



Home	Bill Information	California Law	Publications	Other Resources	My Subscriptions	My Favorites
------	------------------	----------------	--------------	-----------------	------------------	--------------

Code: Section:

[Up^](#) [Add To My Favorites](#)

WELFARE AND INSTITUTIONS CODE - WIC

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 COMMUNITY MENTAL HEALTH SERVICES [5000 - 5987] (*Division 5 repealed and added by Stats. 1967, Ch. 1667.*)

PART 2. THE BRONZAN-MCCORQUODALE ACT [5600 - 5772] (*Heading of Part 2 amended by Stats. 1992, Ch. 1374, Sec. 14.*)

CHAPTER 4. Operation and Administration [5750 - 5772] (*Chapter 4 added by Stats. 1968, Ch. 989.*)

5750. The State Department of Health Care Services shall administer this part and shall adopt standards for the 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 County Behavioral Health Directors Association of California and the California Behavioral Health Planning Council.

(*Amended by Stats. 2017, Ch. 511, Sec. 10. (AB 1688) Effective January 1, 2018.*)

5751. (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 Health Care Services 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, professional clinical counselor, registered nurse, or hospital administrator, who meets standards of education and experience established by the Director of Health Care Services. 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).

(*Amended by Stats. 2012, Ch. 34, Sec. 163. (SB 1009) Effective June 27, 2012.*)

5751.1. 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 Health Care Services 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.

(*Amended by Stats. 2012, Ch. 34, Sec. 164. (SB 1009) Effective June 27, 2012.*)

5751.2. (a) Except as provided in this section, persons employed or under contract to provide mental health services pursuant to this part, or pursuant to Article 5 (commencing with Section 14680) of Chapter 8.8 of, or Chapter 8.9 (commencing with Section 14700) of, Part 3 of Division 9, 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) (1) 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, or pursuant to Article 5 (commencing with Section 14680) of Chapter 8.8 of, or Chapter 8.9 (Commencing with Section 14700) of, Part 3 of Division 9, as clinical social workers, marriage and family therapists, or professional clinical counselors shall be exempt from subdivision (a). Registration shall be subject to regulations adopted by the appropriate licensing board.

(2) For the purposes of this paragraph, "experience required for licensure" means experience that satisfies the requirements of Section 4996.23, 4980.43, or 4999.46 of the Business and Professions Code.

(d) (1) The requirements of subdivision (a) shall be waived by the State Department of Health Care Services for persons employed or under contract to provide mental health services as psychologists pursuant to this part, or pursuant to Article 5 (commencing with Section 14680) of Chapter 8.8 of, or Chapter 8.9 (commencing with Section 14700) of, Part 3 of Division 9, who are gaining the experience required for licensure. A waiver granted under this subdivision shall 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.

(2) For the purposes of this subdivision, "experience required for licensure" means experience that satisfies the requirements of subdivision (d) of Section 2914 of the Business and Professions Code.

(e) The requirements of subdivision (a) shall be waived by the State Department of Health Care Services for persons employed or under contract to provide mental health services as psychologists, clinical social workers, marriage and family therapists, or professional clinical counselors pursuant to this part, or pursuant to Article 5 (commencing with Section 14680) of Chapter 8.8 of, or Chapter 8.9 (commencing with Section 14700) of, Part 3 of Division 9, who have been recruited for employment from outside this state and whose experience is sufficient to gain admission to a licensing examination. A waiver granted under this subdivision shall not exceed five years from the date of employment by, or contract with, a local mental health program for persons in these four professions who are recruited from outside this state.

(f) (1) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department, without taking any further regulatory action, shall implement, interpret, or make specific this section by means of information notices, plan or provider bulletins, or similar instructions until the time that regulations are adopted.

(2) The department shall adopt regulations on or before December 31, 2020, in accordance with the requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

(Amended by Stats. 2020, Ch. 279, Sec. 3. (AB 2253) Effective January 1, 2021.)

