**AB-2317 Children's psychiatric residential treatment facilities.** (2021-2022)



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# Assembly Bill No. 2317

## CHAPTER 589

An act to amend Sections 1180.3, 1254, and 1262 of, and to add Section 1250.10 to, the Health and Safety Code, and to amend Sections 5328, 5405, 5600.4, and 6552 of, to amend the heading of Article 3 (commencing with Section 4080) of Chapter 3 of Part 1 of Division 4 of, and to add Sections 361.23, 727.13, 4081, 4082, 4083, and 16010.10 to, the Welfare and Institutions Code, relating to care facilities.

[ Approved by Governor September 27, 2022. Filed with Secretary of State September 27, 2022. ]

## LEGISLATIVE COUNSEL'S DIGEST

AB 2317, Ramos. Children's psychiatric residential treatment facilities.

Existing law, the California Community Care Facilities Act, provides for the licensing and regulation of community care facilities, including a children's crisis residential program, by the State Department of Social Services, and defines a children's crisis residential program to mean a facility licensed as a short-term residential therapeutic program and approved by the State Department of Health Care Services, or a county mental health plan, to operate a children's crisis residential mental health program to serve children experiencing mental health crises as an alternative to psychiatric hospitalization.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services, including specified mental health and substance use disorder services. The Medi-Cal program is, in part, governed and funded by federal Medicaid provisions. Existing federal Medicaid regulations provide for inpatient psychiatric services for individuals under 21 years of age in psychiatric facilities, as prescribed.

This bill would require the State Department of Health Care Services to license and establish regulations for psychiatric residential treatment facilities, which the bill would define as a licensed residential facility operated by a public agency or private nonprofit organization that provides psychiatric services, as prescribed under the Medicaid regulations, to individuals under 21 years of age, in an inpatient setting. The bill would require the department to establish regulations for the facilities that include, among other things, the implementation of a plan that is designed to achieve the patient's discharge from inpatient status, step-down service, at the earliest possible time.

For purposes of admission and continued stay at a psychiatric residential treatment facility, the bill would require that a patient's psychiatric condition requires services on an inpatient basis under the direction of a physician, that the services can reasonably be expected to improve the patient's condition or prevent further regression such that inpatient services will no longer be needed, and that the facility is the least restrictive setting for treatment of the patient's psychiatric condition.

The bill would require the department to inspect psychiatric residential treatment facilities and would authorize any officer, employee, or agent of the department to enter and inspect the facility at any time to investigate compliance with applicable requirements. The bill would require the department to impose a licensing and application fee to be deposited into the Mental

Health Facility Licensing Fund. The bill would require each psychiatric residential treatment facility to provide the department data, as specified.

Existing law authorizes the court to limit the control to be exercised over a minor, if the minor is adjudged a ward or dependent child of the court, by any parent, guardian, or Indian custodian, if applicable, and requires the court by its order to clearly and specifically set forth all those limitations.

When a parent, guardian, or Indian custodian who retains physical custody of a child under the jurisdiction of the juvenile court seeks to have a child admitted to a psychiatric residential treatment facility or when a child seeks to make a voluntary admission, the bill would require the social worker or probation officer to file an ex parte application for an order authorizing the voluntary admission, if certain requirements are met and within a certain time frame, and to include, among other things, a brief description of the child's mental disorder. The bill would require the social worker and probation officer to follow certain procedures, including notice, as specified.

This bill would allow the court to grant a parent, guardian, or Indian custodian's request to have the child admitted, or authorize a child's voluntary consent to admission, into a psychiatric residential treatment facility, only if it finds, by clear and convincing evidence, that certain requirements are met, including, among other things, that the child 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 child wishes to be placed. The bill would also provide a procedure to be followed by a social worker or probation officer if the dependent is a nonminor and the nonminor dependent seeks to voluntarily consent to admission to a psychiatric residential facility. The bill would require the child welfare agency or probation department to obtain authorization from the juvenile court prior to any voluntary admission of a minor dependent or ward into a psychiatric residential treatment facility.

For a dependent, ward, or nonminor dependent admitted to a psychiatric residential treatment facility, the bill would require the county child welfare agency or probation department to, among other things, maintain regular and consistent communication with the dependent's, ward's, or nonminor dependent's treatment team in order to ensure that the dependent, ward, or nonminor dependent is receiving necessary services and to report on the dependent's, ward's, or nonminor dependent's progress to the court.

By imposing additional duties on local child welfare agencies, social workers, and probation departments, this bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that with regard to certain mandates no reimbursement is required by this act for a specified reason.

With regard to any other mandates, this bill would provide that, if the Commission on State Mandates determines that the bill contains costs so mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: yes

## THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

**SECTION 1.** The Legislature finds and declares all of the following:

(a) There is an urgent need to provide more alternatives to hospitals for children and youth experiencing severe mental health crises.

(b) The problems are especially acute for children and youth who may have to wait for days for a hospital bed and who may be transported, without a parent, to the nearest facility hundreds of miles away.

(c) California's Medicaid state plan includes the provision of inpatient psychiatric services for individuals under 21 years of age as a Medi-Cal benefit, which beneficiaries shall receive if the services are determined to be medically necessary.

(d) As part of the inpatient psychiatric services for individuals under 21 years of age Medi-Cal Benefit, California may establish psychiatric residential treatment facilities (PRTFs), which the Centers for Medicare and Medicaid Services (CMS) defines as a nonhospital facility with a provider agreement with the State Medicaid Agency to provide the inpatient services benefit to Medicaid-eligible individuals under 21 years of age, the psych under 21 benefit.

