: Sections 208 and 1250.1, Health and Safety Code. Reference: Chapter 854, Statutes of 1976.

§ 71039. License.

License means a basic document issued by the Department permitting the operation of a hospital. This document constitutes the authority to receive patients and to perform the services included within the scope of these regulations and as specified on the hospital license.

§ 71040. License Category.

(a) License category means any of the following categories:

(1) General acute care hospital.

(2) Acute psychiatric hospital.

(3) Skilled nursing facility.

(4) Intermediate care facility.

NOTE: Authority cited: Sections 208, 1250, 1250.1, 1251, 1255 and 1268, Health and Safety Code. Reference: Chapter 854, Statutes of 1976.

§ 71041. Licensee.

Licensee means the person, persons, firm, partnership, association, corporation, political subdivision of the State or other governmental agency within the State to whom a license has been issued.

§ 71043. Maintenance.

Maintenance means the upkeep of a building and equipment to preserve the original functional and operational state.

§ 71044. Modernization.

NOTE: Authority cited: Sections 208, 1250, 1250.1, 1251, 1255 and 1268, Health and Safety Code. Reference: Chapter 854, Statutes of 1976.

§ 71045. New Construction.

(a) New construction means any of the following:

(1) New buildings.

(2) Additions to existing buildings.

(3) Conversion of existing buildings or portions thereof not currently licensed as a hospital.

§ 71047. Nursing Unit.

Nursing unit means a designated patient care area of the hospital which is planned, organized, operated and maintained to function as a unit. It includes bedrooms with adequate supporting facilities, services and personnel providing nursing care and necessary management of patients.

§ 71049. Outpatient Service.

An outpatient service means an organizational unit of the hospital which provides nonemergency health care services to patients.

§ 71051. Patient.

(a) Patient means a person who is receiving diagnostic or preventive health services or who is under observation or treatment for illness or injury or care during and after pregnancy.

(1) Inpatient. An inpatient means a person who has been formally admitted for observation, diagnosis or treatment and who is expected to remain overnight or longer.

(2) Outpatient. An outpatient means a person who has been registered or accepted for care but not formally admitted as an inpatient and who does not remain over 24 hours.

(3) Ambulatory. Ambulatory means a patient who is capable of demonstrating the mental competence and physical ability to leave a building without assistance or supervision of any person under emergency conditions.

(4) Nonambulatory. Nonambulatory means a patient who is unable to leave a building unassisted under emergency conditions. It includes, but is not limited to, those persons who depend upon mechanical aids such as crutches, walkers or wheelchairs, profoundly or severely mentally retarded persons and shall include totally deaf persons.

§ 71052. Permanently Converted.

Permanently converted means space which is not available for patient accommodation because the facility has converted the patient accommodation space to some other use and such space could not be reconverted to patient accommodation within 24 hours.

NOTE: Authority cited: Sections 208, 1250, 1250.1, 1251, 1255 and 1268, Health and Safety Code. Reference: Chapter 854, Statutes of 1976.

§ 71053. Personnel.

(a) Unless otherwise specified in this chapter, the following definitions shall apply to health care personnel:

(1) Accredited Record Technician.

Accredited record technician means a person who is accredited by the American Medical Record Association.

(2) Administrator. Administrator means the individual who is appointed by the governing body to act in its behalf in the overall management of the hospital.

(3) Art Therapist. Art therapist means a person who has a master's degree in art therapy or in art with emphasis in art therapy, including an approved clinical internship from an accredited college or university; or a person who is registered or eligible for registration with the American Art Therapy Association.

(4) Consultant. Consultant means a person who is professionally qualified to provide expert information on a particular subject.

(5) Dance Therapist. Dance therapist means a person who is registered or eligible for registration as a dance therapist registered by the American Dance Therapy Association.

(6) Dietitian. Dietitian means a person who is registered or eligible by registration as a registered dietitian by the American Dietetic Association.

(7) Licensed Psychiatric Technician. Licensed psychiatric technician means a person who is licensed as a licensed psychiatric technician by the Board of Vocational Nurse and Psychiatric Technician Examiners.

(8) Licensed Vocational Nurse. Licensed vocational nurse means a person who is licensed as a licensed vocational nurse by the Board of Vocational Nurse and Psychiatric Technician Examiners.

(9) Mental Health Worker. Mental health worker means an unlicensed person who through experience, in–service training or formal education is qualified to participate in the care of the psychiatric patient.

(10) Music Therapist. Music therapist means a person who is registered or eligible for registration as a registered music therapist by the National Association for Music Therapy.

(11) Occupational Therapist. Occupational therapist means a person who is certified or eligible for certification as an occupational

therapist registered by the American Occupational Therapy Association.

(12) Occupational Therapy Assistant. Occupational therapy assistant means a person who is certified or eligible for certification as a certified occupational therapy assistant by the American Occupational Therapy Association.

(13) Pharmacist. Pharmacist means a person who is licensed as a pharmacist by the Board of Pharmacy.

(14) Physician. Physician means a person licensed as a physician and surgeon by the Board of Medical Examiners or by the Board of Osteopathic Examiners.

(15) Psychologist. Psychologist means a person who is licensed as a psychologist by the Board of Medical Examiners.

(16) Psychiatrist. Psychiatrist means a person who is licensed as a physician and surgeon by the Board of Medical Examiners or the Board of Osteopathic Examiners and who has specialized training and/or experience in psychiatry.

(17) Recreation Therapist. Recreation therapist means a person who is certified or eligible for certification as a registered recreator with specialization in therapeutic recreation by the California Board of Park and Recreation personnel or the National Therapeutic Recreation Society.

(18) Registered Nurse. Registered nurse means a person who is licensed by the Board of Registered Nursing.

(19) Registered Record Administrator. Registered record administrator means a person who is registered or eligible for registration as a registered record administrator by the American Medical Record Association.

(20) Social Worker. Social worker means a person who is licensed as a clinical social worker by the Board of Behavioral Science Examiners.

NOTE: Authority cited: Sections 1275 and 100275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

§ 71055. Restraint.

Restraint means controlling a patient's physical activity in order to protect the patient or others from injury by seclusion, medication or mechanical devices.

§ 71056. Skilled Nursing Care Bed Classification.

"Skilled nursing care bed classification" means beds designated for patients requiring skilled nursing care on a continuous and extended basis.

§ 71057. Sterilization.

Sterilization means a process employed to destroy all living organisms.

§ 71059. Supervision.

(a) Supervision means to instruct an employee or subordinate in his duties and to oversee or direct his work but does not necessarily require the immediate presence of the supervisor.

(b) Direct supervision means that the supervisor shall be present in the same building as the person being supervised and available for consultation and/or assistance.

(c) Immediate supervision means that the supervisor shall be physically present while a task is being performed.

§ 71061. Supplemental Service.

Supplemental service means an organized inpatient or outpatient service which is not required to be provided by law or regulation.

§ 71063. Unit Dose Medication System.

Unit dose medication system means a system in which single dosage units of drugs are prepackaged and prelabeled in accordance with all applicable laws and regulations governing these practices. The system shall also comprise, but not be limited to, all equipment and appropriate records necessary and used in making the dose available to the patient accurately and safely. A pharmacist shall be in charge and responsible for the system.

Article 2. License

§ 71101. Inspection of Hospitals.

(a) The Department shall inspect and license hospitals.

(b) Any officer, employee or agent of the Department may, upon presentation of proper identification, enter and inspect any building or premise at any reasonable time to secure compliance with, or to prevent a violation of, any provision of these regulations.

(c) All hospitals for which a license has been issued shall be inspected periodically by a representative or representatives appointed by the Department. Inspections shall be conducted as frequently as necessary, but not less than once every two years, to assure that quality care is being provided. During the inspection, the representative or representatives of the Department shall offer such advice and assistance to the hospital as is appropriate. For hospitals of 100 licensed bed capacity or more, the inspection team shall include at least a physician, registered nurse and persons experienced in hospital administration and sanitary inspections.

(d) The Department may provide consulting services upon request to any hospital to assist in the identification or correction of deficiencies or the upgrading of the quality of care provided by the hospital.

(e) The Department shall notify the hospital of all deficiencies of compliance with these regulations and the hospital shall agree with the Department upon a plan of corrections which shall give the hospital a reasonable time to correct such deficiencies. If at the end of the allotted time, as revealed by repeat inspection, the hospital has failed to correct the deficiencies, the Director may take action to revoke or suspend the license.

(f) Reports on the results of each inspection of a hospital shall be prepared by the inspector or inspection team and shall be kept on file in the Department along with the plan of correction and hospital comments. The inspection report may include a recommendation for reinspection. All inspection reports, lists of deficiencies and plans of correction shall be open to public inspection without regard to which body performs the inspection.

(g) The Department shall have the authority to contract for outside personnel to perform inspections of hospitals as the need arises. The Department, when feasible, shall contract with nonprofit, professional organizations which have demonstrated the ability to carry out the provisions of this section. Such organizations shall include, but not be limited to, the California Medical Association Committee on Medical Staff Surveys and participants in the Consolidated Hospital Survey Program.

§ 71103. License Required.

(a) No person, firm, partnership, association, corporation, political subdivision of the State or other governmental agency shall establish, operate or maintain a hospital, or hold out, represent or advertise by any means that it operates a hospital without first obtaining a license from the Department.

(b) The provisions of this article do not apply to any facility conducted by and for the adherents of any well recognized church or religious denomination for the purpose of providing facilities for the care or treatment of the sick who depend upon prayer or spiritual means for healing in the practice of the religion of such church or denomination.

§ 71105. Application Required.

(a) A verified application shall be forwarded to the Department whenever any of the following circumstances occur:

(1) Construction of a new or replacement facility or addition to an existing facility.

(2) Increase or decrease of licensed bed capacity.

(3) Added service or change from one service to another.

(4) Change of ownership.

(5) Change of name of hospital.

(6) Change of license category.

(7) Change of location of the hospital.

(8) Change of bed classification.

§ 71107. Content of Application.

(a) Any person, firm, partnership, association, corporation, political subdivision of the State, state agency or other governmental agency desiring to obtain a license shall file with the Department an application on forms furnished by the Department. The application shall contain the following:

(1) Name of applicant, and if an individual, verification that the applicant has attained the age of 18 years.

(2) Type of facility to be operated and types of services for which approval is requested.

(3) Location of the hospital.

(4) Name of person in charge of the hospital.

(5) If the applicant is an individual, satisfactory evidence that the applicant is of reputable and responsible character.

(6) If applicant is a firm, association, organization, partnership, business trust, corporation or company, satisfactory evidence that the members or shareholders thereof and the person in charge of the hospital for which application for license is made are of reputable and responsible character.

(7) If the applicant is a political subdivision of the State or other governmental agency, satisfactory evidence that the person in charge of the hospital for which application for license is made is of reputable and responsible character.

(8) If the applicant is a partnership, the name and principal business address of each partner.

(9) If the applicant is a corporation, the name and principal business address of each officer and director of the corporation; and for nonpublic corporations the name and business address of each stockholder owning five percent or more of the stock and any corporate member who has responsibility in the operation of the hospital.

(10) Copy of the current organizational chart.

(11) Certificate of Need or a Certificate of Exemption from the Department if required by Chapter 1, Division 1, Division 7 of this title.

(12) Such other information or documents as may be required by the Department for the proper administration and enforcement of the licensing law and requirements.

§ 71109. Architectural Plans.

Applications submitted for proposed construction of new hospitals or additions to licensed hospitals shall include architectural plans and specifications. Information contained in such applications shall be on file in the Department and available to interested individuals and community agencies.

§ 71110. Fee.

(a) Each application for a license shall be accompanied by the prescribed fee.

(b) The annual fee for a license to operate a hospital, the term for which commences at any time during the calendar year 1975, when the application is filed upon a change of ownership, change of location or renewal of a license shall be that specified in the following schedule:

Capacity Requested	*Fee*
1–49	$150.00 plus 0.0185 of 1 percent of the gross operating costs for the last fiscal year ending on or before December 31, 1974
50–99 inclusive	$300.00 plus 0.0185 of 1 percent of the gross operating costs for the last fiscal year ending on or before December 31, 1974
100 and over	$425,00 plus 0.0185 of 1 percent of the gross operating costs for the last fiscal year ending on or before December 31, 1974.

(c) The annual fee for a license to operate a hospital which is being licensed for the first time, the term for which commences at any time during the calendar year 1975, shall be that specified in the following schedule:

Capacity Requested	*Fee*
1–49 inclusive	$200.00
50–99 inclusive	$300.00
100 and over	$800.00

(d) no fee shall be refunded to the applicant if the application is withdrawn or if the application is denied by the Department.

(e) An additional fee of $25.00 shall be paid for processing any change of name. However, no additional fee shall be charged for any change of name, which is processed upon a renewal application or upon an application filed because of a change of ownership.

(f) Fees for licenses which cover periods in excess of 12 months shall be prorated on the basis of the number of months to be licensed divided by 12 months.

(g) Fees shall be waived for any facility conducted, maintained or operated by this state or any state department, authority, bureau, commission or officer or by the Regents of the University of California or by a local hospital district, city or county.

NOTE: Authority cited: Sections 208 (a), 1266, Health and Safety Code. Reference: Section 1266, Health and Safety Code.

§ 71111. Fee

(a) Each application for a license shall be accompanied by the prescribed fee. The license fee under this section shall be effective January 1, 1979.

(b) The fee for a license to operate a hospital which is being licensed for the first time, or upon a change of ownership or change of location shall be that specified in the following schedule:

Capacity Requested	*Fee*
1–49 inclusive	$293.00
50–99 inclusive	$439.00
100 and over	$1,172.00

(c) The fee for a license to operate a hospital upon a renewal of a license during the year 1979 shall be that specified in the following schedule:

Capacity Requested	*Fee*
1–49 inclusive.	$200.00 plus 0.01232 of 1 percent of gross operating costs for the last complete fiscal year of the hospital
50–99 inclusive	$399.00 plus 0.01232 of 1 percent of gross operating costs for the last complete fiscal year of the hospital
100 and over	$567.00 plus 0.01232 of 1 percent of gross operating costs for the last complete fiscal year of the hospital

(d) No fee shall be refunded to the applicant if the application is withdrawn or if the application is denied by the Department.

(e) Fees for licenses which cover periods in excess of 12 months shall be prorated on the basis of the total number of months to be licensed divided by 12 months.

(f) Fees shall be waived for any facility conducted, maintained or operated by this State or any state department, authority, bureau, commission or officer or by the Regents of the University of California or by a local hospital district, city or county.

NOTE: Authority cited: Sections 1275, and 1729, Health and Safety Code. Reference: Sections 1266, and 1729, Health and Safety Code.

§ 71113. Projects Requiring a Certificate of Need.

NOTE: Authority cited: Sections 208, 1250, 1250.1, 1251, 1255 and 1268, Health and Safety Code. Reference: Chapter 854, Statutes of 1976.

§ 71113.1. Projects Eligible for a Certificate of Exemption.

NOTE: Authority cited: Sections 208, 1250, 1250.1, 1251, 1255 and 1268. Health and Safety Code. Reference: Chapter 854, Statutes of 1976.

§ 71113.2. Projects Not Subject to Review by a Voluntary Area Health Planning Agency.

NOTE: Authority cited: Sections 208, 1250, 1250.1, 1251, 1255 and 1268, Health and Safety Code. Reference: Chapter 854, Statutes of 1976.

§ 71113.3. Projects Previously Decided by a Voluntary Area Health Planning Agency.

NOTE: Authority cited: Sections 208, 1250, 1250.1, 1251, 1255 and 1268, Health and Safety Code. Reference: Chapter 854, Statutes of 1976.

§ 71113.4. Exemption Requests for Remodeling and Replacement Projects.

NOTE: Authority cited: Sections 208, 1250, 1250.1, 1251, 1255 and 1268, Health and Safety Cod. Reference: Chapter 854, Statutes of 1976.

§ 71115. Safety, Zoning and Building Clearance.

(a) Architectural plans shall not be approved and a license shall not be originally issued to any hospital which does not conform to: the regulations in this chapter; state requirements on seismic safety, fire and life safety and environmental impact and local fire safety, zoning and building ordinances. Evidence of such compliance shall be presented in writing to the Department.

(b) It shall be the responsibility of the licensee to maintain the hospital in a safe structural condition. If the Department determines that an evaluation of the structural condition of a hospital building is necessary, the licensee may be required to submit a report by a licensed structural engineer which shall establish a basis for eliminating or correcting the structural conditions which may be hazardous to occupants.

§ 71117. Issuance, Expiration and Renewal.

(a) Upon verification of compliance with the licensing requirements, the Department shall issue the applicant a license.

(b) If the applicant is not in compliance with the laws or regulations, the Department shall deny the applicant a license and shall immediately notify the applicant in writing. Within 20 days of receipt of the Department's notice, the applicant may present his written petition for a hearing to the Department. The Department shall set the matter for hearing within 30 days after receipt of the petition in proper form.

(c) Each initial license shall expire at midnight, one year from the date of issue. A renewal license:

(1) May be issued for a period not to exceed two years if the holder of the license has been found not to have been in violation of any statutory requirements, regulations or standards during the preceding license period.

(2) Shall reflect the number of beds that meet construction and operational requirements and shall not include beds formerly located in patient accommodation space which has been permanently converted.

(3) Shall not be issued if the hospital is liable for and has not paid the special fees required by Section 90417, Chapter 1, Division 7, of this Title.

(d) The Department shall mail an application for renewal of license form to the licensee at least 45 days prior to expiration of a license. Application for renewal, accompanied by the necessary fees, shall be filed with the Department annually not less than ten days prior to the expiration date. Failure to make a timely renewal shall result in expiration of the license.

§ 71119. Separate Licenses.

Separate licenses shall be required for hospitals which are maintained on separate premises even though they are under the same management. This does not apply to outpatient departments or clinics of hospitals designated as such which are maintained and operated on separate premises. Separate licenses shall not be required for separate buildings on the same grounds or adjacent grounds.

§ 71121. Posting.

The license, or a true copy thereof, shall be posted conspicuously in a prominent location within the licensed premises and accessible to public view.

§ 71123. Transferability.

Licenses are not transferable. The licensee shall notify the Department in writing at least 30 days prior to the effective date of any change of ownership. A new application for license shall be submitted by the prospective new owner.

§ 71124. Bed Classification.

(a) Each hospital shall notify the Department on forms supplied by the Department of bed classifications as defined in Sections 71004, 71038 and 71056 within 30 days of the effective date of this section. For hospitals not reporting within the 30–day period, the Department will classify the beds based on the latest information in the Department files.

(b) After the above notification has been received by the Department or the Department has reclassified the beds, no further reclassification of beds shall take place until on or after January 1, 1977.

NOTE: Authority cited: Sections 208 and 1250.1, Health and Safety Code. Reference: Chapter 854, Statutes of 1976.

§ 71125. Report of Changes.

(a) The licensee shall notify the Department in writing any time a change of stockholder owning ten percent or more of the nonpublic corporate stock occurs. Such writing shall include the name and principal mailing address of the new stockholder(s).

(b) Each licensee shall notify the Department in writing within ten days prior to any change of the mailing address of the licensee. Such writing shall include the new mailing address of the licensee.

(c) Any change in the principal officer shall be reported in writing within ten days by the licensee to the Department. Such writing shall include the name and principal business address of such officer.

§ 71127. Program Flexibility.

(a) All hospitals shall maintain continuous compliance with the licensing requirements. These requirements do not prohibit the use of alternate concepts, methods, procedures, techniques, equipment, personnel qualifications or the conducting of pilot projects provided such exceptions are carried out with the provisions for safe and adequate care and with the prior written approval of the Department. Such approval shall provide for the terms and conditions under which the exception is granted. A written request plus supporting evidence shall be submitted by the applicant or licensee to the Department.

(b) Special exceptions may be granted under this section for hospitals required to provide services and accommodations for persons who may have dangerous propensities necessitating special precautions, personnel with special qualifications, locked accommodations, special protection for windows, type and location of lighting and plumbing fixtures, signal systems, control switches, beds and other furnishing. This applies to psychiatric units and detention facilities where added protection is necessary for patients, staff members and members of the public.

(c) Any approval of the Department granted under this section, or a true copy thereof, shall be posted immediately adjacent to the facility's license that is required to be posted by Section 71121.

§ 71129. Voluntary Suspension of License or Licensed Beds.

(a) Upon written request, a licensee may request that his license or licensed beds be put in suspense. The Department may approve the request for a period not to exceed 12 months.

(b) Any license or portion thereof which has been temporarily suspended by the Department pursuant to this section shall remain subject to all renewal requirements of an active license, including the payment of license renewal fees, during the period of temporary suspension.

(c) Any license suspended pursuant to this section may be reinstated by the Department within 12 months of the date of suspension upon receipt of an application and evidence showing compliance with licensing operational requirements in effect at the time of reinstatement. If the license is not reinstated within the 12–month period, the license shall expire automatically and shall not be subject to reinstatement.

§ 71131. Voluntary Cancellation of License.

(a) The licensee shall notify the Department in writing as soon as possible and in all cases at least 30 days prior to the desired effective date of cancellation of the license.

(b) Any license voluntarily cancelled pursuant to this section may be reinstated by the Department on receipt of an application along with evidence showing compliance with operational licensing requirements.

§ 71133. Revocation or Involuntary Suspension of License.

(a) Pursuant to provisions of Chapter 5 (commencing with Section 11500), Part I, Division 3, Title 2, Government Code, the Department may suspend or revoke any license issued under the provisions of Chapter 2 (commencing with Section 1250), Division 2, Health and Safety Code, upon any of the following grounds.

(1) Violation by the licensee of any of the provisions of Chapter 2 (commencing with Section 1250), Division 2, Health and Safety Code, or the regulations promulgated by the Department.

(2) Aiding, abetting or permitting the violation of any provisions of Chapter 2 (commencing with Section 1250), Division 2, Health and Safety Code, or the regulations promulgated by the Department.

(3) Conduct inimical to the public health, morals, welfare or safety of the people of the State of California in the maintenance and operation of the premises or services for which a license is issued.

(b) The license of any hospital against which special fees are required by Section 90417, Chapter 1, Division 7, of this Title shall be revoked, after notice of hearing, if it is determined by the Department that the fees required were not paid within the time prescribed.

(c) The Director may temporarily suspend any license prior to any hearing when, in his opinion, such action is necessary to protect the public welfare.

(1) The Director shall notify the licensee of the temporary suspension and the effective date thereof and at the same time shall serve such licensee with an accusation.

(2) Upon receipt of a notice of defense by the licensee, the Director shall set the matter for hearing within 15 days. The hearing shall be held as soon as possible but no later than 30 days after receipt of such notice.

(3) The temporary suspension shall remain in effect until such time as the hearing is completed and the Director has made a final determination.

(4) If the Director fails to make a final determination within 60 days after the original hearing has been completed, the temporary suspension shall be deemed vacated.

(5) If the provisions of Chapter 2 (commencing with Section 1250), Division 2, Health and Safety Code, or the regulations promulgated by the Director are violated by a licensee which is a group, corporation or other association, the Director may suspend the license of such organization or may suspend the license as to any individual person within such organization who is responsible for such violation.

(d) The withdrawal of an application for a license shall not deprive the Department of its authority to institute or continue a proceeding against the applicant for the denial of the license upon any ground provided by law or to enter an order denying the license upon any such ground, unless the Department consents in writing to such withdrawal.

(e) The suspension, expiration, or forfeiture of a license issued by the Department shall not deprive the Department of its authority to institute or continue a proceeding against the licensee upon any ground provided by law or to enter an order suspending or revoking a license or otherwise taking disciplinary action against the licensee on any such ground.

NOTE: Authority cited: Section 208(a), Health and Safety Code. Reference: Section 1296, Health and Safety Code.

§ 71134. Conviction of Crime: Standards for Evaluating Rehabilitation.

When considering the denial, suspension or revocation of a license based on the conviction of a crime in accordance with Section 1265.1 or 1294 of the Health and Safety Code, the following criteria shall be considered in evaluating rehabilitation:

(1) The nature and the seriousness of the crime(s) under consideration.

(2) Evidence of conduct subsequent to the crime which suggests responsible or irresponsible character.

(3) The time which has elapsed since commission of the crime(s) or conduct referred to in subdivision (1) or (2).

(4) The extent to which the applicant has complied with any terms of parole, probation, restitution, or any other sanction lawfully imposed against the applicant.

(5) Any rehabilitation evidence submitted by the applicant.

NOTE: Authority cited: Sections 208(a), 1265.2 and 1275, Health and Safety Code. Reference: Sections 1265.1, 1265.2 and 1294, Health and Safety Code.

§ 71135. Bonds.

(a) Each licensee shall file or have on file with the Department a bond issued by a surety company admitted to do business in this State if the licensee is handling or will handle money in the amount of $25 or more per patient or $500 or more for all patients in any month.

(1) The amount of the bond shall be according to the following schedule:

Amount Handled	*Bond Required*
$750 or less	$1,000
$751 to $1,500	$2,000
$1,501 to $2,500	$3,000

(2) Every further increment of $1,000 or fraction thereof shall require an additional $1,000 on the bond.

(b) Each application for an original license or renewal of license shall be accompanied by an affidavit on a form provided by the Department. The affidavit shall state whether the licensee handles or will handle money of patients and the maximum amount of money to be handled for any patient and for all patients in any month.

(c) No licensee shall either handle money of a patient or handle amounts greater than those stated in the affidavit submitted by him without first notifying the Department and filing a new or revised bond if required.

Article 3. Basic Services

§ 71201. Medical Service Definition.

Medical service means those medically and professionally directed services for the diagnosis, therapeutic management and treatment of mentally disordered patients. For purposes of these regulations, “mental disorder” is defined as any psychiatric illness or disease, whether functional or of organic origin.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

§ 71203. Medical Service General Requirements.

(a) The medical service shall consist of the following organized and staffed elements:

(1) Psychiatric component.

(A) Psychiatrists or clinical psychologists within the scope of their licensure and subject to the rules of the facility, shall be responsible for the diagnostic formulation for their patients and the development and implementation of each patient's treatment plan.

(B) A psychiatrist shall be available at all times for psychiatric emergencies.

(2) General medicine component.

(A) All incidental medical services necessary for the care and support of patients shall be provided by in–house staff or through the use of outside resources in accordance with Section 71513 of these regulations.

(B) Incidental medical services include but are not limited to:

1. General medicine and surgery.
2. Dental.
3. Radiological.
4. Laboratory.
5. Anesthesia.
6. Podiatry.
7. Physical therapy.
8. Speech pathology.
9. Audiology.

(3) Psychological component.

(A) Psychological service shall be provided by clinical psychologists within the scope of his/her licensure and subject to the provisions of Section 1316.5 of the Health and Safety Code.

(B) Facilities which permit clinical psychologists to admit patients shall do so only if there are staff physicians who will provide the necessary medical care for the patients.

(C) Only staff physicians shall assume responsibility for those aspects of patient care which may be provided only by physicians.

(4) Social service component.

(A) Social service shall be provided by social workers under the direction of the medical staff.

(b) Written policies and procedures shall be developed and maintained by the person responsible for the service in consultation with other appropriate health professionals and administration. Policies shall be approved by the governing body. Procedures shall be approved by the administration and medical staff where such is appropriate.

(c) The responsibility and the accountability of the medical service to the medical staff and administration shall be defined.

(d) An appropriate committee of the medical service shall:

(1) Identify and recommend to administration the equipment and supplies necessary for coping with emergency medical problems.

(2) Develop a plan for handling and/or referral of patients with emergency medical problems.

(3) Determine the circumstances under which electroconvulsive therapy may be administered.

(4) Develop guidelines for the administration of drugs when given in unusually high dosages or when given for purposes other than those for which the drug is customarily used.

(e) Periodically, an appropriate committee of the medical staff shall evaluate the services provided and make appropriate recommendations to the executive committee of the medical staff and administration.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Sections 1276 and 1316.5, Health and Safety Code.

§ 71205. Medical Service Staff.

(a) A physician shall have overall responsibility for the medical service.

(b) Psychiatric component.

(1) A psychiatrist shall coordinate the psychiatric services provided.

(2) There shall be sufficient psychiatrists on the staff to meet the needs of the patients.

(c) General medical component.

(1) A physician shall coordinate the general medical component.

(2) This physician shall have training and/or experience sufficient to coordinate the incidental medical services.

(d) Psychological component.

(1) One or more psychologists shall be employed on a full–time, regular part–time or consulting basis.

(e) Social service component.

(1) One or more social workers shall be employed on a full–time, regular part–time or consulting basis.

§ 71207. Medical Service Equipment and Supplies.

There shall be adequate equipment and supplies maintained related to the nature of the needs and the services offered.

§ 71209. Medical Service Space.

There shall be adequate space maintained to meet the needs of the service.

§ 71211. Psychiatric Nursing Service Definition.

Psychiatric nursing service means the performance of those services directed toward meeting the objectives of an individual planned therapeutic program supervised and coordinated by a registered nurse in conjunction with the treatment plan, nursing care and other health professional care.

§ 71213. Psychiatric Nursing Service General Requirements.

(a) Written policies and procedures shall be developed and maintained by the director of nursing in consultation with other appropriate health professionals and administration. Policies shall be approved by the governing body. Procedures shall be approved by the administration and medical staff where such is appropriate.

(b) The responsibility and the accountability of the nursing service to the medical staff and hospital administration shall be defined.

(c) There shall be a written organized staff education program which shall include orientation and in–service education and training.

(1) There shall be written objectives, plans for implementation and an evaluation mechanism.

(d) There shall be a written patient care plan developed for each patient in coordination with the total mental health team. This plan shall include goals, problems/needs and approach and shall be available to all members of the mental health team.

(e) There shall be a written nursing audit procedure and evidence that audit procedures are in effect.

(f) There shall be a method for determining staffing requirements based on assessment of patient needs. This assessment shall take into consideration at least the following:

(1) The ability of the patient to care for himself.

(2) His degree of illness.

(3) Requirements for special nursing activities.

(4) Skill level of personnel required in his care.

(5) Placement of the patient in the nursing unit.

(g) There shall be documentation of the methodology used in making staffing determinations. Such documentation shall be part of the records of the nursing service and be available for review.

(h) There shall be a written staffing pattern which shall show:

(1) Total numbers of staff including full–time and full–time equivalents.

(2) The available nursing care hours for each nursing unit.

(3) The categories of staff available for patient care.

(i) There shall be a record retained for six months of the written staffing pattern available for review by the Department at any given time.

§ 71215. Psychiatric Nursing Service Staff.

(a) The psychiatric nursing service shall be under the direction of a registered nurse who shall meet at least the following qualifications:

(1) Master's degree in psychiatric nursing or related field with experience in administration; or

(2) Baccalaureate degree in nursing or related field with experience in psychiatric nursing and two years of experience in nursing administration; or

(3) Four years of experience in nursing administration or supervision and with experience in psychiatric nursing.

(b) The director of nurses shall not be designated to serve as charge nurse.

(c) Sufficient registered nursing personnel shall be provided to:

(1) Assist the director of nurses for evening and night services and when necessary for day services.

(2) Give direct nursing care based on patient need.

(3) Have a registered nurse on duty at all times.

(4) Plan, supervise and coordinate care given by licensed vocational nurses, licensed psychiatric technicians and other mental health workers.

(d) Each nursing unit shall have a registered nurse, licensed vocational nurse or licensed psychiatric technician on duty at all times.

(e) Licensed vocational nurses and licensed psychiatric technicians may be utilized as needed to assist registered nurses in ratios appropriate to patient needs.

(f) Mental health workers may be utilized as needed to assist with nursing procedures.

§ 71217. Psychiatric Nursing Service Equipment and Supplies.

There shall be adequate and appropriate equipment and supplies related to the scope and nature of the needs anticipated and the services offered.

§ 71219. Psychiatric Nursing Service Space.

Office space shall be provided for the director of nurses.

§ 71221. Psychiatric Rehabilitative Activities Service Definition.

Psychiatric rehabilitative activities service means that rehabilitative service medically prescribed, professionally directed and supervised, to evaluate and treat the patient. Therapists as used in Section 71221 through 71229 may include occupational, music, art, dance and recreation therapists.

§ 71223. Psychiatric Rehabilitative Activities Service General Requirements.

(a) Written policies and procedures shall be developed and maintained by the person responsible for the service in consultation with other appropriate health professionals and administration. Policies shall be approved by the governing body. Procedures shall be approved by the administration and medical staff where such is appropriate.

(b) The policies and procedures shall include but not be limited to:

(1) Treatment goals and objectives.

(2) Scope of service.

(3) Standards of practice.

(4) Arrangements for continuity of care upon discharge.

(c) The responsibility and the accountability of the psychiatric rehabilitative activities service to the medical staff and administration shall be defined.

(d) Patients shall be evaluated and a treatment program shall be established and modified with the concurrence of the referring physician.

(e) Signed progress notes shall be entered into the patient's medical record by the therapist at least weekly. A summary note shall be written upon completion of the treatment program.

(f) Meetings and conferences with other members of the mental health team shall be held in order to plan, review and coordinate patient treatment programs.

(g) There shall be regularly scheduled in–service training for all levels of staff.

(h) Periodically, an appropriate committee of the medical staff shall evaluate the services provided and make appropriate recommendations to the executive committee of the medical staff and administration.

§ 71225. Psychiatric Rehabilitative Activities Service Staff.

(a) A therapist shall have overall responsibility for the psychiatric rehabilitative activities service. This person shall have had at least two years' experience in the care of acute psychiatric patients.

(b) There shall be a sufficient number of therapists to carry out the scope of services offered. Nonprofessional assistants and volunteers shall work under the direct supervision of a therapist.

(c) A sufficient number of appropriate personnel shall be provided for the safety of the patients.

§ 71227. Psychiatric Rehabilitative Activities Service Equipment and Supplies.

(a) There shall be sufficient equipment and supplies appropriate to the needs of the psychiatric rehabilitative activities services offered. In addition, there shall be:

(1) A telephone.

(2) A handwashing sink in the treatment area.

(3) Drinking fountain.

(4) Toilet facilities.

§ 71229. Psychiatric Rehabilitative Activities Service Space.

(a) Adequate space shall be maintained for the necessary equipment to provide psychiatric rehabilitative activity services.

(b) There shall be indoor and outdoor patient areas provided.

(c) There shall be an activities room and a patient lounge separate from the patient's dining room.

(d) There shall be office space separate from the activities area.

(e) When outpatients are treated, there shall be a waiting area provided.

(f) Where children are accepted for treatment, space appropriate for children's use shall be provided.

§ 71231. Pharmaceutical Service Definition.

Pharmaceutical service means the procuring, manufacturing, compounding, dispensing, distributing, storing and administering of drugs, biologicals and chemicals by appropriate staff, which has adequate space, equipment and supplies. Pharmaceutical services also include the provision of drug information to other health professionals and patients.

§ 71233. Pharmaceutical Service General Requirements.

(a) All hospitals having 100 beds or more shall have a pharmacy on the premises licensed by the California Board of Pharmacy. Those hospitals having less than 100 beds shall have a pharmacy license issued by the Board of Pharmacy pursuant to Section 4029 or 4056 of the Business and Professions Code.

(b) The responsibility and the accountability of the pharmaceutical service to the medical staff and administration shall be defined.

(c) A pharmacy and therapeutics committee shall be established. The committee shall consist of at least one physician, one pharmacist, the director of nursing service or her representative and the administrator or his representative.

(1) The committee shall develop written policies and procedures for establishment of safe and effective systems of procurement, storage, distribution, dispensing and use of drugs and chemicals. The pharmacist, in consultation with other appropriate health professionals and administration shall be responsible for the development and implementation of procedures. Policies shall be approved by the governing body. Procedures shall be approved by the administration and medical staff where such is appropriate.

(2) The committee shall be responsible for the development maintenance of a formulary of drugs for use throughout the hospital.

(d) There shall be a system maintained whereby no person other than a pharmacist or an individual under the direct supervision of a pharmacist shall dispense medications for use beyond the immediate needs of the patient.

(e) There shall be a system assuring the availability of prescribed medications 24 hours a day.

(f) Supplies of drugs for use in medical emergencies only shall be immediately available at each nursing unit or service area as required.

(1) Written policies and procedures establishing the contents of the supply, procedures for use, restocking and sealing of the emergency drug supply shall be developed.

(2) The emergency drug supply shall be stored in a clearly marked portable container which is sealed by the pharmacist in such a manner that a seal must be broken to gain access to the drugs. The contents of the container shall be listed on the outside cover and shall include the expiration earliest date or lot number of any drugs within.

(3) The supply shall be inspected by a pharmacist at periodic intervals specified in written policies. Such inspections shall occur no less frequently than every 30 days. Records of such inspections shall be kept for at least three years.

(g) No drugs shall be administered except by licensed personnel authorized to administer drugs and upon the order of a person legally authorized to prescribe. The order shall include the name of the drug, the dosage, the frequency of administration, the route of administration if other than oral, and the date, time and signature of the prescriber. Orders for drugs should be written by the prescriber. Verbal orders for drugs shall be given only to a registered nurse or licensed pharmacist by a person legally authorized to prescribe and shall be recorded promptly in the patient's medical record, noting the name of the person giving the verbal order and the signature of the individual receiving the order. The prescriber shall countersign the order within 48 hours.

(h) Standing orders for drugs may be used for specified patients when authorized by a person licensed to prescribe. These standing orders shall:

(1) Specify the circumstances under which the drug is to be administered.

(2) Specify the types of medical conditions of patients for whom the standing orders are intended.

(3) Be initially approved by the pharmacy and therapeutics committee or its equivalent and be reviewed at least annually by that committee.

(4) Be specific as to the drug, dosage, route and frequency of administration.

(5) A copy of standing orders for a specific patient shall be dated, promptly signed by the physician and included in the patient's medical record.

(i) An individual prescriber may notify the hospital in writing of his own standing orders, the use of which is subject to prior approval and periodic review by the pharmacy and therapeutics committee or its equivalent.

(j) The hospital shall develop policies limiting the duration of drug therapy in the absence of the prescriber's specific indication of duration of therapy or under other circumstances recommended by the pharmacy and therapeutics committee or its equivalent and approved by the executive committee of the medical staff. The limitations shall be established for classes of drugs and/or individual drug entities.

(k) If drugs are supplied through a pharmacy, orders for drugs shall be transmitted to the pharmacy either by written prescription of the prescriber, by an order form which produces a direct copy of the order or by an electronically reproduced facsimile. When drugs are not supplied through a pharmacy, such information shall be made available to the hospital pharmacist.

(*l*) No medications shall be left at the patient's bedside.

(m) Medications brought by or with the patient to the hospital shall not be administered to the patient unless all of the following conditions are met:

(1) The drugs have been ordered by the patient's attending physician and the order entered in the patient's medical record.

(2) The medication containers are clearly and properly labeled.

(3) The contents of the containers have been examined and positively identified, after arrival at the hospital, by the patient's physician or the hospital pharmacist.

(n) The hospital shall establish a supply of medications which is accessible without entering the pharmacy during hours when the pharmacist is not available. Access to the supply shall be limited to designated registered nurses. Records of drugs taken from the supply shall be maintained and the pharmacist shall be notified of such use. The records shall include the name and strength of the drug, the amount taken, the date and time, the name of the patient to whom the drug was administered and the signature of the registered nurse. The pharmacist shall be responsible for maintenance of the supply and assuring that all drugs are properly labeled and stored. The drug supply shall contain that type and quantity of drugs necessary to meet the immediate needs of patients as determined by the pharmacy and therapeutics committee.

(o) Investigational drug use shall be in accordance with applicable state and federal laws and regulations and policies adopted by the hospital. Such drugs shall be used only under the direct supervision of the principal investigator, who shall be a member of the medical staff and be responsible for assuring that informed consent is secured from the patient. Basic information concerning the dosage form, route of administration, strength, actions, uses, side effects, adverse effects, interactions and symptoms of toxicity of investigational drugs shall be available at the nursing station where such drugs are being administered and in the pharmacy. The pharmacist shall be responsible for the proper labeling, storage and distribution of such drugs pursuant to the written order of the investigator.

(p) No drugs supplied by the hospital shall be taken from the hospital unless a prescription or medical record order has been written for the medication and the medication has been properly labeled and prepared by the pharmacist in accordance with state and federal laws, for use outside of the hospital.

(q) Labeling and storage of drugs shall be accomplished to meet the following requirements:

(1) Individual patient medications may be returned to the pharmacy provided that lot control is maintained if the drugs are to be reissued.

(2) All drug labels must be legible and in compliance with state and federal requirements.

(3) All labeling of drugs shall be performed by one legally authorized to prescribe or dispense or under the supervision of a pharmacist.

(4) Test agents, germicides, disinfectants and other household substances shall be stored separately from drugs.

(5) External use drugs in liquid, tablet, capsule or powder form shall be segregated from drugs for internal use.

(6) Drugs shall be stored at appropriate temperatures. Refrigerator temperature shall be from 2.2^{o}C (36°F) to 7.7^{o}C (46°F) and room temperature shall be between 15°C (59°F) and 30°C (86°F).

(7) Drugs shall be stored in an orderly manner in well lighted cabinets, shelves, drawers or carts of sufficient size to prevent crowding.

(8) Drugs shall be accessible only to responsible personnel designated by the hospital.

(9) Drugs shall not be kept in stock after the expiration date on the label and no contaminated or deteriorated drug shall be available for use.

(10) Drugs maintained on the nursing unit shall be inspected at least monthly by a pharmacist. Any irregularities shall be reported to the director of nursing services and as required by hospital policy.

(11) Discontinued individual patient's drugs not supplied by the hospital may be sent home with the patient. Those which remain in the hospital after discharge that are not identified by a lot number shall be destroyed in the following manner:

(A) Drugs listed in Schedules II, III or IV of the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970, as amended, shall be destroyed in the presence of two pharmacists or a pharmacist and a registered nurse employed by the hospital. The name of the patient, the name and strength of the drug, the prescription number, the amount destroyed, the date of destruction and the signatures of the witnesses required above shall be recorded in the patient's medical record or in a separate log. Such a log shall be retained for at least three years.

(B) Drugs not listed under Schedules II, III or IV of the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970, as amended, shall be destroyed in the presence of pharmacist or registered nurse. The name of the patient, the name and strength of the drug, the prescription number if applicable, the amount destroyed, the date of destruction and the signatures of two witnesses shall be recorded in the patient's medical record or in a separate log. Such a log shall be retained for at least three years.

(r) The pharmacist shall develop and implement written quality control procedures for all drugs which are prepackaged or compounded in the hospital, including intravenous solution additives. He shall also develop and implement written quality control procedures for intravenous solution additives and shall establish a training program of physicians and registered nurses to assure compliance therewith.

(s) The pharmacist shall be consulted on proper methods for repackaging and labeling of bulk cleaning agents, solvents, chemicals and poisons used throughout the hospital.

(t) Periodically, an appropriate committee of the medical staff shall evaluate the services provided and make appropriate recommendations to the executive committee of the medical staff and administration

NOTE: Authority cited: Sections 1275 and 100275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

§ 71235. Pharmaceutical Service Staff.

A pharmacist shall have overall responsibility for the pharmaceutical service. He shall be responsible for the procurement, storage and distribution of all drugs as well as the development, coordination, supervision and review of pharmaceutical services in the hospital. Hospitals with a limited pharmacy permit shall employ a pharmacist on at least a consulting basis. Responsibilities shall be set forth in a job description or agreement between the pharmacist and the hospital. The pharmacist shall be responsible to the administrator and shall furnish him written reports and recommendations regarding the pharmaceutical services within the hospital. Such reports shall be provided no less often than quarterly.

§ 71237. Pharmaceutical Service Equipment and Supplies.

(a) There shall be adequate equipment and supplies for the provision of pharmaceutical service within the hospital.

(b) Reference materials containing monographs on all drugs in use in the hospital shall be available in each nursing unit. Such monographs must include information concerning generic and brand names, if applicable, available strengths and dosage forms and pharmacological data including indications, side effects, adverse effects and drug interactions.

§ 71239. Pharmaceutical Service Space.

(a) Adequate space shall be available at each nursing station for the storage of drugs and preparation of medication doses.

(b) All spaces and areas used for the storage of drugs shall be lockable.

§ 71241. Dietetic Service Definition.

Dietetic service means providing safe, satisfying and nutritionally adequate food for patients with appropriate staff, space, equipment and supplies.

§ 71243. Dietetic Service General Requirements

(a) The dietetic service shall provide food of the quality and quantity to meet the patient's need in accordance with physicians' orders and, to the extent medically possible, to meet the Recommended Daily Dietary Allowance, 1974 Edition, adopted by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences, 2107 Constitution Avenue, Washington, DC 20418, and the following:

(1) Not less than three meals shall be served daily.

(2) Not more than 14 hours shall elapse between the evening meal and breakfast of the following day.

(3) Nourishment or between meal feedings shall be provided as required by the diet prescription and shall be offered to all patients unless counterordered by the physician.

(4) Patient food preferences shall be respected as much as possible and substitutes shall be offered through use of a selective menu or substitutes from appropriate food groups.

(5) Where desirable, table service should be provided for all who can and wish to eat at a table. Tables of appropriate height shall be provided for patients in wheelchairs.

(6) When food is provided by an outside commercial food service, all applicable requirements herein set forth shall be met. The hospital shall maintain adequate space, equipment and staple food supplies to provide patient food service in emergencies.

(b) Written policies and procedures shall be developed and maintained by the person responsible for the service in consultation with other appropriate health professionals and administration. Policies shall be approved by the governing body. Procedures shall be approved by the administration and medical staff where such is appropriate.

(c) The responsibility and the accountability of the dietetic service to the medical staff and hospital administration shall be defined.

(d) A current diet manual approved by the dietitian and the medical staff shall be used as the basis for diet orders and for planning modified diets. Copies of the diet manual shall be available at each nursing station and in the dietetic service area.

(e) Therapeutic diets shall be provided as prescribed by the attending physician and shall be planned, prepared and served with supervision and/or consultation from the dietitian. Persons responsible for therapeutic diets shall have sufficient knowledge of food values to make appropriate substitutions when necessary.

(f) A current profile card shall be maintained for each patient indicating diet, likes, dislikes and other pertinent information concerning the patient's dietary needs.

(g) Menus.

(1) Menus for regular and routine modified diets shall be written at least one week in advance, dated and posted in the kitchen at least three days in advance.

(2) If any meal served varies from the planned menu, the change shall be noted in writing on the posted menu in the kitchen.

(3) Menus shall provide a variety of foods in adequate amounts at each meal.

(4) Menus shall be planned with consideration for cultural and religious background and the food habits of patients.

(5) A copy of the menu as served shall be kept on file for at least 30 days.

(6) Records of food purchased shall be kept available for one year.

(7) Standardized recipes, adjusted to appropriate yield, shall be maintained and used in food preparation.

(h) Food shall be prepared by methods which conserve nutritive value, flavor and appearance. Food shall be served attractively at appropriate temperatures and in a form to meet individual needs.

(i) Nutritional Care.

(1) Nutritional care shall be integrated in the patient care plan.

(2) Observations and information pertinent to dietetic treatment shall be recorded in patient's medical records by the dietitian.

(3) Pertinent dietary records shall be included in patient's transfer discharge record to ensure continuity of nutritional care.

(j) In–service training shall be provided for all dietetic service personnel and a record of subject areas covered, date and duration of each session, and attendance lists shall be maintained.

(k) Food Storage.

(1) Food storage areas shall be clean at all times.

(2) Dry or staple items shall be stored at least 30 cm (12 inches) above the floor, in a ventilated room, not subject to sewage or waste water backflow, or contamination by condensation, leakage, rodents or vermin.

(3) All readily perishable foods or beverages capable of supporting rapid and progressive growth f microorganisms which can cause food infections or food intoxication shall be maintained at temperatures of 7ºC (45ºF) or below, or at 60ºC (140ºF) or above, at all times except during necessary periods of preparation and service. Frozen food shall be stored at –18ºC (0ºF) or below.

(4) There shall be a reliable thermometer in each refrigerator and in storerooms used for perishable food.

(5) Pesticides, other toxic substances and drugs shall not be stored in the kitchen area or in storerooms for food and/or food preparation equipment and utensils.

(6) Soaps, detergents, cleaning compounds or similar substances shall not be stored in food storerooms or food storage areas.

(*l*) Sanitation.

(1) All kitchens and kitchen areas shall be kept clean, free from litter and rubbish and protected from rodents, roaches, flies or other insects.

(2) All utensils, counters, shelves and equipment shall be kept clean, maintained in good repair and shall be free from breaks, corrosions, open seams, cracks and chipped areas.

(3) Plasticware, china and glassware that is unsightly, unsanitary or hazardous because of chips, cracks or loss of glaze shall be discarded.

(4) Ice which is used in connection with food or drink shall be from a sanitary source and shall be handled and dispensed in a sanitary manner.

(5) Kitchen wastes that are not disposed of by mechanical means shall be kept in leakproof, nonabsorbent, tightly closed containers and shall be disposed of as frequently as necessary to prevent a nuisance or unsightliness.

(m) All utensils used for eating, drinking and in the preparation and serving of food and drink shall be cleaned and disinfected after each usage.

(1) Gross food particles shall be removed by scraping and prerinsing in running water.

(2) The utensils shall be thoroughly washed in hot water with a minimum temperature of 43ºC (110ºF), using soap or detergent, rinsed in hot water to remove soap or detergent and disinfected by one of the following methods or an equivalent method approved by the Department:

(A) Immersion for at least two minutes in clean water at 77ºC (170ºF).

(B) Immersion for at least 30 seconds in clean water at 82ºC (180ºF).

(C) Immersion in water containing bactericidal chemical as approved by the Department.

(3) After disinfection the utensils shall be allowed to drain and dry in racks or baskets on nonabsorbent surfaces. Drying cloths shall not be used.

(4) Results obtained with dishwashing machines shall be equal to those obtained by the methods outlined above and all dishwashing machines shall meet the requirements contained in Standard No. 3 as amended in April 1965 of the National Sanitation Foundation, P.O. Box 1468, Ann Arbor, MI 94106.

§ 71245. Dietetic Service Staff.

(a) Registered dietitian shall be employed on a full-time, part-time or consulting basis. Part-time or consultant services shall be provided on the premises at appropriate times on a regularly scheduled basis and of sufficient duration and frequency to provide continuing liaison with medical and nursing staffs, advice to the administrator, patient counseling, guidance to the supervisor and staff of the dietetic service, approval of all menus and participation in development or revision of dietetic policies and procedures as in planning and conducting in-service education programs.

(b) If a registered dietitian is not employed full-time person who has completed a dietetic supervisor's training program meeting the requirements of Essentials of an Acceptable Program of Dietetic Assistant Edu–
cation, revised June, 1974, by the American Dietetic Association, 430 North Michigan Avenue, Chicago, IL 60611, shall be employed to be responsible for the operation of the food service. This program or its equivalent shall be required on and after July 1, 1977.

(c) Sufficient dietetic service personnel shall be employed, oriented, trained and their working hours scheduled to provide for the nutritional needs of the patients and to maintain the dietetic service areas. If dietetic service employees are assigned duties in other service areas, those duties shall not interfere with the sanitation, safety or time required for dietetic work assignments.

(d) Current work schedules by job titles and weekly duty schedules shall be posted in the dietetic service area.

(e) A record shall be maintained of the number of persons by job title employed full or part–time in dietetic services and the number of hours each works weekly.

(f) Hygiene of Dietetic Staff.

(1) Dietetic service personnel shall be trained in basic food sanitation techniques, shall be clean, wear clean clothing, including a cap and/or a hair net and shall be excluded from duty when affected by skin infection or communicable diseases. Beards and mustaches which are not closely cropped and neatly trimmed shall be covered.

(2) Employees' street clothing stored in the kitchen shall be in a closed area.

(3) Kitchen sinks shall not be used for handwashing. Separate handwashing facilities with soap, running water and individual towels shall be provided.

(4) Persons other than dietetic personnel shall not be allowed in the kitchen area unless required to do so in the performance of their duties.

§ 71247. Dietetic Service Equipment and Supplies.

(a) Equipment of the type and in the amount necessary for the proper preparation, serving and storing of food and for proper dishwashing shall be provided and maintained in good working order.

(1) The dietetic service area shall be ventilated in a manner that will maintain comfortable working conditions, remove objectionable odors and fumes and prevent excessive condensation.

(2) Equipment necessary for preparation and maintenance of menus, records and references shall be provided.

(3) Fixed and mobile equipment in the dietetic service area shall be located to assure sanitary and safe operation and shall be of sufficient size to handle the needs of the hospital.

(b) Food Supplies.

(1) At least one week's supply of staple foods and at least two (2) days supply of perishable foods shall be maintained on the premises. Supplies shall be appropriate to meet the requirements of the menu.

(2) All food shall be of good quality and procured from sources approved or considered satisfactory by federal, state and local authorities. Food in unlabeled, rusty, leaking, dented or broken containers, or cans with side seam dents, rim dents or swells shall not be accepted or retained.

(3) Milk, milk products and products resembling milk shall be processed or manufactured in milk product plants meeting the requirements of Division 15 of the California Food and Agricultural Code.

(4) Milk may be served in individual containers, the cap or seal of which shall not be removed except in the presence of the patient. Milk may be served from a dispensing device which has been approved for such use. Milk served from an approved device shall be dispensed directly into the glass or other container from which the patient drinks.

(5) Catered foods and beverages from a source outside the hospital shall be prepared, packed, properly identified, stored and transported in compliance with these regulations and other applicable federal, state and local codes as determined by the Department.

(6) Food held in refrigerated or other storage areas shall be appropriately covered. Food which was prepared and not served shall be stored appropriately, clearly labeled and dated.

(7) Hermetically sealed foods or beverages served in the hospital shall have been processed in compliance with applicable federal, state and local codes.

§ 71249. Dietetic Service Space.

(a) Adequate space for the preparation and serving of food shall be provided. Equipment shall be placed so as to provide aisles of sufficient width to permit easy movement of personnel, mobile equipment and supplies.

(b) Well ventilated food storage areas of adequate size shall be provided.

(c) A minimum of 0.057 cubic meters (two cubic feet) of usable refrigerated space per bed shall be maintained for the storage of frozen and chilled foods.

(d) Adequate space shall be maintained to accommodate equipment, personnel and procedures necessary for proper cleaning and sanitizing of dishes and other utensils.

(e) Where employee dining space is provided, a minimum of 1.4 square meters (15 square feet) of floor area per person served, including serving area, shall be maintained.

(f) Office or other suitable space shall be provided for the dietitian or dietetic service supervisor for privacy in interviewing personnel, conducting other business related to dietetic service and for the preparation and maintenance of menus and other necessary reports and records.

Article 4. Supplemental Service Approval

§ 71301. Supplemental Service Approval Required.

(a) Any licensee desiring to establish or conduct, or who holds out, represents or advertises by any means, the provision of a supplemental service, shall obtain prior approval from the Department, or a special permit if required by Section 70401.

(b) The provisions of this Article shall apply only to any supplemental service for which a special permit is not required.

(c) Any licensee who offers a supplemental service for which approval is now required under these regulations, is authorized to continue furnishing such service without obtaining approval until the Department inspects and evaluates the quality of the service and determines whether such service meets the requirements for the service contained in these regulations. If the Department determines that the service meets such requirements, it shall notify the licensee in writing. If the Department determines that the service does not meet the requirements, it shall so notify the licensee of all deficiencies of compliance with these regulations and the hospital shall agree with the Department upon a plan of corrections which shall give the hospital a reasonable time to correct such deficiencies. If at the end of the allotted time, as revealed by repeat inspection, the hospital has failed to correct the deficiencies, the licensee shall cease and desist all holding out, advertising or otherwise representing that it furnishes such recognized service.

§ 71303. Application.

Any licensee desiring approval for a supplemental service shall file with the Department an application on forms furnished by the Department.

§ 71305. Issuance, Expiration and Renewal.

(a) The Department shall list on the hospital license each supplemental service for which approval is granted.

(b) If the applicant is not in compliance with the laws and regulations, the Department shall deny the applicant approval and shall immediately notify the applicant in writing. Within 20 days of receipt of the Department's notice, the applicant may present his written petition for a hearing to the Department. The Department shall set the matter for hearing within 30 days after receipt of the petition in proper form. The proceedings shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.

(c) Each supplemental service approval shall expire on the date of expiration of the hospital license. A renewal of the approval may be issued for a period not to exceed two years if the holder of the approval has been found not to have been in violation of any statutory requirements, regulations or standards during the preceding approval period.

§ 71307. Program Flexibility.

(a) All hospitals shall maintain continuous compliance with the supplemental service requirements. These requirements do not prohibit the use of alternate concepts, methods, procedures, techniques, equipment, personnel qualifications or the conducting of pilot projects provided such exceptions are carried out with the prior written approval of the Department. Such approval shall provide for the terms and conditions under which the exception is granted. A written request plus supporting evidence shall be submitted by the applicant or licensee to the Department.

(b) Any approval granted by the Department pursuant to this Section, or a true copy thereof, shall be posted immediately adjacent to the facility's license required to be posted by Section 71121.

§ 71309. Revocation or Involuntary Suspension of Approval.

(a) Pursuant to provisions of Chapter 5 (commencing with Section 11500), Part I, Division 3, Government Code, the Department may suspend or revoke the approval of a supplemental service issued under the provisions of Chapter 2 (commencing with Section 1250), Division 2, Health and Safety Code, upon any of the following grounds:

(1) Violation by the licensee of any provisions of Chapter 2 (commencing with Section 1250), Division 2, Health and Safety Code, or of the supplemental service regulations promulgated by the Department.

(2) Aiding, abetting or permitting the violation of any provisions of Chapter 2 (commencing with Section 1250), Division 2, Health and Safety Code, or of any supplemental service regulations promulgated by the Department.

(3) Conduct inimical to the public health, morals, welfare or safety of the people of the State of California in the maintenance and operation of a supplemental service.

(b) The Director may temporarily suspend any supplemental service approval prior to any hearing when, in his opinion, such action is necessary to protect the public welfare.

(1) The Director shall notify the licensee of the temporary suspension and the effective date thereof and at the same time shall serve such licensee with an accusation.

(2) Upon receipt of a notice of contest by the licensee, the Director shall set the matter for hearing within 30 days after receipt of such notice.

(3) The temporary suspension shall remain in effect until such time as the hearing is completed and the Director has made a final determination.

(4) If the Director fails to make a final determination within 60 days after the original hearing has been completed, the temporary suspension shall be deemed vacated.

(5) If the provisions of Chapter 2 (commencing with Section 1250), Division 2, Health and Safety Code, or the supplemental service regulations promulgated by the Director are violated by a licensee which is a group, corporation or other association, the Director may suspend the approval of such organization or may suspend the approval as to any individual person within such organization who is responsible for such violation.

(c) The withdrawal of an application for approval shall not deprive the Department of its authority to institute or continue a proceeding against the applicant for the denial of the approval upon any group provided by law or to enter an order denying the approval upon any such ground, unless the Department consents in writing to such withdrawal.

(d) The suspension, expiration or forfeiture of an approval issued by the Department shall not deprive the Department of its authority to institute or continue a proceeding against the licensee upon any ground provided by law or to enter an order suspending or revoking approval or otherwise taking disciplinary action against the licensee on any such ground.

(e) A licensee whose approval has been revoked or suspended may petition the Department for reinstatement or reduction of penalty after a period of not less than one year has elapsed from the effective date of the decision or from the date of the denial of a similar petition.

Article 5. Supplemental Services

§ 71401. Requirements for Supplemental Services.

When a supplemental service is provided, the requirements for that service in Article 3 and 6, Chapter 1, Division 5, Title 22, California Administrative Code, shall be met.

§ 71403. Types of Supplemental Services.

(a) Supplemental services include but are not limited to:

(1) Anesthesia Service.

(2) Clinical Laboratory Service.

(3) Intensive Care Service.

(4) Intermediate Care Service.

(5) Outpatient Service.

(6) Radiological Service.

(7) Skilled Nursing Service.

Article 6. Administration

§ 71501. Governing Body.

(a) The governing body shall:

(1) Adopt written bylaws in accordance with legal requirements and its community responsibility which shall include but not be limited to provision for:

(A) Identification of the purposes of the hospital and the means of fulfilling them.

(B) Appointment and reappointment of members of the medical staff.

(C) Appointment and reappointment of one or more dentists, podiatrists, and/or clinical psychologists to the medical staff respectively when dental, podiatric, and/or clinical psychological services are provided.

(D) Formal organization of the medical staff with appropriate officers and bylaws.

(E) Membership on the medical staff which shall be restricted to physicians, dentists, podiatrists and clinical psychologists competent in their respective fields, worthy in character and in professional ethics. No hospital shall discriminate with respect to employment, staff privileges or the provision of professional services against a licensed clinical psychologist within the scope of his/her licensure, or against a licensed physician and surgeon or podiatrist on the basis of whether the physician and surgeon or podiatrist holds an M.D., D.O. or D.P.M. degree. Wherever staffing requirements for a service mandate that the physician responsible for the service be certified or eligible for certification by an appropriate American Medical Board, such position may be filled by an osteopathic physician who is certified or eligible for certification by the equivalent appropriate American Osteopathic Board.

(F) Self government by the medical staff with respect to the professional work performed in the hospital, regular and periodic meetings of the medical staff to review and analyze their clinical experience, and requirement that the medical records of the patients shall be the basis for such review and analysis.

(G) The preparation and maintenance of a complete and accurate medical record for each patient.

(2) Appoint an administrator whose qualifications, authority and duties shall be defined in a written statement adopted by the governing body. The Department shall be notified in writing whenever a change of administrator occurs.

(3) Provide appropriate physical resources and personnel required to meet the needs of the patients and shall participate in planning to meet the mental health needs of the community.

(4) Take all reasonable steps to conform to all applicable federal, state and local laws and regulations, including those relating to licensure, fire inspection and other safety measures.

(5) Provide for the control and use of the physical and financial resources of the hospital.

(6) Require that the medical staff establish controls that are designed to ensure the achievement and maintenance of high standards of professional ethical practices including provision that all members of the medical staff be required to demonstrate their ability to perform surgical and/or other procedures competently to the satisfaction of an appropriate committee or committees of the staff, at the time of original application for appointment to the staff and at least every two years thereafter.

(7) Assure that medical staff bylaws, rules and regulations are subject to governing body approval, which approval shall not be withheld unreasonably. These bylaws shall include an effective formal means for the medical staff, as a liaison, to participate in the development of all hospital policy.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Sections 1276, 1315, 1316 and 1316.5, Health and Safety Code.

§ 71503. Organized Medical Staff.

(a) Each hospital shall have an organized medical staff responsible to the governing body for the fitness, adequacy and quality of the medical care rendered to patients in the hospital.

(b) Medical staff membership.

(1) The medical staff shall be composed of physicians and, where dental or podiatric services are provided, dentists or podiatrists.

(2) When clinical psychological services are provided, clinical psychologists may be appointed to the medical staff subject to the bylaws, rules and regulations of the hospital.

(c) The medical staff, by vote of the members and with the approval of the governing body, shall adopt written bylaws which provide formal procedures for the evaluation of staff applications and credentials, appointments, reappointments, assignment of clinical privileges, appeals mechanisms and such other subjects or conditions which the medical staff and governing body deem appropriate. The medical staff shall abide by and establish a means of enforcement of its bylaws. Medical staff by–laws, rules and regulations shall not deny or restrict, within the scope of their licensure, the voting rights of staff members or assign staff members to any special class or category of staff membership, based upon whether such staff members hold an M.D., D.O. or D.P.M. degree or clinical psychology license.

(d) The medical staff shall meet regularly. Minutes of each meeting shall be retained and filed at the hospital.

(e) The medical staff bylaws, rules, and regulations shall include, but shall not be limited to, provision for the performance of the following functions: executive review, credentialing, medical records, tissue review, utilization review, infection control, pharmacy and therapeutics, and assisting the medical staff members impaired by chemical dependency and/or mental illness to obtain necessary rehabilitation services. These functions may be performed by individual committees, or when appropriate, all functions or more than one function may be performed by a single committee. Reports of activities and recommendations relating to these functions shall be made to the executive committee and the governing body as frequently as necessary and at least quarterly.

(f) The medical staff shall provide in its bylaws, rules and regulations for appropriate practices and procedures to be observed in the various departments of the hospital. In this connection, the practice of division of fees, under any guise whatsoever, shall be prohibited and any such division of fees shall be cause for exclusion from the staff.

(g) The medical staff shall provide for availability of a staff physician for emergencies among the in–hospital population in the event that the attending physician or his alternate is not available.

(h) The medical staff shall participate in a continuing program of professional education. The results of retrospective medical care evaluation shall be used to determine the continuing education needs. Evidence of participation in such programs shall be available.

(i) The medical staff shall provide at least one physician to participate as a member of the hospital infection control committee.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Sections 1276, 1315, 1316 and 1316.5, Health and Safety Code.

§ 71505. Medical Staff, Residents, Interns and Students.

(a) The hospital shall not permit any physician, dentist, podiatrist or clinical psychologist or any medical, dental, podiatric or clinical psychology resident, intern or student to perform any service for which a license, certificate of registration or other form of approval is required unless such person is licensed, registered, approved or is exempted therefrom under the provisions of the State Medical Practice Act, the State Dental Practice Act or the State Psychology Licensing Law and, further, unless such services are performed under the direct supervision of a licensed practitioner whenever so required by law.

(b) If patient care is provided by residents, interns and medical students, such care shall be in accordance with the provisions of a program approved by and in conformity with: the Council on Education of the American Medical Association, the American Osteopathic Association Board of Trustees through the Committee on postdoctoral training and the Bureau of Professional Education, the American Dental Association, the American Podiatry Association or the Education and Training Board of the American Psychological Association, and/or the residency training programs of the respective specialty boards.

(c) Except in an emergency, all other patient care by interns, house officers, residents or persons with equivalent titles, not provided as specified in subdivision (b) of this section, must be provided by a practitioner with a current license to practice in California.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Sections 1276, 1315, 1316 and 1316.5, Health and Safety Code.

§ 71507. Patients' Rights.

(a) All patients shall have rights which include, but are not limited to the following:

(1) To wear his own clothes, to keep and use his own personal possessions including his toilet articles; and to keep and be allowed to spend a reasonable sum of his own money for canteen expenses and small purchases.

(2) To have access to individual storage space for his private use.

(3) To see visitors each day.

(4) To have reasonable access to telephones, both to make and receive confidential calls.

(5) To have ready access to letter writing materials, including stamps, and to mail and receive unopened correspondence.

(6) To refuse shock treatment.

(7) To refuse psychosurgery as defined in Section 5325, Welfare and Institutions Code.

(8) To be informed of the provisions of law regarding complaints and of procedures for registering complaints confidentially, including but not limited to, the address and telephone number of the complaint receiving unit of the Department.

(9) All other rights as provided by law or regulation.

(b) The physician who has overall responsibility for the service or his designee, may for good cause, deny a person any of the rights specified in (a) above, except those rights specified in subsection (7) and (9) above and the rights under subsection (6) may be denied only under the conditions specified in Section 5326.7, Welfare and Institutions Code. The denial, and the reasons therefore, shall be entered in the patient's medical record.

(c) These rights, written in English and Spanish, shall be prominently posted.

(d) There shall be a procedure established whereby patient complaints are forwarded to hospital administration. Knowledge of this procedure shall be readily available to patients. The hospital administration shall, in all cases, acknowledge to the patient their receipt of his complaint. Additional follow–up of the complaint and response to the patient shall be handled as is appropriate.

§ 71508. Clinical Research.

Research projects involving human subjects shall have the prior approval of a broadly represented committee which shall assure maximum patient safety and understanding.

§ 71509. Emotional and Attitudinal Support.

Hospitals shall have a written plan for the provision of those components of total patient care that relate to the spiritual, emotional and attitudinal needs of the patient, patients' families and hospital personnel.

§ 71511. Education of Patients.

(a) Where patients of school age expected to remain in the hospital for 30 days or more, the local school district shall be contacted to arrange for education, wherever appropriate.

(b) A hospital may operate its own educational program for patients in the school age group in consultation and cooperation with the local school district.

§ 71513. Outside Resource.

If a hospital does not employ a qualified professional person to render a specific service to be provided by the hospital, there shall be arrangements for such a service through a written agreement with an outside resource which meets the standards and requirements of these regulations. The responsibilities, functions, and objectives, and the terms of agreement, including financial arrangements and charges, of each such outside resource shall be delineated in writing and signed by an authorized representative of the hospital and the person or the agency providing the service. The agreement shall specify that the hospital retains professional and administrative responsibility for the services rendered. The outside resource, when acting as a consultant, shall apprise the administrator of recommendations, plans for implementation and continuing assessment through dated, signed reports which shall be retained by the administrator for follow–up action and evaluation of performance.

§ 71515. Nondiscrimination Policies.

(a) No hospital shall discriminate against any person based on sex, race, color, religion, ancestry or national origin, except as provided herein. This provision shall apply to the appointment of the medical

staff, hiring of hospital employees and the admission, housing or treatment of patients.

(b) Any bona fide nonprofit religious, fraternal or charitable organization, which can demonstrate to the satisfaction of the Department that its primary or substantial purpose is not to evade this section, may establish admission policies limiting or giving preference to their own members or adherents. Such policies shall not be construed as a violation of the first paragraph of this section. Any admission of nonmembers or nonadher-ents shall be subject to the first paragraph of this subsection.

(c) No hospital which permits sterilization operations for contraceptive purposes nor any member of its medical staff shall require of the patient any special nonmedical qualifications which are not imposed upon individuals seeking other types of operations. Prohibited nonmedical qualifications shall include, but not be limited to, age, marital status and number of natural children. This prohibition does not affect requirements relating to the physical or mental condition of the patient, physician counseling of the patient or existing law pertaining to individuals below the age of majority.

§ 71517. Admission, Transfer and Discharge Policies.

(a) Each hospital shall have written admission, transfer and discharge policies which encompass the types of diagnoses for which patients may be admitted, limitations imposed by law or licensure, staffing limitations, rules governing emergency admissions, policies concerning advance deposits, rates of charge for care, charges for extra services, terminations of services, refund policies, insurance agreements and other financial considerations, discharge of patients and other related functions.

(b) Patients shall be admitted only upon the order and under the care of a member of the medical staff of the hospital who is lawfully authorized to diagnose, prescribe and treat patients. The patient's condition and provisional diagnosis shall be established at time of admission by the member of the medical staff who admits the patient subject to the rules and regulations of the hospital, and the provisions of Section 71505(a).

(c) Within 24 hours after admission or immediately before, every patient shall have a complete history and physical examination and psychiatric evaluation performed by persons lawfully authorized by their respective practice acts to perform such examinations providing the condition of the patient permits. Each patient shall have a complete psychological evaluation performed by a physician and surgeon or clinical psychologist consistent with the medical staff bylaws, and providing the condition of the patient permits.

(d) No mentally competent adult shall be detained in a hospital against his will. An emancipated minor shall not be detained in a hospital against his will. An unemancipated minor shall not be detained against the will of his parent or legal guardian. In those cases where law permits an unemancipated minor to contract for medical care without the consent of his parent or guardian, he shall not be detained in the hospital against his will. This provision shall not be construed to preclude or prohibit attempts to persuade a patient to remain in the hospital in his own interest, nor the temporary detention of a mentally disturbed patient for the protection of himself or others under the provisions of the Lanterman–Petris–Short Act (Welfare and Institutions Code, Section 5000 et seq.) if the hospital has been designated by the county as a treatment facility pursuant to said act, nor to prohibit a minor legally capable of contracting for medical care from assuming responsibility for his discharge. However, in no event shall a patient be detained solely for nonpayment of his hospital bill.

(e) No inpatient shall be transferred or discharged for purposes of effecting a transfer, from a hospital to another health facility, unless arrangements have been made in advance for admission to such health facility and the person legally responsible for the patient has been notified or attempts over a 24–hour period have been made and a responsible person cannot be reached. A transfer or discharge shall not be carried out if in the opinion of the patient's physician, such transfer or discharge would create a medical hazard.

(f) A minor shall be discharged only to the custody of his or her parent or to his legal guardian or custodian, unless such parent or guardian shall otherwise direct in writing. This provision shall not be construed to preclude a minor legally capable of contracting for medical care from assuming responsibility for himself upon discharge.

(g) Each patient upon admission shall be provided with a wristband identification tag or other means of identification unless the patient's condition will not permit such identification. Minimum information shall include the name of the patient, hospital admission number and the name of the hospital.

(h) Involuntary admission to the hospital shall be in conformity with the provisions of the Lanterman–Petris–Short Act (Welfare and Institutions Code, Section 5000 et seq.).

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Sections 1276, 1315, 1316 and 1316.5, Health and Safety Code.

§ 71519. Personnel Policies.

(a) Each hospital shall adopt written personnel policies concerning qualifications, responsibilities and conditions of employment for each type of personnel, which shall be available to all personnel. Such policies shall include but not be limited to:

(1) Wage scales, hours of work and all employee benefits.

(2) A plan for orientation of all personnel to policies and objectives of the hospital and for on–the–job training where necessary.

(3) A plan for at least an annual evaluation of employee performance.

(b) Personnel policies shall require that employees and other persons working in or for the hospital familiarize themselves with these and such other regulations as are applicable to their duties.

(c) Hospitals shall furnish evidence of a plan for growth and development of the hospital staff through:

(1) Designation of a staff member qualified by training and experience who shall be responsible for staff education.

(2) Reference material, relevant to the services provided by the hospital, which shall be readily accessible to the staff.

§ 71521. Employees.

(a) The hospital shall recruit qualified personnel and provide initial orientation of new employees, a continuing in–service training program and competent supervision designed to improve patient care and employee efficiency.

(b) If language or communication barriers exist between hospital staff and a significant number of patients, arrangements shall be made for interpretors or for the use of other mechanisms to insure adequate communications between patients and personnel.

(c) The hospital shall designate a member of the staff as a patient discharge planning coordinator.

(d) All employees of the hospital, having patient contact, including students, interns and residents, shall wear an identification tag bearing their name and vocational classification.

(e) All appropriate employees shall be given training in methods of hospital infection control.

(f) Uniform rules shall be established for each classification of employees concerning the conditions of employment. A written statement of all such roles shall be provided each employee upon commencing employment.

§ 71523. Employee Health Examinations and Health Records.

(a) Personnel employed in health facilities who will have contact directly or indirectly with patients shall be free from symptoms indicating the presence of infectious diseases.

(b) A health examination performed under the direction of a physician shall be required as a requisite for employment and must be performed within one week after employment. Written examination reports signed by the physician which verify that employees are able to perform assigned duties shall be maintained. Repeat examinations shall be performed whenever necessary to ascertain that employees

are free from symptoms indicating the presence of infectious disease and are able to perform their assigned duties. Upon initial examination, and at least annually, the employee shall have a skin test for tuberculosis using Purified Protein Derivatives intermediate strength or a chest X–ray. Positive reaction to the skin test shall be followed by a 35.56 cm x 43.18 cm (14″ x 17″) chest X–ray.

(c) Employee health records shall be maintained by the hospital and shall include the records of all required health examinations. Such records shall be kept a minimum of three years following termination of employment.

(d) Employees known to have or evidencing symptoms of infectious disease shall be removed from contact with patients.

§ 71525. Employee Personnel Records.

All hospitals shall maintain personnel records of all employees. Such records shall be retained for at least three years following termination of employment. The record shall include the employee's full name, Social Security number, the license or registration number, if any, brief resume of experience, employment classification, date of beginning employment and date of termination of employment. Records of hours and dates worked by all employees during at least the most recent six–month period shall be kept on file at the place of employment.

§ 71527. Job Descriptions.

Job descriptions detailing the functions of each classification of employee shall be written and shall be available to all personnel.

§ 71529. Advertising.

No hospital shall make or disseminate any false or misleading statement, or advertise by any manner or means any false claims regarding services provided by the hospital.

§ 71531. Records and Reports.

(a) Each hospital shall maintain copies of the following applicable documents on file in the administrative offices of the hospital:

(1) Articles of incorporation or partnership agreement.

(2) Bylaws and rules and regulations of the governing body.

(3) Bylaws and rules and regulations of the medical staff.

(4) Minutes of the meetings of the governing body and the medical staff.

(5) Reports of inspections by local, state and federal agencies.

(6) All contracts, leases and other agreements required by these regulations.

(7) Patient admission roster.

(8) Reports of unusual occurrences for the preceding two years.

(9) Personnel records.

(10) Policy manuals.

(11) Procedure manuals.

(12) Minutes and reports of the hospital infection control committee.

(13) Any other records deemed necessary for the direct enforcement of these regulations by the Department.

(b) The records and reports mentioned or referred to above shall be made available for inspection by any duly authorized officer, employee or agent of the Department.

§ 71533. Annual Reports.

All hospitals shall submit annual reports to the Department, on forms supplied by the Department and by the date specified on the form.

§ 71535. Reporting.

(a) Reportable Diseases or Unusual Occurrences. All cases of reportable diseases shall be reported to the local health officer in accordance with Section 2500, Article 1, Subchapter 1, Chapter 4, Title 17, California Administrative Code. Any occurrence such as epidemic outbreak, poisoning, fire, major accident, disaster, other catastrophe or unusual occurrence which threatens the welfare, safety or health of patients, personnel or visitors shall be reported as soon as reasonably practical, either by telephone or by telegraph, to the local health officer and to the Department. The hospital shall furnish such other pertinent information related to such occurrences as the local health officer of the Department may require.

(b) Testing for Phenylketonuria. If a maternity patient is admitted the hospital shall comply with the requirements governing testing for phenylketonuria (PKU) contained in Section 6500 of Title 17, California Administrative Code.

(c) Rhesus (Rh) Hemolytic Disease of the Newborn. All hospitals to which maternity patients may be admitted shall comply with the requirements for the determination and reporting of the rhesus (Rh) blood type of maternity patients and the reporting of rhesus (Rh) hemolytic disease of the newborn as contained in Section 6510 of Title 17, California Administrative Code.

(d) Child Placement. The release of children for adoption shall be in conformity with the state law regulating adoption procedure. Hospitals shall report to the Department on forms supplied by them, within 48 hours, the name and address of any person other than a parent or relative by blood or marriage, or the name and address of the organization or institution into whose custody a child is given on discharge from the hospital.

§ 71537. Infection Control Program.

(a) A written hospital infection control program shall be adopted. The program shall conform to the guidelines contained in Infection Control in the Hospital, 1974, published by the American Hospital Association, 840 North Lake Shore Drive, Chicago, IL 60611.

(b) A copy of the plan shall be available for review by the Department.

(c) There shall be a system of reporting of possibly acquired hospital infections to the infection control committee.

(d) The program shall be reviewed, evaluated and updated annually by the infection control committee. A report of this review shall be available to the Department.

§ 71539. Disaster and Mass Casualty Program.

(a) A written disaster and mass casualty program shall be developed and maintained in consultation with representatives of the medical staff, nursing staff, administration and fire and safety experts. The program shall be in conformity with the California Emergency Plan of October 10, 1972 developed by the State Office of Emergency Services and the California Emergency Medical Mutual Aid Plan of March 1974 developed by the Office of Emergency Services, Department of Health. The program shall be approved by the medical staff and administration. A copy of the program shall be available on the premises for review by the Department.

(b) The program shall cover local disasters occurring in the community and widespread disasters. It shall provide for at least the following:

(1) Availability of adequate basic utilities and supplies, including gas, water, food and essential medical and supportive materials.

(2) An efficient system of notifying and assigning personnel.

(3) Unified medical command.

(4) Conversion of all usable space into clearly defined areas for efficient triage, for patient observation and for immediate care.

(5) Prompt transfer of casualties, when necessary and after preliminary medical or surgical services have been rendered, to the facility most appropriate for administering definitive care.

(6) A special disaster medical record, such as an appropriately designed tag, that accompanies the casualty as he is moved.

(7) Procedures for the prompt discharge or transfer of patients, already in the hospital who can be moved without jeopardy.

(8) Maintaining security in order to keep relatives and curious persons out of the triage area.

(9) Establishment of a public information center and assignment of public relations liaison duties to a qualified individual. Advance

arrangements with communications media will be made to provide organized dissemination of information.

(c) The program shall be brought up–to–date, at least annually, and all personnel shall be instructed in its requirements. There shall be evidence in the personnel files, e.g., orientation checklist or elsewhere, indicating that all new employees have been oriented to the program and procedures within a reasonable time after commencement of their employment.

(d) The disaster plan shall be rehearsed at least twice a year. There shall be a written report and evaluation of all drills. The actual evacuation of patients to safe areas during the drill is optional.

§ 71541. Fire and Internal Disasters.

(a) A written fire and internal disaster program, incorporating evacuation procedures, shall be developed with the assistance of fire, safety and other appropriate experts. A copy of the program shall be available on the premises for review by the Department.

(b) The written program shall include at least the following:

(1) Plans for the assignment of personnel to specific tasks and responsibilities.

(2) Instructions relating to the use of alarm systems and signals.

(3) Information concerning methods of fire containment.

(4) Systems for notification of appropriate persons.

(5) Information concerning the location of fire fighting equipment.

(6) Specification of evacuation routes and procedures.

(7) Other provisions as the local situation dictates.

(c) Fire and internal disaster drills shall be held at least quarterly, for each shift of hospital personnel and under varied conditions. The actual evacuation of patients to safe areas during a drill is optional.

(d) The evacuation plan shall be posted throughout the facility and shall include at least the following:

(1) Evacuation routes.

(2) Location of fire alarm boxes.

(3) Location of fire extinguishers.

§ 71543. Fire Safety.

All hospitals shall be maintained in conformity with the regulations adopted by the State Fire Marshal for the prevention of fire and for the protection of life and property against fire and panic. All hospitals shall secure and maintain a clearance relative to fire safety from the State Fire Marshal.

§ 71544. Disruption of Services.

(a) Each hospital shall develop a written plan to be used when a discontinuance or disruption of services occurs.

(b) The administrator shall be responsible for informing the Department, via telephone, immediately upon being notified of the intent of the discontinuance or disruption of services or upon the threat of a walkout of a substantial number of employees, or earthquake, fire, power outage or other calamity that causes damage to the facility or threatens the safety or welfare of patients or clients.

§ 71545. Restraint of Patients.

(a) Restraint shall be used only when alternative methods are not sufficient to protect the patient or others from injury.

(b) Patients shall be placed in restraint only on the written order of the physician. This order shall include the reason for restraint and the type of restraint to be used. In a clear case of emergency, a patient may be placed in restraint at the discretion of a registered nurse and a verbal or written order obtained thereafter. If a verbal order is obtained it shall be recorded in the patient's medical record and be signed by the physician on his next visit.

(c) Patients in restraint by seclusion or mechanical means shall be observed at intervals not greater than 15 minutes.

(d) Restraints shall be easily removable in the event of fire or other emergency.

§ 71547. Medical Records Service.

(a) The hospital shall maintain a medical record service which shall be conveniently located and adequate in size and equipment to facilitate the accurate processing, checking, indexing and filing of all medical records.

(b) The medical records service shall be under the supervision of a registered record administrator or accredited records technician. The registered record administrator or accredited records technician shall be assisted by such qualified personnel as are necessary for the conduct of the service.

(c) Policies and procedures shall be established to ensure the confidentiality of patient health information, in accordance with applicable laws and regulations.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

§ 71549. Medical Record Content.

(a) Each inpatient medical record shall consist of at least the following:

(1) Identification sheets to include but not be limited to the following:

(A) Name.

(B) Address on admission.

(C) Identification number (if applicable).

1. Hospital admission number.

2. Social Security number.

3. Medicare number.

4. Medi–Cal number.

(D) Age.

(E) Sex.

(F) Marital status.

(G) Legal status.

(H) Religion.

(I) Date of admission.

(J) Date of discharge.

(K) Name, address and telephone number of person or agency responsible for patient.

(L) Name of patient's medical staff member responsible for care.

(M) Initial diagnostic impression.

(N) Discharge or final diagnosis.

(O) Disposition.

(2) Psychiatric history and physical examination.

(3) Legal authorization for admission.

(4) Consultation reports, including neurologic examination.

(5) Order sheet including medication, treatment and diet orders.

(6) Treatment plan.

(7) Progress notes including current or working diagnosis, the complaints of others regarding the patient, as well as the patient's comments.

(8) Nurses' notes which shall include but not be limited to the following:

(A) Concise and accurate record of nursing care provided.

(B) Record of pertinent observation of the patient and the response to treatment.

(C) Name, dosage and time of administration of medications and treatment. Route of administration and site of injection shall be recorded, if other than by oral administration.

(D) Record of type of restraint, including time of application and removal.

(9) Vital sign sheet, including weight record.

(10) Reports of all laboratory tests performed.

(11) Reports of all X–ray examinations performed.

(12) Consent forms, when applicable.

(13) Anesthesia record including preoperative diagnosis, if anesthesia has been administered.

(14) Operative report including preoperative and postoperative diagnosis, description of findings, technique used, tissue removed or altered, if surgery was performed.

(15) Pathological report, if tissue or body fluid was removed.

(16) Labor record, if applicable.

(17) Delivery record, if applicable.

(18) A discharge summary which shall briefly recapitulate the significant findings and events of the patient's hospitalization, the patient's condition on discharge and the recommendation and arrangements for future care.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Sections 1276 and 1316.5, Health and Safety Code.

§ 71551. Medical Record Availability.

(a) Records shall be kept on all patients admitted or accepted for treatment. All required records, either as originals or accurate reproductions of the contents of such originals, shall be maintained in such form as to be legible and readily available upon the request of: the attending physician; the hospital or its medical staff or any authorized officer, agent or employee of either; authorized representatives of the Department; or any other person authorized by law to make such a request.

(b) The medical record, including X–ray film, is the property of the hospital and is maintained for the benefit of the patient, the medical staff and the hospital. The hospital shall safeguard the information in the record against loss, defacement, tampering or use by unauthorized persons.

(c) Patient records including X–ray film or reproductions thereof shall be preserved safely for a minimum of seven years following discharge of the patient, except that the records of unemancipated minors shall be kept at least one year after such minor has reached the age of 18 years and, in any case, not less than seven years.

(d) If a hospital ceases operation, the Department shall be informed within 48 hours of the arrangements made for safe preservation of patient records as above required.

(e) If ownership of a licensed hospital changes, both the previous licensee and the new licensee shall, prior to the change of ownership, provide the Department with written documentation that:

(1) The new licensee will have custody of the patients' records upon transfer of the hospital, and that the records are available to both the new and former licensee and other authorized persons; or

(2) Arrangements have been made for the safe preservation of patient records, as required above, and that the records are available to both the new and former licensees and other authorized persons.

(f) Medical records shall be filed in an easily accessible manner in the hospital or in an approved medical record storage facility off the hospital premises.

(g) Medical records shall be completed promptly an authenticated or signed by a physician, dentist, podiatrist or clinical psychologist within two weeks following the patient's discharge. Medical records may be authenticated by a signature stamp or computer key, in lieu of a physician's signature, only when that physician has placed a signed statement in the hospital administrative office to the effect that he/she is the only person who:

(1) Has possession of the stamp or key.

(2) Will use the stamp or key.

(h) Medical records shall be indexed according to patient, diagnoses and physician.

(i) By July 1, 1976 a unit medical record system shall be established and implemented with inpatient, outpatient and emergency room records combined.

(j) The medical record shall be closed and a new record initiated when a patient is transferred to a different level of care within a hospital which has a distinct part skilled nursing or intermediate care service.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

§ 71553. Transfer Summary.

A transfer summary shall accompany the patient upon transfer to a skilled nursing or intermediate care facility or to the skilled nursing long–term unit of the hospital. The transfer summary shall include essential information relative to the patient's diagnosis, hospital course, medications, treatments, dietary requirement, rehabilitation potential, known allergies and treatment plan and shall be signed by the physician.

§ 71555. Patients' Monies and Valuables.

(a) No licensee shall use patients' monies or valuables as his own or mingle them with his own. Patients' monies and valuables shall be separate, intact and free from any liability the licensee incurs in the use of his own or the institution's funds and valuables.

(b) Each licensee shall maintain adequate safeguards and accurate records of patients' monies and valuables entrusted to his care.

(1) Records, of patients' monies which are maintained as a drawing account, shall include a control account for all receipts and expenditures, an account for each patient and supporting vouchers filed in chronological order. Each account shall be kept current with columns for debits, credits and balance.

(2) Records of patients' monies and other valuables entrusted to the licensee for safekeeping shall include a copy of the receipt furnished to the patient or to the person responsible for the patient.

(c) Patients' monies not kept in the hospital shall be deposited in a demand trust account in a local bank authorized to do business in California, the deposits of which are insured by the Federal Deposit Insurance Corporation. A county hospital may deposit such funds with the county treasurer.

(d) When the amount of money entrusted to a licensee for patients exceeds $500, all money in excess of $500 shall be deposited in a demand trust account as specified in (c), above, unless a fireproof safe is provided on the premises for the protection of monies and valuables. If a fireproof safe is kept and the licensee desires the protection accorded by Civil Code Section 1860, he shall give notice as provided by that section.

(e) Upon discharge of a patient, all refunds due and all money and valuables of that patient which have been entrusted to the licensee shall be surrendered to the patient or the person responsible for the patient in exchange for a signed receipt. Money and valuables kept within the hospital must be surrendered upon demand and those kept in a demand trust account or with the county treasurer shall be made available within three normal banking days.

(f) Following the death of a patient, except in a coroner or medical examiners case, all money and valuables of that patient which have been entrusted to the licensee shall be surrendered to the person responsible for the patient, the executor or the administrator of the estate in exchange for a signed receipt, within 30 days. Immediate written notice of the death of a patient without an agent or known heirs shall be given to the public administrator of the county as specified by Section 1145, of the Probate Code.

(g) Upon change of ownership of a hospital, a written verification by a public accountant of all patients' monies which are being transferred to the custody of the new owners shall be obtained by the new owner in exchange for a signed receipt.

§ 71557. First Aid and Referrals.

(a) If a hospital subject to the provisions of this chapter does not maintain an emergency medical service, its employees shall nevertheless exercise reasonable care to determine whether an emergency exists, render necessary life saving first aid and shall direct the persons seeking emergency care to the nearest hospital which can render the needed services and shall assist the persons seeking emergency care in obtaining such services, including transportation services, in every way reasonable under the circumstances.

(b) Hospitals not providing emergency medical service shall not advertise or make any other representation to the public that may

convey or connote the availability of such service. The posting of signs to designate entrances for use by outpatients and ambulances such as ambulance entrance, referred patients, outpatient service or other words of similar connotation is not prohibited. Such hospitals may represent to the public in any form or manner, and only in its entirety, the phrase first aid and referral service.

§ 71559. Medical Library.

(a) Each hospital shall maintain a medical library consistent with the needs of the hospital.

(b) The medical library shall be located in a convenient location, and its contents shall be organized, easily accessible and available through authorized personnel at all times.

(c) The library shall contain current textbooks, journals and magazines pertinent to the clinical services maintained in the hospital.

§ 71561. Medical Photography.

The hospital shall have a policy regarding the obtaining of consent for medical photography.

§ 71563. Conference Room.

A conference room shall be provided in the hospital.

Article 7. Physical Plant

§ 71601. Alterations to Existing Buildings or New Construction.

(a) Alterations to existing buildings licensed as hospitals or new construction shall be in conformance with Chapter 1, Division 17, Part 6, Title 24, California Administrative Code.

(b) Hospitals licensed and in operation prior to the effective date of changes in these regulations shall not be required to institute corrective alterations or construction to comply with such changes except where specifically required or where the Department determines that a definite hazard to health and safety exists. Any hospital for which preliminary or working drawings and specifications have been approved by the Department prior to the effective date of changes to these regulations shall not be required to comply with such changes provided substantial, actual construction is commenced within one year after the effective date of such changes.

§ 71603. Application for Plan Review.

(a) Drawings and specifications for alterations to existing buildings or new construction shall be submitted to the Department for approval and shall be accompanied by an application for plan review on forms furnished by the Department. The application shall:

(1) Identify and describe the work to be covered by the plan review for which the application is made.

(2) Describe the land on which the proposed work is to be done, by lot, block, tract or house and street address or similar description that will readily identify and definitely locate the proposed building or work.

(3) Show the present and proposed use or occupancy of all parts of the building or buildings.

(4) State the number of square meters (square feet) of floor area involved in new construction and in alterations.

(5) Give such other information as may be required by the Department for unusual design circumstances.

(6) Be signed by the person designing the work or the owner of the work.

(b) The application for plan review shall also include a written statement that a description of the proposed work has been submitted to the Area Comprehensive Health Planning Agency approved by the State Advisory Health Council pursuant to Section 437.7 of the Health and Safety Code.

§ 71605. Space Conversion.

Spaces approved for specific uses at the time of licensure shall not be converted to other uses without the written approval of the Department.

§ 71607. Notice to Department.

The licensee shall notify the Department in writing not later than ten days after the date when construction of a new hospital is commenced or when construction involving an increase in bed capacity or change of services of an existing hospital is commenced.

§ 71609. Patient Accommodations.

(a) No hospital shall have more patients or beds set up for overnight use by patients than the approved licensed bed capacity except in the case of justified emergency when temporary permission may be granted by the Director or his designee. Beds not used for overnight stay such as labor room beds, recovery beds, beds used for admission screening or beds used for diagnostic purposes in X–ray or laboratory departments are not included in the approved licensed bed capacity.

(b) Five percent of a facility's total licensed bed capacity may be used for a classification other than that designated on the license. Upon application to the Director and a showing that seasonal fluctuations justify, the Director may grant the use of an additional five percent of the beds for other than the classified use.

(c) Patients shall not be housed in areas which have not been approved by the Department for patient housing and which have not been granted a fire clearance by the State Fire Marshal, except as provided in paragraph (a) above.

(d) The number of licensed beds shown on a license shall not exceed the number of beds for which the facility meets applicable construction and operational requirements.

§ 71611. Patient Rooms.

(a) Patients shall be accommodated only in rooms with the following minimum floor area:

(1) Single rooms: 10.2 square meters (110 square feet) of floor area except for private rooms in pediatric units which shall have at least 9.3 square meters (100 square feet).

(2) Multipatient rooms: 7.4 square meters (80 square feet) of floor area per bed with one meter (three feet) between beds, except in specialized units.

(b) Each patient room shall be labeled with a number, letter or combination of the two for identification.

(c) Patient rooms which are approved for ambulatory patients only shall not accommodate nonambulatory patients. Before patients are accommodated in ambulatory sections, they shall demonstrate that they are ambulatory, and this shall be noted in the patient's medical record. The hospital shall transfer patients from the ambulatory section when their condition becomes nonambulatory. The ambulatory status of patients shall be demonstrated upon request of the Department.

(d) Patient rooms approved for use by ambulatory patients only shall be identified as follows: the words reserved for ambulatory patients, in letters at least one and one–half centimeters (one–half inch) high, shall be posted on the outside of the door or on the wall alongside the door where they are visible to persons entering the room.

(e) Except for rooms approved by the Department for detention of psychiatric patients, patients' rooms shall not be kept locked when occupied.

(f) The decision of maintaining locked wards shall be made by the staff, depending upon the needs of the patient(s).

(g) Where patients are kept in locked wards or rooms, adequate staff must be available to assure safe and quick egress of the patients.

(h) Where the safety of the patient and others are of appropriate concern because of the condition of the patient, windows shall either be inaccessible to the patient or glazed with unbreakable materials.

§ 71613. Patient Property Storage.

Patients shall be provided with closet or locker space for clothing, toilet articles and other personal belongings. Where appropriate, bedside tables or equivalent shall also be provided.

§ 71615. Patient Room Furnishings.

A bed with a suitable mattress and a chair shall be provided for each patient.

§ 71617. Provisions for Emptying Bedpans.

(a) Bedpans shall be cleaned in utility rooms or bedpan cleaning rooms, unless toilets adjoining patients' rooms are used for cleaning bedpans, in which case such toilets shall be equipped with bedpan flushing attachments and vacuum breakers. Bedpans shall not be cleaned in bathtubs, handwashing sinks or laundry tubs.

(b) Bedpan covers shall not be used interchangeably.

§ 71619. Provision for Privacy.

A method of assuring privacy for each patient shall be maintained in patient rooms and in tub, shower and toilet rooms.

§ 71621. Public Telephone.

A telephone shall be available for patient use.

§ 71623. Isolation Facilities.

At least one single bed special room shall be provided for the isolation of a single patient at a ratio of one special room for each 50 beds or major fraction thereof. At least one special room shall be provided.

§ 71625. Seclusion Rooms.

Where provided, seclusion rooms shall be designed and equipped to ensure the safety of the patient.

§ 71627. Patient Lounge.

Adequate space and equipment shall be provided for patient use for social activities.

§ 71629. Laundry Service.

(a) Laundry and linen.

(1) An adequate supply of clean linen shall be provided for at least three complete bed changes for the hospital's full bed capacity.

(2) There shall be written procedures developed and maintained pertaining to the handling, storage, transportation and processing of linens.

(3) If the hospital operates its own laundry, such laundry shall be:

(A) Located in such relationship to other areas that steam, odors, lint and objectionable noises do not reach patient or personnel areas.

(B) Well lighted and ventilated and adequate in size for the needs of the hospital and for the protection of employees.

(C) Maintained in a sanitary manner and in good repair.

(D) Not part of a storage area.

(4) Hospital linens shall be washed according to the following method:

All linens shall be washed using an effective soap or detergent and thoroughly rinsed to remove soap or detergent and soil. Linens shall be exposed to water at a minimum temperature of 71ºC (160ºF) for at least 24 minutes during the washing process, or a lower temperature of 60ºC (140ºF.) for 24 minutes may be utilized if the linens are subsequently passed through a flatwork ironer at 110–115 feet per minute at a temperature of 300ºF. or a tumbler dryer at a temperature of 180ºF.

(5) Separate rooms shall be maintained in the hospital for storage of clean linen and for storage of soiled linen. Linen storage rooms shall be adequate in size for the needs of the hospital and shall not be used for any other purpose. Storage shall not be permitted in attic spaces, corridors or plenums (air distribution chambers) of air conditioning or ventilating systems.

(6) Handwashing and toilet facilities for laundry personnel shall be provided at locations convenient to the laundry.

(7) Soiled and clean linen carts shall be so labeled and provided with covers made of washable materials which shall be laundered daily or suitably cleaned daily.

(8) If the hospital does not maintain a laundry service, the commercial laundry utilized shall meet the standards of this section.

(b) Soiled linen.

(1) Laundry shall be handled, stored and processed in a manner that will prevent the spread of infection and will assure the maintenance of clean linen.

(2) Each of the following classes of laundry shall be separately transported, stored and washed:

(A) Linen from isolation rooms.

(B) All radioactive contaminated linen.

(C) Linen from pathology.

(3) Soiled linen shall be sorted in a separate enclosed room by a person instructed in methods of protection from contamination. This person shall not have responsibility for immediately handling clean linen.

(4) Soiled linen shall be stored and transported in a closed container which does not permit airborne contamination of corridors and areas occupied by patients, and precludes the cross–contamination of clean linen.

(5) If soiled linen is transported in wheeled containers such conveyances shall not be used for transporting clean linen. Carts or conveyances and their contents shall be covered during the transportation process.

(6) If chutes are used for transporting soiled linen, the chutes shall be maintained in a clean, sanitary state.

(c) Clean Linen.

(1) Clean linen shall be sorted, handled and transported in such a manner as to prevent cross–contamination.

(2) Clean linen carts shall be used only for the purpose of transportation or storage of clean linen.

(3) Persons processing clean linen shall be dressed in clean garments at all times while on duty and shall not handle soiled linen.

(4) Clean linen from a commercial laundry shall be delivered to the hospital completely wrapped and delivered to a designated clean area.

(5) Clean linen in patient care units shall be stored in clean, ventilated closets, rooms or alcoves, used for that purpose only. Corridors shall not be used for storage of linen.

(6) If clean linen is stored in the laundry area, it shall be stored in a room separate from the sorting room, laundry room or soiled linen room.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

§ 71631. Housekeeping.

(a) Each hospital shall make provision for the routine cleaning of articles and surfaces such as furniture, floors, walls, ceilings, supply and exhaust grills and lighting fixtures.

(b) There shall be written routines and procedures developed and maintained to include but not be limited to the following:

(1) Daily cleaning of patient areas, nurses' stations, work areas, halls, entrances, storage areas, restrooms, laundry, pharmacy, offices, etc.

(2) Daily cleaning of specialized areas.

(3) Daily cleaning of isolation areas.

(4) Daily cleaning of kitchen and associated areas.

(5) Weekly cleaning of such things as radiators, clocks, pictures, ventilators, curtains, draperies, etc.

(6) Monthly and as necessary cleaning of walls and ceilings.

(7) Terminal cleaning of patient unit upon discharge of patient.

(c) There shall be sufficient housekeeping cleaning supplies and equipment provided.

(1) Housekeeping cleaning supplies, other than in bulk, and equipment shall be stored in housekeeping rooms.

(2) A detergent germicide shall be used for all cleaning and dusting purposes.

(3) Mop heads shall be removable and changed at least daily.

(d) There shall be sufficient housekeeping personnel to maintain

the interior of the hospital in a safe, clean, orderly, attractive manner and free from offensive odors.

(e) A person qualified by experience and training shall be designated to be in charge of housekeeping service.

§ 71633. Morgue.

(a) Hospitals with a licensed bed capacity of 50 or more shall maintain a well ventilated morgue with autopsy facilities, unless adequate morgue and autopsy facilities are available in the local community.

(b) Hospitals with a licensed bed capacity of 200 or more shall maintain a well ventilated morgue with autopsy facilities.

(c) Refrigerated compartments shall be maintained if human remains are held unembalmed. The air temperature shall not be higher than 7ºC (45ºF).

§ 71635. Central Sterile Supply.

(a) Each hospital shall provide, prepare, sterilize and store sufficient sterile supplies and medical and surgical equipment and shall dispense them to all services in the hospital. The operation of this service shall be carried out in an area designated, equipped and staffed for this purpose.

(b) A person qualified by training and experience, recommended by the infection control committee shall be designated to be in charge of the central sterile supply. Liaison with the infection control committee shall be maintained through that person's membership on the committee.

(c) There shall be written procedures developed and maintained pertaining to the cleaning, preparation, disinfection and sterilization of utensils, instruments, solutions, dressings and other articles.

(d) There shall be effective separation of soiled or contaminated supplies and equipment from the clean and sterilized supplies and equipment.

(e) Sterile supplies and equipment shall be stored in clean cabinets, cupboards or other satisfactory spaces. An orderly system of rotation of supplies shall be used so that supplies stored first will be used first.

§ 71637. Autoclaves and Sterilizers.

(a) Autoclaves and sterilizers shall be maintained in operating condition at all times.

(b) Instructions for operating autoclaves and sterilizers shall be posted in the area where the autoclaves and sterilizers are located.

(c) Written procedures shall be developed, maintained and available to personnel responsible for sterilization of supplies and equipment that include, but are not limited to the following:

(1) Time, temperature and pressure for sterilizing the various bundles, packs, dressings, instruments, solutions, etc.

(2 Cleaning, packaging, storing and issuance of supplies and equipment.

(3) Dating and outdating of material sterilized.

(4) Loading of the sterilizer.

(5) Daily checking of recording and indicating thermometers and filing for one year of recording thermometer charts.

(6) Monthly bacteriological test, the bacterial organism used and filing for one year of the test results.

(7) Length of aeration time for materials gas sterilized.

§ 71639. Disinfecting.

(a) Each hospital shall make provision for the cleaning and disinfection of contaminated articles and surfaces which cannot be sterilized.

(b) Thermometers should be disinfected for at least ten minutes with 70 percent ethyl alcohol or 99 percent isopropyl alcohol with 0.2 percent iodine.

(c) Written procedures shall be developed and maintained for the disinfection of articles and surfaces.

§ 71641. General Safety and Maintenance.

(a) The hospital shall be clean, sanitary, and in good repair at all times. Maintenance shall include provision and surveillance of services and procedures for the safety and well–being of patients, personnel and visitors.

(b) Hospital buildings and grounds shall be maintained free of such environmental pollutants and such nuisances as may adversely affect the health or welfare of patients to the extent that such conditions are within the reasonable control of the hospital.

(c) All hospitals shall maintain in operating condition all buildings, fixtures and spaces in the numbers and types as specified in construction requirements under which the hospital or unit was first licensed.

(d) A written manual on maintenance of heating, air conditioning and ventilation systems shall be adopted by each hospital and a maintenance log shall be maintained.

(e) Equipment provided must meet any and all applicable California Occupational Safety and Health Act requirements in effect as of the time of purchase. All portable electrical equipment using 110–120 volt 60 hertz current shall be equipped with a three–wire grounded power cord with an Underwriters Laboratories approved hospital grade three–prong plug. The cord grip shall be an integral part of the plug.

(f) All gauging and measuring equipment shall be regularly calibrated as specified by the manufacturer and records of such testing kept for at least two years.

§ 71643. Air Filters.

(a) The licensee shall be responsible for regular inspection, cleaning or replacement of all filters installed in heating, air conditioning and ventilating systems, as necessary to maintain the systems in normal operating condition. The efficiency of the replacement filters shall be equal to the efficiency rating of the replaced filters.

(b) A written record of inspection, cleaning or replacement including static pressure drop shall be regularly maintained and available for inspection. The record shall include a description of the filters originally installed, the American Society of Heating, Refrigeration, and Air Conditioning Engineers (ASHRAE) atmospheric dust spot test efficiency rating and the criteria established by the manufacturer or supplier to determine when replacement or cleaning is necessary.

(c) Following filter replacement or cleaning, the installation shall be visually inspected for torn media and bypass in filter frames by means of a flashlight or equivalent, both with fans in operation and stopped. Tears in filter media and bypass in filter frames shall be eliminated in accordance with the manufacturer's directions and as required by the Department.

(d) Where filter maintenance is performed by an equipment service company, a certification shall be provided to the licensee that the requirements listed in Section 71643 (a) and (b) have been accommodated.

(e) If filter maintenance as required in Section 71643 (a) and (b) is performed by employees of the hospital, a written record shall be maintained by the licensee.

§ 71645. Emergency Lighting and Power System.

(a) Auxiliary lighting and power facilities shall be readily available at all times.

(1) The emergency lighting and power system shall be maintained in operating condition to provide automatic restoration of power for emergency circuits within ten seconds after normal power failure.

(2) Emergency generators installed in hospitals shall be tested under load conditions for at least 30 minutes at intervals of not more than seven days.

(b) The licensee shall provide and maintain an emergency electrical system in compliance with Section E702–7 and E702–20,

Part 3, Title 24, California Administrative Code. The system shall serve all lighting, signals, alarms and equipment required to permit continued operation of all necessary functions of the hospital for a minimum of 24 hours.

(c) The Department may require the licensee to submit a report of evaluation of the emergency electrical systems by a registered electrical engineer to substantiate compliance with Subarticle E702–7, Part 3, Title 24, California Administrative Code. Essential engineering data, including load calculations, assumptions and tests, and where necessary, plans and specifications acceptable to the Department, shall be included in the report.

(d) Where alteration of the emergency electrical system is determined to be necessary, the work shall comply with Sections E702–20 and E702–24, Part 3, Title 24, California Administrative Code.

(e) A written record of inspection, performance, exercising period and repairs shall be maintained and available.

§ 71647. Storage and Disposal of Solid Wastes.

(a) Solid wastes shall be stored and eliminated in a manner to preclude the transmission of communicable disease. These wastes shall not be a nuisance or provide a breeding place for insects or rodents nor shall it be a food source for either.

(b) Solid waste containers shall be stored and located in a manner that will protect against odors.

(c) Syringes and needles, before being discarded into waste containers, shall be rendered unusable.

§ 71649. Solid Waste Containers.

(a) All containers, except movable bins used for storage of solid wastes, shall have tight–fitting covers in good repair, external handles and be leakproof and rodent proof.

(b) Movable bins, when used for storing or transporting solid wastes from the premises, shall meet the following requirements:

(1) Have tight–fitting covers approved by the local health department and kept closed when not being loaded.

(2) Be in good repair.

(3) Be leakproof.

(4) Be rodent proof unless stored in a room or screened enclosure.

(c) All containers receiving putrescible wastes shall be emptied at least every four days, or more often if necessary.

