



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

Code: Section:

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

HEALTH AND SAFETY CODE - HSC

DIVISION 10.5. ALCOHOL AND DRUG PROGRAMS [11750 - 11975] (*Heading of Division 10.5 amended by Stats. 2013, Ch. 22, Sec. 18.)*

PART 2. STATE GOVERNMENT'S ROLE TO ALLEVIATE PROBLEMS RELATED TO THE INAPPROPRIATE USE OF ALCOHOLIC BEVERAGES AND OTHER DRUG USE [11760 - 11872] (*Heading of Part 2 amended by Stats. 2004, Ch. 862, Sec. 43.)*

CHAPTER 7.5. Licensing [11834.01 - 11834.50] (*Chapter 7.5 added by Stats. 1984, Ch. 1667, Sec. 2.)*

ARTICLE 2.5. Requirements for Licensees [11834.26 - 11834.29] (*Article 2.5 added by Stats. 1993, Ch. 741, Sec. 12.)*

11834.26. (a) The licensee shall provide at least one of the following nonmedical services:

- (1) Recovery services.
- (2) Treatment services.
- (3) Detoxification services.

(b) The department shall adopt regulations requiring records and procedures that are appropriate for each of the services specified in subdivision (a). The records and procedures may include all of the following:

- (1) Admission criteria.
- (2) Intake process.
- (3) Assessments.
- (4) Recovery, treatment, or detoxification planning.
- (5) Referral.
- (6) Documentation of provision of recovery, treatment, or detoxification services.
- (7) Discharge and continuing care planning.
- (8) Indicators of recovery, treatment, or detoxification outcomes.

(c) A licensee shall not deny admission to any individual based solely on the individual having a valid prescription from a licensed health care professional for a medication approved by the federal Food and Drug Administration for the purpose of narcotic replacement treatment or medication-assisted treatment of substance use disorders.

(d) A licensee shall develop a plan to address when a resident relapses, including when a resident is on the licensed premises after consuming alcohol or using illegal drugs. The plan shall include details of how the treatment stay and treatment plan of the resident will be adjusted to address the relapse episode and how the resident will be treated and supervised while under the influence of alcohol or illegal drugs, as well as discharge and continuing care planning, including when a licensee determines that a resident requires services beyond the scope of the licensee. This subdivision does not require a licensee to discharge a resident.

(e) The department shall have the authority to implement subdivisions (d) and (f) by bulletin or all-county or all-provider letter, after stakeholder input, until regulations are promulgated. The department shall promulgate regulations to implement subdivisions (d) and (f) no later than July 1, 2024.

(f) (1) A licensee shall, at all times, maintain at least two unexpired doses of naloxone hydrochloride, or any other opioid antagonist that is approved by the United States Food and Drug Administration for treatment of an opioid overdose, on the premises and shall, at all times, have at least one staff member on the premises who knows the specific location of the naloxone hydrochloride, or other opioid antagonist that is approved by the United States Food and Drug Administration for treatment of an opioid overdose, and who has been trained on the administration of naloxone hydrochloride, or the other opioid antagonist that is approved by the United States Food and Drug Administration for treatment of an opioid overdose, in accordance with the training requirements set forth by the department. Proof of completion of training on the administration of naloxone hydrochloride, or other opioid antagonist that is approved by the United States Food and Drug Administration for treatment of an opioid overdose, shall be documented in the staff member's individual personnel file.

(2) A trained staff member shall not be liable for damages in a civil action or subject to criminal prosecution for the administration, in good faith, of naloxone hydrochloride, or any other opioid antagonist that is approved by the United States Food and Drug Administration for treatment of an opioid overdose, to a person appearing to experience an opioid-related overdose. This paragraph shall not apply in a case where the person who renders emergency care treatment by the use of naloxone hydrochloride, or any other opioid antagonist that is approved by the United States Food and Drug Administration for treatment of an opioid overdose, acts with gross negligence or engages in willful and wanton misconduct.

(g) In the development of regulations implementing this section, the written record requirements shall be modified or adapted for social model programs.

(Amended by Stats. 2024, Ch. 847, Sec. 56. (AB 2995) Effective January 1, 2025.)

11834.27. (a) The department shall have the sole authority in state government to establish the appropriate minimum qualifications of the licensee or designated administrator, and the staff of a provider of any of the services specified in subdivision (a) of Section 11834.26. These qualifications may include, but not be limited to, education, skills, life experience, and training.

(b) Nothing in this section shall be construed to apply to credentialing or licensing of individuals or to certification qualifications established pursuant to Chapter 7 (commencing with Section 11833).

(Added by Stats. 1993, Ch. 741, Sec. 12. Effective January 1, 1994.)

11834.28. (a) No sooner than July 1, 2022, an alcohol or other drug recovery or treatment facility shall either offer medications for addiction treatment (MAT) directly to clients, or have an effective referral process in place with narcotic treatment programs, community health centers, or other MAT providers.

(b) An effective referral process shall include an established relationship with a MAT provider and transportation to appointments for MAT. Providing contact information for a MAT provider does not meet the requirement of an effective referral.

(c) An alcohol or other drug recovery or treatment facility shall implement and maintain a MAT policy approved by the department. The MAT policy shall do all of the following:

- (1) Explain how a client receives information about the benefits and risks of MAT.
- (2) Describe the availability of MAT at the program, if applicable, or the referral process for MAT.
- (3) Identify an evidence-based assessment for determining a client's MAT needs.
- (4) Address administration, storage, and disposal of MAT, if applicable.
- (5) Outline training for staff about the benefits and risks of MAT.
- (6) Outline training for staff on the MAT policy.

(d) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department may implement, interpret, or make specific this section through the use of all-county letters, provider bulletins, or similar instructions, without taking any further regulatory action.

(Amended by Stats. 2024, Ch. 847, Sec. 57. (AB 2995) Effective January 1, 2025.)

11834.29. Any licensee that provides recovery, treatment, or detoxification services, that is not in compliance with the requirements of this article, shall have one year from the effective date of the regulations adopted by the department pursuant to this article and pursuant to Article 5 (commencing with Section 11834.50) to comply. In the event that the licensee fails to comply, the department shall take action against the licensee pursuant to Article 4 (commencing with Section 11834.36).

(Added by Stats. 1993, Ch. 741, Sec. 12. Effective January 1, 1994.)

