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WELFARE AND INSTITUTIONS CODE - WIC

DIVISION 5. COMMUNITY MENTAL HEALTH SERVICES [5000 - 5987] (*Division 5 repealed and added by Stats. 1967, Ch. 1667.*)

PART 3.8. COMMUNITY-BASED SERVICES [5848.5 - 5848.7] (*Part 3.8 added by Stats. 2013, Ch. 34, Sec. 1.*)

5848.5. (a) The Legislature finds and declares all of the following:

- (1) California has realigned public community mental health services to counties, and it is imperative that sufficient community-based resources be available to meet the mental health needs of eligible individuals.
- (2) Increasing access to effective prevention, early intervention, outpatient, and crisis stabilization services provides an opportunity to reduce costs associated with expensive inpatient and emergency room care and better meet the needs of individuals with mental health disorders in the least restrictive manner possible.
- (3) Almost one-fifth of people with mental health disorders visit a hospital emergency room at least once per year. If an adequate array of crisis services is not available, it leaves an individual with little choice but to access an emergency room for assistance and, potentially, an unnecessary inpatient hospitalization.
- (4) Recent reports have called attention to a continuing problem of inappropriate and unnecessary utilization of hospital emergency rooms in California due to limited community-based services for individuals in psychological distress and acute psychiatric crisis. Hospitals report that 70 percent of people taken to emergency rooms for psychiatric evaluation can be stabilized and transferred to a less-intensive level of crisis care. Law enforcement personnel report that their personnel need to stay with people in the emergency room waiting area until a placement is found and that less intensive levels of care tend not to be available.
- (5) Comprehensive public and private partnerships at both local and regional levels, including across physical health services, mental health, substance use disorder, law enforcement, social services, and related supports, are necessary to develop and maintain high-quality, patient-centered, and cost-effective care for individuals with mental health disorders that facilitates their recovery and leads towards wellness.
- (6) The recovery of individuals with mental health disorders is important for all levels of government, business, and the local community.

(b) This section shall be known, and may be cited, as the Investment in Mental Health Wellness Act of 2013. The objectives of this section are to do all of the following:

- (1) Expand access to prevention, early intervention, and treatment services to improve the client experience, achieve recovery and wellness, and reduce costs.
- (2) Expand the continuum of services to address crisis prevention, crisis intervention, crisis stabilization, and crisis residential treatment needs that are wellness-, resiliency-, and recovery-oriented.
- (3) Add at least 25 mobile crisis support teams and at least 2,000 crisis stabilization and crisis residential treatment beds to bolster capacity at the local level to improve access to mental health crisis services and address unmet mental health care needs.
- (4) Add at least 600 triage personnel to provide intensive case management and linkage to services for individuals with a mental health disorder at various points of access, such as at designated community-based service points, homeless shelters, and clinics.

(5) Reduce unnecessary hospitalizations and inpatient days by appropriately utilizing community-based services and improving access to timely assistance.

(6) Reduce recidivism and mitigate unnecessary expenditures of local law enforcement.

(7) Provide local communities with increased financial resources to leverage additional public and private funding sources to achieve improved networks of care for individuals with mental health disorders.

(8) (A) Provide a complete continuum of crisis services for children and youth 21 years of age and under regardless of where they live in the state.

(B) The funds included in the 2016 Budget Act for the purpose of developing the continuum of mental health crisis services for children and youth 21 years of age and under shall be for the following objectives:

(i) Provide a continuum of crisis services for children and youth 21 years of age and under, regardless of where they live in the state.

(ii) Provide for early intervention and treatment services to improve the client experience, achieve recovery and wellness, and reduce costs.

(iii) Expand the continuum of community-based services to address crisis intervention, crisis stabilization, and crisis residential treatment needs that are wellness-, resiliency-, and recovery-oriented.

(iv) Add at least 200 mobile crisis support teams.

(v) Add at least 120 crisis stabilization services and beds and crisis residential treatment beds to increase capacity at the local level and improve access to mental health crisis services and address unmet mental health care needs.

(vi) Add triage personnel to provide intensive case management and linkage to services for individuals with mental health disorders at various points of access, such as at designated community-based service points, homeless shelters, schools, and clinics.

(vii) Expand family respite care to help families and sustain caregiver health and well-being.