(d) Solid waste containers, including movable bins, shall be thoroughly washed and cleaned each time they are emptied unless soil contact surfaces have been completely protected from contamination by disposable liners, bags or other devices removed with the waste. Each movable bin may provide for suitable access and a drainage device to allow complete cleaning at the storage area.

NOTE: Authority cited: Sections 208 (a) and 1254 Health and Safety Code. Reference: Sections 1250 and 25157.3, Health and Safety Code.

§ 71651. Infectious Waste.

Infectious waste, as defined in Health and Safety Code Section 25117.5, shall be handled and disposed of in accordance with the Hazardous Waste Control Law, Chapter 6.5, Division 20, Health and Safety Code (beginning with Section 25100) and the regulations adopted thereunder (beginning with Section 66100 of this Title).

NOTE: Authority cited: Sections 208, 1254, 25150 and 25157.3, Health and Safety Code. Reference: Sections 1250, 25117 and 25117.5, Health and Safety Code.

§ 71653. Gases for Medical Use.

(a) Provision shall be made for safe handling and storage of medical gas cylinders.

(b) Transfer of gas by hospital personnel from one cylinder to another is prohibited except when approved by the Department.

(c) Gases for medical use include carbon dioxide, cyclopropane, ethylene, helium, nitrous oxide, oxygen, helium–oxygen mixtures and carbon dioxide–oxygen mixtures.

(d) All anesthesia machines and related equipment shall be so constructed that connections for different gases are not interchangeable.

These requirements shall be accomplished by installing permanent fittings as indicated below:

(1) Yoke connections of anesthesia machines and flush outlet valves for small compressed gas cylinders (Style E and smaller) shall conform with the pin index and safety system contained in pamphlet B57.1, Compressed Gas Cylinder Valve Outlet and Inlet Connections, 1965 Edition, by the American National Standards Institute, Inc., 1430 Broadway, New York, NY 10018.

(2) Valve outlet connections for large cylinders (Style F and larger) for oxygen and nitrous oxide shall conform with the standards contained in pamphlet B57.1, Compressed Gas Cylinder Valve Outlet and Inlet Connections, 1965 Edition, by the American National Standards Institute, Inc., 1430 Broadway, New York, NY 10018. Standard connection No. 540 shall be used with oxygen cylinders and standard connection 1320 shall be used with nitrous oxide cylinders. Cylinders for medical gases, other than oxygen and nitrous oxide used with anesthesia machines, shall be limited to Style E and smaller.

(3) Removable exposed threaded connections, where employed in medical gas piping systems and equipment used in conjunction with resuscitators and oxygen therapy apparatus, shall be provided with noninterchangeable connections which conform with pamphlet V–5, Diameter–Index Safety System, May 1970 printing, by the Compressed Gas Association, Inc., 500 Fifth Avenue, New York, NY 10036.

(4) Station outlets from piped oxygen and nitrous oxide systems shall conform with the standards contained in bulletin NFPA No. 56F, Nonflammable Medical Gas Systems, 1973, by the National Fire Protection Association, 470 Atlantic Avenue, Boston, MA 02210.

(5) Removable connection hoses from station outlets or cylinders to yokes of anesthesia machines shall be fitted with permanently connected fittings to match the standards listed above in paragraphs (1), (2), (3) and (4).

(e) The piped oxygen or nitrous oxide system(s) shall be tested in accordance with the National Fire Protection Association bulletin, NFPA No. 56F, referred to above, and a written report shall be maintained in each of the following instances.

(1) Upon completion of initial installation.

(2) Whenever changes are made to a system.

(3) Whenever the integrity of a system has been breached.

(4) At least annually.

(f) Oxygen Equipment.

(1) Vaporizer bottles shall be sterilized after each use.

(2) Only sterile fluid shall be used in vaporizer bottles.

(3) Vaporizer bottles shall be changed at least every 24 hours.

§ 71655. Lighting.

(a) All rooms, attics, basements, passageways and other spaces shall be illuminated.

(b) Adequate illumination shall be maintained for the comfort of patients and personnel.

(c) All patient rooms shall have a minimum of 30 foot candles of light delivered to reading or working surfaces and not less than 10 foot candles of light in the remainder of the room.

(d) All corridors, storerooms, stairways, ramps, exits and entrances shall have a minimum of five foot candles of light measured in the darkest corner.

(e) Except in closets, storage spaces, attic spaces, equipment rooms and similar areas, lighting fixtures shall have suitable enclosures to control fixture brightness and to prevent accidental breakage. Where exposed lamp fixtures are permitted, suitable guards shall be maintained in locations where breakage could be hazardous to personnel.

(f) Emergency lighting facilities shall be maintained for use during electrical power failure. In addition, flashlights shall be available at all times. Open flame lights shall not be used.

§ 71657. Mechanical Systems.

Heating, air conditioning, and ventilating systems shall be maintained in operating condition to provide a comfortable temperature and to meet the new construction requirements in effect at the time plans were approved for the hospital.

§ 71659. Screens.

To protect against flies and other insects, screens of 6 mesh per centimeter (16 mesh per inch) shall be provided on doors and openable windows. Screen doors shall be of a type approved by the State Fire Marshal.

§ 71661. Signal Systems.

(a) Where bed patients are cared for, a call system shall be maintained in operating order in all nursing units. Call systems shall be maintained to provide visible and audible signal communication between nursing personnel and patients. The minimum requirements are:

(1) A visible signal in the corridor above the door of each patient room.

(2) An audible signal and light indicating the room from which the call originates shall be located at the nurses' stations. Alternate systems must be approved in writing by the Department.

(b) The nurses' call systems shall be designed to require resetting at the calling station where the call originates unless a two–way voice communication component is included in the system.

§ 71663. Storage.

(a) All hospitals shall maintain general storage space of at least 1.9 square meters (20 square feet) per bed in addition to specialized storage space.

(b) Storage is not permitted in plenums (air distribution chambers) of air conditioning or ventilation systems.

§ 71665. Water Supply and Plumbing.

(a) Water for human consumption from an independent source shall be subjected to bacteriological analysis by the local health department, State Department of Health or a licensed commercial laboratory at least every three (3) months. A copy of the most recent laboratory report shall be available for inspection.

(b) Plumbing and drainage facilities shall be maintained in compliance with Part 5, Title 24, California Administrative Code, Basic Plumbing Requirements. Drinking water supplies shall comply with Group 4, Subchapter 1, Chapter 5, Division T17, Part 6, Title 24, California Administrative Code.

(c) Backflow preventers (vacuum breakers) shall be maintained in operating condition where required by Section T17–210 (c), Division T17, Part 6, Title 24, California Administrative Code.

(d) For hot water used by patients, there shall be temperature controls to automatically regulate the temperature between 40.5ºC. (105ºF) and 48.9ºC (120ºF).

(e) Hot water at a minimum temperature of 82.2ºC (180ºF) shall be maintained at the final rinse section of dishwashing facilities unless alternate methods are approved by the Department.

(f) Taps delivering water at 51.60ºC (125ºF) or higher shall be identified prominently by warning signs with letters 5 cm (2 inches) high.

(g) Grab bars are not required for each toilet, bathtub and shower except where both are appropriate to patient care and supervised by personnel.

(h) As a minimum, toilet, handwashing and bathing facilities shall be maintained in operating condition in the number and types specified in construction requirements in effect at the time the building or unit was constructed.

(i) Overhead pipes and ducts shall not be exposed in such manner as to endanger the patient directly or indirectly.

§ 71667. Ice.

Ice which is used in connection with food or drink shall be from a sanitary source and shall be handled and dispensed in a sanitary manner. Bacteriological testing shall be performed at least monthly and reports thereof shall be on file in the laboratory.

Chapter 3. Skilled Nursing Facilities

Article 4. Optional Services

§ 72443. Special Treatment Program Service Unit—General.

(a) Special treatment programs shall provide programs to serve patients who have a chronic psychiatric impairment and whose adaptive functioning is moderately impaired. Special treatment program services are those therapeutic services, including prevocational preparation and prerelease planning, provided to mentally disordered persons having special needs in one or more of the following general areas: self–help skills, behavior adjustment, interpersonal relationships.

(b) To be eligible for special treatment program services, the patient's condition should be responsive to special treatment program services and prohibitive to placement in a skilled nursing facility.

(c) The facility shall not accept for care any mentally disordered patient who has an identified program need unless the Department of Mental Health has approved the facility's specific special treatment plan.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

§ 72445. Special Treatment Program Service Unit—Services.

(a) The program objective shall be to provide a program aimed at improving the adaptive functioning of chronic mentally disordered patients to enable some patients to move into a less restrictive environment and prevent other patients from regressing to a lower level of functioning.

(b) The facility shall have the capability of providing all of the following special rehabilitation program services. Individual programs shall be provided based on the specific needs identified through patient assessments.

(1) Self–Help Skills Training. This shall include but not be limited to:

(A) Personal care and use of medications
(B) Money management
(C) Use of public transportation
(D) Use of community resources
(E) Behavior control and impulse control
(F) Frustration tolerance
(G) Mental health education
(H) Physical fitness

(2) Behavioral Intervention Training. This shall include but not be limited to:

(A) Behavior modification modalities
(B) Remotivation therapy
(C) Patient government activities
(D) Group counseling
(E) Individual counseling

(3) Interpersonal Relationships. This shall include but not be limited to:

(A) Social counseling
(B) Educational and recreational therapy
(C) Social activities such as outings, dances, etc.

(4) Prevocational Preparation Services. This shall include but not be limited to:

(A) Homemaking
(B) Work activity
(C) Vocational counseling

(5) Prerelease Planning

(A) Out–of–home placement

(c) In order to qualify for special treatment program services approval, the facility shall have, initially, a minimum of 30 patients whose need for special treatment program services is reviewed and approved by the local mental health director or designee.

(d) The facility program plan shall include provisions for accomplishing the following:

(1) The facility in conjunction with the local mental health director shall make an initial, individual assessment of each patient to identify the current level of functioning and program needs of the patient. The assessment shall be standardized and recorded on forms approved by the Department.

(2) At least every 4 months, the facility, in conjunction with the local mental health director or designee, shall reassess each patient to determine the need for continued certification of the patient in the special treatment program.

(3) A minimum average of 27 hours per week of direct group or individual program service for each patient.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

§ 72447. Special Treatment Program Service Unit—Distinct Part.

(a) A special treatment program service distinct part means an identifiable and physically separate unit of a skilled nursing facility or an entire skilled nursing facility which provides therapeutic programs to an identified mentally disordered population group. The distinct part shall be indicated on the facility license.

(b) A special treatment program means a therapeutic program of services designed, staffed and implemented by the special treatment program service for the purpose of meeting the special needs of an identified population group.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

§ 72449. Special Treatment Program Service Unit—Program Approval.

(a) Annually the facility shall submit to the Department of Mental Health a written description of its Special Treatment Program which shall meet all of the requirements of Section 72461. The facility shall also specify any alternate requirements needed to implement a special program, and shall submit other documents requested by the Department of Mental Health.

(b) The facility shall comply with all requirements of its approved Special Treatment Program and also any approved, specific, alternate requirement which shall govern the operation of the program notwithstanding the provisions of any other regulation contained in this chapter.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

§ 72451. Special Treatment Program Service Unit—Program Requirements.

(a) The facility shall specify each population group that it plans to serve. The program shall be developed to meet specific needs for that group. The program shall consist of the following components:

(1) The description of the population group to be served, shall include the following:

(A) Age range

(B) Sex

(C) Physical characteristics

(D) Emotional characteristics

(E) Number of patients to be served in each population group

(F) Identification of the particular needs within the population group

(G) A written program designed to meet the identified needs of the population

(H) Method and frequency of evaluating patient progress

(b) Each patient admitted shall have an initial evaluation and assessment by facility staff of his medical, nursing dietetic, social and physical needs within 15 days of admission unless an evaluation has been done by the referring agency within 30 days prior to admission to the facility.

(c) Each patient admitted shall have a psychological evaluation and assessment by the appropriate discipline within 45 days of admission.

(d) Consultative sources shall be used in the planning and organization of appropriate programs for the mentally disordered, incorporating discharge planning services intended to enable the patient to function and gain independence.

(e) Skills training programs shall be provided but not limited to techniques of behavior modification training in self–skills, sensory training or the modalities of reality orientation and remotivation therapy, as applicable to patients' needs or as described in the treatment plan.

(f) Orientation and in–service training of staff members by a qualified person to assist them in the recognition and understanding of the emotional problems and social needs of patients and the means of taking appropriate action. Available community resources and services should be included in the orientation.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

§ 72453. Special Treatment Program Service Unit—Rights of Patients.

(a) Each patient admitted to a special treatment program in a skilled nursing facility shall have the following rights, a list of which shall be prominently posted in English and Spanish in all facilities providing such services. The rights shall also be brought to the patient's attention by additional, appropriate means:

(1) To wear their own clothes; to keep and use personal possessions including toilet articles; and to keep and be allowed to spend a reasonable sum of their own money for small purchases.

(2) To have access to individual storage space for private use.

(3) To see visitors each day.

(4) To have reasonable access to telephones, both to make and receive confidential calls.

(5) To have ready access to letter writing materials, including stamps and to mail and receive unopened correspondence.

(6) To refuse shock treatment.

(7) To refuse lobotomy services.

(8) Other rights as provided by law.

(b) The attending physician may, for good cause, deny or limit a patient his or her rights, except the right to refuse lobotomy or shock treatment. Any denial or limitation of a patient's rights shall be entered in the patient's health record.

(c) Information pertaining to denial of rights contained in the patient's health record shall be made available on request to the Department and to the individuals authorized by law.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code, Section 5325, Welfare and Institutions Code.

§ 72455. Special Treatment Program Service Unit—Abuse and Corporal Punishment.

Patients shall not be subjected to verbal or physical abuse of any kind. Corporal punishment of patients is prohibited. Patients shall not discipline other patients.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

§ 72457. Special Treatment Program Service Unit—Restraint and Seclusion.

(a) Restraint and seclusion shall only be used as emergency measures to protect the patient from injury to self or to others. Restraint and seclusion shall not be used as punishment or the convenience of the staff.

(1) Restraints may be used:

(A) For the protection of the patient during treatment and diagnostic procedures, including but not limited to, intravenous therapy, tube feeding and catheterization.

(B) To prevent infirm patients from falling out of bed or chairs or otherwise injuring themselves.

NOTE: Authority cited: Sections 208 (a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

§ 72459. Special Treatment Program Service Unit—Acceptable Forms of Restraints.

(a) Mechanical or behavior restraints are defined as any apparatus that interferes with the free movement of a patient.

(1) Physical restraint means restraint to control an acutely disturbed person to prevent the person from causing harm to self or others. The tying of hands or feet, whether or not the person is restrained in a bed, chair or wheelchair, shall be considered a physical restraint. A physical restraint shall not be confused with a postural support as defined in Section 72319(k). Only the following types of physical restraint may be used:

(A) Soft tie consisting of cloth which prevents movements of a patient.

(B) Mittens without thumbs which are securely fastened around the wrist with a small tie.

(C) Cloth vests consisting of sleeveless cloth webbing.

(D) Belts and cuffs, which are well padded, used to control a seriously disturbed, assaultive patient.

NOTE: Authority cited: Sections 208 (a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

§ 72461. Special Treatment Program Service Unit—Orders for Restraint and Seclusion.

(a) Restraint and seclusion shall only be used on the signed order of a physician which shall be renewed every 24 hours. In a documented case of emergency, which threatens to bring immediate injury to the patient or others, a restraint may be applied, and a physician shall give an order for application of the restraint within one hour. A physician may give the order by telephone. In such an event, the physician shall sign the order within 5 days.

(b) A daily log shall be maintained in each facility exercising behavior restraint and seclusion indicating the name of the patient for whom behavior restraint or seclusion is ordered.

(c) Full documentation of the episode leading to the behavior restraint or seclusion, the type of behavior restraint or seclusion used, the length of time that the restraint or seclusion was applied or utilized, and the name of the individual applying such measures shall be entered in the patient's health record.

NOTE: Authority cited: Sections 208 (a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

§ 72463. Special Treatment Program Service Unit—Restrictions on Applying Restraints and Utilizing Seclusion.

(a) In applying physical restraints, each of the following requirements shall be met in addition to those set forth in Section 72319:

(1) Careful consideration shall be given to the methods by which the restraints may be speedily removed in the event of fire or other emergency.

(2) Patients placed in restraint shall be observed by qualified treatment personnel at least every half hour. This observation shall be noted and initialed in the patient's health record following each observation.

(3) Each individual program plan authorizing restraint shall specify the behavior to be modified, the method to be used, the schedule for use
of the method, the person responsible for the program and the effectiveness of the modality in attaining stated objectives.

(4) Opportunity for motion and exercise shall be provided for a period of not less than ten minutes during each two hours in which restraint is applied. The exercise periods shall be documented in the patient's record.

(b) In utilizing seclusion each of the following requirements shall be met:

(1) Patients placed in seclusion shall be observed by qualified treatment personnel at least every half hour. This observation shall be noted and initialed in the patient's health record.

(2) Each individual program plan authorizing seclusion shall specify the behavior to be modified, the method to be used, the schedule for use of the method, the person responsible for the program and the effectiveness of the modality in attaining stated goals.

(3) Opportunity for motion and exercise shall be provided for a period of not less than ten minutes during each two hours in which seclusion is applied. The exercise periods shall be documented in the patient's record.

(c) Medication shall not be used as punishment, as a substitute for a program or for the convenience of staff.

NOTE: Authority cited: Sections 208 (a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

§ 72465. Special Treatment Program Service Unit—Staff.

(a) A registered nurse, licensed vocational nurse or licensed psychiatric technician shall be employed at least 40 hours a week on the day shift and be responsible for nursing supervision of the distinct part. If the facility has a total licensed capacity of 59 beds or less the director of nursing services may also be the charge nurse for the distinct part.

(b) Nursing service charge personnel on all shifts shall have at least one year of experience or training related to the special treatment program services, or shall participate in in–service provided by the facility.

(c) If the facility is devoted entirely to the care of the mentally disordered, there shall be at least one registered nurse or licensed vocational nurse on duty on all three shifts seven days per week.

(d) A licensed psychiatric technician may:

(1) Serve as a charge nurse.

(2) Administer medications only in a special treatment program.

(e) The Department may require the licensee to provide additional professional, administrative or supportive personnel whenever the Department determines through a written evaluation that additional personnel is needed to provide for the health and safety of patients. Nursing service personnel shall be on duty in the number and with the qualifications, training, and supervision necessary to meet the individual care needs of patients admitted for care.

(f) Interdisciplinary Professional Staff: The facility shall provide either through direct employment or by contractual arrangement, an interdisciplinary professional staff to develop and implement special rehabilitation programs and to provide specific expertise to the program staff, and/or provide direct patient services.

(1) The interdisciplinary professional staff shall be composed of at least two of the following disciplines:

(A) Psychologist

(B) Social Worker

(C) Occupational therapist

(D) Recreation therapist

(E) Art therapist

(F) Dance therapist

(G) Music therapist

(H) Any other related discipline approved by the Department

(2) Each member of the interdisciplinary professional staff shall have a minimum of one year of experience or training in a mental health setting.

(3) In addition to general staffing requirements in Section 72329(f) a facility which provides a special treatment program shall provide interdisciplinary staff as required in Section 72329(f) in accordance with the following schedule:

(A) For facilities having an average of 49 or fewer certified patients per week, 24 hours per week of professional staff time.

(B) For facilities having an average between 50–69 certified patients per week, 32 hours per week of professional staff time.

(C) For facilities having an average between 70–99 certified patients per week, 48 hours per week of professional staff time.

(D) For facilities having an average of more than 100 certified patients per week, 72 hours per week of professional staff time.

(E) The facility shall provide at least one hour of direct program staff time for each six program hours of long–term program rehabilitation services provided. Program staff shall include all persons who directly provide program services to mentally disordered persons and shall not include the program director.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

§ 72467. Special Treatment Program Service Unit—Program Director.

(a) The facility shall have a program director who has been approved by the Department of Mental Health. The program director shall not be the director of nursing service, charge nurse or facility administrator.

(b) The program director shall have at least two years experience or training in a mental health setting, one year of which shall include experience or training in program development for mentally disordered.

(c) The program director shall ensure that the in–service education program is provided.

(d) The program director shall be one of the following:

(1) Licensed vocational nurse.

(2) Art therapist.

(3) Dance therapist.

(4) Music therapist.

(5) Occupational therapist.

(6) Physician.

(7) Licensed psychiatric technician.

(8) Licensed psychologist.

(9) Recreation therapist.

(10) Registered nurse.

(11) Social worker.

(12) Any other related discipline approved by the Department of Mental Health.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

§ 72469. Special Treatment Program Service Unit—In–Service Education.

(a) The facility shall provide to all program staff an average of at least one hour per week of ongoing, planned academic and on–the–job in–service education. The education shall include, but not be limited to the following:

(1) Specific program techniques for the mentally disordered.

(2) Setting behavioral program objectives for patients.

(3) Evaluation and assessment procedures and criteria.

(4) Noting and documenting patient progress in the program.

(b) The facility shall maintain a record of the in–service education. This record shall include the signature of staff in attendance, the number of hours, the date and the subjects covered.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

§ 72471. Special Treatment Program Service Unit—Patient Health Records and Plans for Care.

(a) The facility shall maintain an individual health record for each patient which shall include but not be limited to the following:

(1) A list of the patient's care needs, based upon an initial and continuing individual assessment with input as appropriate from the health professionals involved in the care of the patient. Initial assessments by a licensed nurse shall commence at the time of admission of the patient and shall be completed within seven days after admission.

(2) The plan for meeting behavioral objectives. The plan shall include but not be limited to the following:

(A) Resources to be used.

(B) Frequency of plan review and updating.

(C) Persons responsible for carrying out plans.

(3) Development and implementation of an individual, written care plan based on identified patient care needs. The plan shall indicate the care to be given, the objectives to be accomplished, and the professional discipline responsible for each element of care. The objectives shall be measurable, with time frames, and shall be reviewed and updated at least every 90 days.

(b) There shall be a review and updating of the patient care plan as necessary by the nursing staff and other professional personnel involved in the care of the patient at least quarterly, and more often if there is a change in the patient's condition.

(c) The patient care plan shall be approved, signed and dated by the attending physician.

(d) There shall be at least monthly progress notes in the record for each patient which shall include notes written by all members of the staff providing program services to the patient. The notes shall be specific to the needs of the patients and the program objectives and plans.

(e) At the time of reassessment there shall be a summary of the progress of the patient in the program, the appropriateness of program objectives and the success of the plan.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

§ 72473. Special Treatment Program Service Unit—Equipment.

There shall be sufficient equipment, assistive devices and supplies available to implement the treatment program ordered or indicated for meeting the physical, mental, emotional or recreational needs of patients.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

§ 72475. Special Treatment Program Service Unit—Space.

(a) The special treatment program service shall have accommodations, including dining, recreational and program service areas to meet the needs of the program.

(b) Indoor and outdoor areas shall be designated for special treatment programs.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

Chapter 4. Intermediate Care Facilities

Article 1. Definitions

§ 73001. Activity Leader.

"Activity leader" means a person qualified by training and/or experience to develop and implement an activity program.

§ 73003. Administrator.

"Administrator" means a person licensed as a nursing home administrator by the California Board of Examiners of Nursing Home Administrators.

§ 73005. Alteration.

"Alteration" means any work other than maintenance in an existing building and which does not increase the floor or roof area or the volume of enclosed space.

§ 73007. Art Therapist.

"Art therapist" means a person who has a masters degree in art therapy or in art with emphasis in art therapy, including an approved

clinical internship from an accredited college or university; or a person who is registered or eligible for registration with the American Art Therapy Association.

§ 73009. Audiologist.

"Audiologist" means a person licensed as an audiologist by the California Board of Medical Examiners.

§ 73011. Autoclaving.

"Autoclaving" means the process of sterilization by steam under pressure.

§ 73012. Certificate of Exemption.

Certificate of Exemption means a document containing Department approval for the exemption of a specified project from Certificate of Need review.

NOTE: Authority cited: Sections 208, 1250, 1250.1, 1251, 1255, and 1268, Health and Safety Code. Reference: Chapter 854, Statutes of 1976.

§ 73012.1. Certificate of Need.

Certificate of Need means a document containing Department approval for a specified project.

NOTE: Authority cited: Sections 208, 1250, 1250.1, 1251, 1255, and 1268, Health and Safety Code. Reference: Chapter 854, Statutes of 1976.

§ 73012.2. Chemical Restraint.

Chemical restraint means a drug used to control behavior and used in a manner not required to treat the patient's medical symptoms.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

§ 73013. Cleaning.

"Cleaning" means the process employed to free a surface from dirt or other extraneous material.

§ 73014. Consent.

Consent means the voluntary agreement by a patient or a representative of an incapacitated patient to receive an identified treatment or procedure.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

§ 73015. Conservator.

"Conservator" means a person appointed by a court to take care of the person, the property, or both of the conservatee under Section 5350 et seq., of the Welfare and Institutions Code or under Section 1701 et seq., of the Probate Code.

§ 73017. Consultant.

"Consultant" means a qualified person who gives professional advice or service, with or without remuneration.

§ 73019. Dance Therapist.

"Dance therapist" means a person who is registered or eligible for registration as a dance therapist registered by the American Dance Therapy Association.

§ 73021. Defined.

As used in these regulations, the word defined means defined in writing.

§ 73023. Dentist.

"Dentist" means a person licensed as a dentist by the California Board of Dental Examiners.

§ 73025. Department.

"Department" means the State Department of Health Services.

NOTE: Authority cited: Sections 208, 1255, 1266, 1275, 1402 and 1426, Health and Safety Code; Sections 7354, 14105 and 14124.5, Welfare and Institutions Code. Reference: Sections 1222, 1229, 1250, 1251, 1251.5, 1252, 1253–1257, 1265, 1265.5, 1265.7, 1265.8, 1266–1270, 1275–1280, 1282, 1294–1298, 1300, 1315–1318, 1400–1405, 1410–1412, 1417.1, 1418–1432, 1437, 1439, 1729, 1734, 38254 and 38255, Health and Safety Code; Sections 7354, 14105 and 14124.5, Welfare and Institutions Code. Specific reference: Chapter 1252, Statutes of 1977.

§ 73027. Developmentally Disabled.

"Developmentally disabled" means a person with a disability attributable to mental retardation, cerebral palsy, epilepsy or other neurologically handicapping condition found to be closely related to mental retardation or to require treatment similar to that required for mentally retarded children. Such disability originates before an individual attains age 18, continues, or can be expected to continue, indefinitely and constitutes a substantial handicap for such individual.

§ 73029. Developmental Specialist.

"Developmental specialist" means a psychiatric technician who is trained to maximize the capabilities of the developmentally disabled in the areas of sensory–motor and cognitive development, adaptive behavior and problem–solving. The program consists of a full year's training based at a state hospital for the developmentally disabled.

§ 73031. Dietitian.

"Dietitian" means a person who is registered or eligible for registration as a registered dietitian by the American Dietetic Association.

§ 73033. Director.

Director means the Director of the State Department of Health Services.

NOTE: Authority cited: Sections 208, 1255, 1266, 1275, 1402, 1426, Health and Safety Code; Sections 7354, 14105 and 14124.5, Welfare and Institutions Code. Reference: Sections 1222, 1229, 1250, 1251, 1251.5, 1252, 1253–1257, 1265, 1265.5, 1265.7, 1265.8, 1266–1270, 1275–1280, 1282, 1294–1298, 1300, 1315–1318, 1400–1405, 1410–1412, 1417.1, 1418–1432, 1437, 1439, 1729, 1734, 38254 and 38255, Health and Safety Code; Sections 7354, 14105 and 14124.5, Welfare and Institutions Code. Specific reference: Chapter 1252, Statutes of 1977.

§ 73035. Disinfection.

"Disinfection" means the process employed to destroy harmful microorganisms, but ordinarily not viruses and bacterial spores.

§ 73037. Distinct Part.

"Distinct part" means an identifiable unit accommodating beds and related facilities including but not limited to contiguous rooms, a wing, floor or building that is approved by the Department for a specific purpose.

§ 73039. Drug Administration.

"Drug administration" means the act in which a single dose of a prescribed drug or biological is given to a patient by an authorized person in accordance with all laws and regulations governing such acts. The complete act of administration entails removing an individual dose from a previously dispensed properly labeled container (including a unit dose container), verifying the dose with the prescriber's orders, giving the individual dose to the proper patient and promptly recording the time and dose given.

§ 73041. Drug Dispensing.

"Drug dispensing" means the act entailing the interpretation of an order for a drug or biological and, pursuant to that order, the proper selection, measuring, packaging, labeling, and issuance of the drug or biological for a patient or for a service unit of the facility.

§ 73043. Existing Facility.

"Existing facility" means a facility currently licensed as an intermediate care facility.

§ 73045. Guardian.

"Guardian" means a person appointed by the court to take care of the person or property, or both of a ward under Section 1400 et seq., of the Probate Code.

§ 73047. Health Facility.

"Health facility" means any facility, place or building which is organized, maintained and operated for the diagnosis, care and treatment of human illness, physical or mental, including convalescence and rehabilitation and including care during and after pregnancy, or for any one or more of these purposes, for one or more persons, to which such persons are admitted for a 24–hour stay or longer.

§ 73049. Infirmary.

NOTE: Authority cited: Section 1250.1(d), Health and Safety Code. Reference: Section 1250(d), Health and Safety Code.

§ 73049.1. Informed Consent.

Informed consent means the voluntary agreement of a patient or a representative of an incapacitated patient to accept a treatment or procedure after receiving information in accordance with Sections 73523(a)(5) and 73524.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code; and *Cobbs* v. *Grant* (1972) 8 Cal.3d 229.

§ 73050. Intermediate Care Bed Classification.

"Intermediate care bed classification" means beds designated for patients requiring skilled nursing and supportive care on less than a continuous basis.

NOTE: Authority cited: Sections 208 and 1250.1, Health and Safety Code. Reference: Chapter 854, Statutes of 1976.

§ 73051. Intermediate Care Facility.

"Intermediate Care Facility" means a health facility, or a distinct part of a hospital or skilled nursing facility, which provides the following basic services: Inpatient care to patients who have need for skilled nursing supervision and need supportive care, but who do not require continuous nursing care.

§ 73053. License.

"License" means the basic document issued by the Department permitting the operation of an intermediate care facility. This document constitutes the authority to receive patients and to perform the services included within the scope of these regulations and as specified on the intermediate care facility license.

§ 73054. License Category.

(a) License category means any of the following categories:

(1) General acute care hospital.

(2) Acute psychiatric hospital.

(3) Skilled nursing facility.

(4) Intermediate care facility.

NOTE: Authority cited: Sections 208, 1250, 1250.1, 1251, 1255, and 1268, Health and Safety Code. Reference: Chapter 854, Statutes of 1976.

§ 73055. Licensee.

"Licensee" means the person, persons, firm, partnership, corporation, association, political subdivision of the state, or other governmental agency to whom a license has been issued.

§ 73057. Licensed Psychiatric Technician.

"Licensed psychiatric technician" means a person licensed as a licensed psychiatric technician by the California Board of Vocational Nurse and Psychiatric Technician Examiners.

§ 73059. Licensed Vocational Nurse.

"Licensed vocational nurse" means a person licensed as a licensed vocational nurse by the California Board of Vocational Nurse and Psychiatric Technician Examiners.

§ 73061. Long–Term Health Care Facility.

"Long–term health care facility" means any facility licensed pursuant to Chapter 2 (commencing with Section 1250) which (1) maintains and operates 24–hour skilled nursing services for the care and treatment of chronically ill or convalescent patients, including mental, emotional or behavioral problems, mental retardation or alcoholism; or (2) provides supportive, restorative and preventive health services in conjunction with a socially oriented program to its residents and which maintains and operates 24–hour services including board, room, personal care and intermittent nursing care.

§ 73063. Maintenance.

"Maintenance" means the upkeep of a building and equipment to preserve the original functional and operational state.

§ 73064. Modernization.

NOTE: Authority cited: Sections 208, 1250, 1250.1, 1251, 1255, and 1268, Health and Safety Code. Reference: Chapter 854, Statutes of 1976.

§ 73065. Music Therapist.

"Music therapist" means a person who is registered or eligible for registration as a registered music therapist by the National Association for Music Therapy.

§ 73067. New Construction.

"New construction" means any of the following:

(a) New facilities.

(b) Additions to existing buildings.

(c) Conversions of existing building or portions thereof not currently licensed as a health facility.

§ 73069. New Facility.

"New facility" means a newly constructed intermediate care facility or one that has not been previously licensed as an intermediate care facility or one that has not operated as an intermediate care facility for one year or more.

§ 73071. Nursing Unit.

"Nursing unit" means a designated patient care area of the facility which is planned, organized, operated and maintained to function as a unit. It includes patient rooms with adequate support facilities, services and personnel providing nursing care and necessary management of patients.

§ 73073. Occupational Therapist.

"Occupational therapist" means a person who is a graduate of an occupational therapy curriculum accredited jointly by the Council on Medical Education of the American Medical Association and the American Occupational Therapy Association; or is eligible for registration by the American Occupational Therapy Association; or has two years of appropriate experience as an occupational therapist and has achieved a satisfactory grade on a proficiency examination approved by the Secretary of the federal Department of Health, Education and Welfare.

§ 73075. Occupational Therapy Assistant.

"Occupational therapy assistant" means a person who is certified or eligible for certification by the American Occupational Therapy Association, as a certified occupational therapy assistant.

§ 73077. Patient.

(a) "Patient" means a person accommodated in an intermediate care facility who because of a physical or mental condition, or both, requires supervision and nursing care, but does not in the opinion of the attending physician have an illness, injury or disability for which continuous skilled nursing care is required.

(b) Ambulatory Patient. "Ambulatory Patient" means a patient who is capable of demonstrating the mental competence and physical ability to leave a building without assistance or supervision of any person under emergency conditions.

(c) Nonambulatory Patient. "Nonambulatory patient" means a patient who is unable to leave a building unassisted under emergency conditions. It includes, but is not limited to, those persons who depend upon mechanical aids such as crutches, walkers, or wheelchairs, profoundly or severely mentally retarded persons and shall include totally deaf persons.

§ 73078. Permanently Converted.

Permanently converted means space which is not available for patient accommodation because the facility has converted the patient accommodation space to some other use and such space could not be reconverted to patient accommodation within 24 hours.

NOTE: Authority cited: Sections 208, 1250, 1250.1, 1251, 1255, and 1268, Health and Safety Code. Reference: Chapter 854, Statutes of 1976.

§ 73079. Pharmacist.

"Pharmacist" means a person licensed as a registered pharmacist by the California Board of Pharmacy.

§ 73080. Physical Restraint.

For purposes of informed consent, physical restraint means any physical or mechanical device or material, attached or adjacent to a patient's body, that the patient cannot remove easily, which has the effect of restricting the patient's freedom of movement. Physical restraint does not include the use of the least restrictive immobilization reasonably necessary to administer necessary treatment of a therapeutic, non–continuous nature, such as a single injection of antibiotics, and where the immobilization is removed upon the administration of such treatment. This exception shall not include immobilizations for continuously administered treatments such as intravenous therapy.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

§ 73081. Physical Therapist.

"Physical therapist" means a person licensed as a registered physical therapist by the California Board of Medical Examiners.

§ 73083. Physical Therapist Assistant.

"Physical therapist assistant" means a person who is approved as a physical therapist assistant by the Physical Therapy Examining Committee of the California Board of Medical Examiners.

§ 73085. Physician.

(a) "Physician" means a person licensed as a physician and surgeon by the California Board of Medical Examiners or by the California Board of Osteopathic Examiners.

(b) Attending Physician. "Attending physician" means the physician responsible for the medical treatment of the patient in the facility.

(c) Advisory Physician. "Advisory physician" means the physician who assumes responsibility for the medical guidance of the licensed facility.

(d) Psychiatrist. "Psychiatrist" means a physician who has specialized training and/or experience in psychiatry.

§ 73087. Podiatrist.

"Podiatrist" means a person licensed as a podiatrist by the California Board of Medical Examiners.

§ 73089. Psychologist.

"Psychologist" means a person licensed as a psychologist by the California Board of Medical Examiners.

§ 73090. Psychotherapeutic Drug.

Psychotherapeutic drug means a medication to control behavior or to treat thought disorder processes.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

§ 73091. Recreation Therapist.

"Recreation therapist" means a person who is certified or eligible for certification as a registered recreator with specialization in therapeutic recreation by the California Board of Park and Recreation Personnel or the National Therapeutic Recreation Society.

§ 73093. Registered Nurse.

"Registered nurse" means a person licensed as a registered nurse by the California Board of Registered Nursing.

§ 73095. Restraint.

"Restraint" means controlling a patient's physical activity in order to protect the patient or others from injury.

§ 73097. Skilled Nursing Facility.

"Skilled nursing facility" means a health facility which provides the following basic services: skilled nursing care and supportive care to patients whose primary need is for availability of skilled nursing care on an extended basis. It provides 24–hour inpatient care and, as a minimum, includes medical, nursing, dietary, pharmaceutical services and an activity program. The facility shall have effective arrangements, confirmed in writing, through which services required by the patients, but not regularly provided within the facility, can be obtained promptly when needed.

§ 73099. Social Work Aide.

"Social work aide" means a staff person with orientation, on–the–job training and supervision from a social worker or a social work assistant.

§ 73101. Social Work Assistant.

"Social work assistant" means a person with a baccalaureate degree in the social sciences or related fields and who receives supervision, consultation and in–service training from a social worker.

§ 73103. Social Worker.

"Social worker" means a person who is a graduate of a school of social work accredited or approved by the Council on Social Work Education and has one year of social work experience in a health care setting or is licensed as a clinical social worker by the Board of Behavioral Science Examiners.

§ 73105. Special Disability Professional.

"Special disability professional" means a physician, a psychiatrist, a clinical psychologist, a social worker, a special education teacher, or a person with an academic degree in learning disabilities, who has at least one year experience or training in the care of the mentally disordered, developmentally disabled or substance abusers.

§ 73107. Special Disability Worker.

"Special disability worker" means a person, who through experience, vocational training, formal education or licensure has developed expertise in special disability work. They may function under different job titles such as but not limited to: social worker, psychiatric technician, recreation therapist, occupational therapy aide, program therapist or an activity therapist.

§ 73109. Speech Pathologist.

"Speech pathologist" means a person licensed as a speech pathologist by the California Board of Medical Examiners.

§ 73111. Sterilization.

"Sterilization" means the process employed to destroy all living organisms.

§ 73113. Supervision.

(a) "Supervision" means to instruct an employee or subordinate in

his duties and to oversee or direct his work, but does not necessarily require the immediate presence of the supervisor.

(b) Direct Supervision. "Direct supervision" means that the supervisor shall be present in the same building as the person being supervised and available for consultation and/or assistance.

(c) Immediate Supervision. "Immediate supervision" means that the supervisor shall be physically present while a task is being performed.

§ 73115. Unit Dose Medication System.

"Unit dose medication system" means a system in which single dosage units of drugs are prepackaged and prelabeled in accordance with all applicable laws and regulations governing these practices and are made available separated by patient and by dosage time. The system shall also comprise, but not be limited to, all equipment and appropriate records deemed necessary and used in making the dose available to the patient in an accurate and safe manner. A pharmacist shall be in charge and responsible for the system.

Article 2. License

§ 73201. License Required.

(a) No person, firm, partnership, association, corporation, political subdivision of the State or other governmental agency within the State, shall operate, establish, manage, conduct or maintain an intermediate care facility in this State or claim to operate an intermediate care facility, without first obtaining a license from the Department.

(b) The provisions of this article do not apply to the following institutions:

(1) Any facility conducted by and for the adherents of any well–recognized church or religious denomination for the purpose of providing facilities for the care or treatment of the sick who depend upon prayer or spiritual means for healing in the practice of the religion of such church or denomination.

(2) Hotels or other similar places that furnish only board and room, or either, to their guests.

(3) Any house or institutions supplying board and room only, or room only, or board only; provided, that no resident thereof requires any element of medical care as determined by the Department.

§ 73203. Application Required.

(a) A verified application shall be submitted to the Department whenever any of the following circumstances occur:

(1) Construction of a new or replacement facility.

(2) Increase or decrease of licensed bed capacity.

(3) Addition of or deletion of any optional service units listed in Section 73445 (b).

(4) Change of ownership.

(5) Change of name of facility category.

(6) Change of license category.

(7) Change of location of facility.

(8) Change of bed classification.

(9) If a person wishes to acquire a beneficial interest of 10 percent or more in any corporation or partnership licensed to operate an intermediate care facility, or to become an officer or director of, or general partner in, such a corporation or partnership, such a person shall obtain prior written approval of the Department. Each application for approval shall include the information specified in Section 73205 (a) (8) as regards the person for whom the application is made.

(A) The provisions of this subsection shall not apply to any institution or person exempted by Section 1267.5 (f) or 1267.5(h) of the Health and Safety Code.

(B) If the Department fails to approve or disapprove such an application for approval within 30 days after receipt thereof, the application shall be deemed approved.

NOTE: Authority cited: Sections 208 and 1275, Health and Safety Code. Reference: Section 1267.5, Health and Safety Code.

§ 73205. Content of Application.

(a) Any person, firm, partnership, association, corporation, political subdivision of the State or other governmental agency, desiring to obtain a license shall file with the Department an application on forms furnished by the Department. The application shall contain the following:

(1) Name of applicant and, if an individual, verification that the applicant has attained the age of 18 years.

(2) Type of facility to be operated and types of services for which approval is requested.

(3) The location of the intermediate care facility.

(4) Name and license number of the administrator in charge of the intermediate care facility.

(5) If the applicant is an individual, satisfactory evidence that the applicant and the person in charge of the intermediate care facility for which application for license is made are of reputable and responsible character.

(6) If applicant is a firm, association, organization, partnership, business trust, corporation or company, satisfactory evidence that the members or shareholders holding five percent or more stock, officers, any member having responsibility in the operation of the facility and the person in charge of the intermediate care facility for which application for license is made are of reputable and responsible character.

(7) If the applicant is a political subdivision of the State or other government agency, satisfactory evidence that the person in charge of the intermediate care facility, for which application for license is made, is of reputable and responsible character.

(8) The name, title, principal business address and the percentage of ownership interest of all officers, directors and stockholders having a beneficial interest of 10 percent or more in the applicant corporation or partnership. If any such person has served or currently serves as an administrator, general partner, or corporate officer or director of, or has held a beneficial ownership interest of 10 percent or more in any other skilled nursing facility or intermediate care facility, or in any community care facility licensed pursuant to Community Care Facility Act, Chapter 3 (commencing with Section 1500) of the Health and Safety Code, the applicant shall disclose to the Department the person's relationship to the facility, including the name and current or last address of the health facility or community care facility and the date such relationship commenced, and if applicable, the date it was terminated. Each such person shall also disclose whether he or she was an officer, director, general partner or owner of a 10 percent or greater interest in a licensee of a skilled nursing facility, intermediate care facility or community care facility at a time when one or more violations of law were committed therein which resulted in suspension or revocation of its license.

(A) The provisions of Section 73205 (a) (8) shall not apply to the directors of a nonprofit corporation, which is exempt from taxation under Section 23701 (d) of the Revenue and Taxation Code, and which operates an intermediate care facility in conjunction with a licensed residential facility, where such directors serve without financial compensation and are not compensated by the nonprofit corporation in any other capacity. For purposes of this Section, a person owning a 10 percent or greater beneficial interest in, or holding any compensated position in any corporation, partnership, association, or trust which is compensated by the nonprofit corporation in any capacity relating to the facility shall be deemed to be compensated by the nonprofit corporation.

(B) The provisions of Section 73205 (a) (8) shall not apply to a bank, trust company, financial institutions, title insurer, controlled escrow company or underwritten title company to which a license is issued in a fiduciary capacity.

(9) Copy of the current organizational chart.

(10) Certificate of Need or a Certificate of Exemption from the Department if required by Chapter 1, Division 7 of this title.

(11) Such other information or documents (such as fingerprint cards and qualification information forms) as may be required by the Department for the proper administration and enforcement of the licensing statutes and regulations.

NOTE: Authority cited: Sections 208 and 1275, Health and Safety Code. Reference: Section 1267.5, Health and Safety Code.

§ 73207. Architectural Plans.

Applications submitted for proposed construction of new facilities, remodeling or additions to facilities shall include architectural plans and specifications. Information contained in such applications shall be on file in the Department and available to interested individuals and community agencies.

§ 73208. Fee.

(a) Each application for a license shall be accompanied by the following prescribed fee.

(1) The annual fee for a license to operate an intermediate care facility, the term for which commences at any time during the calendar year 1975, when the application is filed upon a change of ownership, change of location, renewal of license or a new license, shall be that specified in the following schedule:

Capacity Requested	*Fee*
1–49 inclusive	$ 800.00 plus $10.00 per licensed bed.
50–99 inclusive	$1,000.00 plus $10.00 per licensed bed.
100 and over	$1,300.00 plus $10.00 per licensed bed.

(2) No fee shall be refunded to the applicant if the application is withdrawn or if the application is denied by the Department.

(3) An additional fee of $25.00 shall be paid for processing any change of name. However, no additional fee shall be charged for any change of name which is processed upon a renewal application or upon application filed because of a change of ownership.

(b) Application fees for licenses which cover periods in excess of 12 months shall be prorated on the basis of the total number of months. (Example: 18 months divided by 12 equal 1.5 times the application fee specified in the fee schedule.)

(c) Provisional license fee credit. Applications for provisional licenses (for six–month periods) shall be subject to the full amount of the fee specified in the fee schedule. If upon the expiration of the provisional license a second provisional (six–month period) license is to be issued, the licensee shall receive credit for the unused portion of the fee collected and no additional fee will be required of the licensee.

If a regular license is issued upon the expiration of the first provisional license, the unused portion of the fee collected for the provisional license shall be credited against the annual fee required for the regular license. If neither a second provisional nor a regular license is to be issued to the applicant, there will be no refund of any portion of the fee paid for the provisional license.

(d) Fees shall be waived for any facility conducted, maintained or operated by this state or any state department, authority, bureau, commission or officer, or by the Regents of the University of California or by a local hospital district, city or county.

NOTE: Authority cited: Sections 208 (a), 1266, Health and Safety Code. Reference: Section 1266, Health and Safety Code.

§ 73209. Fee.

(a) Each application for a license shall be accompanied by the prescribed fee. The license fee under this section shall be effective January 1, 1979.

(1) The fee for a license to operate an intermediate care facility which is being licensed for the first time or upon a change of ownership or change of location or renewal of license shall be that specified in the following schedule:

Capacity Requested	*Fee*
1–59 inclusive	$ 948.00 plus $13.00 per licensed bed
60–99 inclusive	$1,186.00 plus $13.00 per licensed bed
100 and over	$1,540.00 plus $13.00 per licensed bed

(2) No fee shall be refunded to the applicant if the application is withdrawn or if the application is denied by the Department.

(b) Application fees for licenses which cover periods in excess of 12 months shall be prorated on the basis of the total number of months to be licensed divided by 12 months. (Example: 18 months divided by 12 equals 1.5 times the application fee specified in the fee schedule.)

(c) Provisional License Fee Credit. Applications for provisional licenses (for six–month periods) shall be subject to the full amount of the fee specified in the fee schedule. If upon the expiration of the provisional license a second provisional (six–month period) license is to be issued, the licensee shall receive credit for the unused portion of the fee collected and no additional fee will be required of the licensee.

If a regular license is issued upon the expiration of the first provisional license, the unused portion of the fee collected for the provisional license shall be credited against the annual fee required for the regular license. If neither a second provisional nor a regular license is to be issued to the applicant, there will be no refund of any portion of the fee paid for the provisional license.

(d) Fees shall be waived for any facility conducted, maintained or operated by this State or any state department, authority, bureau, commission or officer or by the Regents of the University of California or by a local hospital district, city or county.

NOTE: Authority cited: Sections 1275, and 1729, Health and Safety Code. Reference: Sections 1266, and 1729, Health and Safety Code.

§ 73211. Projects Requiring a Certificate of Need.

NOTE: Authority cited: Sections 208, 1250, 1250.1, 1251, 1255, and 1268, Health and Safety Code. Reference: Chapter 854, Statutes of 1976.

§ 73211.1. Projects Eligible for a Certificate of Exemption.

NOTE: Authority cited: Sections 208, 1250, 1250.1, 1251, 1255, and 1268, Health and Safety Code. Reference: Chapter 854, Statutes of 1976.

§ 73211.2. Projects Not Subject to Review by a Voluntary Area Health Planning Agency.

NOTE: Authority cited: Sections 208, 1250, 1250.1, 1251, 1255, and 1268, Health and Safety Code. Reference: Chapter 854, Statutes of 1976.

§ 73211.3. Projects Previously Decided by a Voluntary Area Health Planning Agency.

NOTE: Authority cited: Sections 208, 1250, 1250.1, 1251, 1255, and 1268, Health and Safety Code. Reference: Chapter 854, Statutes of 1976.

§ 73211.4. Exemption Requests for Remodeling and Replacement Projects.

NOTE: Authority cited: Sections 208, 1250, 1250.1, 1251, 1255, and 1268, Health and Safety Code. Reference: Chapter 854, Statutes of 1976.

§ 73213. Safety, Zoning and Building Clearance.

(a) Architectural plans shall not be approved and a license shall not be originally issued to any intermediate care facility which does not conform to these requirements or other state requirements on seismic safety, fire and life safety, and environmental impact, and to local fire safety, zoning and building ordinances, evidence of which shall be presented in writing to the Department.

(b) It shall be the responsibility of the licensee to maintain the intermediate care facility in a safe structural condition. If the Department determines in a written report submitted to the licensee that an evaluation of the structural condition of an intermediate care facility building is necessary, the licensee may be required to submit a report by a licensed structural engineer which shall establish a basis

for eliminating or correcting the structural conditions which may be hazardous to occupants.

(c) The facility shall meet the seismic safety requirements, if any, prescribed by Section 15001 of the Health and Safety Code.

§ 73214. Bed Classification.

(a) Each facility shall notify the Department on forms supplied by the Department of bed classifications as defined in Section 73050 within 30 days of the effective date of this section. For facilities not reporting within the 30–day period, the Department will classify the beds based on the latest information in the Department files.

(b) After the above notification has been received by the Department or the Department has classified the beds, no further reclassification of beds shall take place until on or after January 1, 1977.

NOTE: Authority cited: Sections 208 and 1250.1, Health and Safety Code. Reference: Chapter 854, Statutes of 1976.

§ 73215. Issuance, Expiration and Renewal.

(a) Upon verification of compliance with the licensing requirements the Department shall issue the license to the applicant.

(b) If the applicant is not in compliance with the laws or regulations, the Department shall deny the applicant a license. Immediately upon the denial of any application for a license, the Department shall notify the applicant in writing. Within 20 days of receipt of the Department's notice, the applicant may present his written notice of appeal for a hearing to the Department. Upon receipt by the Department of the appeal in proper form, such appeal shall be set for hearing. The proceedings shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part I of Division 3 of Title 2 of the Government Code.

(c) The Department may deny the application of any prospective licensee if the applicant or any of the general partners, directors, officers or persons having a beneficial ownership interest of 10 percent or more in the facility, has failed to comply with the reporting requirements or to obtain approvals required in Health and Safety Code Section 1267.5 (a) and (b).

(d) The Department may deny the application of any prospective licensee if any of the general partners, directors, officers or persons having a beneficial ownership interest of 10 percent or more in the facility, was an officer, director, general partner or owner of a 10 percent or more beneficial interest in a skilled nursing facility, intermediate care facility or community care facility at a time when one or more violations of law were committed therein which resulted in suspension or revocation of its license. However, such prior suspension or revocation of a license shall not be grounds for denial of the application if the applicant shows to the satisfaction of the Department that the person in question took every reasonably available action to prevent the violation or violations which resulted in the disciplinary action and that he or she took every reasonably available action to correct such violation or violations once he or she knew, or with the exercise of reasonable diligence should have known, of the violation or violations.

(e) No application shall be denied pursuant to subsection (d) until the Department provides the applicant with notice in writing of grounds for the proposed denial of application, and affords the applicant an opportunity to submit additional documentary evidence within 30 days in opposition to the proposed denial.

(f) The Department shall immediately notify, in writing, the applicant for a license if a license has been denied under Section 73215 (b), (c) or (d). If the applicant wishes to appeal the denial, the applicant must present a written notice of appeal for a hearing to the Department within 20 days of receipt of the denial notice. Upon receipt by the Department of the petition in proper form, such petition shall be set for hearing. Hearing procedures shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part I of Division 3 of Title 2 of the Government Code.

(g) Each initial license shall expire at midnight, one year from the date of issuance. A renewal license:

(1) May be issued for a period not to exceed two years if the holder of the license has been found in substantial compliance with statutory requirements, regulations or standards during the preceding license period.

(2) Shall reflect the number of beds that meet constructional and operational requirements and shall not include beds formerly located in patient accommodation space which has been permanently converted.

(3) Shall not be issued if the intermediate care facility is liable for and has not paid the special fees required by Section 90417, Chapter 1, Division 7, of this Title.

(h) At least 45 days prior to expiration of a license, the Department shall mail an application for renewal of license form to each licensee. Application for renewal accompanied by the necessary fees shall be filed with the Department not less than 30 days prior to the expiration date. Failure to make a timely renewal shall result in expiration of the license.

NOTE: Authority cited: Sections 208, 1250, 1250.1, 1251, 1255, 1268, and 1275, Health and Safety Code. Reference: Chapter 854, Statutes of 1976 and Section 1267.5, Health and Safety Code.

§ 73217. Provisional License.

(a) The Department may issue a provisional license for the operation of an intermediate care facility not previously licensed as an intermediate care facility pursuant to Chapter 2, commencing with Section 1250, of the Health and Safety Code, or to any applicant for an intermediate care facility license upon a change of ownership of an existing facility, if that applicant has not previously held an intermediate care facility license pursuant to Chapter 2, commencing with Section 1250, of the Health and Safety Code.

(b) A provisional license issued pursuant to Section 73217 (a) shall terminate six months from the date of issuance. Within 30 days prior to the termination of a provisional license issued pursuant to Section 73217 (a), the Department shall give such facility a full and complete inspection, and if the facility meets all applicable requirements for licensure, a regular license shall be issued. If the facility does not meet the requirements for licensure but has made substantial progress toward meeting such requirements as determined by the Department, the initial provisional license shall be renewed for six months. If the Department determines that there has not been substantial progress toward meeting licensure requirements at the time of the first full inspection provided by this Section, or if the Department determines upon its inspection made within 30 days of the termination of a renewed provisional license that there is lack of full compliance with such requirements, no further license shall be issued.

(c) The Department may issue a provisional license upon a change of ownership of an intermediate care facility to an applicant who has previously held an intermediate care facility license pursuant to Chapter 2, commencing with Section 1250, of the Health and Safety Code if the initial relicensure inspection reveals the following:

(1) The facility and the applicant for licensure are in substantial compliance with licensing requirements.

(2) No violation of such laws or regulations exists in the facility which jeopardizes the health or safety of patients.

(3) The applicant has adopted a plan for correction of any existing violation which is satisfactory to the Department.

(d) A provisional license issued under Section 73217 (c) shall terminate six months after the date of issuance, or at such earlier time as determined by the Department at the time of issuance. Within 30 days of the termination of the provisional license issued pursuant to Section 73217 (c), the Department shall give such facility a full and complete inspection, and if the facility meets all the requirements for licensure, a regular license shall be issued. A provisional license issued under Section 73217 (c) may not be renewed.

(e) If an applicant for a provisional license, pursuant to Section

73217 (a) and (b), or (c) and (d) has been denied provisional licensing by the Department, that applicant may contest such denial by filing a notice of appeal. The proceedings to review such denial shall be conducted pursuant to the provisions of Chapter 5 (commencing with Section 11500), Part 1, Division 3, Title 2, of the Government Code.

NOTE: Authority cited: Section 208 (a), Health and Safety Code. Reference: Section 1268.5, Health and Safety Code.

§ 73219. Separate Licenses.

Separate licenses shall be required for intermediate care facilities which are maintained on separate premises even though they are under the same management. Separate licenses shall not be required for separate buildings on the same grounds or adjacent grounds.

§ 73221. Posting.

The license or a true copy thereof shall be conspicuously posted in a prominent location accessible to public view.

§ 73223. Transferability.

Licenses are not transferable. The licensee shall notify the Department in writing prior to any change of ownership and an application for license shall be submitted by the new owner.

§ 73225. Report of Changes.

(a) The licensee shall notify the Department within 10 days in writing any time a change of stockholder owning 10 percent or more of the nonpublic corporate stock occurs. Such writing shall include the name and principal mailing addresses of the new stockholder(s).

(b) When a change of administrator occurs, the Department shall be notified within 10 days in writing by the licensee. Such writing shall include the name and license number of the new administrator.

(c) Each licensee shall notify the Department within 10 days in writing of any change of the mailing address of the licensee. Such writing shall include the new mailing address of the licensee.

(d) When a change in the principal officer of a corporate licensee (chairman, president or general manager) occurs, the Department shall be notified within 10 days in writing by the licensee. Such writing shall include the name and principal business address of such officer.

§ 73227. Program Flexibility.

(a) All intermediate care facilities shall maintain continuous compliance with the licensing requirements. These requirements do not prohibit the use of alternate concepts, methods, procedures, techniques, equipment, personnel qualification or the conducting of pilot projects, provided such exceptions are carried out with the provisions for safe and adequate care and with the prior written approval of the Department. Such approval shall provide for the terms and conditions under which the exception is granted. A written request and substantiating evidence supporting the request shall be submitted by the applicant or licensee to the Department.

(b) Any approval of the Department granted under this section, or a true copy thereof, shall be posted immediately adjacent to the facility's license that is required to be posted by Section 73221.

§ 73229. Voluntary Suspension of License, Service or Licensed Beds.

(a) Upon written request a licensee may request that a license, service or beds be put in suspense. The Department may approve the request for a period not to exceed 12 months.

(b) Any license or portion thereof which has been temporarily suspended by the Department pursuant to this section shall remain subject to all renewal requirements of an active license, including the payment of license renewal fees, during the period of temporary suspension.

(c) Any license suspended pursuant to this section may be reinstated by the Department within 12 months of the date of suspension, upon receipt of an application and evidence showing compliance with licensing operational requirements in effect at the time of reinstatement. If license is not reinstated within the 12–month period, the license shall expire automatically and shall not be subject to reinstatement.

§ 73231. Voluntary Cancellation of License.

(a) Any licensee desiring to voluntarily surrender his license for cancellation shall notify the Department in writing as soon as possible and in all cases at least 30 days prior to the effective date of cancellation of the license.

(b) Any license voluntarily cancelled pursuant to this section may be reinstated by the Department within 12 months of date of cancellation on receipt of an application and evidence showing compliance with licensing operational requirements.

§ 73233. Revocation or Involuntary Suspension of License.

(a) Pursuant to proceedings conducted under the provisions of Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, the Department may suspend or revoke the license of any facility upon any of the following grounds:

(1) Violation by the licensee of any of the provisions of Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code or of any of the regulations promulgated by the Department contained in this chapter.

(2) Failure of a licensee or any of the general partners, directors, officers or persons having a beneficial ownership interest of 10 percent or more in the licensed facility, to comply with the reporting requirements or to obtain approvals required in Health and Safety Code Section 1267.5 (a) and (b) and Section 73205 (a) (8) of Division 5 of Title 22 of the California Administrative Code, except that this subsection shall not apply to the directors of a nonprofit corporation as described in Section 1267.5 (h) of the Health and Safety Code, or to a bank or other institution exempted under Section 1267.5 (f) of the Health and Safety Code.

(3) Aiding, abetting or permitting the violation of any provisions of Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code or of any of the regulations promulgated by the Department contained in this chapter.

(4) Conduct inimical to the public health, morals, welfare or safety of the people of the State of California in the maintenance and operation of the premises for which a license is issued.

(b) The license of any intermediate care facility against which special fees are required by Section 90417, Chapter 1, Division 7, of this Title shall be revoked, after notice of hearing, if it is determined by the Department that the fees required were not paid within the time prescribed.

NOTE: Authority cited: Sections 208, 1250, 1250.1, 1251, 1255, 1268, and 1275, Health and Safety Code. Reference: Chapter 854, Statutes of 1976 and Section 1267.5, Health and Safety Code.

§ 73235. Temporary Suspension of License.

(a) The Director may temporarily suspend any license prior to any hearing, when in his or her opinion such action is necessary to protect the public welfare, in the following manner:

(1) The Director shall notify the licensee of the temporary suspension and the effective date thereof and at the same time shall serve such licen-see with an accusation.

(2) Upon receipt of a notice of defense by the licensee, the Director shall set the matter for hearing within 15 days. The hearing shall be held as soon as possible but no later than 30 days after receipt of such notice.

(3) The temporary suspension shall remain in effect until such time as the hearing is completed and the Director has made a final determination on the merits.

(4) If the Director fails to make a final determination within 60 days after the original hearing has been completed, the temporary suspension shall be deemed vacated.

(5) If the provisions of Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code or regulations promulgated by the Director are violated by a licensee which is a

group, corporation or other association, the Director may suspend the licensee of such organization or may suspend the license as to any individual person within such organization who is responsible for such violation.

NOTE: Authority cited: Section 208(a), Health and Safety Code. Reference: Section 1296, Health and Safety Code.

§ 73237. Pursuing Disciplinary Action to Completion.

(a) The withdrawal of an application for a license after it has been filed with the Department shall not, unless the Department consents in writing to such withdrawal, deprive the Department of its authority to institute or continue a proceeding against the applicant for the denial of the license upon any ground provided by law or to enter an order denying the license upon any such ground.

(b) The suspension, expiration or forfeiture by operation of law of a license issued by the Department, or its suspension, forfeiture or cancellation by order of the Department or by order of a court of law, or its surrender without the written consent of the Department, shall not deprive the Department of its authority to institute or continue a disciplinary proceeding against the licensee upon any ground provided by law or to enter an order suspending or revoking the license or otherwise taking disciplinary action against the licensee on any such ground.

§ 73239. Reinstatement of Revoked or Suspended License.

A person whose license has been revoked or suspended may petition the Department for reinstatement or reduction of the disciplinary action imposed after a period of not less than one year has elapsed from the effective date of the decision or from the date of the denial of a similar petition.

§ 73240. Conviction of Crime: Standards for Evaluating Rehabilitation.

When considering the denial, suspension or revocation of a license based on the conviction of a crime in accordance with Section 1265.1 or 1294 of the Health and Safety Code, the following criteria shall be considered in evaluating rehabilitation:

(1) The nature and the seriousness of the crime(s) under consideration.

(2) Evidence of conduct subsequent to the crime which suggests responsible or irresponsible character.

(3) The time which has elapsed since commission of the crime(s) or conduct referred to in subdivision (1) or (2).

(4) The extent to which the applicant has complied with any terms of parole, probation, restitution, or any other sanction lawfully imposed against the applicant.

(5) Any rehabilitation evidence submitted by the applicant.

NOTE: Authority cited: Sections 208(a), 1265.2 and 1275, Health and Safety Code. Reference: Sections 1265.1, 1265.2 and 1294, Health and Safety Code.

§ 73241. Bonds.

(a) Each licensee shall file or have on file with the Department a bond issued by a surety company authorized to do business in California if the licensee is handling or will handle money in the amount of $25 or more per patient or $500 or more for all patients in any month. The amount of the bond shall be according to the following schedule:

(1) *Amount Handled*	*Bond Required*
$750 or less.	$1,000
$751 to $1,500.	$2,000
$1,501 to $2,500	$3,000

(2) Every further increments of $1,000 or fraction thereof shall require an additional $1,000 on the bond.

(b) Each application for an original license or renewal of license shall be accompanied by an affidavit on a form provided by the Department. The affidavit shall state whether the licensee handles or will handle money of patients and the maximum amount of money to be handled for:

(1) Any patient.

(2) All patients in any month.

(c) No licensee shall either handle money of a patient or handle amounts greater than those stated in the affidavit submitted by him without first notifying the Department and filing a new or revised bond if requested.

Article 3. Services

§ 73301. Required Services.

(a) Intermediate care facilities shall provide as a minimum, but shall not be limited to, the following required services: Physician, intermittent nursing, dietary, pharmaceutical and an activity program.

(b) Intermediate care facilities caring for patients who are mentally disordered, developmentally disabled or substance abusers and who have identified program needs as described in Section 73391 shall meet also the requirements for a special disability service.

(c) Intermediate care facilities caring for day care patients shall meet all the requirements for inpatients and shall not exceed their licensed bed capacity.

(d) Written arrangements shall be made for obtaining all necessary diagnostic and therapeutic services prescribed by the attending physician, podiatrist, dentist or clinical psychologist subject to the scope of licensure and the policies of the facility. If the service cannot be brought into the facility, the facility shall assist the patient, if necessary, in arranging for transportation to and from the service location.

(e) Provision shall be made for dental examinations and dental treatments by a dentist as indicated by the needs of the patient.

(f) Arrangements shall be made for one or more physicians to be called in an emergency.

§ 73303. Physician Services—General.

(a) Physician services are services provided by physicians responsible for the care of individual patients in the facility. All persons admitted or accepted for care by the intermediate care facility shall be under the care of a physician. Physician services shall include but are not limited to:

(1) Patient examinations.

(2) Patient diagnosis.

(3) Advice, treatment and treatment plan, and determination of appropriate level of patient care needed for each patient.

(4) Written and signed orders for care, diagnostic tests and treatment of patients by others. Orders for restraints must specify the duration and circumstances under which the restraints are to be used and must comply with the following:

(A) Orders must be specific to individual patients.

(B) In accordance with Section 73355 there shall be no standing orders.

(C) There shall be no P.R.N. orders for physical restraints.

(5) Health record progress notes and other appropriate entries in the patient's health records.

(6) Periodic reevaluation of the patient's condition and the review and updating of treatment orders and care program at least every 60 days unless otherwise approved by the Department.

(7) Provision of emergency medical services in the facility when indicated.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code; and *Valdivia, et al. v. Coye*, U.S. District Court for the Eastern District of California, Case No. CIV S–90–1226.

§ 73305. Physician Services—Policies and Procedures.

There shall be available to attending physicians a list of the services provided in or available through the facility and a listing of the types of patients who may be admitted for care. Information pertinent to the orientation of new physicians to the facility or changes in services or policy shall be made available by the facility. Patient care policies, manuals or other patient care instruction or reference materials shall

be available for review or reference by individual physicians when requested or indicated.

§ 73307. Physician Services—Equipment and Supplies.

Equipment for physical examinations and emergency treatment of patients shall be available in the facility and shall include at least:

stethoscope
sphygmomanometer
flashlight
gloves (sterile and unsterile)
tongue depressors
examination spotlight
suction apparatus
emergency oxygen supply and equipment for administration
scales for weighing patients
vaginal speculum
rectal speculum
appropriate record forms
sterile dressing
suture tray
suture removal equipment
airway

§ 73309. Nursing Service—Defined.

"Nursing service" means a service organized, staffed and equipped to provide nursing care to patients.

§ 73311. Nursing Service—General.

Nursing service shall include, but not be limited to, the following:

(a) Identification of problems and development of an individual plan of care for each patient based upon initial and continuing assessment of the patient's needs by the nursing staff and other health care professionals. The plan shall be reviewed and revised as needed but not less often than quarterly.

(b) Notification of the attending physician immediately of any patient exhibiting unusual signs or behavior.

(c) Ensuring that patients are served the diets as prescribed by attending physicians, and that patients are provided with the necessary and acceptable equipment for eating and that prompt assistance in eating is given when needed.

(d) Any marked or sudden change in weight shall be reported promptly to the attending physician.

§ 73313. Nursing Service—Drug Administration.

Nursing service shall include but not be limited to the following, with respect to the administration of drugs:

(a) Medications and treatments shall be administered as prescribed and shall be recorded in patient's health records.

(b) Preparation of doses for more than one scheduled administration time shall not be permitted.

(c) Medications shall only be administered by personnel who have completed a state–approved training program in medication administration.

(d) Medications shall be administered as soon as possible after doses are prepared and shall be administered by the same person who prepared the doses for administration. Doses shall be administered within one hour of the prescribed time unless otherwise indicated by the prescriber.

(e) Patients shall be identified prior to administration of a drug.

(f) The time and dose of drug administered to the patient shall be properly recorded in each patient's medication record by the person who administered the drug.

(g) No medication or treatment shall be given except on the order of a person lawfully authorized to give such order.

(h) Telephone orders shall be received only by a licensed nurse or pharmacist and shall be recorded immediately in the patient's health record and shall be signed by the prescriber within 48 hours.

(i) Medications brought by or with the patient to the facility shall not be used unless all of the conditions specified in Section 73363 are met.

(j) A registered nurse or a pharmacist shall review each patient's medications monthly and if appropriate, request a review from the patient's attending physician.

§ 73315. Nursing Service—Patient Care.

(a) No patient shall be admitted or accepted for care by an intermediate care facility except upon the order of a physician.

(b) Each patient shall be treated as an individual with dignity and respect and shall not be subjected to verbal or physical abuse of any kind.

(c) Each patient, upon admission, shall be given proper orientation to the intermediate care facility and the facility's services and staff.

(d) Each patient shall show evidence of good personal hygiene, including care of the skin, shampooing and grooming of hair, oral hygiene, shaving or beard trimming, cleaning and cutting of fingernails and toenails and shall be free of offensive odors.

(e) Each patient shall be encouraged and/or assisted to achieve and maintain his highest level of self–care and independence. Every effort shall be made to keep patients active except when contraindicated by physician's orders.

(f) Such supportive and restorative nursing and personal care needed to maintain maximum functioning of the patient shall be provided.

(g) Treatment for minor illness or routine treatments for minor disorders when ordered by the physician shall be administered by nursing personnel.

(h) Bedside nursing care may be provided on a temporary basis when the attending physician determines the illness to be temporary and minor.

(i) When a patient requires services which are not considered to be intermediate care services, the physician shall be notified and arrangements made to transfer the patient from the intermediate care facility.

§ 73317. Nursing Service—Policies and Procedures.

(a) Written policies and procedures developed by the supervisor of health services and approved by the Patient Care Policy Committee shall be available to all nursing personnel. Such policies and procedures shall include:

(1) An organization chart of the nursing service showing staff positions, lines of authority and communication.

(2) Specific instruction on the preparation, review and updating of individual patient care plans.

(3) Orientation procedures and programs for new employees.

(4) An ongoing education program planned and conducted for the development and improvement of skills of all facility's personnel including training related to problems and needs of the aged, ill and disabled.

(5) A current nursing procedure manual.

§ 73318. Nursing Service—Nurse Assistant Training and Certification.

NOTE: Authority cited: Section 1137.7, Health and Safety Code. Reference: Chapter 351/1978 (AB 2567).

§ 73319. Nursing Service—Staff.

(a) Nursing service personnel shall be employed in the number and with the qualifications determined by the Department to provide the necessary services for those patients admitted for care. The Department may require a facility to provide additional staff whenever the Department determines through a written evaluation of patients and patient care in the facility that such additional staff are needed to provide adequate nursing care and treatment or to provide for the safety of the patients.

(b) Facilities shall employ a registered nurse or licensed vocational nurse eight hours per day on the day shift, seven days per week. In case of facilities where a licensed vocational nurse serves as supervisor of health services, consultation shall be provided by a registered nurse, through formal contract, at regular intervals, but not less than four hours weekly.

(c) Facilities with 100 or more beds shall employ a registered nurse eight hours per day, on the day shift, seven days per week. In addition,

a registered nurse or licensed vocational nurse employed four hours per day, seven days per week, during the day for each 50 beds or portion thereof in excess of 100.

(d) Nursing stations shall be staffed by nursing personnel day and night when patients are housed in the nursing unit.

(e) Each facility shall employ sufficient staff to provide a minimum average of 1.1 nursing hour per patient day.

(1) Facilities which provide care for mentally disordered or developmentally disabled patients and in which licensed psychiatric technicians provide patient care shall meet the following standards:

(A) If patients are not certified for special treatment programs, facilities shall employ sufficient staff to provide a minimum average of 1.1 nursing hour per patient day.

(B) For patients certified for special treatment programs, facilities shall employ sufficient staff to provide a minimum average of 0.7 nursing hour per patient day for each patient certified to the special treatment program, exclusive of additional staff required to meet the staffing standards of the special treatment program.

NOTE: Authority cited: Sections 208(a), 1275 and 1276.5, Health and Safety Code. Reference: Sections 1276 and 1276.5, Health and Safety Code; and Section 14110.7(c), Welfare and Institutions Code.

§ 73321. Nursing Service—Equipment and Supplies.

(a) Equipment and supplies of the quality and in the quantity necessary for care to patients, as ordered or indicated, shall be provided and shall include but not be limited to:

(1) Water pitchers, emesis basins, denture cups, ice caps, urinals, bedpans, thermometers, stethoscope, sphygmomanometer, ear syringe, hypodermic syringes and needles and scales for weighing patients.

(2) A sufficient supply of wheelchairs and walkers to meet the intermittent needs of patients and maintained in clean and operable condition.

(3) Supplies necessary to perform urine sugar and acetone testing.

(4) Current and authoritative nursing reference material.

(5) First aid equipment and supplies, as determined by the patient care policy committee, readily available at all times.

§ 73347. Pharmaceutical Service—General.

(a) Arrangements shall be made to assure that pharmaceutical services are available to provide patients with prescribed drugs and biologicals.

(b) If a pharmacy is located on the premises, the pharmacy shall be licensed by the California State Board of Pharmacy and approved by the Department. The pharmacy shall not serve the general public unless a separate public entrance or a separate public serving window is utilized. Pharmacies located on the licensed premises of intermediate care facilities shall be opened for inspection upon the request of an authorized Department representative.

§ 73349. Pharmaceutical Service Requirements.

(a) Pharmaceutical service shall include, but not be limited to, the following:

(1) Obtaining necessary drugs on a prompt and timely basis, including the availability of 24–hour emergency prescription service.

(2) Preparation for administration of drugs and biologicals.

(3) Monitoring the drug distribution system which includes ordering, dispensing and administration of medications.

(4) Provision of consultative and other services furnished by pharmacists which assist in the development, coordination, supervision and review of the pharmaceutical services within the facility.

§ 73351. Pharmaceutical Service—Policies and Procedures.

There shall be written policies and procedures for safe and effective distribution, control, use and disposition of drugs developed by the patient care policy committee. The committee shall monitor implementation of the policies and procedures and make recommendations for improvement.

§ 73353. Pharmaceutical Service—Orders for Drugs.

No drugs shall be administered except upon the order of a person lawfully authorized to prescribe for and treat human illness. All such orders shall be in writing and signed by the person giving the order. The name, quantity or duration of therapy, dosage and time of administration of the drug, the route of administration if other than oral and the site of injection when indicated shall be specified. Telephone orders may be given only to a licensed pharmacist or licensed nurse and shall be immediately recorded in the patient's health record and shall be signed by the prescriber within 48 hours. The signing of orders shall be by signature or a personal computer key.

§ 73355. Pharmaceutical Service—Standing Orders.

No facility shall use any standing order for medications or treatments.

§ 73357. Pharmaceutical Service—Stop Orders.

Written policies shall be established limiting the duration of drug therapy, in the absence of a prescriber's specific indication of duration of therapy. The prescriber shall be contacted for new orders prior to the termination time established by the policy.

§ 73359. Pharmaceutical Service—Drug Order Processing.

Written orders for drugs shall be transmitted to the issuing pharmacy as directly as possible, either by written prescription of the prescriber by an order form which produces a direct copy of the order or by an electronically reproduced facsimile.

§ 73361. Pharmaceutical Service—Drug Order Records.

Facilities shall maintain a record which includes, for each drug ordered by prescription, the drug name, strength and quantity, the name of the patient, the date ordered, the date received and the name of the issuing pharmacy. The records shall be kept at least one year.

§ 73363. Pharmaceutical Service—Personal Medications.

(a) Medications brought by or with the patient to the facility shall not be used, unless all of the following conditions are met:

(1) The drugs have been ordered by the patient's physician and the order entered in the patient's health record.

(2) The medication containers are clearly and properly labeled.

(3) The contents of the containers have been examined and positively identified after admission by the patient's physician or a pharmacist retained by the facility.

§ 73365. Pharmaceutical Service—Labeling and Storage of Drugs.

(a) Containers which are cracked, soiled or without secure closures shall not be used. Drug labels shall be legible.

(b) All drugs obtained by prescription shall be labeled in compliance with state and federal laws governing prescription dispensing. No person other than the pharmacist shall alter any prescription label.

(c) Nonlegend drugs shall be labeled in conformance with state and federal food and drug laws.

(d) Test reagents, germicides, disinfectants and other household substances shall be stored separately from drugs.

(e) External use drugs in liquid, tablet, capsule or powder form shall be stored separately from drugs for internal use.

(f) Drugs shall be stored at appropriate temperatures. Drugs required to be stored at room temperature shall be stored at a temperature between 15ºC (59ºF) and 30ºC (86ºF). Drugs requiring refrigeration shall be stored in a refrigerator between 2ºC (36ºF) and 8ºC (46ºF). When drugs are stored in the same refrigerator with food, the drugs shall be kept in a closed properly labeled container, clearly labeled "drugs."

(g) Drugs shall be stored in an orderly manner in cabinets, drawers or carts of sufficient size to prevent crowding.

(h) Dose preparation and administration areas shall be well lighted. If medication carts are used, a light shall be available on the cart.

(i) Drugs shall be accessible only to licensed nursing personnel.

(j) Bedside storage of medications shall be limited to sublingual or inhalation forms of emergency drugs.

(k) All bedside storage of medications shall be specifically ordered by the physician.

(*l*) Drugs shall not be kept in stock after the expiration date on the label and no contaminated or deteriorated drugs shall be available for use.

(m) The drugs of each patient shall be kept and stored in their originally received containers. No drug shall be transferred between containers.

(n) Discontinued drug containers shall be marked to indicate that the drug has been discontinued. Discontinued drugs shall be disposed of within 90 days of the date the drug order was discontinued, unless the drug is reordered within that time.

§ 73367. Pharmaceutical Service—Controlled Drugs.

(a) Drugs listed in Schedules II, III and IV of the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970 shall not be accessible to other than licensed nursing, pharmacy and medical personnel designated by the facility. The supervisor of health services shall be designated by the licensee to be responsible for the control of such drugs. Drugs listed in Schedule II of the above Act shall be stored in a locked cabinet or a locked drawer separate from noncontrolled drugs.

(b) Separate records of use shall be maintained on all Schedule II drugs. Such records shall be maintained accurately and shall include the name of the patient and the prescriber, the prescription number, the drug name, strength and dose administered, the date and time of administration and the signature of the person administering the drug. Such records shall be reconciled at least daily and shall be retained at least one year. If such drugs are supplied on a scheduled basis as part of a unit dose medication system, such records need not be separate from patient medication records.

(c) Drug records shall be maintained for drugs listed in Schedules III and IV of the above Act in such a way that the receipt and disposition of any such drug may be readily traced. Such records need not be separate from other medication records.

§ 73369. Pharmaceutical Service—Disposal of Drugs.

(a) Drugs may be sent with the patient upon discharge if so ordered by the discharging physician. Such drugs shall be dispensed in compliance with the California Pharmacy Laws and Regulations. A record of the drugs sent with the patient shall be made in the patient's health record.

(b) Discontinued individual patient's drugs supplied by prescription or those which remain in the facility after discharge shall be destroyed by the facility in the following manner:

(1) Drugs listed in Schedules II, III or IV of the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970 shall be destroyed by the facility in the presence of a pharmacist and a registered nurse employed by the facility. The name of the patient, the name and strength of the drug, the prescription number, the amount destroyed, the date of destruction and the signatures of the witnesses required above shall be recorded in the patient's health record or in a separate log. Such log shall be retained for at least three years.

(2) Drugs not listed under Schedules II, III or IV of the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970 shall be destroyed by the facility in the presence of a pharmacist or registered nurse. The name of the patient, the name and strength of the drug, the prescription number, if applicable, the amount destroyed, the date of destruction and the signatures of two witnesses shall be recorded in the patient's health record or in a separate log. Such log shall be retained for at least three years.

(c) Unless otherwise prohibited under applicable federal or state laws, individual patient drugs supplied in sealed containers may be returned, if unopened, to the issuing pharmacy for disposition provided that:

(1) No drugs covered under the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970 are returned.

(2) All such drugs are identified as to lot or control number.

(3) The signatures of the receiving pharmacist and a registered nurse employed by the facility are recorded in a separate log which lists the name of the patient, the name, strength, prescription number (if applicable), the amount returned of the drug and the date of return. The log must be retained for at least three years.

§ 73371. Pharmaceutical Service—Unit Dose Medication System.

There shall be at least a 24–hour supply of all patient medications on hand at all times, excepting those drugs which are to be discontinued within the 24–hour period. Drugs that are part of the system shall not exceed a 48–hour supply.

§ 73373. Pharmaceutical Service—Staff.

Facilities shall have formal arrangements with a licensed pharmacist to provide consultation on methods and procedures for ordering, storage, administration and disposal and record keeping of drugs and biologicals.

§ 73375. Pharmaceutical Service—Equipment and Supplies.

(a) There shall be adequate equipment and supplies necessary for the provision of pharmaceutical services within the facility. This includes:

(1) Refrigerator with thermometer.

(2) Lockable drug cabinets, drawers, or closets or rooms.

(3) Drug service trays and/or carts.

(4) Drug preparation counter area and convenient water source.

(5) Syringes, needles, rubber tubing, clamps, droppers, medicine glasses, cups or other small containers which are accurately calibrated.

(6) Reference materials containing drug monographs on all drugs in use in the facility. Such monographs shall include information concerning generic and brand names if applicable, available strengths and dosage forms and pharmacological data including indications and side effects.

(b) Emergency drug supplies as determined by patient care policy committee shall be available. Facilities shall store a supply of emergency legend drugs on at least one nursing station and:

(1) Such drugs shall be limited to a maximum of three single doses in either sealed ampules or vials of any one emergency drug. If an emergency drug is not available in parenteral form, a supply of the drug in inhalation or sublingual form may be maintained in the smallest sealed manufacturer's package. No other oral legend drugs may be so stored.

(2) The emergency drug supply shall be stored in a portable container which is sealed in such a manner that the tamper–proof seal must be broken to gain access to the drugs. The supply shall be opened only in the presence of a physician, pharmacist or licensed nurse. The supervisor of health service shall notify the pharmacist when drugs have been used from the emergency kit or when the seal has been broken. Drugs used from the kit shall be replaced within 72 hours and the supply resealed by the pharmacist.

(3) The contents of the supply shall be listed on the outside of the container.

(4) The supply shall be checked at least monthly by the pharmacist.

(5) Separate records of use shall be maintained for drugs administered from the supply. Such records shall include the name and dose of the drug administered, name of the patient, the date and time of administration and the signature of the person administering the dose.

§ 73377. Activity Program—Defined.

An activity program means a program which is staffed and equipped to meet the needs and interests of patients. Patients shall be encouraged to participate in activities suited to their individual needs. An activity program shall have a written planned schedule of social

and other purposeful independent or group activities for each patient designed to make his life more meaningful, to stimulate and support his desire to use his physical and mental capabilities to their fullest extent, to enable him to maintain his highest attainable social, physical and emotional functioning, his usefulness and self–respect but not necessarily to correct or remedy a disability.

§ 73379. Activity Program—Scope.

(a) The scope of the activity program shall include:

(1) Social activities which involve group participation and are designed to promote group relationships.

(2) Recreational activities, both indoor and outdoor.

(3) Opportunity to participate in activities outside the facility.

(4) Religious programs, including the right of each patient to attend the church or religious program of his choice.

(5) Creative and expressive activities.

(6) Educational activities.

(7) Exercises.

§ 73381. Activity Program—Policies and Procedures.

(a) Written policies and procedures governing the conduct of the activity program shall be available for use by the activity leader and other personnel assisting in the program. The policies and procedures shall be developed by the patient care policy committee with the assistance of the activity leader.

(b) The primary objectives of activity programs shall be to encourage the patient toward restoration of self–care and the resumption of normal activities, or for those who cannot realistically resume normal activities, to prevent further mental or physical deterioration.

(c) Opportunities should be provided for patient involvement, both individual and group, in the planning and implementation of the activity program.

(d) The program shall be designed so as to offer patients the opportunity for choice among a variety of activities such as discussion and study groups, reading, gardening, games, simple homemaking tasks, exercise classes, musical and other creative activities and religious programs. Attendance at religious services shall be voluntary.

(e) The facility shall be responsible for encouraging participation by each patient in social and recreational activities at least 10 hours per week unless this is documented to the contrary in the patient's health record.

§ 73383. Activity Program—Activity Record.

The record of each patient shall contain an activity plan. Each plan shall be reviewed at least quarterly and changed according to need. Progress notes shall be recorded at least quarterly in the patient's health record.

§ 73385. Activity Program—Staff.

(a) Activity program personnel with appropriate training and experience shall be provided to meet the needs of patients.

(b) Each facility shall designate an activity leader who, under the direction of the administrator, shall:

(1) Develop, implement and supervise the activity program.

(2) Obtain from the supervisor of health services a list of those patients who can participate in each activity program.

(3) Conduct or participate in in–service training of the staff of the facility and where appropriate and permissible, recruit, train and supervise volunteers to assist with or augment the regular program.

(4) Coordinate the activities schedule with other patient services.

(5) Provide the administrator with a current schedule of planned activities.

(6) Post the current activity schedule conspicuously for the information of patients and staff.

(7) Request and maintain equipment and supplies.

(8) Maintain a current record of the type and frequency of activities provided and the names of patients participating in each activity.

(9) Develop and maintain an appropriate schedule of activities for patients unable to leave their rooms.

(10) Develop appropriate contacts with community agencies and organizations.

(c) As a minimum, facilities shall provide an activity leader as follows:

(1) Any facility with 50 or more intermediate care beds shall have a full–time employee whose sole responsibility shall be the development, implementation and supervision of the social, recreational and rehabilitative programs of the facility.

(2) Any facility with 25 or more, but less than 50 intermediate care beds shall have an employee who shall devote a minimum of 20 hours per week to the development, implementation and supervision of the social, recreational and rehabilitative programs of the facility.

(3) Any facility with less than 25 intermediate care beds shall have an employee or consultant who shall devote a minimum of 10 hours per week to the development, implementation and supervision of the social, recreational and rehabilitative programs of the facility.

(d) The activity leader shall:

(1) Have two years experience in a social or recreational program within the past five years, one year of which was full–time in a patient activities program in a health care setting; or

(2) Be an occupational therapist, art therapist, music therapist, dance therapist, recreation therapist or occupational therapy assistant; or

(3) Have completed at least 36 hours training in a course designated specifically for this position and approved by the Department.

§ 73387. Activity Program–Equipment and Supplies.

There shall be equipment and supplies necessary for the program, including special equipment and supplies necessary for patients having special needs and for both independent and group activities.

§ 73389. Activity Program–Space.

(a) Designated indoor and outdoor activity areas appropriate to independent and group needs of patients shall be maintained. Such areas shall be as follows:

(1) Accessible to wheelchair and ambulatory patients.

(2) Of sufficient size to accommodate necessary equipment and permit unobstructed movement of wheelchair and ambulatory patients or personnel responsible for instruction and supervision.

(3) Have adequate space to store equipment and supplies.

§ 73391. Special Disability Services.

(a) Each special disability service shall provide a therapeutic milieu facilitating the individual's ability to cope with social, emotional and physical disabilities to reestablish independence and to attain optimal potential. Each patient shall participate in a special disability service specific to his identified program needs. A facility shall not accept or care for any of the following types of patients who have an identified program need unless a specific special disability program, approved by the Department, is provided:

Group I. Developmentally Disabled
Group II. Substance Abuser
A. Alcohol Substance Abuser
B. Drug Substance Abuser
Group III. Mentally Disordered

(b) Facilities to be eligible for additional reimbursement for special rehabilitation program services for the mentally disordered shall meet the requirements of Sections 73391 through 73423.

(c) Facilities to be eligible for additional reimbursement for special subacute psychiatric program services for the mentally disordered shall meet the requirements of Sections 73391 through 73415 and shall also meet the requirements of Sections 73425 through 73431.

(d) Facilities to be eligible for additional reimbursement for special program requirements for the developmentally disabled shall meet the requirements of Sections 73391 through 73415 and shall also meet the requirements of Sections 73433 through 73441.

§ 73393. Special Disability Services—"Distinct Part"—"Program."

(a) A "Special Disability Service Distinct Part" means a licensed intermediate care facility with a separate identifiably and physically independent unit or an entire intermediate care facility that provides therapeutic programs to patients and which is licensed by the Department to provide treatment to an identified special disability population group.

(b) A "Special Disability Program" means a therapeutic program of services and/or functions designed, staffed and implemented by the Special Disability Service Distinct Part for the purpose of meeting the specific needs of an identified population group.

(c) Facilities having multiple programs shall have appropriately designated areas to provide for adequate segregation of patients by program where required by the Department. No facility shall admit or care for patients of a program other than that for which the facility is approved.

§ 73395. Special Disability Services—Program Approval.

(a) The facility shall submit to the Department a written description of its Special Disability Program which shall meet all of the requirements of Section 73397. The facility shall also specify any alternate requirements needed to implement a specific program. The Department shall review the program and, if it determines that the program and the proposed specific alternate requirements meet the specific needs of the population group to be served, the Department shall issue its written approval of the program and shall designate the specific alternate requirements that shall govern the operation of the program. These specific alternate requirements shall take precedence over the regulations contained in this chapter. The Department may waive any requirement if the implementation of that requirement would be detrimental to the program. Written justification for a waiver request would be required.

(b) A facility shall comply with all requirements of its approved Special Disability Program and also any approved specific alternate requirement which shall govern the operation of the program notwithstanding the provisions of any other regulation contained in this chapter.

§ 73397. Special Disability Services—Program Requirements.

(a) The facility shall specify each population group that it plans to serve. For each group there shall be a separate special disability program developed to meet specific needs of the particular group. The program shall consist of the following components:

(1) Description of population group to be served shall include the following:

(A) Age (chronologic and developmental when applicable)

(B) Sex

(C) Physical characteristics

(D) Developmental characteristics

(E) Emotional characteristics

(2) Number of patients to be served in each population group.

(3) Identification of the particular needs within the population group.

(4) A written program designed to meet the identified needs.

(5) Method and frequency of evaluating patient progress.

(b) Combining of population groups shall be subject to approval by the Department.

(c) Programs which include the commingling of population groups shall be appropriate to the group needs and subject to approval by the Department.

(d) Each person admitted shall have an initial evaluation and assessment by facility staff of his medical, nursing, dietetic, social and physical needs within 15 days of admission unless an evaluation has been done by the referring agency within 30 days prior to admission to the facility.

(e) Each person admitted shall have a psychological and educational evaluation and assessment by the appropriate discipline within 45 days of admission.

(f) The patient's plan of care shall emphasize social interaction, educational needs, physical and recreational activity.

(g) The multidisciplinary notes shall describe the physical behavior and social growth of the individual.

(h) Consultative sources shall be used in the planning and organization of appropriate programs for the mentally disordered, developmentally disabled and substance abusers, incorporating post planning services intended to enable the patient to function and gain independence.

(i) Remedial educational programs consistent with patients' needs and plan of care shall be available under the direction of qualified teachers with a valid California teaching credential or persons with an academic degree in learning disabilities. Appropriate community school facilities may be used.

(j) Skill training programs shall be provided but not limited to techniques of behavior modification training in self–skills, sensory training or the modalities of reality orientation and remotivation therapy.

(k) If patients attend schools in the community, transportation and supervision to and from school shall be arranged in accordance with the needs and conditions of the patients.

(*l*) If the program in a facility is not appropriate to the patient needs, the patient shall be moved to a facility providing the appropriate program.

(m) Orientation and in–service training of staff members by a qualified person to assist them in the recognition and understanding of the emotional problems and social needs of patients and the means of taking appropriate action in relation to such needs. Available community resources and services should be included in the orientation.

§ 73399. Special Disability Services—Rights of Patients.

(a) Each patient admitted to a special disability program in an intermediate care facility shall have the following rights, a list of which shall be prominently posted in English and Spanish in all facilities providing such services, and otherwise brought to his attention by such additional means as is appropriate:

(1) To wear his own clothes; to keep and use his own personal possessions including his toilet articles; and to keep and be allowed to spend a reasonable sum of his own money for small purchases.

(2) To have access to individual storage space for his private use.

(3) To see visitors each day.

(4) To have reasonable access to telephones, both to make and receive confidential calls.

(5) To have ready access to letter writing materials, including stamps and to mail and receive unopened correspondence.

(6) To refuse shock treatment.

(7) To refuse lobotomy.

(8) Other rights as provided by law.

(b) The attending physician may, for good cause, deny a patient his rights under this section, except the right to refuse lobotomy or shock treatment. Any denial of a patient's rights shall be entered in the patient's health record.

(c) Information pertaining to denial of rights contained in the patient's health record shall be made available, on request, to the patient, his attorney, his conservator or guardian, or the Department, members of the State Legislature or a member of a county board of supervisors.

§ 73401. Special Disability Services—Abuse and Corporal Punishment.

Patients shall not be subjected to verbal or physical abuse of any kind. Corporal punishment of patients is prohibited.

§ 73403. Special Disability Services—Restraint and Seclusion.

(a) Restraint and seclusion shall only be used as emergency

measures to protect the patient from injury to himself or others. Restraint and seclusion shall not be used as punishment or as a substitute for more effective medical and nursing care program. Restraints may be used for:

(1) The protection of the patient during treatment and diagnostic procedures, as intravenous therapy, tube feeding and catheterization.

(2) To prevent infirm patients from falling out of bed or chairs or otherwise injuring themselves.

(3) To protect the aggressive, assaultive, acutely disturbed or severely confused patient from injuring himself or others.

§ 73405. Special Disability Services—Acceptable Forms of Restraint.

(a) Mechanical or behavior restraint consists of any apparatus that interferes with the free movement of a patient. Only the following types of restraint may be used:

(1) Soft tie consisting of cloth which prevents movement of a patient.

(2) Mittens without thumbs which are securely fastened around the wrist with a small tie.

(3) Tie jackets consisting of sleeveless cloth.

(4) Restraining sheet consisting of a wide piece of muslin placed over the body of the patient.

(5) Belts and cuffs, which are well–padded, used to control a seriously disturbed, assaultive patient.

§ 73407. Special Disability Services—Restrictions on Applying Restraints.

(a) In applying restraints each of the following requirements shall be met:

(1) Careful consideration shall be given to the methods by which the restraints may be speedily removed in the event of fire or other emergency.

(2) Except in rooms approved by the Department for seclusion, patients' rooms shall not be locked when occupied.

(3) Patients placed in restraint shall be observed by qualified treatment personnel at least every half hour. This observation shall be noted and initialed in the patient's health record.

(4) Patients placed in seclusion shall be observed by qualified treatment personnel at least every hour. This observation shall be noted and initialed in the patient's health record.

§ 73409. Special Disability Services—Orders for Restraint and Seclusion.

(a) Restraint and seclusion shall only be used on the signed order of a physician which shall be renewed every 24 hours. In a clear case of medical emergency, a physician may give the order by telephone. In such an event, the physician shall sign the order within 48 hours.

(b) A daily log shall be maintained in each facility exercising behavior restraint and seclusion indicating the name of the patient for whom behavior restraint or seclusion is ordered, full documentation of the episode leading to the behavior restraint or seclusion, the type of the behavior restraint or seclusion used, the length of time and the name of the individual applying such measures.

§ 73411. Special Disability Services—Staff.

(a) Professional staff shall include as a minimum a Special Disability Professional on a full–time, part–time or consultant basis.

(b) A registered nurse, licensed vocational nurse or licensed psychiatric technician shall be employed at least 40 hours a week on the day shift and be responsible for nursing supervision of the distinct part under the direction of the facility's supervisor of health services. This person shall have at least one year of experience or training related to the special disability service offered.

(c) If the facility is devoted entirely to the care of the mentally disordered or the developmentally disabled or substance abusers, the director of nursing service shall meet the requirements set forth in Section 72323 (b) of this article and in addition shall have at least one year of experience or training related to the special disability service offered. If the facility is devoted entirely to the care of any combination of the foregoing types of patients, the director of nursing service shall have at least one year of experience or training in one of the special disability services offered.

(d) Charge personnel on all shifts shall have at least one year of experience or training related to the special disability service offered.

(e) If the facility is devoted entirely to the care of the mentally disordered or developmentally disabled or substance abusers, there shall be at least one registered nurse or licensed vocational nurse or licensed psychiatric technician on duty on all three shifts seven days per week.

(f) A licensed psychiatric technician may serve as a charge nurse only in a special disability unit and only under the supervision of a registered nurse or licensed vocational nurse.

(g) Additional personnel shall be employed on all shifts to provide an appropriate level of care as determined by the Department.

(h) A special disability worker may be in charge of a specific program within the distinct part.

(i) A licensed psychiatric technician may administer medications only in a special disability unit.

§ 73413. Special Disability Services—Equipment.

There shall be sufficient equipment, assistive devices and supplies available to implement the treatment and program as ordered or indicated or necessary for meeting other physical, mental, emotional or recreational needs of patients.

§ 73415. Special Disability Services—Space.

(a) The distinct part shall have sufficient accommodations, including dining, recreational and program areas to meet the needs of the program.

(b) Indoor and outdoor areas shall be designated for programs with appropriate equipment, apparatus and adequate supplies which will meet the needs of the patient.

§ 73417. Special Rehabilitation Program Services—Mentally Disordered.

(a) Mentally disordered rehabilitation programs are designed to serve patients who have a chronic psychiatric impairment and whose adaptive functioning is moderately impaired. These patients require continuous supervision and can be expected to benefit from an active rehabilitation program effort designed to improve their adaptive functioning and develop a potential for placement in a less protected living environment. A facility may, but is not required to, provide special rehabilitation program services for the mentally disordered. If the facility meets all of the requirements of this section, it shall be entitled to a supplemental special program rate under the Medi–Cal program (Title 22, California Administrative Code, Section 51335 (k)) such special program services are those therapeutic services provided to mentally disordered persons having special needs or deficits in one or more of the following general areas: Self–Help Skills, Behavior Adjustment, Interpersonal Relationships, Prevocational Preparation and Prerelease Planning.

(b) To be approved by the Department to furnish such special rehabilitation services to the mentally disordered, a facility shall have:

(1) A minimum initially of 30 patients in the facility who have been certified by the local mental health director as eligible for special program services. Eligibility for special program services shall be redetermined every four months by the local mental health director. At any time that the number of eligible patients receiving special program services drops below 27, total program reimbursement shall be terminated unless otherwise agreed to by the Department.

(2) An approved facility plan.

(A) To participate in this program, a facility shall submit to the Department's headquarters review and approval team for approval an application and a facility plan which meets all the requirements of Section 73417 (c).

(B) When the Department through the headquarters review and approval team determines that the facility plan meets the specified needs of the patient population, it shall provide its written approval of the plan to the facility.

(C) Where the headquarters review and approval team disapproves a facility plan, it shall submit a written report to the facility which specifies components of the plan which need to be improved or corrected. The facility may submit a revised facility plan and a new application to the headquarters review and approval team at any time.

(3) Within 45 days after written approval of the facility by the headquarters review and approval team an on–site visit by the Department to evaluate the appropriateness of the implementation of the facility plan. Upon the recommendation of the on–site visit team, the Department shall certify the facility's Special Rehabilitation Program Services—Mentally Disordered. Eligibility for Medi–Cal reimbursement shall commence on the first day that the on–site visit team determined that full implementation of the approved plan actually occurred; provided, however, that the first day of payment shall not be prior to the actual date of written approval of the plan.

(4) Executed an approved Medi–Cal provider participation agreement.

(5) Maintained compliance with the approved facility plan. Failure to comply with special program requirements of the plan shall cause the termination of eligibility for reimbursement for special program services, unless otherwise excused in writing by the Department.

(c) The following requirements shall be met if the facility is to receive approval for providing special rehabilitation program services to mentally disordered individuals with identified program needs.

(1) A facility plan for providing special rehabilitation program services shall be developed and submitted to the Department for approval initially and annually thereafter. The facility plan shall include:

(A) A description of the population group to be served.

(B) Names and number of patients to be served.

(C) An identification of special patient needs and grouping criteria.

(D) A description of the program design to meet the identified patient's needs.

(E) A description of the method and frequency of evaluating patient progress.

(F) Facility program staffing pattern which includes:

1. An organization chart for special program services staff.

2. A description of staffing ratios for program staff.

3. A description of interdisciplinary professional staff by discipline and hours provided per week.

(G) A description of program space provisions.

(H) Description of equipment utilized for program services.

(I) A plan for use of community resources.

(J) Sample patient program days.

(K) In–service training program in effect or planned.

(L) Provisions for accomplishing the following:

1. The facility in conjunction with the local mental health director shall make an initial individual assessment on each patient from which to identify the current level of functioning and program needs of its patients. The assessment shall be standardized on forms approved by the Department.

2. At least every four months, the facility in conjunction with the local mental health director shall make a written reassessment of each patient's program needs to evaluate patient progress and reassess program needs.

3. A minimum average of 27 hours of direct group or individual program service for each patient per week.

4. The facility shall have the capability of providing all of the following special rehabilitation program services. Actual programs shall be provided based on the specific needs identified through the patient assessments.

a. Self–Help Skills Training. This shall include but not be limited to:

(i) Personal care—use of medications

(ii) Money management

(iii) Use of public transportation

(iv) Use of community resources

(v) Behavior control, impulse control

(vi) Frustration tolerance

(vii) Mental health education

(viii) Physical fitness

b. Behavioral Intervention Training. This shall include but not be limited to:

(i) Behavior modification modalities

(ii) Remotivation therapy

(iii) Patient government activities

(iv) Group counseling

(v) Individual counseling

c. Interpersonal Relationships. This shall include but not be limited to:

(i) Social counseling

(ii) Educational and recreational therapy

(iii) Socialization activities such as outings, dances, etc.

d. Prevocational Preparation Services. This shall include but not be limited to:

(i) Homemaking

(ii) Work activity

(iii) Vocational counseling

e. Prerelease Planning.

(i) Out–of–home placement

§ 73419. Special Rehabilitation Program Services—Staffing.

(a) At the time of program approval, the facility shall have employed a program director who has been approved by the Department. The program director shall be on duty at least 40 hours per week and shall have the responsibility for the supervision and coordination of the special program staff and implementation of the in–service training program. The program director shall not be the supervisor of health services, charge nurse or facility administrator.

(b) The program director shall be either a social worker, an occupational therapist, a psychologist, a physician, a psychiatric technician, a registered nurse, an art therapist, a dance therapist, a music therapist or a member of another profession approved by the Department. The program director shall have the following minimum qualifications:

(1) At least two years' experience or training in a mental health setting, and

(2) At least one year of experience or training in program development for the mentally disordered.

(c) Interdisciplinary Professional Staff. In addition to the requirement for a program director, the facility shall provide, either through direct employment or on a contractual arrangement, an interdisciplinary professional staff to develop and implement special rehabilitation programs and to provide specific expertise to the program staff and/or provide direct patient services.

(1) The interdisciplinary professional staff shall be composed of at least two of the following disciplines:

(A) Psychologist.

(B) Social worker.

(C) Occupational therapist.

(D) Recreation therapist.

(E) Art therapist.

(F) Dance therapist.

(G) Music therapist.

(H) Any other related discipline approved by the Department.

(2) The interdisciplinary professional staff shall have a minimum of one year of experience or training in a mental health setting.

(3) A facility which implements a rehabilitation program shall

provide interdisciplinary professional staff in accordance with the following schedule:

(A) For facilities having an average of 49 or fewer certified patients per week, 24 hours per week of professional staff time are required.

(B) For facilities having an average of between 50–69 certified patients per week, 32 hours per week of professional staff time are required.

(C) For facilities having an average of between 70–99 certified patients per week, 48 hours per week of professional staff time are required.

(D) For facilities having an average of more than 100 certified patients per week, 72 hours per week of professional staff time are required.

(d) Program Staff. The facility shall provide a minimum of one hour of direct program staff for each six patient hours of special program services provided. Program staff shall include all persons who directly provide program services to the mentally disordered and shall not include the program director.

§ 73421. Special Rehabilitation Program Services—In–Service Training.

(a) The facility shall ensure that all new staff providing program services shall receive at least 20 hours of orientation and training within 60 days of employment. Initial training shall include, but not be limited to the following:

(1) Orientation to special needs of the mentally disordered.

(2) Orientation to overall concepts of programs to meet the special needs of the mentally disordered.

(3) Orientation and training in specific program techniques being used in the facility to meet the identified program needs of the patients.

(b) The facility shall provide all program staff an average of at least one hour per week of ongoing planned academic and on–the–job in–service training. The training shall include, but not be limited to the following:

(1) Specific program techniques for the mentally disordered.

(2) Setting behavioral program objectives for patients.

(3) Evaluation and assessment procedures and criteria.

(4) Noting and documenting patient progress in the program.

(c) The facility shall maintain a record of in–service training. This record shall include names of staff receiving training, number of hours, date and subjects covered in training.

§ 73423. Special Rehabilitation Program Services—Patient Health Records.

(a) The facility shall insure that every patient receiving special program services shall have an individual record which includes all of the following:

(1) A list of the patient's problems or needs, as identified from the individual assessment.

(2) The behavioral objectives for resolving problems or meeting needs of the patient. These objectives shall be measurable, observable, within time frames and subject to frequent review and updating.

(3) A statement of the plan for how the behavioral objectives will be met. The statement shall include, but not be limited to all of the following:

(A) Resources to be used.

(B) Frequency of plan review and updating.

(C) Persons responsible for carrying out plans.

(4) The progress notes written by all members of the staff providing program services to the patient. The notes shall be:

(A) Specific to the needs or problems of the patients.

(B) Specific to the patient's program objectives and plans.

(5) A summary of the progress of the patient in the program, the appropriateness of program objectives, the success or failure of the plan and any other pertinent information regarding the patient's program shall be available at the time of the patient's reassessment.

§ 73425. Special Subacute Psychiatric Program Services—Mentally Disordered.

(a) Mentally disordered subacute psychiatric programs are designed to serve patients who have a chronic psychiatric impairment and whose adaptive functioning is severely impaired. These patients require continuous and intensive supervision and can be expected to benefit from an active subacute psychiatric program effort designed to improve their adaptive functioning to the point of entry into a rehabilitation program. A facility may, but is not required to, provide special subacute psychiatric program services. If the facility meets all of the requirements of this section, it shall be entitled to a supplemental special program rate under the Medi–Cal program (Title 22, California Administrative Code, Section 51335 (k)). Such special program services are those therapeutic services provided to mentally disordered persons having special needs or deficits in one or more of the following general areas: Self–Help Skills, Behavior Adjustment, Interpersonal Relationships, Prevocational Preparation and Prerelease Planning.

(b) To be approved by the Department to furnish such special subacute psychiatric programs to the mentally disordered, a facility shall have:

(1) A minimum initially of 30 patients in the facility who have been certified by the local mental health director as eligible for special subacute psychiatric program services. Eligibility for special subacute psychiatric services shall be redetermined every 30 days by the local mental health director. Patient eligibility for the special subacute psychiatric program shall be limited to a maximum of 90 days. The Department may authorize exceptions to this provision in writing to the local mental health director on an individual patient basis. At any time that the number of eligible patients receiving special program services drops below 27, total program reimbursement shall be terminated unless otherwise agreed to by the Department.

(2) An approved facility plan.

(A) To participate in this program, a facility shall submit to the Department's headquarters review and approval team for approval, an application and a facility plan which meets all the requirements of Section 73425 (c).

(B) When the Department through the headquarters review and approval team determines that the facility plan meets the specified needs of the patient population, it shall provide its written approval of the plan to the facility.

(C) Where the headquarters review and approval team disapproves a facility plan, it shall submit a written report to the facility which specifies components of the plan which need to be improved or corrected. The facility may submit a revised facility plan and a new application to the headquarters review and approval team at any time.

(3) Within 45 days after written approval of the facility plan, by the headquarters review and approval team an on–site visit by the Department to evaluate the appropriateness of the implementation of the facility plan. Upon the recommendation of the on–site visit team, the Department shall certify the facility's Special Subacute Psychiatric Program Services—Mentally Disordered. Eligibility for Medi–Cal reimbursement shall commence on the first day that the on–site visit team determined that full implementation of the approved plan actually occurred; provided, however, that the first day of payment shall not be prior to the actual date of written approval of the plan.