5751.7. (a) For the purposes of this part and the Lanterman-Petris-Short Act (Part 1 (commencing with Section 5000)), the State Department of Health Care Services and the State Department of State Hospitals 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 of Health Care Services 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 of Health Care Services shall require the county to establish specific treatment protocols and administrative procedures for identifying and providing appropriate treatment to minors admitted with adults.

(b) 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.

(Amended by Stats. 2013, Ch. 23, Sec. 46. (AB 82) Effective June 27, 2013.)

5755.1. 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.

(Amended by Stats. 1985, Ch. 1232, Sec. 29. Effective September 30, 1985.)

5767. The department, in consultation with a statewide organization representing county mental health services, shall strengthen and ensure statewide application of managed care principles, building on existing county systems, to manage the Early Periodic Screening Diagnosis and Treatment Program benefit while ensuring access to eligible Medi-Cal recipients.

(Added by Stats. 2002, Ch. 1161, Sec. 36. Effective September 30, 2002.)

5768. (a) Notwithstanding any other provision of law, except as to requirements relating to fire and life safety of persons with mental illness, the State Department of Health Care Services, 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 State Department of Health Care Services.

(c) The State Department of Health Care Services 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 State Department of Health Care Services 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 State Department of Health Care Services' 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 State Department of Health Care Services 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 State Department of Health Care Services' 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 Care Services 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.

(Amended by Stats. 2013, Ch. 23, Sec. 47. (AB 82) Effective June 27, 2013.)

5768.5. (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.

(Amended by Stats. 1999, Ch. 83, Sec. 200. Effective January 1, 2000.)

5769. Whenever the director determines that a county's personnel regulations and procedures are impediments to the timely implementation of programs developed and implemented pursuant to Section 5768, the director shall communicate such

determination to the governing body of such county.

(Added by Stats. 1975, Ch. 1105.)

5770. Notwithstanding any other provision of law, the State Department of Health Care Services may directly, or by contract, with any public or private agency, provide any of the services under this division when the state determines that the services are necessary to protect the public health, safety, or welfare.

(Amended by Stats. 2012, Ch. 34, Sec. 168. (SB 1009) Effective June 27, 2012.)

5770.5. The State Department of Health Care Services 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.

(Amended by Stats. 2012, Ch. 34, Sec. 169. (SB 1009) Effective June 27, 2012.)

5771. (a) Pursuant to Public Law 102-321, there is the California Behavioral 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 adults with serious mental illness, including persons who are dually diagnosed with serious mental illness and substance use disorders, family members of persons with serious mental illness, including adults who are dually diagnosed with serious mental illness and substance use disorders, family members of children with emotional disturbance, and representatives of organizations advocating on behalf of persons with mental illness, including persons who are dually diagnosed with mental illness and substance use disorders. Persons with serious mental illness, including persons who are dually diagnosed with serious mental illness and substance use disorders, and family members shall be represented in equal numbers.

(4) The Director of Health Care Services shall make appointments from among nominees from various constituency organizations for mental health or mental health and substance use disorders, which shall include representatives of consumer-related advocacy organizations, representatives of professional and provider organizations for mental health or mental health and substance use disorders, 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. The director shall also appoint the Executive Director of the California Commission on Aging or the executive director's designee.

(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 Health Care Services shall, with input from state-level advocacy groups, consumers, family members and providers, and other stakeholders, propose to the Legislature modifications in the structure of the planning council that the department deems appropriate.

(Amended by Stats. 2024, Ch. 332, Sec. 3. (AB 2207) Effective January 1, 2025.)

5771.1. (a) The members of the Mental Health Services Oversight and Accountability Commission established pursuant to Section 5845 are members of the California Behavioral Health Planning Council. They serve in an ex officio capacity when the council is performing its statutory duties pursuant to Section 5772. This membership does not affect the composition requirements for the council specified in Section 5771.

(b) If amendments to the Mental Health Services Act are approved by the voters at the March 5, 2024, statewide primary election, this section shall become inoperative on July 1, 2026, and as of January 1, 2027, is repealed.

(Amended by Stats. 2023, Ch. 790, Sec. 33. (SB 326) Effective October 12, 2023. Inoperative July 1, 2026, by its own provisions. Repealed as of January 1, 2027, by its own provisions. See later operative version added by Sec. 34 of Stats. 2023, Ch. 790.)