(e) A PRTF is a nonhospital facility with a provider agreement with a state Medicaid agency to provide the inpatient psychiatric services benefit to Medicaid-eligible individuals under 21 years of age (psych under 21 benefit). Without PRTFs, children in Medi-Cal determined under state and federal laws to meet medical necessity requirements for the inpatient psychiatric services benefit

for individuals under 21 years of age will continue to be served in psychiatric hospitals and psychiatric units if there are no other options for these children, according to CMS.

(f) Today, if beds in a psychiatric hospital or unit are unavailable for a child needing this level of care, children often linger in emergency rooms or other facilities with limited capacity to fully address the critical needs of these children. Suicide rates for children 10 to 18 years of age, inclusive, increased by 20 percent in 2020 compared to 2019.

(g) PRTFs must meet rigorous federal regulatory requirements to ensure the rights of youth are protected, including:

(1) For admission of a youth into a PRTF, an interdisciplinary team, including a physician must certify all of the following:

(A) Programs and services available in the community do not meet the treatment needs of the youth.

(B) Proper treatment of the youth's psychiatric condition requires services on an inpatient basis under the direction of a physician.

(C) The services can reasonably be expected to improve the youth's condition or prevent further regression so that the services will no longer be needed.

(2) Inpatient psychiatric services in a PRTF must involve "active treatment," which means implementation of an individual plan of care that is both of the following:

(A) Developed and implemented no later than 72 hours after admission and updated as warranted by changes to the patient's level of acuity, no less often than every 10 days.

(B) Designed to achieve the youth's discharge from inpatient status (step-down service) at the earliest possible time or as a diversion to admittance to a psychiatric hospital.

(C) The individual plan of care must be based on a diagnostic evaluation that includes examination of the medical, psychosocial, and behavioral aspects of the youth's situation, developed by a treatment team in consultation with the youth and their parents, legal guardians, or others in whose care they will be released after discharge, and include discharge plans and after care resources such as community services to ensure continuity of care with the youth's family, school, and community upon discharge.

(3) The treatment team must be an interdisciplinary team that must be capable of assessing the beneficiary's immediate and long-range therapeutic needs, developmental priorities, and personal strengths and liabilities, assessing the potential resources of the beneficiary's family, setting treatment objectives, and prescribing therapeutic modalities to achieve the plan's objectives.

(A) The interdisciplinary team must include, at a minimum, one of the following combinations:

(i) A board eligible or board-certified psychiatrist.

(ii) A clinical psychologist who has a doctoral degree and a physician licensed to practice medicine or osteopathy or a nurse practitioner.

(iii) A physician licensed to practice medicine or osteopathy or a nurse practitioner with specialized training and experience in the diagnosis and treatment of mental diseases, and a mental health professional who has a master's degree in psychology, marriage and family therapy, social work, or counseling and who has been certified by the state.

(B) The interdisciplinary team must also include one of the following:

(i) A registered nurse or licensed vocational nurse with specialized training in mental health or one year of experience in treating mental illness.

(ii) An occupational therapist who is licensed, and who has specialized training or one year of experience in treating individuals with mental illness.

(iii) A mental health professional who has a master's degree in psychology, marriage and family therapy, social work, or counseling and who has been certified by the state.

**SEC. 2.** Section 1180.3 of the Health and Safety Code is amended to read:

**1180.3.** (a) This section shall apply to psychiatric units of general acute care hospitals, acute psychiatric hospitals, psychiatric health facilities, psychiatric residential treatment 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 their 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 their 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 their 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 their 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.

**SEC. 3.** Section 1250.10 is added to the Health and Safety Code, to read:

**1250.10.** (a) (1) “Psychiatric residential treatment facility” means a health facility licensed by the State Department of Health Care Services, that is operated by a public agency or private nonprofit organization that provides inpatient psychiatric services, as described in Subpart D (commencing with Section 441.150) of Title 42 of the Code of Federal Regulations, to individuals under 21 years of age, in a nonhospital setting.

(2) Psychiatric residential treatment facilities shall obtain and maintain certification to provide Medi-Cal inpatient psychiatric services for individuals under 21 years of age in compliance with the Centers for Medicare and Medicaid Services requirements.

(3) Psychiatric residential treatment facilities shall comply with applicable utilization control requirements in Part 456 of Title 42 of the Code of Federal Regulations, including, but not limited to, Subpart D for Mental Hospitals. Psychiatric residential treatment facilities shall comply with utilization reviews, including, but not limited to, provisions specific to certification and recertification of need for inpatient care at least every 60 days, length of stay, continued stay, and length of stay modifications in order to ensure that patients are transitioned back to the community.

(4) The department shall set a statewide bed limit based on an analysis to ensure that inpatient psychiatric services for individuals under 21 years of age are available and sufficient in amount, duration, and scope to reasonably achieve the purpose for which services are provided. The statewide bed limit shall comply with state and federal Medicaid requirements. The department shall notify the Legislature when the total number of beds in licensed psychiatric residential treatment facilities in the state reaches 250 beds, 500 beds, and 750 beds.

(b) Notwithstanding any other law, and to the extent consistent with federal law, a psychiatric residential treatment 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 licensed as a psychiatric residential treatment facility by the State Department of Health Care Services to provide inpatient psychiatric services to Medicaid-eligible individuals under 21 years of age.

(2) The facility is in compliance with all applicable state and federal Medicaid statutes, regulations, and guidance, including, but not limited to, inpatient initial and continued stay authorization criteria, individual plan of care requirements, documentation, and treatment plan review.