(viii) Expand family supportive training and related services designed to help families participate in the planning process, access services, and navigate programs.

(ix) Reduce unnecessary hospitalizations and inpatient days by appropriately utilizing community-based services.

(x) Reduce recidivism and mitigate unnecessary expenditures of local law enforcement.

(xi) Provide local communities with increased financial resources to leverage additional public and private funding sources to achieve improved networks of care for children and youth 21 years of age and under with a mental health disorder.

(c) Through appropriations provided in the annual Budget Act for this purpose, it is the intent of the Legislature to authorize the California Health Facilities Financing Authority, hereafter referred to as the authority, and the Behavioral Health Services Oversight and Accountability Commission, hereafter referred to as the commission, to administer competitive selection processes or a sole-source contracting process as provided in this section for capital capacity and program expansion to increase capacity for mobile crisis support, crisis intervention, crisis stabilization services, crisis residential treatment, and specified personnel resources.

(d) (1) Funds appropriated by the Legislature to the authority for purposes of this section shall be made available to selected counties or counties acting jointly.

(2) The authority may, at its discretion, give consideration to private nonprofit corporations and public agencies in an area or region of the state if a county, or counties acting jointly, affirmatively supports this designation and collaboration in lieu of a county government directly receiving grant funds.

(3) Grant awards made by the authority shall be used to expand local resources for the development, capital, equipment acquisition, and applicable program startup or expansion costs to increase capacity for client assistance and services in the following areas:

(A) Crisis intervention as authorized by Sections 14021.4, 14680, and 14684.

(B) Crisis stabilization as authorized by Sections 14021.4, 14680, and 14684.

(C) Crisis residential treatment as authorized by Sections 14021.4, 14680, and 14684 and as provided at a children's crisis residential program as defined in Section 1502 of the Health and Safety Code.

(D) Rehabilitative mental health services as authorized by Sections 14021.4, 14680, and 14684.

(E) Mobile crisis support teams, including personnel and equipment, such as the purchase of vehicles.

(4) (A) The authority shall develop selection criteria to expand local resources, including those described in paragraph (3), and processes for awarding grants after consulting with representatives and interested stakeholders from the mental health community, including, but not limited to, the County Behavioral Health Directors Association of California, service providers, consumer organizations, and other appropriate interests, such as health care providers and law enforcement, as determined by the authority.

(B) The authority shall ensure that grants result in cost-effective expansion of the number of community-based crisis resources in regions and communities selected for funding.

(C) The authority shall also take into account at least the following criteria and factors when selecting recipients of grants and determining the amount of grant awards:

(i) Description of need, including, at a minimum, a comprehensive description of the project, community need, population to be served, linkage with other public systems of health and mental health care, linkage with local law enforcement, social services, and related assistance, as applicable, and a description of the request for funding.

(ii) Ability to serve the target population, which includes individuals eligible for Medi-Cal and individuals eligible for county health and mental health services.

(iii) Geographic areas or regions of the state to be eligible for grant awards, which may include rural, suburban, and urban areas, and may include use of the five regional designations utilized by the County Behavioral Health Directors Association of California.

(iv) Level of community engagement and commitment to project completion.

(v) Financial support that, in addition to a grant that may be awarded by the authority, will be sufficient to complete and operate the project for which the grant from the authority is awarded.

(vi) Ability to provide additional funding support to the project, including public or private funding, federal tax credits and grants, foundation support, and other collaborative efforts.

(vii) Memorandum of understanding among project partners, if applicable.

(viii) Information regarding the legal status of the collaborating partners, if applicable.

(ix) Ability to measure key outcomes, including improved access to services, health, and mental health outcomes, and cost benefit of the project.

(5) (A) The authority shall determine maximum grants awards, which shall take into consideration the number of projects awarded to the grantee, as described in paragraph (3), and shall reflect reasonable costs for the project and geographic region.

(B) The authority may allocate a grant in increments contingent upon the phases of a project.

(6) Funds awarded by the authority pursuant to this section may be used to supplement, but not to supplant, existing financial and resource commitments of the grantee or another member of a collaborative effort that has been awarded a grant.

(7) (A) All projects that are awarded grants by the authority shall be completed within a reasonable period of time, to be determined by the authority.

(B) Funds shall not be released by the authority until the applicant demonstrates project readiness to the authority's satisfaction.