(4) Executed an approved Medi–Cal provider participation agreement.

(5) Maintained compliance with the approved facility plan. Failure to comply with special program requirements of the plan shall cause the termination of eligibility for reimbursement for special program services, unless otherwise excused in writing by the Department.

(c) The following requirements shall be met if the facility is to receive approval for providing special subacute program services to mentally disordered individuals with identified program needs.

(1) A facility plan for providing special subacute psychiatric program services shall be developed and submitted to the Department for approval initially and annually thereafter. The facility plan shall include:

(A) A description of the population group to be served.

(B) Names and number of patients to be served.

(C) An identification of special patient needs and grouping criteria.

(D) A description of the program design to meet the identified patient's needs.

(E) A description of the method and frequency of evaluating patient progress.

(F) Facility program staffing pattern which includes:

1. An organization chart for special program services staff.

2. A description of staffing ratios for program staff.

3. A description of interdisciplinary professional staff by discipline and hours provided per week.

(G) A description of program space provisions.

(H) Description of equipment utilized for program services.

(I) A plan for use of community resources.

(J) Sample patient program days.

(K) In–service training program in effect or planned.

(L) Provisions for accomplishing the following:

1. The facility in conjunction with the local mental health director shall make an initial individual assessment on each patient from which to identify the current level of functioning and program needs of its patients. The assessment shall be standardized on forms approved by the Department.

2. At least every 30 days, the facility in conjunction with the local mental health director shall make a written reassessment of each patient's program needs to evaluate patient progress and reassess program needs.

3. A minimum average of 30 hours of direct group or individual program service for each patient per week.

4. The facility shall have the capability of providing all of the following subacute psychiatric program services. Actual programs shall be provided based on the specific needs identified through the patient assessments.

a. Self–Help Skills Training. This shall include but not be limited to:

(i) Personal care—use of medications

(ii) Money management

(iii) Use of public transportation

(iv) Use of community resources

(v) Behavior control, impulse control

(vi) Frustration tolerance

(vii) Mental health education

(viii) Physical fitness

b. Behavioral Intervention Training. This shall include but not be limited to:

(i) Behavior modification modalities

(ii) Remotivation therapy

(iii) Patient government activities

(iv) Group counseling

(v) Individual counseling

c. Interpersonal Relationships. This shall include but not be limited to:

(i) Social counseling

(ii) Educational and recreational therapy

(iii) Socialization activities such as outings, dances, parties, etc.

d. Prevocational Preparation Services. This shall include but not be limited to:

(i) Homemaking

(ii) Work activity

(iii) Vocational counseling

e. Prerelease Planning.

(i) Out–of–home placement

§ 73427. Special Subacute Psychiatric Program Services—Staffing.

(a) At the time of program approval, the facility shall have employed a program director who has been approved by the Department. The program director shall be on duty at least 40 hours per week and shall have the responsibility for the supervision and coordination of the special program staff and implementation of the in–service training program. The program director shall not be the supervisor of health services, charge nurse or facility administrator.

(b) The program director shall be either a social worker, an occupational therapist, a psychologist, a physician, a psychiatric technician, a registered nurse, an art therapist, a dance therapist, a music therapist, a recreation therapist or a member of another profession approved by the Department. The program director shall have the following minimum qualifications:

(1) At least two years' experience or training in a mental health setting, and

(2) At least one year of experience or training in program development for the mentally disordered.

(c) Interdisciplinary Professional Staff. In addition to the requirement for a program director, the facility shall provide, either through direct employment or on a contractual arrangement, an interdisciplinary professional staff to develop and implement special rehabilitation programs and to provide specific expertise to the program staff and/or provide direct patient services.

(1) The interdisciplinary professional staff shall be composed of at least two of the following disciplines:

(A) Psychologist

(B) Social worker

(C) Occupational therapist

(D) Recreation therapist

(E) Art therapist

(F) Music therapist

(G) Dance therapist

(H) Any other related discipline approved by the Department.

(2) Each member of the interdisciplinary professional staff shall have a minimum of one year of experience or training in a mental health setting.

(3) A facility which implements a subacute psychiatric program shall provide interdisciplinary professional staff in accordance with the following schedule:

(A) For facilities having an average of 49 or fewer certified patients per week, 48 hours per week of interdisciplinary professional staff time are required.

(B) For facilities having an average of between 50–69 certified patients per week, 64 hours per week of professional staff time are required.

(C) For facilities having an average of between 70–99 certified patients per week, 96 hours per week of professional staff time are required.

(D) For facilities having an average of more than 100 certified patients per week, 144 hours per week of professional staff time are required.

(d) Program Staff. The facility shall provide a minimum of one hour of direct program staff for each six patient hours of special subacute program services provided. Program staff shall include all persons who directly provide program services to the mentally disordered and shall not include the program director.

§ 73429. Special Subacute Psychiatric Program Services—In–Service Training.

(a) The facility shall ensure that all new staff providing program services shall receive at least 20 hours of orientation and training

within 60 days of employment. Initial training shall include, but not be limited to the following:

(1) Orientation to special needs of the mentally disordered.

(2) Orientation to overall concepts of programs to meet the special needs of the mentally disordered.

(3) Orientation and training in specific program techniques being used in the facility to meet the identified program needs of the patients.

(b) The facility shall provide all program staff an average of at least one hour per week of ongoing planned academic and on–the–job in–service training. The training shall include but not be limited to the following:

(1) Specific program techniques for the mentally disordered.

(2) Setting behavioral program objectives for patients.

(3) Evaluation and assessment procedures and criteria.

(4) Noting and documenting patient progress in the program.

(c) The facility shall maintain a record of in–service training, number of hours, date and subjects covered in training.

§ 73431. Special Subacute Psychiatric Program Services—Patient Health Records.

(a) The facility shall insure that every patient receiving special program services shall have an individual record which includes all of the following:

(1) A list of the patient's problems or needs, as identified from the individual assessment.

(2) The behavioral objectives for resolving problems or meeting needs of the patient. These objectives shall be measurable, observable, within time frames and subject to frequent review and updating.

(3) A statement of the plan for how the behavioral objectives will be met. The statement shall include, but not be limited to all of the following:

(A) Resources to be used.

(B) Frequency of plan review and updating.

(C) Persons responsible for carrying out plans.

(4) The progress notes written by all members of the staff providing program services to the patient. The notes shall be:

(A) Specific to the needs or problems of the patients.

(B) Specific to the patient's program objectives and plans.

(5) A summary of the progress of the patient in the program, the appropriateness of program objectives, the success or failure of the plan and any other pertinent information regarding the patient's program shall be available at the time of the patient's reassessment.

§ 73433. Special Program Requirements—Developmentally Disabled.

(a) A facility may, but is not required to, provide special program services to the developmentally disabled. If a facility meets all of the requirements of this section, it shall be entitled to a supplemental program rate under the Medi–Cal program (Title 22, California Administrative Code, Section 51335(j)) or by a regional center for the developmentally disabled (Title 17, California Administrative Code, Section 50125(c)). Such special program services are those therapeutic services provided to developmentally disabled persons having specifically identified needs in one or more of the following general areas:

(1) Sensory–motor development

(2) Self–help skills

(3) Behavior adjustment

(4) Rehabilitation

(5) Sensory development for the sensory deprived

(b) To be approved by the Department to furnish such special program services to the developmentally disabled, a facility shall have:

(1) A minimum initially of 25 patients in the facility who have been certified by the regional center director in the region in which the facility is located, as eligible for special program services. Eligibility for special program services shall be redetermined every six months by the regional center director. At any time that the number of eligible patients receiving special program services drops below 23, total program reimbursement shall be terminated, unless otherwise agreed to by the Department.

(2) An approved facility plan.

(A) To participate in the program, a facility shall submit to the Department's headquarters review and approval team for approval, an application and a facility plan which meets all the requirements of Section 73433(c).

(B) When the Department through the headquarters review and approval team determines that the facility plan meets the specified needs of the patient population, it shall provide its written approval of the plan to the facility.

(C) Where the headquarters review and approval team disapproves a facility plan, it shall submit a written report to the facility which specifies components of the plan which need to be improved or corrected. The facility may submit a revised facility plan and a new application to the headquarters review and approval team at any time.

(3) Within 45 days after written approval of the facility plan, by the headquarters review and approval team, an on–site visit by the Department to evaluate the appropriateness of the implementation of the facility plan. Upon the recommendation of the on–site visit team, the Department shall certify the facility's Special Program Requirements—Developmentally Disabled. Eligibility for Medi–Cal reimbursement shall commence on the first day that the on–site visit team determined that full implementation of the approved plan actually occurred; provided, however, that the first day of payment shall not be prior to the actual date of written approval of the plan.

(4) Executed an approved Medi–Cal provider participation agreement.

(5) Maintained compliance with the approved facility plan.

(A) Failure to comply with special program requirements of this plan shall cause the termination of eligibility for reimbursement for special program services unless otherwise excused in writing by the Department.

(c) The following requirements shall be met if the facility is to receive approval for providing special program services to developmentally disabled individuals with identified program needs.

(1) A facility plan for providing special program services shall be developed and submitted to the Department for approval initially and annually thereafter. The facility plan shall include:

(A) Names and number of eligible patients.

(B) A profile of the patient population.

(C) A summary of specifically identified patient needs and grouping criteria.

(D) Individualized descriptions of specific programs in effect or to be implemented.

(E) Sample patient program days.

(F) The facility program staffing pattern, including:

1. Organizational chart of program staff.

2. Staffing ratios of patients to program staff.

3. Interdisciplinary professional staff utilized or to be utilized by discipline and hours per week.

(G) Description of program space provisions.

(H) Description of equipment obtained or to be obtained for program use.

(I) In–service training program in effect or planned.

(J) Plan for utilization of community resources.

(K) Such other documentation as the Department may require.

(L) Provisions for accomplishing the following:

1. The facility in conjunction with the regional center shall make an initial individual assessment on each patient from which to identify the current level of functioning and program needs of its patients. The assessment shall be standardized on forms approved by the Department.

2. At least every six months the facility, in conjunction with the regional center, shall make a written reassessment of each patient's program needs to evaluate patient progress and reassess program needs.

3. The facility shall provide daily, seven days a week, a minimum average of five hours of direct group or individual program services for each patient.

4. The facility shall have the capability of providing all of the following special program services. Actual programs shall be provided based on the specific needs identified through the patient assessments.

a. A sensory motor development training program which shall include but not be limited to:

(i) Visual stimulation

(ii) Auditory stimulation

(iii) Tactile stimulation

(iv) Kinesthetic stimulation

(v) Physical therapy

(vi) Laterality and directionality training

(vii) Large and small muscle stimulation

(viii) Balance and postural training

(ix) Training in the developmental skills which precede ambulation

b. A self–help skills training program shall include an intensive habilitation program in the following specific areas:

(i) Bladder and bowel control

(ii) Dressing

(iii) Bathing

(iv) Feeding

(v) Grooming

c. A behavioral intervention program which shall include the elimination of maladaptive behaviors, both destructive and stereotypic through the use of behavior modification techniques, counseling, and other appropriate techniques. The program shall also focus on the introduction, shaping and strengthening of adaptive behaviors through the use of such techniques as positive reinforcement and token economics. Such programs may either be separate or integrated with other program activity throughout the program day.

d. A rehabilitation program which shall include educational and recreational therapy components as well as advanced socialization skills. Such a program shall place emphasis on advanced manipulative skills and on activities with a purely recreational intent. Included are speech therapy, cooking classes, art classes, traditional educational activities and socialization activities such as outings, dances and parties. The program may also include the development of workshops and/or activity centers for those patients capable of benefiting from them.

e. A sensory development program for the sensory deprived which shall include intensive training in the area of communication, mobility, and orientation, environmental and tactile awareness, self–care, and socialization skills for patients with sensory handicaps. The goal shall be to help each patient attain as high a level of independent functioning as can be achieved. (The program for each patient shall be individually prescribed by an interdisciplinary review team.) For the deaf, the program shall include a total communication approach, using both oral and manual language. For the blind, the program shall include mobility training orientation and environmental awareness.

§ 73435. Special Program Requirements—Staffing.

(a) At the time of program approval, the facility shall have employed a program director who has been approved by the Department. The program director shall be on duty at least 40 hours per week. The program director shall have the responsibility for the supervision and coordination of the special program staff and implementation of the in–service training program. The program director shall not be the supervisor of health services, a charge nurse or the administrator of the facility.

(1) The program director shall be either a physician, a clinical or educational psychologist, a social worker, a special education teacher, a psychiatric technician, art therapist, dance therapist, music therapist or a member of another related profession approved by the Department.

(2) The program director shall have the following qualifications:

(A) At least two years of experience or training in the care of the developmentally disabled.

(B) At least one year of experience or training in program development for the developmentally disabled.

(b) In addition to the program director, the facility shall provide either through direct employment or on a contractual arrangement, an interdisciplinary professional staff to develop and implement special programs and to provide specific expertise to the program staff.

(1) The interdisciplinary professional staff shall be composed of at least one person from any three of the following disciplines:

(A) Clinical or educational psychologist.

(B) Recreation therapist.

(C) Occupational therapist.

(D) Physical therapist.

(E) Social worker.

(F) Speech pathologist.

(G) Special education teacher.

(H) Art therapist.

(I) Dance therapist.

(J) Music therapist.

(K) Any other related discipline approved by the Department.

(2) A facility with 49 or fewer eligible patients, which is approved to provide special program services, shall provide a minimum of 24 hours weekly of professional staff time.

(3) A facility with 50 to 69 eligible patients, which is approved to provide special program services, shall provide a minimum of 32 hours weekly of professional staff time.

(4) A facility with 70 to 99 eligible patients, which is approved to provide special program services, shall provide a minimum of 48 hours weekly of professional staff time.

(5) A facility with 100 or more eligible patients, which is approved to provide special program services, shall provide a minimum of 72 hours weekly of professional staff time.

(c) The facility shall provide a direct patient/staff program ratio of at least one staff member, with direct patient contact excluding the program director, for each five patients during all program hours.

§ 73437. Special Program Requirements—In–Service Training.

(a) The facility shall ensure that all new staff providing program services shall receive at least 20 hours of orientation and training within 60 days of employment. Initial training shall include, but not be limited to the following:

(1) Orientation to special needs of the developmentally disabled.

(2) Orientation to overall concepts of programs to meet the special needs of the developmentally disabled.

(3) Orientation and training in specific program techniques being used in the facility to meet the identified program needs of the patients.

(b) The facility shall provide all program staff an average of at least one hour per week of ongoing planned academic and on–the–job in–service training. The training shall include, but not be limited to the following:

(1) Specific program techniques for the developmentally disabled.

(2) Setting behavioral program objectives for patients.

(3) Evaluation and assessment procedures and criteria.

(4) Noting and documenting patient progress in the program.

(c) The facility shall maintain a record of in–service training. This record shall include names of staff receiving training, number of hours, date and subjects covered in training.

§ 73439. Special Program Requirements—Patient Health Records.

(a) The facility shall assure that every patient receiving special program services shall have an individual record which includes all of the following:

(1) A list of the patients' problems or needs, as identified from the individual assessment.

(2) The behavioral objectives for resolving problems or meeting needs of the patient. These objectives shall be measurable, observable, within time frames and subject to frequent review and updating.

(3) A statement of the plans for how the behavioral objectives will be met. The plans shall include, but not be limited to, all of the following:

(A) Resources to be used

(B) Frequency of plan review and updating

(C) Persons responsible for carrying out plans

(4) Progress notes written by all members of the staff providing program services to the patient. The notes shall be:

(A) Specific to the needs or problems of the patients

(B) Specific to the patient's program objectives and plans.

(5) A summary of the progress of the patient in the project, appropriateness of program objectives, the success or failure of the plans, and any other pertinent information regarding the patient's program shall be available at the time of the patient's reassessment.

§ 73441. Application, Issuance, Expiration and Renewal.

(a) Any facility desiring approval for a special disability service or program, special rehabilitation program service for the mentally disordered, special subacute psychiatric program service for the mentally disordered or a special program service for the developmentally disabled, shall file with the Department an application on forms furnished by the Department.

(b) The Department shall list on the facility license each such program or service for which approval is granted.

(c) If the applicant is not in compliance with the laws and regulations, the Department shall deny the applicant approval and shall immediately notify the applicant in writing. Within 20 days of receipt of the Department's notice, the applicant may present his written petition for a hearing to the Department. The Department shall set the matter for hearing within 30 days after receipt of the petition in proper form. The proceedings shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.

(d) Each such program or service approval shall expire on the date of expiration of the facility's Provider Participation Agreement.

§ 73445. Optional Service Unit.

(a) Optional service unit means a functional unit of a intermediate care facility which is organized, staffed and equipped to provide a specific type or types of patient care. A facility is not required to operate an optional service unit.

(b) Only the following types of optional service units may be operated in an intermediate care facility: physical therapy, occupational therapy, speech pathology and/or audiology, social work services and rehabilitation services.

(c) If outpatient services are to be provided, the following conditions shall be met:

(1) Outpatient service units shall be located or constructed in a manner that will minimize noise, odors, hazards and unsightliness to the facility's inpatients.

(2) Outpatient access to optional service units shall not traverse a nursing unit.

(3) Separate toilets for men and women outpatients shall be provided.

(4) Drinking water facilities of a type approved by the Department shall be available for outpatients and personnel.

(5) Handwashing facilities with hot and cold water supply shall be provided in the optional service units accommodating outpatients.

(6) Waiting areas shall be provided with sufficient floor space to seat the maximum number of persons who are expected to be accommodated at any one time.

(d) Each optional service unit within the facility shall be approved by the Department. Any facility desiring approval for an optional service unit shall file with the Department an application on forms furnished by the Department.

(e) The Department shall list on the facility's license each optional service for which approval is granted.

(f) If the applicant is not in compliance with the laws and regulations, the Department shall deny the applicant approval and shall immediately notify the applicant in writing. Within 20 days of receipt of the Department's notice, the applicant may present his written petition for a hearing to the Department. The Department shall set the matter for hearing within 30 days after receipt of the petition in proper form. The proceedings shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.

(g) Each optional service approval shall expire on the date of expiration of the intermediate care facility license. A renewal of the approval may be issued for a period not to exceed two years if the holder of the approval has been found not to have been in violation of any statutory requirements, regulations or standards during the preceding approval period.

(h) No facility shall make or disseminate any statement or advertise by any means or hold out or represent by any means, that the facility has or operates any optional service unit unless said optional service unit meets all of the requirements of this article pertaining to said optional service unit and said optional service unit has been approved by the Department.

(i) All optional service units in existence on the effective date of implementation of this article shall comply with the provisions of the regulations governing the particular type of optional service unit within one year following the effective date thereof.

(j) A facility may offer and charge for physical therapy, occupational therapy, speech pathology and/or audiology, social work services and rehabilitation services, if such services are provided through arrangements with a person or an outside agency that will render direct service to patients or act as a consultant or employee, providing that the facility does not advertise or otherwise represent to the public that the facility has or operates an optional service unit for the particular type of service.

§ 73447. Optional Services—Revocation or Involuntary Suspension of Approval.

(a) Pursuant to provisions of Chapter 5 (commencing with Section 11500), Part 1, Division 3, Government Code, the Department may suspend or revoke the approval of an optional service issued under the provisions of Chapter 2 (commencing with Section 1250), Division 2, Health and Safety Code, upon any of the following grounds:

(1) Violation by the licensee of any provisions of Chapter 2 (commencing with Section 1250), Division 2, Health and Safety Code, or of the optional service regulations promulgated by the Department.

(2) Aiding, abetting or permitting the violation of any provisions of Chapter 2 (commencing with Section 1250), Division 2, Health and Safety Code, or of any optional service regulations promulgated by the Department.

(3) Conduct inimical to the public health, morals, welfare or safety of the people of the State of California in the maintenance and operation of an optional service.

(b) The Director may temporarily suspend any optional service approval prior to any hearing when, in his opinion, such action is necessary to protect the public welfare.

(1) The Director shall notify the licensee of the temporary suspension and the effective date thereof and at the same time shall serve such licen-see with an accusation.

(2) Upon receipt of a notice of defense by the licensee, the Director shall set the matter for hearing within 30 days after receipt of such notice.

(3) The temporary suspension shall remain in effect until such time as the hearing is completed and the Director has made a final determination.

(4) If the Director fails to make a final determination within 60 days after the original hearing has been completed, the temporary suspension shall be deemed vacated.

(5) If the provisions of Chapter 2 (commencing with Section 1250), Division 2, Health and Safety Code, or the optional service regulations promulgated by the Director are violated by a licensee which is a group, corporation or other association, the Director may suspend the approval of such organization or may suspend the approval as to any individual person within such organization who is responsible for such violation.

(c) The withdrawal of an application for approval shall not deprive the Department of its authority to institute or continue a proceeding against the applicant for the denial of the approval upon any ground provided by law or to enter an order denying the approval upon any such ground, unless the Department consents in writing to such withdrawal.

(d) The suspension, expiration or forfeiture of an approval issued by the Department shall not deprive the Department of its authority to institute or continue a proceeding against the licensee upon any ground provided by law or to enter an order suspending or revoking approval or otherwise taking disciplinary action against the licensee on any such ground.

(e) A licensee whose approval has been revoked or suspended may petition the Department for reinstatement or reduction of penalty after a period of not less than one year has elapsed from the effective date of the decision or from the date of the denial of a similar petition.

§ 73449. Social Work Service Unit.

(a) Social work services are those services which assist staff, patients and patients' families to understand and cope with patient's personal, emotional and related health and environmental problems.

(b) A social work service unit shall meet the following requirements:

(1) The social worker, social work assistant or social work aide shall develop a plan, including goals and treatment, for social work services for each patient who needs them, with participation of the patient, the family, the patient's physician, the supervisor of health services and other appropriate staff.

(2) Each patient within five days after admission shall be interviewed and a social work assessment completed. When indicated, a social work treatment plan reviewed and approved by the social worker shall be carried out, as appropriate, by the social worker, social work assistant or social work aide.

(3) Signed and dated progress reports shall be written at least monthly in the health record of each patient receiving social services, by the social worker, social work assistant or social work aide.

(4) The social worker, social work assistant or social work aide shall participate in regular staff conferences with the attending physician, the director of nursing service and other appropriate personnel.

(5) There shall be discharge planning and implementation through liaison with local health and welfare agencies, other community personnel and the patient's family or authorized representative.

(6) Orientation and in–service training of other staff members on all shifts shall be conducted at least monthly by the social worker in charge of the social work service, to assist in the recognition and understanding of the emotional problems and social needs of patients and families and to learn how to implement appropriate action to meet such identified needs. Orientation and training shall include informing the staff about available community resources and services.

§ 73451. Social Work Service Unit—Policies and Procedures.

(a) There shall be written patient care policies, procedures and job descriptions developed and maintained governing the provision of social service within the intermediate care facility, including all of the requirements of Section 73449, and the relating of these services to other patient care services. Such policies, procedures and job descriptions shall be developed whether provided by (1) an organized social service within the intermediate care facility or (2) a social worker employed on a part–time basis or (3) consultant services from a community agency.

(b) The policies, procedures and job description shall be developed by the social worker in consultation with the Patient Care Policy Committee.

§ 73453. Social Work Service Unit—Staff.

(a) There shall be a social work staff employed a sufficient number of hours in the facility to meet the social work needs of the patient.

(b) The social work service unit shall be organized, directed and supervised by the social worker, who has responsibility for supervision of other social work staff, including social work assistants and social work aides.

(c) Social work service staff may include the social work assistant and/or the social work aide. Assigned functions and tasks shall be supervised by the social worker. Under conditions specified in the written patient care policies, procedures and job descriptions, the social work aide may be under the supervision of the social work assistant.

(d) Adequate clerical support services shall be provided for social work staff, including those employed on a contractual basis.

§ 73455. Social Work Service Unit—Equipment and Supplies.

(a) Office equipment and supplies necessary for the social work service unit shall be available. These include, but are not limited to:

(1) Appropriate professional literature and references on subjects including psychosocial problems and needs of the patient population in the facility.

(2) Directories, listing and other reference materials on available community resources.

(3) Necessary clerical equipment and supplies.

§ 73457. Social Work Service Unit—Space.

Adequate office or other accessible space for privacy in interviewing, telephoning and conferences shall be provided.

§ 73459. Physical Therapy Service Unit.

(a) Physical therapy services are those services ordered by a physician or upon a physician's referral and provided to a patient by or under the supervision of a physical therapist to achieve and maintain the highest level of functional ability.

(b) Physical therapy services, include but are not limited to, the following:

(1) Assisting the physician in an evaluation of the patient's rehabilitation potential.

(2) Applying muscle, nerve, joint and functional ability tests.

(3) Treating patients to relieve pain, develop or restore function.

(4) Assisting patients to achieve and maintain maximum performance using physical means such as exercise, massage, heat, sound, water, light and electricity.

(c) A physical therapy service unit shall meet the following requirements:

(1) Evaluation by the physical therapist and a treatment program shall be established and modified as needed based upon subsequent reevaluations.

(2) Health records shall contain pertinent information on the patient and a procedure for obtaining signed medical orders.

(3) Notes indicating physical therapy services performed shall be entered into the patient's health record each day that the service is rendered and signed by the appropriate qualified person.

(4) Initial evaluation and discharge summary shall be written and signed by the physical therapist and posted on each patient's health record.

(5) Progress notes shall be written and signed at least weekly by the physical therapist.

(6) When hydrotherapy is offered, there shall be written cleaning and culturing techniques posted near the equipment.

(7) Personnel policies shall define the responsibilities of the physical therapy director and the duties assigned to the auxiliary personnel.

§ 73461. Physical Therapy Service Unit—Policies and Procedures.

There shall be written policies and procedures governing the physical therapy service unit, including all of the requirements of Section 73459 and the relating of these services to other patient care services. The patient care policy committee shall be responsible for the development and implementation of physical therapy policies, procedures and job descriptions, with the assistance of the physical therapist.

§ 73463. Physical Therapy Service Unit—Staff.

(a) The physical therapy service unit shall be under the direction of a physical therapist.

(b) A physical therapist assistant shall treat patients only under the supervision of a physical therapist in accordance with the Physical Therapy Practice Act, Article 4.5 (beginning with Section 2655) of the Business and Professions Code.

(c) A physical therapy aide shall work only under the direct supervision of a physical therapist.

(d) The physical therapist, physical therapist assistant and physical therapy aide shall work the hours necessary to accomplish those tasks listed in Section 73459.

§ 73465. Physical Therapy Service Unit—Equipment.

(a) Physical therapy equipment shall be sufficient to provide an adequate physical therapy service. This shall include, but not be limited to:

(1) Parallel bars

(2) Full view mirror

(3) Overhead pulley and weights

(4) Set of training stairs

(5) Treatment table enclosed by cubicle curtains for privacy

(6) Availability of wheelchairs, walkers, canes, crutches and other ambulation aids.

§ 73467. Physical Therapy Service Unit—Space.

(a) Adequate space shall be maintained for the necessary equipment needed to provide physical therapy service. The minimum floor area for physical therapy service shall be 28 square meters (300 square feet), no dimension of which shall be less than 3.7 meters (12 feet).

(b) A sink shall be provided in the treatment area and shall have controls other than hand controls.

(c) The toilet facilities shall be located nearby and equipped with grab bars on both sides of the commode and the space shall be of sufficient size to allow for patient transfer activities.

§ 73469. Occupational Therapy Service Unit.

(a) Occupational therapy is a medically prescribed service in which selected purposeful activity is used as treatment in the rehabilitation of persons with a physical or emotional disability.

(b) Occupational therapy service includes:

(1) Assisting the physician in his evaluation of a patient's level of function by applying diagnostic and prognostic tests.

(2) Reevaluating the patient as his condition changes and modifying treatment goals consistent with these changes.

(3) Decreasing or eliminating disability during patient's initial phase of recovery following injury or illness.

(4) Increasing or maintaining a patient's capability for independence.

(5) Enhancing a patient's physical, emotional and social well–being.

(6) Developing function to a maximum level so that early testing can be applied for future job training and employment.

(7) Guiding patients in their use of therapeutic, creative and self–care activities for improving function.

(c) An occupational therapy service unit shall meet the following requirements:

(1) Health records shall contain pertinent information on the patient and procedures for obtaining signed medical orders.

(2) Notes shall indicate procedures performed and be signed by the occupational therapist.

(3) Initial evaluation, treatment plan and discharge summary shall be written and posted in each patient's health record.

(4) Progress notes shall be written and signed on each visit by the occupational therapist.

(5) Personnel policies shall define the occupational therapy director's responsibilities and the duties assigned to the occupational therapy assistant.

§ 73471. Occupational Therapy Service Unit—Policies and Procedures.

There shall be written policies and procedures governing the occupational therapy service unit, including all of the requirements of Section 73469 and the relating of these services to other patient care services. The patient care policy committee shall be responsible for the development and implementation of occupational therapy policies, procedures, and job descriptions, with the assistance of the occupational therapist.

§ 73473. Occupational Therapy Service Unit—Staff.

(a) The occupational therapy service unit shall be under the direction of an occupational therapist.

(b) An occupational therapy assistant shall work only under direct supervision of an occupational therapist.

(c) The occupational therapist and occupational therapy assistant shall work the hours necessary to accomplish those tasks listed in Section 73469.

§ 73475. Occupational Therapy Service Unit—Equipment.

(a) Equipment necessary to enable patients to increase their functional capacity or capability shall be provided. This shall include, but not be limited to:

(1) Supportive slings, supportive and/or assistive hand splints and the materials from which to fabricate these and other assistive devices.

(2) Adapted devices to aid in the performance of daily living skills such as eating, dressing, grooming, writing, with instruction for their use.

(3) Equipment and supplies for creative skills to include but not be limited to leatherwork, weaving, needlework, ceramics, woodworking, painting and graphic arts.

(4) Means and supplies for adapting equipment for reeducation in activities of daily living.

§ 73477. Occupational Therapy Service Unit—Space.

Adequate space shall be provided for the necessary equipment

needed to provide occupational therapy. The minimum floor area shall be 28 square meters (300 square feet), no dimension of which shall be less than 3.7 meters (12 feet).

§ 73479. Speech Pathology and/or Audiology Service Unit.

(a) Speech pathology and/or audiology services are physician referred services which provide diagnostic screening, preventive and corrective therapy for individuals with speech, hearing and/or language disorders.

(b) Speech pathology and/or audiology services include:

(1) Evaluation of patients to determine the type of speech, language and/or hearing disorder.

(2) Determination and recommendation of the appropriate speech, language and hearing therapy.

(3) Instruction of other health team personnel and family members in methods of assisting the patient to improve and/or correct speech or hearing disorders.

(c) A speech pathology and/or audiology service unit shall meet the following requirements:

(1) Health records shall include all pertinent information of patient history and background and a signed medical order for the service.

(2) Progress notes, including the patient's reaction to treatment and any change in condition, shall be written at least monthly and be signed by the speech pathologist and/or audiologist.

(3) Personnel policies shall define the duties of the speech pathology and audiology director and allied personnel in the speech and audiology service unit.

§ 73481. Speech Pathology and/or Audiology Service Unit—Policies and Procedures.

There shall be written policies and procedures governing the speech pathology and audiology service unit, including all of the requirements of Section 73479, and the relating of these services to other patient care services. The patient care policy committee shall be responsible for the development and implementation of policies, procedures and job descriptions in conjunction with the speech pathologist and/or audiologist.

§ 73483. Speech Pathology and/or Audiology Service Unit—Staff.

(a) There shall be a speech pathologist and/or audiologist employed a sufficient number of hours to accomplish those tasks listed in Section 73479.

(b) There may be at least one speech pathology and/or audiology aide to assist in the testing and implementation of the service. The aides shall be registered as speech pathology and/or audiology aides with the Board of Medical Examiners and shall work only under the supervision of a speech pathologist and/or audiologist.

§ 73485. Speech Pathology and/or Audiology Service Unit—Equipment.

(a) There shall be sufficient equipment, tests, materials and supplies to implement the treatment and program required by each patient seen by the speech pathologist and/or audiologist.

(b) The following equipment shall be provided:

(1) An appropriate diagnostic clinical audiometer.

(2) Diagnostic tests and materials.

(3) Other equipment and materials deemed necessary by the speech pathologist and/or audiologist to meet the needs of patients being seen.

§ 73487. Speech Pathology and/or Audiology Service Unit—Space.

Space shall be adequately free of ambient noise to produce valid test results.

§ 73489. Rehabilitation Service Unit.

(a) Rehabilitation service is a service prescribed by a physician for the purpose of maximum reduction of physical disability and restoration of the patient to the highest possible functional level.

(b) A rehabilitation service unit shall include all of the following services:

(1) Physical Therapy.

(2) Occupational Therapy.

(3) Speech Pathology and/or Audiology.

(4) Social Work Services.

(5) Rehabilitation Nursing Services.

(c) A rehabilitation service unit shall meet the following requirements:

(1) Health records shall contain pertinent information of the patient's history and background and shall contain signed medical orders for the prescribed services needed.

(2) Daily notes shall indicate procedures performed and be signed by the appropriate discipline member.

(3) Initial evaluation, treatment plan and discharge summary shall be written and posted on each record.

(4) Progress notes shall be written and signed on each visit by the appropriate discipline member.

(5) Personnel policies shall define the duties of the director of rehabilitation service and auxiliary personnel.

§ 73491. Rehabilitation Service Unit—Policies and Procedures.

There shall be written policies and procedures governing the rehabilitation service unit, including all of the requirements of Section 73489 and the relating of these services to other patient care services. The patient care policy committee shall be responsible for the development and implementation of the rehabilitation service policies, procedures and job descriptions with the assistance of the director of the rehabilitation services unit, the registered nurse, the physical therapist, the occupational therapist, the speech pathologist and/or audiologist and the social worker.

§ 73493. Rehabilitation Service Unit—Staff.

(a) The director of the rehabilitation service unit shall be a physician, physical therapist or occupational therapist who has at least three years of active practice in rehabilitation.

(b) Physical therapy shall meet all the standards set forth in Section 73463.

(c) Occupational therapy shall meet all the standards set forth in Section 73473.

(d) Speech pathology and audiology shall meet all the standards set forth in Section 73483.

(e) Social work services shall meet all the standards set forth in Section 73453.

(f) Rehabilitation nursing shall include at least a full–time (40 hours per week) registered nurse, in addition to the director of nursing service of the facility, who has had two years of rehabilitative nursing practice or has completed a recognized program in rehabilitative nursing within the past five years.

(g) Additional personnel shall be employed to carry out the functions of the rehabilitation service.

§ 73495. Rehabilitation Service Unit—Equipment.

Equipment of the quality and in the quantity necessary for care of patients as ordered or indicated shall be provided to include but not limited to that which meets the standards set forth in Section 73455, Section 73465, Section 73475 and Section 73485.

§ 73497. Rehabilitation Service Unit—Space.

(a) There shall be sufficient space to meet all standards set forth in Section 73467, Section 73477, Section 73487 and Section 73457.

(b) There shall be toilet facilities equipped with grab bars and of sufficient size to accommodate wheelchair patients.

Article 4. Administration

§ 73501. Licensee—General Duties.

(a) The licensee shall be responsible for compliance with licensing requirements and for the organization, management, operation and control of the licensed facility.

(b) The licensee, if a licensed administrator, may act as the administrator or shall appoint a licensed administrator to carry out the policies of the licensee. A responsible adult shall be appointed, in writing, to carry out the policies of the licensee in the absence of the administrator. If the licensed administrator is to be absent for more than 30 consecutive days, the licensee shall appoint another licensed administrator to carry out the day–to–day functions of the intermediate care facility.

(c) The licensee shall delegate to the designated licensed administrator in writing authority to organize and carry out the day–to–day functions of the intermediate care facility through appropriate delegation of duties.

(d) Except where provided for in approved continuing care agreements, no intermediate care facility, owner, administrator, employee or representative thereof shall act as guardian, or conservator of the patient or the estate or both of such intermediate care facility.

(e) The licensee shall employ an adequate number of qualified personnel to carry out all the functions of the facility and shall provide for initial orientation of all new employees, a continuing in–service training program and competent supervision.

(f) If language or communication barriers exist between intermediate care facility staff and a significant number of patients, arrangements shall be made for interpreters or for the use of other mechanisms to insure adequate communication between patients and personnel.

§ 73502. Consumer Information to Be Posted.

(a) The following consumer information shall be conspicuously posted in a prominent location accessible to public view:

(1) Name, license number and date of employment of the current facility's administrator.

(2) A listing of all services and special programs provided in the facility and those provided through written contracts.

(3) A notice that the facility's written admission and discharge policies are available upon request.

(4) Most recent licensing visit report supported by the related follow–up plan of correction visit reports.

(5) The names and addresses of all previous owners.

(6) A listing of all other skilled nursing and intermediate care facilities owned by the same person, firm, partnership, association, corporation or parent or subsidiary corporation, or a subsidiary of the parent corporation.

(7) Any revocation and/or suspension actions instituted against the facility during the current or prior licensing period.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Sections 1276, 1315, 1316 and 1316.5, Health and Safety Code.

§ 73503. Transfer Agreements.

The licensee shall maintain, where appropriate, written transfer agreements with other nearby health facilities to make the services of the other facilities more readily accessible and to facilitate the easy transfer of patients and essential patient information along with the patient.

§ 73504. Bed Hold.

(a) If a patient of an intermediate care facility is transferred to a general acute care hospital as defined in Section 1250(a) of the Health and Safety Code, the intermediate care facility shall afford the patient a bed hold of seven (7) days, which may be exercised by the patient or the patient's representative.

(1) Upon transfer to a general acute care hospital, the patient or the patient's representative shall notify the intermediate care facility within twenty–four (24) hours after being informed of the right to have the bed held, if the patient desires the bed hold.

(2) Except as provided in Section 51535.1, Title 22, California Administrative Code, any patient who exercises the bed hold option shall be liable to pay reasonable charges, not to exceed the patient's daily rate for care in the facility, for bed hold days.

(3) If the patient's attending physician notifies the intermediate care facility in writing that the patient's stay in the general acute care hospital is expected to exceed seven (7) days, the intermediate care facility shall not be required to maintain the bed hold.

(b) Upon admission of the patient to the intermediate care facility and upon transfer of the patient of an intermediate care facility to a general acute care hospital, the intermediate care facility shall inform the patient, or the patient's representative, in writing of the right to exercise this bed hold provision. No later than June 1, 1985, every intermediate care facility shall inform each current patient or patient's representative in writing of the right to exercise the bed hold provision. Each notice shall include information that a non–Medi–Cal eligible patient will be liable for the cost of the bed hold days, and that insurance may or may not cover such costs.

(c) A licensee who fails to meet these requirements shall offer to the patient the next available bed appropriate for the patient's needs. This requirement shall be in addition to any other remedies provided by law.

NOTE: Authority cited: Sections 213(a), 1275 and 1276, Health and Safety Code. Reference: Sections 1275 and1276, Health and Safety Code.

§ 73505. Affiliations.

Copies of affiliation agreements, contract or written arrangements for advice, consultation, services, training or transportation, with other facilities, organizations or individuals, public or private agencies, shall be on file in the facility's administrative office. These shall be readily available for inspection and review by the Department. The agreement and/or contracts shall include, but not be limited to, the description of the services to be provided, the financial arrangements, the methods by which the services are to be provided to the particular patient, the conditions upon which the agreement or contract can be terminated.

§ 73507. Fire Safety.

The licensee shall conform to the regulations adopted by the State Fire Marshal establishing minimum standards for the prevention of fire and for the protection of life and property against fire and panic. A copy of the State Fire Marshal's current fire clearance shall be on the premises.

§ 73509. Smoking.

(a) Patients shall not be permitted to smoke in bed except under observation.

(b) Patients shall be permitted to smoke only in areas so designated. Such areas shall be under periodic observation when patients are smoking.

(c) Smoking or open flame is prohibited in all rooms or spaces where oxygen is being administered or stored.

(d) No smoking signs shall be prominently posted in any room where oxygen cylinders are in use or stored.

§ 73511. Administrator.

(a) Each intermediate care facility shall employ or otherwise provide a licensed administrator to carry out the policies of the licensee. Such administrator shall not be responsible for the administration and management of more than one intermediate care facility unless other intermediate care facilities for which he is

responsible are operated by the same governing body, are in the same vicinity and within reasonable travel time. If an administrator is responsible for more than one facility, he shall not be responsible for more than three facilities or more than 200 beds total and shall designate an individual in each facility to be responsible for carrying out the policies of the licensee.

(b) The administrator shall have sufficient freedom from other responsibilities and shall be on the premises of the intermediate care facility a sufficient number of hours to permit adequate attention to the management and administration of the facility. The Department may require that the administrator spend additional hours in the facility whenever the Department determines through a written evaluation that such additional hours are needed to provide adequate administrative management.

(c) A copy of the current intermediate care facility regulations contained in this chapter shall be maintained by the administrator and shall be available to all personnel.

(d) The administrator shall be responsible for informing appropriate staff of applicable additions, deletions and changes to intermediate care facility regulations.

(e) The administrator shall be responsible for informing the Department, via telephone, immediately upon being notified of the intent of the discontinuance or disruption of services or upon the threat of a walkout of a substantial number of employees, or earthquake, fire, power outage, or other calamity that causes damage to the facility or threatens the safety or welfare of patients or clients.

§ 73513. Advertising.

(a) No intermediate care facility shall make or disseminate false or misleading statements or advertise by any other manner or means, false claims regarding facilities or services provided.

(b) No intermediate care facility shall use the words "Approved by the California Department of Health" or any other words conveying the same idea in any advertising material.

(c) The name or title "hospital" shall not be used by any intermediate care facility.

§ 73515. Inspection Reports.

The latest report of inspection by state or local health authorities shall be kept on file in the facility with notations made of the action taken to comply with any recommendations.

§ 73517. Admission of Patients

(a) The licensee shall:

(1) Admit a patient only on physician's orders.

(2) Accept and retain only those patients for whom it can provide adequate care.

(3) Admit each patient only after a preadmission personal interview according to the written policies of the facility, with the patient's physician, referring health practitioner, the patient, the patient's next of kin and/or sponsor, as appropriate. A telephone interview may be substituted when a personal interview is not feasible.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Sections 1276, 1315, 1316 and 1316.5, Health and Safety Code.

§ 73519. Administrative Policies and Procedures.

(a)Written administrative policies shall be reviewed and revised at least annually and shall include the following:

(1) Written management and personnel policies to govern the administration of the intermediate care facility shall be established and implemented. Job descriptions detailing the functions of each classification of employee shall be written and available to all personnel.

(2) All intermediate care facilities shall have written admission and discharge policies which shall include rate of charge for care, charges for extra services, limitation of services, cause for termination of services and refund policies applying to termination of services. These policies shall be made available to patients or their agents upon admission and upon request and shall be made available to the public upon request.

(b) The following types of patients shall not be admitted, nor cared for, in an intermediate care facility:

(1) Persons with a communicable disease.

(2) Mentally disturbed persons who require special services not available in the intermediate care facility.

(3) Mentally retarded persons requiring special services not available in the intermediate care facility.

(4) Persons requiring skilled nursing care and observation on a 24–hour basis.

(5) Those requiring daily care by a physician.

(c) All patients shall have a tuberculosis screening procedure done upon admission. These procedures shall be determined by the patient care policy committee. Subsequent tuberculosis screening procedures shall be determined by attending physicians. A tuberculosis screening procedure may not be required if there is satisfactory written evidence available that a tuberculosis screening procedure has been completed within 90 days of the date of admission to the intermediate care facility.

(d) Nondiscrimination Policies. No intermediate care facility shall deny admission to a patient on account of race, color, religion, ancestry or national origin except as provided in this section. Admission policies shall state that, except as provided herein, patients will be accepted for care and cared for without discrimination on the basis of race, color, religion, ancestry or national origin.

Any bona fide nonprofit religious, fraternal or charitable organization which can demonstrate to the satisfaction of the Department that its primary or substantial purpose is not to evade this section may establish admission policies limiting or giving preference to its own members or adherents and such policies shall not be construed as a violation of the first paragraph of this subdivision. Any admission of nonmembers or nonadherents shall be subject to the first paragraph of this subdivision.

(e) Written policies and procedures governing patient health records shall be developed with the assistance of a person skilled in record maintenance and preservation. Health records shall be stored and systematically organized to facilitate retrieving of information.

(f) The Patient Care Policy Committee shall implement the provisions of the Health and Safety Code, Sections 1315 and 1316.5, by means of written policies and procedures.

(1) Facilities which choose to allow clinical psychologists to refer patients for admissions shall do so only if there are physicians who will provide the necessary medical care for the referred patients.

(2) Only physicians shall assume overall care of patients including performing the admitting history and physical examinations.

(3) Facilities which choose to allow dentists to refer patients for admission shall do so only if there are physicians who will provide the necessary medical care for the referred patients. Dentists shall perform only those duties lawfully authorized by their practice act.

(g) The Patient Care Policy Committee shall implement the provisions of Health and Safety Code, Section 1316, by means of written policies.

(1) Facilities which choose to allow podiatrists to refer patients for admission shall do so only if a physician provides necessary medical care for the referred patient.

(2) Only physicians shall assume overall care of patients, including performing admitting history and physical examinations.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Sections 1276, 1315, 1316 and 1316.5, Health and Safety Code.

§ 73521. Patient Care Policy Committee.

Written patient care policies shall be established and followed in the care of patients governing the following services: physician,

dental, nursing, dietetic, pharmaceutical and an activity program and such diagnostic, social, psychological and therapy services as may be provided. Such policies shall be developed by a committee whose membership shall consist of at least one physician, the administrator, the supervisor of health services and such other professional personnel as may be appropriate. These policies shall be reviewed and revised by the committee at least annually and minutes of the committee meetings shall be maintained on file indicating the names of members present, the subject matter discussed and action taken.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Sections 1276, 1315 and 1316.5, Health and Safety Code.

§ 73523. Patients' Rights.

(a) Patients have the rights enumerated in this section and the facility shall ensure that these rights are not violated. The facility shall establish and implement written policies and procedures which include these rights and shall make a copy of these policies available to the patient and to any representative of the patient. The policies shall be accessible to the public upon request. Patients shall have the right:

(1) To be fully informed, as evidenced by the patient's written acknowledgment prior to or at the time of admission and during stay, of these rights and of all rules and regulations governing patient conduct.

(2) To be fully informed, prior to or at the time of admission and during stay, of services available in the facility and of related charges, including any charges for services not covered by the facilities' basic per diem rate or not covered under Title XVIII or XIX of the Social Security Act.

(3) To be fully informed by a physician of his or her total health status and to be afforded the opportunity to participate on an immediate and ongoing basis in the total plan of care including the identification of medical, nursing, and psychosocial needs and the planning of related services.

(4) To consent to or to refuse any treatment or procedure or participation in experimental research.

(5) To receive all information that is material to an individual patient's decision concerning whether to accept or refuse any proposed treatment or procedure. The disclosure of material information for administration of psychotherapeutic drugs or physical restraints, or the prolonged use of a device that may lead to the inability to regain use of a normal bodily function shall include the disclosure of information listed in Section 73524(c).

(6) To be transferred or discharged only for medical reasons, or the patient's welfare or that of other patients or for nonpayment for his or her stay and to be given reasonable advance notice to ensure orderly transfer or discharge. Such actions shall be documented in the patient's health record.

(7) To be encouraged and assisted throughout the period of stay to exercise rights as a patient and as a citizen, and to this end to voice grievances and recommend changes in policies and services to facility staff and/or outside representatives of the patient's choice, free from restraint, interference, coercion, discrimination or reprisal.

(8) To manage personal financial affairs, or to be given at least a quarterly accounting of financial transactions made on the patient's behalf should the facility accept his written delegation of this responsibility subject to the provisions of Section 73557.

(9) To be free from mental and physical abuse.

(10) To be assured confidential treatment of the patient's financial and health records and to approve or refuse their release, by law.

(11) To be treated with consideration, respect and full recognition of dignity and individuality, including privacy in treatment and in care for personal needs.

(12) Not to be required to perform services for the facility that are not included for therapeutic purposes in the patient's plan of care.

(13) To associate and communicate privately with persons of the patient's choice, and to send and receive his personal mail unopened.

(14) To meet with and participate in activities of social, religious and community groups at the patient's discretion.

(15) To retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon the health, safety or rights of the patient or other patients.

(16) If married, to be assured privacy for visits by the patient's his/her spouse and if both are patients in the facility, to be permitted to share a room.

(17) To have daily visiting hours established.

(18) To have visits from members of the clergy at the request of the patient or the patient's representative.

(19) To have visits from persons of the patient's choosing at any time if the patient is critically ill, unless medically contraindicated.

(20) To be allowed privacy for visits with family, friends, clergy, social workers or for professional or business purposes.

(21) To have reasonable access to telephones both to make and receive confidential calls.

(22) To be free from any requirement to purchase drugs or rent or purchase medical supplies or equipment from any particular source in accordance with the provisions of Section 1320 of the Health and Safety Code.

(23) To be free from psychotherapeutic and/or physical restraints used for the purpose of patient discipline or staff convenience and to be free from psychotherapeutic drugs used as a chemical restraint as defined in Section 73012, except in an emergency which threatens to bring immediate injury to the patient or others. If a chemical restraint is administered during an emergency, such medication shall be only that which is required to treat the emergency condition and shall be provided in ways that are least restrictive of the personal liberty of the patient and used only for a specified and limited period of time.

(24) Other rights as specified in Health and Safety Code Section 1599.1.

(25) Other rights as specified in Welfare and Institutions Code Sections 5325 and 5325.1 for persons admitted for psychiatric evaluations or treatment.

(26) Other rights as specified in Welfare and Institutions Code, Sections 4502, 4503 and 4505 for patients who are developmentally disabled as defined in Section 4512 of the Welfare and Institutions Code.

(b) A patient's rights as set forth above may only be denied or limited if such denial or limitation is otherwise authorized by law. Reasons for denial or limitation of such rights shall be documented in the patient's health record.

(c) If a patient lacks the ability to understand these rights and the nature and consequences of proposed treatment, the patient's representative shall have the rights specified in this section to the extent the right may devolve to another, unless the representative's authority is otherwise limited. The patient's incapacity shall be determined by a court in accordance with state law or by the patient's physician unless the physician's determination is disputed by the patient or patient's representative.

(d) Persons who may act as the patient's representative include a conservator, as authorized by Parts 3 and 4 of Division 4 of the Probate Code (commencing with Section 1800), a person designated as attorney in fact in the patient's valid durable power of attorney for health care, patient's next of kin, other appropriate surrogate decisionmaker, designated consistent with statutory and case law, a person appointed by a court authorizing treatment pursuant to Part 7 (commencing with Section 3200) of Division 4 of the Probate Code, or, if the patient is a minor, informed consent must be obtained from a person lawfully authorized to represent the minor.

(e) Patients' rights policies and procedures established under this section concerning consent, informed consent and refusal of treatments or procedures shall include, but not be limited to the following:

(1) How the facility will verify that informed consent was obtained pertaining to the administration of psychotherapeutic drugs or physical restraints or the prolonged use of a device that may lead to the inability of the patient to regain the use of a normal bodily function.

(2) How the facility, in consultation with the patient's physician, will identify, consistent with current statutory and case law, who may serve as a patient's representative when an incapacitated patient has no conservator or attorney in fact under a valid Durable Power of Attorney for Health Care.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Sections 1276, 1320, 1599 and 1599.1, Health and Safety Code; and *Cobbs* v. *Grant* (1972) 8 Cal.3d 299.

§ 73524. Informed Consent Requirements.

(a) It is the responsibility of the attending physician to determine what information a reasonable person in the patient's condition and circumstances would consider material to a decision to accept or refuse a proposed treatment or procedure. Information that is commonly appreciated need not be disclosed. The disclosure of the material information and obtaining informed consent shall be the responsibility of the physician.

(b) The information material to a decision concerning the administration of a psychotherapeutic drug or physical restraint, or the prolonged use of a device that may lead to the inability of the patient to regain use of a normal bodily function shall include at least the following:

(1) The reason for the treatment and the nature and seriousness of the patient's illness.

(2) The nature of the procedures to be used in the proposed treatment including their probable frequency and duration.

(3) The probable degree and duration (temporary or permanent) of improvement or remission, expected with or without such treatment.

(4) The nature, degree, duration and the probability of the side effects and significant risks, commonly known by the health professions.

(5) The reasonable alternative treatments and risks, and why the health professional is recommending this particular treatment.

(6) That the patient has the right to accept or refuse the proposed treatment, and if he or she consents, has the right to revoke his or her consent for any reason at any time.

(c) Before initiating the administration of psychotherapeutic drugs, or physical restraints, or the prolonged use of a device that may lead to the inability to regain use of a normal bodily function, facility staff shall verify that the patient has given informed consent to the proposed treatment or procedure. The facility shall also ensure that all decisions concerning the withdrawal or withholding of life sustaining treatment are documented in the patient's health record.

(d) This section shall not be construed to require obtaining informed consent each time a treatment or procedure is administered unless material circumstances or risks change.

(e) There shall be no violation for initiating treatment without informed consent if there is documentation within the patient's health record that an emergency exists where there is an unanticipated condition in which immediate action is necessary for preservation of life or the prevention of serious bodily harm to the patient or others or to alleviate severe physical pain, and it is impracticable to obtain the required consent, and provided that the action taken is within the customary practice of physicians of good standing in similar circumstances.

(f) Notwithstanding Sections 73523(a)(5) and 73524(c)(4), disclosure of the risks of a proposed treatment or procedure may be withheld if there is documentation of one of the following in the patient's health record:

(1) That the patient or patient's representative specifically requested that he or she not be informed of the risk of the recommended treatment or procedure. This request does not waive the requirement for providing the other material information concerning the treatment or procedure.

(2) That the physician relied upon objective facts, as documented in the health record, that would demonstrate to a reasonable person that the disclosure would have so seriously upset the patient that the patient would not have been able to rationally weigh the risks of refusing to undergo the recommended treatment and that unless inappropriate a patient's representative gave informed consent as set forth herein.

(g) A general consent provision in a contract for admission shall only encompass consent for routine nursing care or emergency care. Routine nursing care, as used in this section, means a treatment or procedure that does not require informed consent as specified in Section 73524(c)(1) through (6) or that is determined by the physician not to require the disclosure of information material to the individual patient. Routine nursing care includes, but is not limited to, care that does not require the order of a physician. This section does not preclude the use of informed consent forms for any specific treatment or procedure at the time of admission or at any other time. All consent provisions or forms shall indicate that the patient or incapacitated patient's representative may revoke his or her consent at any time.

(h) If a patient or his or her representative cannot communicate with the physical because of language or communication barriers, the facility shall arrange for an interpreter.

(1) An interpreter shall be someone who is fluent in both English and the language used by the patient and his or her legal representative, or who can communicate with a deaf person, if deafness is the communication barrier.

(2) When interpreters are used, documentation shall be placed in the patient's health record indicating the name of the person who acted as the interpreter and his or her relationship to the patient and to the facility.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code; and *Cobbs* v. *Grant* (1972) 8 Cal.3d 229.

§ 73525. Employees' Health Examinations and Health Records.

(a) All employees working in the facility, including the licensee, shall have a health examination by a physician prior to employment or within seven days after employment and at least annually thereafter. Each such examination shall include a medical history, physical evaluation and laboratory work as indicated. The examination shall be in sufficient detail to indicate that the employee is sufficiently free of disease to perform his assigned duties and that he does not have any health condition that would create a hazard for himself, fellow employees or patients. A report shall be made of each examination, signed by the examining physician.

(b) The initial health examination and subsequent annual examination shall include a purified protein derivative intermediate strength intradermal skin test for tuberculosis or a chest X–ray. Positive reaction to the skin test shall be followed by a 35.56cm x 43.18cm (14″ x 17″) chest X–ray.

(c) The facility shall maintain a health record for each employee, including reports of all employment–related health examinations. Such records shall be kept a minimum of three years following termination of employment.

§ 73527. Employee Personnel Records.

(a) All facilities shall maintain employee records of all personnel. The record shall include the employee's full name, social security number, professional license or registration number, if any, employment classification, information as to past employment and/or qualifications, date of beginning employment and date of termination of employment. Such records shall be retained for at least three years following termination of employment.

(b) Records of hours and dates worked by all employees during at least the most recent six–month period shall be kept on file at the place

of employment or at a central location within the State of California. Such records shall be made available to the Department upon request.

§ 73529. Employee Name Badges.

All personnel serving patients or the public shall wear name and title badges unless contraindicated.

§ 73531. Patients with Communicable Disease.

(a) Patients acquiring a communicable disease while in the facility shall be transferred to an appropriate facility as soon as possible. While awaiting transfer, the following requirements shall be met:

(1) Any patient diagnosed as having a reportable communicable disease or being in a carrier state who the attending physician determines is a potential danger to other patients or personnel, shall be accommodated in a room provided with a separate toilet, handwashing facility, soap dispenser and individual towels.

(2) The intermediate care facility shall adopt and observe written procedures approved by the local health officer. Such procedures shall be posted at the nurses' station or other appropriate location. The procedures shall outline the technique to be used in the care of patients with a communicable disease and shall include:

(A) Handwashing upon entering and leaving patient's room.

(B) Proper handling and disposal of infectious material.

(C) Procedures for medical and nursing personnel providing for proper isolation techniques.

(D) Health education provided to the patient.

(E) Proper handling of dishes.

(F) Proper handling of patient care equipment.

§ 73533. Reporting of Communicable Disease.

Each facility shall report to the local health officer each case of reportable communicable disease.

§ 73535. Reporting of Outbreaks.

Each facility having knowledge of any outbreak or undue prevalence of infectious or parasitic disease or infestation shall report the facts promptly to the local health officer.

§ 73537. Occurrence of Unusual Disease.

Each facility having knowledge of a case of an unusual disease shall convey the facts promptly to the local health officer.

§ 73539. Unusual Occurrences.

Occurrences such as epidemic outbreaks, poisoning, fires, major accidents, deaths from unnatural causes or other catastrophes and unusual occurrences which threaten the welfare, safety or health of patients, personnel or visitors shall be reported by the facility within 24 hours either by telephone (and confirmed in writing) or by telegraph to the local health office and the Department. An incident report shall be retained on file in the facility. The facility shall furnish such other pertinent information related to such occurrences as the local health officer or the Department may require. Every fire or explosion which occurs in or on the premise shall be reported within 24 hours to the local fire authority or in areas not having an organized fire service, to the State Fire Marshal.

§ 73541. Annual Reports.

Each facility on or before the 15th day of February of each year shall file with the Department upon forms furnished by the Department a report for the preceding calendar year upon all matters requested by the Department.

§ 73543. Patients' Health Records.

(a) Records shall be permanent, either typewritten or legibly written with pen and ink and shall be kept on all patients admitted or accepted for treatment. All health and social records of discharged patients shall be completed and filed within 30 days and such records shall be kept for a minimum of seven years, except for minors whose records shall be kept at least until one year after the minor has reached the age of 18 but in no case less than seven years. If a facility operates an X–ray unit, all exposed X–ray film shall be retained for seven years. All required records, either originals or faithful and accurate reproductions thereof, shall be maintained in such form as to be legible and readily available upon request of the attending physician, he facility or any authorized officer, agent or employee of either or any other person authorized by law to make such request.

(b) Information contained in the records shall be treated as confidential and disclosed only to authorized persons.

(c) If a facility ceases operation, the Department shall be informed immediately of the arrangements made for the safe preservation of the patients' records.

(d) The Department shall be informed in writing immediately whenever patients' health records are defaced or destroyed before termination of the required retention period.

(e) If the ownership of the facility changes, both the licensee and the new applicant for the new license shall, prior to the change of ownership, provide the Department with written documentation, stating:

(1) That the new licensee will have custody of the patients' records and these records will be available to the former licensee, the new licensee and other authorized persons; or

(2) That other arrangements have been made by the current licensee for the safe preservation and location of the patients' health records, and that they are available to both the new and former licensees and other authorized persons; or

(3) The reasons for the unavailability of such patients' health records.

(f) Patients' health records shall be current and kept in detail consistent with acceptable professional practice based on the service provided to each patient. Such records shall be filed and maintained in accordance with these requirements and shall be available for review by the Department.

(g) Patients' health records shall be filed and stored so as to be protected against loss, destruction or unauthorized use.

§ 73545. Admission Records.

(a) A facility shall complete for each patient an admission record which shall include the following:

(1) Name and Social Security number.

(2) Current address.

(3) Age and date of birth.

(4) Sex.

(5) Date of admission.

(6) Date of discharge.

(7) Name, address and telephone number of person or agency responsible for patient and next of kin.

(8) Name, address and telephone number of attending physician and of the podiatrist, dentist or clinical psychologist if such practitioner is primarily responsible for the treatment of the patient.

(9) Name, address and telephone number of the designated alternate physician.

(10) Admission diagnosis, known allergies and final diagnosis.

(11) Medicare and Medi–Cal numbers when appropriate.

(12) An inventory including but not limited to:

(A) Items of jewelry.

(B) Items of furniture.

(C) Radios, television and other appliances.

(D) Prosthetic devices.

(E) Other valuable items, so identified by the patient, family or authorized representative.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Sections 1276, 1315, 1316 and 1316.5, Health and Safety Code.

§ 73547. Content of Health Records.

(a) A facility shall maintain for each patient a health record which shall include the following:

(1) Diagnoses (current).

(2) Drug and treatment orders.

(3) Diet orders.

(4) Progress notes written at the time of visit by professional personnel in attendance to the patient.

(5) Nurses' notes which shall include:

(A) Narrative notes made by nurses' aides when appropriate, and after such aides have been properly instructed. They shall include:

1. Care and treatment done with and for the patient.

2. Patients' reactions to care and treatment.

3. Daily observation of how patient looks, feels, reacts, interacts, degree of dependency and motivation towards improved health.

(B) Meaningful and informative nurses' progress notes written by licensed nurses as often as the patient's condition warrants. However, weekly nurses' progress notes shall be written by licensed personnel on each patient and shall be specific to the psychological, emotional, social, spiritual, recreational needs and related to the patient care plans.

Progress notes reflecting observations of the patient's response to his environment, physical limitations, independent activities, dependency status, behavioral changes, skin problems, dietary problems and restorative measures to characterize the functional status of progression and/or regression.

(C) Name, dosage and time of administration of drugs, the route of administration if other than oral and site of injection. If the scheduled time is indicated on the record the initial of the person administering the dose shall be recorded, provided that the drug is given within one hour of the scheduled time. If the scheduled time is not recorded, the person administering the dose shall record both his initials and the time of administration.

(D) Justification for and the results of the administration of all P.R.N. medications and the withholding of scheduled medications.

(E) Record of type of restraint and time of application and removal. The time of application and removal shall not be required for soft tie restraints prescribed by the physician for the support and protection of the patient.

(F) Medications and treatments administered and recorded as prescribed.

(6) Current history and physical examination or appropriate health evaluation.

(7) Temperature, pulse and respiration where indicated.

(8) Laboratory reports of all tests prescribed and completed.

(9) Reports of all X–rays prescribed and taken.

(10) Condition and diagnosis of patient at time of discharge and final disposition.

(11) Physician orders, including drug, treatment and diet orders signed on each visit. Physician orders recapitulated as appropriate.

(12) Observation and information pertinent to the dietetic treatment recorded in the patient's health record by the dietitian or nurse. Pertinent dietary records shall be included in patient's transfer records to ensure continuity of nutritional care.

(13) Consent forms for prescribed treatment and medication.

(14) An inventory of all patients' personal effects and valuables made upon admission and discharge. The inventory list shall be signed by a representative of the facility and the patient or his authorized representative with one copy to be retained by each.

§ 73549. Disaster and Mass Casualty Program.

(a) A written disaster and mass casualty program shall be adopted. The program shall be developed with the advice and assistance of qualified fire and safety experts and shall be in conformity with the California Emergency Plan of October 10, 1972, developed by the state office of Emergency Services and the California Emergency Medical Mutual Aid Plan of March 1974, developed by the office of Emergency Services, Department of Health. A copy of the Program shall be available on the premises for review by the Department.

(b) The program shall provide plans for local disasters occurring in the community and widespread disasters. The written program shall include at least the following:

(1) Availability of adequate basic utilities and supplies, including gas, water, food and essential medical and supportive materials.

(2) An efficient system of notifying and assigning personnel.

(3) Unified medical command.

(4) Conversion of all usable space into clearly defined areas for efficient triage, for patient observation and for immediate care.

(5) Prompt transfer of casualties when necessary and after preliminary medical or surgical services have been rendered to the facility most appropriate for administering definitive care.

(6) Arrangements for provision of transportation of patients including emergency housing where indicated.

(7) Arrangements for care of patients during transporting and while occupying emergency housing.

(8) Disposition and care of patients after evacuation of facility.

(9) A special disaster medical record, such as an appropriately designed tag that accompanies the casualty as he is moved.

(10) Procedures for the prompt discharge or transfer of inpatients at the time of the disaster who can be moved without jeopardy.

(11) Maintaining security in order to keep relatives and curious persons out of the triage area.

(12) Establishment of a public information center and assignment of public relations liaison duties to a responsible individual.

(c) The program shall be brought up–to–date at least annually and all personnel shall be instructed in its requirements. There shall be evidence in the personnel files, e.g., orientation checklist or elsewhere indicating that all new employees have been oriented to the program and procedures at the beginning of their employment.

(d) The disaster plan shall be rehearsed at least twice a year. There shall be a written report and evaluation of all drills.

§ 73551. Fire and Internal Disasters.

(a) A written fire and internal disaster program, incorporating evacuation procedures, shall be developed with the assistance of qualified fire, safety and other appropriate experts. A copy of the program shall be available on the premises for review by the Department.

(b) Program Coverage. The written program shall include at least the following:

(1) Plans for the assignment of personnel to specific tasks and responsibilities.

(2) Instructions relating to the use of alarm systems and signals.

(3) Information concerning methods of fire containment.

(4) Systems for notification of appropriate persons.

(5) Information concerning the location of fire–fighting equipment.

(6) Specification of evacuation routes and procedures.

(7) Other provisions as the local situation dictates.

(8) List of persons and telephone numbers to call in the event of fire or disaster.

(c) Fire and internal disaster drills shall be held at least quarterly for each individual shift of intermediate care facility personnel and under varied conditions. The actual evacuation of patients to safe areas during a drill is optional.

(1) A dated written report and evaluation of each drill and rehearsal shall be maintained.

(d) The evacuation plan shall be posted throughout the facility and shall include at least the following:

(1) Evacuation routes.

(2) Location of fire alarm boxes.

(3) Location of fire extinguishers.

(4) Emergency phone number of the local fire department.

§ 73553. Disruption of Services.

Each intermediate care facility shall develop a written plan to be used when a discontinuance or disruption of service occurs.

§ 73555. Patient Identification.

Each patient shall be provided with a wristband identification tag or other means of identification at all times unless the attending physician notes in the health record that the patient's condition would not permit such identification. Minimum information shall include the name of the patient and the name of the facility.

§ 73557. Safeguards for Patients' Monies and Valuables.

(a) Each facility to whom a patient's money or valuables have been entrusted shall comply with the following:

(1) No licensee shall use patients' monies or valuables as his own or mingle them with his own. Patients' monies and valuables shall be separate, intact and free from any liability that the licensee incurs in the use of his own or the institution's funds and valuables.

(2) Each licensee shall maintain adequate safeguards and accurate records of patients' monies and valuables entrusted to his care.

(A) Records of patients' monies which are maintained as a drawing account shall include a control account for all receipts and expenditures, an account for each patient and supporting vouchers filed in chronological order. Each account shall be kept current with columns for debits, credits and balance.

(B) Records of patients' monies and other valuables entrusted to the licensee for safekeeping shall include a copy of the receipt furnished to the patient or to the person responsible for the patient.

(3) Patients' monies not kept in the facility shall be deposited in a demand trust account in a local bank authorized to do business in California, the deposits of which are insured by the Federal Deposit Insurance Corporation, except that a facility operated by a county may deposit such funds with the County Treasurer.

(4) A person, firm, partnership, association or corporation which is licensed to operate more than one health facility shall maintain a separate demand trust account for each such facility and shall not commingle patient funds from one facility with another.

(5) When the amount of patients' money entrusted to a licensee exceeds $500, all money in excess of $500 shall be deposited in a demand trust account as specified in (3) and (4) above unless a fireproof safe is provided for protection of monies and valuables. If a fireproof safe is kept and the licensee desires the protection accorded by Section 1860 of the Civil Code, he shall give notice as provided by that section.

(6) Upon discharge of a patient, all money and valuables of that patient which have been entrusted to the licensee shall be surrendered to the patient in exchange for a signed receipt. Money and valuables kept within the facility shall be surrendered upon demand and those kept in a demand trust account or with the County Treasurer shall be made available within three normal banking days.

(7) Within 30 days following the death of a patient, except in a coroner or medical examiner case, all money and valuables of that patient which have been entrusted to the licensee shall be surrendered to the person responsible for the patient, or to the executor or the administrator of the estate in exchange for a signed receipt. Whenever a patient without a representative or known heirs dies, immediate written notice thereof shall be given by the facility to the Public Administrator of the county as specified by Section 1145 of the California Probate Code and a copy of said notice shall be filed with the Department.

(8) Upon change of ownership of a facility, a written verification by a public accountant of all patients' monies which are being transferred to the custody of the new owners shall be obtained by the new owner in exchange for a signed receipt.

§ 73558. Liability for Rent and Return of Rental Advance.

(a) This section shall apply to all hiring agreements executed on or after January 1, 1979.

(b) Whenever accommodations in an intermediate care facility are rented by or for a patient on a month to month basis, the renter or his heir, legatee or personal representative shall not be liable for any rent due under the rental agreement for accommodations beyond the date on which the patient died.

(c) Any advance payment of rent by the renter shall be returned to the heir, legatee or personal representative of the patient no later than two weeks after the death of the patient.

(d) The rights described in subsections (b) and (c) of this section shall not be modified or waived in the rental agreement.

NOTE: Authority cited: Sections 208 and 1275, Health and Safety Code. Reference: Section 1934.5, Civil Code.

Article 5. Physical Plant

§ 73601. Alterations to Existing Buildings or New Construction.

(a) Alterations to existing buildings licensed as intermediate care facilities or new construction shall be in conformance with Chapter 1, Division T17, Part 6, Title 24, California Administrative Code.

(b) Intermediate care facilities licensed and in operation prior to the effective date of changes in construction regulations shall not be required to institute corrective alterations or construction to comply with such new requirements except where specifically required or where the Department determines that a definite hazard to health and safety exists. Any intermediate care facility for which preliminary or working drawings and specifications have been approved by the Department prior to the effective date of changes to construction regulations shall not be required to comply with such new requirements provided substantial actual construction is commenced within one year of the effective date of such new requirements.

(c) All intermediate care facilities shall maintain in operating condition all buildings, fixtures and spaces in the numbers and types as specified in the construction requirements under which the intermediate care facility or unit was first licensed.

§ 73603. Application for Plan Review.

(a) Drawings and specifications for alterations to existing buildings or new construction shall be submitted to the Department for approval and shall be accompanied by an application for plan review on forms furnished by the Department. The application shall:

(1) Identify and describe the work to be covered by the plan review for which the application is made.

(2) Describe the land on which the proposed work is to be done, by lot, block, tract or house and street address or similar description that will readily identify and definitely locate the proposed building or work.

(3) Show the present and proposed use or occupancy of all parts of the building or buildings.

(4) State the number of square meters (square feet) of floor area involved in new construction and in alterations.

(5) Give such other information as may be required by the Department for unusual design circumstances.

(6) Be signed by the person designing the work or the owner of the work.

(b) The application for plan review shall also include a written statement that a description of the proposed work has been submitted to the Area Comprehensive Health Planning Agency approved by the State Advisory Health Council pursuant to Section 437.7 of the Health and Safety Code.

§ 73605. Space Conversion.

Spaces approved for specific uses at the time of licensure shall not be converted to other uses without the approval of the Department.

§ 73607. Notice to Department.

The Department shall be notified, in writing, by the owner or licensee of the intermediate care facility, within five days of the commencement of any construction, remodeling or alterations to such facility.

§ 73609. Patient Capacity.

(a) An intermediate care facility shall not have more patients or beds set up for use than the number for which it is licensed except in case of emergency when temporary permission may be granted by the Director or his designee.

(b) Five percent of a facility's total licensed bed capacity may be used for a classification other than that designated on the license. Upon application to the Director and a showing that seasonal fluctuations justify, the Director may grant the use of an additional five percent of the beds for other than the classified use.

(c) Patients shall not be housed in areas which have not been approved by the Department for patient housing and which have not been given a fire clearance by the State Fire Marshal except as provided in paragraph (a) above.

(d) The number of licensed beds shown on a license shall not exceed the number of beds for which the facility meets applicable construction and operational requirements.

§ 73611. Patient Rooms.

(a) Each patient room shall be labeled with a number, letter or combination of the two for identification.

(b) Each resident shall be provided clean, comfortable and reasonably private living accommodations with no more than four residents occupying a room.

(c) Residents shall be accommodated only in rooms approved by the Department with the following minimum floor area:

(1) Single rooms: 10 square meters (110 square feet)

(2) Multibed rooms: 7.5 square meters (80 square feet per bed)

(d) Except in rooms approved by the Department for seclusion of psychiatric patients, patients' rooms shall not be kept locked when occupied.

(e) Only upon the written approval of the Department may any exit door, corridor door, yard enclosures or perimeter fences be locked to egress.

(f) Patients' rooms which are approved for ambulatory patients only shall not accommodate nonambulatory patients. Before a patient is accommodated in an ambulatory only section, he shall demonstrate his ambulation ability and this shall be noted in the patient's health record. The intermediate care facility shall transfer any patient from the ambulatory section when his condition becomes nonambulatory. The ambulatory ability of any patient in an ambulatory only section shall be demonstrated upon the request of the Department.

(g) Patient rooms approved for use by ambulatory patients only shall be identified as follows: The words "Reserved for Ambulatory Patient," in letters at least 1.25 centimeters (one–half inch) high shall be posted on the outside of the door or on the wall alongside the door where they are visible to persons entering the room.

§ 73613. Patients' Property Storage.

Patients shall be provided with closet or locker space for clothing, toilet articles and other personal belongings. Bedside tables or the equivalent shall be provided for each patient.

§ 73615. Patients' Room Furnishings.

A clean and comfortable bed with an adequate mattress, pillow, blankets, bed linen, night stand, a comfortable arm chair and reading lamp shall be provided for each bed licensed.

§ 73617. Recreation and Dining Areas.

Lounge, recreation and dining areas shall be provided apart from sleeping quarters.

§ 73619. Provision for Privacy.

Visual privacy for each patient shall be provided in patient rooms, tub, shower and toilet rooms. Doors providing access to the corridor shall not be considered as meeting this requirement.

§ 73621. Public Telephone.

(a) A telephone shall be installed on each floor accommodating patients. This may not be required in separate buildings having six beds or less which are restricted to occupancy by ambulatory patients.

(b) The telephone shall be at appropriate height for use by patients in wheelchairs.

§ 73623. Special Rooms.

Special rooms shall be maintained for the isolation of a single patient in the ratio of one room for each 35 beds or major fraction thereof. These rooms shall be used for isolation of patients with infectious disease, acute or terminal illness or those who become agitated and create a disturbance. At least one special room shall be maintained with adjoining toilet and handwashing facilities which are not shared with other patients.

§ 73625. Nursing Stations.

(a) Nursing stations shall be maintained in each nursing unit or building.

(b) Nursing stations shall be maintained with a cabinet, a desk, space for records, a bulletin board, a telephone and a specifically designated and well–illuminated medicine storage compartment with a lockable door. If a separate medicine room is maintained, it shall have a lockable door and a medicine sink with water connections. If a nourishment refrigerator is used, the following standards shall apply:

(1) Be located in a clean area not subject to contamination by human waste and subject to the same conditions specified in Section 73337 (c).

(2) Maintain temperatures at or below 7ºC (45ºF) for chilling.

(3) Maintain freezer at or below minus 7ºC (20ºF).

(4) Have a reliable thermometer in refrigerator at all times.

(5) Food in the refrigerator subject to the same conditions as specified in Section 73345(b)(6).

§ 73627. Central Supply and Sterilizing.

(a) Intermediate care facilities having a licensed bed capacity of 60 or more beds shall maintain a central supply and sterilizing area which shall be adequate to maintain the following services, spaces and equipment as a minimum:

(1) Work space.

(2) Sterilizing space.

(3) Storage space for sterile supplies.

(4) Storage space for unsterile supplies.

(5) Equipment for clean–up and sterilization of dressings, utensils, supplies and solutions.

(b) Autoclaves shall be equipped with recording thermometers in addition to the standard mercury thermometers.

§ 73629. Utility Rooms.

(a) Utility rooms shall be maintained in each nursing unit and shall be designed for separation of clean and dirty work areas. The following spaces and equipment shall be maintained as a minimum:

(1) Work counters.

(2) Cabinets.

(3) Rim–flush clinic sink with an integral 7.6 centimeters (3–inch) trap and waste–line flushometer valve and hot and cold water supply.

§ 73631. Special Systems.

(a) A nurses' call system shall be maintained in operating order in all nursing units. Nurses' call systems shall be maintained in a manner that will provide visible and audible signal communication between nursing personnel and patients. The minimum requirements are:

(1) A call station or stations providing detachable extension cords to each patient's bed in the patients' rooms. These extension cords shall be readily accessible to patients at all times unless attending physician orders otherwise.

(2) A visible signal in the corridor above the corridor door of each patient's bedroom, visible from all parts of the corridor.

(3) An audible signal and a nurses' call annunciator indicating the room from which the call originates or an alternate system, approved

in writing by the Department, shall be located at the nurses' station. The sounding of the audible signal shall be continuous or intermittent until answered.

(b) A nurses' call system shall be provided in each patient's toilet rooms, bathroom and shower room in locations easily accessible to the patients. Electric shock hazard shall be eliminated by grounding or by an equally effective method.

(c) The nurses' call systems shall be so designed as to require resetting at the station where the call originates unless a two–way voice communication component is included in the system.

§ 73633. Handrails.

Corridors shall be equipped with handrails on each side properly secured.

§ 73635. General Maintenance.

(a) The facility shall be clean, sanitary and in good repair at all times. Maintenance shall include provision and surveillance of services and procedures assuring safety and well–being of patients, staff and visitors.

(b) Buildings ad grounds shall be free of environmental pollutants and such nuisances as may adversely affect the health or welfare of patients to the extent that such conditions are within the reasonable control of the facility.

(c) All buildings, fixtures, equipment and spaces shall be maintained in operable condition.

(d) There shall be appropriate personnel for preventive maintenance and to carry out the required maintenance program.

(e) Equipment provided must meet any and all applicable California Occupational Safety and Health Act requirements in effect as of the time of purchase. All portable electrical equipment designed for 110–120 volts, 60 hertz current shall be equipped with a three wire grounded power cord with a hospital grade three prong plug. The cord shall be an integral part of the plug.

§ 73637. Air Filters.

(a) The licensee shall be responsible for regular inspection, cleaning or replacement of all filters installed in heating, air conditioning and ventilating systems, as necessary to maintain the systems in normal operating condition.

(b) A written record of inspection, cleaning or replacement, including static pressure drop, shall be maintained and available for inspection. The record shall include a description of the filters originally installed, the American Society of Heating, Refrigeration and Air Conditioning Engineers (ASHRAE) efficiency rating and the criteria established by the manufacturer or supplier to determine when replacement or cleaning is necessary.

(c) Following filter replacement or cleaning, the installation shall be visually inspected for torn media and bypass in filter frames by means of a flashlight or equivalent, both with fans in operation and stopped. Tears in filter media and bypass in filter frames shall be eliminated in accordance with the manufacturer's directions and as required by the Department.

(d) Where filter maintenance is performed by an equipment service company, a certification shall be provided to the licensee that the requirements listed in this section have been accommodated.

§ 73639. Emergency Lighting and Power System.

(a) Auxiliary lighting and power facilities shall be readily available in case of necessity. Flashlights shall be in readiness for use at all times. Open–flame type of light shall not be used.

(b) The licensee shall provide and maintain an emergency electrical system in safe operating condition and in compliance with subdivisions (d), (e) and (f). The system shall serve all lighting, signals, alarms and equipment required to permit continued operation of all necessary functions of the facility for a minimum of six hours.

(c) If the Department determines that an evaluation of the emergency electrical system of a facility or portion thereof, is necessary, the Department may require the licensee to submit a report by a registered electrical engineer which shall establish a basis for alteration of the system to provide reasonable compliance with Subarticle E702–B, Part 3, Title 24, California Administrative Code (Emergency Electrical Systems For Existing Nursing Homes). Essential engineering data, including load calculations, assumptions and tests, and where necessary, plans and specifications, acceptable to the Department, shall be submitted in substantiation of the report. When corrective action is determined to be necessary, the work shall be initiated and completed within an acceptable time limit.

(d) The emergency lighting and power system shall be maintained in operating condition to provide automatic restoration of power for emergency circuits within 10 seconds after normal power failure.

(e) Emergency generators installed in intermediate care facilities shall be tested under load conditions for at least 30 minutes at intervals of not less than 14 days.

(f) A written record of inspection, performance, exercising period and repairs shall be regularly maintained and available for inspection.

§ 73641. Storage and Disposal of Solid Waste.

(a) Solid wastes shall be stored and eliminated in a manner to preclude the transmission of communicable disease. These wastes shall not be a nuisance or a breeding place for insects or rodents nor be a food source for either.

(b) Solid waste containers shall be stored and located in a manner that will protect against odors.

(c) Syringes and needles, before being discarded into waste containers, shall be rendered unusable.

§ 73643. Solid Waste Containers.

(a) All containers, except movable bins used for storage of solid wastes, shall have tight–fitting covers in good repair, external handles and be leakproof and rodent proof.

(b) Movable bins when used for storing or transporting solid wastes from the premises shall have approval of the local health department and meet the following requirements:

(1) Have tight–fitting covers, closed when not being loaded.

(2) Be in good repair.

(3) Be leakproof.

(4) Be rodent proof unless stored in a room or screened enclosure.

(c) All containers receiving putrescible wastes shall be emptied at least every four days or more often if necessary.

(d) Solid waste containers, including movable bins, shall be thoroughly washed and cleaned each time they are emptied unless soil contact surfaces have been completely protected from contamination by disposable liners, bags or other devices removed with the waste. Each movable bin should provide for suitable access and a drainage device to allow complete cleaning at the storage area.

NOTE: Authority cited: Sections 208(a) and 1254, Health and Safety Code. Reference: Sections 1250, 1276 and 25157.3, Health and Safety Code.

§ 73645. Infectious Waste.

Infectious waste, as defined in Health and Safety Code Section 25117.5, shall be handled and disposed of in accordance with the Hazardous Waste Control Law, Chapter 6.5, Division 20, Health and Safety Code (beginning with Section 25100) and the regulations adopted thereunder (beginning with Section 66100 of this Title).

NOTE: Authority cited: Sections 208, 1254, 25150 and 25157.3, Health and Safety Code. Reference: Sections 1250, 25117 and 25117.5, Health and Safety Code.

§ 73647. Gases for Medical Use.

(a) Gases for medical use covered by this section are: carbon dioxide, cyclopropane, ethylene, helium, nitrous oxide, oxygen, helium–oxygen mixtures and carbon dioxide–oxygen mixtures.

(b) Provision shall be made for safe handling and storage of medical gas cylinders.

(c) Transfer of gas by facility personnel from one cylinder to another shall be prohibited.

(d) All medical gas cylinders, pressure regulators, wall outlets from piping systems and external removable connection hoses used therewith shall, by physical design, be so constructed that connections for different gases are not interchangeable. This standardization shall be accomplished by installing permanent fittings as indicated in this section:

(1) Outlet valves for small compressed gas cylinders (Style E and smaller) shall conform with the Pin Index and Safety Systems contained in Pamphlet B57.1 Compressed Gas Cylinder Valve Outlet and Inlet Connections, 1965 edition, by the American National Standards Institute, Inc., 1430 Broadway, New York, NY 10018.

(2) Valve outlet connections for large cylinders (Style F and larger) for oxygen and nitrous oxide shall conform with the standards contained in Pamphlet B57.1, Compressed Gas Cylinder Valve Outlet and Inlet Connections, 1965 edition, by the American National Standards Institute, Inc., 1430 Broadway, New York, NY 10018. Standard Connection No. 240 shall be used with oxygen cylinders and Standard Connection 1320 shall be used with nitrous oxide cylinders.

(3) Removable exposed threaded connections, where employed in medical gas piping systems and equipment used in conjunction with resuscitators and oxygen therapy apparatus, shall be provided with noninterchangeable connections which conform with Pamphlet V–5, Diameter–Index Safety System, May 1970 printing, by the Compressed Gas Association, Inc., 500 Fifth Avenue, New York, NY 10036.

(4) Station outlets from piped oxygen and nitrous oxide systems shall conform with the standards contained in Bulletin NFPA No. 56F, Nonflammable Medical Gas Systems, 1973, by the National Fire Protection Association, 470 Atlantic Avenue, Boston, MASS 02210.

(5) Removable connection hoses from outlets shall be fitted with permanently connected fittings to match the standards listed above in subsections (1), (2), (3) and (4).

(e) The piped oxygen or nitrous oxide system(s) shall be tested in accordance with the National Fire Protection Association Bulletin, NFPH No. 56F, referred to above, and a written report shall be maintained in each of the following instances:

(1) Upon completion of initial installation.

(2) Whenever changes are made to a system.

(3) Whenever the integrity of a system has been breached.

(4) At least annually.

(f) Oxygen Equipment.

(1) Vaporizer bottles on oxygen equipment shall be sterilized after each use.

(2) Only sterile distilled water shall be used in vaporizer bottles.

(3) Vaporizer bottles shall be changed at least every 24 hours.

§ 73649. Water Supply and Plumbing.

(a) Where water for human consumption is from an independent source, it shall be subjected to bacteriological analysis by the local health department, the State Department or a licensed commercial laboratory at least every three months. A copy of the most recent laboratory report shall be available for inspection.

(b) Plumbing and drainage facilities shall be maintained in compliance with Part 5, Title 24, California Administrative Code, Basic Plumbing Requirements. Drinking water supplies shall comply with Group 4, Subchapter 1, Chapter 5, Division T17, Part 6, of Title 24, California Administrative Code.

(c) Vacuum breakers shall be maintained in operating condition where required by Section T17–210 (c), Division T17, Part 6, Title 24, California Administrative Code.

(d) Hot water temperature controls shall be maintained to automatically regulate temperature of hot water delivered to plumbing fixtures used by patients to attain a hot water temperature not less than 40.5ºC (105ºF) and not more than 48.9ºC (120ºF).

(e) Hot water at a minimum temperature of 83ºC (180ºF) shall be maintained at the final rinse section of dishwashing facilities unless alternate methods are approved by the Department.

(f) Taps delivering water at 51.6ºC (125ºF) or above shall be prominently identified by warning signs in letters at least five centimeters (two inches) high. Special precautions shall be taken to prevent the scalding of patients.

(g) Grab bars readily accessible to patients shall be maintained at each toilet, bathtub and shower used by patients, where required by Section T17–212 (b), Division T17, Part 6, of Title 24, California Administrative Code.

(h) Toilet, handwashing and bathing facilities shall be maintained in operating condition and in the number and types specified in construction requirements in effect at the time the building or unit was constructed. Those handwashing facilities listed in Section T17–208, Division T17, Part 6, Title 24, California Administrative Code, shall not be equipped with aerators.

§ 73651. Lighting.

(a) All rooms, attics, basements, passageways and other spaces shall be provided with artificial illumination.

(b) Adequate illumination shall be provided for the comfort of patients, operating functions in work areas and for the safety of patients and personnel.

(c) All patient rooms shall have a minimum of 30 lumens of light delivered to reading or working surfaces and not less than 10 lumens of light in the rest of the room.

(d) All corridors, storerooms, stairways, ramps, exits and entrances shall have a minimum of five lumens of light measured in the darkest corner.

(e) Lighting fixtures shall have suitable enclosures to control fixture brightness and to prevent accidental lamp breakage. Where exposed lamp fixtures are permitted, such as, closets, storage spaces, equipment rooms and similar areas, suitable guards shall be installed in locations where accidental lamp breakage could be hazardous to personnel.

§ 73653. Maintenance Manual.

(a) A written manual on maintenance of heating, air conditioning and ventilation systems shall be adopted by each facility.

(b) A maintenance log shall be maintained.

(c) Where maintenance is performed by an equipment service company, a certification shall be provided to the licensee that the required work has been performed in accordance with acceptable standards. This certification shall be retained on file in the facility.

§ 73655. Mechanical Systems.

Air conditioning and ventilating systems shall be maintained in normal operating conditions to provide a comfortable temperature and to meet the new construction requirements in effect at the time plans were approved for the facility.

§ 73657. Screens.

Where necessary to protect against flies and other insects, screens of six mesh per centimeter (16 mesh per inch) shall be provided on doors and windows. Screen doors shall be of a type or installed as approved by the State Fire Marshal.

§ 73659. Storage.

(a) General and specialized storage space shall be maintained adequate to meet the needs of patients, for efficient operation of the facility and as required at the time of licensure. Storage shall not be permitted in air distribution chambers of heating, air conditioning or ventilating systems.

(b) Intermediate care facilities shall maintain combined general and specialized storage in accordance with the following schedule:

1–10 bed	11 square meters (120 square feet) minimum
11–100 beds	1.1 square meters (12 square feet) per bed
over 100 beds	111 square meters plus 0.5 square meters (1200 square feet plus five square feet) per bed for each bed over 100

§ 73661. Space.

All spaces located in the facility or internally connected to a licensed facility shall be considered a part of the facility and subject to licensing regulations.

§ 73663. Linen.

(a) A supply of linen shall be provided sufficient for not less than three complete bed changes for the facility's licensed capacity. Particular attention shall be given to assuring a supply of clean linen during and after weekends, holidays and other periods when laundry service is not available.

(b) There shall be written procedures posted pertaining to the handling, storage, transportation and processing of linens.

§ 73665. Laundry

(a) When a facility operates it own laundry such laundry shall be:

(1) Located in relationship to other areas that steam, odors, lint and objectionable noises do not reach patient or personnel areas.

(2) Adequate in size, well–lighted and ventilated to meet the needs of the facility.

(3) Laundry equipment shall be of a suitable capacity, kept in good repair and maintained in a sanitary condition.

(4) The laundry space shall be maintained in a clean and sanitary condition.

(b) If the facility does not maintain a laundry service, the commercial laundry utilized shall meet the standards of this section.

§ 73667. Laundry Areas.

(a) Clean linen and soiled linen shall each be stored in separate rooms maintained for that purpose.

(b) Handwashing and toilet facilities shall be provided at locations convenient to the laundry for personnel.

(c) Linen carts shall be labeled "soiled" or "clean linen" made of washable materials and laundered or suitably cleaned daily.

§ 73669. Clean Linen.

(a) Clean linen shall be stored, handled and transported in a way that precludes cross contamination.

(b) Clean linen shall be stored in clean, ventilated closets, rooms, or alcoves used only for that purpose.

(c) Clean linen from a commercial laundry shall be delivered to a designated clean area.

(d) Linens shall be maintained in good repair.

§ 73671. Soiled Linen.

(a) Soiled linen shall be handled, stored and processed in a manner that will prevent the spread of infection.

(b) Soiled linen shall be sorted in a separate room by methods affording protection from contamination.

(c) Soiled linen shall be stored and transported in a closed container which does not permit airborne contamination of corridors and areas occupied by patients and precludes cross contamination of clean linen.

(d) When laundry chutes are used to transport soiled linen, they shall be maintained in a clean, sanitary state.

§ 73673. Wash Cloths and Towels.

An adequate supply of clean wash cloths and towels shall be provided for each patient.

§ 73675. Housekeeping.

(a) Each facility shall make provisions for the routine cleaning of articles and surfaces such as furniture, floors, walls, ceilings, supply and exhaust grills and lighting fixtures.

(b) There shall be routines and procedures posted indicating daily, weekly and monthly cleaning schedules, for all areas of the facility.

(c) There shall be sufficient cleaning supplies and equipment available to housekeeping staff.

(1) Cleaning supplies and equipment shall be stored in rooms for housekeeping use only.

(2) A commercial detergent germicide shall be used for all cleaning.

(3) Mop heads shall be removable and changed at least daily.

(d) There shall be sufficient housekeeping personnel to maintain the interior of the facility in a safe, clean, orderly and attractive manner free from offensive odors.

(e) A person qualified by experience and training shall be in charge of housekeeping department.

(f) An adequate number of janitors' closets, service sinks and storage areas shall be maintained to meet the needs of the facility.

§ 73677. Autoclaving, Sterilizing and Disinfecting.

(a) All facilities shall make provision within the facility, or by acceptable arrangements for outside service, for proper sterilization of dressings, utensils, instruments and solutions used in the facility.

(b) All sterilization of supplies and equipment in the facility shall be under the supervision of a person qualified by experience and training.

(1) Autoclaves and sterilizers where provided shall be maintained in operating condition at all times.

(2) Instructions for operating autoclaves and sterilizers shall be posted.

(3) Written instructions for preparing supplies for autoclaving and for the operation of autoclaves shall be available to personnel. This shall include the method of packaging, loading the autoclave, temperature and pressure to be applied and the period of exposure.

(4) Autoclaves shall be checked at least weekly to verify that recording thermometers and indicating thermometers reasonably coincide.

Records of recording thermometers shall be checked for each load to verify that the performance of the autoclave is in accordance with established standards for sterilization. Records of recording thermometers shall be preserved for one year. Recording thermometers are not required on portable sterilizers and autoclaves.

(5) Autoclaving results shall be checked at least monthly by bacteriological tests. Records of results of such tests shall be preserved at least one year.

(6) Sterilized supplies and equipment shall be dated.

§ 73679. Disinfecting and Sterilizing.

(a) All facilities shall make provision for disinfection of contaminated articles or surfaces such as mattresses, linen, thermometers and oxygen tents.

(b) Equipment such as washbasins and bedpans shall be sanitized by one of the following methods:

(1) Submersion in boiling water for a minimum of 30 minutes.

(2) Autoclaving at 15 pounds pressure and 121°C (250°F) for 20 minutes.

(3) Gas sterilization.

The use of chemicals is not approved as a substitute for the above methods.

§ 73681. Provisions for Emptying Bedpans.

(a) Bedpans shall be cleaned in utility or hopper rooms unless toilets adjoining patients' rooms are equipped with flushing attachments and vacuum breakers. Bathtubs, lavatories or laundry trays shall not be used for cleaning bedpans.

(b) Bedpan covers shall not be used interchangeably.

§ 73683. Cleaning, Disinfecting and Sterilizing Manual.

A written manual on cleaning, disinfecting and sterilizing procedures shall be adopted, and all such procedures shall be in accordance with the manual. This manual shall include procedures used in the care of utensils, instruments, solutions, dressings, articles and surfaces.

§ 73685. Centralized Services Shared by Several Facilities.

Nothing in these requirements shall prohibit the provision of required services from a centralized service facility serving two or more licensed facilities when approved in writing by the Department.

Article 6. Violations and Civil Penalties

§ 73701. Definitions.

(a) The following definitions shall apply to this Article:

(1) "Substantial probability" means that the more likely consequence of a violation is death or serious physical harm to a patient.

(2) "Serious physical harm" means that type of bodily injury in which:

(A) A part of the body would be permanently removed, rendered functionally useless, or substantially reduced in capacity, either temporarily or permanently or

(B) A part of an internal function of the body would be inhibited in its normal performance to such a degree as to shorten life or cause reduction in physical or mental capacity.

§ 73702. Class "A" Violations.

A Class "A" violation is any violation of a statute or regulation relating to the operation or maintenance of any intermediate care facility which presents an imminent danger to the patients of the intermediate care facility or a substantial probability that death or serious physical harm would result therefrom. A physical condition or one or more practices, means, methods or operations in use in an intermediate care facility may constitute such a violation.

§ 73703. Class "A" Violations—Examples.

NOTE: Authority cited: Sections 100275(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

§ 73705. Class "B" Violations.

A class "B" violation is any violation of a statute or regulation relating to the operation or maintenance of any intermediate care facility which has a direct or immediate relationship to the health, safety or security of the patients of the intermediate care facility, other than class "A" violations.

§ 73707. Class "B" Violations—Examples.

NOTE: Authority cited: Sections 100275(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

§ 73709. Class "C" Violations.

A class "C" violation is any violation of a statute or regulation relating to the operation or maintenance of any intermediate care facility which the Department determines has only a minimal relationship to the health or safety of intermediate care facility patients.

§ 73711. Filing of Names and Addresses.

(a) The licensee of each intermediate care facility shall file with the Department the address of the licensee to which all citations and notices concerning any class "A" or class "B" violations shall be mailed by the Department.

(b) Each such licensee shall also designate one or more persons who is authorized to accept on the licensee's behalf, any citations to be served by any representative of the Department.

(c) Each such licensee shall file with the Department the names or titles of those persons who are such designees of the licensee.

(d) Each such licensee shall also file with the Department a written notice of any change in address or of any change of designee. The Department shall mail all citations or notices to the latest address on file with the Department.

§ 73713. Complaints.

(a) Any person may request an inspection of any intermediate care facility by giving notice to the Department of an alleged violation of applicable requirements of law or regulations.

(b) Any such notice shall be in writing, signed by the complainant and shall set forth with reasonable particularity the matters complained of. The substance of the complaint shall be provided to the licensee no earlier than at the commencement of the inspection. Neither the name of the individual complainant nor other person mentioned in the complaint shall be disclosed by the Department, unless the complainant specifically requests the release of such name or names or the matter results in a judicial proceeding.

(c) Upon the request of either the complainant or the Department, the complainant or his representative, or both, may be allowed to accompany the inspector to the site of the alleged violations during his tour of the facility, unless the inspector determines that the privacy of any patient would be violated.

§ 73715. Issuance of Citations.

(a) When a routine visit, survey or investigation of a complaint is conducted and the representative of the Department determines that an intermediate care facility is in violation of any statutory provision or regulation relating to the operation or maintenance of such facility, except with respect to violations determined to have only a minimal relationship to safety or health, he shall promptly, but not later than one day after the date of inspection, issue a citation to the licensee.

(b) The citation shall be served personally upon the licensee or his designee by the representative of the Department. If the licensee is not served personally, a copy of the citation shall be sent by registered or certified mail to the licensee.

(c) The District Administrator, Facilities Licensing Section, in which the facility is located, or his designee, shall review the alleged violation and shall fix the amount, if any, of the civil penalty to be imposed by the Department. The Department shall serve the licensee personally or by registered or certified mail, within four business days of the date of the issuance of the citation, with a written notice of the amount, if any, of the proposed civil penalty. The person who issued the citation shall not serve at any time as the designee of the District Administrator under any provision of this article.

(d) Each citation shall be in writing and shall include at least the following:

(1) A description of the nature of the violation fully stating the manner in which the licensee violated a specified statutory provision or regulation, and the particular place or area of the facility in which it occurred. The name of any patient jeopardized by the violation shall not be specified in the citation in order to protect the privacy of the patient. However, at the time the licensee is served with the citation, the licensee shall also be served with a written list of each of the names of the patients alleged to have been jeopardized by the violation. If the violation jeopardized all of the patients of the entire facility or all patients in any particular portion, wing, or ward of the facility, such fact shall be specified in the citation, and a written list of the names of the patients involved is not required to be furnished to the licensee.

(2) The earliest feasible time for the elimination of the condition constituting the violation. Such time shall be the shortest possible time within which the licensee reasonably can be expected to correct the alleged violation. In prescribing such time, the Department shall consider the following factors:

(A) The seriousness of the alleged violation.

(B) The number of patients affected.

(C) The availability of required equipment or personnel.

(D) The estimated time required for delivery, and any installation, of required equipment.

(E) Any other relevant circumstances.

(3) The name, address and telephone number of the district administrator of the district in which the facility is located.

(e) If a citation is issued as the result of the investigation of a signed, written complaint to the Department, a copy of the citation shall be sent to each person or organization who filed the written complaint.

(f) No licensee shall be cited for any violation caused by any person licensed pursuant to the State Medical Practice Act (Chapter 5 (commencing with Section 2000) of Division 2 of the Business and Professions Code if such person is independent of and not connected with the licensee and the licensee shows that he has exercised reasonable care and diligence in notifying such persons of their duty to the patients in the licensee's intermediate care facility.

§ 73717. Penalties.

(a) The condition or practice constituting a class "A" violation shall be abated or eliminated immediately, unless a fixed period of time, as determined by the Department, is required for correction. A class "A" violation is subject to a civil penalty in an amount not less than one thousand dollars ($1,000) and not exceeding five thousand dollars ($5,000) for each and every violation. In fixing the amount of the civil penalty to be imposed for a class "A" violation, the district administrator, or his designee, shall consider:

(1) The gravity of the violation, which shall include:

(A) The degree of substantial probability that death or serious physical harm to a patient will result, and if applicable, did result, from the violation.

(B) The severity of serious physical harm most likely to result, and if applicable, that did result, from the violation.

(C) The extent to which the provisions of the applicable statutes or regulations were violated.

(2) The "Good Faith" exercised by the licensee. Indications of good faith include awareness of the applicable statutes and regulations, and reasonable diligence in complying with such requirements, prior accomplishments manifesting the licensee's desire to comply with such requirements, and any other mitigating factors in favor of the licensee.

(3) Any previous violations committed by the licensee.

(b) A class "B" violation is subject to a civil penalty in an amount not less than fifty dollars ($50) and not exceeding two hundred fifty dollars ($250) for each and every violation. A citation for a class "B" violation shall specify the time within which the violation is required to be corrected. If a class "B" violation is corrected within the time specified, no civil penalty shall be imposed.

(c) A class "C" violation is not subject to any monetary civil penalty. A notice of all such violations shall be issued and an appropriate plan of correction obtained at the time of completion of inspection.

(d) Where a licensee has failed to correct a class "A" or a class "B" violation within the time specified in the citation, the Department shall assess the licensee a separate civil penalty in the amount of fifty dollars ($50) for each day that the particular violation continues beyond the date specified for correction.

(e) The civil penalties authorized shall be trebled for a second or subsequent violation of the same regulation occurring within any 12–month period if a citation was issued for the previous violation occurring within such period and a civil penalty was assessed.

§ 73719. Review Procedures.

(a) If a licensee does not wish to contest a citation, he may transmit to the Department, within four business days, after the issuance of the citation the sum of $1,000 for each class "A" violation and the sum of $50 for each class "B" violation.

(b) If a licensee desires to contest a citation, the assessment of a proposed civil penalty, or the date specified for correction of a violation, he shall, within four business days after service of the citation or assessment of the proposed civil penalty, as the case may be, serve upon the district administrator, or his designee, either personally or by registered or certified mail, the licensee's written notice that:

(1) An informal conference be scheduled to review the matter with the district administrator or his designee; or

(2) The case be presented to the Superior Court for appropriate action.

§ 73721. Informal Conference.

(a) The district administrator or his designee shall hold, within four business days from the receipt of the licensee's request, an informal conference.

(1) The licensee shall have the right to be represented by legal counsel, to present oral and written evidence or other information on its behalf, and to explain any mitigating circumstances.

(2) The representatives of the Department who issued the citation should attend the conference and present whatever evidence or information, oral or written, in substantiation of the alleged violation.

(3) The conference shall be a simple informal proceeding, and shall not be conducted in the manner of a judicial hearing or as a hearing under the Administrative Procedure Act (Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code), and need not be conducted according to technical rules relating to evidence and witnesses.

(4) Neither the licensee nor the Department shall have the right to subpoena any witness to attend the conference, nor to formally cross–examine any person testifying at the conference. However, both the licensee and the Department may present any witness on its behalf at the conference.

(5) At the conclusion of the informal conference, the district administrator or the designee conducting the conference, may affirm, modify or dismiss the citation, the proposed assessment of a civil penalty, or the date of correction of a violation.

(b) If the district administrator or his designee modifies or dismisses the citation or proposed assessment of a civil penalty, he shall state with particularity, in writing, his reasons for such action and shall immediately transmit a copy to each party to the original complaint, if any.

(c) If the licensee desires to contest the decision made after the informal conference, he shall inform the district administrator in writing by registered or certified mail within four business days after he receives the decision of the informal conference.

(d) If the licensee fails to so notify the district administrator in writing that he further intends to contest the citation or the proposed assessment of a civil penalty or the decision made by the district administrator or his designee after an informal conference within the time specified, the citation or the proposed assessment of a civil penalty or the decision by the district administrator or his designee shall be deemed a final order of the Department and shall not be subject to further administrative review.

(e) If a licensee notifies the district administrator, or his designee, in writing by registered or certified mail that he intends to contest a citation or the assessment of a proposed civil penalty, after an informal conference has been held, the department shall refer the matter immediately to the Attorney General for appropriate action in the Superior Court of the county in which the facility is located.

§ 73723. Posting of Citations.

(a) Each citation for a class "A" violation which has become final, or copy or copies thereof, shall be prominently posted by the licensee until the violation is corrected to the satisfaction of the Department, up to a maximum of 120 days. The citation or copy shall be posted in a place or places in plain view of the patients in the intermediate care facility, persons visiting those patients and persons who inquire about placement in the facility.

(b) Each citation for class "A" or class "B" violations which has become final, or a copy or copies thereof, shall be retained by the

licensee at the facility cited until the violation is corrected to the satisfaction of the Department. Each such citation shall be made promptly available by the licensee for inspection or examination by any member of the public who so requests. In addition, every licensee shall post in a place or places in plain view of the patient in the intermediate care facility, persons visiting those patients and persons who inquire about placement in the facility, a prominent notice informing such persons that copies of all final uncorrected violations issued by the Department to the facility will be made promptly available by the licensee for inspection by any person who so requests.

§ 73725. Interference with Official Duties.

(a) Any duly authorized officer, employee or agent of the Department may enter and inspect any facility, including, but not limited to, interviewing patients and reviewing records at any time. Inspections conducted pursuant to complaints filed with the Department shall be conducted in such a manner as to ensure maximum effectiveness. No advance notice shall be given of any inspection unless previously and specifically authorized by the Director or required by federal law.

(b) No licensee or employee of any intermediate care facility shall:

(1) Willfully prevent, interfere with or attempt to impede in any way the work of any duly authorized representative of the department in the lawful enforcement of his inspection duties.

(2) Willfully prevent or attempt to prevent any such representative from examining any relevant books or records in the conduct of his inspection duties.

(3) Willfully prevent or interfere with any such representative in the preserving of evidence of any violation of these regulations.

§ 73727. Discrimination or Retaliation.

(a) No licensee shall discriminate or retaliate in any manner against a patient or employee in its intermediate care facility on the basis or for the reason that such patient or employee or any other person has initiated or participated in any proceeding specified in these regulations. A licensee who violates this provision is also subject under Section 1432 of the Health and Safety Code to a civil penalty of no more than five hundred dollars ($500).

(b) Any attempt to expel a patient from an intermediate care facility or any type of discriminatory treatment of a patient by whom, or upon whose behalf, a complaint has been submitted to the Department or any proceeding instituted under or related to this article within 120 days of the filing of the complaint or the institution of such action, shall raise a rebuttable presumption that such action was taken by the licensee in retaliation for the filing of the complaint.

Chapter 7.2. Psychology Clinics

Article 1. Definitions

§ 75301. Accredited Record Technician.

Accredited record technician means a person accredited as such by the American Medical Record Association.

NOTE: Authority cited: Sections 208(a) and 1225, Health and Safety Code. Reference: Section 1226, Health and Safety Code.

§ 75303. Clinic.

Clinic means psychology clinic when used in this chapter.

NOTE: Authority cited: Sections 208(a) and 1225, Health and Safety Code. Reference: Sections 1204.1 and 1226, Health and Safety Code.

§ 75305. Psychologist.

Psychologist means a person licensed as such by the California Board of Medical Quality Assurance.

NOTE: Authority cited: Sections 208(a) and 1225, Health and Safety Code. Reference: Sections 1204.1 and 1226, Health and Safety Code.

§ 75307. Registered Record Administrator.

Registered record administrator means a person who is registered as such by the American Medical Record Association.