(3) The facility meets the definition of a psychiatric residential treatment facility pursuant to Section 483.352 of Title 42 of the Code of Federal Regulations.

(4) The facility provides inpatient psychiatric services to Medicaid-eligible individuals under 21 years of age in accordance with the requirements and standards developed by the State Department of Health Care Services pursuant to the authority in Section 1905(a)(16) and (h) (42 U.S.C. Sec. 1396d(a)(16) and (h)), Section 1902(a)(9)(A) (42 U.S.C. Sec. 1396a(a)(9)(A)), which authorizes the State Department of Health Care Services to establish and maintain health standards for institutions in which Medicaid beneficiaries may receive services, and Section 1902 (a)(33)(B) (42 U.S.C. Sec. 1396a (a)(33)(B)) of the federal Social Security Act and the Medicaid State Plan.

(5) The facility has a provider agreement with the State Department of Health Care Services or a mental health plan to provide the inpatient psychiatric services benefit to Medicaid-eligible individuals 21 years of age.

(6) The facility obtains a certification for participation in the federal Medicaid program and maintains compliance with the conditions of participation for psychiatric residential treatment facilities pursuant to Subpart D of Part 441 and Subpart G of Part 483 of Title 42 of the Code of Federal Regulations.

(7) For purposes of the requirements specified in Subpart G of Part 483 of Title 42 of the Code of Federal Regulations, facility staff shall have training on engaging in trauma-informed prevention and deescalation interventions with the goal of reducing seclusion and restraint.

(8) The facility maintains accreditation from one of the following organizations identified in Section 441.151 of Title 42 of the Code of Federal Regulations:

(A) Joint Commission on Accreditation of Healthcare Organizations.

(B) The Commission on Accreditation of Rehabilitation Facilities.

(C) The Council on Accreditation of Services for Families and Children.

(D) Any other accrediting organization with comparable standards recognized by the State Department of Health Care Services.

(9) The facility has guidelines for operation that include, at a minimum, each of the following:

(A) Requirements that all services and programs align to the trauma-informed care standards.

(B) Length of stay to be determined by medical necessity for the duration of time needed to stabilize, treat, and transition the patient to a less restrictive setting consistent with the patient individual plan of care.

(C) Requirements that patients are connected to a continuum of care and services to promote healing and step down to community-based care in facility plans of operation, along with the identification of strategies, treatment, services, and supports that the facility will employ to connect the youth and their families to community-based services and to step down the youth to family-based care.

(D) The implementation of an individual plan of care that is all of the following:

(i) Developed and implemented no later than 72 hours after admission.

(ii) Designed to achieve the patient’s discharge from inpatient status, step-down service, at the earliest possible time or as a diversion to admittance to a psychiatric hospital.

(iii) The individual plan of care shall be based on a diagnostic evaluation that is developed by a treatment team in consultation with the patient and their parents, legal guardians, or others into whose care they will be released after discharge, and include discharge plans and after-care resources such as community services to ensure continuity of care with the patient’s family, school, and community upon discharge.

(c) The facility shall annually, by July 1 of each year, provide the State Department of Health Care Services with all of the following data:

(1) Total number of patients admitted, including the number of Medi-Cal beneficiaries and the number of patients under the jurisdiction of the juvenile court.

(2) Age, race or ethnicity, and gender of patients served, and, if available, sexual orientation and gender identity or expression of patients.

(3) Duration of stay of each patient and the average and median lengths of stay for patients under the jurisdiction of the juvenile court and separately for those not subject to juvenile court jurisdiction.

(4) For each patient, the type of placement the patient was in prior to admission, if any, the services and interventions provided to the patient prior to address the patient's crisis needs, if any, and the number of prior hospitalizations, if any.

(5) Professional classification of staff and contracted staff.

(6) For each patient, the type of placement the client was discharged to.

(7) The types of community-based services provided to patients during their stay to facilitate their transition back into the community, if any, including a breakdown of services provided to patients under the jurisdiction of the juvenile court and separately for those not subject to juvenile court jurisdiction.

(8) Postdischarge plans and after care resources, including the type and intensity of mental health services, provided upon discharge.

(9) The number of patients subjected to restraint, the number of times each patient was subjected to restraint, and the types and duration of restraint.

(10) The facility's policies regarding patient rules of conduct, behavioral incentives and discipline, and procedures for notifying patients of their rights.

(11) A copy of the patient's rights and facility complaint procedures provided to each patient upon admission.

(d) The State Department of Health Care Services and the State Department of Social Services shall, by January 1 of each year, provide to the Senate and Assembly Committees on Health, Human Services, and Judiciary with a report summarizing the information provided under subdivision (c) including, at a minimum:

(1) For each facility, all of the following:

(A) The total number of patients admitted, including the number of Medi-Cal beneficiaries and the number of patients under the jurisdiction of the juvenile court.

(B) The age, race or ethnicity, and gender of patients served, and, if available, sexual orientation and gender identity or expression of patients served.

(C) The average and median lengths of stay at the facility.

(D) Professional classifications of staff and contracted staff.

(E) The types of placements patients were discharged to.

(F) The types of community-based services provided to patients during their stay to facilitate their transition back into the community, if any, including a breakdown of services provided to patients under the jurisdiction of the juvenile court and separately for those not subject to juvenile court jurisdiction.

(G) The number of patients subjected to restraint, the number of times each patient was subjected to restraint, and the types and duration of restraint.

(H) The number of patients who had previously been admitted to the same or a different psychiatric residential facility.