(C) If the authority determines that a grant recipient has failed to complete the project under the terms specified in awarding the grant, the authority may require remedies, including the return of all or a portion of the grant.

(8) A grantee that receives a grant from the authority under this section shall commit to using that capital capacity and program expansion project, such as the mobile crisis team, crisis stabilization unit, or crisis residential treatment program, for the duration of the expected life of the project.

(9) The authority may consult with a technical assistance entity, as described in paragraph (5) of subdivision (a) of Section 4061, for purposes of implementing this section.

(10) The authority may adopt emergency regulations relating to the grants for the capital capacity and program expansion projects described in this section, including emergency regulations that define eligible costs and determine minimum and maximum grant amounts.

(11) The authority shall provide reports to the fiscal and policy committees of the Legislature on or before May 1, 2014, and on or before May 1, 2015, on the progress of implementation, that include, but are not limited to, the following:

- (A) A description of each project awarded funding.
- (B) The amount of each grant issued.
- (C) A description of other sources of funding for each project.
- (D) The total amount of grants issued.
- (E) A description of project operation and implementation, including who is being served.

(12) A recipient of a grant provided pursuant to paragraph (1) shall adhere to all applicable laws relating to scope of practice, licensure, certification, workforce, and building codes.

(e) Of the funds specified in paragraph (8) of subdivision (b), it is the intent of the Legislature to authorize the authority to administer competitive selection processes as provided in this section for capital capacity and program expansion to increase capacity for mobile crisis support, crisis intervention, crisis stabilization services, crisis residential treatment, family respite care, family supportive training and related services, and triage personnel resources for children and youth 21 years of age and under.

(f) (1) Funds appropriated by the Legislature to the authority to address crisis services for children and youth 21 years of age and under for the purposes of this section shall be made available to selected counties or counties acting jointly.

(2) The authority may, at its discretion, also give consideration to private nonprofit corporations and public agencies in an area or region of the state if a county, or counties acting jointly, affirmatively support this designation and collaboration in lieu of a county government directly receiving grant funds.

(3) Grant awards made by the authority shall be used to expand local resources for the development, capital, equipment acquisition, and applicable program startup or expansion costs to increase capacity for client assistance and crisis services for children and youth 21 years of age and under in the following areas:

- (A) Crisis intervention as authorized by Sections 14021.4, 14680, and 14684.
- (B) Crisis stabilization as authorized by Sections 14021.4, 14680, and 14684.
- (C) Crisis residential treatment as authorized by Sections 14021.4, 14680, and 14684 and as provided at a children's crisis residential program as defined in Section 1502 of the Health and Safety Code.
- (D) Mobile crisis support teams, including the purchase of equipment and vehicles.
- (E) Family respite care.

(4) (A) The authority shall develop selection criteria to expand local resources, including those described in paragraph (3), and processes for awarding grants after consulting with representatives and interested stakeholders from the mental health community, including, but not limited to, county mental health directors, service providers, consumer organizations, and other appropriate interests, such as health care providers and law enforcement, as determined by the authority.

(B) The authority shall ensure that grants result in cost-effective expansion of the number of community-based crisis resources in regions and communities selected for funding.

(C) The authority shall also take into account at least the following criteria and factors when selecting recipients of grants and determining the amount of grant awards:

- (i) Description of need, including, at a minimum, a comprehensive description of the project, community need, population to be served, linkage with other public systems of health and mental health care, linkage with local law enforcement, social services, and related assistance, as applicable, and a description of the request for funding.
- (ii) Ability to serve the target population, which includes individuals eligible for Medi-Cal and individuals eligible for county health and mental health services.
- (iii) Geographic areas or regions of the state to be eligible for grant awards, which may include rural, suburban, and urban areas, and may include use of the five regional designations utilized by the California Behavioral Health Directors

Association.

(iv) Level of community engagement and commitment to project completion.

(v) Financial support that, in addition to a grant that may be awarded by the authority, will be sufficient to complete and operate the project for which the grant from the authority is awarded.

(vi) Ability to provide additional funding support to the project, including public or private funding, federal tax credits and grants, foundation support, and other collaborative efforts.

(vii) Memorandum of understanding among project partners, if applicable.

(viii) Information regarding the legal status of the collaborating partners, if applicable.