NOTE: Authority cited: Sections 208(a) and 1225, Health and Safety Code. Reference: Section 1226, Health and Safety Code.

Article 2. License

§ 75309. Application Required.

(a) A signed application shall be submitted to the Department for prior approval in any of the following circumstances:

(1) Establishment of a psychology clinic.

(2) Change of ownership.

(3) Change of license classification.

(4) Operation of a psychology clinic at a new location.

(b) Within 30 days of receipt of an application the Department shall inform the applicant, in writing, that the application is complete and accepted for filing or that the application is deficient and what specific information is required.

NOTE: Authority cited: Sections 208(a) and 1225, Health and Safety Code. Reference: Sections 1204.1, 1205 and 1226, Health and Safety Code and Section 15376(a) Government Code.

§ 75311. Content of Application.

(a) In addition to the contents of an application as required by Section 1212, Health and Safety Code, an application shall contain the following:

(1) The applicant's principal place of business.

(2) The date and state of incorporation for all incorporated applicants, corporation number and, if a foreign corporation, evidence of authority to do business in the State of California.

(3) A copy of the Internal Revenue Service determination letter, pursuant to Section 501(c)(3) of the Internal Revenue Code of 1954, as amended, which is required for all nonprofit corporations.

(4) Name of the administrator and a description of the administrator's experience and background and, where the same person is the administrator of more than one clinic, the name of, and the number of hours spent in each clinic per week.

NOTE: Authority cited: Sections 208(a) and 1225, Health and Safety Code. Reference: Sections 1204.1, 1212 and 1226, Health and Safety Code.

§ 75313. Fees.

(a) The application fee for licensure shall not be refunded to the applicant if the application is withdrawn by the applicant or denied by the Department.

NOTE: Authority cited: Sections 208(a) and 1225, Health and Safety Code. Reference: Sections 1204.1 and 1214.5, Health and Safety Code.

§ 75315. Posting.

The license shall be conspicuously posted in a location accessible to public view.

NOTE: Authority cited: Sections 208(a) and 1225, Health and Safety Code. Reference: Sections 1204.1 and 1205, Health and Safety Code.

§ 75317. Report of Changes.

(a) Any change in the principal officer such as chairperson, president, or general manager of the governing board shall be immediately reported in writing to the Department, but in no case later than 10 days following such change. Such written notice shall include the name and principal business address of each new principal officer.

(b) When a change in administrator occurs, the Department shall be immediately notified in writing, but in no case later than 10 days following such change. Such notification shall include the name of the new administrator, the mailing address, the date of assuming office and a brief description of his or her background and qualifications.

NOTE: Authority cited: Sections 208(a) and 1225, Health and Safety Code. Reference: Sections 1204.1, 1212 and 1226, Health and Safety Code.

Article 3. Basic Services

§ 75321. Basic Services—General Requirements.

(a) All advice, diagnosis, and treatment shall be provided only by persons authorized by law to provide such services.

(b) Diagnostic and therapeutic services for the care and treatment of patients for whom the clinic accepts responsibility shall be provided in the clinic, or arranged for by the clinic with other licensed, certified, or registered providers.

(c) A psychology clinic shall provide reference materials and written patient care policies and procedures as described in Section 75325, which are approved by the Governing Body and are readily available to clinic personnel.

(d) The clinic may be required by the Department to obtain consultation where necessary to meet the patient care standards specified in these regulations.

NOTE: Authority cited: Sections 208(a) and 1225, Health and Safety Code. Reference: Sections 1204.1 and 1226, Health and Safety Code.

§ 75323. Basic Services—Psychology Staff.

(a) Every psychology clinic shall have a clinical psychologist as defined in Section 1316.5(c), Health and Safety Code, designated as the professional director.

(b) The professional director's responsibilities, acting alone or through an organized staff, shall include:

(1) Establishing, reviewing, and maintaining psychological policies and standards, which shall be reviewed at least annually.

(2) Assuring the quality of psychological services provided to all patients treated by the clinic.

(3) Establishing and implementing a system of peer review, pursuant to written procedures.

(4) Ensuring that all personnel are qualified by training and experience to perform those services they are assigned to provide.

(5) Reviewing credentials of the psychologists providing service in the clinic.

(c) At least one staff member of the clinic shall have admitting privileges to a hospital to ensure the availability of needed hospital services or a written plan, approved by the Department, to ensure that needed hospital services are available.

NOTE: Authority cited: Sections 208(a) and 1225, Health and Safety Code. Reference: Sections 1204.1 and 1226, Health and Safety Code.

§ 75325. Basic Services—Policies and Procedures.

(a) Written policies and procedures which the clinic shall implement shall include, but not be limited to:

(1) Description of the type and scope of services which the clinic will provide.

(2) Policies relating to patient care.

(3) Provisions for the education of patients in preventive, therapeutic and mental health maintenance care.

(4) Plans for follow–up of patients treated in the clinic which may include home care consistent with Section 1200.1, Health and Safety Code.

(5) Referral of patients to other agencies or health facilities.

(6) Provisions for handling emergencies and unusual occurrences.

(7) Procedures ensuring compliance with the legal requirements relative to the treatment of minors and persons who are under guardianship or conservatorship.

NOTE: Authority cited: Sections 208(a) and 1225, Health and Safety Code. Reference: Sections 1204.1 and 1226, Health an Safety Code.

Article 4. Administration

§ 75327. Governing Body.

(a) The governing body shall have full legal authority and responsibility for the operation of the psychology clinic including compliance with all applicable federal, state and local laws and regulations.

(b) The governing body shall operate pursuant to articles of incorporation and by–laws.

(c) Written records of all proceedings of the governing body shall be maintained and made available to the Department upon request.

(d) The governing body shall appoint an administrator by governing body resolution.

NOTE: Authority cited: Sections 208(a) and 1225, Health and Safety Code. Reference: Sections 1204.1 and 1226, Health and Safety Code.

§ 75329. Administrator.

(a) The governing body shall delegate to the administrator authority to carry out the day–to–day functions of the psychology clinic and the responsibility for ensuring that the psychology clinic conforms to all applicable federal, state and local laws and regulations.

(b) The qualifications, authority, and duties of the administrator shall be defined in a job description approved by the governing body.

(c) The administrator shall devote sufficient time to administrative responsibilities to ensure the proper administration and management of the psychology clinic. The administrator may be responsible for more than one psychology clinic only if all clinics are operated by the same governing body.

(d) The administrator shall designate in writing an individual to act in his or her absence, in order to provide the clinic with administrative direction at all times.

NOTE: Authority cited: Sections 208(a) and 1225, Health and Safety Code. Reference: Sections 1204.1 and 1226, Health and Safety Code.

§ 75331. Written Administrative Policies.

(a) Written administrative policies shall be established and implemented and shall be reviewed at least annually and revised as necessary.

(b) The policies shall include but not limited to the following:

(1) Management and personnel policies which include job descriptions detailing the functions of each classification of employee or volunteer.

(2) Policies for acceptance of a patient and termination of services shall include rate of charge for care, charges for outside services, limitation of services, cause for termination of services and refund policies applying to termination of services. These policies shall be made available to patients or their agents upon admission and upon request and shall be made available to the public upon request.

(3) Policies and procedures governing patient treatment records.

NOTE: Authority cited: Sections 208(a) and 1225, Health and Safety Code. Reference: Sections 1204.1 and 1226, Health and Safety Code.

§ 75333. Employees.

(a) The psychology clinic shall recruit qualified personnel and provide initial orientation of new employees, a continuing in–service training program, and supervision designed to improve patient services and employee efficiency.

(b) The clinic shall provide a copy of the appropriate job description to each person employed or volunteering to work in the clinic.

NOTE: Authority cited: Sections 208(a) and 1225, Health and Safety Code. Reference: Sections 1204.1 and 1226, Health and Safety Code.

§ 75335. Employee Health Examinations and Health Records.

(a) A health examination, performed by a person lawfully authorized to perform such an examination shall be performed as a prerequisite for employment within six months prior to employment or within one week after employment. Written examination reports, signed by the person performing the examination, shall verify that employees are able to perform assigned duties and do not have any health condition that would create a hazard for the employee, fellow employees, patients or visitors. The initial health examination shall include a tuberculosis screening test consisting of a purified protein derivative intermediate strength intradermal skin test and a chest X–ray if the skin test is positive. The psychology clinic shall establish

a policy regarding subsequent health examinations and tuberculosis screening tests based on an assessment of the following:

(1) The risk of a previously infected person developing tuberculosis and then possibly infecting others.

(2) The risk of a non–infected person becoming infected and developing a disease.

(b) The facility shall develop policies which ensure that reasonable precautions are taken to prevent the spread of infectious disease between persons within the clinic.

(c) Employee health records shall be maintained by the clinic and shall include the records of all required health examinations. Such records shall be kept a minimum of three years following termination of employment.

NOTE: Authority cited: Sections 208(a) ad 1225, Health and Safety Code. Reference: Sections 1204.1 and 1226, Health and Safety Code.

§ 75337. Employee Records.

(a) All psychology clinics shall maintain current and accurate personnel records for all persons working for the clinic. The record shall include the person's full name, social security number, license, registration or certification number, if any, and date of expiration, employment classification, date of beginning employment, date of termination of employment and performance evaluations. Such records shall be retained for at least three years following termination of employment.

(b) Employee personnel records shall be maintained in a confidential manner and shall be made available to representatives of the Department upon request in order to ensure compliance with the requirements of these regulations.

NOTE: Authority cited: Sections 208(a) and 1225, Health and Safety Code. Reference: Sections 1204.1 and 1226, Health and Safety Code.

§ 75339. Unusual Occurrences.

Occurrences such as epidemic outbreaks, poisonings, fires, major accidents, deaths from unnatural cause or other catastrophes and unusual occurrences which threaten the welfare, safety or health of patients, personnel or visitors shall be reported by the facility within 24 hours either by telephone (and confirmed in writing) or by telegraph to the local health officer and the Department. An incident report shall be retained on file by the facility for one year. The facility shall furnish such other pertinent information related to such occurrences as the local health officer or the Department may require. Every fire or explosion which occurs in or on the premises shall be reported within 24 hours to the local fire authority or, in areas not having an organized fire service, to the State Fire Marshal.

NOTE: Authority cited: Sections 208(a) and 1225, Health and Safety Code. Reference: Sections 1204.1 and 1226, Health and Safety Code.

§ 75341. Patient Treatment Record Service.

(a) Each psychology clinic shall establish and maintain a patient treatment record service which is systematically organized to provide a complete accurate, correlated, and current treatment record for each patient which, is filed in a centrally located area.

(b) The treatment record service shall be located to facilitate immediate retrieval of required information.

(c) A person working in the clinic shall be responsible for the direction and supervision of the treatment record service to ensure that all patient records are accurately documented, completed, indexed, and filed in the unit system. When the Department finds the treatment record service does not meet the standards set forth in these regulations, the clinic may be required to obtain the services of either an accredited records technician or registered record administrator to assist in establishing and maintaining the treatment record service.

NOTE: Authority cited: Sections 208(a) and 1225, Health and Safety Code. Reference: Sections 1204.1 and 1226, Health and Safety Code.

§ 75343. Unit Patient Treatment Records.

(a) Records shall be permanent, either typewritten or legibly written in ink, and shall be kept on all patients accepted for treatment. All treatment records of discharged patients shall be completed and filed within 30 days after termination of each episode of treatment and such records shall be kept for a minimum of 7 years, except for minors whose records shall be kept at least until one (1) year after the minor has reached the age of 18, but in no case less than seven (7) years. All required records, either originals or accurate reproductions thereof, shall be maintained in such form as to be legible and readily available upon the request of the attending psychologist, the clinic or any authorized officer, agency or employee of either, or any other person authorized by law to make such request.

(b) Information contained in the treatment records shall be confidential and shall be disclosed only to authorized persons in accordance with federal, state or local laws.

(c) If a psychology clinic ceases operation, arrangements shall be made for the safe preservation of the patients' treatment records. The Department shall be informed by the clinic of these arrangements prior to the 48 hours before cessation of operations.

(d) The Department shall be informed within 48 hours, in writing, by the licensee whenever patient treatment records are defaced or destroyed before termination of the required retention period.

(e) If the ownership of the clinic changes, both the licensee and the applicant for the new license shall, prior to the change of ownership, provide the Department with written documentation stating:

(1) That the licensee shall have custody of the patients' treatment records and these records shall be available to the former licensee, the new licensee and other authorized persons; or

(2) That other arrangements have been made by the current licensee for the safe preservation and the location of the patients' treatment records and they are available to both the new and former licensees and other authorized persons.

(f) Patients' treatment records shall be current and kept in detail consistent with good professional practice and shall describe the services provided to each patient. All entries shall be dated and be authenticated with the name and professional title of the person making the entry.

(g) Patients' treatment records shall be stored so as to be protected against loss, destruction or unauthorized use.

(h) Patient treatment records shall be filed in an easily accessible manner in the clinic. Storage of records shall provide for prompt retrieval when needed for continuity of care. Prior approval of the Department is required for storage of inactive treatment records away from the facility premises.

(i) The patient treatment record shall be the property of the facility and shall be maintained for the benefit of the patient, treatment team and clinic and shall not be removed from the psychology clinic, except for storage purposes after termination of services or as required by law.

NOTE: Authority cited: Sections 208(a) and 1225, Health and Safety Code. Reference: Sections 1204.1 and 1226, Health and Safety Code.

§ 75345. Admission Records.

(a) The clinic shall complete an admission record for each patient which shall include the following:

(1) Name.

(2) Current address.

(3) Age and date of birth.

(4) Sex.

(5) Diagnosis.

(6) Date services began.

(7) Last date of services.

(8) If the patient is under guardianship or conservatorship, the name, address and telephone number of guardian or conservator.

(9) Consent for treatment authorizations.

NOTE: Authority cited: Sections 208(a) and 1225, Health and Safety Code. Reference: Sections 1204.1 and 1226, Health and Safety Code.

§ 75347. Disaster Program.

(a) Each clinic shall adopt a written disaster program and all personnel shall be instructed in its requirements. A copy of the program shall be available in the clinic for review by the Department.

(b) The program shall provide plans for disaster occurring within the facility. The written program shall include at least the following:

(1) Administrative procedures, including designated authority, and personnel duty assignments. There shall be provisions for simulated fire drills at least semi–annually and records to verify that such drills were conducted.

(2) Plans for evacuation of patients when necessary, including means of egress, methods of handling and transporting patients, and disposition and care of patients after removal from the clinic.

(c) The program shall be reviewed annually, and updated as needed.

NOTE: Authority cited: Sections 208(a) and 1225, Health and Safety Code. Reference: Sections 1204.1 and 1226, Health and Safety Code.

§ 75349. Posting of Clinic Schedule.

A schedule of the hours and days during which the clinic is open shall be conspicuously posted in the clinic for public view and information. The clinic shall be open and service available during the posted times. Changes in such schedules shall be posted in advance of the change.

NOTE: Authority cited: Sections 208(a) and 1225, Health and Safety Code. Reference: Sections 1204.1 and 1226, Health and Safety Code.

§ 75351. Quality Assurance Evaluation Program.

The clinic shall have a system for annual evaluation of its operation and the services it provides. This system shall include written procedures for evaluating the efficiency and effectiveness of the psychological services provided, and written procedures for he evaluation of utilization of services.

NOTE: Authority cited: Sections 208(a) and 1225, Health and Safety Code. Reference: Sections 1204.1 and 1226, Health and Safety Code.

Article 5. Physical Plant

§ 75353. Alterations and New Construction.

Alterations to existing buildings, or new construction, shall be in conformance with the applicable provisions of Chapter 1, Division T17, Part 6, Title 24, California Administrative Code.

NOTE: Authority cited: Sections 208(a) and 1225, Health and Safety Code. Reference: Sections 1204.1 and 1226, Health and Safety Code.

§ 75355. Fire Safety.

Each clinic shall maintain compliance with the rules and regulations of the State Fire Marshal as verified by an initial fire clearance issued by the State Fire Marshal.

NOTE: Authority cited: Sections 208(a) and 1225, Health and Safety Code. Reference: Sections 1204.1 and 1226, Health and Safety Code.

§ 75357. Maintenance and Operation.

(a) The clinic shall be clean, sanitary and in good repair at all times. Maintenance shall include provision and surveillance of maintenance services and procedures for the safety and well–being of patients, personnel and visitors.

(b) Flashlights shall be in readiness for use at all times. Open flame light shall not be used.

(c) A clinic shall be required to submit a report by a licensed structural engineer when the Department has determined that a structural condition of the clinic exists that may present a danger to the health and safety of occupants of the clinic. Such report shall provide a basis for a plan of correction.

NOTE: Authority cited: Sections 208(a) and 1225, Health and Safety Code. Reference: Section 1226, Health and Safety Code.

§ 75359. Water Supply and Plumbing.

(a) Where water for human consumption is obtained from an independent source, it shall be subjected to bacteriological analysis by the local health department, the Department or a licensed commercial laboratory at least every three months. A copy of the most recent laboratory report shall be available for inspections.

(b) Plumbing and drainage facilities shall be maintained in compliance with Chapter 1, Division T17, Part 6, Title 24, California Administrative Code.

NOTE: Authority cited: Sections 208(a) and 1225, Health and Safety Code. Reference: Sections 1204.1 and 1226, Health and Safety Code.

§ 75361. Cleaning Equipment and Fixtures.

Each clinic shall provide for the cleaning of articles, equipment and surfaces such as furniture, walls, exhaust grills and light and plumbing fixtures.

NOTE: Authority cited: Sections 208(a) and 1225, Health and Safety Code. Reference: Sections 1204.1 and 1226, Health and Safety Code.

§ 75365. Solid Waste Containers.

(a) All containers, except movable bins, used for storage of solid wastes shall have tight–fitting covers in good repair, external handles, and shall be leakproof and rodent–proof.

(b) Movable bins, when used for storing or transporting solid waste from the premises, shall have tight–fitting covers and shall be rodent–proof, unless stored in an enclosed area.

(c) All containers receiving putrescrible wastes shall be emptied daily and more often if necessary.

(d) Solid waste containers, including movable bins, shall be thoroughly washed and cleaned each time they are emptied, unless soil contact surfaces have been completely protected from contamination by disposable liners, bags or other devices removed with the waste. Each removable bin shall be accessible and shall have a drainage device to allow complete cleaning at the storage area.

NOTE: Authority cited: Sections 208(a) and 1225, Health and Safety Code. Reference: Sections 1204.1 and 1226, Health and Safety Code.

§ 75367. Electrical Systems.

All electrical and other equipment used in the clinic shall be maintained free of defect which could be a potential hazard to patients or personnel and shall be included in a regular program of preventive maintenance.

NOTE: Authority cited: Sections 208(a) and 1225, Health and Safety Code. Reference: Sections 124.1 and 1226, Health and Safety Code.

§ 75369. Illumination.

Each clinic shall provide sufficient illumination for the comfort and safety of patients and personnel.

NOTE: Authority cited: Sections 208(a) and 1225, Health and Safety Code. Reference: Sections 1204.1 and 1226, Health and Safety Code.

§ 75371. Space Conversion.

Spaces approved for specific use at the time of licensure shall not be converted to other uses without the written approval of the Department. All areas, rooms, fixtures and equipment required by Chapter 1, Division T17, Part 6, Title 24, California Administrative Code, shall be maintained. Any request for Department approval of a proposed space conversion shall either be granted or denied, in writing, within 30 days of receipt by the Department.

NOTE: Authority cited: Sections 208(a) and 1225, Health and Safety Code. Reference: Sections 1204.1 and 1226, Health and Safety Code.

Chapter 9. Psychiatric Health Facilities

Article 1. Definitions

§ 77001. Accredited Record Technician.

Accredited Record Technician means a person who is accredited or eligible for accreditation as such by the American Medical Records Association.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Sections 1275.1 and 1276.1, Health and Safety Code.

§ 77003. Authorized Representative.

Authorized representative means a person authorized to act on

behalf of the patient by law, by court order or by written statement signed by the patient, unless the patient has been judicially declared incompetent. Except in State operated facilities, an authorized representative shall not be an owner, administrator, employee, representative or agent of the facility.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code.

§ 77004. Clinical Psychologist.

Clinical psychologist means a psychologist licensed by this State and (1) who possesses an earned doctorate degree in psychology from an educational institution meeting the criteria for subdivision (c) of Section 2914 of the Business and Professions Code and (2) has not less than two years clinical experience in a multidisciplinary facility licensed or operated by this or another State or by the United States to provide health care, or, is listed in the latest edition of the National Register of Health Service Providers in Psychology, as adopted by the Council for the National Register of Health Service Providers in Psychology.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code.

§ 77004.1. Communicable Disease.

Communicable disease means an illness due to a specific disease producing agent (virus, bacteria, etc.) or its toxic products which arises through transmission of that agent or its products from an infected person, animal or other reservoir to a susceptible host—either directly as from an infected person or animal, or indirectly through the agency of an intermediate plant or animal host, vector or the inanimate environment.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code.

§ 77005. Department.

Department means the State Department of Mental Health.

NOTE: Authority cited: Section 4080(f), Welfare and Institutions Code. Reference: Section 1275.1, Health and Safety Code.

§ 77007. Dietitian.

Dietitian means a person who is registered or eligible for registration as a Registered Dietitian by the American Dietetic Association.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Sections 1275.1 and 1276.1, Health and Safety Code.

§ 77009. Director.

Director means the Director of the State Department of Mental Health.

NOTE: Authority cited: Section 4080(f), Welfare and Institutions Code. Reference: Section 1275.1, Health and Safety Code.

§ 77010. Exclusion Timeout.

Exclusion timeout means removing a patient from an activity to another area in the same room or vicinity for a period of time contingent on a specific maladaptive behavior.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code.

§ 77011. Governing Body.

Governing body means the person, persons, board of trustees, directors or other body in whom the authority and responsibility is vested for conduct of the facility. In the case of a facility operated by a governmental agency, the governing body may be the County Board of Supervisors, the City Council or any committee or individual so designated by such Board or Council.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code.

§ 77011.1. Infectious Disease.

Infectious disease means any disease caused by growth of pathogenic microorganisms in the body. May or may not be contagious.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code.

§ 77011.2. Licensed Clinical Social Worker.

Licensed clinical social worker means a person who possesses a master's degree from an accredited school of social work and two years of post master's experience in a mental health setting; and shall have obtained a license as a clinical social worker by the California Board of Behavioral Science Examiners.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code.

§ 77012. Licensed Mental Health Professional.

Licensed mental health professional means any of the following:

(a) A licensed psychologist who qualifies as a clinical psychologist as defined in these regulations.

(b) A psychiatrist as defined in these regulations.

(c) A licensed clinical social worker, as defined in these regulations.

(d) A licensed marriage, family and child counselor as defined in these regulations.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code.)

§ 77012.1. Licensed Psychiatric Technician.

Licensed psychiatric technician means a person licensed as such by the California Board of Vocational Nurse and Psychiatric Technician Examiners.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code.

§ 77012.2. Licensed Vocational Nurse.

Licensed vocational nurse means a person licensed as such by the California Board of Vocational Nurse and Psychiatric Technician Examiners.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code.

§ 77013. Local Bank.

Local bank means any bank which is in the vicinity of the facility.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code.

§ 77014. Marriage, Family and Child Counselor.

Marriage, family and child counselor means a person licensed as such by the Board of Behavioral Examiners pursuant to Business and Professions Code Section 4980 *et seq.*

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code.

§ 77017. Mental Health Worker.

Mental health worker means a person who does not qualify as a licensed health professional but who through experience, inservice training or formal education, is qualified to participate in the care of the psychiatric patient.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Sections 1275.1 and 1276.1, Health and Safety Code.

§ 77018. On–Call.

On–call means immediately available for consultation by telephone and available to be in the facility within thirty (30) minutes if requested to do so.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code

§ 77019. Permanently Converted.

Permanently converted means space which is not available for

patient accommodation because the facility has converted the space to some other use and such space could not be reconverted to patient accommodation within 24 hours.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Sections 1268 and 1275.1, Health and Safety Code.

§ 77021. Postural Support.

Postural support means a method other than orthopedic braces used to assist patients to achieve proper body position and balance.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code.

§ 77023. Psychiatrist.

Psychiatrist means a person who is licensed as a physician and surgeon in California and shows evidence of having completed three years graduate training in psychiatry in a program approved by the American Medical Association or the American Osteopathic Association.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code.

§ 77027. Registered Record Administrator.

Registered record administrator means a person who is registered or eligible for registration as such by the American Medical Record Association.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Sections 1275.1 and 1276.1, Health and Safety Code.

§ 77028. Sanction.

Sanction means a penalty imposed against a psychiatric health facility for noncompliance with regulations and laws pertaining to psychiatric health facilities. Sanctions may include:

(a) Cease and desist orders.

(b) Monetary penalties.

(c) License suspension.

(d) License revocation.

NOTE: Authority cited: Section 4080(j)(2), Welfare and Institutions Code; and Section 1275, Health and Safety Code. Reference: Section 4080(j), Welfare and Institutions Code.

§ 77029. Seclusion.

Seclusion means the isolation of a patient in a locked area, for the purpose of modifying a behavior.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code.

§ 77030. Structured Outpatient Services.

Structured Outpatient Services (SOPS) are services provided on a less than 24–hour basis by a psychiatric health facility with special permit from the Department.

NOTE: Authority cited: Sections 1254(e) and 1275, Health and Safety Code. Reference: Sections 1250.2(b) and 1266.1(f), Health and Safety Code.

§ 77031. Supervision.

(a) Supervision means the instruction of employees or subordinates in the manner of carrying out their duties and overseeing or directing of their work.

(b) Direct supervision means that the supervisor shall be present in the same building as the person being supervised and available for consultation and/or assistance.

(c) Immediate supervision means that the supervisor shall be physically present while a task is being performed.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code.

§ 77033. Treatment Restraint.

Treatment restraint means the use of a restraining device during medically prescribed treatment or diagnostic procedures such as, but not limited to, intravenous therapy, tube feeding or catheterization.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code.

§ 77035. Unit Patient Health Record.

Unit patient health record means a patient's health record that contains, in one file, all records of inpatient and outpatient care and treatment rendered to a patient by the facility.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code.

§ 77036. Unusual Occurrences.

An unusual occurrence means any condition or event which has jeopardized or could jeopardize the health, safety, security or well–being of any patient, employee or any other person while in the facility and shall include, but not be limited to:

(1) An epidemic outbreak of any disease, prevalence of communicable disease, whether or not such communicable disease is required to be reported by Title 17, California Administrative Code, Section 2500, or epidemic infestation by parasites or vectors.

(2) Poisonings.

(3) Fires.

(4) Physical injury to any person which, consistent with good medical and professional practice, would require treatment by a physician.

(5) Death of a patient, employee or visitor from unnatural causes.

(6) Sexual acts involving patients who are nonconsenting.

(7) Physical assaults on patients, employees or visitors.

(8) All instances of patient abuse.

(9) Actual or threatened walkout, or other curtailment of services or interruption of essential services provided by the facility.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code.

Article 2. Licensing and Inspection

§ 77037. Application Required.

(a) A signed application for a new license shall be submitted to the State Department of Mental Health whenever any of the following circumstances occur:

(1) Establishment of a facility.

(2) Change in the entity that operates, conducts, maintains, or manages the facility.

(b) The licensee shall submit a signed application for a corrected license to the Department whenever any of the following occur:

(1) Construction of a new or replacement facility.

(2) Increase in licensed bed capacity.

(3) Change of license category.

(4) Change of name of facility.

(5) Change of location of facility.

(6) Change in bed classification.

(7) Decrease in licensed bed capacity.

NOTE: Authority cited: Section 1254, Health and Safety Code; and Section 4080(f), Welfare and Institutions Code. Reference: Sections 1253, 1254.1 and 1275.1, Health and Safety Code.

§ 77038. Application Procedure for Obtaining a License.

(a) Whenever an application is submitted pursuant to Sections 77037 or 77070:

(1) The Department shall inform the applicant, within 30 calendar days of receipt of an application for a license or special permit, that the application is complete and accepted for filing, or that the application is deficient and what specific information, documentation, or fee is required to complete the application.

(2) It is considered complete when all documents, information or fees required to be submitted on or with an application have been received by the Department.

(b) If the applicant fails to respond within 30 calendar days to the Department's request pursuant to (a)(1) above for additional information, documentation, or fees, the application shall be deemed to have been withdrawn by the applicant.

(c) Any applicant deemed to have withdrawn an application pursuant to subsection (b) above may re–apply by submitting a new application.

(d) The Department, within 60 calendar days of submission of a completed application, shall notify the applicant in writing, of the agency's decision regarding the application.

(e) If the Department fails to notify an applicant within the time period specified in (d) above, the applicant may appeal in writing directly to the Director. The written appeal shall include:

(1) An identification of the applicant and the application;

(2) The date upon which the application was submitted;

(3) A copy of any correspondence between the Department and the applicant regarding the application; and

(4) Any other information which the applicant wishes to submit regarding the timeliness of the Department's consideration of the application.

(f) Nothing in this section shall be construed to require the Department issue a license as a psychiatric health facility.

NOTE: Authority cited: Section 15376, Government Code; and Section 1275, Health and Safety Code. Reference: Sections 15376 and 15378, Government Code and Sections 1253, 1265, 1266.1(f), 1275.1 and 1276, Health and Safety Code.

§ 77039. Safety, Zoning and Building Clearance.

(a) A license shall not be issued to any psychiatric health facility which does not conform to the State Fire Marshal's requirement for fire and life safety, the State requirements for environmental impact, and local fire safety, zoning and building ordinances. The following evidence of such compliance shall be presented in writing to the Department:

(1) The facility must obtain a fire clearance consistent with State Fire Marshal standards for psychiatric health facilities.

(2) The evidence of compliance must contain approval for the facility to use restraint and seclusion as required in Section 77101(a) and (b).

(b) It shall be the responsibility of the licensee to maintain the psychiatric health facility in a safe structural condition. If the Department determines that an evaluation of the structural condition of a psychiatric health facility building is necessary, the licensee may be required to submit a report by a licensed structural engineer which shall establish a basis for eliminating or correcting the structural conditions which are found to be hazardous to occupants.

(c) Hot water temperature controls shall be maintained to automatically regulate the temperature of hot water delivered to plumbing fixtures used by patients in compliance with Sections 611.0–611.9, Part 5, Title 24, California Code of Regulations.

NOTE: Authority cited: Sections 1254 and 1275, Health and Safety Code. Reference: Sections 1253, 1265, 1275.1 and 1276, Health and Safety Code.

§ 77041. Issuance, Expiration and Renewal.

(a) Each initial license shall be issued in accordance with Section 1267, Health and Safety Code, and shall expire at midnight, one year from the date of issue.

(b) Each renewal license shall be issued in accordance with Section 1267, Health and Safety Code.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Sections 1267 and 1275.1, Health and Safety Code.

§ 77043. Separate License.

(a) A separate license shall be required for each psychiatric health facility that is maintained on separate premises even though they are under the same management.

(b) Separate licenses shall not be required for separate buildings on the same grounds or adjacent grounds provided that they operate as one psychiatric health facility.

(c) A licensed psychiatric health facility shall not provide services other than those provided in these regulations, or hold any other license or certificate to provide services, without the written permission of the Department.

(d) A psychiatric health facility shall not be dependent upon any other facility for its staff, facility or program.

NOTE: Authority cited: Section 1275, Health and Safety Code. Reference: Sections 1250.2, 1253 and 1275.1, Health and Safety Code.

§ 77045. Posting of License and Consumer Information.

(a) The license, or a true copy thereof, shall be posted in a prominent location within the licensed premises and accessible to public view.

(b) Any approval of the Department granted under program flexibility shall be posted immediately adjacent to the facility's license.

(c) The following consumer information shall be posted in a prominent location accessible to public view.

(1) Name of the current administrator of the facility.

(2) A notice that the facility's written admission and discharge policies are available upon request.

(3) Most recent licensing visit report supported by the related follow–up plan of correction visit reports or a posted statement that such documents are available upon request for public review at the facility.

(4) A notice of the name, address and telephone number of the Department of Mental Health division having jurisdiction over the facility.

NOTE: Authority cited: Section 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code.

§ 77047. Report of Changes.

The licensee shall notify the Department within 10 days, in writing, of any of the following:

(a) Any change of clinical director or administrator of business and support services.

(b) Any change of the principal officers of the corporation if other than a public entity.

(c) Any change of the mailing address of the licensee.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Sections 1265 and 1275.1, Health and Safety Code.

§ 77049. Program Flexibility.

All facilities shall maintain continuous compliance with the licensing requirements. Such requirements, however, do not prohibit the use of alternate concepts, pursuant to Section 1276(b) of the Health and Safety Code.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Sections 1268, 1275.1 and 1276(b), Health and Safety Code.

§ 77051. Voluntary Suspension of Licensure or Licensed Beds.

(a) Any license or portion thereof, which has been suspended for a period of time approved by the Department shall remain subject to all renewal requirements of an active license, including the payment of license renewal fees during the period of suspension.

(b) If the license is not reinstated during the period of approved suspension, the license shall expire automatically and shall not qualify for reinstatement; however, an application may be submitted for a new license.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Sections 1275.1 and 1300, Health and Safety Code.

§ 77052. Imposition of Sanctions.

The suspension and revocation of a license shall be initiated in accordance with Health and Safety Code, Section 1294. The Director may impose sanctions when a facility demonstrates a failure to comply with the laws and regulations that govern psychiatric health facilities.

(a) The Department shall issue a cease and desist order if, in the opinion of the Department, an immediate danger to the health, welfare and safety of the facility's patients exists.

(b) Monetary penalties levied against a facility shall be in accordance with Welfare and Institutions Code, Section 4080(j)(1)(B).

NOTE: Authority cited: Section 1275, Health and Safety Code; and Section 4080(f) and (j), Welfare and Institutions Code. Reference: Sections 1275.1 and 1294, Health and Safety Code; and Section 4080(j), Welfare and Institutions Code.

§ 77052.5. Appeal of Sanctions.

(a) All appeals of denial of licensure or imposition of a sanction, imposed in accordance with Section 77028, shall be made pursuant to this section and shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.

(b) The Director shall notify in writing an applicant of a denial of licensure and a licensee of an imposed sanction.

(c) All notifications and all accompanying information may be served personally or by registered mail to the applicant's/licensee's latest address on file with the agency.

(d) The notice shall contain the following:

(1) The effective date of the denial or sanction, written delineation of the bases for the denial/sanction, and a copy of this section, governing the procedure for an appeal of a denial/sanction.

(2) A written statement of charges which shall set forth in ordinary and concise language the acts or omissions with which the applicant/licensee is charged, in a manner that the applicant/licensee will be able to prepare his defense.

(3) Specificity regarding the statutes and regulations which the applicant/licensee is alleged to have violated, but shall not consist merely of charges phrased in the language of such statutes and regulations.

(e) The Department may include with the notice any information which it deems appropriate, but it shall include a notice of defense which, when signed by or on behalf of the applicant/licensee and returned to the Department, will acknowledge service of the notice and constitute a notice of defense under Section 11506 of the Government Code.

(f) The copy of the notice of defense shall include or be accompanied by (1) a statement that the applicant/licensee may request a hearing by mailing a notice of defense as provided in Section 11506 of the Government Code within 15 days after service upon the applicant/licensee of the notice, and that failure to do so will constitute a waiver of the applicant/licensee's right to a hearing, and (2) copies of Sections 11507.5, 11507.6, and 11507.7 of the Government Code.

(g) Unless a written request for a hearing signed by or on behalf of the applicant/licensee in the accompanying notice is delivered or mailed to the Department within 15 days after the notice was personally served on the applicant/licensee or mailed to the applicant/licensee, the Department of Mental Health may proceed upon the notice without a hearing.

(h) The request for a hearing may be made by delivering or mailing the notice of defense, or by delivering or mailing a notice of defense as provided by Section 11506 of the Government Code to: the Department of Mental Health, Licensing and Certification, 1600 9th Street, Sacramento, California 95814. The applicant/licensee may, but is not required to, be represented by counsel at any or all stages of these proceedings. If the applicant/licensee desires the names and addresses of witnesses or an opportunity to inspect and copy the items mentioned in Section 11507.6 of the Government Code in the possession, custody or control of the Department, the applicant/licensee may contact: the Department of Mental Health, Licensing and Certification, 1600 9th Street, Sacramento, California 95814.

(i) The suspension, expiration, or forfeiture of a license issued by the Department shall not deprive the Department of its authority to institute or continue a proceeding against the licensee upon any ground provided by law or to enter an order suspending or revoking a license or otherwise taking disciplinary action against the licensee on any such ground.

NOTE: Authority cited: Section 1275, Health and Safety Code; and Section 4080(j)(2), Welfare and Institutions Code. Reference: Section 4080(f) and (j), Welfare and Institutions Code.

§ 77053. Bonds.

(a) Psychiatric health facilities with the exception of psychiatric health facilities operated by public entities, which handle $25.00 or more per patient or $500.00 or more for all patients within any one month, shall post a bond in accordance with the following schedule:

Amount Handled	*Bond Required*
$25 or more per patient or $500 or over and up to $750 for all patients within one month	$1,000
$751 to $1,500	$2,000
$1,501 to $2,500	$3,000
$2,500.01 and above	additional $1,000 bond for each $1,000 or fraction thereof of patients funds handled in excess of $2,500

(b) Each application for an original license or renewal of license, with the exception of psychiatric health facilities operated by public entities, shall be accompanied by an affidavit on a form provided by the Department. The affidavit shall state whether the licensee handles or will handle money of patients and the maximum amount of money to be handled for any patient and for all patients in any month.

(c) No licensee shall handle amounts greater than those stated in the affidavit submitted by the licensee without first notifying the Department and filing a new or revised bond if required.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Sections 1275.1 and 1318, Health and Safety Code.

§ 77055. Convictions of Crime: Standards for Evaluating Rehabilitation.

(a) When considering the denial, suspension or revocation of a license based on the conviction of a crime in accordance with Section 1265.1 or 1294 of the Health and Safety Code, the following criteria shall be considered in evaluating rehabilitation.

(1) The nature and the seriousness of the crime(s) under consideration.

(2) Evidence of conduct subsequent to the crime which suggests responsible or irresponsible character.

(3) The time which has elapsed since commission of the crime or conduct referred to in subsection (1) or (2) above.

(4) The extent to which the applicant has complied with any terms of parole, probation, restitution, or any other sanctions lawfully imposed against the applicant.

(5) Any rehabilitation evidence submitted by the applicant.

NOTE: Authority cited: Sections 208(a), 1265.2 and 1275, Health and Safety Code. Reference: Sections 1265, 1265.1, 1265.2, 1277 and 1294, Health and Safety Code.

Article 3. Services

§ 77059. Basic Services.

The facility may provide services to patients either directly or by written agreement with outside resources as specified in Section 77109.

NOTE: Authority cited: Section 208(a) and 1275, Health and Safety Code. Reference: Sections 1250.2 and 1275.1, Health and Safety Code.

§ 77061. Staffing.

(a) The facility shall have a clinical director who shall be a licensed mental health professional and qualified in accordance with Section 77093 of these regulations.

(b) The clinical director may also serve as the administrator.

(c) The clinical director shall designate a clinical psychologist or psychiatrist to review and approve interdisciplinary treatment plans.

(d) A physician shall be on–call at all times for the provision of

physical health care and those services which can only be provided by a physician. The person in charge of patient care services on each shift shall be provided with the name(s) and means of locating and contacting the available physician. Patients requiring general acute physical health care shall be diverted from admission or transferred to a general acute care hospital. An individual patient may be admitted to a psychiatric health facility if the individual's physical health care could otherwise be managed on an outpatient basis.

(e) If the clinical director is not a physician, responsibility for those aspects of an individual treatment plan which may only be performed by a physician, shall be assumed by a physician.

(f) During the absence of any staff required in subsection (h)(1) below there shall be a substitute person with the required qualifications to provide the number of hours of services required.

(g) Community practitioners who are approved to admit and/or attend patients in the facility may be calculated as part of the staffing pattern only if they are retained by written contract to provide services for a specified number of hours to the patients at the facility.

(h) Each facility shall meet the following full–time equivalent staff to census ratio, in a 24 hour period:

(1) Inpatient Census:	1–10	11–20	21–30	31–40	41–50	51–60	61–70	71–80	81–90	91–100
Staff										
Psychiatrist or Clinical Psychologist or Clinical Social Worker or Marriage, Family and Child Counselor	1	2	3	4	5	6	7	8	9	10
Registered Nurse or Licensed Vocational Nurse or Psychiatric Technician	4	5	6	8	10	12	14	16	18	20
Mental Health Worker	3	5	8	10	13	15	18	20	23	25
Totals:	8	12	17	22	28	33	39	44	50	55

(2) For facilities in excess of 100 beds, staffing shall be provided in the ratios as in (1) above.

(3) A registered nurse shall be employed 40 hours per week.

(4) There shall be a registered nurse, a licensed vocational nurse, or a psychiatric technician awake and on duty in the facility at all times.

(i) The required staffing ratio shall be calculated based upon the inpatient census and shall provide services only to psychiatric health facility patients.

(j) Regardless of the minimum staffing required in subsection (h)(1) above, the facility shall employ professional and other staff on all shifts in the number and with the qualifications to provide the necessary services for those patients admitted for care.

NOTE: Authority cited: Section 1275, Health and Safety Code. Reference: Sections 1250.2 and 1275.1, Health and Safety Code

§ 77063. Psychiatric, Psychological and Counseling Services.

(a) Psychiatric services shall be provided by licensed physicians with training and/or experience in psychiatry.

(b) Psychological services shall be provided by clinical psychologists in accordance with Business and Professions Code, Section 2903 and Health and Safety Code, Section 1316.5.

(c) Counseling services shall be provided by licensed clinical social workers in accordance with Business and Professions Code, Sections 4996 and 4996.9, or licensed marriage, family and child counselors in accordance with Business and Professions Code, Sections 4980 and 4980.02.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Sections 1250.2 and 1275.1, Health and Safety Code.

§ 77065. Psychiatric Nursing Services.

(a) Psychiatric nursing services shall be designed to meet the objectives of each patient's interdisciplinary treatment plan.

(b) Policies and procedures for the administration of medications shall be implemented by the psychiatric nursing service.

(c) Nursing services shall include the development of a nursing care plan based upon an initial written and continuing assessment with input from health professionals involved in the care of the patient. Initial assessments shall commence at the time of admission of the patient and be completed within 72 hours after admission. Nursing care plans shall either be included as a part of the interdisciplinary treatment plan or occupy a unique section of the patient record.

(d) Written nursing services policies and procedures shall be developed which include:

(1) A current nursing procedure manual appropriate to the patients served by the facility.

(2) Provision for the inventory and identification of patients' personal possessions, equipment and valuables.

(3) Screening of all patients for tuberculosis upon admission. A tuberculosis screening procedure may not be required if there is satisfactory written evidence available that a tuberculosis screening procedure has been completed within 90 days of the date of admission to the facility. Subsequent tuberculosis screening procedures shall be determined by a physician.

(4) Notification of practitioner regarding sudden or marked adverse change in a patient's condition.

(5) Conditions under which restraints are used, the application of restraints, and the mechanism used for monitoring and controlling their use.

(6) A planned and systematic process for the monitoring and evaluation of the quality and appropriateness of patient care and for resolving identified problems.

(e) Psychiatric nursing policies and procedures shall either be integrated into a separate section of a general manual or contained in a policy and procedure manual dedicated to nursing policies and procedures.

(f) There shall be a written staffing pattern which shall show:

(1) Total numbers of staff including full–time and full–time equivalents.

(2) The available nursing care hours for each nursing unit.

(3) The categories of staff available for patient care.

(g) The psychiatric nursing service shall be under the direction of a registered nurse who shall meet at least the following qualification:

(1) Master's degree in psychiatric nursing or related field with experience in administration; or

(2) Baccalaureate degree in nursing or related field with experience in psychiatric nursing and two years of experience in nursing administration; or

(3) Four years of experience in nursing administration or supervision and with experience in psychiatric nursing.

(h) Psychiatric health facility policies and procedures shall specify how a registered nurse will exercise authority and carry out the responsibility of supervising nursing activities such as, but not limited to:

(1) Dispensing, and recording of medication(s).

(2) Documenting patients' nursing care needs in the interdisciplinary treatment plan.

(3) Implementing nursing procedures.

(4) Providing inservice education related to nursing activities.

NOTE: Authority cited: Section 1275, Health and Safety Code. Reference: Sections 1250.2 and 1275.1, Health and Safety Code.

§ 77067. Social Services.

(a) Social services shall be designed to meet the objectives of each patient's interdisciplinary treatment plan in accordance with established policies and procedures.

(b) Social services shall be organized, directed and supervised by a licensed clinical social worker.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Sections 1250.2 and 1275.1, Health and Safety Code.

§ 77069. Rehabilitation Services.

(a) Rehabilitation services mean those activities provided by occupational therapists, physical therapists or recreation therapists under the general direction of the clinical director to restore, establish and maintain optimum levels of social, vocational and physical functioning and to minimize residual disabilities of patients. Rehabilitation services provided in a psychiatric health facility are to be designed to meet the needs of acute psychiatric inpatients.

(b) In accordance with established policies and procedures, the scope of these activities shall include at least the following:

(1) Social activities which involve group participation.

(2) Recreational activities, both indoor and outdoor.

(3) Opportunity to participate in activities outside of the facility if appropriate.

(4) Exercises.

(c) A physician shall prescribe in the health record the level of physical activity in which a patient may engage.

NOTE: Authority cited: Section 1275, Health and Safety Code. Reference: Sections 1250.2 and 1275.1, Health and Safety Code.

§ 77070. Structured Outpatient Services Program.

(a) An application for a special permit for structured outpatient services shall include all of the following:

(1) The identification of a structured outpatient services coordinator.

(2) A written policy that the facility will have staffing based on census consistent with Section 77061(h), for the services to be provided under the special permit.

(b) The Department may require the applicant to provide verification and clarification of information submitted in an application.

(c) Structured outpatient services shall be an alternative to admission to inpatient services, aftercare services following discharge from inpatient care, or both.

(1) Structured outpatient services are not to exceed 10 daytime hours.

(2) The charge for patients in both a morning and an afternoon program on the same day shall not exceed 60 percent of the facility's authorized per diem charge for inpatient services.

(3) The charge for patients in either a morning or afternoon program shall not exceed 30 percent of the facility's authorized per diem charge for inpatient services.

(d) The facility shall have staffing for the services to be provided under the special permit in addition to that required by Section 77061.

(1) Staff shall meet the same professional standards as required under these regulations.

(2) The facility shall appoint a coordinator of structured outpatient services.

(e) When a facility is issued a permit, structured outpatient services are to be provided as one of the program aspects of the psychiatric health facility.

NOTE: Authority cited: Sections 1254(e) and 1275, Health and Safety Code. Reference: Sections 1250.2(b) and 1266.1(f), Health and Safety Code.

§ 77071. Aftercare Services.

(a) Prior to or at the time of discharge, each patient shall be evaluated concerning the patient's need for aftercare services with the result of that evaluation noted in the patient's health record.

(b) Aftercare services are those services to, and on behalf of, a patient following discharge from the psychiatric health facility for the purpose of enabling the patient to achieve an optimum level of functioning.

(c) Aftercare services shall include but not be limited to the following:

(1) Arranging for out–of–home placement if necessary.

(2) Arranging for medication supervision if indicated.

(3) Obtaining community social, vocational and educational services if appropriate.

(d) If a licensed psychiatric health facility does not provide its own aftercare service through its employed staff, it shall affiliate or have an agreement with a recognized aftercare agency in the facility's service area to provide aftercare services to patients who could benefit from such services upon discharge from the facility.

(e) A member of the interdisciplinary team designated by the clinical director, shall be responsible for ensuring that the referral of the patient to the appropriate aftercare service has been completed and documented in the patient's health record.

(f) In accordance with Health and Safety Code, Section 1284 and Welfare and Institutions Code, Section 5622, aftercare plans shall be transmitted to the local director of mental health services in the county of residence for any patient placed in the facility under a county Short–Doyle plan.

(g) The content of the aftercare plan shall conform to the requirements of Health and Safety Code, Section 1284.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Sections 1250.2, 1275.1 and 1284, Health and Safety Code.

§ 77073. Interdisciplinary Treatment Plan.

(a) A written interdisciplinary treatment plan shall be developed and implemented by the interdisciplinary treatment team for each patient as soon as possible after admission but no longer than 72 hours following the patient's admission, Saturdays, Sundays and holidays excepted.

(b) The interdisciplinary treatment plan shall include as a minimum:

(1) A statement of the patient's physical and mental condition, including all diagnoses.

(2) Specific goals of treatment with interventions and actions, and observable, measurable objectives.

(3) Methods to be utilized, the frequency for conducting each treatment method and the person(s) or discipline(s) responsible for each treatment method.

(c) The interdisciplinary treatment plan shall be reviewed and modified as frequently as the patient's condition warrants, but at least weekly.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code.

§ 77075. Transfer Summary.

A transfer summary shall accompany the patient upon transfer to another health facility. The transfer summary shall include information relative to the patient's diagnosis, known residual behaviors or symptoms of mental disorder, medications, treatments,

dietary requirements, rehabilitation potential, and known allergies and shall be signed by the clinical director or the clinical director's designee as specified in Section 77061(c).

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code.

§ 77077. Dietetic Services.

(a) The total daily diet for patients shall be of the quality and in the quantity necessary to meet the needs of the patients and shall meet the "Recommended Dietary Allowances," 9th edition, 1980, or most current edition, adopted by the Food and Nutrition Board of the National Research Council of the National Academy of Science, adjusted to the age, activity and environment of the group involved. All food shall be of good quality and be selected, stored, prepared and served in a safe and healthful manner. The following shall apply:

(1) Arrangements shall be made so that each patient has available at least three meals per day. Not more than fourteen (14) hours shall elapse between the third and first meal.

(2) A facility may choose to purchase, store and prepare the required food for its patients, or it may choose to purchase prepared meals from other appropriate sources, through a written contract.

(3) When a non–inpatient program exceeds four hours, nourishment or snacks shall be available.

(4) A person shall be designated by the administrator to be responsible for the management and operation of the food service. This may be provided by a full–time or part–time employee with the facility, or through a written contract with an outside supplier or food service. If this person is not a dietitian, provision shall be made for consultation from a person so qualified, who shall provide this consultation at least 4 hours every three months. If total food service is by contract, a staff member will be designated to monitor the operation of the food service within the facility.

(5) If patients participate in food preparation and/or service to inpatients as part of their interdisciplinary treatment plan, they shall comply with the same policies and procedures as those required for food service employees.

(6) Pesticides and other toxic substances shall not be stored in the food store rooms, kitchen areas, or where kitchen equipment or utensils are stored, or accessible to patients.

(7) Supplies of staple foods for a minimum of two days shall be maintained on the premises.

(8) All kitchen equipment, fixed or mobile, and dishes, shall be kept clean and maintained in good repair and free of breaks, open seams, cracks or chips.

(9) All utensils used for eating and drinking and in the preparation of food and drink shall be cleaned and sanitized after each usage.

(10) The facility shall maintain a written plan to provide patients' food service in emergencies.

(b) Provisions shall be made to provide patients with access to beverages and nourishments at times when the main dietary service is not in operation.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Sections 1250.2 and 1275.1, Health and Safety Code.

§ 77079.1. Pharmaceutical Services—General.

(a) Arrangements shall be made with pharmacists licensed by the California Board of Pharmacy to assure that pharmaceutical services are available to provide patients with prescribed drugs and biologicals.

(b) Dispensing, labeling, storage, disposal and administration of drugs and biologicals shall be in conformance with state and federal laws.

(c) If a pharmacy is located on the premises, the pharmacy shall be approved by the Department. The pharmacy shall not serve the general public unless a separate public entrance or a separate public serving window is utilized. Pharmacies located on the licensed premises of the facility shall be opened for inspection upon the request of an authorized Department representative.

(d) The facility shall not accept money, goods or services free or below cost from any pharmacist or pharmacy as compensation or inducement for referral of business to any pharmacy.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code; Sections 650 and 651, Business and Professions Code.

§ 77079.2. Pharmaceutical Services—Requirements.

(a) Pharmaceutical service shall include, but not be limited to, the following:

(1) Obtaining necessary drugs including the availability of 24–hour prescription service on a prompt and timely basis as follows:

(A) Drugs ordered "Stat" that are not available in the facility emergency drug supply shall be available and administered within one hour of the time ordered during normal pharmacy hours. For those hours during which the pharmacy is closed, drugs ordered "Stat" shall be available and administered within two hours of the time ordered. Drugs ordered "Stat" which are available in the emergency drug supply shall be administered immediately.

(B) Anti–infectives and drugs used to treat severe pain, nausea, agitation, diarrhea or other severe discomfort shall be available and administered within four hours of the time ordered.

(C) Except as indicated above, all new drug orders shall be available on the same day ordered unless the drug would not normally be started until the next day.

(D) Refill of prescription drugs shall be available when needed.

(2) Dispensing of drugs and biologicals.

(3) Monitoring the drug distribution system which includes ordering, dispensing and administering of medication.

(4) Provision of consultative and other services furnished by pharmacists which assist in the development, coordination, supervision and review of the pharmaceutical services within the facility.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code; Sections 650 and 651, Business and Professions Code.

§ 77079.3. Pharmaceutical Services—Labeling and Storage of Drugs.

(a) Containers which are cracked, soiled or without secure closures shall not be used. Drug labels shall be legible.

(b) All drugs obtained by prescription shall be labeled in compliance with state and federal laws governing prescription dispensing. No person other than the dispenser or prescriber of the drug shall alter any prescription label.

(c) Nonlegend drugs shall be labeled in conformance with state and federal food and drug laws.

(d) Test reagents, germicides, disinfectants and other household substances shall be stored separately from drugs and shall not be accessible to patients.

(e) External use drugs in liquid, tablet, capsule or powder form shall be stored separately from drugs for internal use.

(f) Drugs shall be stored at appropriate temperatures. Drugs required to be stored at room temperature shall be stored at a temperature between 15ºC (59ºF) and 30ºC (86ºF). Drugs requiring refrigeration shall be stored in a refrigerator between 2ºC (36ºF) and 8ºC (46ºF). When drugs are stored in the same refrigerator with food, the drugs shall be kept in a closed container clearly labeled "drugs."

(g) Drugs shall be stored in an orderly manner in cabinets, drawers or carts of sufficient size to prevent crowding.

(h) Dose preparation and administration areas shall be well–lighted.

(i) Drugs shall be accessible only to personnel designated in writing by the licensee.

(j) Medication shall not be kept at the patient's bedside.

(k) Drugs shall not be kept in stock after the expiration date on the label and no contaminated or deteriorated drugs shall be available for use.

(*l*) The drugs of each patient shall be kept and stored in their originally received containers. No drug shall be transferred between containers.

(m) Discontinued drug containers shall be marked, or otherwise identified, to indicate that the drug has been discontinued, or shall be stored in a separate location which shall be identified solely for this purpose. Discontinued drugs shall be disposed of within 90 days of the date the drug order was discontinued, unless the drug is reordered within that time.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code; Sections 650 and 651, Business and Professions Code.

§ 77079.4. Pharmaceutical Services—Stop Orders.

Written policies shall be established and implemented limiting the duration of new drug orders in the absence of a prescriber's specific indication for duration of therapy. the prescriber shall be contacted for new orders prior to the termination time established by the policy. Such policies shall include all categories of drugs.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code; Sections 650 and 651, Business and Professions Code.

§ 77079.5. Pharmaceutical Services—Orders for Drugs.

(a) No drugs shall be administered except upon the order of a person lawfully authorized to prescribe for and treat human illness.

(b) All drug orders shall be written, dated, timed and signed by the person lawfully authorized to give such an order. The name, quantity or specific duration of therapy, dosage and time or frequency of administration of the drug and route of administration if other than oral shall be specified. "P.R.N." orders shall also include the indication for the use of the drug.

(c) Verbal orders for drugs and treatment shall be received only by licensed nurses, psychiatric technicians, pharmacists, physicians and physician's assistants from their supervising physicians only. Such orders shall be recorded immediately in the patient's health record by the person receiving the order and shall include the date and time of the order. The order shall be signed by the prescriber within 24 hours excluding weekends and holidays.

(d) The signing of orders shall be by signature or a personal computer key. Signature stamps shall not be used.

NOTE: Authority cited: Section 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code; Sections 650 and 651, Business and Professions Code.

§ 77079.6. Pharmaceutical Services—Drug Order Processing.

Signed orders for drugs shall be transmitted to the issuing pharmacy within 48 hours, either by written prescription of the prescriber or by an order form which produces a direct copy of the order or by an electronically reproduced facsimile.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code; Sections 650 and 651, Business and Professions Code.

§ 77079.7. Pharmaceutical Services—Drug Order Records.

Facilities shall maintain a record which includes, for each drug ordered by prescription, the name of the patient, the drug name, and strength, the date ordered, the date and amount received and the name of the issuing pharmacy. The records shall be kept at least one year.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code; Sections 650 and 651, Business and Professions Code.

§ 77079.8. Pharmaceutical Services—Personal Medications.

(a) Medications brought by or with the patient on admission to the facility shall not be used unless the contents of the containers have been examined and positively identified after admission by the patient's physician or a pharmacist retained by the facility.

(b) The facility may use drugs transferred from other licensed health facilities or those drugs dispensed or obtained after admission from any licensed or governmental pharmacy and may accept the delivery of those drugs by any agent of the patient or pharmacy without the necessity of identification by a physician or pharmacist.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code; Sections 650 and 651, Business and Professions Code.

§ 77079.9. Pharmaceutical Services—Controlled Drugs.

(a) Drugs listed in Schedules II, III and IV of the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970, Title 21, United States Code, Section 801 *et seq.* shall not be accessible to other than licensed nursing, pharmacy and medical personnel designated by the licensee. Drugs listed in Schedule II of the above Act shall be stored in a locked cabinet or a locked drawer separate from noncontrolled drugs unless they are supplied on a scheduled basis as part of a unit dose medication system.

(b) Separate records of use shall be maintained on all Schedule II drugs. Such records shall be maintained accurately and shall include the name of the patient, the prescription number, the drug name, strength and dose administered, the date and time of administration and the signature of the person administering the drug. Such records shall be reconciled at least daily and shall be retained at least one year. If such drugs are supplied on a scheduled basis as part of a unit dose medication system, such records need not be maintained separately.

(c) Drug records shall be maintained for drugs listed in Schedules III and IV of the above Act in such a way that the receipt and disposition of each dose of any such drug may be readily traced. Such records need not be separate from other medication records.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code; Sections 650 and 651, Business and Professions Code.

§ 77079.10. Pharmaceutical Services—Disposition of Drugs.

(a) Drugs which have been dispensed for individual patient use and are labeled in conformance with state and federal law for outpatient use shall be furnished to patients on discharge on the order of a physician. If the discharge orders do not include provisions for drug disposition, drugs shall be furnished to patients unless:

(1) A physician's order specifies otherwise or,

(2) The patient leaves or is discharged without a physician's order or approval or,

(3) The patient is discharged to a general acute care hospital or acute psychiatric hospital, or

(4) The drug was discontinued prior to discharge or,

(5) The labeled directions for use are not substantially the same as most current orders for the drug in the patient's health record.

(b) A record of the drugs sent with the patient shall be made in the patient's health record.

(c) Patient's drugs supplied by prescription which have been discontinued and those which remain in the facility after discharge of the patient shall be destroyed by the facility in the following manner:

(1) Drugs listed in Schedules II, III or IV of the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970, Title 21, United States Code, Section 801 *et seq.* shall be destroyed by the facility in the presence of a pharmacist and a registered nurse employed by the facility. The name of the patient, the name and strength of the drug, the prescription number, the amount destroyed, the date of destruction and the signature of the witnesses required above shall be recorded in the patient's health record or in a separate log. Such log shall be retained for at least three years.

(2) Drugs not listed under Schedules II, III or IV of the above Act shall be destroyed by the facility in the presence of a pharmacist or licensed nursing personnel. The name of the patient, the name and strength of the drug, the prescription number (if applicable), the amount destroyed, the date of destruction and the signature of the person named above and one other person shall be recorded in the patient's health record or in a separate log. Such log shall be retained for at least three years.

(d) Unless otherwise prohibited under applicable federal or state

laws, individual patient drugs supplied in sealed containers may be returned, if unopened, to the issuing pharmacy for disposition provided that;

(1) No drugs covered under the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970 are returned.

(2) All such drugs are identified as to lot or control number.

(3) The signatures of the receiving pharmacist and a licensed nurse employed by the facility are recorded in a separate log which lists the name of the patient, the name, strength, prescription number (if applicable), the amount of the drug returned and the date of return. The log shall be retained for at least three years.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code; Sections 650 and 651, Business and Professions Code.

§ 77079.11. Pharmaceutical Services—Medication Distribution System.

(a) In facilities utilizing a unit dose medication system, there shall be at least a 24–hour supply of all patient medications on hand at all times, except those drugs which are to be discontinued within the 24–hour period. Drugs that are a part of a unit dose medication system shall not exceed a 48–hour supply.

(b) Facilities may utilize a floor stock medication system in lieu of a unit dose medication system.

NOTE: Authority cited: Section 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code; Sections 650 and 651, Business and Professions Code.

§ 77079.12. Pharmaceutical Services—Staff.

(a) Facilities shall retain a consulting pharmacist who devotes a sufficient number of hours during a regularly scheduled visit, for the purpose of coordinating, supervising and reviewing the pharmaceutical service at least quarterly. The report shall include a log or record of time spent in the facility. There shall be a written agreement between the pharmacist and the facility which includes the duties and responsibilities of both.

(b) A pharmacist shall review the drug regimen of each patient at least monthly and prepare appropriate reports. The review of the drug regimen of each patient shall include all drugs currently ordered, information concerning the patient's condition relating to drug therapy, medication administration records, and where appropriate, physician's progress notes, nurse's notes, and laboratory test results. The pharmacist shall be responsible for reporting, in writing, irregularities in the dispensing and administration of drugs and other matters relating to the review of the drug regimen to the clinical director and the director of nursing service.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code; Sections 650 and 651, Business and Professions Code.

§ 77079.13. Pharmaceutical Services—Equipment and Supplies.

(a) There shall be adequate equipment and supplies necessary for the provision of pharmaceutical services within the facility including at least the following:

(1) Refrigerator with an accurate thermometer.

(2) Lockable drug cabinets, drawers, closets or rooms.

(3) Drug service trays and/or carts.

(4) Drug preparation counter area and convenient water source.

(5) Reference materials containing drug monographs on all drugs in use in the facility. Such monographs shall include information concerning generic and brand names, if applicable, available strengths, and dosage forms and pharmacological data including indications and side effects.

(b) Emergency supplies shall be readily available at each facility. Emergency drug supplies shall meet the following requirements:

(1) Legend drugs shall not be stored in the emergency supply, except under the following conditions;

(A) Injectable supplies of legend drugs shall be limited to a maximum of three single doses in ampules or vials or one container of the smallest available multi–dose vial and shall be in sealed, unused containers.

(B) Sublingual or inhalation emergency drugs shall be limited to single sealed containers of the smallest available size.

(C) Not more than six emergency drugs in solid, oral dosage form or suppository dosage form for anti–infective, anti–diarrheal, anti–nausea, or analgesic use may be stored if in sealed containers. Not more than four doses of any one drug may be so stored.

(2) The emergency drug supply shall be stored in a portable container which is sealed in such a manner that the tamper–proof seal must be broken to gain access to the drugs. The registered nurse or charge nurse shall notify the pharmacist when drugs have been used from the emergency kit or when the seal has been broken. Drugs used from the kit shall be replaced within 72 hours and the supply resealed by the pharmacist.

(3) The contents of the supply shall be listed on the outside of the container.

(4) The supply shall be checked at least once monthly by the pharmacist.

(5) Separate records of use shall be maintained for drugs administered from the supply. Such records shall include the name and dose of the drug administered, name of the patient, the date and time of administration and the signature of the person administering the dose.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code; Sections 650 and 651, Business and Professions Code.

Article 4. Administration

§ 77081. Governing Body.

The governing body shall:

(a) Assure that all services including care and treatment provided to patients, is adequate and safe at all times.

(b) Establish and implement written bylaws in accordance with legal requirements and its responsibility to the community and to the patients served which shall include, but not be limited to, provisions for:

(1) Identification of the purposes of the facility and the means of fulfilling them.

(2) Ensuring the fitness, adequacy and quality of the clinical and medical care rendered.

(3) The appointment and reappointment of clinical staff who provide treatment, care and consultation to patients in the facility.

(4) Approval of policies and procedures for appropriate practices to be observed in the facility. In this connection, the practice of division of fees, under any guise whatsoever, shall be prohibited and any such division of fees shall be cause for exclusion from the staff.

(5) Identification of the requirements for health and treatment records.

(6) Requiring the interdisciplinary staff to establish controls that are designed to ensure the achievement and maintenance of high standards of professional ethical practices.

(c) Appoint a clinical director and administrator whose qualifications, authority and duties shall be defined in a written statement adopted by the governing body.

(d) Provide for the control and use of appropriate physical and financial resources and personnel required to meet the needs of the patients.

(e) Assure that the facility and its operation conforms to all applicable federal, state and local laws and regulations, including those relating to licensure and fire inspection.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Sections 1275.1 and 1277, Health and Safety Code.

§ 77083. Organized Clinical Staff.

(a) The organized clinical staff shall be composed of all licensed

mental health professionals as included in Section 77012 or other licensed practitioners who have admitting and/or treatment privileges in the facility and shall be responsible for the following:

(1) A formal peer review process which, in order to improve the quality of care, will review and evaluate the adequacy, appropriateness, and effectiveness of the care and treatment planned for, or provided to, facility patients.

(2) In conjunction with the pharmacist's monthly drug regimen review, a medication monitoring system that will assess the prescribing practices of the professional staff of the facility with respect to appropriateness and cost effectiveness of the medications ordered for the patients of the facility. The medication monitoring requirements specified in this subsection shall include findings of the pharmacist's monthly drug regimen review.

(3) A utilization review program which shall be a system of policies and procedures designed to ascertain and assure the clinical necessity of acute inpatient psychiatric services for patients using the facility.

(b) The clinical staff shall meet at least monthly. Minutes of each meeting shall be maintained for at least 1 year and shall be available for review by the Department.

(c) Patients shall be admitted only upon the order and under the care of a member of the clinical staff who is lawfully authorized to diagnose, prescribe and treat patients. The patient's condition and provisional diagnosis shall be established at time of admission by the admitting practitioner subject to the provisions of Section 77073.

(d) In order to carry out the functions as specified in this section, professionals who are not members of the organized clinical staff may be utilized. These professionals include, but are not limited to, pharmacists, dietitians, occupational therapists, physical therapists, recreation therapists, registered record administrators or licensed nursing staff.

NOTE: Authority cited: Section 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code.

§ 77089. Affiliation with General Acute Care Hospitals.

(a) All facilities shall have a current written agreement for medical services with one or more general acute care hospitals and shall maintain a current copy of such agreements for review by the Department. The agreements shall include, but not be limited to:

(1) Whether the general acute care hospital agrees to medically screen and conduct physical examinations of patients for admission to the psychiatric health facility and the procedure by which such screening and examination will be provided.

(2) The procedure for patient transfer from the psychiatric health facility to the hospital for inpatient medical or psychiatric care.

(3) The availability of medical services for patients of the psychiatric health facility, and the procedure by which such service will be provided.

(4) The specific means by which patients who require such medical services will be transported to the hospital or medical facility.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Sections 1275.1, Health and Safety Code.

§ 77091. Administrator of Business and Support Services.

(a) Each facility shall have an administrator who has primary responsibility for business and support services for the clinical program.

(b) The administrator shall have direct access to the clinical director for the purpose of communicating the status of business and support services of the psychiatric health facility.

NOTE: Authority cited: Section 1275, Health and Safety Code. Reference: Sections 1275.1 and 1276.1, Health and Safety Code.

§ 77093. Clinical Director.

(a) Each facility shall have a clinical director who shall direct the clinical program, provide general direction to professional and non–professional staff, and be responsible for the quality of clinical services performed in the facility. The clinical director shall be a licensed mental health professional. The clinical director shall have at least three years of post–graduate direct clinical experience with the mentally disordered.

(b) When the clinical director is part of the overall structure of a county mental health program, the county organization chart must show a line of reportability to the director of mental health.

NOTE: Authority cited: Section 1275, Health and Safety Code. Reference: Sections 1275.1 and 1276.1, Health and Safety Code.

§ 77097. Interdisciplinary Treatment Team.

(a) The interdisciplinary treatment team shall be composed of those persons who work directly with the patient in each of the professions, disciplines or service areas that provide service to the patient, including direct treatment staff, the patient's attending or consulting psychiatrist, the clinical psychologist, the licensed nurse or the psychiatric technician, the clinical director, or the clinical director's designee and any other persons whose participation is relevant to the treatment and care of the patient. The interdisciplinary treatment team shall be chaired by the admitting practitioner for each patient.

(b) The interdisciplinary treatment team shall be responsible for the development and implementation of the patient's individual treatment plan in consultation with the patient and members of the patient's family pursuant to Welfare and Institutions Code, Section 5328.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code.

§ 77099. Patients' Rights.

(a) The governing body shall adopt and implement written policies regarding patients' rights to ensure compliance with Sections 5325, 5325.1, 5326, 5326.1, 5326.9, 5326.95 and 5520 through 5550 of the Welfare and Institutions Code.

(b) A list of these patients' rights shall be posted in English and in the predominant language of the community, if other than English, in appropriate places within the psychiatric health facility so that such rights may be read by patients.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code.

§ 77101. Types of Restraints and Seclusion.

(a) No physical restraints with locking devices shall be used or be available for use in the facility unless approved by the State Fire Marshal.

(b) Seclusion as defined in Section 77029 is considered to be a physical restraint.

(c) Exclusion timeout as defined in Section 77010 is considered to be a physical restraint.

(d) Treatment restraint, as defined in Section 77033, shall be accomplished by a soft tie only, so as not to cause harm to the patient and shall only be used during medically prescribed treatment or diagnostic procedures.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code.

§ 77103. Behavioral Restraint and Seclusion.

(a) Behavioral restraint and seclusion shall only be used as a measure to protect the patient from injury to self or others.

(b) Behavioral restraint and seclusion shall only be used upon a physician's or clinical psychologist's written or verbal order, except under emergency circumstances. Under emergency circumstances behavioral restraint may be applied and then an order obtained as soon as possible, but at least within one hour of application. Telephone orders shall be received only by authorized professional staff, shall be recorded immediately in the patient's health record and, within twenty–four (24) hours, weekends and holidays excepted, signed by the prescriber.

(c) Behavioral restraint and seclusion shall not be used as

punishment or as a substitute for more effective programming or for the convenience of the staff.

(d) Orders for behavioral restraint and seclusion shall be in force for not longer than 24 hours.

(e) There shall be no PRN orders (as needed orders) for behavioral restraint and seclusion.

(f) Patients in restraint shall remain in staffs' line of vision and shall be afforded protection from other patients who may be in the area.

(g) A patient placed in behavioral restraint or seclusion shall be checked at least every 15 minutes by professional staff to assure that the restraint remains properly applied or that the patient has not harmed him/herself. A written record shall be kept of these checks and maintained in the individual patient's health record.

(h) Regular range of motion exercise of at least ten (10) minutes every two (2) hours shall be provided to restrained patients. When range of motion is contraindicated, a physician or a psychologist shall document the reason in the patient's record.

(i) Behavioral and treatment restraints shall be utilized only with patients being treated pursuant to Sections 5150 et seq. of the Welfare and Institutions Code or who are judicially committed.

NOTE: Authority cited: Section 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code.

§ 77104. Postural Supports.

(a) Facilities shall have written policies and procedures concerning the use of postural supports.

(b) Postural supports shall be designed and applied for speedy removal in case of emergency.

(c) Postural supports shall be designed and applied:

(1) Under the supervision of a physical or occupational therapist.

(2) In accordance with principles of proper body alignment, with concern for circulation and allowance for change of position.

(3) To improve a patient's mobility and independent functioning.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Sections 1275.1 and 1277, Health and Safety Code.

§ 77105. Clinical Research.

Prior to implementing any research projects involving human subjects that were not approved with the initial program plan, a supplemental patient care program plan shall be submitted to the Department of Mental Health for approval or denial. All research projects involving human subjects shall meet the requirements of all applicable state and federal laws and regulations.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code.

§ 77107. Education of Patients.

When patients of school age, between the ages of 6 to 18, are expected to remain in the facility for 30 days or more, the facility shall arrange for appropriate educational services pursuant to Sections 48200 and 48400 of the Education Code and the applicable federal regulations.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code

§ 77109. Use of Outside Resources.

(a) If a facility does not employ qualified personnel to render a specific service to be provided by the facility, there shall be arrangements through a written agreement and/or contract with outside resources. Outside resources shall meet the standards and requirements of these and all other applicable regulations before an agreement and/or contract may be entered into and shall continue to meet these and all other applicable regulations during the term of the agreement and/or contract. Outside resources may include other facilities, organizations, individuals or public or private agencies.

(b) Signed and dated copies of agreements, contracts or written arrangements for advice, consultation, services, training or transportation, with outside resources shall be on file in the facility. These agreements and/or contracts shall be readily available for inspection and review by the Department. The agreements and/or contracts shall include, but not be limited to, a description of the services to be provided, the financial arrangements, the methods by which the services are to be provided, and the conditions upon which the agreement or contract can be terminated.

(c) The governing body shall be responsible and accountable for all services provided by agreements and/or contracts.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code.

§ 77111. Nondiscrimination Policies.

(a) No facility that receives any financial assistance from the State of California shall discriminate against or deny admission to any person, otherwise qualified, based on sex, age, race, color, religion, ancestry or national origin, or physical or mental handicap. Facility policies shall so state and apply to the appointment of the treatment staff, hiring of facility employees and the admission, housing and treatment of patients. While a facility may not discriminate against any group identified in this section, the facility may not admit a minor for whom it cannot provide protection from adult patients, appropriate treatment and educational services when applicable. No facility may admit a minor into the same treatment ward with adults as defined in Section 5751.7, Welfare and Institutions Code.

(b) Any bona fide nonprofit religious, fraternal or charitable organization, which can demonstrate to the satisfaction of the Department that its primary or substantial purpose is not to evade this section, may establish admission policies limiting or giving preference to its own members or adherents. Such policies shall not be construed as a violation of (a) above. Any admission of nonmembers or nonadherents shall be subject to (a) above.

(c) Facilities shall comply with the Americans with Disabilities Act (ADA), Public Law 101–336 of 1990 (42 U.S.C. §12101 et seq.) which guarantees equal opportunity for persons with disabilities.

NOTE: Authority cited: Section 1275, Health and Safety Code. Reference: Sections 1270 and 1275.1, Health and Safety Code; and Section 5751.7, Welfare and Institutions Code.

§ 77113. Admission Policies.

(a) Each facility shall have and implement written admission and discharge policies encompassing which licensed health professionals may admit patients, the types of diagnoses for which patients may be admitted, limitations imposed by law or licensure, staffing limitations, rules governing emergency admissions, policies concerning advance deposits, rates of charge for care, charges for extra services, limitations of services, termination of services, refund policies, insurance agreements and other financial considerations, discharge of patients and other relevant functions. These policies shall be made available to patients or their agents upon admission and upon request, and shall be made available to the public upon request.

(1) Only persons diagnosed with major mental disorders are to be treated in psychiatric health facilities.

(2) Psychiatric health facilities shall not admit and treat patients with the primary diagnosis of an eating disorder as defined in Section 1254.5(b) of the California Health and Safety Code.

(3) Psychiatric health facilities shall not admit and treat patients when the primary diagnosis is chemical dependency, chemical intoxication or chemical withdrawal.

(4) Individuals with major mental disorders shall not be admitted to a psychiatric health facility if their treatment requires medical interventions beyond the level appropriate to a psychiatric health facility, including:

(A) detoxification from substance abuse,

(B) treatment for substance induced delirium.

(b) A facility shall accept and retain only those patients for whom it can provide adequate care, including but not limited to the provisions of Section 77135.

(c) A minor shall not be detained in a facility against the will of his or her parent or legal guardian. In those cases where law permits

minors to contract for or consent to the type of medical care provided by the facility, without the consent of their parent or guardian, they shall not be detained in the facility against their will. This provision shall not be construed to preclude or prohibit attempts to persuade patients to remain in the facility in their own interest, nor the temporary detention of patients for the protection of themselves or others under the provisions of the Lanterman–Petris–Short Act (Welfare and Institutions Code, Section 5000 *et seq.*), if the facility has been designated by the county as a treatment facility pursuant to said act, nor to prohibit minors legally capable of contracting for or consenting to medical care from assuming responsibility for their discharge.

(d) Within 24 hours after admission or immediately before admission, every patient shall have a complete history and physical examination unless a history and physical examination has been completed within the previous 30 days and is determined by the attending physician to be current.

(e) No inpatient shall be transferred or discharged for purposes of effecting a transfer, from a facility to another facility, unless arrangements have been made in advance for admission to such health facility and the person legally responsible for the patient has been notified or, in the case of an emergency, documented attempts to contact such person have been made and a responsible person cannot be reached. A transfer or discharge shall not be carried out if in the opinion of the clinical director such transfer or discharge would be contraindicated, unless there exists no legal basis to do so. This section shall not be construed to prohibit the transfer or discharge of a patient pursuant to court orders.

(f) There shall be a method of prompt and accurate identification of each patient admitted to the facility.

NOTE: Authority cited: Section 1275, Health and Safety Code; and Section 4080(f)(1), Welfare and Institutions Code. Reference: Section 1275.1, Health and Safety Code; and Section 4080(f)(1), Welfare and Institutions Code.

§ 77115. Written Administrative Policies.

(a) Written administrative policies and procedures for services provided shall be developed and implemented by appropriate staff members. These policies and procedures shall be reviewed and approved at least annually by the clinical director and administrator.

(b) The facility shall have policies and procedures for the provision of first aid and life saving measures that shall be implemented in emergency situations.

(c) The facility shall have a policy which shall ensure the obtaining of the patient's written consent prior to photographing that patient.

(d) Each facility shall adopt and implement written policies and procedures to properly manage outbreaks or prevalence of infectious and communicable disease whether or not such disease is required to be reported by Title 17, California Administrative Code, Section 2500.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code.

§ 77117. Personnel Policies.

(a) Each facility shall adopt and implement written personnel policies concerning qualifications, responsibilities and conditions of employment for each classification employed which shall be available to all personnel. Such policies shall include but not be limited to:

(1) Hours of work.

(2) A plan for orientation for all new staff members that shall ensure that all new staff providing program services shall receive at least 20 hours of orientation and training within 60 days of employment. Staff attendance shall be documented. Initial training shall include, but not be limited to, the following:

(A) Orientation to all policies, procedures and objectives of the facility.

(B) Orientation to special needs of the mentally disordered.

(C) Orientation to overall concepts of programs to meet the special needs of the mentally disordered.

(D) Orientation and training in specific program techniques being used in the facility to meet the identified program needs of the patients.

(3) A plan for at least annual evaluation of employee performance.

(4) A plan to conduct a background investigation, including previous employment and criminal background information, on prospective employees.

(b) The facility shall provide for a continuing inservice education program designed to improve patient care and employee efficiency. This training shall include, but not be limited to, suicide prevention techniques, management of assaultive behavior techniques and cardiopulmonary resuscitation (CPR). All staff members shall attend and attendance shall be documented. Continuing inservice education shall be provided by the facility or obtained by the staff at an annual rate of 48–hours for full time staff. Part time staff accrual rates shall be prorated to be consistent with their part–time status.

(c) Personnel policies shall require that employees and other persons working in or for the facility familiarize themselves with these regulations and such other regulations as are applicable to their duties.

(d) The facility shall recruit qualified personnel. Mental health workers shall work under the direct supervision of qualified mental health professionals.

(e) If language or communication barriers exist between facility staff and patients, arrangements shall be made for interpreters or for the use of other means to ensure adequate communications between patients and personnel.

(f) All personnel shall wash their hands before and after coming in direct contact with any linen or food.

NOTE: Authority cited: Section 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code.

§ 77119. Employee Personnel Records.

(a) All facilities shall maintain personnel records of all employees. Such records shall be retained for at least three years following termination of employment.

(b) The record shall include the employee's full name, Social Security number, the license of registration number, if any, brief resume of experience, employment classification, date of beginning employment and date of termination of employment.

(c) Records of hours and dates worked by all employees during at least the most recent six–month period shall be kept on file at the place of employment.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code.

§ 77121. Employee Health Examinations and Health Records.

(a) A health examination, performed by a person lawfully authorized to perform such an examination shall be performed as a prerequisite for employment within six months prior to employment or within one week after employment. Written examination reports, signed by the person performing the examination, shall verify that employees are able to perform assigned duties and do not have any health condition that would create a hazard for the employee, fellow employees, patients or visitors.

(b) The initial health examination shall include a tuberculosis screening test consisting of a purified protein derivative intermediate strength intradermal skin test and a chest X–ray if the skin test is positive. The facility shall establish a policy regarding subsequent health examinations and tuberculosis screening test based on an assessment of the following:

(1) The risk of a previously infected person developing tuberculosis and then possibly infecting others.

(2) The risk of a non–infected person becoming infected and developing a disease.

(c) The facility shall develop policies which ensure that reasonable

precautions are taken to prevent the spread of infectious disease between persons within the facility.

(d) Employee health records shall be maintained by the facility and shall include the records of all required health examinations. Such records shall be kept a minimum of three years following terminations of employment.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code.

§ 77123. Equipment and Supplies.

Equipment and supplies adequate in quality and quantity shall be available as necessary to provide patient services related to the scope and nature of the services offered.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code.

§ 77125. Advertising.

(a) No facility shall make or disseminate any false or misleading statement, or advertise by any manner or means any false or misleading claims regarding services provided by the facility.

(b) No facility shall allow false or misleading claims regarding services provided by the facility to be made by a third party or entity on behalf of the facility.

(c) No facility shall allow the use of its name or logo to be used in advertising by third parties.

NOTE: Authority cited: Section 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code.

§ 77127. Records and Reports.

(a) Each facility shall maintain copies of the following applicable documents on file in the facility.

(1) Articles of incorporation or partnership agreement.

(2) Bylaws and rules and regulations of the governing body.

(3) Bylaws and rules and regulations of all staff including medical, professional and other staff.

(4) Minutes of the meetings of the governing body, medical and professional staff.

(5) Reports of inspections by local, state and federal agencies.

(6) All contracts, leases and other agreements required by these regulations.

(7) Patient admission roster.

(8) Reports of unusual occurrences for the preceding three years.

(9) Personnel records, including credential files.

(10) Policy manuals.

(11) Procedure manuals.

(12) Any other records deemed necessary by the Department for the direct enforcement of these regulations.

(b) The records and reports specified above shall be made available for inspecting by any duly authorized officer, employee or agent of the Department.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code.

§ 77129. Fire and Internal Disasters.

(a) A written fire and internal disaster program, incorporating evacuation procedures, shall be developed with the assistance of local fire, safety and other appropriate experts. A copy of the program shall be available on the premises for review by the Department.

(b) The written program shall be implemented in the event of a fire or internal disaster and shall include but not be limited to the following:

(1) Plans for the assignment of personnel to specific tasks and responsibilities.

(2) Instructions relating to the use of alarm systems and signals.

(3) Information concerning methods of fire containment.

(4) Systems for notification of appropriate persons.

(5) Information concerning the location of fire fighting equipment.

(6) Identification of evacuation routes and procedures.

(7) Other provisions as the local situation dictates.

(c) Fire and internal disaster drills shall be held at least quarterly for each shift of facility personnel and under various conditions. Actual evacuation of patients during a drill is optional.

(d) The evacuation plan shall be posted throughout the facility and shall include but not be limited to the following:

(1) Evacuation routes.

(2) Location of fire alarm boxes.

(3) Location of fire extinguishers.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code.

§ 77131. Fire Safety.

All facilities shall be maintained in conformity with the regulations adopted by the State Fire Marshal for the prevention of fire and for the protection of life and property against fire and panic. All facilities shall secure and maintain a clearance relative to fire safety from the State Fire Marshal.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code.

§ 77133. Disruption of Services.

(a) Each facility shall develop a written plan to be implemented when a discontinuance or disruption of service occurs.

(b) The clinical director shall be responsible for informing the Department, via telephone, telegraph or emergency radio network, immediately upon being notified of the intent of the discontinuance or disruption of services or upon the threat of a walkout of a substantial number of employees, or upon occurrence of earthquake, fire, power outage or other calamity that causes damage to the facility or threatens the safety or welfare of patients.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code.

§ 77135. Patients with Reportable Communicable Disease, Physical Illness or Physical Injury.

(a) Reportable communicable diseases:

(1) Persons with a communicable disease that is required to be reported by Title 17, California Code of Regulations, Section 2500, shall not be admitted to the facility.

(2) A patient who after admission is diagnosed as having a reportable communicable disease or being a carrier shall be promptly transferred to a facility capable of accommodating such patients.

(b) Non–reportable disease or injury:

(1) Psychiatric health facilities shall arrange alternative treatment settings for patients with injuries or diseases that require inpatient medical care. When a patient's particular injury or disease would ordinarily be treated on an outpatient basis absent the mental disorder, the facility may admit the patient only if the facility has appropriate policies, procedures and resources to ensure the safety of other patients and staff.

(2) A patient, who after admission is diagnosed as having a disease or injury, may be treated in the facility if the patient's particular injury or disease would ordinarily be treated on an outpatient basis. The facility may treat the patient for the injury or disease only if the facility has appropriate policies, procedures and resources to ensure the safety of other patients and staff.

NOTE: Authority cited: Section 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code.

§ 77137. Unusual Occurrences.

(a) Unusual occurrences shall be reported by the facility, within 24 hours, either by telephone with written confirmation, or by telegraph to the county mental health director and the Department.

(b) An unusual occurrence report shall be retained on file by the facility for three years.

(c) The facility shall furnish other pertinent information related to such occurrences as the county mental health director or the Department may require.

(d) A facility admitting a patient exhibiting a physical injury or

presenting a condition caused by neglect shall immediately notify a physician and request a physical examination of the patient. If, in the opinion of the examining physician, the injury or condition appears to be the result of neglect or abuse, the facility shall report such fact by telephone, and in writing, within 24 hours of the patient's admission, to the Department, the local police authority having jurisdiction, and the county mental health department. Written reports in the patient's health record shall state the character and extent of the physical injury or condition.

(e) Every fire or explosion which occurs in or on the premises shall be reported immediately to the local fire authority, or in areas not having an organized fire service to the State Fire Marshal.

(f) All suspected criminal acts in or on the premises by or against patients, employees or visitors shall be reported to the local police authority and the Department within 24 hours.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code.

§ 77139. Health Record Service.

(a) The facility shall maintain a health record service in accordance with accepted professional standards and practices. The health record service shall have sufficient staff, facilities and equipment and be conveniently located to facilitate the accurate processing, checking, indexing and filing of all health records.

(b) The health record service shall be under the direction of a staff member who has training and experience in records administration. This designated staff member shall be assisted by such qualified personnel as are necessary to conduct the service. A registered record administrator or accredited records technician shall provide consultation as necessary to designated staff members responsible for record administration.

(c) If a facility, in addition to inpatient services, is providing structured outpatient services or crisis intervention, a unit health record system shall be established.

(d) The facility shall have a continuing system of collecting and recording data that describe patients served in such form as to provide for continuity of care, programming services, and data retrieval for program, patient care evaluation, and research. Health records shall be stored and systematically organized to facilitate retrieving of information.

(e) Policies and procedures shall be established and implemented to ensure the confidentiality of an authorized access to patient health information, in accordance with federal, state, and local laws and acceptable standards of practice.

NOTE: Authority cited: Sections 1254(e) and 1275, Health and Safety Code. Reference: Sections 1250.2(b), 1266.1(f) and 1275.1, Health and Safety Code.

§ 77141. Health Record Content.

(a) Each patient's health record shall consist of at least the following:

(1) Admission and discharge record identification data including, but not limited to, the following:

(A) Name.

(B) Address on admission.

(C) Patient identification number.

(D) Social Security number.

(E) Date of birth.

(F) Sex.

(G) Marital status.

(H) Legal status.

(I) Religion (optional on part of patient).

(J) Date of admission.

(K) Date of discharge.

(L) Name, address and telephone number of person or agency responsible for patient.

(M) Initial diagnostic impression.

(N) Discharge or final diagnosis.

(O) Disposition, including aftercare arrangements, plus a copy of the aftercare plan prepared pursuant to section 1284, Health and Safety Code, if the patient was placed in the facility under a county Short–Doyle plan.

(2) Mental status.

(3) Medical history and physical examination.

(4) Dated and signed observations and progress notes recorded as often as the patient's condition warrants by the person responsible for the care of the patient.

(5) Any necessary legal authorization for admission.

(6) Consultation reports.

(7) Medication treatment and diet orders.

(8) Social service evaluation, if applicable.

(9) Psychological evaluations, if applicable.

(10) Dated and signed patient care notes including, but not limited to, the following:

(A) Concise and accurate records of nursing care provided.

(B) Records of pertinent nursing observations of the patient and the patient's response to treatment.

(C) The reasons for the use of and the response of the patient to PRN medication administered and justification for withholding scheduled medications.

(D) Record of type of restraint, including time of application and removal as outlined in section 77103.

(11) Rehabilitation evaluation, if applicable.

(12) Interdisciplinary treatment plan.

(13) Progress notes including the patient's response to medication and treatment rendered and observation(s) of patient by all members of treatment team providing services to the patient.

(14) Medication records including name, dosage and time of administration of medications and treatments given. The route of administration and site of injection shall be recorded if other than by oral administration.

(15) Treatment records including group and individual psychotherapy, occupational therapy, recreational or other therapeutic activities provided.

(16) Vital sign sheet.

(17) Consent forms as required, signed by patient or person responsible for patient.

(18) All dental records, if applicable.

(19) Reports of all laboratory tests ordered.

(20) Reports of all cardiographic or encephalographic tests performed.

(21) Reports of all X–ray examinations ordered.

(22) All reports of special studies ordered.

(23) Acknowledgement in writing of patient's rights, as required in section 77099, signed by patient or person responsible for the patient.

(24) Denial of patient rights documentation.

(25) A discharge summary prepared by the admitting practitioner which shall briefly recapitulate the significant findings and events of the patient's treatment, his/her condition on discharge and the recommendation and arrangements for future care.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code.

§ 77143. Health Record Availability.

(a) Records shall be kept on all patients admitted or accepted for treatment. All required records, either as originals or as accurate reproductions of the contents of such originals, shall be maintained in a confidential manner, legible and readily accessible upon request of persons authorized by law to have access to such records including, but not limited to, persons authorized pursuant to Health and Safety Code, Section 25250 *et seq.*, those professional persons who are providing services to the patient and authorized representatives of the Department and the Department of Mental Health.

(b) The facility shall safeguard the information in the record

against loss, defacement, tampering or use by unauthorized persons.

(c) Patient health records or reproductions thereof, shall be safely preserved for a minimum of seven years following discharge of the patient, except that the records of unemancipated minors shall be kept at least one year after such minor has reached the age of 18 years and, in any case, not less than seven years.

(d) If a facility ceases operation, the Department shall be informed, within 48 hours prior to cessation, of the arrangements made for safe preservation of patient health records.

(e) If ownership of a licensed facility changes, both the previous licensee and the new licensee shall, prior to the change of ownership, provide the Department with written documentation that arrangements have been made for the retention and preservation of all patient records.

(f) Patient records shall be filed in an easily accessible manner in the facility or in an approved health record storage facility off the facility premises.

(g) Patient records shall be completed within 14 days following the patient's discharge.

(h) All information and records obtained in the course of providing services under Division 5 (commencing with Section 5000), Division 6 (commencing with Section 6000), or Division 7 (commencing with Section 7000) of the Welfare and Institutions Code to either voluntary or involuntary recipients of services shall be confidential and may be disclosed only in accordance with Sections 5328 through 5330 of the Welfare and Institutions Code.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code.

§ 77145. Patients' Monies and Valuables.

(a) No licensee shall use patients' monies or valuables as its own or mingle them with its own. Patients' monies and valuables shall be separate, intact and free from any liability the licensee incurs in the use of the licensee's or the facility's funds and valuables.

(b) Each licensee shall maintain accurate records of patients' monies and valuables entrusted to its care. Such records shall include but not be limited to:

(1) A control account for all recipients and expenditures kept current with columns for debits, credits and balances.

(2) An account for each patient with supporting vouchers filed in chronological order and kept current with columns for debits, credits and balances.

(c) Records of patients' monies and other valuables entrusted to the licensee for safe keeping shall include a copy of the receipt furnished to the patient or to the person responsible for the patient.

(d) Patients' monies entrusted to the psychiatric health facility shall be kept in a fireproof safe on the premises of the psychiatric health facility or deposited in a demand trust account in a local bank authorized to do business in California and whose deposits are insured by the Federal Deposit Insurance Corporation. A county psychiatric health facility may deposit such funds with the county treasurer.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code.

Article 5. Physical Plant

§ 77147. Space Conversion.

Spaces approved for specific use at the time of licensure shall not be converted to other use without the prior approval of the Department.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code.

§ 77151. General Maintenance.

The psychiatric health facility shall be clean, safe and sanitary and in good repair at all times.

NOTE: Authority cited: Section 208 (a) and 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code.

§ 77153. Housekeeping.

(a) There shall be sufficient supplies and equipment available for housekeeping, to include but not be limited to:

(1) Cleaning supplies and equipment which shall be stored in rooms for housekeeping use only.

(2) A commercial grade detergent germicide which shall be used for all cleaning.

(3) Mop heads which shall be removable and washed when needed.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code.

§ 77155. Maintenance Manual.

(a) A written manual on maintenance of heating, air conditioning and ventilation systems shall be implemented by each facility.

(b) A record of maintenance shall be maintained.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code.

Chapter 12. Correctional Treatment Centers

Article 1. Definitions

§ 79501. Accredited Record Technician.

Accredited record technician means a person who is accredited or eligible for accreditation by the American Medical Records Association.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79503. Audiologist.

Audiologist means a person licensed as an audiologist by the Medical Board of California.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79507. Biological.

Biological means a product, virus, serum, toxin, antitoxin, or analogous product derived from living matter applicable to prevention, treatment or cure of disease or injury in humans.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79509. Clinical Psychologist.

Clinical psychologist means a person licensed as a psychologist by the Board of Psychology and (1) who possesses an earned doctorate degree in psychology from an educational institution meeting the criteria for subdivision (c) of Section 2914 of the Business and Professions Code and (2) has not less than two years clinical experience in a multidisciplinary facility licensed or operated by this or another State or by the United States to provide health care, or (3) is currently listed in the National Register of Health Service Providers in Psychology, as adopted by the council for the National Register of Health Service Providers in Psychology. On the effective date of this regulation, a licensed psychologist employed in a correctional setting providing inpatient mental health care for at least two years shall be deemed to meet the requirements of the regulation.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j), 1254 and 1316.5(c), Health and Safety Code; and Sections 2902 and 2903, Business and Professions Code.

§ 79511. Clinical Restraint.

Clinical restraint means the use of a physical restraining device, during a period of mental health treatment, as a measure to protect the inmate–patient from injury to self or others when alternative methods are not sufficient.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79513. Clinical Seclusion.

Clinical seclusion means the isolation during the period of mental health treatment of an inmate–patient in a separate, locked area, including a padded room, for the purpose of preventing injury to self or others.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79515. Communicable Disease.

Communicable disease means an illness due to a specific disease producing agent (virus, bacteria, etc.) or its toxic products which arises through transmission of that agent, or its products, from an infected person, animal, or other reservoir to a susceptible host—either directly as from an infected person or animal, or indirectly through the agency of an intermediate plant or animal host, vector or the inanimate environment.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79516. Correctional Treatment Center.

A correctional treatment center is a health facility with a specified number of beds within a state prison, county jail or California Youth Authority facility designated to provide health care to that portion of the inmate population who do not require general acute care level of services but are in need of professionally supervised health care beyond that normally provided in the community on an outpatient basis. Outpatient housing is not under the jurisdiction of this Chapter.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79517. Decubitus Ulcer.

(a) A decubitus ulcer is a lesion of the skin, which is caused by pressure.

(b) The stages of decubitus ulcers are described as follows:

(1) Stage I—Not a decubitus ulcer of itself but, rather, the precursor phase of a decubitus ulcer which is characterized by redness of the skin which is not relieved by local circulatory stimulation and/or relief of pressure.

(2) Stage II—Superficial circulatory and tissue damage which involves abrasion or skin break.

(3) Stage III—Full thickness loss of skin which may or may not include the second level and which produces drainage.

(4) Stage IV—Full thickness loss of skin with invasion of deeper tissues and/or structures such as connective tissue, muscle or bone.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79519. Dentist.

Dentist means a person licensed as such by the Board of Dental Examiners of California, pursuant to Business and Professions Code Section 1600 et seq.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code; and Section 1600, Business and Professions Code.

§ 79521. Department.

Department means the State Department of Health Services or its delegatee, pursuant to Section 1257, Health and Safety Code.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j), 1254 and 1257, Health and Safety Code.

§ 79523. Dietitian.

Dietitian means a person who is registered or is eligible for registration as a Registered Dietitian by the American Dietetic Association.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79525. Director.

Director means the Director of the State Department of Health Services.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79527. Drug Administration.

Drug administration means the act in which a single dose of a prescribed drug or biological is given to a patient. The complete act of administration entails removing an individual dose from a container (including a unit dose container), verifying the dose with the prescriber's orders, identifying the patient, giving the individual dose to the patient, and promptly recording the time, method of administration, and dose given.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79529. Drug Dispensing.

Drug dispensing means the interpretation of an order for a drug or biological and, pursuant to that order, the proper selection, measuring, packaging, labeling, and issuance of the drug or biological for a patient or for a service unit of the correctional treatment center.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79531. Governing Body.

Governing body means the person, persons, board of trustees, directors, or other body in whom the authority and responsibility is vested for conduct of the correctional treatment center.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79533. Infectious Disease.

Infectious disease means any disease caused by the growth of pathogenic microorganisms in the body. It may or may not be contagious.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79534. Informed Consent.

Informed consent means the voluntary agreement of an inmate–patient or a representative, in accordance with state law, of an incapacitated inmate–patient to accept a treatment or procedure after receiving material information concerning the treatment or procedure.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code; and *Cobb v. Grant* (1972) 8 Cal.3d. 229.

§ 79535. Inmate.

Inmate, as used in the correctional treatment center regulations, means a detainee or offender who is under sentence to, or confined in, a prison, jail, or other correctional institution operated by the Department of Corrections, the Department of the Youth Authority, a county, city, or city and county law enforcement agency.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79537. Inmate–Patient.

Inmate–patient means an inmate who is receiving care and supervision in a correctional treatment center.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79539. Licensed Clinical Social Worker.

Licensed clinical social worker means a person who possesses a master's degree from an accredited school of social work and two years of post master's experience in a mental health setting, and possesses a license as a clinical social worker from the Board of Behavioral Science Examiners, pursuant to Business and Professions Code Section 4996, et seq.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code; and Section 4996, Business and Professions Code.

§ 79541. Licensed Vocational Nurse.

Licensed vocational nurse means a person licensed as such by the Board of Vocational Nurse and Psychiatric Technician Examiners, pursuant to Business and Professions Code Section 2840, et seq.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code; and Section 2840, Business and Professions Code.

§ 79543. Licensed Marriage, Family, and Child Counselor.

Licensed marriage, family and child counselor means a person who possesses a master's degree from a school meeting the requirements of Sections 4980.37, 4980.40 and 4980.41 of the Business and Professions Code and 3000 hours of supervised experience in a mental health setting, who possesses a license as a marriage, family and child counselor by the Board of Behavioral Science Examiners, pursuant to Business and Professions Code Section 4980, et seq.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code; Section 5751.3, Welfare and Institutions Code; and Sections 4980, 4980.37, 4980.40 and 4980.41, Business and Professions Code.

§ 79547. Mental Health Worker.

Mental health worker means a person who does not necessarily qualify as a mental health professional, but who, through experience, in–service training, or formal education, is qualified to participate in the care of the psychiatric patient.

NOTE: Authority cited: Sections 208(a) and 1267.10(*l*), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79549. Nursing Unit.

Nursing unit means a designated inmate–patient care area of a correctional treatment center which is planned, organized, operated and maintained to function as a unit. It includes patients' rooms with adequate support accommodations, services and personnel providing nursing care and necessary management of inmate–patients.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79551. Occupational Therapist.

Occupational therapist means a person who is certified or eligible for certification as an occupational therapist registered by the American Occupational Therapy Association. The occupational therapist shall be a graduate of a curriculum in occupational therapy approved by the Council on Education of the American Medical Association in collaboration with the American Occupational Therapy Association.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79553. On–Call.

On–call means immediately available for consultation by telephone and available to be in the facility within sixty minutes if requested to do so.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79555. Outpatient Housing Unit.

An outpatient housing unit means a housing unit of a city, county or city and county law enforcement facility established to retain inmates who require special housing for security or protection. Typically, these are inmates whose health condition would not normally warrant admission to a licensed heath care facility and for whom housing in the general population may place them at personal or security risk. Outpatient housing unit residents may receive outpatient health services and assistance with the activities of daily living. Outpatient housing unit beds are not licensed correctional treatment center beds.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79557. Pharmacist.

Pharmacist means a person licensed as such by the California State Board of Pharmacy pursuant to the Business and Professions Code Sections 4000 et seq.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79559. Physical Therapist.

(a) Physical therapist means a person licensed as such by the Medical Board of California.

(b) Physical therapist assistant means a person who is approved as such the Physical Therapy Examining Committee of the Medical Board of California.

(c) Physical therapist aide means a person who, under the direct supervision of a licensed physical therapist, assists with physical therapy care.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79561. Physician.

(a) Physician means a person licensed as a physician and surgeon by the Medical Board of California or by the Osteopathic Medical Board.

(b) Attending physician means the physician responsible for the medical treatment of the patient in the correctional treatment center.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79563. Podiatrist.

Podiatrist means a person licensed as such by the Board of Podiatric Medicine of the Medical Board of California pursuant to Business and Professions Code Sections 2460 et seq.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code; and Sections 2460 through 2499.6 (inclusive), Business and Professions Code.

§ 79564. Psychiatric Mental Health Nurse.

Psychiatric mental health nurse means a registered nurse who possesses a Master's Degree in Psychiatric Mental Health Nursing and at least two years of experience in providing psychiatric mental health counseling services under the supervision of a psychiatric mental health nurse, a licensed clinical psychologist, a licensed clinical social worker, a licensed marriage, family and child counselor, or a psychiatrist.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79565. Psychiatric Technician.

Psychiatric technician means a person who is licensed as a psychiatric technician by the Board of Vocational Nurse and Psychiatric Technician Examiners pursuant to Business and Professions Code Sections 4500 et seq.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code; and Section 4500, Business and Professions Code.

§ 79567. Psychiatrist.

Psychiatrist means a person who is a licensed physician and surgeon in the State of California except as allowed under Section 2072 of the Business and Professions Code and who is certified by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry or has completed a residency program in psychiatry approved by the American Medical Association or the American Osteopathic Association.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code; and Section 2072, Business and Professions Code.

§ 79569. Recreation Therapist.

Recreation therapist means a person with specialization in therapeutic recreation and who is registered or eligible for registration as such by the Board of Park and Recreation Personnel or the National Therapeutic Recreation Society.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79571. Registered Nurse.

Registered nurse means a person licensed as such by the Board of Registered Nursing pursuant to Business and Professions Code Sections 2700 through 2837, inclusive.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code; and Sections 2700 through 2837, Business and Professions Code.

§ 79573. Registered Record Administrator.

Registered record administrator means a person who is registered or eligible for registration as such by the American Medical Record Association.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79575. Supervision.

(a) Supervision means the instruction of employees or subordinates in the manner of carrying out their duties and overseeing or directing their work.

(b) Direct supervision means that the supervisor is in the same building as the person being supervised and available for consultation and/or assistance.

(c) Immediate supervision means that the supervisor is physically present while a task is being performed by the employee or subordinate.

NOTE: Authority cited: Sections 208(a) and 1267.10(*l*), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79577. Treatment Restraint.

Treatment restraint means the use of a restraining device during medically prescribed treatment or diagnostic procedures including, but not limited to, intravenous therapy, tube feeding or catheterization.

NOTE: Authority cited: Sections 208(a) and 1267.10(*l*), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79579. Unit Health Records.

Unit health records means a patient's health record that includes all records of care and treatment rendered to an inmate–patient.

NOTE: Authority cited: Sections 208(a) and 1267.10(*l*), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

Article 2. Licensing and Inspection

§ 79581. Application Required.

(a) An application shall be submitted to the Department for a license to operate a correctional treatment center.

(b) The licensee shall submit an application for a corrected license to the Department when any of the following occur:

(1) Construction of a new or replacement correctional treatment center.

(2) Increase or decrease in licensed bed capacity.

(3) Change of license category.

(4) Change of name of correctional institution or detention facility within whose administration the correctional treatment center is established and licensed.

(5) Change of location of correctional treatment center.

(6) Change in bed classification.

(c) All applicants for an initial or renewal license shall provide to the Department, as part of the application, a detailed written list of the services to be offered or provided by the correctional treatment center. In the case of application for renewal license, the list shall include all proposed modifications to existing approved treatment services.

(d) If the Department denies the initial application for a license or a renewal of a license, the Department shall notify the applicant in writing, specifying the reasons for the denial.

(e) Within twenty (20) days of receipt of the Department's notice of denial, the licensee or applicant may present to the Department a written request for an informal hearing to decide the issue of whether or not the Department properly denied the applicant's initial or renewal application. The informal hearing shall be held by the Department as soon as possible, but not later than thirty (30) calendar days after the Department's receipt of the applicant's or licensee's written request. The licensee or applicant may request a formal administrative adjudication pursuant to Health and Safety Code Section 1269.

(f) The provisions of this article do not apply to any facility in which the services provided consist only of emergency stabilization pending transfer to another licensed health facility, or limited health care services that would normally be provided in the home under the care of a physician.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79583. Safety, Zoning, and Building Clearance.

(a) A license shall not be issued to any correctional treatment center that does not conform to the State Fire Marshal's requirements for fire and life safety, California Code of Regulations, Title 19, Division 1, commencing with Section 1.03 and the California Code of Regulations, Title 24, Parts 2, 3, 4, 5, 9 and 12, and local fire safety, zoning and building ordinances. Evidence of compliance with these requirements shall be presented to the Department in writing.

(b) It shall be the responsibility of the licensee to maintain the correctional treatment center in a safe structural condition. If the Department determines that an evaluation of the structural condition of a correctional treatment center is necessary, the licensee may be required to submit a report, prepared by a licensed structural engineer, establishing a basis for eliminating or correcting the structural conditions which are found to be hazardous to occupants.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79585. Issuance, Expiration, and Renewal.

(a) Each license shall expire at 11:59 p.m. on the date of expiration.

(b) Each initial license issued pursuant to this chapter shall expire twelve (12) months from the date of its issuance and shall expire on the expiration date of the license. Application for renewal of a license or special permit fee shall be filed with the Department not less than thirty (30) days prior to the expiration date. Failure to make a timely renewal shall result in expiration of the license or special permit.

(c) A renewal license may be issued for a period not to exceed two years if the holder of the license or special permit has been found in substantial compliance with all statutory requirements, regulations or standards during the preceding license period.

NOTE: Authority cited: Sections 208(a), 1267 and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j), 1254 and 1267, Health and Safety Code.

§ 79587. Separate License.

(a) Separate licenses shall be required for each correctional treatment center except for the California Medical Facility, the California Men's Colony, and the California Institution for Men, which are exempted by Section 1250(j)(5) of the Health and Safety Code.

(b) Separate licenses shall not be required for separate buildings on the grounds of the correctional treatment center, provided that they operate as one correctional treatment center.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79589. Posting of License and Patient Information.

(a) The license, or a true copy thereof, shall be posted in a prominent location within the licensed premises and be accessible to view.

(b) Any approval of program flexibility, granted and written by the Department, shall be available for inspection within the correctional treatment center.

(c) The following information shall be available within the correctional treatment center.