(2) On a statewide basis, all of the following:

(A) (i) The total number of patients admitted to psychiatric residential facilities, including the number of Medi-Cal beneficiaries and the number of patients under the jurisdiction of the juvenile court.

(ii) The total number of patients admitted to psychiatric residential facilities, including the number of Medi-Cal beneficiaries and the number of patients under the jurisdiction of the juvenile court, from each county. For purposes of this clause, “from each county” refers to the county where the patient resided prior to admission to the facility.

(B) (i) The age, race or ethnicity, and gender of patients served, and, if available, the gender expression of patients served.

(ii) The age, race or ethnicity, and gender of patients served, and, if available, sexual orientation and gender identity or expression of patients served from each county. For purposes of this clause, “from each county” refers to the county where the patient resided prior to admission to the facility.

(C) The average and median lengths of stay.

(D) The types of placements patients were discharged to.

(E) The number of patients subjected to restraint, the number of times each patient was subjected to restraint, and the types and duration of restraint.

(F) The number of patients who had previously been admitted to the same or a different psychiatric residential treatment facility.

(G) (i) The number of intensive services foster care homes, enhanced intensive services foster care homes, other family-based treatment settings, and other less-restrictive placement settings available by county.

(ii) For the purposes of this data collection, “family-based treatment setting” means a licensed home-like setting to serve a child’s, minor’s, or youth’s behavioral health needs. These family-based treatment settings may utilize a range of applicable license types, so long as they provide enhanced care and supervision in a home-like setting, meet all requirements pursuant to their respective license type, and provide an integrated behavioral health treatment as an alternative to, or stepdown from, psychiatric residential facilities and short-term residential therapeutic programs.

(e) (1) The State Department of Health Care Services shall, in consultation with the State Department of Social Services, the County Behavioral Health Directors Association of California, provider representatives, children’s rights advocates, disability rights advocates, and other relevant stakeholders, establish regulations for psychiatric residential treatment facilities. At a minimum, the regulations shall include all of the following:

(A) Therapeutic programming shall be provided seven days per week, including weekends and holidays, with sufficient mental health professional and paraprofessional staff to maintain an appropriate treatment setting and services, based on individual client’s needs.

(B) The established number of beds in the facility shall be consistent with the individual treatment needs of the clients served at the facility and shall meet the requirements developed pursuant to subdivision (u) of Section 4081 of the Welfare and Institutions Code. At least 50 percent of the beds shall be in single-occupancy rooms.

(C) (i) The length of stay shall be consistent with the individual plan of care developed by the interdisciplinary team.

(ii) In the case of non-Medi-Cal beneficiaries, reauthorizations for admission shall be obtained using the process established by the entity providing coverage.

(D) The length of stay shall be consistent with the individual plan of care developed by the interdisciplinary team. If a determination is made by a health care professional that a psychiatric residential treatment facility is medically necessary and is the appropriate level of care, reauthorization for admission shall be obtained using the process established by the entity providing coverage.

(E) For voluntary admission of any minor patient subject to the jurisdiction of the juvenile court, the facility shall obtain court authorization for the admission pursuant to Section 361.23 or 727.13, as applicable, and Section 6552 of the Welfare and Institutions Code. Whenever consent for admission of a patient who is subject to the jurisdiction of the juvenile court is revoked, the facility shall immediately contact the county child welfare agency or probation department, as applicable, to arrange for the patient’s discharge.

(F) Facilities shall include ample physical space for accommodating individuals who provide daily emotional and physical support to each client and for integrating family members into the day-to-day care of the youth. The facility shall provide patients with at least one hour per day of outdoor exercise or other time spent outside, weather permitting.

(G) The facility shall collaborate with each client’s existing mental health team, if applicable, child and family team, as defined by paragraph (4) of subdivision (a) of Section 16501 of the Welfare and Institutions Code, if the patient is an Indian child, as defined in subdivisions (a) and (b) of Section 224.1 of the Welfare and Institutions Code, who is under the

jurisdiction of the juvenile court, the child's tribe, if applicable, and other support persons or providers identified by the child or parents within three business days of intake and throughout the course of care and treatment, as appropriate.

(H) The facility shall provide information, upon request, to the county child welfare agency or county probation department to assist the county with its implementation of the patient's aftercare plan for transitioning each admitted child from the program.

(I) The patient's rights provisions contained in Sections 5325, 5325.1, 5325.2, and 5326 of the Welfare and Institutions Code shall be available to any patient admitted to, or eligible for admission to, the facility. Every patient 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 their release. Regulations adopted pursuant to this section shall specify the procedures by which this right shall be ensured. These regulations shall generally be consistent with the procedures contained in Article 5 (commencing with Section 5275) of Chapter 2 of Part 1 of Division 5 of the Welfare and Institutions Code concerning habeas corpus for individuals, including children, subject to various involuntary holds.

(J) The facility shall establish and implement an individual plan of care within 72 hours of the patient's admission that is designed to achieve the patient's discharge from inpatient status, step-down service, at the earliest possible time. The individual plan of care shall be based on a diagnostic evaluation that is developed by a treatment team in consultation with the patient and their parents, legal guardians, or others in whose care they will be released after discharge and include discharge plans and after-care resources such as community services to ensure continuity of care with the patient's family, school, and community upon discharge. The plan of care shall be updated at least every 10 days, or more frequently if warranted by the patient's change in acuity. For patients who are under the jurisdiction of the juvenile court, the patient's social worker or probation officer and, for Indian children, as defined by subdivisions (a) and (b) of Section 224.1 of the Welfare and Institutions Code, the child's tribe shall be included in the consultation by the treatment team.