(ix) Ability to measure key outcomes, including utilization of services, health and mental health outcomes, and cost benefit of the project.

(5) (A) The authority shall determine maximum grant awards, which shall take into consideration the number of projects awarded to the grantee, as described in paragraph (1), and shall reflect reasonable costs for the project, geographic region, and target ages.

(B) The authority may allocate a grant in increments contingent upon the phases of a project.

(6) Funds awarded by the authority pursuant to this section may be used to supplement, but not to supplant, existing financial and resource commitments of the grantee or another member of a collaborative effort that has been awarded a grant.

(7) (A) All projects that are awarded grants by the authority shall be completed within a reasonable period of time, to be determined by the authority.

(B) Funds shall not be released by the authority until the applicant demonstrates project readiness to the authority's satisfaction.

(C) If the authority determines that a grant recipient has failed to complete the project under the terms specified in awarding the grant, the authority may require remedies, including the return of all, or a portion, of the grant.

(8) A grantee that receives a grant from the authority under this section shall commit to using that capital capacity and program expansion project, such as the mobile crisis team, crisis stabilization unit, family respite care, or crisis residential treatment program, for the duration of the expected life of the project.

(9) The authority may consult with a technical assistance entity, as described in paragraph (5) of subdivision (a) of Section 4061, for the purposes of implementing this section.

(10) The authority may adopt emergency regulations relating to the grants for the capital capacity and program expansion projects described in this section, including emergency regulations that define eligible costs and determine minimum and maximum grant amounts.

(11) The authority shall provide reports to the fiscal and policy committees of the Legislature on or before January 10, 2018, and annually thereafter, on the progress of implementation, that include, but are not limited to, all of the following:

(A) A description of each project awarded funding.

(B) The amount of each grant issued.

(C) A description of other sources of funding for each project.

(D) The total amount of grants issued.

(E) A description of project operation and implementation, including who is being served.

(12) A recipient of a grant provided pursuant to paragraph (1) shall adhere to all applicable laws relating to scope of practice, licensure, certification, workforce, and building codes.

(g) (1) (A) Funds appropriated by the Legislature to the commission for purposes of this section shall be allocated to support crisis prevention, early intervention, and crisis response strategies, as determined by the commission with input from peers, county behavioral health agencies, community-based organizations, and others.

(B) In allocating these funds, the commission shall consult with the California Health and Human Services Agency and other state agencies as needed, to leverage existing funds and share best practices and shall take into consideration data on populations at risk for experiencing a mental health crisis, including the needs of early childhood, children and youth, transition age youth, adults, and older adults.

(C) These funds shall be made available to selected entities, including, but not limited to, counties, counties acting jointly, city mental health departments, other local governmental agencies and community-based organizations, such as health care providers, hospitals, health systems, childcare providers, early childhood education providers, and other entities as determined by the commission through a competitive selection process or a sole-source process, as determined by the commission.

(D) The commission may utilize a sole-source process when it determines, during a public hearing, that it is in the public interest to do so and would address barriers to participation for local governmental agencies, including small counties, other local agencies, and community-based organizations or is aligned with the goals of this section.

(E) It is the intent of the Legislature for these funds to be allocated in an efficient manner to encourage prevention, early intervention, and receipt of needed services for individuals with mental health needs, or who are at risk of needing crisis services, and to assist in navigating the local service sector to improve efficiencies and the delivery of services.

(F) The commission shall consider existing data sources for populations who are at higher risk for experiencing a mental health crisis when allocating these funds.

(2) Funding may be used to support services, supports, education, and training that are offered in person, by telephone, by videoconference, or by telehealth with the individual in need of assistance, their significant support person, or others, and may be provided anywhere in the community. These service and related activities may include, but are not limited to, the following:

(A) Communication, coordination, and referral.

(B) Monitoring service delivery to ensure the individual accesses and receives services.

(C) Monitoring the individual's progress.

(D) Providing placement service assistance and service plan development.

(E) Education and training.

(F) Innovative, best practice, evidence-based, and related approaches to support crisis prevention, early intervention, and crisis response.

(3) The commission shall take into account at least the following criteria and factors when selecting recipients and determining the amount of grant awards as follows:

(A) Description of need, including potential gaps in local service connections.

(B) Description of funding request, including use of peers and peer support.