(1) The name of the current administrator of the facility.

(2) The most recent licensing survey report and the facility's plans of correction, and if applicable, any subsequent licensing visit reports.

(3) The name, address, and telephone number of the district office of Licensing and Certification, State Department of Health Services, having jurisdiction over the facility.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79591. Report of Changes.

The licensee shall notify the Department within ten (10) days, in writing, of any of the following:

(a) Any change of clinical director, nursing director, or administrator of the correctional treatment center.

(b) Any change in the mailing address of the licensee.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79593. Program Flexibility.

(a) All correctional treatment centers shall maintain compliance with the licensing requirements. These requirements do not prohibit the use of alternate concepts, methods, procedures, techniques, equipment, personnel qualifications or the conducting of pilot projects, provided such exceptions are carried out with the provisions for safe and adequate care and with the prior written approval of the Department. Such approval shall provide for the terms and conditions under which the exception is granted. A written request and substantiating evidence supporting the request shall be submitted by the applicant or licensee to the Department.

(b) Any approval of the Department granted under this Section, or a true copy thereof, shall be posted immediately adjacent to the facility's license.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

§ 79595. Suspension and Revocation.

The Department may suspend or revoke any license issued under the provisions of this Chapter upon any of the following grounds:

(a) Violation by the licensee of any of the rules and regulations promulgated under this Chapter of the California Code of Regulations, Title 22.

(b) Aiding, abetting, or permitting the violation of any of the rules and regulations promulgated under this Chapter.

(c) Conduct inimical to the public health, morals, welfare or safety of the people of the State of California in the maintenance and operation of the premises or services for which a license is issued.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j), 1254, 1265.2 and 1294, Health and Safety Code.

Article 3. Required Services

§ 79597. Required Services.

(a) Correctional treatment centers shall provide, but not be limited to, the following required services:

(1) Physician.

(2) Psychiatrist.

(3) Psychologist.

(4) Nursing.

(5) Pharmaceutical Services.

(6) Dental.

(7) Dietary.

(b) Correctional treatment centers shall maintain written service agreements with general acute care hospitals to provide for those inmate physical health needs that cannot be met by the correctional treatment center.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79599. Physician Services.

Physician services are services provided by licensed physicians responsible for the care of individual inmate–patients in the correctional treatment center. All inmates admitted to or accepted for medical care by the correctional treatment center shall be under the care of a physician.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79601. Physician Services—General Requirements.

(a) Physician services shall include, but not be limited to:

(1) Inmate–patient evaluation, including an admission history and physical within 24 hours for immediate care planning. A complete written history and physical examination shall be in the record within 72 hours unless done within 5 days prior to admission.

(2) Reevaluation of the inmate–patient's condition, including the review and updating of orders for care at least every thirty (30) days, upon change of attending physician and upon transfer.

(3) Inmate–patient diagnosis.

(4) Advice, treatment and the determination of appropriate level of care needed for each inmate–patient.

(5) Written and signed orders for diet, care, diagnostic tests and treatment of inmate–patients by others.

(6) Health record progress notes at least every three days or more often as the inmate–patient's condition requires. A progress note will be documented on each visit by the attending physician.

(7) Provision for alternative physician coverage in the event the attending physician is not available.

(8) Provision for nonphysician practitioners to be permitted to render those medical services that they are legally authorized to perform. There shall be written policies addressing the granting of clinical privileges and the role of nonphysician providers. Nonphysician practitioner includes, but is not limited to the following:

(A) Physician's assistants who work under the responsibility and supervision of a physician approved as a supervisor by the Medical Board of California and perform only those selected diagnostic and therapeutic tasks identified in the California Code of Regulations, Title 16, Division 13.8, Section 1399.541.

(B) Nurse practitioners who have been certified as a nurse practitioner by the Board of Registered Nursing.

(C) Other registered nurses may perform medical services utilizing "Standardized Procedures" developed pursuant to Section 2725(d), Business and Professions Code, and approved by the medical director of the correctional treatment center.

(D) Certified nurse anesthetists who have completed an accredited program for the education of nurse anesthetists and have received certification as a nurse anesthetist from the Board of Registered Nursing.

(E) Certified nurse midwives who have been certified by the Board of Registered Nursing.

NOTE: Authority cited: Sections 208(a) and 1267.10(*l*), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code; and Sections 2725, 2834 and 3502, Business and Professions Code.

§ 79603. Physician Services—Policies and Procedures.

(a) Written policies and procedures shall be maintained and implemented by the correctional treatment center and shall include, but not be limited to:

(1) A description of the types and scope of physician services that the correctional treatment center will provide.

(2) Policies relating to inmate–patient care and the types of inmate–patients who may be admitted for care.

(3) Policies for the follow–up care of inmate–patients treated in the correctional treatment center.

(4) Referral of inmate–patients to other agencies or health care facilities.

(5) Provision for handling emergencies and unusual occurrences.

(6) Medical record requirements, including the frequency of documentation and time periods for completion.

(7) Information pertinent to the orientation of new physicians.

(b) Inmate–patient care policy and procedure manuals and other necessary reference materials shall be readily available for review by individual physicians.

NOTE: Authority cited: Sections 208(a) and 1267.10(*l*), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79605. Physician Service Staff.

A physician shall have overall responsibility for the physician service. The medical director may serve as the responsible physician.

NOTE: Authority cited: Sections 208(a) and 1267.10(*l*), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79607. Physician Service Space.

Sufficient space shall be maintained to meet the needs of the service and shall include at least:

(a) Physical examination and treatment room.

(b) Office space.

NOTE: Authority cited: Sections 208(a) and 1267.10(*l*), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79609. Psychiatrist/Psychologist Service.

(a) Psychiatrist/psychologist services means consultative services to inmate–patients of a correctional treatment center including diagnostic psychological assessment and treatment. Primary services may also be provided to inmates not requiring admission to a licensed bed.

(b) Inmate–patients requiring 24–hour treatment for a mental disorder shall be admitted to a correctional treatment center only if the facility meets the requirements for a mental health treatment program or has policies, procedures and sufficient staff to handle the emergency, pending transfer to a licensed psychiatric facility.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79611. Psychiatrist/Psychologist Service General Requirements.

(a) There shall be a sufficient number of psychiatrists and psychologists on the staff to meet the needs of the patients.

(b) A psychiatrist or psychologist shall be responsible for examining, diagnosing, classifying and prescribing treatment for patients. The psychiatrist or psychologist shall also record progress notes, review and update treatment orders and make other appropriate entries in the patient record.

(c) Written policies and procedures shall be developed and maintained by the person responsible for the service in consultation with other appropriate health professionals and administration. Policies and procedures shall be approved by the administration and medical director. These shall include, but not be limited to:

(1) Description of the type and scope of services to be provided.

(2) Policies relating to patient care.

(3) Planning for follow–up care of patients treated.

(4) Arrangements for referral to other agencies or health facilities.

(5) Documentation requirements for each evaluation and treatment encounter.

(d) Medical examination shall be performed by a physician as often as indicated by the medical needs of the inmate–patient.

(e) The responsibility and accountability of the psychiatrist/psychologist service to the medical staff, administration and governing body shall be defined.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79613. Psychiatrist/Psychologist Service Staff.

(a) A clinical director shall have overall responsibility for the psychiatrist/psychologist service.

(b) The clinical director responsible for the service, acting alone or through an organized staff, shall have the following responsibilities:

(1) Establishing, reviewing and maintaining policies and procedures for the psychiatrist/psychologist service. Policies and procedures shall include, but not be limited to, policies related to patient care, type and scope of services available, follow–up care and consultation and referral. These shall be reviewed at least annually.

(2) Assuring the quality of psychiatrist/psychologist services provided to inmate–patients in the correctional treatment center.

(3) Reviewing credentials and specifying clinical privileges for psychiatrist/psychologist staff, including other mental health professionals.

(c) Psychiatric and psychological postgraduate trainees, interns, residents, postdoctoral fellows or instructors may provide psychiatric and psychological services under the provisions of Sections 2065 and 2911 of the Business and Professions Code.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code; and Sections 2065 and 2911, Business and Professions Code.

§ 79615. Psychiatrist/Psychologist Service Space.

(a) There shall be sufficient space for conducting the service, including:

(1) Suitable space for interviewing.

(2) Office space.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79625. Nursing Service.

Nursing service means a service organized, staffed and equipped to provide skilled nursing care to inmate–patients on a continuous basis.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79627. Nursing Service General Requirements.

(a) Written policies and procedures shall be developed and maintained by the director of nursing in consultation with other appropriate health professionals and administration. Policies and procedures shall be approved by the administration and medical director when required by governing body bylaws.

(b) Nursing service shall include, but not be limited to, the following:

(1) Planning of patient care, which shall include at least the following:

(A) Identification of care needs based upon an initial written and continuing assessment of the patient's needs with input, as necessary, from health professionals involved in the care of the patient. Initial assessments shall commence at the time of admission of the patient and be completed within seven days after admission.

(B) Development of an individual, written patient care plan which specifies the care to be given, the objectives to be accomplished, and the professional discipline responsible for each element of care. Objectives shall be measurable and time–limited. Each inmate–patient's care shall be based on this plan.

(C) Reviewing, evaluating and updating of the patient care plan, as necessary, by the nursing staff and other professional personnel involved in the care of the patient, at least monthly, and more often as the patient's condition warrants.

(2) Notifying the attending physician or the attending clinician promptly of:

(A) The admission of a patient.

(B) Any sudden and/or marked adverse change in signs, symptoms or behavior exhibited by a patient.

(C) An unusual occurrence involving a patient.

(D) Any untoward response or reaction by a patient to a medication or treatment.

(E) Any error in the administration of a medication or treatment to a patient.

(F) The facility's inability to obtain or administer, on a prompt and timely basis, drugs, equipment, supplies or services as prescribed when this presents a risk to the health, safety, or security of the patient.

(G) The inmate–patient's refusal to accept a prescribed medication, treatment, or diagnostic procedure.

(c) All attempts to notify physicians or the attending clinician shall be noted in the patient's health record including the time and method of communication and the name of the person acknowledging contact, if any.

(d) Licensed nursing personnel shall verify that patients are served the diets as prescribed.

(e) Nursing staff shall maintain timely and accurate patient record documentation including:

(1) Signed, dated, nursing notes reflecting implementation of the patient care plan, the patient's response to care, and changes in patients' symptoms or behavior.

(2) A record of all medications and treatments administered.

(3) A record of all personal patient care including dietary intake and patient activity.

(4) A record of patient vital signs, weight and other appropriate measurements.

(5) An admission patient assessment and discharge summary.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79629. Nursing Service—Director of Nursing Service.

(a) The director of nursing service shall be a registered nurse and shall be employed eight hours a day, on the day shift, five days a week, except when supervision and training are required during other shifts.

(b) The director of nursing service shall have at least one year of experience in nursing supervision within the last five years.

(c) The director of nursing service shall have, in writing, administrative authority, responsibility, and accountability for the nursing services within the correctional treatment center and shall serve only one correctional treatment center in this capacity at any one time, except as provided in (d).

(d) The director of nursing service may be responsible for more than one facility if the facilities are in the same geographic region, are operated by the same governing body, and a designated registered nurse is available on–site to perform the function of the director of nursing service.

NOTE: Authority cited: Sections 208(a) and 1267.10(*l*), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79631. Nursing Service—Staff.

(a) Nursing service personnel shall be employed and on duty in at least the number and with the qualifications to provide the necessary nursing services for patients admitted to the correctional treatment center for care.

(b) Licensed correctional treatment centers shall have at least one registered nurse, awake and on duty in the facility at all times, day and night.

(c) Facilities licensed for fifteen (15) or more beds shall have at least one registered nurse, awake and on duty, in the facility at all times, day and night, in addition to a director of nursing service. The director of nursing service shall not have charge nurse responsibilities in facilities of more than 15 beds.

(d) Nursing stations shall be staffed with nursing personnel when patients are housed in the nursing unit.

(e) Each facility shall employ licensed and certified nursing staff sufficient to provide 2.5 nursing hours per patient day.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79633. Nursing Service—Staff Development.

(a) Each correctional treatment center shall have an ongoing educational program, planned and conducted for the development and improvement of necessary skills and knowledge, for all facility personnel. Each program shall include, but not be limited to:

(1) Orientation to the facility, specific duties, and pertinent policies and procedures.

(2) In–service training including at least an annual review of:

(A) Care of acutely or chronically ill or disabled patients.

(B) Prevention and control of infections.

(C) Emergency care, including cardiac arrest and choking.

(b) Intravenous fluid administration certification or training shall be required for all licensed nursing staff administering intravenous fluids.

(c) All nursing staff shall attend at least six hours of nursing in–service training annually.

(d) Records shall be maintained for each staff orientation and in–service training including name and title of presenter, date, description of content and signatures of those attending.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79635. Nursing Service—Administration of Medications and Treatments.

(a) Medications and treatments shall be administered as follows:

(1) No medication or treatment shall be administered except on the order of a person lawfully authorized to give such an order.

(2) Medications and treatments shall be administered as prescribed.

(3) Tests and measurement of vital signs, upon which administration of medications or treatments are conditioned, shall be performed as required and the results recorded.

(4) Preparation of doses for more than one scheduled administration time shall not be permitted.

(5) All medications and treatments shall be administered only by licensed medical or licensed nursing personnel with the following exceptions:

(6) Unlicensed employees may, under the direct supervision of licensed nursing or licensed medical personnel, during training or after completion of training and demonstrated evidence of competence, administer the following:

(A) Medical shampoos and baths.

(B) Laxative suppositories and laxative enemas.

(C) Nonlegend topical ointments, creams, lotions, and solutions.

(7) Medications shall be administered as soon as possible, but no more than two hours after doses are prepared, and shall be administered by the same person who prepares the doses for administration. Doses shall be administered within one hour of the prescribed time unless otherwise indicated by the prescriber.

(8) Patients shall be identified by wristband or other established means of identification prior to administration of a drug or treatment.

(9) Drugs may be administered in the absence of a specific duration of therapy on a licensed prescriber's new drug order if the facility implements its stop order policy for such drugs. The prescriber shall be contacted prior to discontinuing therapy as established by stop order policy.

(b) No medication shall be used for any patient other than the patient for whom it was prescribed.

(c) The time and dose of the drug or treatment administered to the patient shall be recorded in the patient's individual medication record by the person who administers the drug or treatment. Recording shall include the date, the time, and the dosage, and route of administration or injection site of the medication or type of the treatment. Initials may be used, provided that the signature of the person administering the medication or treatment is also recorded on the medication or treatment record.

(d) Oxygen equipment shall be maintained as follows:

(1) Humidifier bottles on oxygen equipment shall be changed and sterilized or replaced at least every 24 hours or, if a closed system, in accordance with the manufacturer's directions.

(2) Only sterile distilled, demineralized or deionized water shall be used in humidifier bottles.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79637. Nursing Service—Patient Care.

(a) No patient shall be admitted or accepted for care by a correctional treatment center except on the order of a physician.

(b) Each patient shall be treated as an individual with dignity and respect, and shall not be subjected to verbal or physical abuse of any kind from employees or independent contractors of the licensee.

(c) Each patient, upon admission, shall be given orientation to the unit, emergency call system, patients' rights and rules of behavior.

(d) Each patient shall be provided care which shows evidence of good personal hygiene, except where staff safety may be compromised, including care of the skin, shampooing and grooming of hair, oral hygiene, shaving or beard trimming (except where contraindicated due to criminal identification purposes), cleaning and cutting of fingernails and toenails. The patient shall be kept free of offensive odors.

(e) Patients, when indicated, shall be given care to prevent formation and progression of decubiti, contractures, and deformities. Such care shall include:

(1) Changing position of bedfast and chairfast patients with preventive skin care in accordance with the needs of the patient.

(2) Encouraging, assisting and training in self–care and activities of daily living.

(3) Maintaining proper body alignment and joint movement to prevent contractures and deformities.

(4) Using pressure–reducing devices where indicated.

(5) Providing care to maintain clean, dry skin free from feces and urine.

(6) Changing of linens and other items in contract with the patient, as necessary, to maintain a clean, dry skin free from feces and urine.

(7) Carrying out of physician's orders for treatment of decubitus ulcers. The facility shall notify the physician when a decubitus ulcer first occurs, as well as when treatment is not effective, and shall document such notification.

(f) Each inmate–patient who requires help in eating shall be provided with assistance when served, and shall be provided with training or adaptive equipment in accordance with identified needs, based upon patient assessment, to encourage independence in eating.

(g) Each inmate–patient shall be provided with good nutrition and with necessary fluids for hydration.

(h) Fluid intake and output shall be recorded for each inmate–patient as follows:

(1) If ordered by the physician.

(2) For each inmate–physician with an indwelling catheter or receiving intravenous or tube feedings.

(i) The weight and length of each inmate–patient shall be taken and recorded in the inmate–patient's health record upon admission. The weight shall be taken and recorded once a month thereafter.

(j) Each inmate–patient shall be provided visual privacy during medical treatments and personal care, unless contraindicated due to security considerations.

(k) Inmate–patient call signals shall be answered promptly.

(*l*) The following shall be easily accessible at each nurse's station:

(1) The correctional treatment center's infection control policies and procedures.

(2) Names, addresses and telephone numbers of local health officers.

(3) The correctional treatment center's current diet manual.

(4) The correctional treatment center's current drug formulary.

(5) The correctional treatment center's current nursing policy and procedure manual.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79639. Nursing Service—Patients with Infectious Diseases.

(a) Patients with infectious diseases shall not be admitted to, or cared for, in the facility unless the following requirements are met:

(1) A patient suspected of, or diagnosed as having an airborne infectious or reportable communicable disease, or being in a carrier state, who the attending medical staff determines is a potential danger,

shall be accommodated in a room, vented to the outside if airborne, and provided with a separate toilet, hand washing facility, soap dispenser and individual towels.

(2) There shall be:

(A) Separate provisions for handling contaminated linens.

(B) Separate provisions for handling contaminated dishes.

(C) Separate provisions for handling any object, article, substance or material capable of transmission of a communicable disease.

(b) The correctional treatment center shall adopt and implement written infection control policies and procedures. These policies and procedures shall be reviewed at least annually and revised as necessary.

NOTE: Authority cited: Sections 208(a) and 1267.10(*l*), Health and Safety Code; and Sections 2500, 2502, 2503 and 2504, Title 17, California Code of Regulations. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79641. Nursing Service—Cleaning, Disinfecting, and Sterilizing.

(a) Each correctional treatment center shall adopt a written manual on cleaning, disinfecting and sterilizing procedures. The manual shall include procedures to be used in the care of utensils, instruments, solutions, dressings, articles and surfaces and shall be available for use by facility personnel. All procedures shall be carried out in accordance with the manual.

(b) Each facility shall make provisions for the cleaning and disinfecting of contaminated articles and surfaces which cannot be sterilized.

(c) Bedside equipment including, but not limited to washbasins, emesis basins, bedpans and urinals shall be sanitized only by one of the following methods:

(1) Submersion in boiling waster for a minimum of 30 minutes.

(2) Autoclaving at 15 pounds pressure and 121^0C (250^0F) for 20 minutes.

(3) Gas sterilization.

(d) Chemicals shall not be used as a substitute for the methods specified in (c) above.

(e) Electronic thermometers shall be cleaned and disinfected according to the manufacturer's instructions. Glass thermometers shall be cleaned and disinfected for at least 10 minutes with 70 percent ethyl alco–
hol or 90 percent isopropyl alcohol with 0.2 percent iodine. Oral and rectal thermometers shall be stored separately in clean labeled containers with fitted lids.

(f) Individual patient care supply items designed and identified by the manufacturer to be disposable shall not be reused.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79643. Nursing Service—Space.

(a) An office or other suitable space shall be provided for the director of nursing service.

(b) A nursing station shall be maintained in each nursing unit.

(c) Each nursing station shall have a cabinet, a desk, space for records, a bulletin board, a telephone and a specifically designated and well illuminated medication storage compartment with a lockable door. If a separate medication room is maintained, it shall have a lockable door and a sink with water connections for care of equipment and for hand washing.

(d) If a refrigerator is provided in a nursing station, the refrigerator shall meet the following standards:

(1) Be located in a clean area not subject to contamination by human waste.

(2) Maintain temperatures at or below 7^0C (45^0F) for chilling.

(3) Maintain the freezer at minus 18^0C (0^0F).

(4) Contain an accurate thermometer at all times.

(5) If foods are retained in the refrigerator, they shall be covered and clearly identified as to contents and date initially covered. Drugs shall be kept in a separate, closed container in a separate area of the refrigerator.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79645. Pharmaceutical Service.

Pharmaceutical service means the procuring, manufacturing, compounding, dispensing, distributing, and storing, of drugs, biologicals, and chemicals by appropriate staff and having space, equipment, and supplies to perform that service. Pharmaceutical services also include the provision of drug information to other health professionals and to inmate–patients.

NOTE: Authority cited: Sections 208(a) and 1267.10(*l*), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79647. Pharmaceutical Service—General Requirements.

(a) Arrangements shall be made with pharmacists licensed by the California State Board of Pharmacy to assure that pharmaceutical services are available to provide patients with prescribed drugs and biologicals.

(b) Dispensing, labeling, storage, and disposal of drugs and biologicals shall be in conformance with state and federal laws.

(c) If a pharmacy is located on the correctional treatment center premises, the pharmacy shall have a limited permit or license issued by the California State Board of Pharmacy. Pharmacies located on the licensed premises of the facility shall be opened for inspection upon the request of an authorized Department representative.

(d) The facility shall not accept money, goods, or services free, or below cost from any pharmacist or pharmacy as compensation or inducement for referral of business to any pharmacy.

(e) Written policies and procedures shall be developed for establishment of safe and effective systems for procurement, storage, distribution, dispensing, and use of drugs and chemicals. The pharmacist in consultation with other appropriate health professionals and administration shall be responsible for the development and implementation of procedures. Policies shall be approved by the governing body. Procedures shall be approved by the administration and medical staff.

(f) There shall be a system maintained whereby no person other than a pharmacist or a legally qualified individual under the immediate supervision of a pharmacist shall dispense medications.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79649. Pharmaceutical Services—Other Requirements.

(a) Pharmaceutical service shall include, but not be limited to, the following:

(1) Obtaining necessary drugs including the availability of 24–hour prescription service on a prompt and timely basis as follows:

(A) Drugs ordered "STAT" that are not available in the facility emergency drug supply shall be available and administered within one hour of the time ordered during normal pharmacy hours. For those hours during which the pharmacy is closed, drugs ordered "STAT" shall be available and administered within two hours of the time ordered. Drugs ordered "STAT" which are available in the emergency drug supply shall be administered immediately.

(B) Institutional formulary anti–infectives and institutional formulary drugs used to treat severe pain, nausea, agitation, diarrhea or other severe discomfort shall be available and administered within one hour of the time ordered, unless ordered "STAT".

(C) Refills of prescription drugs shall be available within 24 hours.

(2) Dispensing of drugs and biologicals.

(3) Monitoring the drug distribution system which includes ordering, dispensing and disposal of medication.

(4) Provision of consultative and other services furnished by pharmacists which assist in the development, coordination,

supervision and review of the pharmaceutical services within the correctional treatment center.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79651. Pharmaceutical Service—Labeling and Storage of Drugs.

(a) Containers which are cracked, soiled or without secure closures shall not be used. Drug labels shall be legible. No medication shall be dispensed by prescription except in a new container.

(b) All drugs obtained by prescription shall be labeled in compliance with state and federal laws governing prescription dispensing.

(c) Nonlegend drugs shall be labeled in conformance with state and federal food and drug laws.

(d) Test reagents, germicides, disinfectants and other household substances shall be stored separately from drugs and shall not be accessible to patients.

(e) External use drugs in liquid, tablet, capsule or powder form shall be stored separately from drugs for internal use.

(f) Drugs shall be stored at appropriate temperatures. Drugs required to be stored at room temperature shall be stored at a temperature between 15^0C (59^0F) and 30^0C (86^0F). Drugs requiring refrigeration shall be stored in a refrigerator between 2^0C (36^0F) and 8^0 (46^0F). When drugs are stored in the same refrigerator with food, the drugs shall be kept in a closed container clearly labeled "drugs".

(g) Drugs shall be stored in an orderly manner in cabinets, drawers or carts of sufficient size to prevent crowding.

(h) Dose preparation and administration areas shall be well lighted.

(i) Drugs shall be accessible only to licensed health professionals designated in writing by the licensee.

(j) Medication shall not be kept at the patient's bedside, with the exception of prescribed sublingual or inhalation forms of drugs.

(k) Drugs shall not be kept in stock after the expiration date on the label and no contaminated or deteriorated drugs shall be available for use.

(*l*) The drugs of each inmate–patient shall be kept and stored in their originally received containers. No drugs shall be transferred between containers.

(m) Discontinued drug containers shall be marked, or otherwise identified, to indicate that the drug has been discontinued, or shall be stored in a separate location which shall be identified solely for this purpose. Discontinued drugs shall be disposed of within ninety (90) days of the date the drug order was discontinued, unless the drug is reordered within that time.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79653. Pharmaceutical Service—Stop Orders.

Written policies shall be established and implemented limiting the duration of new drug orders in the absence of a prescriber's specific indication for duration of therapy. The prescriber shall be contacted for new orders prior to the termination time established by the policy. Such policies shall include all categories of drugs.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79655. Pharmaceutical Service—Orders for Drugs.

(a) No drugs shall be administered except upon the order of a person lawfully authorized to prescribe for and treat human illness.

(b) All drug orders shall be written, dated, and signed by the person lawfully authorized to give such an order. The name, quantity or specific duration of therapy, dosage and time or frequency of administration of the drug and route of administration if other than oral shall be specified. "P.R.N." orders shall also include the indication for the use of the drug.

(c) Verbal orders for drugs and treatment shall be received only by licensed nurses, psychiatric technicians, pharmacists, physicians and physician's assistants from their supervising physicians and others consistent with their practice acts. Such orders shall be recorded immediately in the patient's health record by the person receiving the order, and shall include the date and time of the order and the signature of the person receiving the order. The order shall be signed by the prescriber within forty–eight (48) hours, excluding weekends and holidays.

(d) The signing of orders shall be by signature or a personal computer key. Signature stamps shall not be used.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79657. Pharmaceutical Service—Drug Order Processing.

Signed orders for drugs shall be transmitted to the issuing pharmacy within twenty–four (24) hours, either by written prescription of the prescriber, or by an order form which produces a direct copy of the order.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79659. Pharmaceutical Service—Drug Order Records.

(a) Correctional treatment centers shall maintain a record which includes, for each drug ordered by prescription, the name of the inmate–patient, the drug name, and strength, the date ordered, the date and amount received and the name of the issuing pharmacy.

(b) The record shall be maintained in the correctional treatment center, or in the pharmacy with which the correctional treatment center contracts for pharmaceutical services, for at least three years following the date of the last entry to the record so that the record may be accessible to the correctional treatment center.

NOTE: Authority cited: Sections 208(a), 1250.1(*l*) and 1267.10(*l*), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79661. Pharmaceutical Service—Personal Medications.

(a) Medications brought by or with the patient on admission to the correctional treatment center shall not be used unless the contents of the containers have been examined and positively identified after admission by the inmate–patient's physician or a pharmacist retained by the licensed correctional treatment center.

(b) The licensed correctional treatment center may use drugs from other licensed health care facilities or those drugs dispensed or obtained after admission from any licensed or governmental pharmacy and may accept the delivery of those drugs if identified and approved by a physician or pharmacist.

NOTE: Authority cited: Sections 208(a) and 1267.10(*l*), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79663. Pharmaceutical Service—Controlled Drugs.

(a) Drugs listed in Schedules II, III, IV and V of the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970, Title 21, United States Code, Section 801 et seq., shall not be accessible to other than licensed nursing, pharmacy and medical personnel designated by the licensee. Drugs listed in Schedule II of the above Act shall be stored in a locked cabinet or a locked drawer, separate from noncontrolled drugs, unless they are supplied on a scheduled basis as part of a unit dose medication system.

(b) Separate records of use shall be maintained on all Schedule II drugs. Such records shall be maintained accurately and shall include the name of the patient, the prescription number, the drug name, strength and dose administered, the date and time of administration and the signature of the person administering the drug. Such records shall be reconciled at least daily and shall be retained for at least one year. If such drugs are supplied on a scheduled basis as part of a unit dose medication system, such records need not be maintained separately.

(c) Drug records shall be maintained for drugs listed in Schedules III and IV of the above Act in such a way that the receipt and disposition of each dose of any such drug may be readily traced. Such records need not be separate from other medication records.

NOTE: Authority cited: Sections 208(a) and 1267.10(*l*), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79665. Pharmaceutical Service—Disposition of Drugs.

(a) Drugs which have been dispensed for individual inmate–patient use and are labeled in conformance with state and federal law may be furnished to inmate–patients on discharge on the order of a physician.

(b) A record of the drugs sent with the inmate–patient shall be made in the inmate–patient's health record.

(c) An inmate–patient's drugs which remain in the facility after discharge of the inmate–patient shall be destroyed by the facility in the following manner:

(1) Drugs listed in Schedules II, III, IV and V of the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970, Title 21, United States Code, Section 801 et seq., shall be destroyed by the facility in the presence of a pharmacist and a registered nurse or two pharmacists employed by the facility. The name of the patient, the name and strength of the drug, the prescription number, the amount destroyed, the date of destruction and the signature of the witness required above shall be recorded in the patient's health record in a separate log. Such log shall be retained for at least three years.

(2) Drugs not listed under schedules II, III, IV or V of the above Act shall be destroyed by the facility in the presence of a pharmacist or licensed nursing personnel. The name of the patient, the name and strength of the drug, and prescription number (if applicable), the amount destroyed, the date of destruction, the signature of the pharmacist or nurse witnessing the destruction, and one other witness shall be recorded in the patient's health record or in a separate log. Such log shall be retained for at least three years.

(d) Unless otherwise prohibited under applicable federal or state laws, individual patient drugs supplied in sealed containers shall be returned, if unopened, to the issuing pharmacy for disposition.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79667. Pharmaceutical Service—Unit Dose Medication System.

In correctional treatment centers employing a unit dose medication system, there shall be at least a twenty–four (24)–hour supply of all inmate–patient medications on hand at all times, except those drugs which are to be discontinued within the twenty–four (24)–hour period. Drugs that are a part of a unit dose medication system shall not exceed a forty–eight (48)–hour supply excepting weekends and holidays.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79669. Pharmaceutical Service Staff.

A pharmacist shall have overall responsibility for the pharmaceutical service. He or she shall be responsible for the procurement, storage, distribution and disposal of all drugs as well as the development, coordination, supervision and review of pharmaceutical services in the correctional treatment center. Correctional treatment centers with a limited pharmacy permit shall employ a pharmacist on at least a consulting basis. Responsibilities shall be set forth in a job description or agreement between the pharmacist and the correctional treatment center. The pharmacist shall be responsible to the administrator and shall furnish him or her written reports and recommendations regarding the pharmaceutical services within the correctional treatment center. Such reports shall be provided no less often than quarterly.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79671. Pharmaceutical Service—Equipment and Supplies.

(a) There shall be equipment and supplies necessary for the provision of pharmaceutical services within the correctional treatment center, including at least the following:

(1) Refrigerator with an accurate thermometer.

(2) Lockable drug cabinets, drawers, closets or rooms.

(3) Drug service trays and/or carts.

(4) Drug preparation counter area and convenient water source.

(5) Reference materials containing drug monographs on all drugs in use in the facility. Such monographs shall include information concerning generic and brand names, if applicable, available strengths, and dosage forms and pharmacological data including indications and side effects.

(b) Emergency supplies shall be readily available at each correctional treatment center. Emergency drug supplies shall meet the following requirements:

(1) Legend drugs shall only be stored in the emergency supply, under the following conditions:

(A) Injectable supplies of legend drugs shall be limited to a maximum of six single doses in ampules or vials or one container of the smallest available multi–dose vial and shall be in sealed, unused containers.

(B) Sublingual or inhalation emergency drugs shall be limited to single sealed containers of the smallest available size.

(C) Not more than ten emergency drugs in solid, oral dosage form or suppository dosage form for anti–infective, anti–diarrhea, anti–nausea or analgesic use may be stored if in sealed containers. Not more than four doses of any one drug may be so stored.

(2) The emergency drug supply shall be stored in a portable container which is sealed in such a manner that the tamper–proof seal must be broken to gain access to the drugs. A licensed nurse shall notify the pharmacist when drugs have been used from the emergency kit or when the seal has been broken. Drugs used from the kit shall be replaced within seventy–two hours and the supply resealed by the pharmacist.

(3) The contents of the supply shall be listed on the outside of the container.

(4) The supply shall be checked at least once monthly by the pharmacist.

(5) Separate records of use shall be maintained for drugs administered from the supply. Such records shall include the name and dose of the drug administered, name of the patient, the date and time of administration and the signature of the person administering the dose.

(6) A correctional treatment center with a licensed pharmacy on the premises shall make the emergency drug supply accessible without making it necessary to enter either the pharmacy or drug storage room during hours when the pharmacist is not available. Access to the supply shall be limited to designated registered nurses. Records of drugs taken from the supply shall be maintained and the pharmacist shall be notified of such use. The records shall include the name and strength of the drug, the amount taken, the date and time, the name of the inmate–patient to whom the drug was administered, and the signature of the registered nurse. The pharmacist shall be responsible for maintenance of the supply and assuring that all drugs are properly labeled and stored. The drug supply shall contain that type and quantity of drugs necessary to meet the immediate needs of inmate–patients.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79673. Dental Service.

Dental service means the provision of emergency dental care and

may include diagnostic, preventive, or corrective procedures performed by dentists with appropriate staff, space, equipment, and supplies.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79675. Dental Service—General Requirements.

(a) Written policies and procedures for the scope of services to be provided shall be developed and maintained by the person responsible for the service. Procedures shall be approved by the administration.

(b) The responsibility and the accountability of the dental service to the administration shall be defined.

(c) There shall be a well–defined plan for oral health care, based on patient need, the size of the treatment center and the type of service provided.

(d) There shall be a well–organized plan for emergency dental care.

(e) There shall be a record of all dental services provided to the inmate–patient and this shall be made a part of the inmate–patient's medical record.

(f) Periodically, an appropriate committee of staff members shall evaluate the services provided and make appropriate recommendations to the treatment center administration.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79677. Dental Service Staff.

(a) A dentist shall have overall responsibility for the dental service.

(b) The dental service shall be staffed by a sufficient number of dentists along with auxiliary dental personnel to render proper dental care.

(c) When dental hygienists or dental laboratory technicians are employed, they shall work under the supervision of the dentist who is responsible for the dental service.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79679. Dental Service Equipment and Supplies.

(a) There shall be equipment, instruments and supplies maintained to meet the needs of the services offered.

(b) There shall be equipment for sterilization of instruments and supplies.

(c) All equipment installed shall comply with standards of infection control as defined by the infection control committee, whose duties and responsibilities are delineated in Section 79781(d)(2) of this Chapter.

(d) The following materials shall be available for immediate use whenever dental treatment is provided:

(1) Oxygen.

(2) Appropriate drugs.

(3) Resuscitation equipment.

(e) Radiographic equipment shall meet the requirements of California Code of Regulations, Title 17, Chapter 5, Subchapter 4, Group 1, Article 1, commencing with Section 30100 which is hereby incorporated by reference.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79681. Dental Service Space.

(a) There shall be adequate space maintained for the dental service.

(b) There shall be facilities for dental radiography.

(c) There shall be space provided for the sterilization and storage of instruments and lockable storage for bulk supplies.

(d) There shall be a secure storage area for patient records.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79683. Dietary Service.

Dietary service means the provision of nutritionally adequate food for inmate–patients with appropriate staff, space, equipment and supplies.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79685. Dietary Service General Requirements.

(a) The food and nutrition needs of patients in the correctional treatment center shall be met in accordance with "The Recommended Dietary Allowance", adopted by the Food and Nutrition Board of the National Research Council, National Academy of Science, revised 1989, and "The California Daily Food Guide", California Department of Health Services, April 1990 edition. Daily menus shall follow these recommendations.

(b) Substitutions shall be within the same food group.

(c) Not less than 3 meals shall be served daily, and with not more than a 14–hour span between the third meal and the first meal of the following day.

(d) Nourishment or between meal snacks shall be provided as required by a person lawfully authorized to give a dietary order.

(e) Food shall be prepared by methods that conserve nutritive value, flavor, and appearance. Food shall be served at appropriate temperatures and in a form to meet individual needs.

(f) When food is provided by an outside source, the correctional treatment center shall ensure that all federal, state and local requirements are met.

(g) All regular and therapeutic diets shall be prescribed by a person lawfully authorized to give such an order and shall be planned, prepared and served under the supervision or consultation of a dietitian.

(h) A written plan shall be followed for uniform handling of inmate–patients with diabetes, pregnant women, and others whose condition requires a medically prescribed diet as part of therapeutic treatment.

(i) A current therapeutic diet manual, approved by the dietitian, shall be readily available to all medical, nursing and dietetic personnel. The manual shall be reviewed annually and revised at least every five years.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79687. Dietary Service Policies and Procedures.

A dietary services policy and procedure manual shall be developed and available to all personnel. The manual shall be developed with the assistance of a dietitian and other appropriate staff. The manual shall address at least the following:

(a) Organization of the dietary service.

(b) Personnel management.

(c) Staff development.

(d) Menu planning.

(e) Food storage.

(f) Food preparation and services.

(g) Maintenance, sanitation and hygiene.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79689. Dietary Service Therapeutic Diets.

(a) Therapeutic diets shall be provided as prescribed by the attending physician and shall be planned by a registered dietitian. Therapeutic diets shall be prepared and served with supervision or consultation from a registered dietitian.

(b) Dietary service staff who prepare and serve therapeutic diets

shall have received in–service training on the dietary standards and food groups and therapeutic diets and shall have sufficient knowledge of food values to make appropriate substitutions.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79691. Dietary Service Menus.

(a) Menus for regular and therapeutic diets shall be planned by a registered dietitian and written at least one week in advance, dated and posted in the kitchen at least three days in advance.

(b) If any meal served varies from the planned menu, the change shall be noted in writing on the posted menu in the kitchen.

(c) Menus shall provide a variety of foods and indicate standard portions at each meal. If a cycle menu is used, the cycle shall be of no less than three weeks duration and shall be revised quarterly.

(d) A copy of the menu as planned and as served shall be kept on file for at least thirty (30) days.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79693. Dietary Service Food Storage.

(a) Food storage areas shall be kept clean at all times.

(b) All foods not requiring refrigeration shall be stored at least twelve inches above the floor, on shelves, racks, dollies, or other surfaces which facilitate thorough cleaning, in a ventilated room not subject to contamination by waste water backflow, condensation, leakage, rodents or vermin.

(c) Readily perishable foods or beverages shall be maintained at temperatures of 7^0C (45^0F) or below, or at 60^0C (140^0F) or above, at all times, except during necessary periods of preparation or service. Frozen foods shall be stored at -18^0C (0^0F) or below.

(d) Soaps, detergents, cleaning compounds, pesticides and other toxic substances shall be stored separately.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79695. Dietary Service Sanitation.

(a) All kitchen areas shall be kept clean, free from litter and rubbish, and protected from rodents, roaches, flies and other insects.

(b) All utensils, counters, shelves and equipment shall be kept clean and maintained in good repair.

(c) Ice which is used in connection with food or drink shall be from a sanitary source and shall be handled and dispensed in a sanitary manner. Bacteriological testing shall be performed when indicated by specific problems, epidemiological findings, or recommendations by the infection control committee of the licensed correctional treatment center.

(d) Kitchen wastes not disposed of by mechanical means shall be kept in leak–proof, nonabsorbent, tightly closed containers and disposed of as frequently as necessary to prevent a nuisance or contamination of food preparation areas.

(e) Soiled containers shall be cleaned inside and outside in a way that will not contaminate food, equipment, utensils or food preparation areas.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79697. Dietary Service Cleaning and Disinfection of Utensils.

(a) All utensils used for eating and drinking and in the preparation and service of food and drink shall be cleaned and disinfected or discarded after each usage.

(b) Gross food particles shall be removed by careful scraping and rinsing in running water.

(c) Utensils not washed by mechanical means shall be placed in hot water with a minimum temperature of 43^0C (110^0F), washed using soap or detergent, rinsed in hot water to remove soap or detergent and disinfected by one of the following methods or an equivalent, as approved by the Department.

(1) Immersion for at least two minutes in clean water at 77^0C (170^0F).

(2) Immersion for at least 30 seconds in clean water at 83^0C (180^0F).

(3) Immersion in water containing a bactericidal chemical as approved by the Department.

(4) After disinfection the utensils shall be allowed to drain and dry in racks or baskets on nonabsorbent surfaces. Drying cloths shall not be used.

(d) Results obtained with dish washing machines shall be equal to those obtained by the methods outlined above and all dish washing machines shall meet the most current requirements contained in Standard No. 3 of the National Sanitation Foundation, which is hereby incorporated by reference. Hot water at a minimum temperature of 83^0C (180^0F), shall be maintained at the manifold of the final rinse.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79699. Dietary Service Equipment, Space, and Supplies.

(a) Equipment of the type and in the amount necessary for the proper preparation, serving and storage of food and for proper dish washing shall be provided and maintained in good working order.

(b) All food shall be of good quality. Food in unlabeled, rusty, leaking broken containers or cans with side seam dents, rim dents or swells shall not be retained or used.

(c) Foods held in refrigerated or other storage areas shall be covered. Liquids and foods which are prepared and not served shall be tightly covered, clearly labeled and dated.

(d) Spoiled or contaminated food shall not be served.

(e) The dietetic service area shall be ventilated in a manner that will maintain comfortable working conditions, remove objectionable odors and fumes and prevent excess condensation.

(f) Persons other than dietetic service personnel shall not be allowed in the kitchen areas unless required to do so in the performance of their duties.

(g) Smoking shall not be permitted in kitchen areas.

(h) An office or other suitable space shall be provided for the dietitian or dietetic service supervisor.

(i) Kitchen sinks shall not be used for hand washing. Separate hand washing facilities with soap, running water, individual towels and waste receptacles shall be provided.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79701. Dietary Service Staff.

(a) A dietitian shall be employed on at least a part–time or consulting basis in all correctional treatment centers. A part–time dietitian shall provide the number of hours of service in each calendar month to meet the needs of the inmate–patients. Services shall be of sufficient duration to ensure continuing liaison with medical and nursing staffs, patient care counseling, approval of menus and planning and conducting of in–service education programs.

(b) If a dietitian is not employed full time, a full time person who is a graduate of a state approved course that provides 90 or more hours of classroom instruction in food supervision shall be employed to be responsible for the operation of the food service. The dietetic supervisor may also cook, provided sufficient time is allowed for managerial responsibilities.

(c) Staff (civilian and inmate workers) shall be employed, oriented, and their working hours scheduled to provide for the nutritional needs of inmate–patients and to maintain the dietetic service area.

(d) Dietetic service personnel shall be trained in basic food sanitation techniques, shall be clean, wear clean clothing, including

cap or hair net, and shall be excluded from duty when affected by skin infection or communicable diseases. Beards and mustaches which are not closely cropped and neatly trimmed shall be covered.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

Article 4. Optional Services

§ 79703. Optional Services.

(a) A correctional treatment center may provide the following services:

(1) Laboratory.

(2) Radiology.

(3) Perinatal.

(4) Outpatient surgery.

(5) Mental health treatment program.

(6) Standby Emergency Medical Services.

(7) Any other services requested in writing and approved by the state department in writing.

(b) A correctional treatment center may provide outpatient surgical care with anesthesia if the correctional treatment center meets the same requirements as a surgical clinic licensed pursuant to Section 1204 of the Health and Safety Code, except for the requirement that patients remain less than 24 hours.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79705. Optional Services—Laboratory Services.

(a) Clinical laboratories shall be operated in conformance with the California Business and Professions Code, Division 2, Chapter 3 (Sections 1200 to 1322, inclusive) and the California Code of Regulations, Title 17, Division 1, Chapter 2, Subchapter 1, Group 2 (Sections 1030 to 1057, inclusive).

(b) The correctional treatment center shall maintain clinical laboratory services and equipment for routine laboratory work such as urinalysis, complete blood counts, and such tests necessary to meet the needs of the correctional treatment center.

(c) The correctional treatment center shall maintain or make provision for clinical laboratory services for performance of tests in chemistry, microbiology, serology, hematology, pathology and blood banking.

(d) Written policies and procedures shall be developed and maintained by the physician responsible for the service in consultation with other appropriate health professionals and administration. Policies and procedures shall be approved by the patient care policy committee, medical director, and the governing body. Policies and procedures shall be reviewed annually.

(e) The responsibility and the accountability of the clinical laboratory service to the medical director shall be defined.

(f) The director of the clinical laboratory shall assure that:

(1) Examinations are performed accurately and in a timely fashion.

(2) Procedures are established governing the provision of laboratory services for outpatients.

(3) Laboratory systems identify the patient, test requested, date and time the specimen was obtained, the time the request reached the laboratory, the time the laboratory completed the test and any special handling which was required.

(4) Procedures are established to ensure the satisfactory collection of specimens.

(5) A communications system to provide efficient information exchange between the laboratory and related areas of the correctional treatment center is established.

(6) A quality control system within the laboratory designed to ensure medical reliability of laboratory data is established. The results of control tests shall be readily available in the correctional treatment center.

(7) Reports of all laboratory examinations are made a part of the inmate–patient's medical record as soon as is practical.

(8) No laboratory procedures are performed except on the order of a person lawfully authorized to give such an order.

(g) Tissue specimens, where obtained, shall be examined by a physician who is certified or eligible for certification in anatomical and/or clinical pathology by the American Board of Pathology or possesses qualifications which are equivalent to those required for certification. Oral specimens may be examined by a dentist who is certified or eligible for certification as an oral pathologist by the American Board of Oral Pathology. A record of their findings shall become a part of the patient's medical record. A file on these findings shall be maintained at the correctional treatment center or the principal office of the consulting pathologist.

(h) The use, storage and disposal of radioactive materials shall comply with the California Radiation Control Regulations, Title 17, Chapter 5, Subchapter 4, Group 1, Article 1, commencing with Section 30100, California Code of Regulations, as amended. These regulations are hereby incorporated by reference.

(i) Where the correctional treatment center depends on outside blood banks, there shall be a written agreement governing the procurement, transfer and availability of blood.

(j) Licensed clinical laboratory services shall be available at all times for emergencies.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79707. Laboratory Service Staff.

(a) A physician shall have overall responsibility for the clinical laboratory service. The physician shall be certified or eligible for certification in clinical pathology and/or pathologic anatomy by the American Board of Pathology or the American Osteopathic Board of Pathology. If such a pathologist is not available on a full–time, regular part–time, or consulting basis, a physician or a licensed clinical laboratory bioanalyst who is available on a full–time, regular part–time, or consulting basis may administer the clinical laboratory provided a pathologist, qualified as above, is available for consultation.

(b) There shall be sufficient staff with adequate training and experience to meet the needs of the service being offered.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79709. Laboratory Service—Equipment and Supplies.

(a) There shall be sufficient equipment and supplies maintained to perform the laboratory services being offered.

(b) When the correctional treatment center maintains blood storage facilities, such facilities shall be in conformance with the provisions of Section 1002(g), Title 17, California Code of Regulations. Blood storage facilities shall be inspected by the correctional treatment center at least daily for compliance with these requirements.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79711. Optional Services—Radiology Services.

Radiology service means the use of X–ray, other ionizing radiation, and/or magnetic resonance imaging, and/or ultrasound in the detection, diagnosis, and treatment of human illnesses and injuries with appropriate staff, space, equipment and supplies.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79713. Radiology Service General Requirements.

(a) Written policies and procedures shall be developed and maintained by the person responsible for the service in consultation with other appropriate health professionals and administration.

Policies and procedures shall be approved by the governing body, the administration and the medical director. Policies and procedures shall be reviewed annually.

(b) The responsibility and the accountability of the radiological service to the medical staff and administration shall be defined.

(c) The use, storage and shielding of all radiation machines and radioactive materials shall comply with the California Radiation Control Regulations, Section 30100 et seq., Subchapter 4, Chapter 5, Title 17, California Code of Regulations.

(d) All persons operating or supervising the operation of X–ray machines shall comply with the requirements of the Radiologic Technology Regulations, Section 30400 et seq., Subchapter 4.5, Chapter 5, Title 17, California Code of Regulations.

(e) Diagnostic radiological services shall only be performed on the order of a person lawfully authorized to give such an order.

(f) The original reports of radiological service examinations shall be filed in the inmate–patient's medical record and a copy maintained in the radiology unit.

(g) X–ray films, or reproductions thereof, shall be retained for seven years.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79715. Radiology Service Staff.

(a) A physician shall have overall responsibility for the radiological service. This physician shall be certified or eligible for certification by the American Board of Radiology or the American Osteopathic Board of Radiology. If such a radiologist is not available on a full–time or regular part–time basis, a physician, with training and experience in radiology, may administer the service. In this circumstance, a radiologist, qualified as above, shall provide consultation services.

(b) Sufficient certified radiologic technologists shall be employed to meet the needs of the service being offered.

(c) Radiological services shall be available to the correctional treatment center at all times for the provision of services on all shifts and for emergencies. Such services may be provided on the correctional treatment center or through a contractual arrangement.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79717. Radiology Service Equipment and Supplies.

(a) There shall be equipment and supplies maintained or available to perform the radiological services that are offered in the correctional treatment center. As a minimum, the following equipment shall be available:

(1) At least one radiographic unit. If fluoroscopic services are provided, fluoroscopes shall be equipped with image intensifiers.

(2) Film processing equipment.

(b) Proper resuscitation and monitoring equipment shall be immediately available.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79719. Radiology Service Space.

(a) There shall be sufficient space maintained to provide radiological services. This shall include but not be limited to the following:

(1) A separate X–ray room large enough to accommodate the necessary radiographic equipment and to allow easy maneuverability of stretchers and wheelchairs.

(2) Toilet facilities located in the radiology service space or in the immediate vicinity.

(3) Dressing rooms for patients if not otherwise provided by toilet facilities.

(4) Film processing area.

(5) Sufficient storage space for all the necessary X–ray equipment, supplies, and for exposed X–ray film, and copies of reports.

(6) Suitable area for viewing and reporting of radiographic examinations.

(b) If X–ray examinations are to be performed on outpatients, outpatient access to the radiological spaces shall not traverse a nursing unit.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79721. Optional Services—Perinatal Services.

A perinatal unit means a maternity unit and newborn service of the correctional treatment center for the provision of care during pregnancy, labor, delivery, postpartum and neonatal periods.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79723. Perinatal Service General Requirements.

(a) A perinatal unit shall provide or arrange for:

(1) Care for the patient during pregnancy, labor, delivery, and the postpartum period. Labor, delivery, and neonatal care may be provided outside the correctional treatment center under a contractual agreement with a general acute care hospital, in which case only emergency delivery services will be provided by the correctional treatment center.

(2) Care for the normal infant and the infant with abnormalities which usually do not impair function or threaten life. Newborns shall not be retained beyond 24 hours at the correctional treatment center without the approval of the medical director.

(3) Care for mothers and infants needing emergency or immediate life support measures to sustain life up to 12 hours or to prevent major disability.

(4) Formal arrangements for consultation and/or transfer of an infant to an intensive care newborn nursery, or a mother to a hospital with the necessary services, for problems beyond the capacity of the perinatal unit.

(b) There shall be written policies and procedures developed and maintained by the person responsible for the service, in consultation with other appropriate health professionals and administration. These policies and procedures shall reflect the standards and recommendations of the 1989 American College of Obstetricians and Gynecologists "Standards for Obstetric–Gynecologic Services" and the 1988 American Academy of Pediatrics "Guidelines for Perinatal Care". These standards are hereby incorporated by reference. Policies shall be approved by the governing body. Procedures shall be approved by the patient care policy committee and medical director. Policies and procedures shall address but not be limited to:

(1) Relationships to other services in the correctional treatment center.

(2) Admission policies, including infants delivered prior to admission of the mother.

(3) Arrangements for maternity patient overflow.

(4) Consultation from an intensive care newborn nursery.

(5) Prevention and treatment of neonatal hemorrhagic disease.

(6) Care and transfer of the premature or low birth weight infant.

(7) Resuscitation of the newborn.

(8) Administering and monitoring of oxygen and respiratory therapy.

(9) Blood Transfusion.

(10) PKU screening.

(11) Rhesus (Rh) hemolytic disease identification, reporting, and prevention.

(12) Management of hyperbilirubinemia.

(13) Induction of labor and administration of oxytocic drugs.

(14) Obstetric–pediatric–pathologic–radiologic conferences.

(15) Patient identification system.

(16) Care routines for the mother and infant.

(17) Hand washing technique.

(18) Bassinet techniques in caring for infants.

(19) Treatment of the eyes of newborn, including Crede′ or antibiotic treatment.

(20) Breast feeding.

(21) Formula preparation and storage.

(c) The responsibility and the accountability of the perinatal service to the medical staff and administration shall be defined.

(d) Laboratory testing capabilities for performing blood gas analyses, pH and microtechniques shall be available.

(e) The correctional treatment center perinatal service shall have the capability for operative delivery, including caeserean section, available at all times.

(f) Infants with diarrhea of the newborn as defined in Section 2564, Title 17, California Code of Regulations, as amended, or who have draining lesions shall be transferred to a general acute care hospital.

(g) Infants suspected of having airborne infections shall be separated from other infants in the nursery and transferred to a general acute care hospital.

(h) All persons in the delivery room shall wear clean gowns, caps and masks during a delivery.

(i) Oxygen shall be administered to newborn infants only on the written order of a physician. The order shall include the concentration (volume percent) or desired arterial partial pressure of oxygen and be reviewed, modified, or discontinued after 24 hours.

(j) All patients shall be attended by a physician or registered nurse when under the effect of anesthesia or regional analgesia, when in active labor, during delivery and in the immediate postpartum period.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79725. Perinatal Service Staff.

(a) A physician shall have overall responsibility for the service. This physician shall be certified or eligible for certification by the American Board of Obstetrics and Gynecologists, the American Board of Pediatrics, the American Osteopathic Board of Obstetrics and Gynecology or the American Osteopathic Board of Pediatrics. If a physician with one of the above qualifications is not available, a physician with training and experience in obstetrics and gynecology or pediatrics may administer the service. In this circumstance, a physician with either of the required qualifications shall provide consultation to the service.

(b) A physician who is certified or eligible for certification by the American Board of Pediatrics shall be responsible for the nursery.

(c) There shall be one registered nurse on duty on each shift assigned to the labor and delivery suite. In addition, there shall be sufficient trained personnel to monitor and evaluate labor and to assist with a delivery.

(d) There shall be one registered nurse on duty for each shift assigned to the antepartum and postpartum areas. In addition, there shall be sufficient licensed personnel to assess patients and provide care.

(e) A registered nurse who has had training and experience in neonatal nursing shall be responsible for the nursing care in the nursery.

(1) A registered nurse trained in infant resuscitation shall be on duty on each shift.

(2) A ratio of one licensed nurse to eight or fewer infants shall be maintained for normal infants.

(f) The correctional treatment center shall provide directly or by arrangement continuing education and training programs for the nursing staff in perinatal nursing and infection control.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79727. Perinatal Service Equipment and Supplies.

(a) General equipment shall include at least the following:

(1) Amniocentesis tray.

(2) DC defibrillator immediately available.

(3) Blanket warmer.

(4) Solutions and supplies for intravenous fluids, blood, plasma and blood substitutions or fractions.

(b) A fetal heart rate monitor shall be available.

(c) Labor rooms shall contain at least the following equipment:

(1) Oxygen and suction outlets.

(2) A labor bed with adjustable side rails.

(3) Footstool.

(4) One or more comfortable chairs.

(5) Hand washing facilities for staff.

(6) Toilet and hand washing facilities shall be in or immediately adjacent to labor room and shall be shared by no more than two patients.

(7) Adjustable examination light.

(8) Sphygmomanometer/cuff.

(9) Regular and fetal stethoscope.

(d) Delivery rooms shall have at least the following equipment:

(1) Adjustable delivery table.

(2) Surgical overhead light.

(3) Equipment for inhalation anesthesia and regional analgesia.

(4) Clock with sweep second hand.

(5) An elapsed time clock.

(6) Emergency supplies such as packings, syringes, needles and drugs.

(7) Emergency call system.

(8) Provision for oxygen and suction for mother and infant.

(9) Thermostatically controlled incubator or radiant heating device.

(10) Erythromycin ophthalmic ointment and solutions for prophylactic Crede′ treatment of eyes.

(11) Sterile clamps or ties for umbilical cord.

(12) Resuscitation equipment and supplies to include at least:

(A) Glass trap suction device with catheter.

(B) Pharyngeal airways, assorted sizes.

(C) Laryngoscope, including a blade suitable for premature infants.

(D) Endotracheal catheters, assorted size with malleable stylets.

(E) Arterial catheters, assorted sizes.

(F) Ventilatory assistance bag and infant mask.

(G) Bulb syringe.

(H) Stethoscope.

(I) Syringes, needles and appropriate drugs.

(e) Nursery equipment shall include at least the following:

(1) A separate bassinet made of easily cleanable material such as metal or clear plastic for each infant.

(2) Enclosed storage unit for clean supplies for each infant.

(3) Diaper receptacles with a cover, foot control and disposable liner.

(4) A hamper with a disposable liner for soiled linen.

(5) A wall thermometer and hygrometer.

(6) Accurate beam scales or the equivalent.

(7) Thermostatically controlled incubators or radiant heating devices to maintain proper ambient temperature.

(8) Oxygen and compressed air supply regulating devices and administration equipment.

(9) Resuscitation equipment as required in delivery rooms.

(10) Suction equipment.

(11) At least one duplex electrical outlet for every two bassinets.

(12) One hand washing sink with controls not requiring direct contact of the hands for operation for each six bassinets. Wrist or elbow blade handles are not acceptable.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79729. Optional Services—Outpatient Surgical Care.

Outpatient surgical care means the provision of surgical services to patients not requiring hospitalization, with appropriate staff, space, equipment, and supplies.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79731. Outpatient Surgical Care—General Requirements.

(a) If outpatient surgery is performed, the written policies and procedures, approved by the governing body of the correctional treatment center, shall make provision for at least the following:

(1) The types of operative procedures that may be performed shall be specified.

(2) The types of anesthesia that may be used shall be specified.

(3) Preoperative evaluation of the patient, meeting the same standards as apply to inpatient surgery.

(4) Informed consent.

(5) The delivery of all anatomical parts, tissues and foreign objects removed to a pathologist designated by the hospital with a report of findings to be filed in the patient's medical record.

(6) Written preoperative instructions to patients covering:

(A) Applicable restrictions upon food and drugs before surgery.

(B) Any special preparations to be made by the patient.

(C) Any postoperative requirements.

(D) An understanding that admission to a hospital may be required in the event of an unforeseen circumstance.

(7) Examination of each patient by a physician prior to discharge.

(b) Where general anesthesia is to be administered, written policies and procedures shall be developed and maintained by the physician responsible for the service in consultation with other appropriate health professionals and administration. Policies and procedures shall be approved by the administration and medical director. The policies and procedures shall include provision for at least:

(1) Preanesthesia evaluation of the patient by a physician or a certified registered nurse anesthetist with appropriate documentation of pertinent information relative to the choice of anesthesia and the surgical or obstetrical procedure anticipated.

(2) Review of the patient's condition immediately prior to induction of anesthesia.

(3) Safety of the patient during the anesthetic period.

(4) Recording of all events taking place during the induction of, maintenance of and emergence from anesthesia, including the amount and duration of all anesthetic agents, other drugs, intravenous fluids and blood or blood fractions.

(c) Prior to commencing surgery, the person responsible for administering anesthesia, or the surgeon if a general anesthetic is not be administered, shall verify the patient's identity, the site and side of the body to be operated on, and ascertain that a record of the following appears in the patient's medical record:

(1) An interval medical history and physical examination performed and recorded within the previous 24 hours.

(2) Appropriate screening tests, based on the needs of the patient, accomplished and recorded within 72 hours prior to surgery.

(3) An informed consent, in writing, for the contemplated surgical procedure.

(d) The requirements of subsection (c), above, do not preclude rendering emergency medical or surgical care to a patient.

(e) A register of operations shall be maintained including the following information for each surgical procedure performed.

(1) Name, age, sex and identity number of the patient.

(2) Date and time of the operation and the operating room number.

(3) Preoperative and postoperative diagnosis.

(4) Name of surgeon, assistants, anesthetists and scrub and circulating assistants.

(5) Surgical procedure performed and anesthetic agent used.

(6) Complications, if any, during the operation.

(f) An affiliation agreement or contract for the referral and transfer of patients with emergency medical problems shall be established and available for inspection by the Department.

(g) Periodically, the patient care policy committee shall evaluate the services provided and make appropriate recommendations to the medical director and administration.

NOTE: Authority cited: Sections 208(a), 1205.1(k) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79733. Outpatient Surgical Care Staff.

(a) A physician shall have overall responsibility for the surgical service. This physician shall be certified or eligible for certification in surgery by the American Board of Surgery or the American Osteopathic Board of Surgery. If such a surgeon is not available, a physician, with additional training and experience in surgery, shall be responsible for the service.

(b) A registered nurse with training and experience in operating room techniques shall be responsible for the nursing care and nursing management of the operating room service.

(c) There shall be registered nurses, licensed vocational nurses, and operating room technicians in the appropriate ratio to ensure that a registered nurse is available at all times to serve as the circulating assistant when a licensed vocational nurse or operating room technician is serving as a scrub assistant.

(d) There must be a registered nurse available for emergency treatment whenever there is an outpatient surgical care patient in the correctional treatment center.

(e) The correctional treatment center shall maintain records of continuing education and training programs fro the nursing staff to be available to the Department upon request.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79735. Outpatient Surgical Care Equipment and Supplies.

Equipment and supplies shall be maintained to meet the needs of the services offered, including at least the following monitoring equipment and supplies:

(a) Cardiac monitor, with a pulse rate meter, for each patient receiving a general anesthetic.

(b) DC defibrillator.

(c) Electrocardiographic machine.

(d) Oxygen and respiratory rate alarms.

(e) Supplies and drugs for emergency use.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79737. Outpatient Surgical Care Space.

(a) A correctional treatment center providing outpatient surgical care shall maintain an operating room, or operating rooms, as follows:

(b) Construction of the operating room shall be in compliance with provisions of California Code of Regulations, Title 24, Chapter 10C, Section 1020C(a) and applicable sections of the California Building Standards Code.

(c) Operating room space shall conform to the provisions of California Code of Regulations, Title 24, Chapter 10C, Section 1020C(a).

(d) Special rooms such as cast rooms, fracture rooms, and cystoscopic rooms, if provided, shall maintain space in accordance with the provisions of California Code of Regulations, Title 24, Chapter 10C, Section 1020C(b).

(e) Postanesthesia recovery areas shall maintain space as required in California Code of Regulations, Title 24, Chapter 10C, Section 1020C(c).

(f) Laboratory, radiology and pharmacy services shall be readily accessible to the outpatient surgical service.

(g) The operating room shall be located so that is does not connect directly with a corridor designed and used for through traffic.

(h) Facilities shall be maintained for the sterilization of equipment and supplies.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79739. Mental Health Treatment Program.

A mental health treatment program is organized, staffed and equipped to provide mental health treatment services for inmate–patients who require 24–hour inpatient care and treatment for acute or nonacute mental health disorders.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79741. Mental Health Treatment Program—General Requirements.

(a) The mental health treatment program shall only be for inmate–patients with diagnosable mental disorder who require 24–hour mental health care.

(b) Each mental health treatment program shall have a clinical director who shall direct the clinical program, provide general direction to professional and nonprofessional staff and be responsible for the quality of clinical services performed in the facility.

(c) The clinical director of mental health treatment program, in consultation with other mental health professionals, shall develop and implement written policies and procedures for the mental health treatment program.

(d) There shall be preadmission patient screening for each inmate–patient completed by the clinical director or his or her designee.

(e) Release of medical records or mental health treatment information concerning any inmate–patient shall be only as authorized under Section 5328 of the Welfare and Institutions Code.

(f) Involuntary mental health treatment including involuntary medication, shall be provided only as authorized under Section 5328 of the Welfare and Institutions Code, as interpreted by the courts.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code; and Sections 5325 and 5328, Welfare and Institutions Code. Reference: Sections 56 et seq. and 1798 et seq., Civil Code; Sections 990 et seq. and 1158, Evidence Code; Sections 1250(j), 1254, 1278, 1293.9 and 1795, et seq., Health and Safety Code; Sections 5150 et seq. and 5328–5330, Welfare and Institutions Code; and *Keyhae v. Rushen*, 178 Cal App. 3d 526 (1986).

§ 79743. Mental Health Treatment Program—Admission and Discharge Policies.

(a) Each mental health treatment program shall develop and implement written admission and discharge policies approved by the Governing Body encompassing which staff members authorized by law to diagnose and treat may admit or discharge inmate–patients, the types of diagnoses for which inmate–patients may be admitted, limitations imposed by law or licensure, staffing limitations, preadmission patient screening, rules governing emergency admission, limitation of services, termination of services, discharge of patients and other relevant functions.

(b) No inmate–patient may be placed in a mental health treatment program who is not admitted as an inmate–patient by a member of the mental health treatment program staff.

(c) The inmate–patient's condition, provisional diagnosis and a plan for initial treatment shall be determined by the admitting staff within 24 hours of admission.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79745. Mental Health Treatment Program—Multidisciplinary Treatment Team.

(a) The multidisciplinary treatment team shall be comprised of those persons who work directly with the inmate–patient in each of the disciplines or service areas that provide service to the inmate–patient, including the clinical director or designee, a psychiatrist, a clinical psychologist, a licensed clinical social worker, a member of the nursing staff and any other staff person who is involved in the treatment and care of the inmate–patient.

(b) The multidisciplinary treatment team shall provide assessment, and any reassessment, of an inmate–patient's need for services and shall develop and implement the inmate–patient's individual treatment plan.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79747. Mental Health Treatment Program—Individual Treatment Plan.

(a) The individual treatment plan shall:

(1) Be developed in writing by the multidisciplinary treatment team and, where possible, in collaboration with the inmate–patient. The treatment plan shall be developed as soon as possible, but no longer than 72 hours following the patient's admission.

(2) Be based on a comprehensive assessment of the inmate–patient's physical, mental, emotional and social needs.

(3) Be reviewed and updated as often as indicated, but no less often than every seven (7) days, weekends and holidays excepted, for acute mental health patients and every thirty (30) days for nonacute mental health patients.

(4) Include, but not be limited to:

(A) A statement of the patient's physical and mental condition, including all mental health diagnoses.

(B) Prescribed medication, dosage and frequency of administration.

(C) Specific goals of treatment with intervention and actions that identify steps toward improvement or recovery and observable, measurable objectives.

(D) Identification of methods to be utilized, the frequency for conducting each treatment method and the person(s) or discipline(s) responsible for each treatment method.

(E) Documentation of the success or failure in achieving stated objectives.

(F) Evaluation of the factors contributing to the inmate–patient's progress or lack of progress toward recovery and a statement of the multidisciplinary treatment decision for follow–up action.

(G) An activity plan.

(H) A plan for other services needed by the inmate–patient which are not provided by the mental health treatment program.

(I) Goals for aftercare and a plan for post–discharge follow–up.

(b) The individual treatment plan shall be in writing and be approved by a clinical psychologist, psychiatrist, licensed clinical social worker, licensed marriage, family, and child counselor, or a psychiatric mental health nurse designated by the clinical director.

(c) The staff shall observe and note any changes in the inmate–patient's condition and the treatment plan shall be modified in response to the observed changes.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79749. Mental Health Treatment Program—Services.

(a) Psychiatric and psychological services.

(1) Psychiatrists or clinical psychologists, within the scope of their licensure and subject to the rules of the facility, shall be responsible for the initial diagnosis of each inmate–patient.

(2) Inmate–patients shall be evaluated as soon as possible but not later than seventy–two (72) hours from the time staff determines that the inmate–patient requires or may require psychotropic medication.

(b) Social work services shall be organized, directed and supervised by a licensed clinical social worker.

(c) Mental health rehabilitation therapy services.

(1) Mental health treatment programs shall provide and conduct organized therapeutic social, recreational and vocational activities in accordance with the interests, abilities and needs of the inmate–patients, and will include the opportunity for exercise.

(2) Mental health rehabilitation therapy services shall be designed by and provided under the direction of a licensed mental health professional, a recreational therapist or an occupational therapist.

(d) Aftercare plan.

(1) A written aftercare plan shall describe those services that should be provided to an inmate–patient following discharge, transfer or release from the mental health program for the purpose of enabling the inmate–patient to maintain stabilization and/or achieve an optimum level of functioning.

(2) Prior to or at the time of discharge, transfer or release from the mental health treatment program, each inmate–patient shall be evaluated concerning the inmate–patient's need for aftercare services. This evaluation shall consider the inmate–patient's potential in–custody housing, proximity to release from incarceration, probable need for community treatment and social services, and need for continued mental health care.

(3) Aftercare plans shall include, but not be limited to, the following:

(A) Arrangement for medication supervision and follow–up care.

(B) Referral to social, vocational or education services, if available and appropriate.

(4) A member of the multidisciplinary treatment team designated by the clinical director shall be responsible for ensuring that the referral of the inmate–patient to the appropriate aftercare service has been completed and documented in the inmate–patient's health record.

(5) Arrangements for necessary community referral, placement, conservatorship or post–discharge care shall be made prior to release from custody.

(6) A copy of the aftercare plan conforming to the requirements of Health and Safety Code Section 1284 and Welfare and Institutions Code Section 5622 shall be transmitted to the local director of mental health services or a designee in the county of residence for any inmate–patient referred to community services funded by the Bronzan–McCorquodale Act.

(7) The inmate–patient shall receive a copy of the aftercare plan when referred to community services.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j), 1254and 1282, Health and Safety Code; and Section 5622, Welfare and Institutions Code.

§ 79751. Acute Mental Health Care.

Acute mental health care means that level of voluntary or involuntary 24–hour care that is required to provide ongoing intensive evaluation and treatment by mental health staff to inmate–patients suffering from severe mental disorder. Acute levels of care include, but are not limited to: (1) treatment of acute levels of severe mental disorder or (2) clinical restraint and seclusion. Such inmate–patients would be those who, if in the community, would require a licensed health facility providing 24–hour acute mental health hospitalization. Such facilities include but are not limited to psychiatric health facilities or acute psychiatric hospitals.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79753. Nonacute 24–Hour Mental Health Care.

Nonacute 24–hour mental health care means that level of voluntary or involuntary care that is required to provide mental health services to mentally disordered inmate–patients who are not in need of acute mental health care, but who require general mental health evaluation, diagnostic assessment, treatment, nursing and/or related services, on a 24–hour–per–day basis in order to achieve stabilization and/or an optimal level of functioning. Such inmate–patients would be those who, if in the community, would require a licensed health facility providing 24–hour subacute mental health care. Such facilities include but are not limited to skilled nursing facilities with special treatment programs. Subacute has the same meaning as nonacute as defined in this section.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79755. Mental Health Treatment Program Staffing—Basic Requirements.

(a) Each mental health treatment program shall have a clinical director who shall be a psychiatrist, clinical psychologist, licensed clinical social worker, licensed marriage, family, and child counselor, or a psychiatric mental health nurse operating within his or her scope of licensure. The clinical director shall have at least three years of direct clinical experience with the severely mentally disordered after completion of his or her last year of graduate education.

(b) Only that portion of correctional treatment center staff or contracted employee hours spent on the care of patients in the mental health treatment program may be counted as part of the required staffing pattern.

(c) The required minimum staffing ratios shall be calculated based upon the actual census of inmate–patients receiving 24–hour mental health care.

(d) Mental health treatment program nursing services shall be provided under the direction of a registered nurse who shall meet at least the following qualifications:

(1) Master's degree in psychiatric nursing or related field with experience in administration; or

(2) Two years of experience in psychiatric nursing; or

(3) Two years of experience in nursing administration or supervision and one year experience in psychiatric nursing.

(e) A registered nurse with experience in psychiatric nursing shall be employed forty (40) hours per week.

(f) There shall be a registered nurse, a licensed vocational nurse or a psychiatric technician in the mental health treatment area at all times.

(g) In addition to the minimum staffing required above, the mental health treatment program shall employ professional and other staff on all shifts in the number and with the qualifications to provide all necessary services for those patients admitted for care.

(h) Clinical psychologists, licensed clinical social workers, and licensed marriage, family, and child counselors shall be employed pursuant to the provisions of Section 5751.2, Welfare and Institutions Code.

(i) Psychiatric postgraduate trainees, interns, residents, postdoctoral fellows or instructors may practice psychiatric medicine under the provisions of Section 2065 of the Business and Professions Code.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code; Section 5751.2, Welfare and Institutions Code; and Section 2065, Business and Professions Code.

§ 79757. Mental Health Treatment Program Staffing—Acute Care Requirements.

Mental health treatment programs that provide acute 24–hour mental health care shall meet the following dedicated full–time equivalent staff to census ratio only for acute inmate–patients in any 24–hour period. This staffing pattern includes all staff that is required for the treatment of acute patients. Staff required by earlier sections of this Chapter for the disciplines listed in this section may be counted toward meeting the staffing pattern required in this section for that portion of their time that is spent in caring for acute patients. The above staffing requirements in this Section for registered nurse, licensed vocational nurse or psychiatric technician shall be followed instead of the requirement of 2.5 nursing hours per patient day required for other correctional treatment center inmate–patients. That portion of the time of a psychiatric mental health nurse that is counted toward one category of the staffing requirements shall not be counted toward another category of the staffing requirements. Unlicensed custody staff, to the degree they do work that would otherwise be done by mental health workers and who meet the qualifications of mental health workers, as defined in this chapter, may be counted toward the mental health worker requirement.

Acute Mental Health Care Census:	1–5	6–10	11–20	21–30	31–40	41–50	51–60	61–70	71–80	81–90	91–100
Staff: Psychiatrist or Clinical Psychologist or Licensed Clinical Social Worker or Licensed Marriage, Family and Child Counselor, or Psychiatric Mental Health Nurse	.5	1	2	3	4	5	6	7	8	9	10
Registered Nurse or Licensed Vocational Nurse or Psychiatric Technician	3	4	5	6	8	10	12	14	16	18	20
Mental Health Worker	1.5	3	5	8	10	13	15	18	20	23	25
TOTALS	5	8	12	17	22	28	33	39	44	50	55

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79759. Mental Health Treatment Program Staffing—Nonacute Care Requirements.

Nonacute 24–hour mental health care may be provided by any correctional treatment center meeting the basic staffing requirements specified in Section 79631, Nursing Service Staff, including the requirements for 2.5 nursing hours per patient day and by the Mental Health Treatment Program Staffing—Basic Requirements, set forth in Section 79755.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79761. Mental Health Treatment Program—Space.

(a) Space shall be provided for the conduct of the mental health treatment program and shall include:

(1) A consultation room for interviewing.

(2) An observation room for acutely disturbed inmate–patients.

(3) Indoor or outdoor facilities for therapeutic activities.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79763. Standby Emergency Medical Services, Physician on Call, Definition.

Standby emergency medical service, physician on call, means the provision of emergency medical care in a specifically designated area of the correctional treatment center which is equipped and maintained at all times to receive patients with urgent medical problems and capable of providing physician service within a reasonable time.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79765. Standby Emergency Medical Service, Physician on Call, General Requirements.

(a) Written policies and procedures shall be developed and maintained by the physician responsible for the service in consultation with other appropriate health professionals and administration. Policies shall be approved by the governing body. Procedures shall be approved by the administration and medical staff.

(b) The responsibility and the accountability of the emergency medical service to the medical director, administration and governing body shall be defined.

(c) There shall be a roster of names and telephone numbers of physicians who are available to provide emergency service.

(d) A communication system employing telephones, radiotelephone or similar means shall be in place for establishing and maintaining contact with law enforcement authorities, rescue squads, and other emergency medical services of the community.

(e) The correctional treatment center shall require continuing education of all emergency medical service personnel.

(f) Medical records shall be maintained on all inmate–patients who are admitted for emergency medical care. These records shall become part of the inmate–patient's medical record. Past medical records shall be available to the emergency medical service.

(g) An emergency room log shall be maintained and shall contain at least the following inmate–patient information: name, date, time and means of arrival, age, sex, record number, nature of complaint, treatment, disposition and time of departure. The names of those dead on arrival shall also be entered in the log.

(h) Standardized emergency nursing procedures shall be developed and approved by the patient care policy committee and administration.

(i) A list of referral services shall be available in the emergency service. This list shall include the name, address, and telephone number of the following:

(1) Police department, if applicable.

(2) Blood bank, if applicable.

(3) Antivenin service.

(4) Burn center.

(5) Poison control information center.

(6) Director of State Department of Health Services or designee.

(7) Local health department.

(8) Clergy.

(9) Emergency psychiatric service.

(10) Chronic hemodialysis service.

(11) Intensive care newborn nursery (if applicable).

(12) Emergency maternity service (if applicable).

(13) Radiation accident management service.

(14) Ambulance transport and rescue services.

(15) County coroner or medical examiner.

(j) An appropriate committee of the correctional treatment center staff shall annually evaluate the services provided and make appropriate recommendations to the administration.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79767. Standby Emergency Medical Service, Physician on Call, Staff.

(a) A physician shall have overall responsibility for the service. That physician, or his or her designee, shall be responsible for:

(1) Implementation of established policies and procedures.

(2) Development of a system for assuring physician coverage on call 24–hours a day to the emergency medical service.

(3) Assurance that physician coverage is available within a reasonable length of time, relative to the inmate–patient's illness or injury.

(4) Development of a roster of specialty physicians available for consultation.

(5) Assurance of continuing education in emergency care procedures for the medical and nursing staff.

(b) All physicians, dentists and podiatrists providing services in the emergency treatment area shall be employed by the correctional treatment center.

(c) A registered nurse with training in emergency medical care shall be present or on call to the correctional treatment center at all times to provide emergency nursing care.

(d) There shall be sufficient other personnel to support the services offered.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79769. Standby Emergency Medical Service, Physician on Call, Equipment and Supplies.

Equipment and supplies necessary for life support shall be available. Equipment shall include, but not be limited to: airway control and ventilation equipment; suction devices; cardiac monitor defibrillator; intravenous fluids, including blood expanders; and administering devices.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79771. Standby Emergency Medical Service, Physician on Call, Space.

(a) The following space provisions and designations shall be met:

(1) Designated emergency treatment area.

(2) Observation room.

(b) Observation beds in the emergency medical service shall not be counted in the total licensed bed capacity of the correctional treatment center.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

Article 5. Administration

§ 79773. Governing Body.

(a) The governing body shall have full legal authority and responsibility for the operation of the correctional treatment center including compliance with all applicable laws and regulations.

(b) The governing body shall appoint a medical director with delegated authority to carry out the functions of the correctional treatment center and the responsibility for ensuring that the correctional treatment center conforms to all applicable federal, state and local laws and regulations. The governing body shall appoint an administrator whose authority, qualifications and duties shall be defined in writing.

(c) The governing body shall adopt administrative policies and procedures designating in writing all services provided and shall oversee the management and fiscal affairs of the correctional treatment center.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79775. Medical Director.

(a) Each correctional treatment center shall employ or otherwise provide a medical director. The medical director shall be a licensed physician. The medical director shall be responsible for the daily administration and clinical management of only one correctional treatment center unless both of the following apply:

(1) All facilities for which the medical director is responsible are in the same geographic region and are operated by the same governing body.

(2) The medical director shall designate a physician who is knowledgeable in the policies and procedures of the correctional treatment center to fulfill the functions of the medical director during the medical director's absence.

(b) The medical director shall be on the premises of the correctional treatment center a sufficient number of hours to attend to the clinical operation of the facility. The Department may require the medical director to spend additional hours in the facility whenever the Department determines, through a written evaluation, that such additional hours are needed to provide adequate clinical direction of the correctional treatment center.

(c) The medical director's responsibilities, acting alone or through an organized medical staff, shall include:

(1) Establishing and approving policies and procedures for each basic and optional service provided by the correctional treatment center. These policies and procedures shall be reviewed annually.

(2) Assuring the quality of medical care provided to all inmate–patients treated by the correctional treatment center.

(3) Reviewing and approving all protocols used by the correctional treatment center.

(4) Establishing and implementing a system of peer review pursuant to written procedures.

(5) Reviewing credentials and delineating clinical privileges for the licensed professionals providing services in the correctional treatment center.

(6) Assuring that a physician, physician's assistant, or registered nurse is available whenever medical services are provided.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79777. Administrator.

(a) The governing body shall appoint an administrator. The administrator's responsibilities include, but are not limited to, the following:

(1) Establishing written administrative, management and personnel policies and procedures.

(2) Maintaining policies and procedures for each basic and optional service provided by the correctional treatment center. These policies and procedures shall be reviewed annually.

(3) Informing appropriate staff of applicable additions, deletions and changes to correctional treatment center regulations.

(4) Maintaining and monitoring contracts for professional consultant staff and health service support agencies.

(5) Reviewing employee accident and incident reports and taking appropriate corrective action.

(6) Assuring that current copies of the California Code of Regulations, Title 22 regulations pertaining to correctional treatment centers are available to all personnel.

(7) Assuring that the correctional treatment center provides only those services for which it is organized, staffed and equipped.

(8) Informing the Department within 24 hours of any unusual occurrences, as specified in these regulations.

(b) The medical director may perform the duties of the administrator.

(c) The administrator shall be in the correctional treatment center for a sufficient number of hours to permit adequate attention to the management and administration of the center.

(d) The administrator shall possess one of the following qualifications;

(1) A master's degree in health services administration and one year of experience in hospital administration in either a licensed skilled nursing facility or a general acute care hospital; or

(2) A master's degree in a health related field and two years of administrative experience in a state or local correctional health care setting; or

(3) A bachelor's degree in a health related field and four years of health related administrative experience.

(4) State civil service appointment as a correctional health services administrator.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79779. Administrative Policies and Procedures.

(a) Written administrative, management and personnel policies shall be established and implemented to govern the administration and management of the correctional treatment center. Policies and procedures shall not supersede the custody and security requirements of the correctional treatment center.

(b) Policies and procedures shall be reviewed at least annually, revised as needed, and approved in writing by the governing body.

(c) Each correctional treatment center shall establish at least the following:

(1) Personnel policies and procedures which shall include:

(A) Written job description detailing qualifications, duties and limitations of each classification of employee shall be available to all personnel.

(B) Employee orientation to facility, job, patient population, policies, procedures and staff.

(C) Staff development.

(D) Employee health.

(E) Verification of licensure, credentials and references.

(2) Policies and procedures for patient admission, leave of absence, transfer, discharge, categories of patients accepted and retained, types of services offered and limitations of services.

(3) Policies and procedures governing patient health records which shall be developed with the assistance of a person skilled in health record administration.

(4) Policies and procedures relating to the inmate–patient's right to refuse treatment when refusal of treatment results in a life–threatening situation.

(5) Policies and procedures governing conflict resolution shall address at least:

(A) The roles and responsibilities of medical and custodial personnel regarding the housing of inmate–patients in the correctional treatment center.

(B) The notification responsibilities of custodial personnel to health staff regarding any special security needs of inmate–patients admitted to the center.

(C) The notification responsibility of health care staff to custody staff regarding any special medical and mental health needs of the inmate–patient admitted to the correctional treatment center.

(d) The correctional treatment center shall have a written organizational chart showing the major programs of the facility, the person in charge of each program, the lines of authority, responsibility, and communication and the staff assignments. Accountability and responsibility shall be defined.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79781. Required Committees.

(a) Each correctional treatment center shall have at least the following committees: patient care policy, infection control and pharmaceutical service.

(b) Minutes of every committee meeting shall be maintained in the facility and indicate names of members present, date, length of meeting, subject matter discussed and action taken.

(c) In those correctional treatment centers where appropriate, these functions may be performed by a committee of the whole.

(d) Committee composition and function shall be as follows:

(1) Patient Care Policy Committee.

(A) A patient care policy committee shall establish policies governing the following services: Physician, psychiatrist, psychologist, dental, nursing, dietetic, pharmaceutical, health records, housekeeping and such additional services as are provided by the facility.

(B) The committee shall be composed of at least the medical director, the administrator (if appointed), the director of nursing service, a pharmacist and a representative of each required service as appropriate.

(C) The committee shall meet at least annually.

(D) The patient care policy committee shall have the responsibility for reviewing and approving all policies relating to patient care. Based on reports received from the facility administrator, the committee shall review the effectiveness of policy implementation and shall make recommendations for the improvement of patient care.

(E) The committee shall review patient care policies annually and revise as necessary. Minutes shall list policies reviewed.

(F) The patient care policy committee shall implement the provisions of Health and Safety Code Sections 1315, 1316, and 1316.5, by means of written policies and procedures.

(G) Only physicians shall assume the overall medical care of patients, including performing the admitting history, and the physical examinations and the issuance of orders for medical care.

(2) Infection Control Committee.

(A) An infection control committee shall be responsible for infection control in the facility.

(B) The committee shall be composed of representatives from at least the following services; physician, nursing, administration, dietary, pharmaceutical, housekeeping, and laundry.

(C) The committee shall meet at least quarterly.

(D) The functions of the infection control committee shall include, but not be limited to:

1. Establishing, reviewing, monitoring and approving policies and procedures for investigating, controlling and preventing infections, including tuberculosis, in the correctional treatment center. These shall be based on the 1990 recommendations of the Centers for Disease Control.

2. Maintaining, reviewing and reporting statistics of the number, types, sources and locations of infections within the facility. This shall include maintaining a confidentiality log which contains the dates and results of Mantoux tuberculin skin tests recorded in millimeters of induration and chest X–ray results of all correctional treatment center employees and inmate–patients.

(E) A registered nurse shall be assigned on a full–time or part–time basis to infection control surveillance.

(3) Pharmaceutical Service Committee.

(A) A pharmaceutical service committee shall direct the pharmaceutical services in the facility.

(B) The committee shall be composed of the following; a pharmacist, the director of nursing service, the administrator (if appointed), and the medical director or at least one physician.

(C) The committee shall meet at least quarterly.

(D) The functions of the pharmaceutical service committee shall include, but not be limited to:

1. Establishing, reviewing, monitoring and approving policies and procedures for the safe procurement, storage, distribution and use of drugs, biologicals, and chemicals.

2. Reviewing and taking appropriate action on the pharmacist's quarterly report.

3. Recommending measures for improvement of services and the selection of pharmaceutical reference materials.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j), 1254, 1315, 1316 and 1316.5, Health and Safety Code.

§ 79783. Use of Outside Resources.

(a) If a correctional treatment center does not employ qualified personnel to render a specific service to be provided by the correctional treatment center, there shall be arrangements through a written agreement and/or contract with outside resources. Outside resources shall meet the standards and requirements of all applicable regulations before an agreement and/or contract may be entered into and shall continue to meet all applicable regulations during the term of the agreement and/or contract. Outside resources may include other facilities, organizations, individuals, or public or private agencies.

(b) Signed and dated copies of agreements, contracts, or written arrangements for advice, consultation, services, training or transportation, with outside resources shall be on file in the facility. Copies of these agreements and/or contracts shall be readily available for inspection and review by the Department. The agreements and/or contracts shall include, but not be limited to, a description of the services to be provided, the financial arrangements, the methods by which the services are to be provided, the conditions upon which the agreement or contract can be terminated, signatures of parties to the agreement, and effective dates for the agreement.

(c) The governing body shall be responsible and accountable for all services provided through agreements and/or contracts.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79785. First Aid and Referrals.

If a correctional treatment center does not maintain an emergency medical service, its employees shall exercise reasonable care to determine whether an emergency exists, render necessary life–saving first aid, and transfer the inmate–patient to the nearest hospital that can render the needed services.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79787. Reporting.

(a) Reportable communicable diseases shall be reported to the local health officer and all unusual occurrences shall be reported to the Department by the licensed correctional treatment center within twenty–four (24) hours, either by telephone with written confirmation or by telephone facsimile (FAX).

(b) The reporting of communicable diseases and outbreaks shall be in conformance with Sections 2500, 2502, 2503 and 2504 of Title 17, California Code of Regulations.

(c) Events constituting an unusual occurrence shall include, but not be limited to:

(1) Poisonings.

(2) Fires or explosions.

(3) Death of an inmate–patient, employee, or visitor because of unnatural causes.

(4) Sexual acts involving inmate–patients who are minors, nonconsenting adults, or persons incapable of consent.

(5) Physical assaults on inmate–patients, employees, or visitors.

(6) All suspected criminal acts involving inmate–patients, employees, or visitors.

(7) All suspected incidents of physical or sexual abuse to an inmate–patient.

(8) Unexplained or illicit disappearance or loss of an inmate–patient or inmate–patient remains.

(9) Disruption of services of the licensed correctional treatment center.

(d) The licensed correctional treatment center shall furnish other pertinent information related to such occurrences as the local health officer or the Department shall require.

(e) All reports required in this Section shall be retained on file by the licensed correctional treatment center for three (3) years.

(f) Every fire or explosion that occurs in or on the premises shall be additionally reported immediately to the local fire authority, or in the areas not having an organized fire service, to the State Fire Marshal.

(g) The local health officer of the county to which an inmate–patient is to be released shall be notified at least one day in advance before an inmate–patient on any tuberculosis medication is released from the correctional facility.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79789. Patient Transfer.

(a) The licensee shall maintain written transfer agreements with one or more general acute care hospitals to make the services of those facilities accessible and to facilitate the transfer of patients. Complete and accurate patient information, in sufficient detail to provide for continuity of care, shall be transferred with the patient at the time of transfer. A copy of the current agreement shall be available for review by the Department.

(b) No patient shall be transferred or discharged for purposes of effecting a transfer from a facility to another facility, unless arrangements have been made in advance for admission to such a health facility.

(c) When a patient is transferred to another facility, the following shall be entered in the patient health record:

(1) The date, time, condition of the patient and a written statement of the reason for the transfer.

(2) Documentation that the receiving facility has been informed of the patient's transfer.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79791. Personnel Policies.

(a) Each correctional treatment center shall adopt and implement written personnel policies concerning qualifications, responsibilities, and conditions of employment for each classification employed which shall be available to all personnel. Such policies shall include but not be limited to:

(1) Hours of work.

(2) A plan for orientation for all new staff members that shall ensure that all new staff providing program services shall receive at least 20 hours of orientation and training within 14 days of employment. Staff attendance shall be documented. Initial training shall include, but not be limited to, the following:

(A) Orientation to all policies, procedures and objectives of the facility.

(3) A plan for at least annual evaluation of employee performance.

(b) Provision of a continuing in–service education program designed to improve patient care and employee efficiency. This training shall be in compliance with Section 79797 of this Chapter. All staff members shall attend, and attendance shall be documented.

(c) Personnel policies shall require that employees and other persons working in or for the facility familiarize themselves with the California Code of Regulations, Title 22, pertaining to correction treatment centers and such other regulations as are applicable to their duties.

(d) The facility shall recruit qualified personnel.

(e) If language or communication barriers exist between facility staff and patients, arrangements shall be made for interpreters or for the use of other means to ensure adequate communications between patients and personnel.

(f) All correctional treatment center staff shall be subject to the reasonable application of security procedures necessary for the operation of the jail or prison. Written policy and procedures governing the application of security procedures to correctional treatment center programs and staff shall be developed and adopted by the jail or prison administrator with input from the correctional treatment center administrator or director. Correctional treatment center staff shall not be primarily responsible for the enforcement of security policies or procedures.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79793. Employee Personnel Records.

(a) All facilities shall maintain personnel records of all employees. Such records shall be retained for at least three (3) years following termination of employment.

(b) The record shall include the employee's full name, Social Security number, the license or registration number, if any, a brief resume of experience, employment classification, date of beginning employment and date of termination of employment.

(c) Records of hours and dates worked by all employees during at least the most recent six–month period shall be kept on file at the place of employment.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79795. Employee Health Examinations and Health Records.

(a) A health examination, performed by a person lawfully authorized to perform such an examination shall be performed as a prerequisite for employment within ninety (90) days prior to employment or within one (1) week after employment. Written examination reports, signed by the person performing the examination, shall verify that employees are able to perform assigned duties and do not have any health conditions that would create a hazard for the employee, fellow employees, patients or visitors.

(b) The initial health examination shall include a tuberculin skin test using the Mantoux method using a 5 Tuberculin Unit dose of Purified Protein Derivative (PPD) stabilized with Tween–80, the result of which is read and recorded in millimeters of induration. If the result is positive, a chest film shall be obtained. A tuberculin skin test need not be done on a person with a documented positive reaction to PPD but a baseline chest X–ray shall be obtained.

(1) Policies and procedures that address the identification, employment utilization and medical referral of persons with positive skin tests, including those who have converted from negative to positive, shall be written and implemented.

(2) An annual skin test for tuberculosis shall be performed on those individuals with a previously documented negative tuberculin skin test. If an individual with a previously documented negative skin test has a subsequent positive reaction, a chest X–ray shall be obtained.

(c) Employee health records shall be maintained by the facility, and shall include the records of all required health examinations. Such records shall be kept for a minimum of three (3) years following termination of employment.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79797. Staff Development.

(a) Each correctional treatment center shall have an ongoing educational program planned and conducted for the development and improvement of necessary skills and knowledge for all facility personnel. Each program shall include but not be limited to:

(1) Orientation of all newly employed staff to all appropriate facility policies and procedures and specific job requirements.

(2) Prevention and control of infections.

(3) Fire prevention and safety.

(4) Cardiopulmonary resuscitation.

(5) All newly developed policies and procedures.

(6) Internal and external disaster plans.

(7) Applicable security policies and procedures of the correctional institution or detention facility.

(8) Suicide prevention techniques.

(b) Records shall be retained of all orientations and training and shall include date and time of training, title of presenter, summary of content and signatures of those attending.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79799. Inmate–Patients' Rights.

(a) Written policies regarding the rights and restrictions of inmate–patients admitted to a correctional treatment center shall be established and implemented, and made available to the inmate–patient and to the public. Inmate–patients will be afforded such rights as are commonly afforded to medical/mental patients and are consistent with jail or prison policies and procedures. Such policies and procedures shall ensure that each inmate–patient admitted to the correctional treatment center shall have the following rights and be notified of the treatment center's obligations:

(1) To be fully informed, prior to or at the time of admission and during his or her stay, of these rights and of all rules and regulations governing inmate–patient conduct.

(2) To be fully informed, prior to, or at the time of admission and during his or her stay, of services available in the correctional treatment center.

(3) To be fully informed by a physician of his or her medical condition and to be afforded the opportunity to discuss medical treatment.

(4) To give informed consent or to refuse any treatment or procedure or participation in experimental research.

(5) To be informed of and provided access to grievance forms and procedures.

(6) To be free from mental and physical abuse.

(7) To be free from chemical and (except in emergencies) clinical and treatment restraints except when necessary to protect the patient from injury to himself or to others.

(8) To be assured confidential treatment of personal and medical records and to approve or refuse their release to any individual outside the correctional treatment center, except in the case of transfer to another health care facility, or as required by law or third party payment contract.

(9) To be treated with consideration, respect, and full recognition of dignity and individuality, including privacy in treatment and in care of personal needs, when not in conflict with security and custodial policies.

(10) To refuse convulsive treatment including, but not limited to, any electroconvulsive treatment, any treatment of a mental condition which depends on the induction of a convulsion by any means, and insulin coma treatment.

(11) To refuse psychosurgery as defined in Section 5325 of the Welfare and Institutions Code.

(12) To review his or her medical or psychiatric record upon request and consistent with statutory and case law.

(b) An inmate–patient's rights, as set forth above, may be denied or limited only for good cause which shall be evidenced by the written order of the attending physician or other person lawfully authorized to prescribe care, and may only be denied or limited if such denial or limitation is required by the reasonable application of security procedures or is otherwise authorized by law or regulation. Reasons for denial or limitation of such rights shall be documented by the attending physician in the inmate–patient's health record.

(c) If a patient lacks the ability to understand these rights and the nature and consequences of proposed treatment, the patient's representative shall have the rights specified in this Section to the extent the right may devolve to another, unless the representative's authority is otherwise limited. The patient's incapacity shall be determined by a court in accordance with state law or by the patient's physician unless the physician's determination is disputed by the patient or patient's representative.

(d) These rights, written in English and Spanish, shall be prominently posted.

(e) Sections 863.1, 863.2, 865.2 and 865.5 of Title 9 of the California Code of Regulations pertaining to the assignment and duties of patients' advocate(s), good cause for denial of rights, and restoration of rights shall apply to every correctional treatment center, including the appointment of a patients' advocate for a correctional treatment center. These provisions are hereby incorporated by reference.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code; and Section 5325, Welfare and Institutions Code.

§ 79801. Clinical Restraint, Treatment Restraint, and Clinical Seclusion.

(a) Written policies and procedures concerning the use of clinical restraint, treatment restraint, and clinical seclusion shall be developed and approved by the correctional treatment center administration.

(b) Clinical restraint and clinical seclusion shall only be used on a written or verbal order of a psychiatrist or clinical psychologist. Clinical restraint shall additionally require a physician's or physician's assistant's or a nurse practitioner's (operating under the supervision of a physician) written or verbal approval. The order shall include the reason for restraint or seclusion and the types of restraints. Under emergency circumstances clinical restraint or clinical seclusion may be applied and then an approval and/or an order must be obtained as soon as possible, but at least within one hour of application. Emergency circumstances exist when there is a sudden marked change in the inmate–patient's condition so that action is immediately necessary for the preservation of life or the prevention of serious bodily harm to the inmate–patient or others, and it is impractical to first obtain an order and approval. Telephone orders and approvals for clinical restraint and clinical seclusion shall be received only by licensed medical and mental health care staff, shall be recorded immediately in the inmate–patient's health record, and shall be signed within twenty–four (24) hours.

(c) A physician shall complete a medical assessment of an inmate–patient at the earliest opportunity but not later than within twenty–four (24) hours after the inmate–patient has been placed in clinical restraint or clinical seclusion.

(d) Clinical restraint, treatment restraint, and clinical seclusion shall only be used as a measure to prevent injury to self or others. Clinical restraint, treatment restraint, and clinical seclusion shall only be used when less restrictive alternative methods are not sufficient to protect the inmate–patient or others from injury, and shall not be used as punishment or as a substitute for more effective programming or for the convenience of the staff. Removing an inmate–patient from an activity or area to another unlocked area for a period of time as a way to use separation as a behavioral modification technique shall not be considered clinical seclusion.

(e) Each order for clinical restraint and clinical seclusion shall be in force no longer than twenty–four (24) hours.

(f) There shall be no PRN orders (as needed orders) for clinical restraint and clinical seclusion.

(g) An inmate–patient placed in clinical restraint shall be physically checked at least every fifteen (15) minutes by nursing staff to assure that the restraints remain properly applied, that circulation is not impaired, that the inmate–patient is not in danger of harming himself or herself, and that other medical problems are not present. Routine range of motion exercises shall be done with clinically restrained inmate–patients. Fluids and nourishment shall be provided every two (2) hours, except during sleep. An inmate–patient placed in clinical seclusion shall be observed by nursing staff at least every fifteen (15) minutes. A written record shall
be kept of these checks and range of motion exercises and maintained in the individual inmate–patient's health record.

(h) The inmate–patient's health record shall include written justification for the application of clinical restraints, note the times of application and removal of restraints and document the inmate–patient's status and the judgment of the physician or clinical psychologist on the necessity for continuation of clinical restraints at a minimum of once every twenty–four (24) hours.

(i) Clinical and treatment restraints shall be used in such a way as to minimize the risk of physical injury to the inmate–patient and to ensure the least possible discomfort. Minimum force shall be used. Belts and cuffs shall be well padded.

(j) Clinical restraints shall be placed on inmate–patients only in an area that is under direct observation of staff. Such inmate–patients shall be afforded protection from other inmate–patients who may also be in the area.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code; and Section 5325, Welfare and Institutions Code.

§ 79803. Health Record Service.

(a) The correctional treatment center shall maintain a health record service in accordance with accepted professional standards and practices. The health record service shall have sufficient staff, facilities, and equipment, and be conveniently located to facilitate the accurate processing, checking, indexing and filing of all health records.

(b) The health record service shall be under the direction of a staff member with at least two years of training and experience in records administration, at a level of responsibility equivalent to a health record technician, or a medical record technician. This designated staff member shall be assisted by such qualified personnel as are necessary to conduct the service. A registered record administrator or accredited records technician shall provide consultation on at least a quarterly basis to designated staff members responsible for record administration.

(c) If a facility, in addition to inpatient services, is providing outpatient, emergency, day treatment, or crisis intervention service, a unit health record system shall be established.

(d) The facility shall have a continuing system of collecting and recording data that describe patients served in such form as to provide for continuity of care, program services, and data retrieval for program patient care evaluation and research. Health records shall be stored and systematically organized to facilitate retrieval of information. Retrievability shall be assured by the use of an acceptable coding system such as the latest version of the International Classification of Diseases (ICD–9).

(e) Policies and procedures shall be established and implemented to ensure the confidentiality of access to patient health information, in accordance with federal, state and local laws and acceptable standards of practice.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79805. Inmate–Patient Health Record Content.

(a) Each inmate–patient's health record for inpatient services shall consist of at least the following:

(1) Admission and discharge record identification data including, but not limited to, the following:

(A) Name.

(B) Inmate–patient identification number.

(C) Date of Birth.

(D) Sex.

(E) Marital status.

(F) Religion (optional on part of inmate–patient).

(G) Date of admission.

(H) Date of discharge.

(I) Name, address and telephone number of person or agency responsible for the inmate–patient, or next of kin.

(J) Initial diagnostic impression.

(K) Discharge or final diagnosis.

(2) Mental status.

(3) Admission medical history and physical within 24 hours of admission. This shall include written documentation of a Mantoux tuberculin skin test within the past year, unless a previously positive reaction can be documented or completion of adequate preventive therapy or adequate therapy for active disease can be documented. If no written documentation is available, the Mantoux tuberculin skin test shall be administered within 24 hours of admission, and recorded in millimeters of induration in the medical history.

(4) Dated and signed observations and progress notes recorded as often as the inmate–patient's condition warrants by the person responsible for the care of the inmate–patient.

(5) Consultation reports.

(6) Medication, treatment and diet orders.

(7) Social service evaluation, if applicable.

(8) Psychological evaluation, if applicable.

(9) Dated and signed health care notes including, but not limited to, the following:

(A) Patient care plan.

(B) Concise and accurate records of nursing care provided.

(C) Records of pertinent nursing observations of the inmate–patient and the inmate–patient's response to treatment.

(D) The reasons for the use of and the response of the inmate–patient to PRN medication administered and justification for withholding scheduled medications.

(E) Record of type of restraint, including time of application and removal.

(F) Rehabilitation evaluation, if applicable.

(G) Interdisciplinary treatment plan, if applicable.

(H) Progress notes including the patient's response to medication and treatment rendered and observation(s) of patient by all members of treatment team providing services to the patient.

(I) Medication records including name, dosage, and time of administration of medications, and treatments given. The route of administration and site of injection shall be recorded if other than by oral administration.

(J) Treatment records including group and individual psychotherapy, occupational therapy, recreational or other therapeutic activities provided.

(K) Vital sign record sheet.

(L) Consent forms as required, signed by the inmate–patient or the appropriate surrogate decision maker.

(M) All dental records, if applicable.

(N) Records of all laboratory tests ordered.

(O) Reports of all cardiographic or encephalographic tests performed.

(P) Reports of all X–ray examinations ordered.

(Q) All reports of special studies ordered.

(R) A discharge summary prepared by the admitting or primary care practitioner which shall recapitulate the significant findings and events of the inmate patient's treatment, his/her condition on discharge and the recommendation and arrangements for future care.

(S) Discharge or transfer information and continue care instructions.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79807. Inmate–Patient Health Record Availability.

(a) Records shall be kept on all inmate–patients admitted or accepted for treatment. All required records, either as originals or as accurate reproductions of the contents of such originals, shall be maintained in a confidential manner, and be legible, and readily accessible upon request of persons authorized by law to have access to such records including, but not limited to persons authorized pursuant to Health and Safety Code, Section 1795 et seq., those professional persons who are providing services to the patient and authorized representatives of the Department.

(b) The correctional treatment center shall safeguard the information in the record against loss, defacement, tampering, or use by unauthorized persons.

(c) Inmate–patient health records or reproductions thereof, shall be safely preserved for a minimum of seven years following discharge of the inmate–patient, except that the records of unemancipated minors shall be kept at least one year after such minor has reached the age of 18 years and, in any case, not less than seven years.

(d) If a correctional treatment center ceases operation, the Department shall be informed, within 48 hours prior to cessation, of the arrangements made for safe preservation of inmate–patient health records.

(e) Inmate–patient records shall be filed in an easily accessible manner in the facility or in an approved health record storage facility off the facility premises.

(f) Inmate–patient records shall be completed within 14 days following the inmate–patient's discharge.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79809. Transfer Summary.

A transfer summary shall accompany or precede the inmate–patient upon transfer to another facility where continuing care will be provided. The transfer summary shall include essential information relative to the inmate–patient's diagnosis, treatment course, medications, dietary requirements, known allergies and treatment plan.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79811. Fire and Internal Disasters.

(a) A written fire and internal disaster program, incorporating evacuation procedures, shall be developed with the assistance of local fire, safety and other appropriate experts. A copy of the program shall be available on the premises for review by the Department.

(b) The written program shall be implemented in the event of a fire, or internal or external disaster, and shall include but not be limited to the following:

(1) Plans for the assignment of personnel to specific tasks and responsibilities.

(2) Instructions relating to the use of alarm systems and signals.

(3) Information concerning methods of fire containment.

(4) Systems for notification of appropriate persons.

(5) Information concerning the location of fire fighting equipment.

(6) Identification of evacuation routes and procedures.

(7) Other provisions as the local situation dictates.

(c) Fire and internal and external disaster drills shall be held at least semi–annually for each shift of facility personnel and under various conditions. Actual evacuation of patients during a drill is optional.

(d) The evacuation plan shall be available in the correctional treatment center and shall include but not be limited to the following:

(1) Evacuation routes.

(2) Location of fire alarm boxes.

(3) Location of fire extinguishers.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79813. Custodial Personnel.

(a) Custodial personnel, or other nonmedical staff, may perform patient care support activities. At no time shall custodial personnel be used as replacements for required nursing staff.

(b) Custodial personnel assigned to the correctional treatment center shall receive orientation to the correctional treatment center and instruction in any patient care support activity they will perform prior to commencing the activity. Permitted inmate–patient care support activities, conducted in conjunction with nursing staff, may include:

(1) Supervision of ambulatory, self–care inmate–patients.

(2) The serving of meals to self–feed inmate–patients.

(3) The serving of snacks or nourishment to inmate–patients.

(4) Ambulating (exercising) independent, ambulatory inmate–patients.

(5) Holding or immobilizing a patient during a treatment or a diagnostic procedure.

(6) Observation of inmate–patient mental behavior in conjunction with regular observation performed by nursing staff.

(7) Cardiopulmonary resuscitation and first aid, in emergencies, by personnel certified to perform those specific activities.

(c) Custodial personnel shall not perform any inmate–patient care activity requiring any of the following:

(1) Medical record documentation.

(2) Specialized training or medical knowledge, except first aid and cardiopulmonary resuscitation by certified personnel.

(3) Medication or treatment administration.

(4) Direct inmate–patient treatment contact, e.g., bathing, feeding, repositioning, and dressings.

(d) Custodial personnel and other nonmedical staff assigned to the correctional treatment center shall be subject to the employee health requirements of Section 79795 of this Chapter.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79815. Inmate–Patient Identification.

Each inmate–patient shall be provided with a wristband identification tag or other means of identification which shall be worn at all times. Minimum information shall include the name of the inmate–patient and the name of the correctional treatment center and/or correctional institution.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79817. Equipment and Supplies.

(a) Equipment and supplies in each correctional treatment center shall be of the quality and in the quantity necessary for care of inmate–patients as ordered or indicated. At least the following items shall be provided and properly maintained at all times:

(1) Airways.

(2) Bedpans.

(3) Catheter equipment.

(4) Clerical supplies and equipment.

(5) Denture cups.

(6) Drug service trays and/or carts.

(7) Ear syringes.