(K) Guidelines for the use of physical restraints and seclusion providing protections and safeguards in addition to the requirements in Subpart G (commencing with Section 483.350) of Title 42 of the Code of Federal Regulations. If a patient under the jurisdiction of the juvenile court under Section 300 or 602 of the Welfare and Institutions Code has been restrained or secluded, the facility shall notify the patient's counsel, social worker, or probation officer, as applicable, the patient's tribe if the patient is an Indian child, as defined in subdivisions (a) and (b) of Section 224.1 of the Welfare and Institutions Code, and, except in cases in which parental rights or a legal guardianship has been terminated, the patient's parent, legal guardian, or Indian custodian.

(2) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the State Department of Health Care Services may implement, interpret, or make specific the provisions applicable to psychiatric residential treatment facilities in this chapter, Division 1.5 (commencing with Section 1180) of this code, and Chapter 1 (commencing with Section 11000) of Part 3 of Division 9 of the Welfare and Institutions Code, in whole or in part, by means of plan or county letters, information notices, plan or provider bulletins, or other similar instructions, until regulations are adopted no later than December 31, 2027.

(f) On or before June 1, 2027, the secretary or their designee, in consultation with the State Department of Social Services, shall report to the Legislature on the use of psychiatric residential treatment facilities in the state. The report shall include evaluation metrics assessing the efficacy of facilities in treating the mental health of individuals under 21 years of age, including analyses of individuals under 21 years of age within and without the jurisdiction of the juvenile court and by age, race or ethnicity, and sexual orientation and gender identity, and shall be submitted in compliance with Section 9795 of the Government Code.

(g) Information released or published pursuant to this section shall not contain data that may lead to the identification of patients receiving services in a psychiatric residential treatment facility or information that would otherwise allow an individual to link the published information to a specific person. Data published by the department shall be deidentified in compliance with Section 164.514(a) and (b) of Title 45 of the Code of Federal Regulations.

**SEC. 4.** Section 1254 of the Health and Safety Code is amended to read:

**1254.** (a) Except as provided in subdivisions (e) and (f), 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 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.

(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 Health Care Services shall inspect and license psychiatric health facilities. The State Department of Health Care Services shall license psychiatric health facilities to provide their basic services specified in Section 1250.2. The State Department of Health Care Services shall develop, adopt, or amend regulations to implement this subdivision.

(f) The State Department of Health Care Services shall inspect and license psychiatric residential treatment facilities as defined in Section 1250.10.

**SEC. 5.** Section 1262 of the Health and Safety Code is amended to read:

**1262.** (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, as applicable, 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 their 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 they 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.

(7) A psychiatric residential treatment facility as described in Section 1250.10.

(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.

**SEC. 6.** Section 361.23 is added to the Welfare and Institutions Code, to read:

**361.23.** (a) (1) Whenever voluntary admission into a psychiatric residential treatment facility is sought for a child or nonminor dependent who is subject to a petition pursuant to Section 300, the court shall review the application for a voluntary admission as described in this section. A child may not be admitted to a psychiatric residential treatment facility prior to court authorization unless the child is subject to an involuntary hold pursuant to Chapter 2 (commencing with Section 5585.50) of Part 1.5 of Division 5.

(2) For purposes of this section, “voluntary admission” for a child within the custody of a parent, child, or Indian custodian refers to the parent, guardian, or Indian custodian’s voluntary decision to have the child admitted to a psychiatric residential treatment facility. “Voluntary admission” for a child not within the custody of a parent, guardian, or Indian custodian refers to the child’s decision to voluntarily admit themselves pursuant to Section 6552. “Voluntary admission” for a nonminor dependent refers to the nonminor dependent’s decision to voluntarily admit themselves.

(b) (1) When a parent, guardian, or Indian custodian who retains physical custody of a child under the jurisdiction of the juvenile court pursuant to Section 300 seeks to have a child admitted to a psychiatric residential treatment facility or when a child who is the subject of a petition pursuant to Section 300 seeks to make a voluntary admission to a psychiatric residential treatment facility pursuant to Section 6552, the social worker shall file an ex parte application for an order authorizing the voluntary admission pursuant to Section 6552 within 48 hours of being informed of the request or, if the courts are closed for more than 48 hours after being informed of the request, on the first judicial day after being informed of the request. The application shall satisfy the requirements of Title 3 of the California Rules of Court, and include all of the following:

(A) A brief description of the child’s mental disorder.

(B) The name of the psychiatric residential treatment facility proposed for treatment.

(C) A brief description of how the mental disorder may reasonably be expected to be cured or ameliorated by the course of treatment offered by the psychiatric residential treatment facility.

(D) A brief description of why the facility is the least restrictive setting for care and why there are no other available hospitals, programs, or facilities which might better serve the child’s medical needs and best interest.

(E) A copy of the child welfare agency’s plan developed pursuant to subdivisions (c) and (d) of Section 16010.10.

(F) (i) If the parent, guardian, or Indian custodian is seeking the child’s admission to the facility, the basis of their belief that the child’s admission to a psychiatric residential treatment facility is necessary.

(ii) If the child is seeking admission, whether the parent, legal guardian, or Indian custodian agrees with the child’s request for admission.

(G) A description of any mental health services, including community-based mental health services, that were offered or provided to the child and an explanation of why those services were not sufficient, or an explanation for why no such services were offered or provided.

(H) A statement describing how the child was given an opportunity to confer privately with their counsel regarding the admission, as required by Section 6552.