(C) Description of how funding will be used to facilitate linkage and access to services, including objectives and anticipated outcomes.

(D) Ability to obtain federal Medicaid reimbursement, if applicable.

(E) Ability to administer an effective service program and the degree to which local agencies and service providers will support and collaborate with the effort.

(F) Geographic areas or regions of the state to be eligible for grant awards, which shall include rural, suburban, and urban areas, and may include use of the five regional designations utilized by the County Behavioral Health Directors Association of California.

(4) The commission shall determine maximum grant awards and shall take into consideration the level of need, population to be served, and related criteria, as described in paragraph (2), and shall reflect reasonable costs.

(5) Funds awarded by the commission for purposes of this section may be used to supplement, but not supplant, existing financial and resource commitments of the entities that receive the grant.

(6) (A) Notwithstanding any other law, a county, counties acting jointly, a city mental health department, a community-based organization, or other entity that receives an award of funds for the purpose of supporting crisis prevention, early intervention, and crisis response strategies pursuant to this subdivision may be required to provide a matching contribution of local funds.

(B) The commission may, at its discretion, allow and approve grants that include matching funds, in whole or in part, to enhance the impact of limited public funding. Matching fund requirements shall not be designed in a manner that will prevent participation from local agencies, community-based organizations, or other entities that are eligible to participate in the funding opportunities created by this section.

(7) Notwithstanding any other law, the commission, without taking any further regulatory action, may implement, interpret, or make specific this section by means of informational letters, bulletins, or similar instructions.

(h) This section shall become operative on January 1, 2025, if amendments to the Mental Health Services Act are approved by the voters at the March 5, 2024, statewide primary election.

(Repealed (in Sec. 65) and added by Stats. 2023, Ch. 790, Sec. 66. (SB 326) Effective October 12, 2023. Operative January 1, 2025, by its own provisions.)

5848.51. (a) The Legislature finds and declares all of the following:

(1) Community alternatives should be expanded to reduce the need for mental health and substance use disorder treatment in jails and prisons.

(2) The number of people with serious mental illnesses incarcerated in county jails and the state's prison system continues to rise.

(3) A significant number of individuals with serious mental illness have a co-occurring substance use disorder.

(4) The treatment and recovery of individuals with mental health disorders and substance use disorders are important for all levels of government, business, and the local community.

(b) Funds appropriated by the Legislature to the authority for the purposes of this section shall be used to establish a competitive grant program designed to promote diversion programs and services by increasing and expanding mental health treatment facilities, substance use disorder treatment facilities, and trauma-centered service facilities, including facilities providing services for sex trafficking victims, domestic violence victims, and victims of other violent crimes, in local communities, through the provision of infrastructure grants.

(c) Grant awards made by the authority shall be used to expand local resources for facility acquisition or renovation, equipment acquisition, and applicable program startup or expansion costs to increase availability and capacity to diversion programs described in paragraph (b).

(d) Funds appropriated by the Legislature to the authority for the purposes of this section shall be made available to selected counties, city or county, or counties acting jointly.

(e) The authority shall develop selection criteria to expand local resources, including those described in subdivision (b), and processes for awarding grants after consulting with representatives and interested stakeholders from the mental health treatment community, substance use disorder treatment community, and trauma recovery center providers, including, but not limited to, county behavioral health directors, service providers, consumer organizations, and other appropriate interests, such as health care providers, law enforcement, trial courts, and formerly incarcerated individuals as determined by the authority. The authority shall monitor that grants result in cost-effective expansion of the number of community-based resources in regions and communities selected for funding. The authority shall also take into account at least the following criteria and factors when selecting recipients of grants and determining the amount of grant awards:

(1) Description of need, including, at a minimum, a comprehensive description of the project, community need, population to be served, linkage with other public systems of health and mental health care, linkage with local law enforcement, social services, and related assistance, as applicable, and a description of the request for funding.

(2) Ability to serve the target population, which includes individuals eligible for Medi-Cal and individuals eligible for county health and mental health services.

(3) Geographic areas or regions of the state to be eligible for grant awards, which may include rural, suburban, and urban areas, and may include use of the five regional designations utilized by the County Behavioral Health Directors Association of California.

(4) Level of community engagement and commitment to project completion.

(5) Financial support that, in addition to a grant that may be awarded by the authority, will be sufficient to complete and operate the project for which the grant from the authority is awarded.