(8) Emergency oxygen supply and equipment for administration.

(9) Emesis basins.

(10) Examination light.

(11) First aid supplies, as determined by the patient care policy committee.

(12) Flashlights.

(13) Gloves (sterile and unsterile).

(14) Ice caps.

(15) Intravenous therapy supplies, if the correctional treatment center provides such services.

(16) Medicine droppers.

(17) Medicine glasses, cups, or other small containers which are accurately calibrated.

(18) Mortar and pestle.

(19) Rectal speculum.

(20) Refrigerator with accurate thermometer.

(21) Rubber tubing.

(22) Scales for weighing all inmate–patients.

(23) Shower and commode chairs, wheelchairs, and walkers.

(24) Soap for bathing.

(25) Soap dishes or soap containers.

(26) Sphygmomanometers/cuffs.

(27) Sterile dressings.

(28) Stethoscopes.

(29) Suction apparatus.

(30) Suture tray.

(31) Suture removal equipment.

(32) Syringes and needles.

(33) Test supplies necessary to perform urine sugar and acetone testing.

(34) Thermometers.

(35) Tongue depressors.

(36) Urinals.

(37) Vaginal speculum, if applicable.

(38) Washbasins.

(39) Water pitchers and drinking vessels.

(b) The correctional treatment center shall provide current authoritative, pertinent, basic books, periodicals and reference materials related to all services provided. At least the following shall be provided:

(1) Dictionaries, medical and standard.

(2) Directories of available community resources.

(3) A selection of current health care publications.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

Article 6. Physical Plant and Safety

§ 79819. Alterations to Existing Buildings or New Construction.

(a) Alterations to existing buildings licensed as correctional treatment centers or new construction shall be in conformance with Chapter 10F, Part 2, Title 24, California Code of Regulations, other applicable sections of the California Building Standards Code, and the requirements of the State Fire Marshal.

(b) Facilities licensed or subject to licensure and in operation prior to the effective date of Title 24 regulations for correctional treatment centers shall not be required to institute corrective alternatives or construction to comply with such new requirements except where specifically required or where the Department determines that a definite hazard to health and safety exists. Any facility for which preliminary or working drawings and specifications have been approved by the Office of Statewide Health Planning and Development prior to the effective date of changes to construction

regulations shall not be required to comply with such new requirements provided substantial actual construction is commenced within one year of the effective date of the new requirements.

(c) Patients and/or correctional treatment center services shall not occupy buildings or spaces which have been remodeled or newly constructed without the written approval of the Department.

(d) The correctional treatment center shall maintain in operating condition all buildings, fixed equipment, utilities and spaces in the numbers and types as specified in the construction requirements under which the facility or unit was first licensed, unless the correctional treatment center has made alterations in compliance with subsequent requirements.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1275 and 15007, Health and Safety Code.

§ 79821. Space Conversion and Remodeling.

(a) Spaces approved for specific uses at the time of licensure shall not be converted to other uses or remodeled without the written approval of the Department, and shall also be in compliance with the requirements of the California Building Standards Code and the State Fire Marshal.

(b) Where remodeling, space conversion or new construction involves displacement or disruption of services which result in relocating a patient, the facility shall develop an implementation plan. Such plans shall be submitted to and be approved by the Department.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1276 and 15007, Health and Safety Code.

§ 79823. Inmate–Patient Capacity.

(a) A correctional treatment center shall not have more inmate–patient or beds set up for use than the number for which it is licensed, except in case of emergency when temporary permission may be granted by the Director or designee.

(b) Inmate–patients shall not be housed in areas which have not been approved by the Department for inmate–patient housing and which have not been given a fire clearance by the State Fire Marshal except as provided in subsection (a) above.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1275 and 15007, Health and Safety Code.

§ 79825. Fire Safety.

All correctional treatment centers shall be maintained in conformity with the regulations adopted by the State Fire Marshal for the prevention of fire and for protection of life and property against fire and panic. All correctional treatment centers shall secure and maintain fire safety clearance from the State Fire Marshal's office or its designee.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79827. Inmate–Patient Rooms.

(a) Each inmate–patient room shall be labeled with a number, letter, or combination of the two for identification.

(b) Inmate–patients shall be accommodated only in rooms meeting the space requirements of Section 1015F(a), Chapter 10F, Part 2, Title 24, California Code of Regulations.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79829. Inmate–Patient Room Furnishings.

(a) A clean, comfortable bed with a mattress, pillow, blankets, bed linen and provisions for the storage of personal items shall be provided for each licensed bed. All furnishings will be in good repair and suitable for special inmate–patient needs.

(b) Adjustable beds, side rails and overbed tables shall be provided as required by the inmate–patient's condition.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79831. Special Rooms.

Special rooms shall be maintained for the isolation of a single patient in the ratio of one room for each 35 beds or major fraction thereof. These rooms shall be used for isolation of inmate–patients with infectious disease, acute or terminal illness, or those who become agitated and create a disturbance. At least one special room shall be maintained with toilets, hand washing and bathing or showering facilities which are not shared with other inmate–patients. These rooms shall also comply with applicable provisions of the California Building Standards Code regarding isolation rooms.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79833. Provision for Emptying Bedpans.

(a) Bedpans shall be emptied and cleaned in soiled utility rooms or in toilets adjoining or within patients' rooms. Such toilets shall be equipped with flushing attachments for bedpan washing and vacuum breakers.

(b) Utility rooms shall be maintained in each correctional treatment center and shall be designed for separation of clean and dirty work areas. Separate clean and dirty utility rooms may be provided alternatively. Each utility room shall include a work counter, a hand washing fixture, and a rim flush clinic sink.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79835. Central Sterile Supply.

(a) The correctional treatment center shall have a sufficient supply of properly sterilized equipment and materials for the patient care needs.

(b) The correctional treatment center shall provide for the storage of a sufficient supply of sterile materials and shall have a system to dispense them throughout the correctional treatment center. The area in which the sterile materials are stored and dispensed shall be designated, equipped and staffed for this purpose.

(c) A specific person shall be designated to be in charge of the central sterile supply.

(d) There shall be written procedures developed and implemented pertaining to the preparation, handling and distribution of sterile supplies and equipment.

(e) There shall be effective separation of soiled or contaminated supplies and equipment from the clean or sterile supplies and equipment to prevent cross–contamination of the clean or sterile supplies and equipment.

(f) Sterile supplies and equipment shall be stored in clean cabinets, cupboards or on clean shelves. An orderly system of rotation and utilization of sterile supplies shall be used based on the shelf life of the wrap.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79837. Preparation of Sterile Supplies and Equipment.

(a) The processing and sterilizing of equipment and supplies shall be under the supervision of a person who has knowledge of principles of cleaning, sterilizing and infection control as evidenced by training and experience.

(b) Policies and procedures shall be developed, maintained and implemented on the proper decontamination, disinfection and sterilization of equipment and supplies. Procedures shall include, but not be limited to, the following:

(1) Proper techniques for utilization of the sterilization equipment, including the loading and unloading of equipment and supplies.

(2) Establishing the proper parameters for sterilization, e.g., temperature, pressure and period of exposure for steam sterilization.

(3) Length of aeration period of gas sterilized items.

(4) Packaging, labeling and dating of sterilized items, including date of sterilization and expiration of safe shelf life.

(5) A recall system including quarantine periods and procedures to be implemented in the event of a recall.

(c) The efficacy of the sterilization process shall be verified at least weekly by the use of appropriate biological indicators. All sterilized items shall be provided with appropriate physical indicators to verify that they have been exposed to the sterilization process. For gas sterilizers, a biological test shall be incorporated into each sterilizing cycle.

(d) Each sterilizer shall be identifiable to facilitate any necessary recall actions.

(e) Where appropriate, records shall be made of relevant sterilization parameters to confirm the adequacy of each sterilization cycle, and the records shall be retained for at least three years.

(f) Sterilizers shall be maintained in proper operating condition. A sterilizer no longer in use shall be conspicuously labeled as nonoperational and disconnected from steam or gas lines.

(g) If sterilized equipment and/or supplies are obtained from an outside source, the correctional treatment center shall assure that the provider meets the same or comparable standards as set forth in this regulation.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79839. Call Systems.

(a) A call system shall be maintained in operating order in all nursing units. Call systems shall be maintained to provide visible and audible signal communication between nursing personnel and patients. The minimum requirements shall be:

(1) A call station or stations providing readily accessible patient controls to each patient bed.

(2) A visible signal in the corridor above or adjacent to the door of each patient room.

(3) An audible signal and light, on a continuous or intermittent basis indicating the room from which the call originates shall be located at the nurses' stations. Alternate systems must be approved in writing by the Department.

(b) The call system shall be extended to each patient's toilet room, bathroom and shower room in locations easily accessible to the patients.

(c) The call systems shall be designed to require resetting at the place of origin unless a two–way voice communication component is included in the system.

(d) The requirements for call systems in psychiatric units serving ambulatory patients may be waived by the Department.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79841. General Maintenance.

(a) The correctional treatment center shall be in good repair and working order.

(b) The correctional treatment center shall have an organized program to ensure that the buildings and grounds are reasonably free of environmental hazards and nuisances which may adversely affect the health or well–being of patients, personnel and visitors.

(c) The fixed equipment of the correctional treatment center shall be in proper working order. The correctional treatment center shall have an organized program for the routine inspection, testing and maintenance of the hospital's fixed equipment including the heating, air conditioning and
ventilation systems, all fire warning and fire safety systems, and other building support systems which are identified by hospital policy as capable of creating a significant physical or environmental hazard if not properly maintained.

(d) The patient care equipment of the correctional treatment center shall be in proper working order. The correctional treatment center shall have an organized program for the routine inspection, maintenance and calibration of the correctional treatment center's diagnostic, therapeutic and other patient care equipment identified by correctional treatment center policies as posing a significant risk to patients if not properly maintained.

(e) The correctional treatment center's maintenance program for fixed and patient care equipment shall include the following:

(1) A written policy identifying the types of hospital equipment likely to cause risk to patients if not properly maintained.

(2) Written procedures specifying the scope of the inspection, testing and maintenance to be performed on the equipment. The procedures shall be consistent with current standards related to health care equipment established by nationally recognized safety agencies.

(3) Nominal inspection, testing and/or maintenance intervals for the equipment. Testing shall be performed prior to initial use and thereafter at intervals consistent with current standards established by nationally recognized safety agencies, but not exceeding 12 months. Inspection and/or testing shall be completed within 60 days of the established interval.

(4) Records documenting the inspection, testing and maintenance performed. Such records shall be maintained for at least three years.

(f) All equipment used for inspection and testing shall be included in the documented calibration program to assure its accuracy. Records shall be kept for at least three years.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79843. Housekeeping.

The correctional treatment center shall be kept in a clean, safe, orderly, and sanitary condition, free from offensive odors.

(a) Each correctional treatment center shall make provision for the routine cleaning of articles and surfaces such as furniture, floors, walls, ceilings, supply and exhaust grills and lighting fixtures with a detergent and/or disinfectant as appropriate.

(b) There shall be written policies and procedures developed and implemented to include but not limited to the following:

(1) Cleaning of occupied patient areas, nurses' stations, work areas, halls, entrances, storage areas, rest rooms, laundry, pharmacy and offices.

(2) Cleaning of specialized care areas such as operating rooms.

(3) Cleaning of isolation areas.

(4) Cleaning of kitchen and associated areas.

(5) Cleaning of walls and ceilings.

(6) Terminal cleaning of patient unit upon discharge of patient.

(7) Utilization of housekeeping cleaning supplies and equipment.

(c) The correctional treatment center shall designate a specific person to be in charge of the housekeeping services, who shall also participate in the correctional treatment center's infection control committee.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79845. Electrical Systems.

(a) The electrical system shall be in conformance with the California Building Standards Code.

(b) Emergency power and lighting.

(1) The emergency power system/generator shall be maintained in operating condition to provide automatic restoration of power to the correctional treatment center's essential systems within ten (10) seconds after the loss of primary power.

(2) The readiness of the batteries or other starting mechanism shall be verified at intervals not exceeding seven (7) days. The generator(s)

shall be started and run under the connected load for a period of not less than thirty (30) minutes at least once every thirty (30) days. Once a year the emergency power system/generator shall be operated under connected load until the engine has reached the normal operating temperatures specified by the manufacturer, but for a period of not less than five (5) hours.

(3) A written record of all tests and maintenance performed, inspection performance, exercising period and repairs shall be maintained and kept for three (3) years.

(c) The correctional treatment center shall have an electrical system which provides adequate levels of power and lighting in a safe manner to all of the facility's electrically powered equipment and systems.

(d) Electrical outlets shall be tested for proper polarity and tension upon installation and replacement. Electrical outlets in patient care areas shall be tested for tension at least annually.

(e) Environmental electrical safety conditions in patient care areas shall be checked at least annually. At a minimum, this shall include a visual inspection of the electrical outlets and light fixtures.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79847. Storage and Disposal of Solid Waste.

(a) Solid waste shall be stored and disposed of in a manner which minimizes the risk of transmitting communicable disease. These wastes shall not be a nuisance or a breeding place for insects or rodents nor be a food source for either.

(b) Solid waste containers shall be stored and located in a manner that will protect against odors.

(c) Syringes and needles shall be disposed of safely as biohazardous and/or radioactive waste in puncture proof containers, in accordance with Health and Safety Code Sections 25080 through 25082, pertaining to medical waste and, if applicable, the California Code of Regulations, Title 17, Chapter 5, Subchapter 4, Group 1, Article 1, Sections 30285 and 30289, pertaining to radioactive materials.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79849. Solid Waste Containers.

(a) All containers, used for storage or transporting of solid wastes, shall be in good repair and be leakproof and rodent proof.

(b) Movable containers shall additionally have the approval of the local health department if applicable.

(c) All containers holding or receiving medical or putrescible wastes shall have tight–fitting covers and shall be emptied at least every four (4) days, or more often if necessary.

(d) Solid waste containers shall be thoroughly washed and cleaned each time they are emptied unless soil contact surfaces have been completely protected from contamination by disposable liners, bags or other devices removed with the waste. Each movable bin shall provide for suitable access and a drainage device to allow complete cleaning at the storage area.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250, 1276, 25117 and 25117.5, Health and Safety Code.

§ 79851. Medical Waste.

Medical waste, as defined in Health and Safety Code Section 25023.2, shall be handled and disposed of in accordance with the Medical Waste Management Act, Health and Safety Code Section 25015 et seq. and the regulations adopted thereunder, California Code of Regulations, Title 22, Division 4, Chapter 21, Articles 1 through 4, commencing with Section 65600 and ending with Section 65628.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j), 1254 and 25023.2, Health and Safety Code.

§ 79853. Gases for Medical Use.

(a) Provision shall be made for safe handling and storage of medical gas cylinders, by the type of gas and its associated hazards.

(b) Transfer of gas by facility personnel from one cylinder to another is prohibited except when approved by the Department.

(c) The correctional treatment center shall insure that connections for different medical gas supplies are not interchangeable.

(d) Where a medical gas distribution system is provided, the correctional treatment center shall maintain a complete and current set of written test results which confirm that the proper gases are being provided at all of the system outlets. Testing shall be performed prior to initial use, and for all potentially affected outlets after any modification or breach of the system which could possibly result in a cross connection. The outlets shall be tested for conformance to appropriate gas delivery parameters e.g., flow and pressure and proper operation of the alarms.

(e) The correctional treatment center shall have a written procedure for ensuring an adequate supply of medical gases for normal and emergency operating conditions.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79855. Water Supply and Plumbing.

(a) Plumbing and drainage facilities shall be in compliance with the California Building Standards Code.

(b) Water for human consumption from an independent source, such as private wells, shall be subjected to bacteriological analysis by the local health department, State Department of Health Services or a licensed commercial laboratory at least every three (3) months. A copy of the most recent laboratory report shall be available for inspection.

(c) Plumbing fixtures including backflow preventers shall be maintained in operating condition.

(d) For hot water used by or readily accessible to patients, there shall be temperature controls to automatically regulate the temperature between 40.5^0C (105^0F) and 48.9^0C (120^0F).

(e) Hot water at a minimum temperature of 82.2^0C (180^0F) shall be maintained at the final rinse section of dish washing facilities unless alternate methods are approved by the Department.

(f) Taps delivering water at 51.6^0C (125^0F) or higher shall be identified prominently by warning signs with letters 5cm (2 inches) high.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79857. Lighting.

Adequate illumination shall be maintained for the comfort and safety of inmate–patients and staff, and shall be in compliance with the California Building Standards Code.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79859. Heating, Ventilating, and Air Conditioning.

(a) Heating, ventilating and air conditioning shall be in compliance with the California Building Standards Code and shall be maintained to assure the systems are in operating condition to provide comfortable environmental conditions.

(b) Air filters.

(1) All filters shall be inspected and tested at least every three (3) months and cleaned or replaced as necessary to maintain adequate ventilation flow rates and filtration integrity.

(2) Written records documenting air filter inspections, testing and servicing reports shall be maintained and kept for three (3) years.

(A) Testing shall include but not be limited to static pressure drop across each filter bank.

(B) Replacement filters shall have efficiency ratings not less than

the most recently permitted by the Office of Statewide Health Planning and Development for the subject air handling unit.

(C) Following filter replacement or cleaning, the installation shall be visually inspected for torn media and bypass in filter frames by means of a flashlight or equivalent, both with fans in operation and stopped. Tears in filter media and bypass in filter frames shall be eliminated in accordance with the manufacturer's directions and as required by the Department.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79861. Laundry Service.

(a) Laundry and linen.

(1) An adequate supply of serviceable clean linen shall be provided to meet the needs of the correctional treatment center. This shall include, but not be limited to, at least three (3) complete bed changes for the correctional treatment center's licensed bed capacity.

(2) There shall be written policies and procedures developed and implemented supporting infection control policies in the handling, storage, transportation and processing of linens. Such policies shall be reviewed and approved by the infection control committee.

(3) If the facility operates its own laundry, such laundry shall be:

(A) Located in such relationship to other areas that steam, odors, lint and objectionable noises do not reach patient care, dining or kitchen areas.

(B) Well–lighted, ventilated and adequate in size for the needs of the hospital and for safe operation.

(C) Maintained in a sanitary manner and kept in good repair.

(D) Not part of a storage area.

(4) The laundering of correctional treatment center linens shall comply with the following:

(A) All linens shall be washed using an effective soap or detergent and thoroughly rinsed to remove soap or detergent and soil. Linens shall be exposed to water at a minimum temperature of 71^0C (160^0F) for at least 24 minutes during the washing process, or a lower temperature of 60^0C (140^0F) for 24 minutes may be utilized if the linens are subsequently passed through a flatwork ironer at 110–115 feet per minute at a temperature of 300^0F. or a tumbler dryer at a temperature of 180^0F.

(B) The facility shall implement a procedure for affirming the efficacy of the laundry process, including quarterly sample testing procedures for bacterial, chemical and stain residue and overall fabric quality.

(5) Clean linen and soiled linen shall be stored in separate rooms of the facility. Linen storage rooms in the laundry area shall be adequate in size for the needs of the correctional treatment center and shall not be used for any other purpose.

(6) Laundry personnel shall be provided hand washing and toilet facilities at locations convenient to the laundry, to avoid traversing patient and dietary areas.

(7) Soiled and clean linen carts shall be so labeled and provided with covers made of washable or cleanable materials. The carts and covers shall be maintained in a clean condition. Linen carts used for the storage or transportation of dirty linen shall be thoroughly washed before being used for the storage and transportation of clean linen.

(8) If the correctional treatment center does not maintain a laundry service, the commercial laundry utilized shall meet the standards of this Section.

(b) Soiled linen.

(1) Soiled linen shall be handled, stored and processed in a safe manner to prevent the spread of infection.

(2) Policies and procedures shall be developed and implemented pertaining to linen from isolation rooms and pathology and linen soiled with chemotherapeutic agents or radioactive substances.

(3) Soiled linen shall be sorted in a separate enclosed room by a person instructed in methods of protection from contamination. This person shall not have responsibility for immediately handling clean linen until protective attire worn in the soiled linen area is removed, hands are washed, and other hospital infection control procedures observed.

(4) Soiled linen shall be stored and transported in a closed container which prevents airborne contamination of corridors, dietary areas and areas occupied by patients, and also precludes the cross–contamination of clean linen.

(5) Chutes shall not be used for transporting soiled linen in correctional treatment centers constructed after the effective date of this regulation. If chutes are utilized in correctional treatment centers constructed before the effective date of this regulation, they shall be maintained in a clean, sanitary state.

(c) Clean linen.

(1) Clean linen shall be sorted, handled and transported in such a manner as to prevent contamination.

(2) Clean linen carts shall be used only for the purpose of transportation or storage of clean linen.

(3) Staff persons processing clean linen shall be dressed in clean garments at all times while on duty, and shall not handle soiled linen unless appropriate infection control procedures are observed.

(4) Clean linen from a commercial laundry shall be delivered to the correctional treatment center completely wrapped and delivered to a designated clean area.

(5) Clean linen in patient care units shall be stored in clean locations such as ventilated closets or clean utility rooms.

(6) If clean linen is stored in the laundry area, it shall be stored in a room separate from the sorting room, laundry room or soiled linen room. A partial partition or a curtain does not meet the requirements of this subsection.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

Division 6. Licensing of Community Care Facilities

(Originally Printed 8–2–75)

Chapter 1. General Licensing Requirements

Article 1. General Definitions

§ 80000. General.

(a) The general regulations in this chapter shall apply to all community care facilities regulated by division 6, chapters 2 through 7 and chapter 9, except where specifically exempted. Additional or special requirements found in the corresponding chapters pertaining to each category shall apply only to such individual facility categories.

(b) The licensee shall ensure compliance with all applicable law and regulation.

NOTE: Authority cited: Sections 1530 and 1530.5, Health and Safety Code. Reference: Sections 5453 and 5458, Welfare and Institutions Code; Sections 1501, 1502, 1502(a)(7), 1530 and 1531, Health and Safety Code.

§ 80001. Definitions.

The following general definitions shall apply wherever the terms are used throughout division 6, chapters 1 through 7 and chapter 9, except where specifically noted otherwise. Additional definitions found at the beginning of each chapter in this division shall apply only to such specific facility category.

(a)(1) "Activities of Daily Living" (ADLs) mean the following six activities:

(A) Bathing: Cleaning the body using a tub, shower or sponge bath, including getting a basin of water, managing faucets, getting in and out of tub or shower, reaching head and body parts for soaping, rinsing and drying.

(B) Dressing: Putting on and taking off, fastening and unfastening garments and undergarments and special devices such as back or leg braces, corsets, elastic stockings/garments and artificial limbs or splints.

(C) Toileting: Getting on and off a toilet or commode, emptying a commode, managing clothes, wiping and cleaning the body after toileting, and using and emptying a bedpan and urinal.

(D) Transferring: Moving from one sitting or lying position to another sitting or lying position (e.g., from bed to or from a wheelchair, or sofa, coming to a standing position and/or repositioning to promote circulation and to prevent skin breakdown).

(E) Continence: Ability to control bowel and bladder as well as to use ostomy and/or catheter receptacles, and to apply diapers and disposable barrier pads.

(F) Eating: Reaching for, picking up, grasping a utensil and cup; getting food on a utensil; bringing food, utensil, and cup to mouth; manipulating food on plate; and cleaning face and hands as necessary following meal.

(2) "Administrator" means the licensee, or the adult designated by the licensee to act in his/her behalf in the overall management of the facility.

(3) "Adult" means a person who is 18 years of age or older.

(4) "Adult Community Care Facility" (Adult CCF) means adult residential facilities (ARF), social rehabilitation facilities (SRF), adult day care facilities (ADCF) and adult day support centers (ADSC).

(5) "Adult Day Care Facility" means any facility of any capacity which provides nonmedical care and supervision to adults on less than a 24–hour per day basis.

(6) "Adult Day Support Center" means a community based group program designed to meet the needs of functionally impaired adults through an individual plan of care in a structured comprehensive program that provides a variety of social and related support services in a protective setting on less than a 24–hour basis.

(7) "Adult Residential Facility" means any facility of any capacity which provides 24–hour a day nonmedical care and supervision to adults except elderly persons.

(8) "Applicant" means any individual, firm, partnership, association, corporation, county, city, public agency or other governmental entity that has made application for a community care facility license, administrator certificate, or special permit.

(9) "Authorized Representative" means any person or entity authorized by law to act on behalf of any client. Such person or entity may include but not be limited to a minor's parent, a legal guardian, a conservator or a public placement agency.

(10) "Automated External Defibrillator" (AED) means a light–weight, portable device used to administer an electric shock through the chest wall to the heart. Built–in computers assess the patient's heart rhythm, determine whether defibrillation (electrical shock) is needed and then administer the shock. Audible and/or visual prompts guide the user through the process.

(b)(1) "Basic Rate" means the rate charged by a facility to provide basic services. For SSI/SSP recipients, the basic rate means the established nonmedical out–of–home care rate which includes any exempt income allowance but does not include that amount allocated for the recipient's personal and incidental needs.

(2) "Basic Services" means those services required by applicable law and regulation to be provided by the licensee in order to obtain and maintain a community care facility license.

(c)(1) "Capacity" means the maximum number of persons authorized to be provided care and supervision at any one time in any licensed facility.

(2) "Care and Supervision" means any one or more of the following activities provided by a person or facility to meet the needs of the clients:

(A) Assistance in dressing, grooming, bathing and other personal hygiene.

(B) Assistance with taking medication, as specified in section 80075.

(C) Central storing and/or distribution of medications, as specified in section 80075.

(D) Arrangement of and assistance with medical and dental care.

(E) Maintenance of house rules for the protection of clients.

(F) Supervision of client schedules and activities.

(G) Maintenance and/or supervision of client cash resources or property.

(H) Monitoring food intake or special diets.

(I) Providing basic services as defined in section 80001(b)(2).

(3) "Cash Resources" means:

(A) Monetary gifts.

(B) Tax credits and/or refunds.

(C) Earnings from employment or workshops.

(D) Personal and incidental need allowances from funding sources including but not limited to SSI/SSP.

(E) Allowances paid to children.

(F) Any other similar resources as determined by the licensing agency.

(4) "Certified administrator" means an administrator who has been issued a group home or adult residential facility certificate by the Department and whose certificate is current.

(5) "Child" means a person who is under 18 years of age.

(6) "Child Abuse Central Index" means the California Department of Justice maintained statewide, multi–jurisdictional, centralized index of child abuse investigation reports. These reports pertain to alleged incidents of physical abuse, sexual abuse, mental/emotional abuse and/or severe neglect. Each child protection agency (police, sheriff, county welfare and probation departments) is required by law to forward to the California Department of Justice a report of every child abuse incident it investigates, unless an incident is determined to be unfounded.

(7) "Child Abuse Central Index Clearance" means that the

California Department of Justice has conducted a name search of the index and the search did not result in a match or the search resulted in a match but the California Department of Social Services determined after an investigation that the allegation of child abuse or neglect was not substantiated.

(8) "Child Care Center" means any facility of any capacity other than a family day care home as defined in section 102352f.(1) in which less than 24–hour per day nonmedical supervision is provided for children in a group setting.

(9) "Client" means a child or adult who is receiving care and supervision in a community care facility. Client includes "resident" as used in the Community Care Facilities Act.

(10) "Client Who Relies Upon Others To Perform All Activities of Daily Living" means a client who is unable to perform all six activities of daily living without physical assistance.

(11) Close friend. "Close friend" means a person who is attached to another by feelings of personal regard as indicated by both parties involved.

(12) "Community Care Facility" means any facility, place or building where nonmedical care and supervision, as defined in section 80001c.(2) are provided.

(13) "Community Treatment Facility" means any residential facility that provides mental health treatment services to children in a group setting which has the capacity to provide secure containment. The facility's program components shall be subject to program standards developed and enforced by the State Department of Mental Health pursuant to Section 4094 of the Welfare and Institutions Code.

(14) "Completed Application" means:

(A) The applicant has submitted and the licensing agency has received all required materials including: an approved fire clearance, if appropriate, from the State Fire Marshal; a criminal record clearance on the applicant and any other individuals specified in section 80019.

(B) The licensing agency has completed a site visit to the facility.

(15) "Conservator" means a person appointed by the Superior Court pursuant to the provisions of section 1800 et seq. of the Probate Code or section 5350 of the Welfare and Institutions Code, to care for the person, or estate, or person and estate, of another.

(16) "Consultant" means a person professionally qualified by training or experience to provide expert information on a particular subject.

(17) "Control of Property" means the right to enter, occupy, and maintain the operation of the facility property within regulatory requirements. Evidence of control of property may include, but is not limited to the following:

(A) a Grant Deed showing ownership; or

(B) the lease agreement or rental agreement; or

(C) a court order or similar document which shows the authority to control the property pending outcome of a probate proceeding or an estate settlement.

(18) "Conviction" means:

(A) A criminal conviction in California; or

(B) Any criminal conviction of another state, federal, military or other jurisdiction, which if committed or attempted in California, would have been punishable as a crime in California.

(19) "Criminal Record Clearance" means an individual has a California Department of Justice clearance and an FBI clearance.

(d)(1) "Day" means calendar day unless otherwise specified.

(2) "Deficiency" means any failure to comply with any provision of the Community Care Facilities Act (Health and Safety Code, section 1500 et seq.) and/or regulations adopted by the Department pursuant to the Act.

(3) "Delayed–Egress Device" means a special time–delay, egress–control device as specified in Health and Safety Code Sections 1531.1(b), (e), and 1569.699(a).

(4) "Dementia" means a deterioration of intellectual function and other cognitive skills, leading to a decline in one's ability to perform activities of daily living.

(5) "Department" is defined in Health and Safety Code section 1502(b).

(6) "Department of Justice Clearance" means an individual has no felony or misdemeanor convictions reported by the California Department of Justice. However, the individual may have been arrested with no criminal conviction, convicted of a minor traffic offense or adjudicated as a juvenile.

(7) "Developmental Disability" means a disability as defined in Welfare and Institutions Code section 4512(a).

(8) "Dietitian" means a person who is a member of or registered by the American Dietetics Association.

(9) "Director" is defined in Health and Safety Code section 1502(c).

(e)(1) "Egress–Alert Device" means a wrist band or other device, that may be worn by a client or carried on a client's person that triggers a visual or auditory alarm when the client leaves the facility building or grounds.

(2) "Elderly Person" means any person who is 60 years of age or older.

(3) "Emergency Approval to Operate" (LIC 9117 4/93) (EAO) means a temporary approval to operate a facility for no more than 60 days pending the Department's decision on whether to approve or deny a provisional license.

(4) "Evaluator" means any person who is a duly authorized officer, employee or agent of the Department, including any officer, employee or agent of a county or other public agency authorized by the Department to license community care facilities.

(5) "Evidence of Licensee's Death" shall include, but is not limited to, a copy of the death certificate, obituary notice, certification of death from the decedent's mortuary or a letter from the attending physician or coroner's office verifying the licensee's death.

(6) "Exception" means a written authorization issued by the licensing agency to use alternative means which meet the intent of a specific regulation(s) and which are based on the unique needs or circumstances of a specific client(s) or staff person(s). Exceptions are granted for particular client(s) or staff person(s) and are not transferable or applicable to other client(s), staff person(s), facilities or licensees.

(7) "Exemption" means an exception to the requirements of Health and Safety Code section 1522 and applicable regulations. Exemptions are not transferable.

(8) "Existing Facility" means any community care facility operating under a valid, unexpired license on the date this chapter becomes effective.

(f)(1) "Federal Bureau of Investigation (FBI) Clearance" means an individual has no felony or misdemeanor convictions reported by the FBI. However, the individual may have been arrested with no criminal conviction, convicted of a minor traffic offense or adjudicated as a juvenile.

(g)(1) "Group Home" means any facility of any capacity which provides 24–hour care and supervision to children in a structured environment with such services provided at least in part by staff employed by the licensee. The care and supervision provided by a group home shall be nonmedical except as permitted by Welfare and Institutions Code Section 17736(b).

(2) "Guardian" means a person appointed by the Superior Court pursuant to the provisions of sections 1500 et seq. of the Probate Code to care for the person, or estate, or the person and estate of another.

(h)(1) "Health Condition Relocation Order" means written notice by the Department to a licensee requiring the relocation of a client from a CCF because either the licensee is not providing adequate care for a client's health condition as required by the regulations or the client cannot be cared for within the limits of the license or the client

requires in–patient care in a health facility or has a prohibited health condition, as specified in Section 80091.

(2) "Home Economist" means a person who holds a baccalaureate degree in home economics with a specialization in either foods and nutrition or dietetics.

(i)(1) "Infant" means a child under two years of age.

(2) "Inhalation–assistive device" means any equipment that assists a client to breath, including, but not limited to, aerosol delivery devices, nebulizers, humidifiers, incentive spirometry devices, positive airway pressure devices, positive expiratory pressure devices, and intermittent positive pressure breathing (IPPB) machines.

(3) "Interdisciplinary Team" (IDT) means a team that assists the Department in evaluating the need for relocating a client of an ARF or an SRF when the client requests a review of the Department's Health Condition Relocation Order. This team consists of a nurse practitioner and a social worker, designated by the Department, with experience in the needs of the client population. Persons selected for an IDT shall not have been involved in the initial decision to issue a relocation order for the client in question.

(j) (Reserved)

(k) (Reserved)

(*l*)(1) "License" means authorization to operate a community care facility and to provide care and supervision. The license is not transferable.

(2) "Licensed professional" means a person who is licensed in California to provide medical care or therapy. This includes physicians and surgeons, physician assistants, nurse practitioners, registered nurses, licensed vocational nurses, psychiatric technicians, physical therapists, occupational therapists and respiratory therapists, who are operating within his/her scope of practice.

(3) "Licensee" means the adult, firm, partnership, association, corporation, county, city, public agency, or other governmental entity having the authority and responsibility for the operation of a licensed community care facility.

(4) "Licensing Agency" means the State Department of Social Services or any state, county or other public agency authorized by the Department to assume specified licensing responsibilities pursuant to section 1511 of the Health and Safety Code.

(m)(1) "Medical Professional" means an individual who is licensed or certified in California to perform the necessary medical procedures within his/her scope of practice. This includes, but is not limited to, Medical Doctor (MD), Registered Nurse (RN) and Licensed Vocational Nurse (LVN).

(2) "Mental Disorder" means any of the disorders set forth in the Diagnostic and Statistical Manual of Mental Disorders (Third Edition) of the American Psychiatric Association and a degree of functional impairment which renders a person eligible for the services enumerated under the Lanterman–Petris–Short Act, commencing with section 5000 of the Welfare and Institutions Code.

(n)(1) "Needs and Services Plan" means a written plan that identifies the specific needs of an individual client, including those items specified in Section 80068.2, and delineates those services necessary to meet the client's identified needs.

(2) "Nonambulatory Person" means a person as defined in Health and Safety Code section 13131.

(A) A person who uses postural supports as specified in section 80072(a)(8) is deemed nonambulatory.

(B) A person is not deemed nonambulatory solely because he/she is deaf, blind, or prefers to use a mechanical aid.

(3) "Nutritionist" means a person who holds a master's degree in food and nutrition, dietetics, or public health nutrition, or who is employed as a nutritionist by a county health department.

(o) (Reserved)

(p)(1) "Physician" means a person licensed as a physician and surgeon by the California Board of Medical Examiners or by the California Board of Osteopathic Examiners.

(2) "Placement agency" is defined in Health and Safety Code Sections 1536.1 and 1569.47(a).

(3) "PRN Medication" (pro re nata) means any nonprescription or prescription medication which is to be taken as needed.

(4) "Provision" or "Provide" means whenever any regulation requires that provisions be made for or that there be provided any service, personnel, or other requirement, the licensee shall do so directly or present evidence to the licensing agency that the requirement has been met by some other means.

(5) "Provisional License" means a license which is temporary, nonrenewable and issued for a period not to exceed twelve months. A provisional license is issued in accordance with the criteria specified in section 80030.

(q) (Reserved)

(r)(1) "Rehabilitation" means that period of time, together with any education, counseling or therapy, training, stable employment, restitution, remorse, changes in lifestyle, or community service, which assist an individual in reestablishing good character.

(2) "Relative" means spouse, parent, stepparent, son, daughter, brother, sister, stepbrother, stepsister, half–brother, half–sister, uncle, aunt, niece, nephew, first cousin or any such person denoted by the prefix "grand" or "great" or the spouse of any of the persons specified in this definition, even after the marriage has been terminated by death or dissolution.

(3) "Responsible person" means that individual or individuals, including a relative, health care surrogate decision maker, or placement agency, who assists the client or prospective client in placement or assumes varying degrees of responsibility for the client's well–being. A responsible person cannot act on behalf of a client unless authorized by law.

(s)(1) "Serious Deficiency" means any deficiency that presents an immediate or substantial threat to the physical health, mental health or safety of the clients of a community care facility.

(2) "Simplified Exemption" means an exemption granted on the Department's own motion, as authorized in Health and Safety Code Section 1522(c)(4), if the individual's criminal history meets specific criteria established by Department regulation.

(3) "Small Family Home" means any residential facility in the licensee's family residence providing 24–hour a day care for six or fewer children who are mentally disordered, developmentally disabled or physically handicapped and who require special care and supervision as a result of such disabilities.

(4) "Social Rehabilitation Facility" means any facility which provides 24–hour–a–day nonmedical care and supervision in a group setting to adults recovering from mental illness who temporarily need assistance, guidance or counseling.

(5) "Social Worker" means a person who has a graduate degree from an accredited school of social work.

(6) "SSI/SSP" means the Supplemental Security Income/State Supplemental Program which is a federal/state program that provides financial assistance to aged, blind and/or disabled residents of California.

(7) "Substantial Compliance" means the absence of any serious deficiencies.

(8) "Substantiated Complaint" means a complaint which has been investigated by the licensing agency, and as a result, a violation of regulations has been found.

(t)(1) "Transfer Trauma" means the consequences of the stress and emotional shock caused by an abrupt, involuntary relocation of a client or resident from one facility to another.

(u)(1) "Universal Precautions" means an approach to infection control that treats all human blood and body fluids as if they are infectious. Generally, Universal Precautions consist of regular

hand–washing after coming into contact with another person's body fluids (mucous, saliva, urine, etc.) and includes the use of gloves when handling blood or body fluids that contain blood. Specifically, Universal Precautions consist of the following four basic infection control guidelines:

(A) Hand–washing — Staff should wash their hands:

1. After assisting with incontinent care or wiping a client's nose.

2. Before preparing or eating foods.

3. After using the toilet.

4. Before and after treating or bandaging a cut.

5. After wiping down surfaces, cleaning spills, or any other housekeeping.

6. After being in contact with any body fluids from another person.

7. Even if they wore gloves during contact with body fluids.

(B) Gloves — Staff should always wear gloves:

1. When they come into contact with blood or body fluids that contain blood.

2. When they have cuts or scratches on their hands.

3. When assisting with incontinent care or when cleaning up urine, stool, or vomit.

4. When administering first aid for a cut, a bleeding wound, or a bloody nose.

5. And use gloves only one time, for one incident or client.

a. Staff must air dry their hands prior to putting on a new pair of gloves.

6. And dispose of used gloves immediately after use.

(C) Cleaning with a disinfectant — Staff should clean with a disinfectant:

1. On all surfaces and in the client's room and on an "as needed" basis on any surface that has come into contact with blood.

2. Such as a basic bleach solution, made fresh daily by mixing:

a. 1/4 cup household liquid chloride bleach in one gallon of tap water, or one tablespoon bleach in one quart of water.

(D) Proper disposal of infectious materials — Staff should dispose of infectious materials by:

1. Placing it in a plastic trash bag, tying it with a secure tie, and disposing of it out of reach of clients and children.

(2) "Unlicensed Community Care Facility" means a facility as defined in Health and Safety Code section 1503.5.

(A) [Reserved]

(B) A facility which is "providing care and supervision" as defined in section 80001c(2) includes, but is not limited to, one in which an individual has been placed by a placement agency or family members for temporary or permanent care.

(C) A facility which is "held out as or represented as providing care or supervision" includes, but is not limited to:

(1) A facility whose license has been revoked or denied, but the individual continues to provide care for the same or different clients with similar needs.

(2) A facility where a change of ownership has occurred and the same clients are retained.

(3) A licensed facility that moves to a new location.

(4) A facility which advertises as providing care and/or supervision.

(D) A facility which "accepts or retains residents who demonstrate the need for care or supervision" includes, but is not limited to:

(1) A facility with residents requiring care and/or supervision, even though the facility is providing board and room only, or board only, or room only.

(2) A facility which houses unemancipated minors, even though the facility is providing board and room only, or board only, or room only.

(3) A facility where it is apparent that care and/or supervision are being provided by virtue of the client's needs being met.

(2) "Urgent Need" means a situation where prohibiting the operation of the facility would be detrimental to a client's physical health, mental health, safety, or welfare. Circumstances constituting urgent need include but are not limited to the following:

(A) A change in facility location when clients are in need of services from the same operator at the new location.

(B) A change of facility ownership when clients are in need of services from a new operator.

(v) (Reserved)

(w)(1) "Waiver" means a nontransferable written authorization issued by the licensing agency to use alternative means which meet the intent of a specific regulation and which are based on a facility–wide need or circumstance.

(x) (Reserved)

(y) (Reserved)

(z) (Reserved)

NOTE: Authority cited: Sections 1502, 1522.41(j), 1524(e), 1530 and 1530.9, Health and Safety Code. Reference: Sections 1501, 1502, 1502(a)(7) and (8), 1502.5, 1503, 1503.5, 1505, 1507, 1508, 1509, 1511, 1520, 1522, 1524, 1524(e), 1525, 1525.5, 1526, 1527, 1530, 1530.5, 1531, 1531.1, 1533, 1534, 1536.1, 1537, 1538.5, 1550, 1551, 1556, 1569.699(a), 1797.196 and 11834.11, Health and Safety Code; Sections 5453, 5458, 11006.9 and 17736(a) and (b), Welfare and Institutions Code; and 29 CFR 1910.1030.

Article 2. License

§ 80005. License Required.

(a) Unless a facility is exempt from licensure as specified in Section 80007, no adult, firm, partnership, association, corporation, county, city, public agency or other governmental entity shall operate, establish, manage, conduct or maintain a community care facility, or hold out, advertise or represent by any means to do so, without first obtaining a current valid license from the licensing agency.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1505, 1508, 1509, 1513 and 1531, Health and Safety Code.

§ 80006. Operation Without a License.

(a) An unlicensed facility is providing care and supervision as defined in section 80001u.(2), the facility is in violation of Sections 1503.5 and/or 1508 of the Health and Safety Code unless exempted from licensure pursuant to section 80007.

(b) If the facility is alleged to be in violation of Sections 1503.5 and/or 1508 of the Health and Safety Code, the licensing agency shall conduct a site visit and/or evaluation of the facility pursuant to Health and Safety Code section 1538.

(c) If the facility is operating without a license, the licensing agency shall issue a notice of operation in violation of law and shall refer the case for criminal prosecution and/or civil proceedings.

(d) The licensing agency shall have the authority to issue an immediate civil penalty pursuant to section 80058 and section 1547 of the Health and Safety Code.

(e) Sections 80006(c) and (d) shall be applied pursuant to section 1549 of the Health and Safety Code.

(f) The licensing agency shall notify the appropriate placement or protective service agency if either of the following conditions exist:

(1) There is an immediate threat to the clients' health and safety.

(2) The facility does not submit an application for licensure within 15 calendar days of being served a notice of operation in violation of law.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1503.5, 1505, 1508, 1533, 1538, 1540, 1540.1, 1541, 1547 and 1549, Health and Safety Code.

§ 80007. Exemption from Licensure.

(a) The community care facility regulations contained in this division shall not apply to any of the following:

(1) Any health facility, as defined by section 1250 of the Health and Safety Code.

(2) Any clinic, as defined by section 1202 of the Health and Safety Code.

(3) Any family day care home providing care for the children of only one family, in addition to the operator's own children.

(4) Any juvenile placement facility approved by the California Youth Authority or any juvenile hall operated by a county.

(5) Any facility conducted by and for the adherents of any well–recognized church or religious denomination for the purpose of providing facilities for the care or treatment of the sick who depend upon prayer or spiritual means for healing in the practice of the religion of such church or denomination.

(6) Any school dormitory or similar facility where all of the following conditions exist:

(A) The school is certificated/registered by the State Department of Education.

(B) The school and the school dormitory are on the same grounds.

(C) All children accepted by the school are six years of age or older.

(D) The program operates only during normal school terms unless the academic program runs year–round.

(E) The school's function is educational only.

(F) The school program is not designated as providing rehabilitative or treatment services.

(G) The school's function does not promote intent to provide community care services, and the facility does not accept children who are in need of such services, including but not limited to children with developmental disabilities, mental disorders or physical handicaps; juveniles declared dependents of the court under Welfare and Institutions Code section 300, and juveniles declared wards of the court under Welfare and Institutions Code sections 601 and 602.

(H) The facility does not receive any public funds designated for care including but not limited to AFDC–FC and SSI/SSP. The facility shall be permitted to receive public funds intended for educational programs.

(I) No public or private agency, including but not limited to county welfare department and probation offices, provides social services to children in the facility.

(7) Any house, institution, hotel, homeless shelter, or other similar place that supplies board and room only, or room only, or board only, which provides no element of care and supervision, as defined in section 80001(c)(2).

(8) Any cooperative arrangement between parents for the day care of their children by one or more of the parents where no payment for the day care is involved, including but not limited to the exchange of child day care services between two or more families.

(9) Any care and supervision of persons by a relative, guardian or conservator.

(10) Any care and supervision of persons from only one family by a close friend of the parent, guardian or conservator, provided that such arrangement is not for financial profit and does not exceed 10 hours per week.

(A) Provision of longer hours of care shall not be precluded when provided for a brief period of time for reasons, including but not limited to family emergencies, vacation, and military leave.

(11) Any arrangement for the care and supervision of an adult or adults from only one family by a close friend, who is not a licensee or current employee of a Residential Care Facility for the Elderly or of an Adult Residential Facility, and whose friendship pre–existed a provider/recipient relationship, and all of the following are met:

(A) The care and supervision is provided in a home or residence chosen by the recipient, regardless of who owns the home or residence.

(B) The arrangement is not of a business nature, in that the provider does not represent himself or herself as being in the business of provision of care, and any compensation that may be paid to the provider is only for the value of the services rendered.

(C) The arrangement occurs and continues only as long as the needs for care and supervision of the recipient are being adequately met.

(12) Any facility exclusively used by a licensed homefinding agency and issued a certificate of approval by that agency.

(A) Such facilities shall not be required to obtain a license, but shall be in compliance with all other requirements set forth in this division. The facility's compliance with requirements shall be monitored through and assured by the homefinding finding agency. For the purposes of this section, an exclusive–use facility shall mean a nonlicensed residential facility that has been certified by a licensed homefinding agency as conforming to the regulations pertaining to the small family home category. A facility in the exclusive use of a licensed homefinding agency shall accept only those children placed by that agency which certified the home.

(13) A home which meets all of the following criteria:

(A) approved by a licensed adoption agency, or the Department, for the adoptive placement of a child, and

(B) the child is legally free for adoption, and

(C) the agency or the Department is providing supervision of the placement pending finalization of the adoption.

(14) A home which meets all of the following criteria:

(A) placement for adoption by a birth parent, and

(B) a petition for adoption has been filed by the prospective adoptive parents, and is pending, and

(C) a final decision on the petition has not been rendered by the court.

(15) Any placement agency as defined in Health and Safety Code section 1536.1 or an individual who places individuals for care in a facility licensed to receive and care for such persons.

(16) A county probation or welfare department which places children in certified license pending homes as set forth in section 87007.1.

(17) Any housing project for elderly or disabled individuals that meets federal requirements specified in Health and Safety Code Section 1505(p).

(18) The Department.

(19) Any similar facility as determined by the Director.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1502, 1505, 1508, 1530, 1530.5 and 1536.1, Health and Safety Code; Sections 362, 727 and 16100, Welfare and Institutions Code; and *Grimes v. CDSS* (1999) 70 Cal.App.4th 1065.

§ 80008. Licensing of Integral Facilities.

(a) Upon written application from the licensee, the licensing agency shall have the authority to issue a single license for separate buildings which might otherwise require separate licenses provided that all of the following requirements are met:

(1) Separate buildings or portions of the facility are integral components of a single program.

(2) All components of the program are managed by the same licensee.

(3) All components of the program are conducted at a single site with a common address.

(b) If (a) above does not apply, each separately licensed component of a single program shall be capable of independently meeting the provisions of applicable regulations as determined by the licensing agency.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1508, 1509 and 1513, Health and Safety Code.

§ 80010. Limitations on Capacity and Ambulatory Status.

(a) A licensee shall not operate a facility beyond the conditions and limitations specified on the license, including the capacity limitation.

(b) Facilities or rooms approved for ambulatory clients only shall not be used by nonambulatory clients.

(1) Clients whose condition becomes nonambulatory shall not use rooms or areas restricted to ambulatory clients.

(2) The licensing agency shall have the authority to require clients who use ambulatory sections of the facility to demonstrate that they are ambulatory.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1528 and 1531, Health and Safety Code.

§ 80011. Advertisements and License Number.

(a) Licensees shall reveal each facility license number in all advertisements in accordance with Health and Safety Code section 1514. Adult Day Care Facilities and Social Day Care Facilities shall be exempt from this requirement.

(b) Correspondence shall be considered a form of advertisement if the intent is to attract clients.

(c) Licensees who operate more than one facility and use a common advertisement for these facilities shall be required to list each facility license number in accordance with Health and Safety Code section 1514.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Section 1514, Health and Safety Code.

§ 80012. False Claims.

(a) No licensee, officer, or employee of a licensee shall make or disseminate any false or misleading statement regarding the facility or any of the services provided by the facility.

(b) No licensee, officer, or employee of a licensee shall alter a license, or disseminate an altered license.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1508 and 1531, Health and Safety Code.

Article 3. Application Procedures

§ 80017. Applicant Qualifications.

(a) Any adult shall be permitted to apply for a license regardless of age, sex, race, religion, color, political affiliation, national origin, disability, marital status, actual or perceived sexual orientation, or ancestry.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1520 and 1528, Health and Safety Code; and Section 51, Civil Code.

§ 80018. Application for License.

(a) Any adult, firm, partnership, association, corporation, county, city, public agency or other governmental entity desiring to obtain a license shall file with the licensing agency a verified application on forms furnished by the licensing agency.

(b) Prior to filing an application, the applicant shall attend an orientation designed for the specific facility type and provided by the licensing agency.

(1) The orientation shall cover, but not be limited to, the following areas:

(A) Completion of the application for license.

(B) Scope of operation subject to regulation by the department.

(2) An applicant, who is already licensed for a facility in the same category, shall not be required to attend an orientation if the last orientation attended was for the same facility type and within two (2) years of the next scheduled orientation.

(3) An applicant applying for more than one facility license, in the same facility type, shall be required to attend only one orientation.

(c) The applicant/licensee shall cooperate with the licensing agency in providing verification and/or documentation as requested by the licensing agency.

(d) The application and supporting documents shall contain the following:

(2) Name, and residence and mailing addresses of applicant.

(A) If the applicant is a partnership, the name, and principal business address of each partner.

(B) If the applicant is a corporation or association, the name, title and principal business address of each officer, executive director and member of the governing board.

(C) If the applicant is a corporation which issues stock, the name and address of each person owning more than 10 percent of stock in such corporation.

(D) If the applicant is a corporation or association, a copy of the articles of incorporation, constitution and by–laws.

(E) If the applicant is a corporation, each member of the board of directors, executive director, and any officer shall list the name of facilities which they have been licensed to operate, employed by or a member of the board of the directors, executive director or an officer.

(3) Name and address of owner of facility premises if applicant is leasing or renting.

(4) Procedures as required pursuant to Section 1524.5 of the Health and Safety Code.

(5) The category of facility to be operated.

(6) Maximum number of persons to be served.

(7) Age range, sex and the categories of persons to be served, including but not limited to persons with developmental disabilities, mental disorders, physically handicapped and/or nonambulatory persons.

(8) Hours or periods of facility operation.

(9) Name of administrator, if applicable.

(10) Information required by Health and Safety Code Section 1520(d).

(11) Information required by Health and Safety Code Section 1520(e).

(12) Name, address and telephone number of the city or county fire department, the district providing fire protection services, or the State Fire Marshal's Office having jurisdiction in the area where the facility is located.

(13) A plan of operation as specified in Section 80022.

(14) Fingerprint cards as specified in Section 80019.

(15) Information required by Health and Safety Code Section 1522.1.

(16) The bonding affidavit specified in Section 80025(a).

(17) A health screening report on the applicant as specified in Section 80065(g).

(18) The fee for processing the application by the requested capacity as specified in Section 80036.

(19) Such other information as may be required pursuant to Section 1520(g) of the Health and Safety Code.

(e) The application shall be signed by the applicant.

(1) If the applicant is a partnership, the application shall be signed by each partner.

(2) If the applicant is a firm, association, corporation, county, city, public agency or other governmental entity, the application shall be signed by the chief executive officer or authorized representative.

(f) The application shall be filed with the licensing agency which serves the geographical area in which the facility is located.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1520, 1520.11, 1522, 1522.1, 1523.1, 1524.5 and 1560, Health and Safety Code.

§ 80019. Criminal Record Clearance.

(a) The Department shall conduct a criminal record review of all individuals specified in Health and Safety Code Section 1522(b) and shall have the authority to approve or deny a facility license, or employment, residence, or presence in the facility, based upon the results of such review.

[Sections 80019(b) et seq. are to be effective on January 1, 2001.]

(b) The following persons are exempt from the requirement to submit fingerprints:

(1) A medical professional, as defined by the Department in regulations, who holds a valid license or certification from the individual's governing California medical care regulatory entity and who is not employed, retained, or contracted by the licensee, if all of the following apply:

(A) The criminal record of the individual has been cleared as a condition of licensure or certification by the individual's California medical care regulatory entity.

(B) The individual is providing time–limited specialized clinical care or services.

(C) The individual is providing care or services within the individual's scope of practice.

(D) The individual is not a community care facility licensee or an employee of the facility.

(2) A third–party repair person, or similar retained contractor, if all of the following apply:

(A) The individual is hired for a defined, time–limited job.

(B) The individual is not left alone with clients.

(C) When clients are present in the room in which the repairperson or contractor is working, a staff person who has a criminal record clearance or exemption is also present.

(3) Employees of a licensed home health agency and other members of licensed hospice interdisciplinary teams who have a contract with a client of the facility, and are in the facility at the request of that client or resident's legal decision maker.

(A) The exemption shall not apply to a person who is a community care facility licensee or an employee of the facility.

(4) Clergy and other spiritual caregivers who are performing services in common areas of the residential care facility, or who are advising an individual client at the request of, or with the permission of, the client.

(A) This exemption shall not apply to a person who is a community care facility licensee or an employee of the facility.

(5) Members of fraternal, service and similar organizations who conduct group activities for clients, if all of the following apply:

(A) Members are not left alone with the clients.

(B) Members do not transport clients off the facility premises.

(C) The same group does not conduct such activities more often than once a month.

(6) The following persons in small family homes:

(A) Adult friends and family of the licensee who come into the home to visit, for a length of time no longer than one month, provided they are not left alone with the children.

(B) Parents of a child's friends when the child is visiting the friend's home and the friend, foster parent or both are also present.

(7) The following persons in adult day care and adult day support centers unless contraindicated by the client's individualized program plan (IPP), or needs and service plan:

(A) A spouse, significant other, relative, close friend of a client.

(B) An attendant or facilitator for a client with a developmental disability if the attendant or facilitator is not employed, retained or contracted by the licensee.

(C) The exemptions in Section 80019(b)(8)(A) or (B) apply only if the person is visiting the client or providing direct care and supervision to the client.

(D) A volunteer, if all of the following apply:

1. The volunteer is supervised by the licensee or a facility employee with a criminal record clearance or exemption.

2. The volunteer is never left alone with clients.

3. The volunteer does not provide any client assistance with dressing, grooming, bathing or personal hygiene other than washing of hands.

(8) The following persons in adult residential and social rehabilitation facilities unless contraindicated by the client's individualized program plan (IPP), or needs and service plan:

(A) A spouse, significant other, relative, close friend of a client, or the attendant or facilitator who is not employed, retained or contracted by the licensee for a client with a developmental disability, as long as the person is visiting the resident or providing direct care and supervision to that client only.

(B) An attendant or facilitator for a client with a developmental disability if the attendant or facilitator is not employed, retained or contracted by the licensee.

(C) The exemptions in Section 80019(b)(9)(A) or (B) apply only if the person is visiting the client or providing direct care and supervision to the client.

(9) Nothing in this paragraph shall prevent a licensee from requiring a criminal record clearance of any individual exempt from the requirements of this section, provided that the individual has client contact.

(c) Prior to the Department issuing a licensee, the applicant, administrator and any adult other than a client, residing in the facility shall obtain a California criminal record clearance or exemption as specified in Health and Safety Code Section 1522(a)(5).

(d) All individuals subject to criminal record review shall be fingerprinted and sign a Criminal Record Statement (LIC 508 [Rev. 1/03]) under penalty of perjury.

(1) A person signing the LIC 508 must:

(A) Declare whether he/she has been convicted of a crime, other than a minor traffic violation as specified in Section 80019(i).

(B) If convicted of a crime other than a minor traffic violation, provide information regarding the conviction.

(2) The licensee shall submit these fingerprints to the California Department of Justice, along with a second set of fingerprints for the purpose of searching the records of the Federal Bureau of Investigation, or to comply with the requirements of Section 80019(e), prior to the individual's employment, residence, or initial presence in the community care facility.

(A) Fingerprints shall be submitted to the California Department of Justice by the licensee, or sent by electronic transmission to the California Department of Justice by a fingerprinting entity approved by the Department.

(B) A licensee or an applicant for a license may not submit, or enable another to submit under the licensee's or the applicant's authority, the fingerprints of any person who does not, or whom the licensee or applicant reasonably believes will not reside, provide care and supervision to, or have contact with clients at the licensee's or applicant's facility.

1. If the Department determines that the licensee or applicant has violated Section 80019(d)(1)(B), the Department may immediately cease processing criminal record and Child Abuse Central Index clearances for the facility until the Department determines that the licensee or applicant is in compliance with this section or until a disciplinary proceeding is completed.

(e) Prior to employment, residence or initial presence in a licensed facility, all individuals subject to a criminal record review shall:

(1) Obtain a Department of Justice clearance or a criminal record exemption as required by the Department or

(2) Request a transfer of a criminal record clearance as specified in Section 80019(f) or

(3) Request and be approved for a transfer of a criminal record exemption, as specified in Section 80019.1(r), unless, upon request for the transfer, the Department permits the individual to be employed, reside or be present at the facility.

(f) A licensee or applicant for a license may request a transfer of a criminal record clearance from one state licensed facility to another, or from TrustLine to a state licensed facility by providing the following documents to the Department:

(1) A signed Criminal Background Clearance Transfer Request, LIC 9182 (Rev. 4/02).

(2) A copy of the individual's:

(A) Driver's license, or

(B) Valid identification card issued by the Department of Motor Vehicles, or

(C) Valid photo identification issued by another state or the United States government if the individual is not a California resident.

(3) Any other documentation required by the Department [e.g., Criminal Record Statement — LIC 508, (Rev. 1/03) or for Foster Family Homes, Small Family Homes and Certified Family Homes an LIC 508D (Rev. 1/03) which are incorporated by reference, and job description].

(g) Violation of Section 80019(e) will result in a citation of a deficiency and an immediate assessment of civil penalties of one hundred dollars ($100) per violation by the Department.

(1) The Department may assess civil penalties for continued violations as permitted by Health and Safety Code Section 1522.

(h) Violation of Section 80019(e) may result in a denial of the license application or suspension and/or revocation of the license.

(i) If the criminal record transcript of any individuals specified in Health and Safety Code Section 1522(b) discloses a plea or verdict of guilty or a conviction following a plea of nolo contendere for any crime other than a minor traffic violation for which the fine was less than $300, and an exemption pursuant to Section 80019.1(a) has not been granted, the Department shall take the following actions:

(1) For initial applicants, denial of the application.

(2) For current licensees, the Department may institute an administrative action, including, but not limited to, revocation of the license.

(3) For current employees, exclude the affected individual pursuant to Health and Safety Code Section 1558, and deny the application or revoke the license, if the individual continues to provide services and/or reside at the facility.

(4) For convicted individuals residing in the facility, exclusion of the affected individual pursuant to Health and Safety Code Section 1558, and denial of the application or revocation of the license, if the individual continues to provide services and/or reside at the facility.

(j) The Department shall notify the licensee and the affected individual associated with the facility, in concurrent, separate letters, that the affected individual has a criminal conviction and needs to obtain a criminal record exemption.

(k) The licensee shall maintain documentation of criminal record clearances or criminal record exemptions of employees in the individual's personnel file as required in Section 80066.

(1) Documentation shall be available for inspection by the Department.

(*l*) Any individual who is required to obtain or has obtained a criminal record clearance or exemption as a condition of association with, or licensure of, a facility shall report to the Department by telephone any subsequent arrest, conviction, or parole or probation violation within 48 hours of the event.

(1) Confirmation of the telephone report must be made in writing to the Department within seven calendar days. The written report shall include the following:

(A) The law enforcement agency and court involved;

(B) A detailed description of the events leading to the arrest, conviction, or parole or probation violation;

(C) The individual's current and pending legal involvement; and

(D) The individual's current address and phone number.

(m) The Department may seek verification of an individual's criminal record as reported to the Department from any member of the public or affected individual.

(1) Upon obtaining confirmation of the offense, the Department shall proceed as if this criminal record information was provided by the California Department of Justice.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1503.5, 1505, 1508, 1522, 1531, 1533, 1538, 1540, 1540.1, 1541, 1547, 1549 and 14564, Health and Safety Code.

§ 80019.1. Criminal Record Exemption.

(a) The Department will notify a licensee to act immediately to remove from the facility or bar from entering the facility any person described in Sections 80019.1(a)(1) through (5) below while the Department considers granting or denying an exemption. Upon notification, the licensee shall comply with the notice.

(1) Any person who has been convicted of, or is awaiting trial for, a sex offense against a minor;

(2) Any person who has been convicted of a felony;

(3) Any person who has been convicted of an offense specified in Sections 243.4, 273a, 273d, 273g, or 368 of the Penal Code or any other crime specified in Health and Safety Code Section 1522(c)(3);

(4) Any person who has been convicted of any crime specified below:

(A) Battery

(B) Shooting at Inhabited Dwelling

(C) Corporal Injury on Spouse/Cohabitant

(D) Discharging Firearm with Gross Negligence

(E) Exhibiting Weapon/Firearm

(F) Threat to Commit a Crime Resulting in Gross Bodily Injury or Death

(G) Criminal Threat to Harm or Injure Another Person

(H) Cruelty to Animals

(I) Willful Harm or Injury to Child; or

(5) Any other person ordered to be removed by the Department.

(b) In addition to the requirements of Section 80019.1(a), the licensee must return the confirmation of removal form that is sent by the Department, within five (5) days of the date of the form, that confirms under penalty of perjury that the individual has been removed from the facility.

(1) Confirmation must be made on either a Removal Confirmation — Exemption Needed, LIC 300A (Rev. 12/02), Removal Confirmation — Denial, LIC 300B (Rev. 12/02), Removal Confirmation — Rescinded, LIC 300C (Rev. 12/02), or Removal Confirmation — Nonexemptible, LIC 300D (Rev. 12/02).

(c) After a review of the criminal record transcript, the Department may grant an exemption if:

(1) The applicant/licensee requests an exemption in writing for himself or herself, or

(2) The applicant/licensee requests an exemption in writing for an individual associated with the facility, or

(3) The applicant/licensee chooses not to seek an exemption on the affected individual's behalf, the affected individual requests an individual exemption in writing, and

(4) The affected individual presents substantial and convincing evidence satisfactory to the Department that he/she has been rehabilitated and presently is of such good character as to justify being issued or maintaining a license, employment, presence, or residence in a licensed facility.

(d) To request a criminal record exemption, individuals must submit information that indicates that he/she meets the requirements of Section 80019.1(c)(4). The Department will send a written notice to the licensee or license applicant that lists the information that must be submitted to request a criminal record exemption. The information must be submitted within thirty (30) days of the date of the Department's notice.

(1) Individuals who submit a criminal record exemption request shall cooperate with the Department by providing any information requested by the Department to process the exemption request, pursuant to Section 80019.1(e).

(2) If the individual who requests a criminal record exemption is an employee or resident other than a spouse or a dependent family member and does not submit the information requested in the Department's written notice within 30 days of the date of the notice, the Department may cease processing the exemption request and close the case.

(3) If the individual who requests a criminal record exemption is an applicant, licensee, spouse or dependent family member and does not submit the information requested in the Department's written notice within 30 days of the date of the notice, the Department may deny the exemption request.

(e) The Department shall consider factors including, but not limited to, the following as evidence of good character and rehabilitation:

(1) The nature of the crime including, but not limited to, whether it involved violence or a threat of violence to others.

(2) Period of time since the crime was committed and number of offenses.

(3) Circumstances surrounding the commission of the crime that would demonstrate the unlikelihood of repetition.

(4) Activities since conviction, including employment or participation in therapy or education, that would indicate changed behavior.

(5) Granting by the Governor of a full and unconditional pardon.

(6) Character references.

(A) All character references shall be on a Reference Request form (LIC 301E — Exemptions [Rev. 9/02]).

(7) A certificate of rehabilitation from a superior court.

(8) Evidence of honesty and truthfulness as revealed in exemption application documents.

(A) Documents include, but are not limited to:

1. A Criminal Record Statement (LIC 508, [Rev. 1/03]) or for Foster Family Homes, Small Family Homes and Certified Family Homes an LIC 508D [Rev. 1/03]) and

2. The individual's written statement/explanation of the conviction and the circumstances about the arrest.

(9) Evidence of honesty and truthfulness as revealed in exemption application interviews and conversations with the Department.

(f) The Department shall also consider the following factors in evaluating a request for an exemption:

(1) Facility and type of association.

(2) The individual's age at the time the crime was committed.

(g) The Department may deny an exemption request if:

(1) The licensee and/or the affected individual fails to provide documents requested by the Department, or

(2) The licensee and/or the affected individual fails to cooperate with the Department in the exemption process.

(h) The reasons for any exemption granted or denied shall be in writing and kept by the Department.

(i) The Department has the authority to grant a criminal record exemption that places conditions on the individual's continued licensure, and employment or presence in a licensed facility.

(j) It shall be conclusive evidence that the individual is not of such good character as to justify issuance of an exemption if the individual:

(1) Makes a knowingly false or misleading statement regarding:

(A) Material relevant to their application for a criminal record clearance or exemption,

(B) His or her criminal record clearance or exemption status to obtain employment or permission to be present in a licensed facility, after the Department has ordered that they be excluded from any or all licensed facilities, or

(C) His or her criminal record clearance or exemption status in order to obtain a position with duties that are prohibited to him/her by a conditional exemption; or

(2) Is on probation or parole.

(A) If the individual is currently on probation, and provides sufficient proof that the probationary period(s) is informal, unsupervised and no probation officer is assigned, the Department may, in its discretion, grant a criminal record exemption notwithstanding Section 80019.1(j)(2).

(B) Section 80019.1(j)(2) does not apply to Certified Family Homes.

(k) The Department shall consider granting a criminal record exemption if the individual's criminal history meets all of the applicable criteria specified in Sections 80019.1(k)(1) through (6) and the individual provides the Department with substantial and convincing evidence of good character as specified in Section 80019.1(c)(4). For purposes of this section, a violent crime is a crime that, upon evaluation of the code section violated or the reports regarding the underlying offense, presents a risk of harm or violence.

(1) The individual has been convicted of one nonviolent misdemeanor, and one year has lapsed since completing the most recent period of incarceration or probation.

(2) The individual has been convicted of two or more nonviolent misdemeanors and four consecutive years have lapsed since completing the most recent period of incarceration, probation or parole, whichever is latest.

(3) The individual has been convicted of one or more violent misdemeanors and 15 consecutive years have lapsed since completing the most recent period of incarceration, probation or parole, whichever is latest.

(4) The individual has been convicted of one nonviolent felony and four consecutive years have lapsed since completing the most recent period of incarceration, probation or parole, whichever is latest.

(5) The individual has been convicted of two or more nonviolent felonies and ten consecutive years have lapsed since completing the most recent period of incarceration, probation or parole, whichever is latest.

(6) The individual has not been convicted of a violent felony.

(7) If the individual is currently on probation, and provides sufficient proof that the probationary period(s) is informal, unsupervised and no probation officer is assigned, the period of lapsed time required in Sections 80019.1(k)(1) through (5) above shall begin from the last date of conviction(s).

(*l*) It shall be a rebuttable presumption that an individual is not of such good character as to justify the issuance of an exemption if the individual fails to meet the requirements specified in Sections 80019.1(k)(1) through (6).

(m) The Department shall not grant an exemption if the individual has a conviction for any offense specified in Section 1522(g)(1) of the Health and Safety Code.

(n) The Department shall consider granting a simplified criminal record exemption only if the individual has the criminal history profile outlined in Sections 80019.1(n)(1) through (4) below:

(1) The individual does not have a demonstrated pattern of criminal activity;

(2) The individual has no more than one conviction;

(3) The conviction is a misdemeanor and is a crime that is nonviolent and does not pose a risk of harm to an individual; and

(4) It has been at least five consecutive years since the completion of the most recent period of incarceration or supervised probation.

(o) At the Department's discretion, an individual who is otherwise eligible for a simplified exemption may be required to go through the standard exemption process if the Department determines such action will help to protect the health and safety of clients.

(p) If the Department denies or cannot grant a criminal record exemption the Department shall:

(1) For initial applicants, deny the application.

(2) For current licensees, the Department may institute an administrative action, including, but not limited to, revocation of the license.

(3) For current employees, exclude the affected individual pursuant to Health and Safety Code Section 1558, deny the application or revoke the license, if the individual continues to provide services and/or reside at the facility.

(4) For individuals residing in the facility or the licensee, exclude the affected individual pursuant to Health and Safety Code Section 1558, deny the application or revoke the license, if the individual continues to provide services and/or reside at the facility.

(q) If a request for an exemption has been denied, the individual shall be excluded for a period of two years unless the individual has been convicted of a crime for which no exemption may be granted pursuant to Section 80019.1(m). If a request for an exemption has been denied based on a conviction of a crime for which no exemption

may be granted, the individual shall be excluded for the remainder of the individual's life.

(1) If the Department determines during the review of an exemption request, that the individual was denied an exemption for a conviction of a crime for which an exemption may be granted within the preceding two years, the Department shall cease any further review of the request until two years have elapsed from the date of the denial. In cases where the individual requested a hearing on an exemption denial, the Department shall cease review of the request for an exemption until two years from the effective date of the decision and order of the Department upholding the denial. In cases where the individual submitted a petition for reinstatement or reduction in penalty pursuant to Government Code Section 11522 that was denied, the Department shall cease review of the request for an exemption until two years from the effective date of the decision and order of the Department denying the petition.

(2) An exclusion order based solely upon a denied exemption shall remain in effect and the individual shall not be employed in or present in a licensed facility or certified home, unless either a petition or an exemption is granted.

(3) If an individual who has previously been denied an exemption re–applies after the relevant time period described in Section 80019.1(q)(1) above, the Department may, in its discretion, grant or deny the subsequent request for an exemption.

(4) If an individual submits a petition pursuant to Government Code Section 11522 for reinstatement or reduction of penalty for an exclusion, an individual must submit his/her fingerprints through an electronic fingerprinting system approved by the Department and submit to the Department a statement of the reason why the individual should be permitted to work or be present in a facility, along with all information required of an individual requesting a criminal record exemption as provided in Section 80019.1. If it is determined, based upon information provided by the Department of Justice, that the individual has been convicted of a crime for which no exemption may be granted, the petition shall be denied. An individual's failure to submit fingerprints or other information as requested by the Department, shall be grounds for denial of the petition. The burden shall be on the petitioner to prove sufficient rehabilitation and good character to justify the granting of the petition.

(r) A licensee or applicant for a license may request a transfer of a criminal record exemption from one state licensed facility to another by providing the following documents to the Department:

(1) A signed Criminal Record Exemption Transfer Request, LIC 9188 (Rev. 3/02).

(2) A copy of the individual's:

(A) Driver's license, or

(B) Valid identification card issued by the Department of Motor Vehicles, or

(C) Valid photo identification issued by another state or the United States Government if the individual is not a California resident.

(3) Any other documentation required by the Department (e.g., Criminal Record Statement — LIC 508, [Rev.1/03] or for Foster Family Homes, Small Family Homes and Certified Family Homes an LIC 508D [Rev. 1/03] and job description).

(s) The Department may consider factors including, but not limited to, the following in determining whether or not to approve an exemption transfer:

(1) The basis on which the Department granted the exemption;

(2) The nature and frequency of client contact in the new position;

(3) The category of facility where the individual wishes to transfer;

(4) The type of clients in the facility where the individual wishes to transfer;

(5) Whether the exemption was appropriately evaluated and granted in accordance with existing exemption laws or regulations; or

(6) Whether the exemption meets current exemption laws or regulations.

(t) If the Department denies the individual's request to transfer a criminal record exemption, the Department shall provide the individual and the licensee with written notification that states the Department's decision and informs the affected individual of their right to an administrative hearing to contest the Department's decision.

(u) At the Department's discretion, an exemption may be rescinded if it is determined that:

(1) The exemption was granted in error, or

(2) The exemption does not meet current exemption laws or regulations, or

(3) The conviction for which an exemption was granted subsequently becomes non–exemptible by law.

(v) The Department may rescind an individual's criminal record exemption if the Department obtains evidence showing that the individual engaged in conduct that is inconsistent with the good character requirement of a criminal record exemption, as evidenced by factors including, but not limited to, the following:

(1) Violations of licensing laws or regulations;

(2) Any conduct by the individual that indicates that the individual may pose a risk to the health and safety of any individual who is or may be a client;

(3) Nondisclosure of a conviction or evidence of lack of rehabilitation that the individual failed to disclose to the Department, even if it occurred before the exemption was issued; or

(4) The individual is convicted of a subsequent crime.

(w) If the Department rescinds an exemption the Department shall:

(1) Notify the licensee and the affected individual in writing; and

(2) Initiate the appropriate administrative action.

(x) If the Department learns that an individual with a criminal record clearance or exemption has been convicted of a subsequent crime, the Department, at its sole discretion, may immediately initiate the appropriate administrative action to protect the health and safety of clients.

NOTE: Authority cited: Sections 1522 and 1530, Health and Safety Code. Reference: Sections 1522, 1531 and 14564, Health and Safety Code.

§ 80019.2. Child Abuse Central Index.

(a) Prior to issuing a license to care for children, the Department shall conduct a Child Abuse Central Index (CACI) review pursuant to Health and Safety Code Section 1522.1 and Penal Code Section 11170(b)(3). The Department shall check the CACI for the applicant(s), and all individuals subject to a criminal record review, pursuant to Health and Safety Code Section 1522(b) and shall approve or deny a facility license, employment, residence or presence in the facility based on the results of the review.

(1) The applicant shall submit the Child Abuse Central Index check (LIC 198A [3/99] which is incorporated by reference, for state licensed facilities and LIC 198 [4/99] which is incorporated by reference, for county licensed facilities) for all individuals required to be checked, directly to the California Department of Justice at the same time that the individual's fingerprints are submitted for a criminal background check as required by Section 80019(c).

(A) Individuals who have submitted the Child Abuse Central Index check (LIC 198A) with fingerprints on or after January 1, 1999 need not submit a new check if the individual can transfer their criminal record clearance or exemption pursuant to Section 80019(e) or Section 80019.1(f).

(2) The Department shall investigate any reports received from the CACI. The investigation shall include, but not be limited to, the review of the investigation report and file prepared by the child protective agency that investigated the child abuse report. The Department shall not deny a license based upon a report form the CACI unless the Department substantiates the allegation of child abuse.

(b) Subsequent to licensure, all individuals subject to a criminal record review, pursuant to Health and Safety Code Section 1522(b),

shall complete a Child Abuse Central Index check (LIC 198A), prior to employment, residence or initial presence in the facility that cares for children.

(1) The licensee shall submit the Child Abuse Central Index checks (LIC 198A), directly to the California Department of Justice at the same time that the individual's fingerprints are submitted for a criminal background check as required by Section 80019(d).

(A) Individuals who have submitted the Child Abuse Central Index check (LIC 198A) with fingerprints on or after January 1, 1999 need not submit a new check if the individual can transfer their criminal record clearance or exemption pursuant to Section 80019(e) or Section 80019.1(f).

(2) The Department shall check the CACI pursuant to Penal Code Section 11170(b)(3), and shall investigate any reports from the CACI. The investigation shall include, but not be limited to, the review of the investigation report and file prepared by the child protective agency that investigated the child abuse report. The Department shall not deny a license or take any other administrative action based upon a report from the CACI unless the Department substantiates the allegation of child abuse.

(3) The Department shall investigate any subsequent reports received from the CACI. The investigation shall include, but not be limited to, the review of the investigation report and file prepared by the child protective agency that investigated the child abuse report. The Department shall not revoke a license or take any other administrative action based upon a report from the CACI unless the Department substantiates the allegation of child abuse.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1521, 1522, 1522.04, 1531 and 14564, Health and Safety Code.

§ 80020. Fire Clearance.

(a) All facilities shall secure and maintain a fire clearance approved by the city or county fire department, the district providing fire protection services, or the State Fire Marshal.

(1) The request for fire clearance shall be made through and maintained by the licensing agency.

(b) The applicant shall notify the licensing agency if the facility plans to admit any of the following categories of clients so that an appropriate fire clearance, approved by the city or county fire department, the district providing fire protection services, or the State Fire Marshal, can be obtained prior to the acceptance of such clients:

(1) Persons 65 years of age and over.

(2) Persons who are nonambulatory, as defined in section 80001(n)(1).

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1520, 1528 and 1531, Health and Safety Code.

§ 80021. Water Supply Clearance.

(a) All community care facilities where water for human consumption is from a private source shall meet the following requirements:

(1) As a condition of initial licensure, the applicant shall provide evidence of an onsite inspection of the source of the water and a bacteriological analysis which establishes the safety of the water, conducted by the local health department, the State Department of Health Services or a licensed commercial laboratory.

(2) Subsequent to initial licensure, the licensee shall provide evidence of a bacteriological analysis of the private water supply as frequently as is necessary to ensure the safety of the clients, but no less frequently than specified in the following table:

Licensed Capacity	*Analysis Required*	*Periodic Subsequent Analysis*
6 or fewer	Initial licensing	Not required unless evidence supports the need for such analysis to protect clients
7 through 15	Initial licensing	Annually
16 through 24	Initial licensing	Semiannually
25 or more	Initial licensing	Quarterly

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1520, 1528 and 1531, Health and Safety Code.

§ 80022. Plan of Operation.

(a) Each licensee shall have and maintain on file a current, written, definitive plan of operation.

(b) The plan and related materials shall contain the following:

(1) Statement of purposes, and program methods and goals.

(2) Statement of admission policies and procedures regarding acceptance of clients.

(3) A copy of the admission agreement.

(4) Administrative organization, if applicable.

(5) Staffing plan, qualifications and duties, if applicable.

(6) Plan for inservice education of staff if required by regulations governing the specific facility category.

(7) A sketch of the building(s) to be occupied, including a floor plan which describes the capacities of the buildings for the uses intended, room dimensions, and a designation of the rooms to be used for nonambulatory clients, if any.

(8) A sketch of the grounds showing buildings, driveways, fences, storage areas, pools, gardens, recreation areas and other space used by the clients.

(A) The sketch shall include the dimensions of all areas which will be used by the clients.

(9) Sample menus and a schedule for one calendar week indicating the time of day that meals and snacks are to be served.

(10) Transportation arrangements for clients who do not have independent arrangements.

(11) Rate setting policy including, but not limited to, policy on refunds.

(12) A statement whether or not the licensee will handle the clients' money, personal property, and/or valuables. If money, personal property, and/or valuables will be handled, the method for safeguarding shall ensure compliance with Sections 80025 and 80026.

(13) Consultant and community resources to be utilized by the facility as part of its program.

(14) A statement of the facility's policy concerning family visits and other communications with the client pursuant to Health and Safety Code Section 1512.

(c) If the licensee of an ARF, group home (GH), small family home (SFH), foster family home (FFH) or certified family home (CFH) certified by a foster family agency (FFA) plans to use delayed egress devices as specified in Health and Safety Code Section 1531.1(d), the plan must meet the requirements of Health and Safety Code Sections 1531.1(g) and (h).

(d) If the licensee intends to admit or care for one or more clients who have a restricted health condition specified in Section 80092, the facility policies/and a program description shall be included. At a minimum, the information related to those clients and their needs shall specify all of the following:

(1) The type of restricted health condition that the licensee plans to admit.

(2) The licensee's plans for serving that client.

(A) If the licensee plans to admit or care for one or more clients who have a staph or other serious, communicable infection, the plan must include:

1. A statement that all staff will receive training in universal precautions within the first 10 days of employment, and before providing care to these clients.

2. A statement of how the licensee will ensure that the training is obtained, and the name and qualifications of the person or organization that will provide the training.

(3) The services that will be provided.

(4) Staffing adjustments if needed in order to provide the proposed services.

(A) This may include increased staffing, hiring staff with

additional or different qualifications, utilizing licensed professionals as consultants, or hiring licensed professionals.

(e) If the licensee intends to admit or care for one or more clients who rely upon others to perform all activities of daily living, the plan of operation must also include a statement that demonstrates the licensee's ability to care for these clients. The evidence of ability may include, but not be limited to:

(1) The licensee's experience in providing care to these clients.

(2) The licensee's experience providing care to a family member with this condition.

(3) The licensee's plan to hire staff who have experience providing care to these clients, and documentation of what the staff person's experience has been.

(4) Documentation of training the licensee and/or staff have completed specific to the needs of these clients.

(5) History of continued placements by a Regional Center.

(f) If the licensee intends to admit and/or specialize in care for one or more clients who has a propensity for behaviors that result in harm to self or others, the facility plan of operation shall include a description of precautions that will be taken to protect that client and all other clients.

(g) Any changes in the plan of operation which affect the services to clients shall be subject to licensing agency approval and shall be reported as specified in Section 80061.

(h) The facility shall operate in accordance with the terms specified in the Plan of Operation and may be cited for not doing so.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1507, 1512, 1520, 1528, 1531 and 1531.1, Health and Safety Code.

§ 80023. Disaster and Mass Casualty Plan.

(a) Each licensee shall have and maintain on file a current, written disaster and mass casualty plan of action.

(b) The plan shall be subject to review by the licensing agency and shall include:

(1) Designation of administrative authority and staff assignments.

(2) Contingency plans for action during fires, floods, and earthquakes, including but not limited to the following:

(A) Means of exiting.

(B) Transportation arrangements.

(C) Relocation sites which are equipped to provide safe temporary accommodation for clients.

(D) Arrangements for supervision of clients during evacuation or relocation, and for contact after relocation to ensure that relocation has been completed as planned.

(E) Means of contacting local agencies, including but not limited to the fire department, law enforcement agencies, and civil defense and other disaster authorities.

(c) The licensee shall instruct all clients, age and abilities permitting, all staff, and/or members of the household in their duties and responsibilities under the plan.

(d) Disaster drills shall be conducted at least every six months.

(1) Completion of such drills shall not require travel away from the facility grounds or contact with local disaster agencies.

(2) The drills shall be documented and the documentation maintained in the facility for at least one year.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1520, 1528 and 1531, Health and Safety Code.

§ 80024. Waivers and Exceptions.

(a) Unless prior written licensing agency approval is received as specified in (b) below, all licensees shall maintain continuous compliance with the licensing regulations.

(b) The licensing agency shall have the authority to approve the use of alternate concepts, programs, services, procedures, techniques, equipment, space, personnel qualifications or staffing ratios, or the contact of experimental or demonstration projects under the following circumstances:

(1) Such alternatives shall be carried out with provisions for safe and adequate services, and shall in no instance be detrimental to the health and safety of any facility client.

(2) The applicant or licensee shall submit to the licensing agency a written request for a waiver or exception, together with substantiating evidence supporting the request.

(3) (See Manual of Policies and Procedures)

(4) The licensing agency shall provide written approval or denial of the request.

(c) Within 30 days of receipt of a request for a waiver or an exception, the licensing agency shall notify the applicant or licensee, in writing, of one of the following:

(1) The request with substantiating evidence has been received and accepted for consideration.

(2) The request is deficient, describing additional information required for the request to be acceptable and a time frame for submitting this information.

(A) Failure of the applicant or licensee to comply within the time specified in (2) above shall result in denial of the request.

(d) Within 30 days of receipt of an acceptable request for a waiver or an exception, the licensing agency shall notify the applicant or licensee, in writing, whether the request has been approved or denied.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1509 and 1531, Health and Safety Code; and Section 15376, Government Code.

§ 80025. Bonding.

(a) The licensee shall submit an affidavit, on a form provided by the licensing agency, stating whether he/she safeguards or will safeguard cash resources of clients and the maximum amount of cash resources to be safeguarded for all clients or each client in any month.

(b) All licensees, other than governmental entities, who are entrusted to care for and control clients' cash resources shall file or have on file with the licensing agency, a bond issued by a surety company to the State of California as principal.

(c) The amount of the bond shall be according to the following schedule:

Amount Safeguarded Per Month	*Bond Required*
$750 or less	$1,000
$751 to $1,500	$2,000
$1,501 to $2,500	$3,000

Every further increment of $1,000 or fraction thereof shall require an additional $1,000 on the bond.

(d) The licensee shall submit a new affidavit and bond to the licensing agency prior to the licensee safeguarding amounts of clients' cash resources in excess of the current bond.

(e) Whenever the licensing agency determines that the amount of the bond is insufficient to provide necessary protection of clients' cash resources, or whenever the amount of any bond is impaired by any recovery against the bond, the licensing agency shall have the authority to require the licensee to file an additional bond in such amount as the licensing agency determines to be necessary to protect the clients' cash resources.

(f) The provisions of this section shall not apply if the licensee meets the requirements specified in Section 1560 of the Health and Safety Code.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1560 and 1561, Health and Safety Code.

§ 80026. Safeguards for Cash Resources, Personal Property, and Valuables.

(a) A licensee shall not be required to accept for admission or continue to care for any client whose incapacities, as documented by the initial or subsequent needs appraisals, would require the licensee to handle such client's cash resources.

(b) If such a client is accepted for or maintained in care, his/her cash resources, personal property, and valuables not handled by a person outside the facility who has been designated by the client or his/her authorized representative shall be handled by the licensee or facility

staff, and shall be safeguarded in accordance with the requirements specified in (c) through (n) below.

(c) Except where provided for in approved continuing care agreements, no licensee or employee of a licensee shall:

(1) accept appointment as a guardian or conservator of the person and/or estate of any client;

(2) accept any general or special power of attorney except for Medi–Cal or Medicare claims for any client;

(3) become the substitute payee for any payments made to any client.

(A) This requirement does not apply to a licensee who is appointed by the Social Security Administration as representative payee for the client.

(4) become the joint tenant on any account specified in Section 80026(i) with a resident.

(d) Cash resources, personal property, and valuables of clients handled by the licensee shall be free from any liability the licensee incurs.

(e) Cash resources, personal property, and valuables of clients shall be separate and intact, and shall not be commingled with facility funds or petty cash.

(1) The above requirement shall not prohibit the licensee from providing advances or loans to clients from facility funds.

(A) Documentation of such transactions shall be maintained in the facility.

(f) The licensee or employee of a licensee shall not make expenditures from clients' cash resources for any basic services specified in these regulations, or for any basic services identified in a contract/admission agreement between the client and the licensee.

(1) This requirement does not apply to a licensee who is appointed by the Social Security Administration as representative payee for the clients.

(g) The licensee shall not commingle cash resources and valuables of clients with those of another community care facility of a different license number regardless of joint ownership.

(h) Each licensee shall maintain accurate records of accounts of cash resources, personal property, and valuables entrusted to his/her care, including, but not limited to the following:

(1) Records of clients' cash resources maintained as a drawing account, which shall include a current ledger accounting, with columns for income, disbursements and balance, for each client. Supporting receipts for purchases shall be filed in chronological order.

(A) Receipts for cash provided to any client from his/her account(s) shall include the client's full signature or mark, or authorized representative's full signature or mark, and a statement acknowledging receipt of the amount and date received, as follows:

"(full signature of client) accepts (dollar amount) (amount written cursive), this date (date), from (payor)."

(B) The store receipt shall constitute the receipt for purchases made for the client from his/her account.

(C) The original receipt for cash resources, personal property or valuables entrusted to the licensee shall be provided to the client's authorized representative, if any, otherwise to the client.

(2) Bank records for transactions of cash resources deposited in and drawn from the account specified in (i) below.

(i) Immediately upon admission of a client, all of his/her cash resources entrusted to the licensee and not kept in the licensed facility shall be deposited in any type of bank, savings and loan, or credit union account meeting the following requirements:

(1) The account shall be maintained as a trust account separate from the personal or business accounts of the licensee.

(2) The account title shall clearly note that the account contains client cash resources.

(3) The licensee shall provide access to the cash resources upon demand by the client or his/her authorized representative.

(4) The account shall be maintained in a local bank, savings and loan or credit union authorized to do business in California, the deposits of which are insured by a branch of the Federal Government.

(A) A local public agency shall have the authority to deposit such cash resources with the public treasurer.

(j) Cash resources entrusted to the licensee and kept on the facility premises, shall be kept in a locked and secure location.

(k) Upon discharge of a client, all cash resources, personal property, and valuables of that client which have been entrusted to the licensee shall be surrendered to the client, or his/her authorized representative, if any.

(1) The licensee shall obtain and retain a receipt signed by the client or his/her authorized representative.

(*l*) Upon the death of a client, all cash resources, personal property and valuables of that client shall immediately be safeguarded in accordance with the following requirements:

(1) All cash resources shall be placed in an account as specified in (i) above.

(2) The executor or the administrator of the estate shall be notified by the licensee of the client's death, and the cash resources, personal property, and valuables shall be surrendered to said party in exchange for a signed, itemized receipt.

(3) If no executor or administrator has been appointed, the authorized representative, if any, shall be notified by the licensee of the client's death, and the cash resources, personal property, and valuables shall be surrendered to said person in exchange for a signed, itemized receipt.

(4) If the licensee is unable to notify a responsible party as specified in (2) or (3) above, the licensee shall give immediate written notice of the client's death to the public administrator of the county as provided in Section 7600.5 of the California Probate Code.

(m) The following requirements shall be met whenever there is a proposed change of licensee:

(1) The licensee shall notify the licensing agency of any pending change of licensee, and shall provide the licensing agency an accounting of each client's cash resources, personal property and valuables entrusted to his/her care.

(A) Such accounting shall be made on form provided or approved by the licensing agency.

(2) Provided the licensing agency approves the application for the new licensee, the form specified in (1)(A) above shall be updated, signed by both the former and new licensee, and forwarded to the licensing agency.

(n) The licensee shall maintain a record of all monetary gifts and of any other gift exceeding an estimated value of $100, provided by or on behalf of a client to the licensee, administrator or staff.

(1) The record shall be attached to the account(s) specified in (h) above if the client's cash resources, personal property or valuables have been entrusted to the licensee.

(2) Monetary gifts or valuables given by the friends or relatives of a deceased client shall not be subject to the requirement specified in (n) and (n)(1) above.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1531 and 1560, Health and Safety Code; and 20 CFR 416.601.

§ 80027. Initial Application Review.

(a) Within 90 days of receipt of the application by the licensing agency, the licensing agency shall give written notice to the applicant of one of the following:

(1) The application is complete.

(2) The application is deficient, describing what documents are outstanding and/or inadequate, and informing the applicant that the information must be submitted within 30 days of the date of the notice.

(b) The licensing agency shall cease review of any application under the conditions specified in Section 1520.3 of the Health and Safety Code.

(2) "Application was denied within the last year" as specified in

Health and Safety Code Section 1520.3(b) shall include initial or renewal applications.

(3) The circumstances and conditions in which the licensing agency may continue to review a previously denied application shall include, but are not limited to, the following:

(A) A fire clearance previously denied, but now approved;

(B) An Administrator who did not meet the minimum qualifications, but now fulfills the qualifications; or

(C) A person with a criminal record, which was the basis for license denial, is no longer associated with the facility.

(4) This review shall not constitute approval of the application.

(5) If cessation of review occurs, the application shall be returned to the applicant. It shall be the responsibility of the applicant to request resumption of review as specified in Health and Safety Code Section 1520.3.

(6) The application/renewal processing fee shall be nonrefundable as specified in Section 80036(e).

NOTE: Authority cited: Sections 1523, 1524 and 1530, Health and Safety Code. Reference: Sections 1520 1520.3, 1522.1, 1523 and 1524, Health and Safety Code; and Section 15736, Government Code.

§ 80028. Capacity Determination.

(a) A license shall be issued for a specific capacity.

(b) The number of persons for whom the facility is licensed to provide care and supervision shall be determined on the basis of the application review by the licensing agency, which shall take into consideration the following:

(1) The fire clearance specified in Section 80020.

(2) The licensee's/administrator's ability to comply with applicable law and regulation.

(3) Any other household members, including but not limited to persons under guardianship or conservatorship, who reside at the facility and their individual needs.

(4) Facilities which accept minor parents and his/her child(ren) shall have such children included in the facility's licensed capacity.

(5) Physical features of the facility, including available living space, which are necessary in order to comply with regulations.

(6) Number of available staff to meet the care and supervision needs of the clients.

(7) Any restrictions pertaining to the specific category of facility.

(c) The licensing agency shall be authorized to issue a license for fewer clients than is requested when the licensing agency determines that:

(1) The licensee's responsibilities to other persons in the home, including persons under guardianship and conservatorship, would preclude provision of the care required by these regulations.

(d) When the license is issued for fewer clients than requested, the licensee shall be notified in writing of the reasons for the limitation and of the licensee's rights to appeal the decision as specified in Section 80040.

(e) The licensing agency shall have the authority to decrease existing licensed capacity with the licensee's agreement, when there is a change in any of the factors specified in (b) above.

(1) If the licensee does not agree to the decrease in capacity, the licensing agency shall have the authority to initiate revocation action as specified in Section 80042.

(f) The licensing agency shall be authorized to restrict care to specific individuals.

(1) If care and supervision is limited to specific individuals, the licensing agency shall specify the names of the individuals in a letter to the licensee.

(2) Except where the limitation is requested by the licensee, the licensee shall be notified in writing of the reasons for such limitation and of the licensee's right to appeal the decision as specified in Section 80040.

NOTE: Authority cited: Section 1530, Health and Safety Code; and Section 10554, Welfare and Institutions Code. Reference: Section 11465, Welfare and Institutions Code; and Sections 1501, 1523, 1524, 1528 and 1531, Health and Safety Code.

§ 80029. Withdrawal of Application.

(a) An applicant shall have the right to withdraw an application.

(1) Such withdrawal shall be in writing.

(2) The fee for processing the application shall be forfeited.

NOTE: Authority cited: Sections 1530 and 1553, Health and Safety Code. Reference: Sections 1520, 1523.1, 1524 and 1553, Health and Safety Code.

§ 80030. Provisional License.

(a) The licensing agency shall have the authority to issue a provisional license to an applicant, pending action under Sections 80031 or 80040 on a completed application for an initial license, if it determines that all of the following circumstances exist:

(1) The facility is in substantial compliance with applicable law and regulation.

(2) An urgent need for licensure exists.

(3) A corporate applicant's board of directors, executive director and officer are eligible for licensure as specified in Health and Safety Code Section 1520.11(b).

(b) The capacity of a provisional license shall be limited to the number of clients for whom urgent need has been established, or the capacity established for the specific facility, whichever is less.

(c) The licensing agency shall have the authority to issue a provisional license for a maximum of six months when it determines that full com-
pliance with licensing regulations will be achieved within that time period.

(d) The licensing agency shall have the authority to issue a provisional license for a maximum of 12 months when it determines, at the time of application, that more than six months is required to achieve full compliance with licensing regulations due to circumstances beyond the control of the applicant.

(e) If, during the provisional license period, the licensing agency discovers any serious deficiencies, the Department shall have the authority to institute administrative action or civil proceedings, or to refer the case for criminal prosecution.

(f) A provisional license shall not be renewable and shall terminate on the date specified on the license, or upon denial of the application, whichever is earlier.

NOTE: Authority cited: Sections 1523, 1530 and 1553, Health and Safety Code. Reference: Sections 1520, 1520.11, 1523, 1524, 1525.5, 1528 and 1553, Health and Safety Code.

§ 80031. Issuance of License.

(a) Within 90 days of the date that a completed application, as defined in Section 80001c.(8), has been received, the licensing agency shall give written notice to the applicant of one of the following:

(1) The application has been approved.

(2) The application has been denied.

(A) The notice of denial shall include the information specified in Section 80040.

(b) The licensing agency shall notify the applicant, in writing, of the issuance of the license.

(1) Issuance of the license itself shall constitute written notification of license approval.

(c) No limitation shall be imposed on the licensee or printed on the license solely on the basis that a licensee is a parent who has administered or will continue to administer corporal punishment, not constituting child abuse as defined in Section 11165, subdivision (g) of the Penal Code, or Section 1531.5(c) of the Health and Safety Code, on his/her own child(ren).

(d) The licensing agency's completed review of an application for the two years immediately preceding this regulation has been approximately:

(1) A minimum of 30 days.

(2) A median of 90 days.

(3) A maximum of 180 days.

NOTE: Authority cited: Sections 1530 and 1553, Health and Safety Code. Reference: Sections 1509, 1520, 1520.5, 1525, 1526, 1531.5 and 1553, Health and Safety Code; and Section 15376, Government Code.

§ 80032. Term of an Initial or Renewal License.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1524, 1525 and 1529, Health and Safety Code.

§ 80033. Application for Renewal of a License.

NOTE: Authority cited: Sections 1523 and 1530, Health and Safety Code. Reference: Sections 1520, 1523, 1524, 1525 and 1528, Health and Safety Code.

§ 80034. Submission of New Application.

(a) A licensee shall file a new application as required by Section 80018 whenever there is a change in conditions or limitations described on the current license, or other changes including but not limited to the following:

(1) Any change in the location of the facility.

(2) Any change of licensee, including but not limited to the following when the licensee is a corporation.

(A) Sale or transfer of the majority of stock.

(B) Separating from a parent company.

(C) Merger with another company.

(3) Any change in facility category.

(4) Any increase in capacity.

(A) The licensing agency shall have the authority to grant capacity increases without resubmission of an application following a licensing agency review and the securing of an appropriate fire clearance.

(5) A permanent change in any client from ambulatory to nonambulatory status.

(b) A new application as required by Section 80018 shall be filed whenever an applicant fails to complete a new application within the time limit required by Section 80027(a) if the applicant chooses to continue the application process.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1520, 1523.1 and 1531, Health and Safety Code.

§ 80035. Conditions for Forfeiture of a Community Care Facility License.

(a) Conditions for forfeiture of a community care facility license may be found in Section 1524 of the Health and Safety Code.

(1) "Licensee abandons the facility" shall mean either of the following:

(A) The licensee informs the licensing agency that the licensee no longer accepts responsibility for the facility, or

(B) The licensing agency is unable to determine the licensee's whereabouts after the following:

1. The licensing agency requests information of the licensee's whereabouts from the facility's staff if any staff can be contacted; and

2. The licensing agency has made at least one (1) phone call per day, to the licensee's last telephone number of record, for five (5) consecutive workdays with no response; and

3. The licensing agency has sent a certified letter, requesting the licensee to contact the licensing agency, to the licensee's last mailing address of record with no response within seven (7) calendar days.

(b) If the facility licensee dies, an adult relative who has control of the property shall be permitted to operate a previously licensed facility under an Emergency Approval to Operate (LIC 9117 4/93) (EAO) providing the following conditions are met:

(1) The relative or an adult acting on the relative's behalf notifies the Department by telephone during the first working day after the licensee's death that the relative intends to operate the community care facility.

(2) The relative files with the Department within five days of the licensee's death an Application for License (LIC 200 7/91) and evidence of the licensee's death as defined in Section 80001(e)(4).

(A) Notwithstanding the instructions on the Application for License (LIC 200 7/91), the Department shall permit the relative to submit only the information on the front side of that form.

(3) The relative files with the California Department of Justice within five calendar days of the licensee's death his/her fingerprint cards.

(c) If the adult relative complies with (b)(1) and (2) above, he/she shall not be considered to be operating an unlicensed facility pending the Department's decision on whether to approve a provisional license.

(d) The Department shall make a decision within 60 days after the application is submitted on whether to issue a provisional license pursuant to Section 80030.

(1) A provisional license shall be granted only if the Department is satisfied that the conditions specified in (b) above and Section 80030 have been met and that the health and safety of the residents of the facility will not be jeopardized.

NOTE: Authority cited: Sections 1524(e) and 1530, Health and Safety Code. Reference: Sections 1524 and 1524(e), Health and Safety Code.

§ 80036. Application/Annual Processing Fees.

(a) An applicant or a licensee shall be charged application and annual fees as specified in Health and safety Code Section 1523.1.

(b) No additional fee shall be charged when the licensee requests an increase in capacity between annual anniversary dates.

(c) When a licensee moves a facility from one location to another, the application processing fee shall be as follows:

Capacity	*Relocation*
1–6	$50
7–15	$75
16–49	$100
50 +	$125

(1) To receive the reduced fee the following shall apply:

(A) The licensee shall have notified the licensing agency before actually relocating the facility.

(B) The categorical type of facility shall remain the same when relocating the facility.

(C) The fee shall be by requested capacity at the new location.

(d) The application/annual processing fee shall be nonrefundable except as provided in Government Code Section 15378.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1523.1 and 1524, Health and Safety Code; and Section 15378, Government Code.

Article 4. Administrative Actions

§ 80040. Denial of Initial License.

(a) Except as specified in Section 80030, which provides for issuance of a provisional license based upon substantial compliance and urgent need, the licensing agency shall deny an application for an initial license if it is determined that the applicant is not in compliance with applicable law and regulation.

(1) The licensing agency shall have the authority to deny an application for an initial license if the applicant has failed to pay any civil penalty assessments pursuant to Section 80058 and in accordance with a final judgment issued by a court of competent jurisdiction, unless payment arrangements acceptable to the licensing agency have been made.

(2) An application for initial licensure shall not be denied solely on the basis that the applicant is a parent who has administered or will continue to administer corporal punishment, not constituting child abuse as defined in Section 11165, subdivision (g) of the Penal Code, or Section 1531.5(c) of the Health and Safety Code, on his/her own child(ren).

(3) An application for licensure shall be denied as specified in Health and Safety Code Sections 1520.11(b), (d) and 1550.

(b) If the application for an initial license is denied, the licensing agency shall mail the applicant a written notice of denial.

(1) The notification shall inform the applicant of and set forth the reasons for the denial, and shall advise the applicant of the right to appeal.

(c) If the application for an initial license is denied, the application processing fee shall be forfeited.

(d) An applicant shall have the right to appeal the denial of the application pursuant to Health and Safety Code Section 1526.

(e) Notwithstanding any appeal action, the facility is unlicensed and shall not operate pending adoption by the director of a decision on the denial action.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1520, 1520.11, 1525, 1526, 1528, 1547 and 1548, Health and Safety Code.

§ 80041. Denial of a Renewal License.

NOTE: Authority cited: Sections 1523 and 1530, Health and Safety Code. Reference: Sections 1520, 1523, 1524, 1525, 1526 and 1528, Health and Safety Code.

§ 80042. Revocation or Suspension of License.

(a) The Department shall have the authority to suspend or revoke any license on any of the grounds specified in Health and Safety Code Sections 1550 and 1550.5.

(b) Proceedings to hear a revocation action or a revocation and temporary suspension action shall be conducted pursuant to the provisions of Health and Safety Code Section 1551.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1550, 1550.5 and 1551, Health and Safety Code.

§ 80043. Licensee/Applicant Complaints.

(See Manual of Policies and Procedures)

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501 and 1531, Health and Safety Code.

§ 80044. Inspection Authority of the Department or Licensing Agency.

(a) The Department or licensing agency shall have the inspection authority specified in Health and Safety Code Sections 1533, 1534 and 1538.

(b) The Department or licensing agency shall have the authority to interview clients, including children, or staff, and to inspect and audit client or facility records without prior consent.

(1) The licensee shall make provisions for private interviews with any clients, including children, or any staff member; and for the examination of all records relating to the operation of the facility.

(c) The Department or licensing agency shall have the authority to observe the physical condition of the client, including conditions which could indicate abuse, neglect, or inappropriate placement, and to have a licensed medical professional physically examine the client.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1531, 1533, 1534 and 1538, Health and Safety Code.

§ 80045. Evaluation Visits.

(a) Community care facilities shall be evaluated as specified in Health and Safety Code sections 1534 and 1548.

(b) The licensing agency shall have the authority to make any number of other visits to a facility in order to determine compliance with applicable law and regulation.

NOTE: Authority cited: Sections 1530 and 1548, Health and Safety Code. Reference: Sections 1528, 1533, 1534, 1538 and 1548, Health and Safety Code.

§ 80046. Exclusions.

(a) An individual can be prohibited from serving as a member of a board of directors, executive director, or officer; from being employed or allowing an individual in a licensed facility as specified in Health and Safety Code Sections 1558 and 1558.1.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1558 and 1558.1, Health and Safety Code.

§ 80051. Serious Deficiencies.

(See Manual of Policies and Procedures)

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1507, 1531 and 1534, Health and Safety Code.

§ 80052. Deficiencies in Compliance.

(a) When a licensing evaluation is conducted and the evaluator determines that a deficiency exists the evaluator shall issue a notice of deficiency, unless the deficiency is not serious and is corrected during the visit.

(b) Prior to completion of an evaluation or other licensing visit, the licensee, administrator, operator, or other person in charge of the facility shall meet with the evaluator to discuss any deficiencies noted, to jointly develop a plan for correcting each deficiency, and to acknowledge receipt of the notice of deficiency.

(c) The evaluator shall provide notice of deficiency to the licensee by one of the following:

(1) Personal delivery to the licensee, at the completion of the visit.

(2) If the licensee is not at the facility site, leaving the notice with the person in charge of the facility at the completion of the visit.

(A) Under such circumstances, a copy of the notice shall also be mailed to the licensee.

(3) If the licensee or the person in charge of the facility refuses to accept the notice a notation of the refusal shall be written on the notice and a copy left at the facility.

(A) Under such circumstances, a copy of the notice shall also be mailed to the licensee.

(d) The notice of deficiency shall be in writing and shall include the following:

(1) Citation of the statute or regulation which has been violated.

(2) A description of the nature of the deficiency stating the manner in which the licensee failed to comply with a specified statute or regulation, and the particular place or area of the facility in which it occurred.

(3) The plan developed, as specified in (b) above, for correcting each deficiency.

(4) A date by which each deficiency shall be corrected.

(A) In determining the date for correcting a deficiency, the evaluator shall consider the following factors:

1. The potential hazard presented by the deficiency.

2. The number of clients affected.

3. The availability of equipment or personnel necessary to correct the deficiency.

4. The estimated time necessary for delivery, and for any installation, of necessary equipment.

(B) The date for correcting a deficiency shall not be more than 30 calendar days following service of the notice of deficiency, unless the evaluator determines that the deficiency cannot be completely corrected in 30 calendar days.

(C) If the date for correcting the deficiency is more than 30 calendar days following service of the notice of deficiency, the notice shall specify the corrective actions which must be taken within 30 calendar days to begin correction.

(D) The evaluator shall require correction of the deficiency within 24 hours and shall specify on the notice the date by which the correction must be made whenever penalties are assessed pursuant to sections 80054(c), (d) and (e).

(5) The amount of penalty being assessed and the date the penalty begins.

(6) The address and telephone number of the licensing office responsible for reviewing notices of deficiencies for the area in which the facility is located.

NOTE: Authority cited: Sections 1530 and 1548, Health and Safety Code. Reference: Sections 1534 and 1548, Health and Safety Code.

§ 80053. Follow–Up Visits to Determine Compliance.

(a) A follow–up visit shall be conducted to determine compliance with the plan of correction specified in the notice of deficiency.