(I) A brief description of whether any member of the minor's child and family team objects to the admission, and the reasons for the objection, if any.

(J) The information required by this paragraph shall be sufficient to satisfy the applicant's initial burden of establishing the need for an ex parte hearing required by subdivision (c) of Rule 3.1202 of the California Rules of Court.

(2) Upon receipt of an ex parte application pursuant to paragraph (1), the juvenile court shall schedule a hearing for the next judicial day. The court clerk shall immediately notify the social worker and the child's counsel of the date, time, and place for the hearing.

(3) The social worker shall provide notice of the hearing in accordance with Title 3 of the California Rules of Court to all parties to the proceeding and their counsel of record, the child's tribe in the case of an Indian child, the child's court-appointed special advocate, if applicable, and any person designated as the child's educational or developmental representative pursuant to subdivision (a) of Section 361. The provisions in subdivision (c) of Section 527 of the Code of Civil Procedure shall apply to notice of the hearing. The social worker shall make arrangements for the child to be transported to the hearing.

(c) (1) At the hearing, the court shall consider evidence in the form of oral testimony under oath, affidavit or declaration, or other admissible evidence, including a child welfare agency court report, as to all of the following:

(A) (i) Whether the child suffers from a mental disorder which may reasonably be expected to be cured or ameliorated by a course of treatment offered by the psychiatric residential treatment facility in which the child wishes to be placed.

(ii) Whether the psychiatric residential treatment facility is the least restrictive setting for care.

(iii) Whether there any available hospital, program, or facility which might better serve the child's medical needs and best interest, including less restrictive facilities or community-based services.

(B) Whether and how the child, parent, legal guardian, or Indian custodian, as appropriate, has been advised of the nature of inpatient psychiatric services, patient's rights as identified in Section 6006, and their right to contact a patients' rights advocate.

(C) Whether and how the social worker addressed the possible voluntary admission with the child's attorney, including whether the child was given the opportunity to confer privately with their attorney about a voluntary admission.

(D) Whether and how the possible voluntary admission was addressed with the child and family team, whether any member of the team objects to voluntary admission, and the reasons for the objection.

(E) The county child welfare agency plan for the child, as described in Section 16010.10.

(F) Whether the child's parent, guardian, or Indian custodian has taken reasonable steps to address the child's mental health disorder.

(2) (A) If the child's parent, guardian, or Indian custodian seeks to give voluntary consent to the child's admission, the court shall inquire about the child's position on the admission.

(B) If the child seeks to give voluntary consent to admission, the court shall inquire whether they knowingly and intelligently consent to admission into the psychiatric residential treatment facility, including whether they are giving consent without fear or threat of detention or initiation of conservatorship proceedings.

(3) The court shall not continue the hearing unless the child consents to the continuance and the court determines that additional evidence is necessary to support the findings required by subdivision (c). Any continuance shall be for only such period of time as is necessary to obtain the evidence and only if it is not detrimental to the child.

(d) (1) The court may grant a request to have the child admitted, or authorize a child's voluntary consent to admission, into a psychiatric residential treatment facility, only if it finds, by clear and convincing evidence, all of the following:

(A) That the child 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 child wishes to be placed.

(B) That the psychiatric residential treatment facility is the least restrictive setting needed to treat the child's mental disorder.

(C) That there is no other available hospital, program, or facility which might better serve the child's medical needs and best interest, including community-based mental health services.

(D) That the child has given knowing and intelligent consent to admission to the facility and that the consent was not made under fear or threat of detention or initiation of conservatorship proceedings.

(E) That the child and, where appropriate, the parent, legal guardian, or Indian custodian have been advised of the nature of inpatient psychiatric services, patient's rights as identified in Section 6006, and their right to contact a patients' rights advocate.

(2) (A) When authorizing a parent's request for admission or the child's voluntary consent, the court may make any orders necessary to ensure that the child welfare agency promptly makes all necessary arrangements to ensure that the child is discharged in a timely manner and with all services and supports in place as necessary for a successful transition into another setting.

(B) The court's order authorizing the admission to a psychiatric residential treatment facility shall be effective until the first of the following events occurs: (1) the parent, guardian, or Indian custodian, or the child if admission was granted pursuant to Section 6552, withdraws consent for the child to be present in the psychiatric residential treatment facility, (2) the court finds that the child no longer suffers from a mental disorder that may reasonably expected to be ameliorated by the treatment offered by the facility or that the psychiatric residential treatment facility is no longer the least restrictive alternative for the treatment of the child's mental health needs, or (3) the court makes a superseding order. This section does not require a court order to discharge a child if the parent, guardian, Indian custodian, or child withdraws their consent for admission.

(3) For children who were in the custody of their parent, legal guardian, or Indian custodian at the time of the authorization of admission and based on the evidence presented during the ex parte hearing, the court shall consider whether the parent's, legal guardian's, or Indian custodian's conduct contributed to the deterioration of the child's mental disorder. If the court determines that the parent's, legal guardian's, or Indian custodian's conduct may have contributed to the deterioration, it shall direct the county child welfare agency to investigate whether the child may be safely returned to the custody of the parent, legal guardian, or Indian custodian upon their discharge from the psychiatric residential treatment facility and to take appropriate action, including, but not limited to, taking the child into temporary custody prior to the child's discharge from the facility and filing a subsequent petition pursuant to Section 342 or a supplemental petition pursuant to Section 387.