5771.1. (a) The members of the Behavioral Health Services Oversight and Accountability Commission established pursuant to Section 5845 are members of the California Behavioral Health Planning Council.

(b) These members serve in an ex officio capacity when the council is performing its statutory duties pursuant to Section 5772.

(c) This membership does not affect the composition requirements for the council specified in Section 5771.

(d) This section shall become operative on July 1, 2026, if amendments to the Mental Health Services Act are approved by the voters at the March 5, 2024, statewide primary election.

(Repealed (in Sec. 33) and added by Stats. 2023, Ch. 790, Sec. 34. (SB 326) Effective October 12, 2023. Operative July 1, 2026, by its own provisions.)

5771.3. The California Behavioral Health Planning Council may utilize staff of the State Department of Health Care Services, to the extent they are available, and the staff of any other public or private agencies that have an interest in the mental health or substance use disorders, or both, of the public and that are able and willing to provide those services.

(Amended by Stats. 2017, Ch. 511, Sec. 13. (AB 1688) Effective January 1, 2018.)

5771.5. (a) (1) The Chairperson of the California Behavioral Health Planning Council, with the concurrence of a majority of the members of the California Behavioral 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 Behavioral Health Planning Council may appoint other staff it may require according to the rules and procedures of the civil service system.

(Amended by Stats. 2017, Ch. 511, Sec. 14. (AB 1688) Effective January 1, 2018.)

5772. The California Behavioral 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 and substance use disorder programs.

(b) To review, assess, and make recommendations regarding all components of California's mental health and substance use disorder systems, and to report as necessary to the Legislature, the State Department of Health Care Services, local boards, and local programs.

(c) To review program performance in delivering mental health and substance use disorder 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 and substance use disorder programs based on performance outcome data and other reports from the State Department of Health Care Services and other sources.

(3) To report findings and recommendations on the performance of programs annually to the Legislature, the State Department of Health Care Services, and the local boards, and to post those findings and recommendations annually on its Internet Web site.

(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 in delivering mental health services is failing in a substantive manner. The State Department of Health Care Services shall investigate and review the finding, and report the action taken to the Legislature.

(e) To advise the Legislature, the State Department of Health Care Services, and county boards on mental health and substance use disorder issues and the policies and priorities that this state should be pursuing in developing its mental health and substance use disorder health systems.

(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 Health Care Services on the award of grants to county programs to reward and stimulate innovation in providing mental health and substance use disorder 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) In conjunction with other statewide and local mental health and substance use disorder 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.

(j) To advise the Director of Health Care Services on the development of the state mental health plan and the system of priorities contained in that plan.

(k) To assess periodically the effect of realignment of mental health services and any other important changes in the state's mental health and substance use disorder systems, and to report its findings to the Legislature, the State Department of Health Care Services, local programs, and local boards, as appropriate.

(l) To suggest rules, regulations, and standards for the administration of this division.

(m) When requested, to mediate disputes between counties and the state arising under this part.

(n) 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.

(o) To accept any federal fund granted, by act of Congress or by executive order, for purposes within the purview of the California Behavioral Health Planning Council, subject to the approval of the Department of Finance.

(p) 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 Behavioral Health Planning Council, subject to the approval of the Department of Finance.

(q) Notwithstanding subdivisions (a), (c), (e), (g), and (i), in the event that the State Department of Health Care Services determines that California's Community Mental Health Services Block Grant funding pursuant to Section 300x et seq. of Title 42 of the United States Code is in jeopardy due to the California Behavioral Health Planning Council's noncompliance with the requirements specified in Public Law 102-321, the State Department of Health Care Services shall notify and consult with the California Behavioral Health Planning Council, and the California Behavioral Health Planning Council shall make the changes necessary to comply with federal law.

(r) The Legislature finds and declares that the amendments made to subdivisions (a), (b), (c), (e), (g), (i), and (k) by the act that added this subdivision are consistent with Section 5892.

(Amended by Stats. 2017, Ch. 511, Sec. 15. (AB 1688) Effective January 1, 2018.)