(1) At a minimum, a follow–up visit shall be conducted within ten working days following the dates of corrections specified in the notice of deficiency, unless the licensee has demonstrated that the deficiency was corrected as required.

(2) No penalty shall be assessed unless a follow–up visit is conducted as specified in (a) and (a)(1) above.

(b) If a follow–up visit indicates that a deficiency was not corrected on or before the date specified in the notice of deficiency, the evaluator shall issue a notice of penalty.

(c) A notice of penalty shall be in writing and shall include:

(1) The amount of penalty assessed, and the date the payment is due.

(2) The name and address of the agency responsible for collection of the penalty.

(d) When an immediate penalty has been assessed pursuant to sections 80054(c), (d), (e) and (f) and correction is made when the evaluator is present, a follow–up visit is not required.

NOTE: Authority cited: Sections 1530 and 1548, Health and Safety Code. Reference: Sections 1533, 1534 and 1548, Health and Safety Code.

§ 80054. Penalties.

(a) A penalty of $50 per day, per cited violation, shall be assessed for serious deficiencies that are not corrected by the date specified in the notice of deficiency, up to a maximum of $150 per day.

(b) Notwithstanding Section 80054(a) above, an immediate penalty of $100 per cited violation shall be assessed if any individual required to be fingerprinted under Health and Safety Code Section 1522(b) has not obtained a Department of Justice clearance or a criminal record exemption, requested a transfer of a criminal record clearance or requested and be approved for a transfer of an exemption as specified in Section 80019(e) prior to the individual's employment, residence or initial presence in the facility.

(1) Violation of Section 80019(e) will result in a citation of a deficiency and an immediate assessment of civil penalties of one hundred dollars ($100) per violation by the Department.

(A) The Department may assess civil penalties for continued violations as permitted by Health and Safety Code Section 1522.

(2) Progressive civil penalties specified in Sections 80054(d) and (e) below shall not apply.

(c) Notwithstanding Section 80054(a) above, an immediate penalty of $150 per day shall be assessed for any of the following:

(1) Sickness, injury or death of a client has occurred as a result of the deficiency.

(d) When a facility is cited for a deficiency and violates the same regulation subsection within a 12–month period, the facility shall be cited and an immediate penalty assessment of $150 per cited violation shall be assessed for one day only. Thereafter a penalty of $50 per day, per cited violation, shall be assessed until the deficiency is corrected.

(e) When a facility, that was cited for a deficiency subject to the immediate penalty assessment in Section 80054(d) above, violates the same regulation subsection within a 12–month period of the last violation, the facility shall be cited and an immediate penalty of $150 per cited violation shall be assessed for one day only. Thereafter, a penalty of $150 per day, per cited violation, shall be assessed until the deficiency is corrected.

(1) For purposes of Sections 80054 (d) and (e) above, a regulation subsection is the regulation denoted by a lower–case letter after the main regulation number.

(f) If any deficiency is not corrected by the date specified in the notice of deficiency, a penalty shall be assessed for each day following that date until compliance has been demonstrated.

(1) Immediate penalty assessment as specified in (c), (d) and (e) above, shall begin on the day the deficiency is cited.

(g) If a licensee or his/her representative reports to the licensing agency that a deficiency has been corrected, the penalty shall cease as of the day the licensing agency receives notification that the correction was made.

(1) If the deficiency has not been corrected, civil penalties shall continue to accrue from the date of the original citation.

(2) If it can be verified that the correction was made prior to the date of notification, the penalty shall cease as of that earlier date.

(h) If necessary, a site visit shall be made immediately or within five working days to confirm deficiency has been corrected.

(i) If an immediate civil penalty is assessed, and the deficiency is corrected on the same day, the penalty shall still be assessed for that day.

(j) Unless otherwise ordered by the Department all penalties are due and payable upon receipt of notice for payment, and shall be paid only by check or money order made payable to the agency indicated in the notice.

(k) The licensing agency shall have the authority to file a claim in a court of competent jurisdiction or to take other appropriate action for failure to pay penalties as specified in (j) above.

NOTE: Authority cited: Sections 1530 and 1548, Health and Safety Code. Reference: Sections 1522, 1534 and 1548, Health and Safety Code.

§ 80055. Administrative Review.

(a) A licensee or his/her representative shall have the right to request a review of a notice of deficiency and/or notice of penalty within 10 working days of receipt of such notice(s).

(1) If the deficiency has not been corrected, civil penalties shall continue to accrue during the review process.

(b) The review shall be conducted by a higher level staff person than the evaluator who issued the notice(s).

(c) If the reviewer determines that a notice of deficiency or notice of penalty was not issued or assessed in accordance with applicable statutes and regulations of the Department, or that other circumstances existed, he/she shall have the authority to amend or dismiss the notice.

(d) The reviewer shall have the authority to extend the date specified for correction of a deficiency if warranted by the facts or circumstances presented to support a request for extension.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Section 1534, Health and Safety Code.

§ 80055.1. Denial or Revocation of License for Failure to Pay Civil Penalties.

(a) The licensee shall be responsible for paying civil penalties.

(1) Unless otherwise provided, the transfer, surrender, forfeiture or revocation of a license shall not affect the licensee's responsibility for paying any civil penalties accrued while the license was in effect.

(b) The Department shall have the authority to deny or revoke any license for failure to pay civil penalty assessments.

(1) The Department shall have the authority to approve payment arrangements acceptable to the Department.

(2) The Department shall have the authority to approve the form of payment.

(3) The licensee's failure to pay civil penalty assessments pursuant to a payment plan approved by the Department may result in the denial or revocation of any license, and/or any other appropriate action.

(c) Any denial or revocation of the license for failure to pay civil penalties may be appealed as provided by Health and Safety Code Section 1551.

NOTE: Authority cited: Sections 1530 and 1548, Health and Safety Code. Reference: Sections 1522, 1534, 1548 and 1551, Health and Safety Code.

§ 80056. Exemption from Civil Penalties.

(a) Civil penalties shall not be assessed against any governmental entity, including a state, or city, holding a community care facility license.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Section 1534, Health and Safety Code.

§ 80058. Unlicensed Facility Penalties.

(a) A penalty of $200 per day shall he assessed for the operation of an unlicensed facility under either of the following conditions:

(1) The operator has not submitted a completed application for licensure within 15 calendar days of issuance of the Notice of Operation in Violation of Law pursuant to Section 80006, and continues to operate.

(A) For purposes of this section, an application shall be deemed completed if it includes the information required in Section 80018.

(B) The completed application shall be deemed to be submitted when received by the licensing agency.

(2) Unlicensed operation continues after denial of the initial application.

(A) Notwithstanding any appeal action, facility operation must cease within 10 calendar days of the mailing of the notice of denial or upon receipt of the denial notice by the operator, whichever occurs first.

(b) The $200 per day penalty shall be assessed for the continued operation of an unlicensed facility as follows:

(1) On the 16th calendar day after the operator has been issued the Notice of Operation in Violation of Law, and has not submitted a completed application as required.

(A) The $200 per day penalty shall continue until the operator ceases operation, or submits a completed application pursuant to Sections 80058(a) (1)(A) and (B).

(2) Within 10 calendar days of the mailing of the notice of denial or upon receipt of the denial notice by the operator, whichever occurs first.

(A) The $200 per day penalty shall continue until the operator ceases operation.

(c) If the unlicensed operator or his/her representative reports to the licensing agency that unlicensed operation, as defined in Section 1503.5 of the Health and Safety Code, has ceased, the penalty shall cease as of the day the licensing agency receives the notification.

(1) A site visit shall be made immediately or within five working days to verify that the unlicensed facility operation has ceased.

(2) Notwithstanding (c) above, if the unlicensed facility operation has not ceased, penalties shall continue to accrue without interruption from the date of initial penalty assessment.

(d) All penalties shall be due and payable upon receipt of the Notice for Payment from the licensing agency, and shall be paid by check or money order made payable to the agency indicated in the notice.

(e) The licensing agency shall have the authority to file a claim in a court of competent jurisdiction or to take other appropriate action for failure to pay penalties as specified in (d) above.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1503.5, 1508, 1520, 1533, 1538, 1540, 1540.1, 1541, 1547 and 1549, Health and Safety Code.

§ 80059. Unlicensed Facility Administrative Appeal.

(a) An unlicensed facility operator or his/her representative shall have the right to appeal the penalty assessment within 10 working days after service of the penalty assessment.

(1) If the unlicensed facility operation has not ceased, the $200 per day penalty shall continue to accrue during the appeal process.

(b) The appeal review shall be conducted by a higher level staff person than the evaluator who issued the penalty.

(c) If the reviewer of the appeal determines that the penalty assessment was not issued in accordance with applicable statutes and regulations of the Department, he/she shall have the authority to amend or dismiss the penalty assessment.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1503.5, 1508, 1547 and 1548, Health and Safety Code.

Article 6. Continuing Requirements

§ 80061. Reporting Requirements.

(a) Each licensee or applicant shall furnish to the licensing agency reports as required by the Department, including, but not limited to, those specified in this section.

(b) Upon the occurrence, during the operation of the facility, of any of the events specified in (1) below, a report shall be made to the licensing agency within the agency's next working day during its normal business hours. In addition, a written report containing the information specified in (2) below shall be submitted to the licensing agency within seven days following the occurrence of such event.

(1) Events reported shall include the following:

(A) Death of any client from any cause.

(B) In a residential facility, death of any client as a result of injury, abuse, or other than natural causes, regardless of where the death occurred. This includes a death that occurred outside the facility such as at a day program, workshop, job, hospital, en route to or from a hospital, or visiting away from the facility.

1. The licensee shall obtain a certified copy of the client's death certificate as soon as it is available, maintain it in the client's file, and shall send a copy to the Department as soon as it is obtained.

2. For Regional Center clients, the licensee shall also send a copy of the death certificate to the Regional Center.

(C) In an adult CCF, the use of an Automated External Defibrillator.

(D) Any injury to any client which requires medical treatment.

(E) Any unusual incident or client absence which threatens the physical or emotional health or safety of any client.

(F) Any suspected physical or psychological abuse of any client.

(G) Epidemic outbreaks.

(H) Poisonings.

(I) Catastrophes.

(J) Fires or explosions which occur in or on the premises.

(2) Information provided shall include the following:

(A) Client's name, age, sex, and date of admission.

(B) Date and nature of event.

(C) Attending physician's name, findings, and treatment, if any.

(D) Disposition of the case.

(c) The items below shall be reported to the licensing agency within 10 working days following the occurrence.

(1) The organizational changes specified in section 80034(a)(2).

(2) Any change in the licensee's or applicant's mailing address.

(3) Any change of the chief executive officer of a corporation or association.

(A) Such notification shall include the new chief executive officer's name and address.

(B) Fingerprints shall be submitted as specified in section 80019(d).

(4) Any changes in the plan of operation which affect the services to clients.

(e) The items specified in (b)(1)(A) through (H) above shall also be reported to the client's authorized representative, if any.

(f) The items specified in (b)(1)(E) through (G) above shall also be reported to the local health officer when appropriate pursuant to title 17, California Administrative Code, sections 2500, 2502 and 2503.

(g) The item specified in (b)(1)(H) shall also be reported immediately to the local fire authority. In areas not having organized fire services a report shall be made to the State Fire Marshal within 24 hours.

(h) Licensees shall send copies of all substantiated complaints to board members of the licensed facility, parents, legal guardians, con-

servators, client rights advocates or placement agencies, as designated in each client's placement agreement in accordance with Health and Safety Code section 1538.5.

NOTE: Authority cited: Sections 1530 and 1538.5, Health and Safety Code. Reference: Sections 1501, 1507, 1531, 1538.5 and 1797.196, Health and Safety Code.

§ 80062. Finances.

(a) The licensee shall meet the following financial requirements:

(1) Development and maintenance of a financial plan which ensures resources necessary meet operating costs for care and supervision of clients.

(2) Maintenance of financial records.

(3) Submission of financial reports as required upon the written request of the department or licensing agency.

(A) Such request shall explain the necessity for disclosure.

(B) The licensing agency shall have the authority to reject any financial report, and to request and examine additional information including interim financial statements. The reason(s) for rejection of the report shall be in writing.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Section 1501, 1520 and 1531, Health and Safety Code.

§ 80063. Accountability.

(a) The licensee, whether an individual or other entity, is accountable for the general supervision of the licensed facility, and for the establishment of policies concerning its operation.

(1) If the licensee is a corporation or an association, the governing body shall be active and functioning in order to ensure such accountability.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501 and 1531, Health and Safety Code.

§ 80064. Administrator—Qualifications and Duties.

(a) The administrator shall have the following qualifications:

(1) Attainment of at least 18 years of age.

(2) Knowledge of the requirements for providing the type of care and supervision needed by clients, including ability to communicate with such clients.

(3) Knowledge of and ability to comply with applicable law and regulation.

(4) Ability to maintain or supervise the maintenance of financial and other records.

(5) Ability to direct the work of others, when applicable.

(6) Ability to establish the facility's policy, program and budget.

(7) Ability to recruit, employ, train, and evaluate qualified staff, and to terminate employment of staff, if applicable to the facility.

(b) Each licensee shall make provision for continuing operation and carrying out of the administrator's responsibilities during any absence of the administrator.

(c) The licensee, if an individual, or any member of the governing board of the licensed corporation or association, shall be permitted to be the administrator provided that he/she meets the qualifications specified in this section, and in applicable regulations in Chapters 2 through 7.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501 and 1531, Health and Safety Code.

§ 80065. Personnel Requirements.

(a) Facility personnel shall be competent to provide the services necessary to meet individual client needs and shall, at all times, be employed in numbers necessary to meet such needs.

(b) The licensing agency shall have the authority to require any licensee to provide additional staff whenever the licensing agency determines and documents that additional staff are required for the provision of services necessary to meet client needs. The licensee shall be informed in writing of the reasons for the licensing agency's determination. The following factors shall be taken into consideration in determining the need for additional staff.

(1) Needs of the particular clients.

(2) Extent of the services provided by the facility.

(3) Physical arrangements of the particular facility.

(4) Existence of a state of emergency or disaster.

(c) The licensee shall be permitted to utilize volunteers provided that such volunteers are supervised, and are not included in the facility staffing plan.

(d) The following facility personnel shall be at least 18 years of age:

(1) Persons who supervise employees and/or volunteers.

(2) Persons, including volunteers, who provide any element of care and supervision to clients.

(e) The licensee shall provide for direct supervision of clients during participation in or presence at potentially dangerous activities or areas in the facility.

(1) An adult other than a client shall be present at all times while clients are using a pool or other body of water from which rescue requires the rescuer's ability to swim.

(2) Adults who supervise while clients are using a pool or other body of water from which rescue requires the rescuer's ability to swim, shall have a valid water safety certificate.

(f) All personnel shall be given on–the–job training or shall have related experience which provides knowledge of and skill in the following areas, as appropriate to the job assigned and as evidenced by safe and effective job performance.

(1) Principles of nutrition, food preparation and storage and menu planning.

(2) Housekeeping and sanitation principles.

(3) Provision of client care and supervision, including communication.

(4) Assistance with prescribed medications which are self–administered.

(5) Recognition of early signs of illness and the need for professional assistance.

(6) Availability of community services and resources.

(7) For adult CCFs, Universal Precautions as defined in Section 80001(u)(1).

(A) Training in Universal Precautions may be provided in the facility or staff may attend training provided by a local health facility, county health department, or other local training resources.

(g) All personnel, including the licensee, administrator and volunteers, shall be in good health, and shall be physically, mentally, and occupationally capable of performing assigned tasks.

(1) Except as specified in (3) below, good physical health shall be verified by a health screening, including a test for tuberculosis, performed by or under the supervision of a physician not more than one year prior to or seven days after employment or licensure.

(2) A health screening report signed by the person performing such screening shall be made on each person specified above, and shall indicate the following:

(A) The person's physical qualifications to perform the duties to be assigned.

(B) The presence of any health condition that would create a hazard to the person, clients or other staff members.

(3) The good physical health of each volunteer who works in the facility shall be verified by:

(A) A statement signed by each volunteer affirming that he/she is in good health.

(B) A test for tuberculosis performed not more than one year prior to or seven days after initial presence in the facility.

(h) Personnel with evidence of physical illness that poses a threat to the health and safety of clients shall be relieved of their duties.

(i) Prior to employment or initial presence in the facility, all employees and volunteers subject to a criminal record review shall:

(1) Obtain a Department of Justice clearance or a criminal record exemption as required by law or Department regulations or

(2) Request a transfer of a criminal record clearance as specified in Section 80019(f) or

(3) Request and be approved for a transfer of a criminal record exemption, as specified in Section 80019.1(r), unless, upon request for the transfer, the Department permits the individual to be employed, reside or be present at the facility.

(j) Clients shall not be used as substitutes for required staff but shall be permitted, as a voluntary part of their program of activities, to participate in household duties and other tasks suited to the client's needs and abilities.

(1) Such duties and tasks shall be specified in the client's needs and services plan as specified in chapters 2, 4, 5 and 6.

(k) When regular staff members are absent, there shall be coverage by personnel capable of performing assigned tasks as evidenced by on–the–job performance.

(*l*) Personnel shall provide for the care and safety of persons without physical or verbal abuse, exploitation or prejudice.

(m) All personnel shall be instructed to report observations or evidence of violations of any of the personal rights specified in section 80072 and/or any of the personal rights provisions of chapters 2 through 7.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 5453 and 5458, Welfare and Institutions Code; Sections 1501, 1502(a)(7), 1522, 1531 and 1562, Health and Safety Code; and Section 42001, Vehicle Code.

§ 80066. Personnel Records.

(a) Personnel records shall be maintained on the licensee, administrator and each employee, and shall contain the following information:

(1) Employee's full name.

(2) Driver's license number if the employee is to transport clients.

(3) Date of employment.

(4) A statement signed by the employee that he/she is at least 18 years of age.

(5) Home address and phone number.

(6) Documentation of the educational background, training and/or experience specified in Chapters 2 through 7.

(7) Past experience, including types of employment and former employers.

(8) Duties of the employee.

(9) Termination date if no longer employed by the facility.

(10) A health screening specified in Section 80065(g).

(11) Tuberculosis test documents as specified in Section 80065(g).

(12) For employees that are required to be fingerprinted pursuant to Section 80019:

(A) A signed statement regarding their criminal record history.

(B) Documentation of either a criminal record clearance or exemption.

(b) Personnel records shall be maintained for all volunteers and shall contain the following:

(1) A health statement as specified in Section 80065(g)(3).

(2) Tuberculosis test documents as specified in Section 80065(g).

(3) For volunteers that are required to be fingerprinted pursuant to Section 80019:

(A) A signed statement regarding their criminal record history.

(B) Documentation of either a criminal record clearance or exemption.

(c) All personnel records shall be retained for at least three years following termination of employment.

(d) All personnel records shall be maintained at the facility site and shall be available to the licensing agency for review.

(1) The licensee shall be permitted to retain such records in a central administrative location provided that they are readily available to the licensing agency at the facility site upon request.

(e) In all cases, personnel records shall document the hours actually worked.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501 and 1531, Health and Safety Code.

§ 80068. Admission Agreements.

(a) The licensee shall complete an individual written admission agreement with each client and the client's authorized representative, if any.

(1) Prior to admitting a developmentally disabled adult recommended by a Regional Center, the licensee of an ARF or SRF shall obtain from the Regional Center written certification which states that there was no objection to the placement by any persons specified in Welfare and Institutions Code Section 4803.

(2) The licensee shall maintain a copy of the certification in the client's file.

(b) The licensee shall complete and maintain in the client's file a Telecommunications Device Notification form (LIC 9158, 5/97) for each client whose pre–admission appraisal or medical assessment indicates he/she is deaf, hearing–impaired, or otherwise disabled.

(c) Admission agreements must specify the following:

(1) Basic services.

(2) Available optional services.

(3) Payment provisions, including the following:

(A) Basic rate.

(B) Optional services rates.

(C) Payor.

(D) Due date.

(E) Frequency of payment.

(4) Modification conditions, including requirement for provision of at least 30 calendar days prior written notice to the client or his/her authorized representative of any basic rate change.

(A) It shall be acceptable for agreements involving clients whose care is funded at government–prescribed rates to specify that the effective date of a government rate change shall be considered the effective date for basic service rate modifications and that no prior notice is necessary.

(5) Refund conditions.

(6) Right of the licensing agency to perform the duties authorized in Section 80044(b) and (c).

(7) Conditions under which the agreement may be terminated.

(A) The client's refusal to cooperate with the licensee's implementation of his/her Restricted Health Condition Care Plan as specified in Section 80092.2, if any, and his/her Needs and Services Plan, as specified in Section 80068.2 or 80068.3, must be one of the conditions.

(8) The facility's policy concerning family visits and other communication with clients, pursuant to Health and Safety Code Section 1512.

(9) If the client in an ARF or SRF has a restricted health condition, as specified in Section 80092, the admission agreement must contain a statement that he/she agrees to comply with the Restricted Health Condition Care Plan developed for him/her as specified in Section 80092.2.

(d) Such agreements shall be dated and signed, acknowledging the contents of the document, by the client and the client's authorized representative and the licensee or the licensee's designated representative no later than seven calendar days following admission.

(e) Modifications to the original agreement shall be made whenever circumstances covered in the agreement change, and shall be dated and signed by the persons specified in (c) above.

(f) The licensee shall retain in the client's file the original of the initial admission agreement and all subsequent modifications.

(1) The licensee shall provide a copy of the current admission agreement to the client and the client's authorized representative, if any.

(g) The licensee shall comply with all terms and conditions set forth in the admission agreement.

(h) The admission agreement shall be automatically terminated by the death of the client. No liability or debt shall accrue after the date of death.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1507, 1512, 1524.7 and 1531, Health and Safety Code; Section 4803, Welfare and Institutions Code; and Section 2881, Public Utilities Code.

§ 80068.2. Needs and Services Plan.

(a) The licensee shall complete a Needs and Services Plan for each client as required in Sections 81068.2, 82068.2, 82568.2, or 85068.2.

(b) If the client has an existing needs appraisal or individual program plan (IPP) completed by a placement agency, or a consultant for the placement agency, the Department may consider the plan to meet the requirements of this section provided that:

(1) The needs appraisal or IPP is not more than one year old.

(2) The licensee and the placement agency agree that the client's physical, mental and emotional status has not significantly changed since the assessment.

(c) The written Needs and Services Plan specified in Section 80068.2(a), shall be maintained in the client's file.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1507 and 1531, Health and Safety Code.

§ 80068.3. Modifications to Needs and Services Plan.

(a) The licensee shall ensure that each client's written Needs and Services Plan is updated as often as necessary to assure its accuracy, but at least annually. These modifications shall be maintained in the client's file.

(b) If the licensee determines that the client's needs cannot be met, the licensee shall inform the client, and his/her authorized representative, if any, and the placement agency, if any, and request that the client relocate to a facility that can provide the needed services.

(1) If the client refuses to relocate, the licensee may evict the client in accordance with Section 80068.5.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1507 and 1531, Health and Safety Code.

§ 80068.5. Eviction Procedures.

(a) Except for children's residential, ADCFs, and ADSCs, the licensee may, upon 30 days written notice to the client, evict the client only for one or more of the following reasons:

(1) Nonpayment of the rate for basic services within ten days of the due date.

(2) Failure of the client to comply with state or local law after receiving written notice of the alleged violation.

(3) Failure of the client to comply with general facility policies that are documented in the facility admission agreement, and are for the purpose of making it possible for clients to live together.

(A) For a SRF, failure of the client to participate in the services and activities specified in the treatment/rehabilitation plan to the extent of his/her ability.

(4) Inability to meet the client's needs.

(A) A Needs and Services Plan modification must have been performed, as specified in Section 80068.3(a), which determined that the client's needs cannot be met by the facility and the client has been given the opportunity to relocate as specified in Section 80068.3(b).

(5) The client refuses to comply with his/her Restricted Health Condition Care Plan, if any, as specified in Section 80092.2.

(6) Change of use of the facility.

(b) The licensee shall obtain prior written approval from the Department to evict the client upon three (3) days written notice to quit and upon a finding of good cause.

(1) Good cause exists if the client engages in behavior that threatens the mental and/or physical health or safety of himself/herself or others in the facility.

(2) Failure of the Department to reply to the request for approval within two working days shall be considered approval.

(c) The notice to quit shall state the reasons for the eviction, with specific facts supporting the reason for the eviction, including the date, place, witnesses, if any, and circumstances.

(d) When serving the client with either a 30–day or a 3–day notice to quit, the licensee shall, on the same day, overnight mail or fax a copy of the notice to the client's authorized representative, if any, or responsible person if there is no authorized representative.

(e) The licensee shall mail or fax to the Department a copy of the 30–day written notice in accordance with (a) above within five days of giving the notice to the client.

(f) Upon request of a client or his/her authorized representative or responsible person, the Department will investigate the reasons for the eviction pursuant to the provisions of Sections 1538 and 1569.35 of the Health and Safety Code.

(g) Nothing in this section precludes the licensee or client from invoking any other available remedy.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1502(a)(7), 1507, 1531 and 1770 et seq., Health and Safety Code.

§ 80069. Client Medical Assessments.

(a) Except for licensees of ARFs and SRFs, prior to or within 30 calendar days following the acceptance of a client, the licensee shall obtain a written medical assessment of the client, as specified in Section 80069(c), which enables the licensee to determine his/her ability to provide necessary health related services to the client. The assessment shall be used in developing the Needs and Services Plan.

(1) The assessment shall be performed by a licensed physician or designee, who is also a licensed professional, and the assessment shall not be more than one year old when obtained.

(b) In ARFs and SRFs, prior to accepting a client into care, the licensee shall obtain and keep on file documentation of the client's medical assessment.

(1) Such assessment shall be performed by a licensed physician, or designee, who is also a licensed professional, and the assessment shall not be more than one year old when obtained.

(c) The medical assessment shall include the following:

(1) The results of an examination for communicable tuberculosis and other contagious/infectious diseases.

(2) Identification of the client's special problems and needs.

(3) Identification of any prescribed medications being taken by the client.

(4) A determination of the client's ambulatory status, as defined by Section 80001(n)(2).

(5) Identification of physical restrictions, including any medically necessary diet restrictions, to determine the client's capacity to participate in the licensee's program.

(d) In addition to Section 80069(c), the medical assessment for clients in ARFs and SRFs shall include the following:

(1) A physical examination of the person, indicating the physician's primary diagnosis and secondary diagnosis, if any.

(2) Identification of other medical conditions, including those described in Section 80092 which are restricted and Section 80091, which would preclude care of the person by the licensee.

(3) Documentation of prior medical services and history.

(4) Current medical status including, but not limited to, height, weight, and blood pressure.

(5) Identification of the client's needs as a result of any medical information contained in the report.

(e) The licensing agency shall have the authority to require the licensee to obtain a current written medical assessment, if such an assessment is necessary to verify the appropriateness of a client's placement.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1502, 1507, 1528, 1530 and 1531, Health and Safety Code.

§ 80069.1. Individual Health Condition Care Plan.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1502, 1507 and 1530, Health and Safety Code.

§ 80069.2. Functional Capabilities Assessment.

(a) In order to determine whether the facility's program meets a client's service needs, the licensee of an ARF or SRF shall assess the client's need for personal assistance and care by determining his/her functional capabilities. The assessment shall be in writing, shall be used in developing the Needs and Services Plan, and shall include, but not be limited to the following activities:

(1) Bathing:
(A) Does not bathe or shower self.
(B) Performs some bathing or showering tasks.
(C) Bathes or showers self independently.
(2) Dressing:
(A) Does not dress self.
(B) Puts on some clothing by self.
(C) Dresses self completely.
(3) Grooming:
(A) Does not tend to own personal hygiene.
(B) Tends to some personal hygiene tasks.
(C) Tends to own personal hygiene.
(4) Toileting:
(A) Not toilet trained.
(B) Does not toilet by self.
(C) Goes to toilet by self.
(5) Transferring:
(A) Unable to move in and out of a bed or chair.
(B) Needs assistance to transfer.
(C) Is able to move in and out of a bed or chair.
(6) Repositioning:
(A) Unable to reposition.
(B) Repositions from side to side.
(C) Repositions from front to back and back to front.
(7) Wheelchair:
(A) Unable to sit without support.
(B) Sits without support.
(C) Needs assistance moving wheelchair.
(D) Moves wheelchair independently.
(E) Does not use wheelchair.
(8) Continence:
(A) No bowel and/or bladder control.
(B) Some bowel and/or bladder control.
(C) Use of assistive devices, such as a catheter.
(D) Complete bowel and/or bladder control.
(9) Eating:
(A) Does not feed self.
(B) Feeds self with assistance from another person.
(C) Feeds self completely.

(b) Assessment of the client's need for assistance shall include consideration of his/her physical condition affecting participation in his/her own care, including:

(1) Vision:
(A) Severe/profound impairment.
(B) Mild/moderate impairment.
(C) No vision impairment.
(2) Hearing:
(A) Severe/profound loss.
(B) Mild/moderate loss.
(C) No hearing loss.
(3) Communication:
(A) Does not express nonverbally.
(B) Does not express verbally.
(C) Expresses by sounds or movements.
(D) Expresses self well, both verbally and nonverbally.
(4) Walking:
(A) Does not walk.
(B) Walks with support.
(C) Walks well alone.
(5) Medical history and conditions.
(6) Need for prescribed and non–prescribed medications.

(c) Assessment of the client's need for assistance and care shall include consideration of the following:

(1) Mental and emotional conditions.
(2) Socialization and cognitive status.
(3) Propensity for behaviors that result in harm to self or others and that require supervision,
(4) Ability to manage his/her own finances and cash resources.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1250, 1501, 1502, 1507, 1530, 1531 and 1557.5, Health and Safety Code.

§ 80069.3. Mental Health Assessment.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1502, 1507, 1530, 1531 and 1562.6, Health and Safety Code.

§ 80070. Client Records.

(a) A separate, complete, and current record shall be maintained in the facility for each client.

(b) Each record must contain information including but not limited to the following:

(1) Name of client.
(2) Birthdate.
(3) Sex.
(4) Date of Admission.
(5) Names, addresses, and telephone numbers of the authorized representative.
(6) A signed copy of the admission agreement specified in Section 80068.
(7) Name, address and telephone number of physician and dentist, and other medical and mental health providers, if any.
(8) Medical assessment, including ambulatory status, as specified in Section 80069.
(9) Record of any illness or injury requiring treatment by a physician or dentist and for which the facility provided assistance to the client in meeting his/her necessary medical and dental needs.
(10) Record of current medications, including the name of the prescribing physician, and instructions, if any, regarding control and custody of medications.
(11) Restricted Health Condition Care Plan, if required for the client by Section 80092.2.
(12) Functional assessment as specified in Section 80069.2.
(13) Mental health assessment specified in Section 80069.3.
(14) Date of termination of services.
(15) An account of the client's cash resources, personal property, and valuables entrusted as specified in Section 80026.

(c) All information and records obtained from or regarding clients shall be confidential.

(1) The licensee shall be responsible for safeguarding the confidentiality of record contents.
(2) Except as specified in (d) below, or as otherwise authorized by law, the licensee and all employees shall not reveal or make available confidential information.

(d) All client records shall be subject to reproduction by the licensing agency upon demand during normal business hours.

(1) A client's records shall also be open to inspection by the client's authorized representative, if any.

(e) The information specified in (b)(1)–(b)(15) above must be updated as necessary to ensure the accuracy of the client's record.

(f) Original or photographic reproduction of all client records shall

be retained for at least three years following termination of service to the client.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1507, 1528 and 1531, Health and Safety Code.

§ 80071. Register of Clients.

(a) In all licensed facilities, the following shall apply:

(1) The licensee shall maintain in the facility a register of all clients. The register shall be immediately available to, and copied for, licensing staff upon request, and must contain current information on the following:

(A) Client's name and ambulatory status as specified in Section 80070(b)(1) and (8).

(B) Name, address and telephone number of client's attending physician.

(C) Authorized representative information as specified in Section 80070(b)(5).

(D) Client's restricted health condition(s) specified in Section 80092(b).

1. The licensee may keep a separate client register with this information.

(2) The licensee shall keep the register in a central location at the facility.

(A) Registers are confidential, as specified in Section 80070(c).

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1507 and 1557.5, Health and Safety Code.

§ 80072. Personal Rights.

(a) Each client shall have personal rights which include, but are not limited to, the following:

(1) To be accorded dignity in his/her personal relationships with staff and other persons.

(2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.

(3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with the daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.

(4) To be informed, and to have his/her authorized representative, if any, informed, by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency, and of information regarding confidentiality.

(5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice.

(A) Attendance at religious services, in or outside of the facility, shall be on a completely voluntary basis.

(6) To leave or depart the facility at any time.

(A) The licensee shall not be prohibited by this provision from setting curfews or other house rules for the protection of clients.

(B) This provision shall not apply to minors and other clients for whom a guardian, conservator, or other legal authority has been appointed.

(7) Not to be locked in any room, building, or facility premises by day or night.

(A) The licensee shall not be prohibited by this provision from locking exterior doors and windows or from establishing house rules for the protection of clients provided the clients are able to exit the facility.

(B) The licensee shall be permitted to utilize means other than those specified in (A) above for securing exterior doors and windows only with the prior approval of the licensing agency.

(8) Not to be placed in any restraining device. Postural supports may be used if they are approved in advance by the licensing agency as specified in (A) through (F) below.

(A) Postural supports shall be limited to appliances or devices including braces, spring release trays, or soft ties, used to achieve proper body position and balance, to improve a client's mobility and independent functioning, or to position rather than restrict movement including, but not limited to, preventing a client from falling out of bet, a chair, etc.

1. Physician–prescribed orthopedic devices such as braces or casts used for support of a weakened body part or correction of body parts are considered postural supports.

(B) All requests to use postural supports shall be in writing and include a written order of a physician indicating the need for such supports. The licensing agency shall be authorized to require other additional documentation in order to evaluate the request.

(C) Approved postural supports shall be fastened or tied in a manner which permits quick release by the resident.

(D) The licensing agency shall approve the use of postural supports only after the appropriate fire clearance, as required by sections 80020 (a) or (b), has been secured.

(E) The licensing agency shall have the authority to grant conditional and/or limited approvals to use postural supports.

(F) Under no circumstances shall postural supports include tying of, or depriving or limiting the use of, a resident's hands or feet.

1. A bed rail that extends from the head half the length of the bed and used only for assistance with mobility shall be allowed with prior licensing approval. Bed rails that extend the entire length of the bed are prohibited.

(G) Protective devices including, but not limited to, helmets, elbow guards, and mittens which do not prohibit a client's mobility but rather protect the client from self–injurious behavior are not to be considered restraining devices for the purpose of this regulation. Protective devices may be used if they are approved in advance by the licensing agency as specified below.

1. All requests to use protective devices shall be in writing and include a written order of a physician indicating the need for such devices. The licensing agency shall be authorized to require additional documentation including, but not limited to, the Individual Program Plan (IPP) as specified in Welfare and Institutions Code section 4646, and the written consent of the authorized representative, in order to evaluate the request.

2. The licensing agency shall have the authority to grant conditional and/or limited approvals to use protective devices.

(9) To receive or reject medical care, or health–related services, except for minors and other clients for whom a guardian, conservator, or other legal authority has been appointed.

(10) To be informed of the facility's policy concerning family visits and other communication with clients, as specified in Health and Safety Code section 1512.

(b) At admission, a client and the client's authorized representative shall be personally advised of and given a list of the rights specified in Sections 80072(a)(1) through (10) and in the applicable Personal Rights sections of chapters 2 through 7.

(c) The information specified in (b) above including the visiting policy as stated in the admissions agreement shall be prominently posted in areas accessible to clients and their visitors.

(d) The licensee shall ensure that each client is accorded the personal rights as specified in this section and the applicable sections of chapters 2 through 7.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1528 and 1531, Health and Safety Code.

§ 80073. Telephones.

(a) All facilities shall have telephone service on the premises.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1528, 1531 and 1539, Health and Safety Code.

§ 80074. Transportation.

(a) Only drivers licensed for the type of vehicle operated shall be permitted to transport clients.

(b) The manufacturer's rated seating capacity of the vehicles shall not be exceeded.

(c) Motor vehicles used to transport clients shall be maintained in a safe operating condition.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1528 and 1531, Health and Safety Code.

§ 80075. Health–Related Services.

(a) The licensee shall ensure that each client receives first aid and other needed medical or dental services, including arrangement for and/or provision of transportation to the nearest available services.

(b) Clients shall be assisted as needed with self–administration of prescription and nonprescription medications.

(1) In adult CCFs, facility staff who receive training may assist clients with metered–dose inhalers, and dry powder inhalers if the following requirements are met:

(A) In ARFs and SRFs, facility staff must receive training from a licensed professional.

1. The licensee shall obtain written documentation from the licensed professional outlining the procedures and the names of facility staff who have been trained in those procedures.

2. The licensee ensures that the licensed professional reviews staff performance as the licensed professional deems necessary, but at least once a year.

(B) In ADCFs and ADSCs, staff may be trained by the client's family or primary caregiver if the following requirements are met:

1. The licensee obtains written documentation from the client's family or primary caregiver outlining he procedures and the names of facility staff whom they have trained in those procedures.

2. The licensee ensures that the client's family or primary caregiver reviews staff performance as necessary, but at least annually.

(C) All staff training shall be documented in the facility personnel files.

(2) Facility staff, except those authorized by law, shall not administer injections but staff designated by the licensee shall be authorized to assist clients with self–administration of injections as needed.

(3) Assistance with self–administration does not include forcing a client to take medications, hiding or camouflaging medications in other substances without the client's knowledge and consent, or otherwise infringing upon a client's right to refuse to take a medication.

(4) If the client's physician has stated in writing that the client is able to determine and communicate his/her need for a prescription or nonprescription PRN medication, facility staff shall be permitted to assist the client with self–administration of their PRN medication.

(5) If the client's physician has stated in writing that the client is unable to determine his/her own need for nonprescription PRN medication, but can communicate his/her symptoms clearly, facility staff designated by the licensee shall be permitted to assist the client with self–administration, provided all of the following requirements are met:

(A) There is written direction from a physician, on a prescription blank, specifying the name of the client, the name of the medication, all of the information specified in Section 80075(e), instructions regarding a time or circumstance (if any) when it should be discontinued, and an indication of when the physician should be contacted for a medication reevaluation.

(B) Once ordered by the physician the medication is given according to the physician's directions.

(C) A record of each dose is maintained in the client's record. The record shall include the date and time the PRN medication was taken, the dosage taken, and the client's response.

(6) If the client is unable to determine his/her own need for a prescription or nonprescription PRN medication, and is unable to communicate his/her symptoms clearly, facility staff designated by the licensee, shall be permitted to assist the client with self–administration, provided all of the following requirements are met:

(A) Facility staff shall contact the client's physician prior to each dose, describe the client's symptoms, and receive direction to assist the client in self–administration of that dose of medication.

(B) The date and time of each contact with the physician, and the physician's directions, shall be documented and maintained in the client's facility record.

(C) The date and time the PRN medication was taken, the dosage taken, and the client's response, shall be documented and maintained in the client's facility record.

(D) For every prescription and nonprescription PRN medication for which the licensee provides assistance, there shall be a signed, dated written order from a physician on a prescription blank, maintained in the client's file, and a label on the medication. Both the physician's order and the label shall contain at least all of the following information:

(1) The specific symptoms which indicate the need for the use of the medication.

(2) The exact dosage.

(3) The minimum number of hours between doses.

(4) The maximum number of doses allowed in each 24–hour period.

(c) The isolation room or area specified in Section 80087(d) shall be used where separation from others is required.

(d) There shall be privacy for first aid treatment of minor injuries and for examination or treatment by a physician if required.

(e) In adult CCFs, when a client requires oxygen the licensee is responsible for the following:

(1) Monitoring the client's ongoing ability to operate and care for the equipment in accordance with the physician's instructions, or if the client is unable to do so:

(A) Ensuring that an adequate number of facility staff persons are designated to operate and care for the equipment and that those staff persons receive.

1. The licensee shall comply with all of the requirements for training in Sections 80075(b)(1)(A) through (C).

(2) Ensuring that the following conditions are met if oxygen equipment is in use:

(A) The licensee makes a written report to the local fire jurisdiction that oxygen is in use at the facility.

(B) "No Smoking – Oxygen in Use" signs shall be posted in appropriate areas.

(C) Smoking is prohibited where oxygen is in use.

(D) All electrical equipment is checked for defects that may cause sparks.

(E) Oxygen tanks that are not portable are secured either in a stand or to the wall.

(F) Plastic tubing from the nasal canula (mask) to the oxygen source is long enough to allow the client movement within his/her room but does not consitutute a hazard to the client or others.

(G) Clients use oxygen from a portable source when they are outside of their rooms or when walking in a day care setting.

(H) Equipment is operable.

(I) Facility staff have knowledge and ability to operate and care for the oxygen equipment.

(J) Equipment is removed from the facility when no longer in use by the client.

(i) Staff responsible for providing direct care and supervision shall receive training in first aid from persons qualified by agencies including but not limited to the American Red Cross.

(j) If the facility has no medical unit on the grounds, first aid supplies shall be maintained and be readily available in a central location in the facility.

(1) The supplies shall include at least the following:

(A) A current edition of a first aid manual approved by the

American Red Cross, the American Medical Association or a state or federal health agency.

(B) Sterile first aid dressings.

(C) Bandages or roller bandages.

(D) Adhesive tape.

(E) Scissors.

(F) Tweezers.

(G) Thermometers.

(H) Antiseptic solution.

(k) There shall be at least one person capable of and responsible for communicating with emergency personnel in the facility at all times. The following information shall be readily available:

(1) The name, address and telephone number of each client's physician and dentist, and other medical and mental health providers, if any.

(2) The name, address and telephone number of each emergency agency, including but not limited to the fire department, crisis center or paramedical unit. There shall be at least one medical resource available to be called at all times.

(3) The name and telephone number of an ambulance service.

(*l*) When a client requires prosthetic devices, or vision or hearing aids, the staff shall be familiar with the use of these devices and aids and shall assist the client with their utilization as needed.

(m) Medications shall be centrally stored under the following circumstances:

(1) Preservation of the medication requires refrigeration.

(2) Any medication determined by the physician to be hazardous if kept in the personal possession of the client for whom it was prescribed.

(3) Because of physical arrangements and the condition or the habits of persons in the facility, the medications are determined by either the administrator or by the licensing agency to be a safety hazard.

(n) The following requirements shall apply to medications which are centrally stored:

(1) Medication shall be kept in a safe and locked place that is not accessible to persons other than employees responsible for the supervision of the centrally stored medication.

(2) Each container shall identify the items specified in (7)(A) through (G) below.

(3) All medications shall be labeled and maintained in compliance with label instructions and state and federal laws.

(4) No person other than the dispensing pharmacist shall alter a prescription label.

(5) Each client's medication shall be stored in its originally received container.

(6) No medications shall be transferred between containers.

(7) The licensee shall ensure the maintenance, for each client, of a record of centrally stored prescription medications which is retained for at least one year and includes the following:

(A) The name of the client for whom prescribed.

(B) The name of the prescribing physician.

(C) The drug name, strength and quantity.

(D) The date filled.

(E) The prescription number and the name of the issuing pharmacy.

(F) Expiration date.

(G) Number of refills.

(H) Instructions, if any, regarding control and custody of the medication.

(o) Prescription medications which are not taken with the client upon termination of services, or which are not to be retained shall be destroyed by the facility administrator, or a designated substitute, and one other adult who is not a client.

(1) Both shall sign a record, to be retained for at least one year, which lists the following:

(A) Name of the client.

(B) The prescription number and the name of the pharmacy.

(C) The drug name, strength and quantity destroyed.

(D) The date of destruction.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1502, 1507, 1530 and 1531, Health and Safety Code.

§ 80075.1. Automated External Defibrillators (AEDs).

(a) In an adult community care facility, a licensee is permitted to maintain and operate an AED at the facility if all of the following requirements are met:

(1) The licensee shall notify the licensing agency in writing that an AED is in the facility and will be used in accordance with all applicable federal and other state requirements.

(2) The AED shall be used in accordance with all applicable federal and other state requirements.

(3) The licensee shall maintain at the facility the following:

(A) A copy of the required physician's prescription for the AED.

(B) A training manual from an American Heart Association– or American Red Cross–recognized AED training class.

(C) A log of checks of operation of the AED containing the dates checked and the name of person checking.

(D) A copy of a valid AED operator's certificate for any employee(s) authorized by the licensee to operate the AED. The certificate shall indicate that the AED training course completed complies with the standards of the American Heart Association or the American Red Cross. If it does not, then other evidence indicating that the AED training course completed complies with the standards of the American Heart Association or the American Red Cross shall be available at the facility.

(E) A log of quarterly proficiency demonstrations for each holder of an AED operator's certificate who is authorized by the licensee to operate the AED. The log shall contain the dates of the demonstrations and the manner of demonstration.

(4) A supply kit shall be maintained at the facility and be readily available for use with the AED. The kit shall contain at least the following:

(A) A back–up battery set.

(B) An extra set of pads.

(C) A safety razor for shaving chest hair when necessary to apply the pads.

(D) A cardiovascular pulmonary resuscitation barrier (a face shield or mask) for protection from transmission of infectious disease.

(E) Two pairs of unused medical examination gloves (latex or non–latex).

(5) Use of an AED shall be reported as specified in Section 80061.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1502, 1507, 1530, 1531 and 1797.196, Health and Safety Code.

§ 80076. Food Service.

(a) In facilities providing meals to clients, the following shall apply:

(1) All food shall be safe and of the quality and in the quantity necessary to meet the needs of the clients. Each meal shall meet at least 1/3 of the servings recommended in the USDA Basic Food Group Plan—Daily Food Guide for the age group served. All food shall be selected, stored, prepared and served in a safe and healthful manner.

(2) Where all food is provided by the facility, arrangements shall be made so that each client has available at least three meals per day.

(A) Not more than 15 hours shall elapse between the third meal of one day and first meal of the following day.

(3) Where meal service within a facility is elective, arrangements shall be made to ensure availability of a daily food intake meeting the requirements of (a)(1) above for all clients who, in their admission agreement, elect meal service.

(4) Between meal nourishment or snacks shall be available for all clients unless limited by dietary restrictions prescribed by a physician.

(5) Menus shall be written at least one week in advance and copies

of the menus as served shall be dated and kept on file for at least 30 days. Menus shall be made available for review by the clients or their authorized representatives and the licensing agency upon request.

(6) Modified diets prescribed by a client's physician as a medical necessity shall be provided.

(A) The licensee shall obtain and follow instructions from the physician or dietitian on the preparation of the modified diet.

(7) Commercial foods shall be approved by appropriate federal, state and local authorities. All foods shall be selected, transported, stored, prepared and served so as to be free from contamination and spoilage and shall be fit for human consumption. Food in damaged containers shall not be accepted, used or retained.

(8) Where indicated, food shall be cut, chopped or ground to meet individual needs.

(9) Powdered milk shall not be used as a beverage but shall be allowed in cooking and baking. Raw milk, as defined in Division 15 of the California Food and Agricultural Code shall not be used. Milk shall be pasteurized.

(10) Except upon written approval by the licensing agency, meat, poultry and meat food products shall be inspected by state or federal authorities. Written evidence of such inspection shall be available for all products not obtained from commercial markets.

(11) All home canned foods shall be processed in accordance with standards of the University of California Agricultural Extension Service. Home canned foods from outside sources shall not be used.

(12) If food is prepared off the facility premises, the following shall apply:

(A) The preparation source shall meet all applicable requirements for commercial food services.

(B) The facility shall have the equipment and staff necessary to receive and serve the food and for cleanup.

(C) The facility shall maintain the equipment necessary for in–house preparation, or have an alternate source for food preparation, and service of food in emergencies.

(13) All persons engaged in food preparation and service shall observe personal hygiene and food services sanitation practices which protect the food from contamination.

(14) All foods or beverages capable of supporting rapid and progressive growth of microorganisms which can cause food infections or food intoxications shall be stored in covered containers at 45 degrees F (7.2 degrees C) or less.

(15) Pesticides and other similar toxic substances shall not be stored in food storerooms, kitchen areas, food preparation areas, or areas where kitchen equipment or utensils are stored.

(16) Soaps, detergents, cleaning compounds or similar substances shall be stored in areas separate from food supplies.

(17) All kitchen, food preparation, and storage areas shall be kept clean, free of litter and rubbish, and measures shall be taken to keep all such areas free of rodents, and other vermin.

(18) All food shall be protected against contamination. Contaminated food shall be discarded immediately.

(19) All equipment, fixed or mobile, dishes, and utensils shall be kept clean and maintained in safe condition.

(20) All dishes and utensils used for eating and drinking and in the preparation of food and drink, shall be cleaned and sanitized after each usage.

(A) Dishwashing machines shall reach a temperature of 165 degrees F (74 degrees C) during the washing and/or drying cycle to ensure that dishes and utensils are cleaned and sanitized.

(B) Facilities not using dishwashing machines shall clean and sanitize dishes and utensils by an alternative comparable method.

(21) Equipment necessary for the storage, preparation and service of food shall be provided, and shall be well–maintained.

(22) Tableware and tables, dishes, and utensils shall be provided in the quantity necessary to serve the clients.

(23) Adaptive devices shall be provided for self–help in eating as needed by clients.

(b) The licensing agency shall have the authority to require the facility to provide written information, including menus, regarding the food purchased and used over a given period when it is necessary to determine if the licensee is in compliance with the food service requirements in the regulations in this Division.

(1) The licensing agency shall specify in writing the written information required from the licensee.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1528, 1530, 1530.5 and 1531, Health and Safety Code.

§ 80077. Personal Services. (Reserved)

§ 80077.2. Care for Clients Who Rely Upon Others to Perform All Activities of Daily Living.

(a) A licensee of an adult CCF may accept or retain a client who relies upon others to perform all activities of daily living for them.

(b) Prior to accepting a client into care, the licensee shall complete the following:

(1) An approved plan of operation demonstrating the licensee's ability to care for these clients as specified in Section 80022(e).

(2) A Needs and Services Plan, as required by the facility–specific regulations, that includes all of the following:

(A) A plan to monitor the client's skin condition, including:

1. Specific guidelines for turning the client, (time, method, acceptable positions).

2. Skin breakdown.

3. Objective symptoms, observable by a lay person, indicating when a licensed professional must be contacted.

(B) A method for feeding the client and providing him/her with hydration.

(C) A method for determining the client's needs.

(D) A method for communicating with the client.

(E) A list of emergency contacts and a list of readily observable conditions that indicate when emergency intervention is necessary.

(F) A list of persons to contact in the event of non–emergency client distress or discomfort and a list of readily observable conditions that indicate when the licensee is to contact those persons.

(G) A description of the client–specific training that facility staff will receive.

1. The training must be provided by the client's health care provider (physician or nurse) the client's physical or mental health therapist, social worker, and placement worker, within their individual scopes of practice.

2. The training must include the client's needs and objective symptoms that indicate when the licensee is to obtain health care or other type of assistance.

3. In an ADCF or ADSC, the training may be provided by the client's primary caregiver, including the client's family or the administrator of the client's residential or health facility providing the primary caregiver has received training as specified in Sections 80077.2(b)(2)(G)1. and 2.

(H) In an ARF or SRF, an agreement, signed by the placement agency, or authorized representative, to review the client's care at least once a month. A copy of the agreement shall be maintained in the client's file.

(I) The licensee's agreement to document significant occurrences that result in changes in the client's physical, mental, and/or functional capabilities. This documentation must be retained in the client's record in the facility and be readily available for review by the client's health care providers and the Department.

(c) The Department may require any additional information it considers necessary to ensure the safety of clients.

NOTE: Authority Cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1507 and 1530, Health and Safety Code

§ 80077.3. Care for Clients Who Lack Hazard Awareness or Impulse Control.

(a) If a client requires protective supervision because of running/wandering away, supervision may be enhanced by fencing yards, using self–closing latches and gates, and installing operational bells, buzzers, or other auditory devices on exterior doors to alert staff when the door is opened. The fencing and devices must not substitute for appropriate staffing.

(1) The licensee may use wrist bands and other client egress–alert devices with the prior written approval of the client or authorized representative, if the client is legally incapable of giving consent, provided that the devices do not violate Section 80072.

(2) The licensee of an ARF, GH, SFH, FFH, or CFH may use a delayed–egress device if the client lacks hazard awareness or impulse control and only as specified in Health and Safety Code Section 1531.1.

(3) The following initial and continuing requirements must be met for the licensee to utilize delayed egress devices on exterior doors or perimeter fence gates:

(A) The licensee shall notify the Department immediately after determining the date that the device will be installed.

(B) The licensee shall ensure that the fire clearance includes approval of delayed egress devices.

(C) Following the disaster and mass casualty plan specified in Section 80023, fire and earthquake drills shall be conducted at least once every three months on each shift and shall include, at a minimum, all facility staff who provide or supervise client care and supervision.

(D) Without violating Section 80072(a)(6), facility staff shall attempt to redirect a client who lacks hazard awareness or impulse control and who attempts to leave the facility.

(E) Clients who continue to indicate a desire to leave the facility following an egress delay shall be permitted to do so.

(F) Without violating Section 80072(a)(6), facility staff shall ensure the continued safety of clients when they leave the facility.

(G) The licensee shall report to the Department, to the client's responsible representative, if any, and to any family member who has requested notification, each incident in which a client leaves the facility unassisted. The report shall be made by telephone no later than the next working day and in writing within seven calendar days.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1507, 1530, 1531 and 1531.1, Health and Safety Code.

§ 80077.4. Care for Clients with Incontinence.

(a) A licensee of an adult CCF may accept or retain a client who has bowel and/or bladder incontinence.

(b) If a licensee accepts or retains a client who has bowel and/or bladder incontinence, the licensee is responsible for all of the following:

(1) Ensuring that incontinent care products appropriate to the needs of the client are used whenever they are needed.

(2) Ensuring that clients who can benefit from scheduled toileting are assisted or reminded to go to the bathroom at regular intervals rather than being diapered.

(3) Assisting the client with self–care.

(4) Ensuring that clients with incontinence are kept clean and dry, and that the facility remains free of odors.

(5) Ensuring that, where prescribed, bowel and/or bladder programs are designed by a licensed professional or designee. The person designing the program must have training and experience in care of persons with bowel and/or bladder dysfunction and development of retraining programs for establishing normal patterns of continence.

(A) The licensee shall ensure that clients are assisted with a structured bowel and/or bladder retraining program if one has been designed for the client.

(B) The licensee shall ensure that facility staff responsible for implementing the program receive training from the licensed professional or designee who designed the program.

(C) The licensee obtains from the licensed professional or designee written instructions to facility staff outlining the procedures and shall document the names of facility staff who received the training.

(D) The licensee shall ensure that the licensed professional or designee evaluates the effectiveness of the program and staff as the licensed professional or designee deems appropriate, but at least annually.

(6) Ensuring that the condition of the skin exposed to urine and stool is evaluated regularly to ensure that skin breakdown is not occurring.

(7) Ensuring privacy when care is provided.

(8) Providing needed incontinence supplies when the client or a third party is unable to do so.

(9) Ensuring that fluids are not withheld to control incontinence.

(10) Ensuring that a client with incontinence is not catheterized to control incontinence for the convenience of the licensee or facility staff.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1502, 1507 and 1530, Health and Safety Code.

§ 80077.5. Care for Clients with Contractures.

(a) A licensee of an adult CCF may accept or retain a client who has contractures.

(b) If a licensee accepts or retains a client who has contractures, the licensee is responsible for all of the following:

(1) Monitoring the client's ongoing ability to care for his/her contractures in accordance with the physician's instructions.

(2) Ensuring that care is provided by a licensed professional or trained facility staff when the client is unable to provide self–care.

(A) The licensee shall ensure that facility staff responsible for assisting with range of motion exercises or other exercise(s) prescribed by the physician or therapist receive supervision and training from a licensed professional.

(B) The licensee obtains from the licensed professional written documentation outlining the procedures for the exercises and the names of facility staff who received the training.

(C) The licensee shall ensure that the licensed professional reviews staff performance as the licensed professional deems necessary, but at least once a year.

(c) In addition to Section 80077.5(b), in an ARF or SRF, the licensee shall ensure that there is a plan of care for the contractures that is developed by a licensed professional.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1502, 1507 and 1530, Health and Safety Code.

§ 80078. Responsibility for Providing Care and Supervision.

(a) The licensee shall provide care and supervision as necessary to meet the client's need.

(b) In any instance where the Department does not suspend the facility license and the licensing agency requires that a client/resident be relocated, as specified in Section 80094, the licensee shall prepare a written relocation plan. The plan shall contain all necessary steps to be taken to reduce stress to the client/resident which may result in transfer trauma.

(1) The written relocation plan shall include, but not be limited to the following:

(A) A specific date for beginning and a specific date for completion of the process of safely relocating the client/resident. The time frame for relocation may provide for immediate relocation but shall not exceed 30 days or 30 days after the date of the written conclusuion of the client's appeal of the relocation order, if appealed.

(B) A specific date when the client/resident and the client's/resident's authorized representative, if any, shall be notified of the need for relocation.

(C) A specific date when consultation with the client's/resident's

physician shall occur to obtain a current medical assessment of the client's/resident's health needs, to determine the appropriate facility type for relocation and to ensure that the client's/resident' health care needs continue to be met at all times during the relocation process.

(D) The method by which the licensee shall participate in the identification of an acceptable relocation site with the client/resident and the authorized representative if any. The licensee shall advise the client/resi-dent and/or the authorized representative that if the client/resident is to be moved to another nonmedical community care facility, a determination must be made that the client's/resident's needs can be legally met in the new facility before the move is made. If the client's/resident's needs cannot be legally met in the new facility, the client/resident must be moved to a facility licensed to provide the necessary care.

(E) A list of contacts made or to be made by the licensee with community resources, including but not limited to, social workers, family members, Long Term Care Ombudsman, clergy and others as appropriate to ensure that services are provided to the client/resident before, during and after the move. The need for the move shall be discussed with the client/resident and the client/resident assured that support systems will remain in place.

(F) Measures to be taken until relocation to protect the client/resident and/or meet the client's/resident's health and safety needs.

(G) An agreement to notify the licensing agency when the relocation has occurred, including the client's/resident's new address, if known.

(2) The relocation plan shall be submitted in writing to the licensing agency within the time set forth in the written notice by the licensing agency that the client/resident requires health services that the facility cannot legally provide.

(3) Any changes in the relocation plan shall be submitted in writing to the licensing agency. The licensing agency shall have the authority to approve, disapprove or modify the plan.

(4) If relocation of more than one (1) client/resident is required, a separate plan shall be prepared and submitted in writing for each client/resident.

(5) The licensee shall comply with all terms and conditions of the approved plan. No written or oral contract with any other person shall release the licensee from the responsibility specified in sections 80078(b) and (c) for relocating a client/resident who has a health condition(s) which cannot be cared for in the facility and/or requires inpatient care in a licensed health facility, nor from taking necessary actions to reduce stress to the client/resident.

(6) In cases where the licensing agency determines that the resident is in imminent danger because of a health condition(s) which cannot be cared for in the facility or which requires inpatient care in a licensed health facility, the licensing agency shall have the authority to order the licensee to immediately relocate the resident.

(c) In all cases when a client or resident must be relocated, the licensee shall not obstruct the relocation process and shall cooperate with the licensing agency in the relocation in process. Such cooperation shall include, but not be limited to, the following activities:

(1) Identifying and preparing for removal of the medications, Medi–Cal or Medicare or other medical insurance documents, clothing, safeguarded cash resources, valuables and other belongings of the client or resident.

(2) Contacting the authorized representative of the client/resident to assist in transporting him or her, if necessary.

(3) Contacting other suitable facilities for placement, if necessary.

(4) Providing access to client's/resident's files when required by the Department.

NOTE: Authority Cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1511, 1528, 1531 and 1556, Health and Safety Code.

§ 80079. Activities. (Reserved)

Article 7. Physical Environment

§ 80086. Alterations to Existing Buildings or New Facilities.

(a) Prior to construction or alterations, all licensees shall notify the licensing agency of the proposed change.

(b) The licensing agency shall have the authority to require that the licensee have a building inspection by a local building inspector if the agency suspects that a hazard to the clients' health and safety exists.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501 and 1531, Health and Safety Code.

§ 80087. Buildings and Grounds.

(a) The facility shall be clean, safe, sanitary and in good repair at all times for the safety and well–being of clients, employees and visitors.

(1) The licensee shall take measures to keep the facility free of flies and other insects.

(2) The licensee shall provide for the safe disposal of water and other chemicals used for cleaning purposes.

(b) All clients shall be protected against hazards within the facility through provision of the following:

(1) Protective devices including but not limited to nonslip material on rugs.

(c) All outdoor and indoor passageways, stairways, inclines, ramps, open porches and other areas of potential hazard shall be kept free of obstruction.

(d) The licensee of an ADCF or ADSC shall provide an isolation room or area for use by ill clients.

(e) General permanent or portable storage space shall be available for the storage of facility equipment and supplies.

(1) Facility equipment and supplies shall be stored in this space and shall not be stored in space used to meet other requirements specified in this chapter and Chapters 2 through 7.

(f) All licensees serving children or serving clients who have physical handicaps, mental disorders, or developmental disabilities shall ensure the inaccessibility of pools, including swimming pools (in–ground and above–ground), fixed–in–place wading pools, hot tubs, spas, fish ponds or similar bodies of water through a pool cover or by surrounding the pool with a fence.

(1) Fences shall be at least five–feet high and shall be constructed so that the fence does not obscure the pool from view. The bottom and sides of the fence shall comply with Division 1, Appendix Chapter 4 of the 1994 Uniform Building Code. In addition to meeting all of the aforementioned requirements for fences, gates shall swing away from the pool, self–close and have a self–latching device located no more than six inches from the top of the gate. Pool covers shall be strong enough to completely support the weight of an adult and shall be placed on the pool and locked while the pool is not in use.

(A) If licensed prior to June 1, 1995, facilities with existing pool fencing shall be exempt from the fence requirements specified in Section 80087(f)(1) until such fence is replaced or structurally altered. If the licensee replaces or alters the fence, it shall be required to meet the fence requirements specified in Section 80087(f)(1).

(2) Where an above–ground pool structure is used as the fence or where the fence is mounted on top of the pool structure, the pool shall be made inaccessible when not in use by removing or making the ladder inaccessible or erecting a barricade to prevent access to decking. If a barricade is used, the barricade shall meet the requirements of Section 80087(f)(1).

(g) All in–ground pools, and above–ground pools which cannot be emptied after each use shall have an operative pump and filtering system.

(h) Disinfectants, cleaning solutions, poisons, firearms and other items that could pose a danger if readily available to clients shall be stored where inaccessible to clients.

(1) Storage areas for poisons, and firearms and other dangerous weapons shall be locked.

(2) In lieu of locked storage of firearms, the licensee may use trigger locks or remove the firing pin.

(A) Firing pins shall be stored and locked separately from firearms.

(3) Ammunition shall be stored and locked separately from firearms.

(i) Medicines shall be stored as specified in Section 80075(m) and (n) and separately from other items specified in Section 80087(h) above.

(j) The items specified in Section 80087(h) above shall not be stored in food storage areas or in storage areas used by or for clients.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501 and 1531, Health and Safety Code.

§ 80088. Fixtures, Furniture, Equipment and Supplies.

(a) A comfortable temperature for clients shall be maintained at all areas.

(1) The licensee shall maintain the temperature in rooms that clients occupy between a minimum of 68 degrees F (20 degrees C) and a maximum of 85 degrees F (30 degrees C).

(A) In areas of extreme heat the maximum shall be 30 degrees F (16.6 degrees C) less than the outside temperature.

(2) Nothing in this section shall prohibit clients from adjusting individual thermostatic controls.

(b) All window screens shall be in good repair and be free of insects, dirt and other debris.

(c) Fireplaces and open–faced heaters shall be inaccessible to clients to ensure protection of the clients' safety.

(d) The licensee shall provide lamps or lights as necessary in all rooms and other areas to ensure the comfort and safety of all persons in the facility.

(e) Faucets used by clients for personal care such as shaving and grooming shall deliver hot water.

(1) Hot water temperature controls shall be maintained to automatically regulate temperature of hot water delivered to plumbing fixtures used by clients to attain a hot water temperature of not less than 105 degrees F (40.5 degrees C) and not more than 120 degrees F (48.8 degrees C).

(2) Taps delivering water at 125 degrees F (51.6 degrees C) or above shall be prominently identified by warning signs.

(3) All toilets, handwashing and bathing facilities shall be maintained in safe and sanitary operating condition. Additional equipment, aids, and/or conveniences shall be provided in facilities accommodating physically handicapped clients who need such items.

(f) Solid waste shall be stored, located and disposed of in a manner that will not transmit communicable diseases or odors, create a nuisance, or provide a breeding place or food source for insects or rodents.

(1) All containers, including movable bins, used for storage of solid wastes shall have tight–fitting covers kept on the containers; shall be in good repair, shall be leakproof and rodent–proof.

(2) Solid waste containers, including movable bins, receiving putrescrible waste shall be emptied at least once per week or more often if necessary to comply with (f) above.

(3) Each movable bin shall provide for suitable access and a drainage device to allow complete cleaning at the storage area.

(g) The licensee shall provide linens of various kinds necessary to meet the program of services being offered by the facility and the requirements specified in Chapters 2 through 7.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501 and 1531, Health and Safety Code.

Article 8. Health Related Services

§ 80090. Health and Safety Services.

(a) The provisions of this article are applicable to adult CCFs.

(b) Waivers or exceptions will not be granted to accept or retain clients who have health conditions prohibited by Section 80091.

(c) The Department may grant an exception allowing acceptance or retention of a client who has a medical or health condition not listed in Section 80092 if all of the following requirements are met:

(1) Either the condition is chronic and stable or it is temporary in nature and is expected to return to a condition normal for that client.

(2) The client must be under the medical care of a licensed professional.

(3) The licensee has developed a plan of care for the client as specified in Sections 80068.2 and 80092.2.

(4) The client is able to care for all aspects of the condition for himself/herself or assistance in the care of the condition is provided either by an appropriately skilled and licensed professional or by facility staff who receive supervision and training from a licensed professional.

(A) Training shall include hands–on instruction in both general procedures and client–specific procedures.

(B) The licensee obtains from the licensed professional written documentation outlining the procedures and the names of facility staff who received the training.

(C) The licensee ensures that the licensed professional reviews staff performance as the licensed professional deems necessary, but at least once a year.

(5) The licensee agrees in writing to comply with all aspects of the client's care plans.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1507 and 1530, Health and Safety Code.

§ 80091. Prohibited Health Conditions.

(a) In adult CCFs clients who require health services or have a health condition including, but not limited to, those specified below shall not be admitted or retained.

(1) Naso–gastric and naso–duodenal tubes.

(2) Active, communicable TB.

(3) Conditions that require 24–hour nursing care and/or monitoring.

(4) Stage 3 and 4 dermal ulcers.

(5) Any other condition or care requirements which would require the facility to be licensed as a health facility as defined by Sections 1202 and 1250 of the Health and Safety Code.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1502, 1507, 1530, 1531 and 1557.5, Health and Safety Code.

§ 80092. Restricted Health Conditions.

(a) Adult CCFs may accept or retain clients who have the conditions listed in this section only if all requirements of Article 8 are met.

(b) Care for the following health conditions must be provided only as specified in Sections 80092.1 through 80092.11.

(1) Use of inhalation–assistive devices as specified in Section 80092.3.

(2) Colostomy/ileostomies as specified in Section 80092.4.

(3) Requirement for fecal impaction removal, enemas, or suppositories only as specified in Section 80092.5.

(4) Use of catheters only as specified in Section 80092.6.

(5) Staph or other serious, communicable infections as specified in Section 80092.7.

(6) Insulin–dependent Diabetes as specified in Section 80092.8.

(7) Stage 1 and 2 dermal ulcers as specified in Section 80092.9.

(8) Wounds as specified in Section 80092.9.

(9) Gastrostomies as specified in Section 80092.10.

(10) Tracheostomies as specified in Section 80092.11.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1502, 1507 and 1530, Health and Safety Code.

§ 80092.1. General Requirements for Restricted Health Conditions.

(a) A client with a restricted health condition specified in Section 80092 may be admitted or retained in an adult CCF if all requirements in Sections 80092.1(b) through (o) are met.

(b) The licensee is willing to provide the needed care.

(c) Care is provided as specified in this article.

(d) Either the client's medical condition is chronic and stable, or is temporary in nature and is expected to return to a condition normal for that client, and

(e) The client must be under the medical care of a licensed professional.

(f) Prior to admission of a client with a restricted health condition specified in Section 80092, the licensee shall:

(1) Communicate with all other persons who provide care to that client to ensure consistency of care for the medical condition.

(2) Ensure that facility staff who will participate in meeting the client's specialized care needs complete training provided by a licensed professional sufficient to meet those needs.

(A) Training shall include hands–on instruction in both general procedures and client–specific procedures.

(g) All new facility staff who will participate in meeting the client's specialized care needs shall complete the training prior to providing services to the client.

(h) The licensee shall ensure that facility staff receive instruction from the client's physician or other licensed professional to recognize objective symptoms observable by a lay person, and how to respond to that client's health problems, including who to contact.

(i) The licensee shall monitor the client's ability to provide self–care for the restricted health condition, document any change in that ability, and inform the persons identified in Section 80092.2(a)(1) of that change.

(j) Should the condition of the client change, all staff providing care and services shall complete any additional training required to meet the client's new needs, as determined by the client's physician or a licensed professional designated by the physician.

(k) If the licensed health professional delegates routine care, the following requirements must be met for health conditions specified in Sections 80092.3, 80092.4 and 80092.6 through 80092.11:

(1) The licensee shall obtain written documentation from the licensed professional outlining the procedures and the names of the facility staff who have been trained in those procedures.

(2) The licensee ensures that the licensed professional reviews staff performance as often as necessary, but at least annually.

(*l*) All training shall be documented in the facility personnel files.

(m) The licensee of an ARF or SRF shall develop and maintain, as part of the Needs and Services Plan, a Restricted Health Condition Care Plan as specified in Section 80092.2.

(1) The care plan shall neither require nor recommend that the licensee or any facility personnel or any other person providing care, other than a physician or licensed professional, implement any health care procedure that may legally be provided only by a physician or licensed professional.

(n) The licensee shall ensure that the client's health–related service needs are met and shall follow the approved plan for each client.

(o) The licensee shall document any significant occurrences that result in changes in the client's physical, mental and/or functional capabilities and report these changes to the client's physician and authorized representative.

(p) The licensee shall demonstrate compliance with the restricted health condition care plan by maintaining in the facility all relevant documentation.

(q) The licensee shall report any substantive deviation from the care plan to the client's authorized representative.

(r) The duty established by this section does not infringe on a client's right to receive or reject medical care or services, as allowed in Section 80072.

(1) If a client refuses medical services specified in the care plan, the licensee shall immediately notify all persons identified in Section 80092.2(a)(1) and shall participate in developing a plan for meeting the client's needs.

(2) If unable to meet the client's needs, the licensee shall issue an eviction notice as specified in Section 80068.5.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1502, 1507 and 1530, Health and Safety Code.

§ 80092.2. Restricted Health Condition Care Plan.

(a) If the licensee of an ARF or SRF chooses to care for a client with a restricted health condition, as specified in Section 80092, the licensee shall develop and maintain, as part of the Needs and Services Plan, a written Restricted Health Condition Care Plan. The licensee of an ADCF or ADSC who chooses to care for a client with a restricted health condition may use a copy of the Restricted Health Care Plan from the client's residential setting providing the information required in Section 80092.2(a)(4), specific to the day program, is added. If the client does not have a Restricted Health Condition Care Plan, ADCF or ADSC must develop a plan. The plan must include all of the following:

(1) Documentation that the client and the client's authorized representative, if any, the client's physician or a licensed professional designated by the physician, and the placement agency, if any, participated in the development of the plan.

(2) Documentation by the client's physician or a licensed professional designated by the physician, of the following:

(A) Stability of the medical conditions.

(B) Medical conditions that require services or procedures.

(C) Specific services needed.

(D) Client's ability to perform the procedures.

(E) The client does not require 24–hour nursing care and/or monitoring.

(3) Identification of a licensed professional who will perform procedures if the client needs medical assistance.

(4) Identification of the person who will perform incidental medical assistance that does not require a licensed professional.

(5) Name and telephone number of emergency medical contacts.

(6) A date specified by the client's physician or designee, who is also a licensed professional, when the plan must be reviewed by all parties identified in Section 80092.2(a)(1).

(7) A signed statement from the client's attending physician that the plan meets medical scope of practice requirements.

(8) For clients of a placement agency, a signed statement from a representative of the placement agency, that they have reviewed and approved the plan and that the placement agency will monitor implementation of the plan.

(b) The Restricted Health Condition Care Plan shall neither require nor recommend that the licensee or any facility personnel or any other person providing care, other than a physician or licensed professional, implement any health care procedure that may legally be provided only by a physician or licensed professional.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1502, 1507 and 1530, Health and Safety Code.

§ 80092.3. Inhalation–Assistive Devices.

(a) A licensee of an adult CCF may accept or retain a client who requires the use of an inhalation–assistive device if all of the following conditions are met:

(1) The licensee is in compliance with Section 80092.1.

(2) The licensee monitors the client's ongoing ability to operate and care for the device in accordance with the physician's instructions.

(3) The licensee ensures that either:

(A) The device is operated and cared for by a licensed professional when the client is unable to operate the device, or determine his/her own need.

(B) The device can legally be operated by an unlicensed person and is cared for by facility staff who receive training from a licensed professional as specified in Sections 80092.1(k) through (k)(2).

(4) The licensee ensures that:

(A) The device is functional.

(B) The device is removed from the facility when no longer prescribed for use by the client.

(5) The licensee ensures that the room containing the device is large enough both to accommodate it and to allow easy passage of clients and staff.

(6) The licensee ensures that facility staff have the knowledge of and ability to care for the device.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1502, 1507 and 1530, Health and Safety Code.

§ 80092.4. Colostomy/Ileostomy.

(a) A licensee of an adult CCF may accept or retain a client who has a colostomy or ileostomy if all of the following conditions are met:

(1) The client is mentally and physically capable of providing all routine care for his/her ostomy, and the physician has documented that the ostomy is completely healed.

(2) A licensed professional provides assistance in the care of the ostomy.

(3) The licensee is in compliance with Section 80092.1.

(4) The licensee monitors the client's ongoing ability to provide care for his/her ostomy in accordance with the physician's instructions.

(5) The licensee ensures that:

(A) A licensed professional provides ostomy care when the client is unable to provide self–care.

(B) The ostomy bag and adhesive may be changed by facility staff who receive training from the licensed professional as specified in Sections 80092.1(k) through (k)(2).

(6) The licensee ensures that used bags are discarded as specified in Section 80088(f)(2).

(7) The licensee ensures privacy when ostomy care is provided.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1502, 1507 and 1530, Health and Safety Code.

§ 80092.5. Fecal Impaction Removal, Enemas, or Suppositories.

(a) A licensee of an adult CCF may accept or retain a client who requires manual fecal impaction removal, enemas, or use of suppositories if all of the following conditions are met:

(1) The licensee is in compliance with Section 80092.1.

(2) The licensee monitors the client's ongoing ability to provide his/her own routine care in accordance with the physician's instructions.

(3) The license ensures that a licensed professional administers the fecal impaction removal, enemas, or suppositories when the client is unable to do so for himself/herself.

(4) The licensee ensures that a licensed professional performs manual fecal impaction removal whenever it is necessary.

(5) The licensee ensures privacy when care is being provided.

NOTE: Authority cited: Section 1530, Health and Safety Code. References: Sections 1501, 1502, 1507 and 1530, Health and Safety Code.

§ 80092.6. Indwelling Urinary Catheter/Catheter Procedure.

(a) A licensee of an adult CCF may accept or retain a client who requires an indwelling catheter if all of the following conditions are met:

(1) The client is physically and mentally capable of caring for all aspects of the condition except insertion, removal and irrigation.

(A) Irrigation shall only be performed by a licensed professional in accordance with the physician's orders.

(B) Insertion and removal shall only be performed by a licensed professional.

(2) The licensee is in compliance with Section 80092.1.

(3) The licensee monitors the client's ongoing ability to care for his/her catheter in accordance with the physician's instructions.

(4) The licensee ensures that either catheter care is provided by a licensed professional when the client is unable to provide self–care, or the catheter bag and tubing are changed and bags are emptied by facility staff who receive training from the licensed professional as specified in Sections 80092.1(k) through (k)(2).

(5) The licensee ensures that insertion, removal and irrigation of the catheter, or any other required catheter care other than that specified in Section 80092.6(a)(4) are performed by a licensed professional.

(6) The licensee ensures that waste materials are disposed of as specified in Section 80088(f)(2).

(7) The licensee ensures privacy when care is provided.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1502, 1507 and 1530, Health and Safety Code.

§ 80092.7. Staph or Other Serious, Communicable Infections.

(a) A licensee of an adult CCF may accept or retain a client who has a staph or other serious communicable infection if all of the following conditions are met:

(1) The licensee is in compliance with Section 80092.1.

(2) The licensee has obtained a statement from the client's physician that the infection is not a risk to other clients.

(3) The licensee monitors the client's ongoing ability to care for his/her own condition by complying with the instructions of the licensed professional who is managing the client's care.

(A) The licensed professional may delegate certain aspects of the care providing the facility staff responsible for providing the care receive training from a licensed professional as specified in Sections 80092.1(k) through (k)(2) prior to providing care.

(4) The licensee ensures that a licensed professional assesses the infection and evaluates the treatment at intervals set by the physician or a licensed professional designated by the physician.

(5) The licensee ensures that prior to providing care, staff are trained in and follow Universal Precautions and any other procedures recommended by the licensed professional for protection of the client who has the infection, other clients and staff.

(6) The licensee ensures that all aspects of care performed in the facility by the licensed professional and facility staff are documented in the client's file.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1502, 1507 and 1530, Health and Safety Code.

§ 80092.8. Insulin–Dependent Diabetes.

(a) A licensee of an adult CCF may accept or retain a client who has insulin–dependent diabetes if all of the following conditions are met:

(1) The licensee is in compliance with Section 80092.1.

(2) Either the client is mentally and physically capable of performing his/her own glucose testing and of administering his/her own medication, or a licensed professional administers the tests and injections.

(A) The licensed professional may delegate to trained facility staff glucose testing provided all of the following conditions are met:

1. The blood glucose–monitoring test is performed with a blood glucose–monitoring instrument that has been approved by the federal Food and Drug Administration for over–the–counter sale.

2. The licensee ensures that facility staff responsible for glucose testing receive training from a licensed professional as specified in Sections 80092.1(k) through (k)(2).

3. Facility staff comply with the instructions of the licensed professional regarding the performance of the test and the operation of the blood glucose–monitoring instrument.

4. Facility staff immediately notify the client's physician if the results are not within the normal range for the client.

5. The licensee ensures that the results of each blood glucose test performed by facility staff are documented and maintained in the client's record in the facility.

(3) The licensee ensures that sufficient amounts of medicines, testing equipment, syringes, needles, and other supplies are maintained and stored in the facility.

(4) The licensee ensures that injections are administered immediately after a syringe is filled unless the client is using prefilled

syringes prepared by a registered nurse, pharmacist, or drug manufacturer.

(5) The licensee ensures that syringes and needles are disposed of in accordance with California Code of Regulations, Title 8, Section 5193.

(6) The licensee provides a modified diet as prescribed by a client's physician, as specified in Section 80076(a)(6). Any substitutions shall be made by the facility dietitian or in consultation with a registered dietician or the client's physician or medical provider.

(A) In ADCFs and ADSCs where food is provided, the licensee shall provide a modified diet as specified by the client's physician or family or primary caregiver.

(7) The licensee ensures that all facility staff who provide care receive training in recognizing the signs and symptoms of hyperglycemia and hypoglycemia and in taking appropriate action for client safety.

(b) For clients who provide self–care, the licensee shall:

(1) Monitor the client's ongoing ability to preform his/her glucose testing and administer his/her medication in accordance with the physician's instructions.

(2) Assist clients with self–administered medication, as specified in Section 80075.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1502, 1507 and 1530, Health and Safety Code.

§ 80092.9. Wounds.

(a) A licensee of an adult CCF may accept or retain a client who has a serious wound if all of the following conditions are met:

(1) The licensee is in compliance with Section 80092.1.

(2) The wound is either an unhealed, surgically closed incision or wound, or determined by the physician or a licensed professional designated by the physician to be a Stage 1 or 2 dermal ulcer and is expected by the physician or designated professional to completely heal.

(3) The licensee ensures that a licensed professional in accordance with the physician's instructions provides the wound care.

(A) The licensed professional may delegate simple dressing to facility staff who receive training from a licensed professional as specified in Sections 80092.1(k) through (k)(2).

(B) In ADCFs and ADSCs, the client's family or primary caregiver may train the day program staff responsible for changing dressings if the requirements in Section 80075(b)(1)(B)1. and 2. are met.

(4) The licensee ensures that a licensed professional assesses the wound at intervals set by the physician, or a licensed professional designated by the physician, to evaluate treatment and progress toward healing.

(5) The licensee ensures that all aspects of care performed by the licensed professional facility staff are documented in the client's file.

(b) Non–serious wounds, which include but are not limited to minor cuts, punctures, lacerations, abrasions, and first–degree burns are not affected by this section.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1502, 1507 and 1530, Health and Safety Code.

§ 80092.10. Gastrostomy Feeding, Hydration, and Care.

(a) A licensee of an adult CCF may accept or retain a client who requires gastrostomy care, feeding, and/or hydration if all of the following conditions are met:

(1) The licensee is in compliance with Section 80092.1.

(2) The physician has documented that the gastrostomy is completely healed.

(3) The licensee monitors the client's ongoing ability to provide all routine feeding, hydration and care for his/her gastrostomy in accordance with the physician's instructions.

(4) The licensee ensures that gastrostomy feeding, hydration, medication administration through the gastrostomy, and stoma cleaning are provided by a licensed professional when the client is unable to provide his/her own feeding, hydration and care.

(A) The licensed professional may delegate the following tasks to facility staff who receive training from a licensed professional as specified in Sections 80092.1(k) through (k)(2).

1. Gastrostomy feeding, hydration, and stoma cleaning.

2. For routine medications, trained staff may add medication through the gastrostomy per physician's or nurse practitioner's orders.

3. For PRN medications, trained staff may add medications through the gastrostomy in accordance with Section 80075(b) through (e).

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1502, 1507 and 1530, Health and Safety Code.

§ 80092.11. Tracheostomies.

(a) A licensee of an adult CCF may accept or retain a client who has a tracheostomy if all of the following conditions are met:

(1) The licensee is in compliance with Section 80092.1.

(2) Either the client is mentally and physically capable of providing all routine care for his/her tracheostomy and the physician has documented that the tracheostomy opening (stoma) is completely healed, or assistance in the care of the tracheostomy is provided by a licensed professional.

(A) The licensed professional may delegate routine care for the tracheostomy to facility staff who receive supervision and training from the licensed professional as specified in Sections 80092.1(k) through (k)(2).

1. Suctioning shall not be delegated to facility staff.

(3) The licensee monitors the client's ongoing ability to provide all routine care for his/her tracheostomy in accordance with the physician's instructions.

(4) The licensee ensures that tracheostomy care is provided by a licensed professional when the client is unable to provide self–care.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1502, 1507 and 1530, Health and Safety Code.

§ 80092.12. Tracheostomies.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1502, 1507 and 1530, Health and Safety Code.

§ 80093. Department Review of Health–Related Conditions.

(a) The Department may review actual or suspected health–related conditions, including those specified in Section 80092, to determine if a client is appropriately placed in the facility and if the client's health–related needs are being met. The Department will inform the licensee that the client's health–related condition requires review and will specify documentation that the licensee shall submit to the Department.

(1) Documentation includes, but is not limited to, the following:

(A) Restricted Health Condition Care Plan, if applicable.

(B) Needs and Services Plan.

(C) Copies of prescriptions for medical services and/or medical equipment.

(2) The licensee shall submit the documentation to the Department within 10 working days.

(b) If the Department determines that the client has a restricted health condition, as specified in Section 80092, the licensee shall provide care to the client in accordance with conditions specified in Sections 80092.1 and applicable requirements in Sections 80092.3 through 80092.11. If the licensee is not able to provide adequate care, the client shall be relocated.

(c) If the Department determines that the client has a prohibited health condition, as specified in Section 80091 or a health condition that cannot be cared for within the limits of the license or within the abilities of that specific facility, the Department will order relocation of the client as specified in Section 80094.

(1) The notification to the licensee will include notice of all appeal rights, as specified in Section 80094.

(d) This section does not entitle the licensee to a full evidentiary hearing, state hearing, or any other administrative review beyond that set forth in this section.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1507 and 1531, Health and Safety Code.

§ 80094. Health Condition Relocation Order.

(a) In an adult CCF the Department will order relocation of a client if the Department makes any of the following determinations:

(1) The client has a prohibited health condition, as specified in Section 80091.

(2) The licensee has not met all of the requirements in Sections 80092.1 and applicable requirements in Sections 80092.3 through 80092.11.

(3) The client has a health condition that cannot be cared for within the limits of the license or within the abilities of that specific facility.

(b) The Department will give written notice to the licensee ordering the relocation of the client and informing the licensee of the client's right to an IDT review of the relocation order.

(1) Concurrently, the Department will give the notice of the health condition relocation order and information about the client's right to request review of the relocation order to the client. The Department will mail, by certified mail, or deliver a copy within one working day to the client's authorized representative, if any and responsible person.

(A) If the client has no authorized representative, as defined in Section 80001, the relocation order shall be sent to the responsible person and representative payee, if any.

(2) The health condition relocation order will state the reason for the relocation order and cite the regulation(s) requiring the relocation.

(3) Upon receipt of the relocation order, the licensee shall prepare a written relocation plan in compliance with Section 80078.

NOTE: Authority Cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1507, 1530, 1531 and 1556, Health and Safety Code.

§ 80094.5. Client's Request for Review of a Health Condition Relocation Order by the Interdisciplinary Team (IDT).

(a) A client or the client's authorized representative, if any, may request a review of the Department's health condition relocation order by the IDT.

(b) The client or the client's authorized representative, if any, has 10 working days from receipt of the relocation order to submit to the licensee a written, signed, and dated request for a review and determination by the IDT.

(1) For purposes of this section, a working day is any day except Saturday, Sunday, or an official state holiday.

(c) The licensee shall mail or deliver such a request to the Department within two (2) working days of receipt.

(1) Failure or refusal to do so may subject the licensee to civil penalties, as provided in Section 80054.

(d) Within five (5) working days of receipt by the Department of the request for review, the Department will give written notification to the licensee, client and the client's authorized representative, if any, acknowledging receipt of the client's request for review of the relocation order.

(e) Within twenty (20) working days from the date of the client's review request, the licensee shall submit to the Department the documentation specified in this section to complete the client's review request.

(1) If the information is not received within twenty (20) days, the request for review shall be considered withdrawn, the licensee shall be notified, and the relocation plan will be implemented.

(f) The licensee shall cooperate with the client and the client's authorized representative, if any, in gathering the documentation to complete the client's review request.

(g) The documentation to complete the client's review request shall include, but not be limited to, the following:

(1) The reason(s) for disagreeing that the client has the health condition identified in the relocation order and why the client believes he/she may legally continue to remain in a CCF.

(2) Current health and functional capabilities assessments, as specified in Sections 80069 and 80069.2.

(A) For purposes of this section, "current" means a medical assessment completed on or after the date of the relocation order.

(3) A written statement from any placement agency currently involved with the client addressing the relocation order.

(h) The Department will inform the licensee, client and the client's authorized representative, if any, in writing, of the IDTs determination and the reason for that determination not more than 30 days after the Department's receipt of the information required in this section.

(i) A client does not have a right to a review under this section in any of the following circumstances:

(1) A health condition relocation order has been issued under Section 80078(b)(6).

(2) A client has been evicted under Section 80068.5.

(3) A temporary suspension order has been issued under Section 80042.

(j) This section does not entitle the client to a right to a state hearing or any other administrative review beyond that set forth in this section.

NOTE: Authority Cited: Section 1530, Health and Safety Code. Reference: Sections 1507, 1530 and 1556, Health and Safety Code.

§ 80095. Clients in Care at Time of Final Adoption of Regulations.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1507 and 1531, Health and Safety Code.

Chapter 5. Group Homes

Article 1. General Requirements and Definitions

§ 84000. General.

(a) Group homes, as defined in section 80001.g.(1), shall be governed by the provisions specified in this chapter and in chapter 1. General Requirements.

(b) Group homes shall not accept for placement children who are under the age of six years, unless the facility is licensed for that age group and meets the requirements of Subchapter 2, beginning with Section 84200.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1502, 1530, 1530.8 and 1531, Health and Safety Code; and Section 11467.1, Welfare and Institutions Code.

§ 84001. Definitions.

In addition to section 80001, the following shall apply:

(a)(1) "Approved schools, colleges or universities, including correspondence courses offered by the same," means those approved/authorized by the U.S. Department of Education, Office of Postsecondary Education or by the California Department of Consumer Affairs, Bureau for Private Postsecondary and Vocational Education, pursuant to Education Code Sections 94900 or 94915.

(2) "Accredited schools, colleges or universities, including correspondence courses offered by the same," means those educational institutions or programs granted public recognition as meeting established standards and requirements of an accrediting agency authorized by the U.S. Secretary of Education.

(3) "Affiliated with licensee" means members of board of directors, executive director, officers and individuals paid by the group home licensee as staff, consultant or contractor used to fulfill the plan of operation.

(4) "Assaultive Behavior" means violent, physical actions which are likely to cause immediate physical harm or danger to an individual or others.

(A) Verbal Assault is not considered a form of assaultive behavior.

(5) "Minor parent program" means a group home program that serves pregnant minors and minor parents with children younger than six years of age, who are dependents of the court, nondependents, voluntary and/or regional center placements, and reside in the group

home with the minor parent, who is the primary caregiver of the young child.

(b)(1) "Behavior Management Consultant", for the purpose of this Chapter, means a person who designs and/or implements behavior modification intervention services and meets one of the following requirements as specified in California Code of Regulations, Title 17, Sections 54344(d).

(c)(1) "Certificate holder" means a person who has a current administrator's certificate issued by the Department regardless of whether the person is employed as an administrator in a group home.

(2) "Child" means a person who is under 18 years of age and who is being provided care and supervision in a group home, except where specified otherwise in this chapter.

(3) "Child with Special Health Care Needs" means a child who meets all of the following conditions:

(A) Has a medical condition that requires specialized in–home health care and

(B) Is one of the following:

1. A child who has been adjudged a dependent of the court under Section 300 of the Welfare and Institutions Code.

2. A child who has not been adjudged a dependent of the court under Section 300 of the Welfare and Institutions Code but who is in the custody of the county welfare department.

3. A child with a developmental disability who is receiving services and case management from a regional center.

(4) "Complete Request" means the vendor applicant has submitted and the Department has received all required information and materials necessary to approve or deny the request for certification program and/or course approval.

(5) "Continuing Education Training Program Vendor" means a vendor approved by the Department to provide Continuing Education training courses to group home administrators and certificate holders to qualify them for renewal of their group home administrator certificate.

(d)(1) "Discipline" means a penalty assessed by the facility against a child for his/her violation of the group home's rules, commitment of illegal actions or damage to property.

(e)(1) "Early Intervention" means the use of non–physical, de–escalation interventions to control injurious behavior. Techniques include, but are not limited to, suggesting alternative behavior, crisis communication and evasive techniques.

(2) "Emergency Intervention" means the justified use of early interventions and/or otherwise prohibited manual restraints to protect the child or others from harm.

(3) "Emergency Intervention Plan" means a written plan which addresses how emergency intervention techniques will be implemented by the licensee in compliance with the requirements specified in Section 84322.

(4) "Emergency Intervention Staff Training Plan" means a written plan which specifies the training provided to group home personnel regarding the use of emergency interventions, as specified in Section 84322(g). The emergency intervention staff training plan is a component of the Emergency Intervention Plan.

(f)(1) "Facility Manager" as defined in Health and Safety Code section 1522.4(a)(1).

(g)(1) "Group Home" means a facility which provides 24–hour care and supervision to children, provides services specified in this chapter to a specific client group, and maintains a structured environment, with such services provided at least in part by staff employed by the licensee. The care and supervision provided by a group home shall be nonmedical except as permitted by Welfare and Institutions Code Section 17736(b). Since small family and foster family homes, by definition, care for six or fewer children only, any facility providing 24–hour care for seven or more children must be licensed as a group home.

(2) "Group Home Program Statement" means a written plan which identifies the client population, program structure and supervision, and provides specific program information. The group home program statement must contain all the elements required in the plan of operation, as specified in Section 84022.

(h)(1) "Health Care Professional" means a physician or an individual who is licensed or certified under Division 2 of the Business and Professions Code to perform the necessary client care procedures prescribed by a physician. Such health care professional include the following: Registered Nurse, Public Health Nurse, Licensed Vocational Nurse, Psychiatric Technician, Physical Therapist, Occupational Therapist and Respiratory Therapist.

(i)(1) "Incident Report" means a written report required by the Department to report incidents as specified in Sections 80061 and 84061.

(2) "Individualized Health Care Plan" means the written plan developed by an individualized health care plan team and approved by the team physician, or other health care professional designated by the physician to serve on the team, for the provision of specialized in–home health care.

(3) "Individualized Health Care Plan Team" means those individuals who develop an individualized health care plan for a child with special health care needs. This team must include the child's primary care physician or other health care professional designated by the physician, any involved medical team, the county social worker or regional center caseworker, and any health care professional designated to monitor the specialized in–home health care provided to the child as stated in the child's individualized health care plan. The individualized health care plan team may include, but shall not be limited to, a public health nurse, representatives from the California Children's Services Program or the Child Health and Disability Prevention Program, regional centers, the county mental health department and where reunification is the goal, the parent or parents, if available. In addition, the individualized health care plan team may include the prospective specialized group home licensee who shall not participate in any team determination required by Sections 84065.1(a)(1)(B) and (b)(2).

(4) "Initial Certification Training Program Vendor" means a vendor approved by the Department to provide the initial forty (40) hour certification training program to persons who do not posses a valid group home administrator certificate.

(j) (Reserved)

(k) (Reserved)

(l) (Reserved)

(m)(1) "Manual Restraint" means the use of a hands–on or other physically applied technique to physically limit the freedom of movement of a child. Techniques include, but are not limited to, forced escorts; holding; prone restraints; or other containment techniques, including protective separation.

(2) "Manual Restraint Plan" means a written plan which address how manual restraints will or will not be implemented by the licensee in compliance with the requirements specified in Sections 84322(e) and (f). The manual restraint plan is a component of the emergency intervention plan.

(3) "Mechanical Restraint" means any physical device or equipment which restricts the movement of the whole or a portion of a child's body, including, but not limited to, handcuffs, restraining sheets, restraining chairs, leather cuffs and belts or any other similar method.

(4) "Medical Conditions Requiring Specialized In–Home Health Care" means, provided that care may be safely and adequately administered in the home:

(A) A dependency upon one or more of the following: enteral feeding tube, total parenteral feeding, a cardiorespiratory monitor, intravenous therapy, a ventilator, oxygen support, urinary catheterization, colostomy, ileostomy, ileal conduit, or other medical or surgical pro-

cedures or special medication regimens, including injection, and intravenous medication; or

(B) Conditions such as AIDS, premature birth, congenital defects, severe seizure disorders, severe asthma, bronchopulmonary dysplasia, and severe gastroesophageal reflux when his/her condition could rapidly deteriorate causing permanent injury or death.

(n)(1) "Needs and Services Plan" means a time–limited, goal–oriented written plan, implemented by the licensee, which identifies the specific needs of an individual child, including those items specified in Sections 84068.2 and 84168.3; and delineates those services necessary in order to meet the child's identified needs.

(o) (Reserved)

(p)(1) "Physical Restraining Device" means any physical or mechanical device, material, or equipment attached or adjacent to a child's body which the child cannot remove easily and which restricts the child's freedom of movement. Restraining devices include leg restraints, arm restraints, soft ties or vests, wheel chair safety bars. and full length bedrails.

(2) "Protective Separation" means the voluntary or involuntary removal of a child for the purpose of protecting the child from injuring himself, herself or others.

(3) "Protective Separation Room" means an unlocked room specifically designated and designed for the involuntary separation of a child from other children for a limited time period for the purpose of protecting the child from injuring or endangering himself, herself or others.

(q)(1) "Qualified Mental Retardation Professional" means a person described in Title 22, division 5, chapter 8, section 76834.

(r)(1) "Runaway" means a child who absents himself or herself from the facility without permission from facility personnel.

(2) "Runaway Plan" means a written plan which addresses how the licensee will respond to runaway situations.

(s)(1) "Satellite Home" means a facility which is owned by, contracted with, or otherwise controlled by the licensee of another group home. The primary function of the satellite home is to provide residential services to children who are former clients of the primary group home and/or to children who receive direct services from the primary group home. As specified in section 80008(b), each satellite home is required to independently meet regulations applicable to its licensed category.

(2) "Social Work Staff" means at least one social worker or other professional person trained in the behavioral sciences who provides, either through employment or alternative means, those services specified in this chapter.

(3) "Specialized Group Home" means a licensed group home which provides specialized in–home health care to children.

(4) "Specialized In–Home Health Care" means health care identified by the child's physician as appropriately administered in the facility by a health care professional or by a licensee or staff trained by health care professionals pursuant to the child's individualized health care plan. For a child with special health care needs placed in a group home after November 1, 1993, these services must be provided by a health care professional.

(A) Such alternative means shall include services provided by the social work staff of placement agencies only when such services are within the scope of the duties assigned to the worker by his/her agency.

(t) (Reserved)

(u) (Reserved)

(v) (1) "Vendor" means a Department–approved institution, association, individual(s), or other entity that assumes full responsibility or control over a Department–approved Initial Certification Training Program and/or a Continuing Education Training Program.

(2) "Vendor Applicant" means any institution, association, individual(s), or other entity that submits a request for approval of an Initial Certification Training Program and/or a Continuing Education Training Program.

(w) (Reserved)

(x) (Reserved)

(y) (Reserved)

(z) (Reserved)

NOTE: Authority cited: Section 17730, Welfare and Institutions Code; and Sections 1522.41(j), 1530, 1530.8 and 1530.9, Health and Safety Code. Reference: Sections 1501, 1502, 1503, 1507, 1522.4, 1522.41, 1522.41(j), 1530.8 and 1531, Health and Safety Code; Sections 11331.5(d), 11406(c), 17710(a), (d), (g) and (h), 17731, 17736(a) and (b), Welfare and Institutions Code; and 45 CFR Section 1351.1(k).

§ 84002. Definitions—Forms.

The following forms are incorporated by reference:

(a) LIC 9165 (2/99), Board of Directors Statement.

(b) PUB 326 (4/99), Facts You Need to Know, Group Home Board of Directors.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1520.1(b)(1) and (2), Health and Safety Code.

Article 2. Licensing

§ 84009. Posting of License.

(a) The license shall be posted in a prominent, publicly accessible location in the facility.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501 and 1531, Health and Safety Code.

§ 84010.1. Term Limits for Specialized Group Homes.

(a) Group homes may provide care and supervision to children with special health care needs provided that either:

(1) The child was placed in the group home before January 1, 1992, and has since resided continuously in the home; or

(2) The child was or will be placed in the group home on or after January 1, 1992, and all of the following conditions are met:

(A) The child has not spent more than 120 calendar days in any group home or combination of group homes while having special health care needs.

1. The 120–day limitation may not be extended except with the written approval of the District or his/her designee.

(B) The placement is on an emergency basis for the purpose of arranging a subsequent placement in a less restrictive setting, such as with the child's natural parents or relatives, with a foster parent or foster family agency, or with another appropriate person or facility.

(C) The county social worker, regional center caseworker or authorized representative for each child in the home determines that the specialized group home can meet the specific needs of his/her child.

(b) The licensee of a group home shall not accept a child requiring in–home health care, other than incidental medical services pursuant to Section 1507 of the Health and Safety Code, unless the child is a child with special health care needs.

NOTE: Authority cited: Section 17730, Welfare and Institutions Code; and Section 1530, Health and Safety Code. Reference: Sections 17732(a), (d) and (e) and 17736(a), Welfare and Institutions Code; and Section 1507, Health and Safety Code.

§ 84010.2. Prohibition of Dual Licensure for Specialized Group Homes.

(a) A group home licensee shall not hold any day care, other residential or health care facility license for the same premises as the group home while the home is providing care and supervision to children with special health care needs.

(1) Any group home licensee planning to provide care and supervision to a child with special health care needs who holds a license as specified in Section 84010.2(a) shall surrender the license to the licensing agency prior to accepting a child with special health care needs.

(2) The provisions specified in Sections 84010.2(a) and (a)(1) shall

not apply to existing licensed group homes that meet both of the following:

(A) All children with special health care needs were accepted prior to the effective date of this section; and

(B) No application for a day care, other residential or health facility license was approved for the premises on or after the effective date of this section.

NOTE: Authority cited: Section 17730, Welfare and Institutions Code; and Section 1530, Health and Safety Code. Reference: Section 17732(e), Welfare and Institutions Code; and Sections 1300, 1531 and 1524(c), Health and Safety Code.

§ 84012. False Claims; Ineligibility.

If a person is determined to have made, disseminated, participated in making, or caused to be made a false or misleading statement pursuant to Section 80012(a), and that statement has resulted in a group home overpayment being assessed pursuant to the Manual of Policies and Procedures Section 11–402.6 et seq., then such person shall not be eligible for a new license under Division 6 or Division 12 and shall not be eligible to serve as an officer or employee of a new or subsequent licensee under Division 6 or Division 12 until the group home overpayment is fully repaid or otherwise discharged.

NOTE: Authority cited: Section 1550, Health and Safety Code. Reference: Section 1550, Health and Safety Code; and Sections 11466.22(a), (b), (e) and (f), Welfare and Institutions Code.

Article 3. Application Procedures

§ 84018. Application for License.

(a) In addition to Section 80018, the following shall apply.

(b) Each applicant shall submit the following to the licensing agency:

(1) A financial plan of operation on forms provided or approved by the department.

(A) Start–up funds shall be available and shall include funds for the first three months of operation.

(B) Start–up funds shall be independent of prospective client fees. In cases of a change of ownership, expected income from clients currently in placement shall be considered.

(C) Start–up funds shall not include funds designated for or used for construction costs.

(D) The licensing agency shall have the authority to require written verification of the availability of the funds specified in (A) above.

(2) A written plan for training of child care staff, as specified in Section 84065(h), and facility managers, as specified in Section 84065(k).

(3) A written plan for activities as specified in Sections 84079(a) through (a)(5).

(4) The name and residence and mailing addresses of the facility administrator, a description of the administrator's background and qualifications, and documentation verifying required education and administrator certification.

(c) Each corporate applicant shall obtain a signed form, LIC 9165 from each member of the board of directors. A copy of each signed LIC 9165 shall be submitted to the Department.

NOTE: Authority cited: Sections 1522.41(j) and 1530, Health and Safety Code. Reference: Sections 1501, 1520, 1522.41(b), 1531 and 1562, Health and Safety Code.

§ 84022. Plan of Operation.

(a) In addition to Section 80022, the following shall apply.

(b) The plan of operation shall include the following:

(1) A statement regarding the types of children to be served by the facility, including dependent, neglected, delinquent, predelinquent, physically handicapped, developmentally disabled, mentally disordered, or emotionally disturbed children.

(2) A description of services to be provided by the facility which shall include the following:

(A) Procedures for development of a needs and services plan which addresses each child's needs and the services required to meet such needs.

(B) Procedures for review and evaluation of the needs and services plan.

(C) Policy regarding participation f the child and his/her authorized representative(s) in the development of the needs and services plan.

(D) Procedures for implementation and modification of the needs and services plan.

(E) Policies and procedures for the child's discharge when he/she reaches age 18; after needs and services plan goals have been reached; when the needs and services plan has proven to be ineffective; or when it has been determined that the child's continued placement in the facility is detrimental to the child or other children in the facility.

(3) The administrative policies and procedures to be used to implement the facility's plan of operation.

(4) A written Emergency Intervention Plan as specified in Section 84322.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501 and 1531, Health and Safety Code.

§ 84026. Safeguards for Cash Resources, Personal Property, and Valuables.

(a) In addition to Section 80026, the following shall apply.

(b) The licensee shall have written policies and procedures meeting the requirements in (c) below approved in advance by the licensing agency.

(c) The licensee shall ensure that a child's cash resources are not taken in the form of fines unless the following requirements are met:

(1) All fines levied shall be recorded and explained in the child's file, including the amount of the fine and the reason for the fine.

(2) Such fines shall be maintained in an account separate from the personal or business accounts of the licensee or facility.

(A) Records shall be maintained accounting for any interest earned and expenditures from the account.

(3) All fines collected shall be used for the benefit of the individual child or all children in placement.

(4) The circumstances under which fines are to be imposed shall be specified in writing.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501 and 1531, Health and Safety Code.

§ 84027. Safeguards for Cash Resources, Personal Property, and Valuables.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501 and 1531, Health and Safety Code.

§ 84030. Provisional License (Group Home).

(a) The provisions in the General Licensing Requirements, Sections 80030(a) through 80030(f) and 80031, shall not apply to group home licensees and applicants. The provisional license requirements in Sections 84030.1, 84031, 84031.1, and 84031.2 shall apply to all group home licensees and applicants.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1520, 1520.1, 1524, 1525.5 and 1531, Health and Safety Code.

§ 84030.1. Provisional License.

(a) All group home license applicants who complete an application and who meet the regulatory and statutory requirements shall receive a provisional license for the first twelve months. After eight months of operation, the licensing agency shall conduct a comprehensive review of the facility for compliance with all applicable laws and regulations and shall assist the applicant to develop a plan of correction, when necessary.

(1) Before the first business day of the thirteenth month of operation, if the Department determines that the group home is in substantial compliance with licensing standards, the Department shall issue a permanent group home license except as provided in Section 84030.1(b).

(b) If the Department determines that the group home is in substantial compliance with licensing standards, the Department may extend the provisional license for up to an additional six months for either of the following reasons:

(1) The group home requires additional time to be in full compliance with licensing standards.

(2) After twelve months of operation, the group home is not operating at fifty percent of its licensed capacity.

(c) By no later than the first business day of the seventeenth month of operation, the Department shall conduct an additional review of a facility for which a provisional license is extended pursuant to Section 84030.1(b), to determine whether a permanent license should be issued.

(d) Under the following conditions, a group home licensee with a permanent license may apply for a provisional license:

(1) A temporary change in facility location of not more than six months due to unforseen circumstances beyond the control of the licensee (i.e. flood, earthquake, etc.).

(A) The licensing agency shall have the authority to authorize a temporary facility change following a licensing agency review, a finding of substantial compliance with licensing standards, and the securing of an appropriate fire clearance.

(e) If, during the provisional license period, the licensing agency discovers any serious deficiencies, the Department shall have the authority to institute administrative action, or civil proceedings, or to refer the case for criminal prosecution. As one of the options under the administrative action process, the Department may deny a group home license application at any time during the term of the provisional license to protect the health and safety of clients. If the Department denies the application, the group home shall cease operation immediately. Continued operation of the facility after the Department denies the application or after the provisional license expires shall constitute unlicensed operation.

(f) A provisional license shall not be renewable and shall terminate on the date specified on the license or upon denial of the application, whichever is earlier.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1520, 1520.1, 1524, 1525.5 and 1531, Health and Safety Code.

§ 84031. Issuance of a License (Group Home).

(a) All group home license applicants who complete an application and who meet the regulatory and statutory requirements shall receive a provisional license for the first twelve (12) months of operation and during that period shall be evaluated for a permanent license.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1509, 1520, 1520.1, 1520.5, 1525 and 1531.5, Health and Safety Code.

§ 84031.1. Issuance of a Provisional License (Group Home).

(a) For the time frames of the initial review of the application for completeness, see Section 80027.

(b) Within ninety (90) days of the date that a completed application, as defined in Section 80001(c)(10), has been received, the licensing agency shall give written notice to the group home applicant of one of the following:

(1) A provisional license has been approved for the first twelve months of operation pending a comprehensive review and final evaluation for a permanent group home license.