(e) (1) Whenever a nonminor dependent seeks to voluntarily consent to admission to a psychiatric residential treatment facility, the social worker shall file an ex parte application within 48 hours of the request, or, if the courts are closed for more than 48 hours after being informed of the request, on the first judicial day after being informed of the request, for a hearing to address whether the nonminor dependent has been advised of the nature of inpatient psychiatric services, patient's rights as identified in Section 6006, and their right to contact a patients' rights advocate, and give informed voluntary consent to admission. The application shall satisfy the requirements of Title 3 of the California Rules of Court, and include all of the following:

(A) A brief description of the medical necessity for admission into a psychiatric residential treatment facility.

(B) The name of the psychiatric residential treatment facility proposed for treatment.

(C) A copy of the child welfare agency's plan developed pursuant to subdivisions (c) and (d) of Section 16010.10.

(D) A description of any mental health services, including community-based mental health services, that were offered or provided to the nonminor dependent and an explanation for why those services were not sufficient, or an explanation for why no such services were offered or provided.

(E) A brief description of why the nonminor dependent believes admission to a less restrictive facility would not adequately address their mental disorder.

(F) A statement describing how the nonminor dependent was given the opportunity to confer privately with their counsel regarding the application.

(G) The information required by this paragraph shall be sufficient to satisfy the applicant's initial burden of establishing the need for an ex parte hearing required by subdivision (c) of Rule 3.1202 of the California Rules of Court.

(2) Upon receipt of an ex parte application pursuant to paragraph (1), the juvenile court shall schedule a hearing for the next judicial day. The court clerk shall immediately notify the social worker and nonminor dependent's counsel of the date, time, and place for the hearing.

(3) The social worker shall provide notice of the hearing in accordance with Title 3 of the California Rules of Court to all parties to the proceeding and their counsel of record, the nonminor dependent's tribe, if applicable, the nonminor dependent's court-appointed special advocate, if applicable, and any person designated as the nonminor dependent's educational or developmental representative pursuant to subdivision (a) of Section 361. The provisions in subdivision (c) of Section 527 of the

Code of Civil Procedure shall apply to notice of the hearing. The social worker shall make arrangements for the nonminor dependent to be present for the hearing.

(4) At the hearing, the court shall consider evidence in the form of oral testimony under oath, affidavit or declaration, or other admissible evidence, as to all of the following:

(A) Whether the nonminor dependent's receipt of treatment in the psychiatric residential treatment facility is medically necessary.

(B) Whether any less restrictive treatment setting could serve the nonminor dependent's treatment needs, including a less restrictive facility or community-based services.

(C) Whether and how the nonminor dependent has been advised of the nature of inpatient psychiatric services, patient's rights as identified in Section 6006, and their right to contact a patients' rights advocate.

(D) Whether and how the social worker addressed the voluntary admission with the nonminor dependent's attorney, including whether the nonminor dependent was given the opportunity to confer privately with their attorney about a voluntary admission.

(E) Whether and how the possible voluntary admission was addressed with the child and family team, whether any member of the team objects to voluntary admission, and the reasons for the objection.

(F) Whether the nonminor dependent gives knowing and intelligent consent to admission.

(G) The county child welfare agency's plan for the nonminor dependent, as described in subdivisions (c) and (d) of Section 16010.10.

(5) (A) At the hearing, the court shall make a finding whether the nonminor dependent has given knowing and intelligent consent to admission. If the court finds that the nonminor dependent has not given knowing and intelligent consent, it shall direct the social worker to convey its finding to the facility and direct the facility to discharge the nonminor dependent in accordance with the nonminor dependent's aftercare plan. The social worker shall ensure that the aftercare plan is implemented to ensure integration with the nonminor dependent's family, school, and community upon discharge. If the court finds that the nonminor dependent has given knowing and intelligent consent, nothing in this section requires a court order to discharge the nonminor if the nonminor dependent subsequently withdraws their consent.

(B) (i) The court may make any orders necessary to ensure that the child welfare agency promptly makes all necessary arrangements to ensure that the nonminor dependent is discharged in a timely manner and with all services and supports in place as necessary for a successful transition into a less restrictive setting.

(ii) The judicial proceedings described in this subdivision shall not delay a nonminor dependent's access to medically necessary services as defined in Section 14059.5 of the Welfare and Institutions Code and Section 1396d(r) of Title 42 of the United States Code, which may include voluntary admission to a psychiatric residential treatment facility for inpatient psychiatric services, while the judicial proceedings are ongoing.

(f) (1) (A) No later than 60 days following the admission of a child to a psychiatric residential treatment facility, and every 30 days thereafter, the court shall hold a review hearing on the child's placement in the facility based upon the medical necessity of that placement.

(B) If the hearing described in subparagraph (A) coincides with the date for a status review hearing for a child pursuant to Section 364, 366.21, 366.22, 366.25, or 366.3, the court may hold the hearing simultaneously with the status review hearing.

(C) At the hearing described in subparagraph (A), the court shall consider all of the following:

(i) Whether the parent, guardian, Indian custodian, or child consents, or continues to consent, to the voluntary admission made pursuant to this section.

(ii) Whether the child continues to suffer from a mental disorder that may reasonably be expected to be cured or ameliorated by a course of treatment offered by the facility.

(iii) Whether there continues to be no other available less restrictive hospital, program, facility, or community-based mental health service which might better serve the child's medical needs and best interest.

(iv) Whether the psychiatric residential treatment facility, which is licensed pursuant to Section 4081, continues to meet its legal obligation to provide services to the child.

(v) The county child welfare agency's plan as described in subdivisions (c) and (d) of Section 16010.10, and the agency's actions to implement that plan.