(6) Ability to provide additional funding support to the project, including public or private funding, federal tax credits and grants, foundation support, and other collaborative efforts.

(7) Memorandum of understanding among project partners, if applicable.

(8) Information regarding the legal status of the collaborating partners, if applicable.

(9) Ability to measure key outcomes, including utilization of services, health and mental health outcomes, and cost benefit of the project.

(f) The authority shall determine maximum grant awards, which shall take into consideration the number of projects awarded to the grantee, as described in subdivision (c), and shall reflect reasonable costs for the project and geographic region. The authority may allocate a grant in increments contingent upon the phases of a project.

(g) Funds awarded by the authority pursuant to this section may be used to supplement, but not to supplant, existing financial and resource commitments of the grantee or any other member of a collaborative effort that has been awarded a grant.

(h) All projects that are awarded grants by the authority shall be completed within a reasonable period of time, to be determined by the authority. Funds shall not be released by the authority until the applicant demonstrates project readiness to the authority's satisfaction. If the authority determines that a grant recipient has failed to complete the project under the terms specified in awarding the grant, the authority may require remedies, including the return of all or a portion of the grant.

(i) The authority may consult with a technical assistance entity, as described in paragraph (5) of subdivision (a) of Section 4061, for the purposes of implementing this section.

(j) The authority may adopt emergency regulations relating to the grants for the capital capacity and program expansion projects described in this section, including emergency regulations that define eligible costs and determine minimum and maximum grant amounts.

(k) (1) The authority shall provide reports to the fiscal and policy committees of the Legislature on or before April 1, 2018, and annually until April 1, 2020, on the progress of implementation that include, but are not limited to, the following:

(A) A description of each project awarded funding.

(B) The amount of each grant issued.

(C) A description of other sources of funding for each project.

(D) The total amount of grants issued.

(E) A description of project operation and implementation, including who is being served.

(2) The requirement for submitting a report imposed under this subdivision is inoperative on April 1, 2024, pursuant to Section 10231.5 of the Government Code.

(l) A recipient of a grant provided pursuant to paragraph (b) shall adhere to all applicable laws relating to scope of practice, licensure, certification, staffing, and building codes.

(Added by Stats. 2016, Ch. 33, Sec. 52. (SB 843) Effective June 27, 2016.)

5848.6. Any emergency regulations that may be adopted by the California Health Facilities Financing Authority, as described in paragraph (8) of subdivision (d) of Section 5848.5, 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). 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, or general welfare.

(Added by Stats. 2013, Ch. 361, Sec. 3. (SB 101) Effective September 26, 2013.)

5848.7. (a) (1) Except as described in subdivision (b), any program or pilot program in which mental health professionals respond in collaboration with law enforcement personnel, or in place of law enforcement personnel, to emergency calls related to mental health crises shall ensure that the program is supervised by a licensed mental health professional.

(2) This section does not prohibit the licensed mental health professional supervising the program from also responding to calls and providing care.

(b) If law enforcement collaborates with county behavioral health agencies, supervision of mental health professionals shall be consistent with existing county behavioral health agency standards and requirements for supervision.

(c) For the purposes of this section, a licensed mental health professional means one of the following:

(1) A licensed clinical social worker, pursuant to Chapter 14 (commencing with Section 4991) of Division 2 of the Business and Professions Code.

(2) A licensed professional clinical counselor, pursuant to Chapter 16 (commencing with Section 4999.10) of Division 2 of the Business and Professions Code.

(3) A licensed marriage and family therapist, pursuant to Chapter 13 (commencing with Section 4980) of Division 2 of the Business and Professions Code.

(4) A licensed psychologist, pursuant to Chapter 6.6 (commencing with Section 2900) of Division 2 of the Business and Professions Code.

(5) A licensed physician under Chapter 5 (commencing with Section 2000) of Division 2 of the Business and Professions Code who is either a board certified psychiatrist or has completed a residency in psychiatry.

(6) A 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 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.

(d) This section does not alter the scope of practice for a health care professional or authorize the delivery of health care services in a setting or manner that is not authorized pursuant to the Business and Professions Code or the Health and Safety Code.

(Added by Stats. 2020, Ch. 137, Sec. 1. (AB 465) Effective January 1, 2021.)