(2) The application has been denied.

(A) The notice of denial shall include the information specified in Section 80040(b)(1).

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1509, 1520, 1520.1, 1520.5, 1525, 1526 and 1531.5, Health and Safety Code; and Section 15376, Government Code.

§ 84031.2. Issuance of a Permanent License (Group Home).

(a) Before the first business day of the thirteenth month (up to nineteen months, if an extension was granted in accordance with Section 84030.1(b)) after the effective date of the provisional license, as defined in Section 84030.1, the licensing agency shall give written notice to the group home applicant of one of the following:

(1) A permanent license has been approved.

(2) The application has been denied.

(A) The notice of denial shall include the information specified in Section 80040(b)(1).

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1509, 1520, 1520.1, 1520.5, 1525, 1526 and 1531.5, Health and Safety Code.

§ 84040. Denial of Initial License.

(a) An application for licensure shall be denied when the applicant does not provide an LIC 9165 signed by each member of the board of directors, that includes the statement specified in Health and Safety Code Section 1520.1(b)(1).

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Section 1520.1(b)(1), Health and Safety Code.

Article 4. Administrative Actions

§ 84044. Inspection Authority of the Department or Licensing Agency.

(a) In addition to Section 80044, licensees providing care and supervision to six or fewer clients shall comply with the provision of Health and Safety Code Section 1522.4(a)(5).

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Section 1522.4, Health and Safety Code.

§ 84045. Evaluation Visits.

(a) In addition to Section 80045, the following shall apply.

(b) The licensee shall maintain licensing reports as specified in Health and Safety Code Section 1538.5(a)(2).

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Section 1538.5, Health and Safety Code.

Article 5. Enforcement Provisions

§ 84051. Serious Deficiencies.

(b) Failure to operate according to the plan of operation, as specified in Section 84222, may result in a citation for a serious deficiency.

NOTE: Authority cited: Section 17730, Welfare and Institutions Code; and Section 1530, Health and Safety Code. Reference: Sections 1501, 1530.8 and 1531, Health and Safety Code; and Section 11467.1, Welfare and Institutions Code.

Article 6. Continuing Requirements

§ 84061. Reporting Requirements.

(a) In addition to Section 80061, the following shall apply.

(b) The licensee shall ensure that the child's authorized representative is notified no later than the next working day if the following circumstances have occurred without the authorized representative's participation:

(1) The child has been placed in the facility under emergency circumstances.

(2) The child has been removed from the facility.

(3) Each time the child has been placed in a manual restraint, to be reported as required in Section 84805.

(c) The licensee shall ensure that the child's authorized representative is sent prior written notification regarding the need for nonemergency relocation of the child to another facility, including a satellite home.

(d) The licensee shall ensure that the child's authorized representative is notified if the child is not enrolled in or regularly attending school.

(e) Effective January 1, 2000, the licensee shall notify the Department, in writing, within ten (10) days of any change in the facility administrator.

(f) The licensee shall notify the licensing agency in writing within ten working days of acquiring a new member of the board of directors. The notification shall include the following:

(1) Name and mailing address of the new member of the board of directors;

(2) Date he or she joined the board of directors, and

(3) A copy of the LIC 9165 signed by the new member of the board of directors.

(g) The licensee shall notify the Department, in writing, within ten (10) days of the hiring of a new administrator. The notification shall include the following:

(1) Name, and residence and mailing addresses of the new administrator.

(2) Date he/she assumed his/her position.

(3) Description of his/her background and qualifications, including documentation of required education and administrator certification.

(A) A photocopy of the documentation shall be permitted.

(h) Incident Reports must include the following:

(1) Date, time, duration and location of the incident.

(2) A detailed narrative, describing the incident and the events leading up to incident.

(3) Analysis of the incident:

(A) Other reportable incidents involving the same child in the preceding six months.

(B) Description of other incidents.

1. Dates of previous incidents.

2. Types of incidents.

3. Action taken by facility personnel in response to incidents.

(C) Are there commonalities between this incident and other incidents involving the same child in the preceding six months.

(4) Description of the facility's plan for the child, in response to the incident, including modifications to the child's needs and services plan. If the child has been involved in previous incidents, explain what the previous modifications were to the child's needs and services plan.

(5) What action was taken by facility personnel to re–integrate the child into the general population after the incident.

(6) When the Incident Report is used to report the use of manual restraints, the report must include the following:

(A) Date and time of other manual restraints involving the same child in the past 24 hours.

(B) A description of the child's behavior that required the use of manual restraints, and description of the precipitating factors which led to the intervention.

(C) Description of what manual restraints were used, and how long the child was restrained.

(D) Description of what non–physical interventions were utilized prior to the restraint; explanation of why more restrictive interventions were necessary.

(E) Description of injuries sustained by the child or facility personnel. What type of medical treatment was sought and where was child taken. Explanation if medical treatment not sought for injuries.

(F) Name(s) of facility personnel who provided the manual restraint.

(G) Name(s) of facility personnel who witnessed the child's behavior and the restraint.

(H) The child's verbal response and physical appearance, including a description of any injuries at the completion of the restraint.

(I) If it is determined by the post incident review, as required in Section 84368.3, that facility personnel did not attempt to prevent the manual restraint, a description of what action should have been taken by facility personnel to prevent the manual restraint incident. What corrective action will be taken or not taken and why.

(J) If law enforcement was involved, a detailed description of the incident.

(K) Documentation that the child's authorized representative has been notified of the incident.

(7) When the Incident Report is used to report a runaway situation, the report must include the following:

(A) When and how was the child's absence first noted.

(B) If known, child's last known activities.

(C) What were the circumstances surrounding the child's absence.

(D) What action did the facility personnel take to discourage the child from leaving; and what interventions were utilized, if any.

(E) What action was taken by facility personnel to locate the child.

(F) If a manual restraint was used, and if it is determined by the post incident review, as required in Section 84368.3, that facility personnel did not attempt to prevent the manual restraint, a description of what action should have been taken by facility personnel to prevent the manual restraint incident. What corrective action will be taken or not taken and why.

(G) If law enforcement was involved in the incident, a detailed description of the incident.

(H) Documentation that the child's authorized representative has been notified of the incident.

NOTE: Authority cited: Sections 1522.41(j) and 1530, Health and Safety Code. Reference: Sections 1522.41(b)(4), 1531 and 1562, Health and Safety Code; and Section 11406(c), Welfare and Institutions Code.

§ 84063. Accountability.

(a) The board of directors shall be active in ensuring accountability and perform at a minimum, the following responsibilities:

(1) Establish and approve policies and procedures governing the operation of the group home;

(2) Approve and monitor the corporation's operating budget;

(3) Assess and maintain the level of funds necessary to cover the costs of operating the group home;

(4) Review and approve the facility's emergency intervention plan as specified in Section 84322(k);

(5) Employ an administrator who meets the requirements of Section 84064;

(6) Complete a written statement describing the duties delegated to the administrator. Provide a copy of this statement to the administrator and maintain a copy in the facility's file;

(7) Require that the Chief Executive Officer, administrator, or a designee be present at all board of directors meetings during which the operation or the policies of the group home(s) are discussed;

(8) Conduct board of directors meetings at least on a quarterly basis to review and discuss the group home's operation and documents as specified in Health and Safety Code Section 1520.1(f), and based upon the review, ensure that the group home complies with all applicable regulations;

(9) Ensure that minutes are kept for all board of directors meetings and retained as a permanent record. The minutes shall reflect the board's discussion of the documents specified in Health and Safety Code Section 1520.1(f);

(10) Ensure that all minutes of board of directors meetings are available for review by the licensing agency, and

(11) Submit copies of all corporate documents to the licensing agency at the time documents are submitted to the Secretary of State.

(b) The licensee shall provide each board of directors member with the "Facts You Need To Know, Group Home Board of Directors" (PUB 326) booklet furnished by the Department.

(c) The licensee shall require that each board of directors member sign and date the form, LIC 9165) as specified in Section 84018(c). The signed original form shall be maintained in the corporation's principal California office.

(1) The signed form shall be obtained from each board of directors member by the next scheduled board of directors meeting after July 1, 1999.

(2) A signed form shall be obtained from a prospective board of directors member before joining the board of directors.

(3) A permanent license shall not be issued until all members of the board of directors have signed the form.

(4) The LIC 9165 specified in (c) above shall be made available for review by the Department upon request.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1520.1(f) and 1520.11(c), Health and Safety Code.

§ 84064. Administrator Qualifications and Duties.

(a) In addition to section 80064, the following shall apply.

(b) Effective January 1, 2000, all group homes shall have a certified administrator.

(1) Between January 1, 2000 and July 1, 2001 only, where good faith efforts to employ a certified administrator are unsuccessful, applicants for a license to operate a group home may be granted a provisional license pursuant to the provisions of regulation Section 84030.1. The Department may deny the license if the licensee fails to employ a certified administrator pursuant to the terms and conditions of the provisional license.

(2) In the event a certified administrator is not employed within ten (10) days of the departure of the former administrator, a written "Plan of Correction" shall be developed to bring the group home into compliance with the requirements of this section.

(3) In those cases where the individual is both the licensee and the administrator of a group home, the individual shall comply with all of the licensee and certified administrator requirements.

(4) The Department may revoke the license of a group home for failure to comply with all requirements regarding certified administrators.

(5) Unless otherwise provided, a certified administrator may administer more than one licensed group home.

(c) The administrator shall be on the premises for the number of hours necessary to manage and administer the facility in compliance with applicable law and regulation.

(d) When the administrator is absent, one of the following requirements shall be met:

(1) In facilities with a licensed capacity of 12 or fewer children, there shall be coverage by a designated staff person.

(2) In facilities with a licensed capacity of 13 or more children, there shall be coverage by a designated substitute who has the following qualifications:

(A) Graduation from high school or equivalent.

(B) One year of administrative or supervisory experience over social work, child care and/or support staff providing direct services to children in an agency or in a community care facility with a licensed capacity of seven or more.

(e) The administrator shall meet the requirements specified below:

(1) The administrator of a facility with a licensed capacity of 12 or fewer children shall meet one of the following requirements:

(A) Have a master's degree in a behavioral science from an accredited college or university, plus a minimum of one year of employment as a social worker, as defined in section 80001(a)(47), in an agency serving children or in a group residential program for children.

(B) Have a bachelor's degree from an accredited college or university, plus at least one year of administrative experience or supervisory experience over social work, child care, and/or support staff providing direct services to children in an agency or in a community care facility with a licensed capacity of seven or more.

(C) Have completed at least two years at an accredited college or university, plus at least two years administrative experience or supervisory experience over social work, child care, and/or support staff providing direct services to children in an agency or in a community care facility with a licensed capacity of seven or more.

(D) Have completed high school, or equivalent, plus at least three years administrative experience or supervisory experience over social work, child care, and/or support staff providing direct services to children in an agency or in a community care facility with a licensed capacity of seven or more.

(2) The administrator of a facility with a licensed capacity of 13 or more children shall meet one of the following requirements:

(A) Have a master's degree in a behavioral science from an accredited college or university, plus at least one year of administrative experience or supervisory experience over social work, child care, and/or support staff providing direct services to children in an agency or in a community care facility with a licensed capacity of seven or more.

(B) Have a master's degree in a behavioral science from an accredited college or university, plus two years of employment as a social worker, as defined in section 80001s.(4), in an agency serving children or in a group residential program for children.

(C) Have a bachelor's degree from an accredited college or university, plus at least three years administrative experience or supervisory experience over social work, child care, and/or support staff providing direct services to children in an agency or in a community care facility with a licensed capacity of seven or more.

(D) Have completed at least two years at an accredited college or university, plus at least five years administrative experience or supervisory experience over social work, child care, and/or support staff providing direct services to children in an agency or in a community care facility with a licensed capacity of seven or more.

(f) The administrator shall perform the following duties:

(1) Direction and evaluation of a group home facility within the limits of the functions and policies established by the licensee.

(2) Preparation of the facility's budget and management of expenditures according to the facility's budget limitations.

(3) Organization of the work of the facility and delegation of responsibility to staff members.

(4) Assessment of the facility operations and program; and reporting to the licensee and making recommendations to address identified problems.

(5) Recruitment, appointment, evaluation, and termination of staff.

(6) Development of a plan for the orientation, development and training of staff, as specified in section 84065(g).

(7) Review of complaints made by children or their authorized representative(s) as specified in section 84072.2(a), and deciding upon the action to be taken to handle the complaint.

NOTE: Authority cited: Sections 1522.41(j) and 1530, Health and Safety Code. Reference: Sections 1501, 1522.41(b), 1531 and 1562, Health and Safety Code.

§ 84064.1. Additional Administrator Qualifications and Duties in Specialized Group Homes.

(a) The administrator shall ensure the provision of services to children with special health care needs with appropriate regard for the child's physical and mental well–being and needs, including those services identified in the child's individualized health care plan.

NOTE: Authority cited:Section 17730, Welfare and Institutions Code; and Section 1530, Health and Safety Code. Reference: Sections 1501, 1531 and 1562, Health and Safety Code.

§ 84064.2. Administrator Certification Requirements.

(a) An individual employed on or after January 1, 2000, shall be a certificate holder prior to being employed as an administrator.

(1) An individual employed as an administrator on December 31, 1999 shall be permitted to take the standardized written test administered by the Department in lieu of completing the forty (40) hours of Initial Certification Training Program classroom instruction. If a passing score is not achieved after two (2) attempts, the administrator must complete a forty (40) hour Initial Certification Training Program and pass the test no later than December 31, 2000.

(2) An individual who, though not an administrator, is employed by a group home on December 31, 1999 shall be permitted to take the standardized written test administered by the Department in lieu of completing the forty (40) hours of Initial Certification Training Program classroom instruction provided that he/she meets the following conditions:

(A) The individual must have been employed as a group home administrator for at least four (4) of the last eight (8) years, and

(B) While employed as an administrator, the individual must have had a record of administering the facility for which he/she was responsible in substantial compliance as defined in Section 80001(s)(6).

(b) To receive his/her certificate an applicant shall:

(1) Successfully complete a Department approved Initial Certification Training Program, except as specified in Section 84064.2(a)(1) above.

(2) Pass a written test administered by the Department within sixty (60) days of completion of an Initial Certification Training Program.

(3) Submit an application form to the Department's certification section within thirty (30) days of being notified of having passed the test. The application shall contain the following:

(A) Proof that the applicant has successfully completed a Department approved Initial Certification Training Program or proof of employment as an administrator on December 31, 1999.

(B) A statement certifying that the applicant is at least twenty–one (21) years of age.

(C) Fingerprint cards, or evidence that the applicant has submitted fingerprints to the Department of Justice at a livescan facility, or a statement that the applicant has a current criminal record clearance on file with the Department.

(D) A one hundred dollar ($100) processing fee.

(c) The Department shall not issue a certificate until it receives notification from the Department of Justice that the applicant has a criminal record clearance pursuant to Health and Safety Code Section 1522 or is able to transfer a current criminal record clearance pursuant to Health and Safety Code Section 1522(b)(1).

(d) It shall be unlawful for any person not certified under this section to misrepresent himself or herself as a certified administrator. Any person willfully making any false representation as being a certified group home administrator is guilty of a misdemeanor.

(e) Certificates issued under this section shall be renewed every two (2) years provided the certificate holder has complied with all renewal requirements.

(f) Certificates shall be valid for a period of two (2) years and expire on either the anniversary date of initial issuance or on the individual's birthday during the second calendar year following certification.

(1) The certificate holder shall make an irrevocable election to have his or her recertification date for any subsequent recertification either on the date two years from the date of issuance of the certificate or on the individual's birthday during the second calendar year following certification.

(g) Time deadlines specified in Section 84064.2(b)(2) and (3) above may be extended for good cause as determined by the Department. Any request for extension of time shall be in writing and shall contain a statement of all facts the applicant believes constitute good cause to extend time.

NOTE: Authority cited: Sections 1522.41(j) and 1530, Health and Safety Code. Reference: Sections 1522.41(b) through (f), Health and Safety Code.

§ 84064.3. Administrator Recertification Requirements.

(a) Administrators shall complete at least forty (40) classroom hours of continuing education during the two–year certification period. Continuing education hours must relate to the Core of Knowledge and be completed through any combination of the following:

(1) Courses provided by vendors approved by the Department, or

(2) Accredited educational institutions offering courses that are consistent with the requirements of this section, or

(3) Courses offered by vendors approved by other California State agencies provided that:

(A) The approval and enforcement procedures of the State agency are comparable to the approval and enforcement procedures of the Department, and

(B) The course relates to the Core of Knowledge as specified in Section 84090(h)(1)(A) through (I).

(4) Certified administrators required to complete continuing education hours required by regulations of the Department of Developmental Services, and approved by the Regional Center, may have up to twenty–four (24) of the required continuing education course hours credited toward the forty (40) hour continuing education requirement.

(A) Community college course hours approved by the Regional Center shall be accepted by the Department for recertifcation.

(B) Any continuing education course hours in excess of twenty–four (24) hours offered by the Department of Developmental Services and approved by the Regional Center may be credited toward the forty (40) hour requirement provided the courses are not duplicative and relate to the core of knowledge as specified in Section 84090(h)(1)(A) through (I).

(5) Continuing education hours must enhance the core of knowledge. Continuing education credit will not be provided for any Initial Certification Training Program course.

(b) Courses approved for continuing education credit shall require the physical presence of the certificate holder in a classroom setting except that:

(1) The Department may approve courses where technology permits the simultaneous and interactive participation of the certificate holder, provided such participation is verifiable.

(c) To apply for recertification prior to the expiration date of the certificate, the certificate holder shall submit:

(1) A written request to recertify post–marked prior to the certificate expiration date.

(2) Evidence of completion of forty (40) continuing education hours as specified in Section 84064.3(a) above.

(3) Payment of a one hundred dollar ($100) processing fee.

(d) To apply for recertification after the expiration date of the certificate, but within four (4) years of the certificate expiration date, the certificate holder shall submit:

(1) A written request to recertify.

(2) Evidence of completion of the required continuing education hours as specified in Section 84064.3(a) above. The total number of hours required for recertification shall be determined by computing the number of continuing education hours the certificate holder would have been required to complete if they had remained certified. The date of computation shall be the date the written request for recertification is received by the Department.

(3) Payment of a delinquency fee equal to three times the renewal fee, or three hundred dollar ($300).

(e) Certificates not renewed within four (4) years of their expiration date shall not be renewed, restored, reissued or reinstated.

(1) Holders of certificates not renewed within four (4) years of their expiration date shall complete an Initial Certification Training Program as specified in Section 84064.2(b).

(f) Certificate holders, as a condition of recertification, shall have a current criminal record clearance.

(g) A processing fee of twenty–five dollar ($25) shall be paid for the replacement of a lost certificate.

(h) A certificate holder shall report any change of mailing address within thirty (30) days to the Department's administrator certification section.

(i) Whenever a certified administrator assumes or relinquishes responsibility for administering a group home facility, he or she shall provide written notice within ten (10) days to:

(1) The licensing District Office(s) responsible for receiving information regarding personnel changes at the licensed facilities with whom the certificate holder is or was associated, and

(2) The Department's administrator certification section.

NOTE: Authority cited: Sections 1522.41(j) and 1530, Health and Safety Code. Reference: Section 1522.41(f), Health and Safety Code.

§ 84064.4. Denial or Revocation of a Certificate.

(a) The Department may deny or revoke any administrator certificate upon any of the grounds specified in Health and Safety Code Section 1550 and for any of the following:

(1) The certificate holder procured a certificate by fraud or misrepresentation.

(2) The certificate holder knowingly made or gave a false statement or information in conjunction with the application for a certificate.

(3) The Department has issued an exclusion order against the certificate holder pursuant to Health and Safety Code Sections 1558, 1568.092, 1569.58 or 1596.8897 after the Department issued the certificate, and:

(A) The certificate holder did not appeal the exclusion order or,

(B) After the appeal, the Department issued a decision and order that upheld the exclusion order.

(4) The certificate holder does not have a current criminal record clearance.

(5) The certificate holder fails to comply with certificate renewal requirements.

(A) The Department may reinstate a certificate that has been revoked for failure to comply with certificate renewal requirements provided all conditions for recertification have been satisfied, including payment of all appropriate renewal and delinquency fees.

(b) Any denial or revocation of an administrator certificate may be appealed as provided by Health and Safety Code Section 1551.

(c) Unless otherwise ordered by the Department, any application for an administrator certificate submitted after a denial or revocation action shall be processed in accordance with the provisions of Health and Safety Code Section 1520.3.

NOTE: Authority cited: Sections 1522.41(j) and 1530, Health and Safety Code. Reference: Sections 1520.3, 1522.41(f) and (g), 1550 and 1551, Health and Safety Code.

§ 84064.5. Forfeiture of a Certificate.

(a) Unless otherwise ordered by the Department, the certificate shall be considered forfeited under any of the following conditions:

(1) The Department has revoked any license held by the certificate holder after the Department issued the certificate.

(2) The Department has issued an exclusion order against the certificate holder pursuant to Health and Safety Code Sections 1558, 1568.092, 1569.58 or 1596.8897, after the Department issued the certificate, and:

(A) The certificate holder did not appeal the exclusion order or,

(B) After the appeal, the Department issued a decision and order that upheld the exclusion order.

(b) Unless otherwise ordered by the Department, any application for an administrator certificate submitted after a certificate has been forfeited shall be processed in accordance with the provisions of Health and Safety Code Sections 1520.3, 1558(h) and/or 1558.1.

NOTE: Authority cited: Sections 1522.41(j) and 1530, Health and Safety Code. Reference: Sections 1520.3, 1522.41(g), 1558(h) and 1558.1, Health and Safety Code.

§ 84065. Personnel Requirements.

(a) In addition to Section 80065, the following shall apply.

(b) The licensee shall employ those administrative, child care, social work and support staff necessary to perform the assigned duties specified in applicable law and regulation.

(c) The licensee shall ensure provision of the services specified in Section 84065.2(c)(1) through (4) by social work staff.

(d) The licensee shall designate at least one facility manager to be present at the facility at all times when children are present:

(1) The facility manager shall meet one of the following requirements prior to employment:

(2) This requirement does not apply to facilities with a licensed capacity of six or less which were licensed prior to January 1, 1985.

(A) One year of full–time experience, or its equivalent, working with the client group to be served.

1. Experience shall be verified as having been performed as a paid or volunteer staff person whose duties required direct supervision and care of the client group served.

(B) Two years experience as a member of the social work staff in a group home performing those duties specified in Section 84065.2(c).

(C) Completion with a passing grade, from an accredited or approved college or university, of 15 college semester or equivalent quarter units in behavioral sciences, 9 units of which must be in courses relating to children with behavioral problems which may be the result of abuse, neglect, or emotional trauma. The courses may include, but are not limited to curriculums in Corrections, Psychology, Social Work, or Social Welfare.

(3) Prior to assuming the duties and responsibilities of the facility manager, the individual shall complete a minimum of one hour of training as specified in Section 84065(k), in addition to training required in Sections 84065(i) and (j).

(A) Facility managers only working in community treatment facilities governed by Title 22, Division 6, Chapter 5, Subchapter 1, who have completed the training required by Section 84165(f), are exempt from the training required in Sections 84065(i) and (j).

(B) Facility managers only working in group homes that care for children under the age of six years governed by Title 22, Division 6, Chapter 5, Subchapter 2, who have completed the training required by Sections 84265(c) and (h) are exempt from the training required in Sections 84065(i) and (j).

(4) Any person willfully making any false representation as being a facility manager is guilty of a misdemeanor.

(e) In facilities with a licensed capacity of 13 or more children, one employee shall be designated by the administrator to have primary responsibility for planned activities, and shall be given assistance as necessary to ensure that all children participate in accordance with their needs, interests, and abilities.

(1) Such employee shall develop, organize, implement, and evaluate the facility activity program, and shall possess the following qualifications:

(A) Completion of or enrollment in a related education or training program.

(B) Six months' experience in organizing and providing planned activities.

(f) The licensee of a group home providing care and supervision to children diagnosed by a physician, psychiatrist, psychologist or licensed clinical social worker as mentally disordered shall make provision for at least monthly consultation from a psychiatrist, or clinical psychologist, or licensed clinical social worker regarding the program of services.

(1) The licensee shall maintain on file copies of reports signed by any such consultant, noting the types and hours of services provided.

(g) The licensee of a group home providing care and supervision to children diagnosed by a physician, psychiatrist or psychologist as developmentally disabled shall make provision for at least monthly consultation from a qualified mental retardation professional regarding the program of services.

(1) The licensee shall maintain on file copies of reports signed by any such consultant, noting the types and hours of services provided.

(h) The licensee shall develop, maintain, and implement a written plan for the supervision, evaluation, and training of all child care staff.

(1) The child care staff training plan, as specified in Sections 84065(i) and (j) shall be incorporated in the group home's program statement.

(2) The training plan shall address the initial 24 hour training for newly hired child care staff.

(A) When the training plan includes job shadowing activities as described in Section 84065(i)(1), the following shall be included in the training plan:

1. Specific activities;

2. Job classification of the individual being shadowed;

3. Time spent on each activity; and

4. Skill to be developed through each job shadowing activity.

(3) The training plan shall address the annual training for newly hired and existing child care staff.

(4) The training plan shall include for each training session the following:

(A) Course title and subject matter;

(B) Learning objectives and activities:

(C) Number of hours per training session;

(D) Qualification of the trainer; and

(E) Training evaluation.

1. Each session shall include an evaluation of the trainer and course content to determine if the training is meeting the needs of child care staff.

(5) The training plan shall be appropriate for the client population and the training needs and skill level of child care staff.

(A) The licensee shall amend the training plan, when necessary, to meet the needs of child care staff and the client population.

(6) Amendments to the staff training plan, shall be submitted to the Department within ten days of the occurrence.

(i) Notwithstanding Section 80065(f)(1) through (6), new child care staff hired on or after July 1, 1999, shall complete a minimum of 24 hours of initial training comprised of the 8 and 16 hour training as specified in (1) and (2) below:

(1) 8–Hour Training

(A) Training shall be completed before new child care staff are:

i. left alone with children, and

ii. counted in the staff to child ratio required in Sections 84065.5 and 84065.7.

(B) Until the 8 hours of training is completed, new child care staff shall be visually supervised at all times by child care staff who meet the training requirements specified in this subsection and (2) below.

(C) A maximum of 4 hours of the training requirement may be satisfied by successful completion of job shadowing.

1. For the purpose of this regulation, job shadowing means a process whereby new child care staff follow and observe experienced facility personnel performing a specific job. The purpose of job shadowing is to gain information related to a specific job including, materials used, physical demands, necessary skills and knowledge.

2. During shadowing, the experienced facility personnel being shadowed must be performing child care duties and counted in the staff to child ratios, as required in Sections 84065.5 and 84065.7.

3. Job shadowing shall promote the development of specific skills, and shall consist of specific activities for a specific time period.

4. Successful completion of job shadowing shall be verified by a statement completed by the experienced facility personnel being shadowed affirming: a) specific activity observed; b) dates and times of shadowing; and, c) training topic listed in Section 84065(i)(3)(A) through (R) that is satisfied by the job shadowing activity.

(D) Within 7 calendar days of completion of the 8 hour training, the administrator or administrator's designee shall assess if each child care staff understands and can apply the training.

1. The assessment may include observation of performance, post–testing or demonstrated hands–on competency.

2. The assessment shall be documented in each child care staff personnel record.

3. When the administrator or administrator's designee determines a child care staff does not understand and cannot apply the training, re–training is required.

(2) Sixteen hours of training shall be completed by new child care staff within 90 days of hire.

(A) New child care staff who work a maximum of 20 hours per week shall complete the additional minimum 16 hours of training within 180 days of hire.

(B) Within 30 days of completion of the 16 hour training, the administrator or administrator's designee shall assess if each newly hired child care staff understands and can apply the training.

1. The assessment may include observation of performance, post–testing or demonstrated hands–on competency.

2. The assessment shall be documented in each child care staff personnel record.

3. When the administrator or administrator's designee determines a child care staff does not understand and cannot apply the training, re–training is required.

(3) Training shall include, at a minimum, all topics listed in (A) through (R) below. The licensee shall determine how much time is spent on each topic, and shall ensure that child care staff have appropriate skills necessary to supervise the children in care.

(A) Overview of the client population served by the group home;

(B) Facility's program and services, including program philosophy, activities and community resources;

(C) Facility's policies and procedures, including reporting requirements to the Department and as a mandated child abuse reporter;

(D) Child care workers' job description, including roles and responsibilities;

(E) Child care workers' self awareness;

(F) Role of other facility personnel in service delivery, including case staffing;

(G) Discipline policies and procedures;

(H) Disaster response;

(I) Medical emergency response;

(J) Teamwork and interpersonal communication among facility personnel and clients and client family members;

(K) Teamwork and intra–facility communication;

(L) The role of placement workers;

(M) Medication procedures, assistance with medication, universal precautions, recognition of early signs of illness and the need for professional assistance, and other health related issues;

(N) Group home children's adjustment to group care;

(O) Housekeeping and sanitation principles; principles of nutrition, food preparation and storage and menu planning;

(P) California Code of Regulations, Title 22;

(Q) Availability of community services and resources; and

(R) Recreation activities and resources.

(4) The training requirement shall be satisfied by successful completion of course work conducted in a workshop, seminar, classroom setting, individual or small group setting.

(A) Proof of successful completion of course work shall be limited to official grade slips or transcripts from colleges or adult education departments; or certificates or signed documentation issued by bona fide educational institutions or organizations, or licensee associations, or courses offered or approved by accredited educational institutions, or qualified individuals who possess the necessary skills, knowledge and experience to train others in a particular subject area.

1. A qualified individual shall possess: a) a master's degree in a behavioral science from an accredited college or university and one year experience as an administrator, social worker, child care staff, or independent contractor providing direct social work activities in a group home; or, b) a master's degree and one year of work experience with the client population or a bachelor's degree and two years of work experience with the client population; or, c) a licensed mental health professional, as defined in California Code of Regulations Title 9, Chapter 12, Section 1901(p) or, d) a certificate or credential from an accredited course of study or educational institution in the subject matter for which the individual will be providing training; e) or, an

individual who has provided training to group home child care staff for three years and has at least three years work experience in the subject matter of the training.

(5) Documentation of successful completion of training shall be maintained in the personnel record for each child care staff.

(6) The 24 hour Initial training is in addition to first aid and CPR training, and other training as required in Sections 84065.1, and 84365.

(A) Initial 24 hour training does not apply to child care staff only working in community treatment facilities governed by Title 22, Division 6, Chapter 5, Subchapter 1 who have successfully completed the training required in Section 84165(f), and child care staff only working in group homes that care for children under the age of six years governed by Title 22, Division 6, Chapter 5, Subchapter 2 who have successfully completed training required in Section 84265(h).

(j) Annual Training

(1) Notwithstanding Sections 80065(f)(1) through (6), all child care staff shall complete a minimum of 20 hours of annual training, except as specified in (2) below.

(A) At least 5 hours of the annual training shall consist of course work from an entity other than the group home such as an accredited educational institution, workshops, seminars, or other direct training provided by a qualified individual, who meets the requirements specified in Section 84065(i)(4)(A)1, who is not affiliated with the group home licensee.

(2) Notwithstanding Section 80065(f)(1) through (6), newly hired child care staff, hired on or after July 1, 1999, shall complete a minimum of 16 hours of annual training within the first 12 months of employment, for a total of 40 hours of initial and annual training. After the first 12 months of employment, child care staff shall comply with (1) above.

(A) At least 4 hours of the annual training shall consist of course work from an entity other than the group home such as an accredited educational institution, workshops, seminars, or other direct training provided by a qualified individual who meets the requirements specified in Section 84065(i)(4)(A)1., who is not affiliated with the group home licensee.

(3) Training may include but is not limited to, the following topics:

(A) Neglect/abuse issues;

(B) Attachment issues;

(C) Behavior problems/psychological disorders;

(D) Mental health/behavioral interventions;

(E) Developmental disabilities;

(F) Substance abuse issues;

(G) Cultural diversity;

(H) Child and adolescent development;

(I) Child empowerment;

(J) Discharge and emancipation;

(K) Importance of sibling and family relationships;

(L) Placement agencies and the placement process;

(M) Needs and service plan/treatment planning and review;

(N) Employee training handbook; and

(O) Topics listed in Sections 84065(i)(3)(A) through (R).

(4) Training topics shall be appropriate for the client population and services provided by the facility.

(5) The training requirement may be satisfied by successful completion of course work conducted in a workshop, seminar, or classroom setting, individual or small group setting.

(A) Proof of successful completion of course work shall be limited to official grade slips or transcripts; or, certificates or signed documentation issued by colleges, or adult education departments, bona fide educational institutions or organizations, or licensee associations, or courses offered or approved by accredited educational institutions, or qualified individuals who possess the necessary skills, knowledge and experience to train others in a particular subject area.

1. The qualified individual shall meet the requirements specified in Section 84065(i)(4)(A)1.

(6) Documentation of successful completion of training shall be maintained in the personnel record for each child care staff.

(7) Annual training is in addition to first aid and CPR training, and other training as required in Sections 84065.1 and 84365.

(A) Annual training does not apply to child care staff only working in community treatment facilities governed by Title 22, Division 6, Chapter 5, Subchapter 1 who have successfully completed the training required in Section 84165(f), and child care staff only working in group homes that care for children under the age of six years governed by Title 22, Division 6, Chapter 5, Subchapter 2 who have successfully completed the training required in Section 84265(h).

(k) The licensee shall develop, maintain and implement a written plan for the training of facility managers.

(1) The facility manager training plan shall be incorporated in the group home's program statement.

(2) The training plan shall include the following for each training session:

(A) Course title and subject matter;

(B) Learning objectives and activities;

(C) Number of hours per training session;

(D) Qualifications of the trainer; and

(E) Training evaluation.

1. Each session shall include an evaluation of the trainer and course content to determine if the training is meeting the needs of facility personnel acting as facility managers.

(3) The training plan shall be appropriate for the client population and shall consider the training needs and skill level of staff.

(A) The licensee shall amend the training plan, as necessary, to meet the needs of facility personnel acting as facility managers and the client population.

(4) Amendments to the staff training plan, shall be submitted to the Department within ten days.

(5) Training shall include, but not be limited to, the following. The licensee may determine how much time is spent on each topic:

(A) Interaction with the Department, including inspection authority;

(B) Licensee appeal rights; and

(C) Interaction with placement agencies, neighbors, mental health agencies, law enforcement, medical/emergency personnel, client family members.

(6) The training requirement may be satisfied by successful completion of course work conducted in a workshop, seminar, or classroom setting, individual or small group setting.

(A) Proof of successful completion of course work shall be limited to official grade slips or transcripts; or, certificates or signed documentation issued by colleges, or adult education departments, bona fide educational institutions or organizations, or licensee associations, or courses offered or approved by accredited educational institutions, or qualified individuals who possess the necessary skills, knowledge and experience to train others in a particular subject area.

1. The qualified individual shall meet the requirements specified in Section 84065(i)(4)(A)1.

(7) Documentation of successful completion of training shall be maintained in the personnel record for each staff member.

(8) Facility manager training is in addition to first aid and CPR training, and other training as required in Sections 84065.1 and 84365.

(*l*) All employees shall be given a copy of the job description specified in Section 84066(b)(1) which is relevant to their duties, and shall have access to all other job descriptions.

(m) The staff assignment information specified in Section 84066(b)(2) shall be provided to all applicants during interviews for employment; to all staff during orientation or when changes are made which affect job assignments; and upon request to placement agencies.

(n) Upon employment, the group home shall make available for review by all group home personnel, an employee training handbook that shall include the following: facility's program philosophy; facility's policies and procedures; disaster response procedures; lines of authority and communication; Title 22 regulations; and reporting requirements.

(1) The employee training handbook shall be maintained at the facility and updated as needed.

(o) Upon employment, staff shall receive copies of the removal and/or discharge policies and procedures specified in Section 84068.4(a); of the discipline policies and procedures specified in Section 84072.1(a), and of the complaint procedures specified in Section 84072.2(a).

(p) Physician reports from general practitioners or specialists may be required after licensure if the licensing agency has reason to believe that a licensee's or staff member's physical and/or mental health is not adequate to carry out responsibilities under these regulations.

(1) The licensing agency shall provide the licensee with a written explanation of the need for any additional report.

NOTE: Authority cited: Sections 1522.41(j) and 1530, Health and Safety Code. Reference: Sections 1501, 1522.4, 1522.41, 1531 and 1562, Health and Safety Code.

§ 84065.1. Additional Personnel Requirements for Specialized Group Homes.

(a) Any person who provides specialized in–home health care to a child placed in the group home as of November 1, 1993, shall comply with the following requirements:

(1) Prior to caring for the child or when the child's needs change, the in–home health care provider shall complete training in specialized in–home health care provided by a health care professional as required by the child's individualized health care plan, except when

(A) The in–home health care provider is a licensed health care professional; and

(B) The child's individualized health care plan team determines that completion of specialized in–home health care training for the child is unnecessary on the basis of the in–home health care provider's medical qualifications and expertise.

(b) No person shall provide specialized in–home health care to a child placed in the home after November 1, 1993, unless

(1) He/she is a licensed health care professional; and

(2) The child's individualized health care plan team determines that he/she has the necessary medical qualifications and expertise to meet the child's in–home health care needs.

(A) The child's individualized health care plan team shall make a new determination each time the child's in–home health care needs change.

(c) Volunteers caring for children in a specialized group home shall meet the health screening requirements in Sections 80065(g)(1) and (g)(2).

NOTE: Authority cited: Section 17730, Welfare and Institutions Code; and Section 1530, Health and Safety Code. Reference: Sections 17731(c) and 17736(a) and (b), Welfare and Institutions Code; and Sections 1501, 1531 and 1562, Health and Safety Code.

§ 84065.2. Personnel Duties.

(a) The facility manager(s) shall:

(1) Meet the requirements of Health and Safety Code Section 1522.4(a)(1) through (3).

(b) Child care staff shall perform the following duties:

(1) Supervision, protection and care of children individually and in groups at all times.

(2) Assistance to each child in working with a group and in handling individual problems.

(3) Administration of discipline and setting of limits for behavior.

(4) Notation of the child's progress; identification of the possible need for professional services; and communication of such findings to professional staff.

(5) Until they complete the 8 hours of training as required in Section 84065(i)(1), new child care staff hired on or after July 1, 1999 shall perform the duties as defined in Subsections (1) through (4) above while under visual supervision.

(c) Social work staff shall complete or assist in the completion of the following for each child:

(1) An intake study, as specified in Section 84068.1.

(2) A needs and services plan, as specified in Sections 84068.2(a) and 84068.3.

(3) A discharge plan, as specified in Section 84068.4.

(4) Obtaining, developing, and recording of the information necessary for the completion of (1) through (3) above, as specified in Section 84070.

(d) Support staff shall perform the following duties:

(1) Office work.

(2) Cooking.

(3) Housecleaning.

(4) Laundering.

(5) Maintenance of facility buildings, grounds, fixtures, furniture, equipment and supplies.

(e) Support staff duties shall not be assigned to child care staff unless such assignments are directly related to the care of the children, and do not interfere with the performance of their child care duties.

(1) Household duties directed towards development of self–help skills may be performed by the children in placement. Participation in these duties shall be voluntary and specified in the needs and service plan.

(2) No household duties shall go undone because a child refuses to participate.

NOTE: Authority cited: Sections 1530 and 1530.8, Health and Safety Code. Reference: Sections 1501, 1522.4, 1530.8 and 1531, Health and Safety Code.

§ 84065.5. Staff/Child Ratios.

(a) From 7 a.m. to 10 p.m., there shall be one on–duty child care staff person to each ten children, or fraction thereof, present.

(b) From 7 a.m. to 7 p.m., in minor parent programs, there shall be one on–duty child care staff person to each ten children, or fraction thereof, present.

(1) In minor parent programs, children shall include all children present in the facility, including minor parents and their child(ren). When the minor parent is not providing direct care and supervision to his or her child(ren), the facility shall provide that care and supervision.

(2) At any time the facility provides direct care and supervision of the minor parents' children, there shall be one staff for every four children of minor parents, or fraction thereof.

(c) If the children require special care and supervision because of age, problem behavior or other factors, the number of on–duty child care staff shall be increased.

NOTE: Authority cited: Sections 1530 and 1530.8, Health and Safety Code. Reference: Section 11465, Welfare and Institutions Code; and Sections 1501, 1530.8 and 1531, Health and Safety Code.

§ 84065.6. Additional Staff/Child Ratios for Specialized Group Homes.

(a) The licensee shall ensure that staff providing specialized in–home health care are responsible for the provision of care and supervision to no more than three children, with or without special health care needs.

NOTE: Authority cited: Section 17730, Welfare and Institutions Code; and Section 1530, Health and Safety Code. Reference: Section 17732(a) and (b), Welfare and Institutions Code.

§ 84065.7. Night Supervision.

(a) In group homes providing care and supervision to 12 or fewer children, there shall be one child care staff person on duty from 10 p.m. to 7 a.m.; for minor parent programs this requirement shall be from 7 p.m. to 7 a.m.

(b) In group homes providing care and supervision to 13 to 30 children, there shall be one child care staff person awake and on duty from 10 p.m. to 7 a.m.; for minor parent programs this requirement shall be from 7 p.m. to 7 a.m.

(1) Another person shall be on call and capable of arriving at the facility site within 30 minutes.

(c) In group homes providing care and supervision to 31 or more children, there shall be one child care staff person awake and on duty from 10 p.m. to 7 a.m. for the first 30 children; and one child care staff person awake and on duty for each additional 30 children or fraction of that amount; for minor parent programs this requirement shall be from 7 p.m. to 7 a.m.

(d) For purposes of determining the appropriate staff to children ratio, children shall include all children present in the facility.

(e) In facilities required to have a signal system as specified in Sections 84088(d) through (d)(3), at least one staff person shall be responsible for responding to such system.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1530.8 and 1531, Health and Safety Code.

§ 84066. Personnel Records.

(a) In addition to Section 80066, the following shall apply.

(b) The licensee shall maintain the following personnel records:

(1) Complete job descriptions on all positions within the facility.

(2) A description of all staff assignments, including information regarding lines of authority and staff responsibilities.

(3) A dated employee time schedule developed at least monthly; displayed conveniently for employee reference; and containing the following information for each employee:

(A) Name.

(B) Job title.

(C) Hours of work.

(D) Days off.

(4) Documentation of the completion by each child care staff person and facility manager of the training specified in Sections 84065(h) through (k) inclusive.

(5) Documentation that the administrator has met the certification requirements specified in Section 84064.2.

(6) A record of each work performance evaluation and any correspondence with the employee.

NOTE: Authority cited: Sections 1522.41(j) and 1530, Health and Safety Code. Reference: Sections 1501, 1522.41, 1531 and 1562, Health and Safety Code.

§ 84066.1. Additional Personnel Records for Specialized Group Homes.

(a) The licensee shall ensure that the personnel records of all persons subject to the requirements of Section 84065.1(a) contain the following:

(1) For any training or additional training from which the licensee or other in–home health care provider is exempt:

(A) Documentation that the child's individualized health care plan team has determined that it is not necessary for the in–home health care provider to complete the specialized in–home health care training or additional training.

1. Documentation may be provided in different ways, including but not limited to, a written statement from a member designated by the team that the team has been notified and has determined that the training or additional training is unnecessary.

(B) A copy of a valid license or certificate indicating that he/she is a licensed health care professional.

(2) For any training or additional training from which the in–home health care provider is not exempt:

(A) Documentation, by a health care professional providing the training, that he/she has successfully completed the specialized in–home health care training specified in Section 84065.1(a)(1).

(b) The licensee shall ensure that the personnel records of all persons subject to the requirements of Section 84065.1(b) contain the following:

(1) Documentation that the child's individualized health care plan team has determined that the in–home health care provider has the necessary medical qualifications and expertise to meet the child's specialized in–home health care needs.

(A) Documentation shall be updated each time the child's specialized in–home health care needs change.

(B) Documentation may be provided in different ways, including, but not limited to, a written statement from a member designated by the team that the team has been notified and has determined that the in–home health care provider has the necessary medical qualification to meet the child's specialized in–home health care needs.

(2) A copy of a valid license or certificate indicating that he/she is a licensed health care professional.

(c) For each volunteer caring for children in a specialized group home, the licensee shall have on file the record of a health screening and test for tuberculosis as specified in Section 84065.1(c). The health screening shall be used in place of the volunteer statement specified in Section 80065(g)(3)(A).

NOTE: Authority cited: Section 17730, Welfare and Institutions Code; and Section 1530, Health and Safety Code. Reference: Section 17731, Welfare and Institutions Code; and Sections 1501, 1531 and 1562, Health and Safety Code.

§ 84068.1. Intake Procedures.

(a) The licensee shall develop, maintain, and implement intake procedures which meet the requirements specified in this section.

(b) When a child is being considered for nonemergency placement in a group home, the following requirements shall be met prior to the child's placement in the home.

(1) The information specified in Sections 80070(b)(1) through (5), (7), (8) and (10), and Sections 84070(b)(1) through (10) shall be obtained from the placement agency, if any, or from the child's authorized representative(s).

(A) If the information is not completed by a placement agency, the licensee shall make telephone and/or written requests for the information to the child's placement agency and/or authorized representative; and shall record and retain the details of those requests.

(B) If the information is not received within 15 days of the requests specified in (A) above, the licensee shall obtain the information necessary to complete a standard appraisal form from other sources.

(C) When the information is received, social work staff shall complete a standard appraisal for the child on a form approved and/or furnished by the licensing agency.

(2) The needs and services plan shall be completed as specified in Section 84068.2.

(3) The information specified in (1) and (2) above shall be reviewed by the social work staff to determine whether the facility can provide the services necessary to meet the child's needs.

(A) If it is determined that the facility cannot provide necessary services, applicable discharge procedures specified in Sections 84068.4(b), (c), and (e); and 84070(d) through (d)(3) shall be followed.

(4) If the child is accepted for placement, the following requirements shall be met:

(A) An admission agreement shall be completed and signed as specified in Section 80068.

(B) The administrator or his/her designee, and the child and/or his/her authorized representative(s), shall sign copies of the removal and/or discharge policies and procedures specified in Section 84068.4(a); of the discipline policies and procedures specified in Section 84072.1(a); and of the complaint procedures specified in Section 84072.2(a), to verify the receipt of such information.

(C) Information specified in Sections 80070 and 84070 necessary to complete the child's file shall be obtained.

(D) Needs and services plan requirements specified in Section 84068.2 which were not addressed on the standard appraisal form, if used, shall be met.

(c) If the child is placed in the facility under emergency circumstances, the licensee shall ensure that the following requirements are met:

(1) Placement of the child in the facility shall not result in the facility exceeding its licensed capacity.

(2) The admission agreement and other procedures specified in (b)(4)(A) and (B) above shall be completed no later than seven days following the emergency placement.

(3) If it is determined, following emergency placement of the child in the facility, that the facility cannot continue to provide necessary services, applicable discharge procedures specified in Sections 84068.4(b), (c) and (e); and 84070(d) through (d)(3) shall be followed.

(4) If the child is continued in placement, the following requirements shall be met no later than 30 days following the emergency placement:

(A) Information specified in Sections 84070(b) and 84068.2 shall be obtained.

(B) The information specified in (A) above, and the needs and services plan specified in Section 84068.2, shall be reviewed by social work staff to determine whether the facility can continue to provide services necessary to meet the child's needs.

(C) The admission agreement shall be modified as specified in Section 80068(d), if necessary.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501 and 1531, Health and Safety Code.

§ 84068.2. Needs and Services Plan.

(a) Social work staff shall obtain the information specified in Section 84070, and shall develop an individual needs and services plan for the child which meets the requirements specified in (b) through (d) below.

(1) A needs and services plan is not required for children who are placed in the facility on an emergency basis and who will remain in placement for less than seven days as documented in the child's record.

(b) The needs and services plan shall identify the child's needs in the following areas:

(1) Reason for placement.

(2) Education.

(A) If the information specified in Section 84070(b)(4) is not available, the plan shall specify a method for determining such needs.

(3) Training.

(4) Personal care and grooming.

(5) Ability to manage his/her own money, including the maximum amount of money the child shall be permitted to have in his/her possession at any one time.

(6) Visitation, including the frequency of and any other limitations on visits to the family residence and other visits inside and outside the facility.

(7) Other specific services, including necessary services to the child's parent(s) or guardian(s).

(c) The needs and services plan shall include the following information regarding services necessary to meet the child's needs:

(1) Types of services necessary.

(2) The facility's ability to provide the necessary services based upon the following information provided in the plan of operation:

(A) The facility's purposes, program methods, and goals.

(B) The facility's admission policies and procedures.

(C) Services to be provided by the facility in cooperation with community resources.

(3) Planned length of placement, including the discharge plan specified in Section 84068.4(b).

(4) Financial arrangements for provision of services to the child.

(d) The licensee shall ensure that the child and his/her authorized representative(s) are offered the opportunity to participate in the development of the needs and services plan.

(1) The licensee shall not implement a needs and services plan unless prior written approval of the plan has been obtained from the child's authorized representative(s).

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501 and 1531, Health and Safety Code.

§ 84068.3. Modifications to Needs and Services Plan.

(a) The needs and services plan specified in Section 84068.2 shall be updated at least every six months to determine the following:

(1) The child's need for continuing services.

(2) The facility's recommendation regarding the feasibility of the child's return to his/her home; placement in another facility; or move to independent living.

(3) The need for modification in services.

(b) The licensee shall ensure that the child and his/her authorized representative(s) are offered the opportunity to participate in such modifications.

(1) The licensee shall not implement any plan modifications unless prior written approval of such modifications has been obtained from the child's authorized representative(s).

(c) In order to determine the need to modify the child's needs and services plan, the licensee shall conduct an analysis of each incident reported pursuant to Sections 80061 and 84061 which occurred in the six months preceding the biannual review of the needs and services plan.

(1) The analysis shall consist of the following:

(A) If there were multiple incidents:

(1) Was it the same situation.

(2) Was it a different situation.

(3) Did the other incidents involve the same facility personnel.

(4) Was it the same resolution.

(5) Was it a different resolution.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501 and 1531, Health and Safety Code.

§ 84068.4. Removal and/or Discharge Procedures.

(a) The licensee shall develop, maintain and implement written policies and procedures governing a child's removal and/or discharge from the facility.

(1) Children and their authorized representative(s) shall receive copies of such policies and procedures.

(2) Signed copies of such policies and procedures shall be maintained in the child's record, as specified in Section 84070(c)(2).

(b) The licensee shall ensure that the child and his/her authorized representative(s) are offered the opportunity to participate in the development of a discharge plan for the child.

(1) (See Manual of Policies and Procedures)

(2) The licensee shall not discharge a child unless prior written approval of the discharge has been obtained from the child's authorized representative(s).

(c) If it is determined that the facility cannot meet the needs of the child, the licensee shall notify the authorized representative(s) of the determination and request that the child be placed elsewhere.

(d) (See Manual of Policies and Procedures)

(e) Social work staff shall develop and maintain a written removal or discharge record containing the information specified in Sections 84070(d) through (d)(3).

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501 and 1531, Health and Safety Code.

§ 84069.1. Immunizations.

(a) A child for whom vaccination against the following diseases cannot be verified shall receive the first doses of the appropriate vaccines within 30 calendar days of placement in the facility and shall receive follow–up doses as recommended by the physician who administered the first doses.

(1) Poliomyelitis.

(2) Diphtheria.

(3) Pertussis, i.e., whooping cough.

(4) Tetanus.

(5) Measles.

(6) Rubella, i.e., German measles.

(7) Mumps.

(b) Notes from parents, guardians, etc., are not acceptable documentation.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1507 and 1531, Health and Safety Code.

§ 84069.2. Individualized Health Care Plans fo Specialized Group Homes.

(a) The licensee shall not accept any child with special health care needs unless the licensee has obtained an individualized health care plan for the child. The plan shall include the following information:

(1) The name, address, and phone number of the health care professional responsible for monitoring the child's ongoing health care.

(2) The appropriate number of hours of on–site supervision and monitoring, and the appropriate number of hours of off–site supervision and monitoring, needed to be provided by the monitor designated in Section 84069.2(a)(1).

(3) For children with special health care needs placed as of November 1, 1993:

(A) Documentation by the child's individualized health care plan team identifying the specialized in–home health care to be administered by a health care professional or responsible adult trained by a health care professional.

(B) Specific responsibilities of staff for the provision of specialized in–home health care.

(C) Identification of any available and funded medical services that are to be provided to the child in the home which may include, but is not limited to, assistance from health care professionals.

(4) For children with special health care needs placed after November 1, 1993:

(A) Documentation by the child's individualized health care plan team identifying the specialized in–home health care to be administered by one or more health care professionals.

(B) Specific responsibilities of the health care professional(s) for the provision of specialized in–home health care.

(C) Identification of any available and funded medical services that are to be provided to the child in the home including the name, address and telephone number of each health care professional or agency that is to provide medical services to the child in the home.

(5) Arrangements for in–home health support services if required.

(6) Identification of any psychological, emotional, behavioral, or medical problems that will be identified in the child's needs and services plan or the medical assessment specified in Section 80069.

(b) The individualized health care plan for each child with special health care needs shall be updated at least every six months or sooner if the needs of the child change.

(c) For any child with special health care needs the hospital discharge plan may be adopted by the individualized health care plan team as the child's individualized health care plan.

(d) The individualized health care plan may be combined with the child's needs and services plan or regional center individual program plan provided that all the information required by each plan is included.

NOTE: Authority cited: Section 17730, Welfare and Institutions Code; and Section 1530, Health and Safety Code. Reference: Sections 17731(c) and 17710(h), Welfare and Institutions Code.

§ 84070. Children's Records.

(a) In addition to Section 80070, the following shall apply.

(b) The following information regarding the child shall be obtained and maintained in the child's record:

(1) The name, address, and telephone number of all adults with whom the child was living immediately prior to the current placement.

(2) The name, address, and telephone number of the child's parent(s), if known.

(3) The name, address, and telephone number of the placement worker and placement agency.

(4) Educational records, if available, describing the child's present academic level, including his/her grade or performance level, and any previous school–related problems.

(5) Dental and medical history, if available, including immunization records; and physician's orders for any medically necessary diet as specified in Section 80076(a)(6).

(6) The child's court status, if applicable, including a copy of any custody orders and agreements with parent(s) or person(s) having legal custody.

(7) The placement agency's list of persons who should or should not be allowed to visit.

(8) Medical, psychiatric and psychological reports that identify special needs of children diagnosed as mentally disordered or developmentally disabled.

(9) Medical and dental insurance coverage information, or information regarding the agency or person responsible for medical and dental costs.

(10) Consent forms, completed by the child's authorized representative(s), to permit the facility to authorize medical care.

(11) A copy of the standard appraisal form specified in Section 84068.1(b)(1)(C), if used.

(c) If it is determined that the facility can provide the services necessary to meet the child's needs, the following additional information shall be maintained in the child's record:

(1) A copy of the child's original needs and services plan; verification, signed by the child and his/her authorized representative(s), that they were offered the opportunity to participate in plan development; and verification that the authorized representative(s) have approved the plan.

(2) Signed copies of the facility's policies and procedures regarding the child's removal and/or discharge; discipline; and complaints.

(3) Documentation that vaccinations have been obtained as specified in Section 84069.1, if immunization records are not available prior to placement.

(4) Records and documentation regarding any fines levied as specified in Sections 84026(c)(1) through (4).

(5) Copies of any modifications to the child's needs and services plan; verification, signed by the child and his/her authorized representative(s), that they were offered the opportunity to participate in any such modifications; and verification that the authorized representative(s) have approved such modifications.

(d) If it is determined that the child is to be removed or discharged from the facility, the following information shall be maintained in the child's record:

(1) Date the child's authorized representative(s) was notified of the necessity for the child's removal or discharge.

(2) The name, address, and relationship to the child of the person to whom the child was released.

(3) Reason for the child's removal or discharge.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1507 and 1531, Health and Safety Code.

§ 84070.1. Additional Children's Records for Specialized Group Homes.

(a) The licensee of a specialized group home shall ensure that records for each child with special health care needs contain the following:

(1) Documentation that the child has been adjudged a dependent of the court under Section 300 of the Welfare and Institutions Code or has not been adjudged a dependent of the court pursuant to Section 300 of the Welfare and Institutions Code but is in the custody of the county welfare department, or has a developmental disability and is receiving services and case management from a regional center.

(2) A copy of the child's individualized health care plan as specified in Section 84069.2.

(3) A copy of the written reassessment of the child's individualized health care plan as specified in Section 84069.2(b).

(b) The licensee of a group home caring for children with special health care needs placed on or after January 1, 1992, shall ensure that:

(1) The needs and services plan for each child in the home documents the determinations required by Section 84010.1(a)(2)(C).

(2) For each child with special health care needs placed on or after January 1, 1992, the child's records contain the following:

(A) In the child's needs and services plan, a description of the emergency necessitating that the child be placed in the group home and a written plan of relocation specifying the arrangements for subsequent placement in a less restrictive setting as required by Section 84010.1(a)(2)(B); and

(B) In the child's admission agreement,

1. If the 120 calendar day limitation period specified in Section 84010.1(a)(2)(A) has not been exceeded, the number of calendar days the child may remain in the group home without exceeding the limitation period; or

2. If the 120 calendar day limitation period has been exceeded, the number of calendar days the child may remain in the group home as stated in the extension approved under Section 84010.1(a)(2)(A)1.

a. The child's records shall also contain a copy of the letter from the Director or his/her designee approving the extension.

NOTE: Authority cited: Section 17730, Welfare and Institutions Code; and Section 1530, Health and Safety Code. Reference: Sections 17710(a), 17731(c) and 17732(d) and (e), Welfare and Institutions Code; and Section 1531, Health and Safety Code.

§ 84072. Personal Rights.

(a) In addition to Section 80072, the following shall apply.

(b) The licensee shall ensure that each child is accorded the following personal rights:

(1) To visit the facility with his/her relatives and/or authorized representative(s) prior to admission.

(2) To file a complaint with the facility, as specified in Section 84072.2.

(3) To have the facility inform his/her authorized representative(s) of his/her progress at the facility.

(4) To have communications to the facility from his/her relatives and/or authorized representative(s) answered promptly and completely.

(5) To have visitors visit privately during waking hours without prior notice, provided that such visitations are not prohibited by the child's needs and services plan; do no infringe upon the rights of other children; do not disrupt planned activities; and are not prohibited by court order or by the child's authorized representative(s).

(A) Rules regarding visitation hours, sign–in rules and visiting rooms can be established but shall apply to all visitors.

(6) To wear his/her own clothes.

(7) To possess and use his/her own toilet articles.

(8) To possess and use his/her own cash resources except as specified in Section 84026.

(9) To possess and use his/her own personal items unless prohibited as part of a discipline program.

(10) To have access to individual storage space for his/her private use.

(11) To have access to telephones in order to make and receive confidential calls, provided that such calls are not prohibited by the child's needs and services plan; are not prohibited as a form of discipline; do not infringe upon the rights of other children; do not restrict availability of the telephone during emergencies; and are not prohibited by court order or by the child's authorized representative(s).

(A) The licensee shall be permitted to require reimbursement from the child or his/her authorized representative for long distance calls.

(B) The licensee shall be permitted to prohibit long distance calls upon documentation that requested reimbursement for previous long distance calls has not been received.

(C) Calls permitted to be prohibited as a form of discipline shall not include calls to the child's authorized representative or placement agency.

(12) To send and receive unopened correspondence unless prohibited by court order or by the child's authorized representative(s).

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501 and 1531, Health and Safety Code.

§ 84072.1. Discipline Policies and Procedures.

(a) The licensee shall develop, maintain and implement written facility discipline policies and procedures meeting the requirements specified in (b) and (c) below.

(1) Staff, children, and authorized representatives shall receive copies of such policies and procedures, as specified in Sections 84065(o) and 84068.1(b)(4)(B).

(2) Signed copies of such policies and procedures shall be maintained in the child's record, as specified in Section 84070(c)(2).

(b) Any form of discipline which violates a child's personal rights as specified in Sections 80072 and 84072 shall be prohibited.

(c) Acceptable forms of discipline shall include the following:

(1) Exclusion in an unlocked living, sleeping, or play area.

(2) Institution of fines as specified in Section 84026(c).

(3) Prohibition against attendance at or participation in planned activities.

(4) Prohibition against use of entertainment devices including but not limited to telephones, televisions, radios and phonographs.

(5) Performance of additional duties related to training needs identified in the child's needs and services plan.

(6) Any other form of discipline approved in writing, in advance by the licensing agency.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501 and 1531, Health and Safety Code.

§ 84072.2. Complaint Procedures.

(a) The licensee of a group home shall develop, maintain and implement written complaint procedures by which children or their authorized representatives are permitted to file complaints, without fear of retaliation, with the facility administrator regarding facility staff or operations.

(1) Staff, children, and authorized representatives shall receive copies of such procedures, as specified in Sections 84065(o) and 84068.1(b)(4)(B).

(2) Signed copies of such procedures shall be maintained in each child's record, as specified in Section 84070(c)(2).

(3) Such procedures shall be posted in a location in the facility which is accessible to children and their authorized representatives.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1507 and 1531, Health and Safety Code.

§ 84072.3. Personal Rights for Children with Special Health Care Needs.

(a) Except as specified in this section, Section 80072(a)(8) shall not apply to children with special health care needs.

(b) A child with special health care needs has the right to be free from any restraining/postural support device imposed for purposes of discipline or convenience, and not required to treat the child's specific medical symptoms.

(1) Physical restraining devices may be used for the protection of a child with special health care needs during treatment and diagnostic procedures such as, but not limited to, intravenous therapy or catheterization procedures. The restraining device, which shall not have a locking device, shall be applied for no longer than the time required to complete the treatment and shall be applied in conformance with the child's individualized health care plan. The child's individualized health care plan shall include all of the following:

(A) The specific medical symptom(s) that require use of the restraining device.

(B) An evaluation of less restrictive therapeutic interventions and the reason(s) for ruling out these other practices as ineffective.

(C) A written order by the child's physician. The order must specify the duration and circumstances under which the restraining device is to be used.

(2) Postural supports, as specified in Sections 80072(a)(8)(A) and (A)1., half–length bed rails, and protective devices as specified in Section 80072(a)(8)(G), may be used if prescribed in the individualized health care plan. The use of a postural support or protective device and the method of application shall be specified in the child's individualized health care plan and approved in writing by the child's physician.

NOTE: Authority cited: Section 17730, Welfare and Institutions Code; and Section 1530, Health and Safety Code. Reference: Section 17730, Welfare and Institutions Code.

§ 84075. Health–Related Services.

(a) In addition to Section 80075, the following shall apply.

(b) The licensee shall ensure that all prescribed medications are centrally stored, as provided in Section 80075(h)(3).

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1507 and 1531, Health and Safety Code.

§ 84076. Food Service.

(a) In addition to Section 80076, the following shall apply.

(b) Written menus shall be posted weekly in an area accessible to the staff and children.

(c) The licensee shall meet the following food supply and storage requirements:

(1) Supplies of staple nonperisable foods for a minimum of one week and fresh perishable foods for a minimum of two days shall be maintained on the premises.

(2) Freezers shall be large enough to accommodate required perishables and shall be maintained at a temperature of zero degrees F (–17.7 degrees C).

(3) Refrigerators shall be large enough to accommodate required perishables and shall maintain a maximum temperature of 45 degrees F (7.2 degrees C).

(4) Freezers and refrigerators shall be kept clean, and food storage shall permit the air circulation necessary to maintain the temperatures specified in (2) and (3) above.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501 and 1531, Health and Safety Code.

§ 84077. Personal Services.

(a) The licensee shall ensure the following:

(1) Provision of basic laundry services, including but not limited to washing, drying, and ironing of children's personal clothing.

(A) Children shall be permitted to participate in the performance of such services provided that the requirements specified in Section 80065(j) are met.

(2) Provision of an allowance to all children no less frequently than once per month except:

(A) If the child in placement is an infant as defined in Section 80001.

(B) If the child is unable to manage his/her own money because of age or if the authorized representative determines that the child cannot manage his/her own money.

(1) If the authorized representative considers the child incapable of money management, it must be specified in the needs and services plan.

(3) Portions of a child's allowance may be withheld through a fining system as specified in Section 84026.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501 and 1531, Health and Safety Code.

§ 84078. Responsibility for Providing Care and Supervision.

(a) In addition to Section 80078, the following shall apply.

(b) The licensee shall provide those services identified in each child's needs and services plan and in the individualized health care plan for each child with special health care needs as necessary to meet the child's needs.

(c) The licensee is responsible for ensuring care and supervision of the child(ren) of any minor parent(s) in placement.

(1) Direct care and supervision of the child(ren) of a minor parent is to be provided during the hours that the minor parent is unavailable or unable to provide such care and supervision.

(d) The licensee shall ensure each child's attendance at an educational program in accordance with state law.

NOTE: Authority cited: Section 17730, Welfare and Institutions Code; and Section 1530, Health and Safety Code. Reference: Sections 11465 and 17731, Welfare and Institutions Code; and Sections 1501 and 1531, Health and Safety Code.

§ 84079. Planned Activities.

(a) The licensee shall develop, maintain, and implement a written plan to ensure that indoor and outdoor activities which include but are not limited to the following are provided for all children:

(1) Activities that require group interaction.

(2) Physical activities, including but not limited to games, sports and exercise.

(3) Leisure time.

(4) Educational activities, including attendance at an educational program in accordance with state law, and supervision of afterschool study as specified in Section 84078(c).

(5) Activities which meet the training, money management, and personal care and grooming needs identified in the children's needs and services plans, as specified in Section 84068.2(c)(3) through (5).

(b) Each child who is capable shall be given the opportunity to participate in the planning, preparation, conduct, cleanup, and critique of planned activities.

(c) The licensee shall permit children to attend and participate in community activities, including but not limited to the following:

(1) Worship services and activities of the child's choice.

(2) Community events, including but not limited to concerts, tours, dances, plays, and celebrations of special events.

(3) The YMCA, YWCA, and Boy and Girl Scouts.

(d) In facilities with a licensed capacity of 13 or more children, a schedule of the planned activities shall be posted on at least a weekly basis in a central facility location readily accessible to children, relatives, and representatives of placement and referral agencies.

(1) Copies of schedules shall be retained in the facility's files for at least six months.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501 and 1531, Health and Safety Code.

§ 84080. Resident Councils.

(a) Each facility, at the request of a majority of its residents, shall assist its residents in establishing and maintaining a resident–oriented facility council.

(1) The licensee shall provide space and post notice for meetings, and shall provide assistance in attending council meetings for those residents who request it.

(A) If residents are unable to read the posted notice because of a physical or functional disability, the licensee shall notify the residents in a manner appropriate to that disability including but not limited to verbal announcements.

(2) The licensee shall document notice of meetings, meeting times, and recommendations from council meetings.

(3) In order to permit a free exchange of ideas, at least part of each meeting shall be conducted without the presence of any facility personnel.

(4) Residents shall be encouraged, but shall not be compelled to attend council meetings.

(b) The licensee shall ensure that in providing for resident councils

the requirements of Section 1520.2 of the Health and Safety Code are observed.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Section 1520.2, Health and Safety Code.

Article 7. Physical Environment

§ 84087. Buildings and Grounds.

(a) In addition to Section 80087, the following shall apply.

(b) Bedrooms shall meet, at a minimum, the following requirements:

(1) Not more than two children shall sleep in a bedroom.

(2) Bedrooms shall be large enough to allow for easy passage and comfortable use of any required assistive devices, including but not limited to wheelchairs, between beds and other items of furniture.

(3) Children of the opposite sex shall not share a bedroom unless each child is under five years of age.

(4) No room commonly used for other purposes shall be used as a bedroom.

(A) Such rooms shall include but not be limited to halls, stairways, unfinished attics or basements, garages, storage areas, and sheds or similar detached buildings.

(5) No bedroom shall be used as a public or general passageway to another room, bath or toilet.

(6) Except for infants, children shall not share a bedroom with an adult.

(A) In bedrooms shared by adults and infants, no more than one infant and no more than two adults shall share the room.

(B) If two children have been sharing a bedroom and one of them turns 18 they may continue to share the bedroom as long as they remain compatible and the licensing agency has granted as exception pursuant to Section 80024.

(7) Private bedrooms, separate from the children's bedrooms shall be provided for staff or other adults who sleep at the facility.

(A) Staff bedrooms are to be located near the children's sleeping area.

(8) Subsections (1), (2), (3), (4), (5), and (6) apply to all bedrooms used by all children in the facility including children who are members of the licensee's family, children of staff members and children in placement.

(9) Subsections (4), (5) and (7) apply to all bedrooms used by the licensee(s), staff and any other adults in the facility.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501 and 1531, Health and Safety Code.

§ 84087.1. Additional Buildings and Grounds Requirements for Specialized Group Homes.

(a) Areas in the home, including bedrooms, bathrooms, toilets, dining areas, passageways and recreational spaces used by a child with special health care needs shall be large enough to accommodate any medical equipment needed by the child therein.

(1) Bedrooms occupied by children with special health care needs shall be large enough to allow the storage of each child's personal items and any required medical equipment or assistive devices, including wheelchairs, adjacent to the child's bed.

(A) The bedroom shall be large enough to permit unobstructed bedside ministration of medical procedures and medications.

(b) Notwithstanding Section 84087(b)(1), a bedroom used by a child with special health care needs shall not be shared with another minor residing in the facility if the child's need for medical services or the child's medical condition would be incompatible with the use and enjoyment of the bedroom by each minor.

NOTE: Authority cited: Section 17730, Welfare and Institutions Code; and Section 1530, Health and Safety Code. Reference: Section 17732, Welfare and Institutions Code.

§ 84087.2. Outdoor Activity Space.

(a) Children shall have access to safe outdoor activity space.

(1) Outdoor activity space meeting the requirement of (a) above shall include but not be limited to activity centers and public parks.

(2) A sketch of the physical plant as required in the plan of operation pursuant to Section 80022, shall include the location(s) of outdoor activity space.

(3) The outdoor activity space shall not include any area made inaccessible by fencing pursuant to Section 80087(f).

(4) Where natural or man–made hazards such as canals, cliffs, condemned buildings, creeks, ditches, lakes, ocean fronts, mines, power lines, quarries, rivers, ravines, swamps, watercourses, and areas subject to flooding lie on or adjacent to the facility premises, the outdoor activity space shall be inaccessible to such hazards.

(A) Where a fence or wall is used to make the outdoor activity space inaccessible, the requirements of Section 80087(f)(1) shall be met.

(b) As a condition of licensure, the areas around and under high climbing equipment, swings, slides and other similar equipment shall be cushioned with material which absorbs falls.

(1) Sand, woodchips, peagravel or rubber mats commercially produced for this purpose, shall be permitted.

(2) The use of cushioning material other than that specified in (1) above shall be approved by the licensing agency in advance of installation.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501 and 1531, Health and Safety Code.

§ 84087.3. Indoor Activity Space.

(a) As a condition of licensure, there shall be common rooms, including a living room, dining room, den or other recreation/activity room, which provide the necessary space and/or separation to promote and facilitate the program of planned activities specified in Section 84079; and to prevent such activities from interfering with other functions.

(1) At least one such room shall be available to children for relaxation and visitation with friends and/or relatives.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501 and 1531, Health and Safety Code.

§ 84088. Fixtures, Furniture, Equipment, and Supplies.

(a) In addition to Section 80088, the following shall apply.

(b) As a condition of licensure, toilets, wash basin, bath and shower fixtures shall, at a minimum, meet the following requirements:

(1) There shall be at least one toilet and wash basin maintained for each six persons residing in the facility, including children and personnel.

(2) There shall be at least one shower or bathtub maintained for each ten persons residing in the facility, including children and personnel.

(3) Toilets and bathrooms shall be located so that children do not have to go out–of–doors to have access to such accommodations.

(4) Individual privacy shall be provided in all toilet, bath, and shower areas.

(c) The licensee shall provide and make readily available to each child the following furniture, equipment and supplies necessary for personal care and maintenance of personal hygiene:

(1) An individual bed maintained in good repair; equipped with good springs and a clean mattress; and supplied with pillow(s) which are clean and in good repair.

(A) No group home shall have more beds for children's use than required for the maximum capacity approved by the licensing agency.

1. This requirement shall not apply to the bed(s) made available for ill-ness or separation of others in an isolation room or area as specified in Section 80075(b).

(B) Fillings and covers for mattresses and pillows shall be flame retardant.

(C) The use of cots, trundle, or bunk beds shall be prohibited.

(2) Clean linen in good repair, including lightweight, warm blankets and bedspreads; top and bottom bed sheets; pillow cases; mattress pads; and bath towels, hand towels and wash cloths.

(A) The quantity of linen provided shall permit changing the linen at least once each week, or more often when indicated to ensure that clean linen is in use by children at all times.

(B) Use of common towels and wash cloths shall be prohibited.

(3) Items used to maintain basic personal hygiene practices, including but not limited to shampoo, feminine napkins, nonmedicated soap, toilet paper, toothbrush, toothpaste, and comb.

(4) Portable or permanent closets and drawer space in the child's bedroom to accommodate the child's clothing and personal belongings.

(A) A minimum of two drawers or eight cubic feet (.2264 cubic meters) of drawer space, whichever is greater, shall be provided for each child.

(d) The following facilities shall maintain a signal system which meets the requirements specified in (e) and (f) below. Such system shall be used by children to summon staff during an emergency:

(1) All facilities with a licensed capacity of 31 or more children.

(2) All facilities having separate floors and not providing full–time staff on each floor whenever children are present.

(3) All facilities having separate buildings and not providing full–time staff in each building whenever children are present.

(e) The signal system shall have the ability to meet the following requirements:

(1) Operation from each children's living unit.

(2) Transmission of a visual and/or auditory signal to a central location, or production of an auditory signal at the specific children's living unit which is loud enough to summon staff.

(3) Identification of the specific children's living unit from which the signal originates.

(f) Facilities having more than one wing, floor or building shall be allowed to have a separate signal system in each component provided that each such system meets the requirements specified in (e) above.

(g) The licensee shall provide and maintain the supplies, equipment and reading material necessary to implement the planned activities.

(h) The licensee shall provide and make readily available to each child well–lighted desk or table space and necessary supplies, including reference materials, for school–related study.

(i) Construction or other equipment, including but not limited to incinerators and air conditioning equipment, shall be made inaccessible to children.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501 and 1531, Health and Safety Code.

§ 84088.3. Outdoor Activity Equipment.

(a) Outdoor activity equipment shall be securely anchored to the ground unless it is portable by design.

(1) Equipment shall be maintained in a safe condition free of sharp, loose or pointed parts.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501 and 1531, Health and Safety Code.

Subchapter 1. Community Treatment Facilities

Article 1. General Requirements and Definitions

§ 84110. General.

(a) Community treatment facilities, as defined in Section 80001(c)(11), shall be governed by the provisions specified in this subchapter. In addition, community treatment facilities, except where specified otherwise, shall be governed by Title 22, Division 6, Chapter 5, Group Homes, Articles 1 through 7, and Chapter 1, General Licensing Requirements.

(b) In addition to Section 84110(a), community treatment facilities shall be governed by the provisions specified in the California Code of Regulations, Title 9, Chapter 11, Sections 1900 through 1938.

NOTE: Authority cited: Section 1530.9, Health and Safety Code. Reference: Sections 1501, 1502, 1530, 1530.9 and 1531, Health and Safety Code; and Section 4094, Welfare and Institutions Code.

§ 84111. Definitions.

In addition to Section 84001, the following shall apply:

(a)(1) "Advocate" means the person or persons authorized to provide advocacy services pursuant to Section 5520 et seq. of the Welfare and Institutions Code.

(b) (Reserved)

(c)(1) "Certified" means a community treatment facility that has been approved by the Department of Mental Health as complying with the standards established for that program.

(2) "Child" means a person under 18 years of age who is seriously emotionally disturbed as defined in Section 5600.3 of the Welfare and Institutions Code, including those individuals 18 through 21 years of age as specified in Section 1924(b) of the California Code of Regulations, Title 9, Chapter 11.

(3) "Conservator" means a person appointed pursuant to Section 5350 of the Welfare and Institutions Code. In the event a child has a conservator and a parent(s), the conservator shall take precedence.

(d) (Reserved)

(e)(1) "Emergency" as defined in Section 1901(k) of the California Code of Regulations, Title 9, Chapter 11.

(f) (Reserved)

(g) (Reserved)

(h) (Reserved)

(i)(1) "Interagency Placement Committee" (IPC) means a committee established by the county, with a membership that includes at least the county placement agency and a licensed mental health professional from the county department of mental health pursuant to Section 4096(c) of the Welfare and Institutions Code.

(j) (Reserved)

(k) (Reserved)

(*l*)(1) "Licensed Mental Health Professional" as defined in Section 1901(p) of the California Code of Regulations, Title 9, Chapter 11.

(m)(1) "Mental Health Program Director" means the licensed mental health professional who has been designated by a community treatment facility licensee to oversee and implement the overall mental health treatment program.

(n) (Reserved)

(o) (Reserved)

(p)(1) "Physical Restraint" as defined in Section 1901(v) of the California Code of Regulations, Title 9, Chapter 11.

(q) (Reserved)

(r) (Reserved)

(s)(1) "Seclusion" as defined in Section 1901(dd) of the California Code of Regulations, Title 9, Chapter 11.

(2) "Secure Portion of the Facility" as defined in Section 1901(ee) of the California Code of Regulations, Title 9, Chapter 11.

(3) "Seriously Emotionally Disturbed" as defined in Section 5600.3(a)(2) of the Welfare and Institutions Code.

(t) (Reserved)

(u) (Reserved)

(v) (Reserved)

(w) (Reserved)

(x) (Reserved)

(y) (Reserved)

(z) (Reserved)

NOTE: Authority cited: Sections 1502, 1530 and 1530.9, Health and Safety Code. Reference: Sections 1501 and 1531, Health and Safety Code.

Article 2. Licensing (Reserved)

Article 3. Application Procedures

§ 84118. Application for License.

(a) In addition to Section 84018, with the exception of Sections 84018(b)(2) and (3), the following shall apply.

(b) Prior to licensure each applicant shall submit to the Department evidence of a current community treatment facility mental health program certification, which shall be signed by an authorized representative of the Department of Mental Health.

NOTE: Authority cited: Sections 1530 and 1530.9, Health and Safety Code. Reference: Sections 1501, 1520 and 1531, Health and Safety Code; and Section 4094(b), Welfare and Institutions Code.

§ 84120. Fire Clearance.

(a) In addition to Section 80020, the following shall apply:

(b) The applicant shall notify the Department if the facility plans to use the following:

(1) Mechanical restraint devices.

(2) Seclusion room(s).

NOTE: Authority cited: Sections 1530 and 1530.9, Health and Safety Code. Reference: Sections 1501 and 1531, Health and Safety Code; and Section 4094.5(d), Welfare and Institutions Code.

§ 84122. Plan of Operation.

(a) In addition to Section 84022, the following shall apply.

(b) The plan of operation shall include the following:

(1) A utilization review plan and program to monitor the appropriateness of a child's admission and continued stay or discharge, and to establish the basis for identifying and assessing the utilization of mental health program services and continued need for placement.

(A) The utilization review plan shall include a description of the procedures to be used by the facility to determine the placement, continued stay, or transfer of a child into either the secure or nonsecure portion of the facility.

(B) These procedures shall include documentation of approval of the proposed change of a child's placement within the facility and continued stay.

(2) A description of the array of mental health treatment services that can be made available to a child during their placement with the community treatment facility.

(3) A listing of and copies of all agreements, contracts, or memorandums of understanding with participating private or public mental health and health providers.

(4) A quality assurance program designed to enhance services and care through an objective assessment of the facility's overall programs to ensure the correction of identified problems.

(A) The quality assurance program shall include procedures for insuring the accountability of the facility's licensed mental health professional(s) and child care workers for the services and care provided to residents of the facility, and implementation of indicated changes.

(5) The name of the proposed mental health program director and his or her professional license number(s).

(6) A description of procedures and policies which shall include:

(A) Policies and procedures for the daily recording of observations and interactions with each child, psychotropic medication control, monthly review of each child's needs and services plan, and seclusion and restraint procedures.

(B) Procedures for ensuring a child's due process rights as specified in Section 84172(c).

(C) Policies and procedures for providing access to community resources to be utilized, as necessary, in the delivery of prescribed services, including medical and crisis intervention, inpatient psychiatric hospitalization, and education placements and classes.

(7) A written plan for the orientation, continuing education, on–the–job training, supervision, and evaluation of staff as required by Section 84165(f).

(8) A written plan for activities as specified in Sections 84079(a) through (a)(5).

(9) A written description of the facility's security features and procedures.

NOTE: Authority cited: Sections 1530 and 1530.9, Health and Safety Code. Reference: Sections 1501 and 1531, Health and Safety Code; and Section 1919, Title 9, Chapter 11, Article 5, California Code of Regulations.

§ 84128. Capacity Determination.

(a) In addition to Section 80028, the following shall apply.

(b) A license for a community treatment facility shall not exceed the Department of Mental Health's certification of specified number of beds.

NOTE: Authority cited: Sections 1530 and 1530.9, Health and Safety Code. Reference: Section 1531, Health and Safety Code; and Section 4094.7(b), Welfare and Institutions Code.

§ 84134. Submission of New Application.

(a) In addition to Section 80034, the following shall apply.

(b) The Department may only approve capacity increases that have been approved by the Department of Mental Health.

NOTE: Authority cited: Sections 1530 and 1530.9, Health and Safety Code. Reference: Section 1531, Health and Safety Code; and Section 4094.7(b), Welfare and Institutions Code.

Article 4. Administrative Actions

§ 84140. Denial of License.

(a) In addition to Section 80040, the following shall apply.

(b) An application shall be denied if it is determined that the applicant has not been certified by the Department of Mental Health as specified in Section 84118(b).

(1) A single proceeding to hear an appeal for denial of an application will be held jointly with the Department of Mental Health and conducted by the Department.

NOTE: Authority cited: Sections 1530 and 1530.9, Health and Safety Code. Reference: Sections 1520 and 1525, Health and Safety Code; and Section 4094(b), Welfare and Institutions Code.

§ 84142. Revocation or Suspension of License.

(a) In addition to Section 80042, the following shall apply.

(b) The Department shall suspend or revoke the license of a community treatment facility upon written notification from the Department of Mental Health that the facility's certification has been revoked or suspended.

(1) A single proceeding to hear a revocation or a temporary suspension action will be held jointly with the Department of Mental Health and conducted by the Department.

NOTE: Authority cited: Sections 1530 and 1530.9, Health and Safety Code. Reference: Sections 4094(b) and (c), Welfare and Institutions Code.

§ 84145. Evaluation Visits.

(a) The Department shall notify the Department of Mental Health when there is reasonable cause to believe that a community treatment facility is not in compliance with program standards as specified in the California Code of Regulations, Title 9, Chapter 11, Article 5 and 6.

NOTE: Authority cited: Sections 1530 and 1530.9, Health and Safety Code. Reference: Section 4094(c)(4), Welfare and Institutions Code.

Article 5. Enforcement Provisions

§ 84151. Serious Deficiencies.

(a) In addition to Section 80051, with the exception of Section 84051, the following are regulations which, if not complied with, nearly always result in a serious deficiency.

(1) Sections 84164 and 84164.1 — related to the qualification and duties of the administrator and mental health program director.

(2) Section 84165(b) — related to personnel requirements.

(3) Sections 84165.5 and .6 — related to staff/child ratios.

(4) Section 84168.1 — related to admission criteria.

(5) Section 84168.3 — related to the needs and services plan for the child.

(6) Section 84172 — related to personal rights.

(7) Section 84172.2 — related to complaint procedures.

NOTE: Authority cited: Sections 1530 and 1530.9, Health and Safety Code. Reference: Sections 1501 and 1531, Health and Safety Code.

Article 6. Continuing Requirements

§ 84161. Reporting Requirements.

(a) In addition to Section 84061, the following shall apply.

(b) The licensee shall furnish a report to the licensing agency and the admitting parent(s), conservator, or the person designated by the court to manage the placement as specified in Section 80061(b) for all occurrences of a physical restraint as specified in Section 84175.2(a).

(c) The licensee shall notify the child's parent(s), conservator or person designated by the court to manage placement before the child is transferred between the nonsecure and secure program, except in an emergency.

(1) In an emergency, notification shall occur within 24 hours if the child has been transferred between the nonsecure and secure program without the participation of the parent(s), conservator, or person designated by the court to manage placement.

(d) The licensee shall notify the Department in writing, within 10 working days, of a change of mental health program director. The notification of a change shall include the following:

(1) Name, residence, and mailing address of the new employee.

(2) Effective date of position change.

(3) Description of the new employee's background and qualification, including documentation of required education. A photocopy of the documentation shall be permitted.

NOTE: Authority cited: Sections 1530 and 1530.9, Health and Safety Code. Reference: Sections 1531 and 1562, Health and Safety Code; and Section 11406(c), Welfare and Institutions Code.

§ 84164. Administrator Qualifications and Duties.

(a) In addition to Sections 84064(a) and (f), with the exception of Sections 84064(b) through (e), the following shall apply.

(b) All community treatment facilities shall have an administrator.

(c) The administrator shall be on the premises for the number of hours necessary to manage and administer the facility in compliance with applicable law and regulation.

(d) The administrator shall meet one of the following requirements:

(1) Have a master's degree in a behavioral science from an accredited college or university, and one year of full–time administrative or supervisory experience over social work, child care, and/or support staff providing direct services to children in an agency or in a community care facility with a licensed capacity of seven or more.

(2) Have a master's degree in a behavioral science from an accredited college or university, and two years of full–time employment as a mental health professional or social worker, as defined in Section 80001s.(4), in an agency serving children or in a group residential program serving children.

(3) Have a bachelor's degree from an accredited college or university, and three years of full–time administrative or supervisory experience over social work, child care, and/or support staff providing direct care services to children in an agency or in a community care facility with a licensed capacity of seven or more.

(e) When the administrator is absent, there shall be coverage by a designated substitute whose qualifications are at minimum, a bachelor's degree from an accredited college or university, plus at least two years of full–time administrative experience or supervisory experience over social work, child care, and/or support staff providing direct services to children in an agency or in a community care facility with a licensed capacity of seven or more.

(f) The administrator shall perform the duties as specified in Section 84064(f) and the following:

(1) Development of a plan for the orientation, development, and training of child care staff, as specified in Section 84165(f).

(2) Review of complaints made by children or on behalf of children, a specified in Section 84172.2(b), and the determination of the action to be taken to handle the complaint.

NOTE: Authority cited: Sections 1522.41(j), 1530 and 1530.9, Health and Safety Code. Reference: Sections 1501, 1522.41(h), 1531 and 1562, Health and Safety Code.

§ 84164.1. Mental Health Program Director Qualifications and Duties.

(a) All community treatment facilities shall have a Mental Health Program Director that meets the qualifications and responsibilities as specified in Section 1920 of the California Code of Regulations, Title 9, Chapter 11.

NOTE: Authority cited: Sections 1530 and 1530.9, Health and Safety Code. Reference: Sections 1501, 1531 and 1562, Health and Safety Code; and Section 4094(d), Welfare and Institutions Code.

§ 84165. Personnel Requirements.

(a) In addition to Section 80065, Section 84065(k) shall apply.

(b) The licensee shall employ administrative, child care, licensed mental health professional, and support staff necessary to perform the assigned duties specified in Sections 84164(f), 84164.1, and 84165.1.

(c) The licensee shall designate at least one facility manager to be present at the facility at all times when children are present.

(1) The facility manager shall meet one of the following minimum requirements prior to employment:

(A) Have two years of full–time experience as a social worker staff person in a group home performing those duties specified in Sections 84165.1(b)(1) through (3).

(B) Have an associate of arts or science degree from an accredited college or university and four years providing full–time direct care to children in an agency serving children or in a group residential program serving children.

(C) Have two years of full–time residential child care experience and completion, with a passing grade, of 18 college semester or equivalent quarter units on behavioral science from an accredited or approved college or university. Nine of those units must be in courses relating to children with behavioral problems which may be the result of abuse, neglect, or emotional trauma. The courses may include, but are not limited to, curriculums in corrections, psychology, social work, or social welfare.

(d) The licensee shall ensure that all child care staff meet one of the following minimum qualifications prior to employment:

(1) Have two years of full–time residential child care experience and an associate of arts or science degree from an accredited or approved college or university, with a major or emphasis in behavioral science. Nine of those units must be in courses relating to children with behavioral problems which may be the result of abuse, neglect, or emotional trauma. The courses may include, but are not limited to, curriculums in corrections, psychology, social work, or social welfare.

(2) Have two years of full–time work experience in a program serving persons with mental disabilities and be currently a licensed psychiatric technician by the Board of Vocational Nurse and Psychiatric Technician Examiners.

(e) Child care staff, employed by the facility prior to the effective date of these regulations, who do not have the required degree or semester units or equivalent quarter units relating to children with behavioral problems as specified in Section 84165(d), shall successfully complete the required units within one year of the effective date of these regulations.

(f) The licensee shall develop, maintain, and implement a written plan for the orientation, continuing education, on–the–job training and development, supervision, and evaluation of all child care staff.

(1) The plan shall require child care staff to receive and document a minimum of 20 hours of continuing education during the first 12 months of employment and during each year thereafter.

(A) Continuing education shall include completion of courses

related to the principles and practices of child care, mental health and care of the mentally ill including, but not limited to, workshops, seminars, and academic classes.

(B) Continuing education, training, and classes may be provided at the facility.

(C) Proof of course attendance and completion shall be limited to official grade slips, transcripts, certificates, or signed documentation from a college, adult education department, a bona fide educational institution/organization, or licensee association.

(2) The on–the–job training and development program shall include training in the following areas:

(A) Assaultive behavior management and preventing assaultive behavior training course which shall be approved by the Department of Mental Health. Staff shall complete at least 16 hours of a basic assaultive behavior and prevention training course prior to their participation in the containment, seclusion, and/or restraint of a child. The staff shall also participate in a four–hour semiannual review course.

1. The behavior management training courses shall be pre–approved by the Department of Mental Health.

(B) Recognition of possible side effects of psychotropic medication.

(C) Children's personal rights, due process rights, procedures for accessing these rights and staff responsibilities.

(D) The facility's emergency and safety procedures including, but not limited to, fire drills and disaster plan procedures.

(g) During orientation or when changes are made which affect job assignments, and upon request to placement agencies, all employees shall be given a copy of the job description and staff assignment information specified in Sections 84066(b)(1) and (2) which is relevant to their duties. All employees shall have access to all other job descriptions.

(h) Upon employment, staff shall receive copies of the discharge policies and procedures specified in Section 84168.5, due process procedures specified in Section 84172(c), complaint procedures specified in Section 84172.2, and the restraint policies specified in Section 84175.2.

NOTE: Authority cited: Sections 1530 and 1530.9, Health and Safety Code. Reference: Sections 1501, 1522.4, 1531 and 1562, Health and Safety Code.

§ 84165.1. Personnel Duties.

(a) In addition to Section 84065.1, with the exception of Section 84065.1(c), the following shall apply.

(b) Licensed mental health professional staff shall complete or perform the following for each child:

(1) An intake report and admission assessment as specified in Sections 84168.2(c) and (d)(1).

(2) A needs and services plan, as specified in Sections 84168.3 and 84168.4.

(3) A discharge plan, discharge summary, and discharge report as specified in Section 84168.5.

(4) The medication report and Monthly Clinical Review report as specified in Section 84175.1.

(5) The required procedures for denying a child's personal right as specified in Section 1934 of the California Code of Regulations, Title 9, Chapter 11.

(6) An authorization to initiate and document any form of restraint and/or seclusion as specified in Section 84175.2.

(7) Progress notes or descriptions documenting the client's participation and responses to the implementation of prescribed mental health treatment services.

(8) Administration and monitoring of the mental health treatment services.

(9) Develop and record the information necessary for the completion of Sections 84165.1(b)(1) through (8) as specified in Section 84170.

NOTE: Authority cited: Sections 1530 and 1530.9, Health and Safety Code. Reference: Sections 1501, 1522.4 and 1531, Health and Safety Code.

§ 84165.5. Staff/Child Ratios.

(a) Section 84065.5 is not applicable to community treatment facilities.

(b) In community treatment facilities, there shall be one child care person awake and on duty for each five children, or fraction thereof, present from 7 a.m. to 10 p.m.

(c) If the children require special care and supervision because of age, problem behavior, or other factors, the number of on–duty child care staff shall be increased to meet the needs of the children in accordance with Section 80065(a).

(d) Each community treatment facility shall meet health treatment full–time staffing to client census ratio as specified in Sections 1921(a) and (e) of the California Code of Regulations, Title 9.

NOTE: Authority cited: Sections 1530 and 1530.9, Health and Safety Code. Reference: Sections 1501 and 1531, Health and Safety Code.

§ 84165.6. Night Supervision.

(a) Section 84065.7 is not applicable to community treatment facilities.

(b) In community treatment facilities providing care and supervision to, 10 or fewer children, there shall be one child care staff person awake and on duty from 10 p.m. to 7 a.m.

(1) Another staff person shall be on call and capable of arriving at the facility site within 30 minutes.

(c) In community treatment facilities providing care and supervision to 11 or more children, there shall be two child care staff persons awake and on duty from 10 p.m. to 7 a.m. for the first 20 children, and one child care staff person awake and on duty for each additional 20 children or fraction of that amount.

(d) In facilities required to have a signal system as specified in Section 84088(d), at least one staff person shall be responsible for responding to such system.

NOTE: Authority cited: Sections 1530 and 1530.9, Health and Safety Code. Reference: Sections 1501 and 1531, Health and Safety Code.

§ 84168.1. Admission Criteria.

(a) The licensee shall develop, maintain, and implement admission procedures which only admit children who meet the criteria specified in this section.

(b) Prior to admitting a child, the facility shall obtain and keep in each child's record the following documentation which substantiates that the appropriate requirements have been met:

(1) A written statement, signed by an appropriate licensed mental health professional, certifying that the child is seriously emotionally disturbed, as defined in Section 84111(s)(3); requires periods of containment to participate in and benefit from mental health treatment; that a proposed treatment program is reasonably expected to improve the child's mental disorder; and meets one of the following requirements:

(A) The child's records must indicate that the child has participated in other less restrictive mental health interventions.

1. Less restrictive interventions include, but are not limited to, outpatient therapy, family counseling, case management, family preservation efforts, special education classes, or nonpublic schooling.

(B) The child is currently placed in a psychiatric or state hospital or a facility outside the state for mental health treatment.

(2) A written consent to treatment on behalf of each child in one of the following forms:

(A) An application for a child of any age under the jurisdiction of juvenile court and the court's consent to treatment shall be documented by a copy of the juvenile court ruling making the findings specified in Section 6552 of the Welfare and Institutions Code, together with the child's application for treatment.

(B) An application made by the conservator for a child of any age

in custody of a conservator appointed in accordance with Section 5350 of the Welfare and Institutions Code, shall be documented by the court papers appointing the conservator and delineating the conservator's authorization to place the child in a community treatment facility as well as any other powers that may be relevant in this setting along with the conservator's written consent for treatment.

(C) An application made by the parent(s) of a child under the age of 14 shall be documented by a written consent to treatment signed by both parents or the admitting parent must submit a court order demonstrating that they have sole legal custody and control of the child.

(D) An application for a child 14 through 17 years of age not within the jurisdiction of the juvenile court shall be documented by a written consent to treatment signed by both parents or the admitting parent must submit a court order demonstrating that they have sole legal custody and control of the child and one of the following:

1. A statement signed by the child and the child's attorney or patients' rights advocate that the child has made a knowing and voluntary waiver of his or her right to a pre–admission administrative hearing after being advised by the attorney or notified by the advocate of his or her rights to a pre–admission hearing in accordance with In re Roger S. (1977) 19 Cal. 3d 921. If the child waives his or her right to a pre–admission hearing based on the notification of rights by the advocate the child's statement must also indicate that he or she has been notified of his or her right to receive the advice of an attorney and has made a knowing and voluntary waiver of that right; or

2. The findings and order from a pre–admission hearing conducted in accordance with Section 1923(b)(4)(B) of the California Code of Regulations, Title 9, Chapter 11, pursuant to Section 4094(g) of the Welfare and Institutions Code that specifies all of the following findings:

(i) The child suffers a mental disorder;

(ii) There is a substantial probability that treatment will significantly improve the minor's mental disorder;

(iii) The proposed placement is the least restrictive setting necessary to achieve the purposes of the treatment; and

(iv) There is no suitable alternative to the community treatment facility placement.

(3) A written authorization from the placing county's Interagency Placement Committee certifying that the child is in need of the level of care and services provided by the community treatment facility and to the appropriateness of the following documentation:

(A) The written statement by a licensed mental health professional demonstrates that the child meets the requirements of Section 84168.1(b)(1).

(B) Informed consent is given by the child, the child's parents, or the parent having sole legal custody and control of the child or conservator as specified in Sections 84168.1(b)(2)(A) through (D)(1).

(C) The findings and order by the pre–admission administrative hearing officer specifying that all of the findings specified in Sections 84168.1(b)(2)(D)2.(i) through (iv) have been made for a child 14–17 years of age under parental custody who has not waived their right to a pre–admission hearing.

NOTE: Authority cited: Sections 1530 and 1530.9, Health and Safety Code. Reference: Section 1502.4, Health and Safety Code; and Sections 4094(f) and (g), 4094.5(a) and (e)(1), Welfare and Institutions Code.

§ 84168.2. Intake Procedures.

(a) Section 84068.1 is not applicable to community treatment facilities.

(b) The licensee shall develop, maintain, and implement intake procedures which meet the requirements specified in this section.

(c) Before a child can be admitted to a community treatment facility, the facility must obtain sufficient information to determine whether the facility can provide the services necessary to meet the child's needs. This information shall be recorded in the intake report. Admission decisions shall be made by the licensed mental health professional who shall sign and date the intake report. The intake report shall be typed and include at a minimum:

(1) The child's name, birth date, and sex;

(2) The name, address, and telephone numbers of the parents, conservator, or if applicable, the person and agency designated by the court to manage the child's placement;

(3) A medical assessment, including ambulatory status as specified in Section 80069.

(4) The child's presenting problems;

(5) The child's current Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnosis;

(6) An assessment of the child's danger to self and others;

(7) Medications;

(8) The child's immediate educational, service, and treatment needs;

(9) Certification that the child is seriously emotionally disturbed and meets the requirements as specified in Section 84168.1(b)(1);

(10) Consent to treatment as specified in Section 84168.1(b)(2); and

(11) Authorization from the placing county's Interagency Placement Committee as specified in Section 84168.1(b)(3).

(d) When the child is accepted for placement, the following requirements shall be met:

(1) An admission assessment shall be completed and signed as specified in Sections 1927(c) and (d) of the California Code of Regulations, Title 9, Chapter 11.

(2) An admission agreement shall be completed and signed as specified in Section 80068.

(3) The administrator or his/her designee, the child, and his/her parent(s), conservator, or person designated to manage the placement shall sign copies of documentation of the following:

(A) Procedures regarding the continuing stay criteria as specified in Section 84168.2(e);

(B) Procedures regarding transfer of a child to and from secure and nonsecure portions of the facility as specified in Section 84122(b)(1)(A);

(C) Due process rights procedures as specified in Section 84172(c);

(D) Discharge procedures as specified in Section 84168.5;

(E) Discipline policies and procedures as specified in Section 84072.1;

(F) Complaint procedures as specified in Section 84172.2; and

(G) Informed consent of prescribed psychotropic medications as specified in Section 84175.1.

(4) Any other information specified in Sections 80070 and 84170 necessary to complete the child's record shall be obtained.

(e) Continuing stay criteria shall be met as specified in Section 1924 of the California Code of Regulations, Title 9, Chapter 11.

NOTE: Authority cited: Sections 1530 and 1530.9, Health and Safety Code. Reference: Sections 1501 and 1531, Health and Safety Code; and Section 4094.5, Welfare and Institutions Code.

§ 84168.3. Needs and Services Plan.

(a) The licensed mental health professional(s) shall complete the needs and services plan and include the information required by Section 84068.2 and Section 1927(e) of the California Code of Regulations, Title 9, Chapter 11.

NOTE: Authority cited: Sections 1530 and 1530.9, Health and Safety Code. Reference: Sections 1501 and 1531, Health and Safety Code.

§ 84168.4. Modifications to Needs and Services Plan.

(a) Section 84068.3 is not applicable to community treatment facilities.

(b) The needs and services plan specified in Section 84168.3 shall be updated at least every 30 days to determine the following:

(1) The child's need for continuing services.

(2) The types and intensity of services provided to the child

including the use of secure containment and the impact of these services upon treatment goals, changes in or continuation of treatment plan objectives.

(3) The progress of the child toward his or her discharge goals.

(c) The licensee shall ensure that the child and his or her admitting parent, conservator, or person authorized by the court to manage the placement are offered the opportunity to participate in the modification of the child's needs and services plan.

(1) Modifications to the needs and services plan shall not be implemented until written approval is provided by the child's admitting parent, conservator, or person designated by the court to manage the placement.

NOTE: Authority cited: Sections 1530 and 1530.9, Health and Safety Code. Reference: Sections 1501 and 1531, Health and Safety Code; and Section 5699.3, Welfare and Institutions Code.

§ 84168.5. Discharge Procedures.

(a) In addition to Section 84068.4, the following are applicable.

(b) If it is determined that the facility cannot meet the needs of the child, the licensee shall notify the child's parent(s), conservator, or person designated by the court to manage the placement of the determination and shall request that the child be placed elsewhere.

(c) When it is deemed clinically appropriate, a child shall be discharged after completing normal discharge procedures.

(d) When it is not deemed clinically appropriate for a child to be discharged from the facility, a child shall be released as specified in Section 1925(b) of the California Code of Regulations, Title 9, Chapter 11.

(e) The licensed mental health professional staff shall complete and provide to the child's parent, conservator, or person designated by the court to manage the placement a typed discharge summary and discharge report as specified in Sections 1927(i) and (j) of the California Code of Regulations, Title 9, Chapter 11.

NOTE: Authority cited: Sections 1530 and 1530.9, Health and Safety Code. Reference: Sections 1501 and 1531, Health and Safety Code.

§ 84170. Children's Records.

(a) In addition to Section 84070, the following shall apply.

(b) The following information regarding the child shall be obtained and maintained in the child's record:

(1) Signed copies of the facility's policies and procedures regarding the child's transfer to and from secure and nonsecure portions of the facility, due process rights, and the continued stay criteria as specified in Section 84168.2(d)(3).

(2) A complete mental health record as specified in Section 1927(a) of the California Code of Regulations, Title 9, Chapter 11.

(3) A copy of a child's request for release and any notification documents to the superior court as specified in Section 84172(c).

NOTE: Authority cited: Sections 1530 and 1530.9, Health and Safety Code. Reference: Sections 1501, 1507 and 1531, Health and Safety Code.

§ 84172. Personal Rights.

(a) Sections 80072 and 84072 are not applicable to community treatment facilities.

(b) The licensee shall ensure that every child admitted to a community treatment facility is informed and afforded the personal rights as specified in Sections 5325, 5325.1, 5325.2, and 5326 of the Welfare and Institutions Code; Sections 862 through 865 and 867 of the California Code of Regulations, Title 9, Chapter 4; and Sections 1934, 1935, 1936, and 1937 of the California Code of Regulations, Title 9, Chapter 11.

(c) Every child has a right to a hearing by writ of habeas corpus. The licensee shall develop, maintain and implement written procedures that shall meet the following requirements:

(1) Any member of the facility staff to whom a request is made shall promptly do the following:

(A) Provide the child making the request with a form for a request for release or mark a copy of the form for the child. The form shall be substantially as follows:

(Name of the Facility) _____ day of ____ 19 __

I, _____ (member of the community treatment facility staff) have today received a request for the release of _____ (name of patient) from the undersigned patient on his or her own behalf or from the undersigned person on behalf of the patient.

_____

Signature or mark of patient making request for release

_____

Signature or mark of patient making request for release on behalf of patient

_____

Signature of staff person receiving request for release

(B) Deliver the completed request form to the Administrator and note the request in the child's facility record.

(2) Submit the request for release form to the superior court for the county in which the facility is located by the next working day of the request for release.

(3) Inform the person who admitted the child of the request for release within 24 hours of the request for release.

(4) Maintain a copy of the child's request for release as specified in Section 84172(c)(1)(A) along with notification documents to the superior court in the child's record.

(5) The facility's administrator shall ensure that the child is informed as soon as possible of the date, time, and location of the hearing.

(6) The child shall be permitted to communicate with counsel confidentially and to prepare for and attend the judicial hearing demanding his or her release.

(d) The facility's policy concerning family visits and other communications with clients shall be provided as specified in Section 1512 of the Health and Safety Code.

NOTE: Authority cited: Sections 1530 and 1530.9, Health and Safety Code. Reference: Sections 1501 and 1531, Health and Safety Code; and Sections 4096(g), 4094.6 and 5275, Welfare and Institutions Code.

§ 84172.2. Complaint Procedures.

(a) Section 84072.2 is not applicable to community treatment facilities.

(b) The licensee of a community treatment facility shall develop, maintain, and implement written complaint procedures by which children or their authorized representatives are permitted to file, without fear of retaliation, complaints regarding facility staff or operations with the facility administrator or mental health program director, an advocate, and/or the Department.

(c) The following information shall be posted, in English and Spanish, in all wards and common living areas of the facility.

(1) A list of the personal rights in Sections 5325, 5325.1, and 5325.2 of the Welfare and Institutions Code.

(2) A statement that any child admitted to a community treatment facility has the right to a hearing by writ of habeas corpus pursuant to Section 4094.6 of the Welfare and Institutions Code.

(3) The facility's complaint procedures which shall include the following:

(A) The name, address and telephone number for filing a complaint with the Department.

(B) The information on filing a complaint with a Patients' Advocate as specified in Section 1933 of California Code of Regulations, Title 9, Chapter 11.

NOTE: Authority cited: Sections 1530 and 1530.9, Health and Safety Code. Reference: Sections 1501 and 1531, Health and Safety Code; and Section 4094.6, Welfare and Institutions Code.

§ 84175.1. Medication Control/Monitoring.

(a) The licensee shall develop, maintain, and implement medication control and monitoring procedures/protocols which meet

the requirements specified in the California Code of Regulations, Title 9, Chapter 11, Section 1928.

NOTE: Authority cited: Section 1530 and 1530.9, Health and Safety Code. Reference: Section 1501 and 1531, Health and Safety Code; and Section 4094(d), Welfare and Institutions Code.

§ 84175.2. Restraint and Seclusion.

(a) The licensee shall develop, maintain, and implement seclusion and restraint policies and procedures which meet the requirements specified Section 1929 of the California Code of Regulations, Title 9, Chapter 11.

NOTE: Authority cited: Sections 1530 and 1530.9, Health and Safety Code. Reference: Sections 1501 and 1531, Health and Safety Code; and Section 4094(d), Welfare and Institutions Code.

Article 7. Physical Environment

§ 84187. Buildings and Grounds.

(a) In addition to Section 84087, the following shall apply.

(b) A room used for seclusion as defined in Section 84111(s)(1), shall meet the following requirements:

(1) No room door shall include locking or jamming devices.

(2) A control for the lighting shall be located outside the room.

(3) The room shall be absent of any hazards such as objects which can be broken or used by a child to inflict injury to himself/herself or others.

(c) The licensee shall meet the local building code requirements for any fence enclosures of outside spaces and recreational areas that are associated with the facility.

(d) The licensee shall secure and maintain a fire clearance approval for locking devices and their use on exterior doors, windows, and perimeter fence gates.

NOTE: Authority cited: Sections 1530 and 1530.9, Health and Safety Code. Reference: Sections 1501 and 1531, Health and Safety Code.

§ 84188. Fixtures, Furniture, Equipment, and Supplies.

(a) In addition to Section 84088, the following shall apply.

(b) No community treatment facility shall have more beds for children's use than required for the maximum license capacity except for the bed(s) made available for seclusion room(s) as specified in Section 84187(b).

NOTE: Authority cited: Sections 1530 and 1530.9, Health and Safety Code. Reference: Sections 1501 and 1531, Health and Safety Code.