(D) If the court finds at any hearing that the child, if the child consented to admission pursuant to Section 6552, continues to give voluntary consent to admission, that the child continues to suffer from a mental disorder which may reasonably be expected to be cured or ameliorated by a course of treatment offered by the facility, and that there continues to be no other available less restrictive hospital, program, facility, or community-based mental health service which might better serve the child's medical need and best interest, the court may authorize the child's continued consent to admission to a psychiatric residential treatment facility. If the child has been in the facility for over 30 days, there shall be a rebuttable presumption that the facility is not the least restrictive alternative to serve the child's medical need and best interest.

(E) (i) If the court finds that the child, if the child consented to admission pursuant to Section 6552, no longer gives voluntary consent, that the child no longer suffers from a mental disorder which may reasonably be expected to be cured or ameliorated by a course of treatment offered by the facility, or that there is another available hospital, program, facility, or community-based mental health service which might better serve the child's medical need and best interest, the social worker shall work immediately with the facility for discharge to a different setting with the appropriate and necessary services and supports in place. A statement from the child's attorney that the child no longer gives voluntary consent to the admission to the facility may be sufficient to support a finding that the child no longer gives voluntary consent. The court shall set a hearing no later than 30 days to verify that the child has been discharged. If the child has not been discharged by the time of the hearing, the court shall issue any and all orders to effectuate the child's immediate discharge, including exercising its powers under subdivision (b) of Section 362. This paragraph does not preclude involuntary detention of the child pursuant to the applicable requirements of the Children's Civil Commitment and Mental Health Treatment Act of 1988 or the Lanterman-Petris-Short Act if the child withdraws voluntary consent. This paragraph does not preclude a parent, guardian, Indian custodian, or child's social worker or attorney from arranging the child's discharge from the facility without a court order.

(ii) If the court's determination under clause (i) includes a determination that the child should receive treatment through another hospital, program, facility, or community-based mental health service, the court shall hold a hearing no later than 60 days from the child's discharge to ensure that the other services have been provided.

(F) If the court determines the psychiatric residential treatment facility, which is licensed pursuant to Section 4081, failed to meet its legal obligation to provide services to the child, it may direct the social worker to engage with the facility to ensure the child is receiving all necessary services. If necessary, the court may exercise its powers under subdivision (b) of Section 362.

(G) The court may make any orders necessary to ensure that the child welfare agency makes all necessary arrangements for the child's discharge promptly and that all services and supports are in place for the child's successful transition to a different setting. The court may direct the social worker to work with the facility on the child's aftercare plans as appropriate based on the child's progress.

(H) This paragraph does not prevent the court from holding review hearings more frequently at its discretion.

(2) (A) No later than 60 days following the admission of a nonminor dependent to a psychiatric residential treatment facility, and every 30 days thereafter, the court shall hold a review hearing on the child or nonminor dependent's placement in the facility based upon the medical necessity of that placement.

(B) If the hearing described in subparagraph (A) coincides with the date for a review hearing for a nonminor dependent pursuant to Section 366.31, the court may hold the hearing simultaneously with the status review hearing.

(C) At the hearing in subparagraph (A), the court shall consider all of the following:

(i) Whether the nonminor dependent continues to consent to the voluntary admission made pursuant to this section.

(ii) Whether the nonminor dependent's receipt of treatment in the psychiatric residential treatment facility is medically necessary.

(iii) Whether there is any less restrictive alternative to meet the nonminor dependent's needs, including a less restrictive facility or home or community-based mental health services.

(iv) Whether the psychiatric residential treatment facility, which is licensed pursuant to Section 4081, continues to meet its legal obligation to provide services to the nonminor dependent.

(v) The county child welfare agency's plan as described in subdivisions (c) and (d) of Section 16010.10, and the agency's actions to implement that plan.

(D) If the court finds at any review hearing that the nonminor dependent continues to voluntarily consent to admission and that the evidence supports the nonminor dependent's need for care and treatment in the psychiatric residential treatment facility, the court shall enter these findings in the record and direct the social worker to transmit them to the facility or interdisciplinary team. The court may direct the social worker to work with the facility on the nonminor dependent's aftercare plan as appropriate based on the nonminor dependent's need to achieve independence.

(E) (i) If the court finds that the nonminor dependent no longer voluntarily consents to admission, the social worker shall notify the facility and immediately work with the nonminor dependent and the facility for discharge to a less restrictive setting with the appropriate and necessary services and supports in place. A statement from the nonminor dependent's attorney that the nonminor dependent no longer gives voluntary consent to the admission to the facility is be sufficient to support a finding that the nonminor dependent no longer gives voluntary consent. The court shall set a hearing no later than 30 days to verify that the nonminor dependent has been discharged. If the nonminor dependent has not been discharged by the time of the hearing, the court shall issue any and all orders to effectuate the nonminor dependent's immediate discharge, including exercising its powers under subdivision (b) of Section 362. This paragraph does not preclude involuntary detention of the nonminor dependent pursuant to the requirements of the Lanterman-Petris-Short Act if the nonminor dependent withdraws voluntary consent. This paragraph does not preclude the nonminor dependent from arranging their own discharge from the facility without a court order.

(ii) If the court's determination under clause (i) includes a determination that the nonminor dependent should receive treatment through another hospital, program, facility, or community-based mental health service, the court shall hold a hearing no later than 60 days from the nonminor dependent's discharge to ensure that the other services have been provided.

(F) If the court determines the psychiatric residential treatment facility, which is licensed pursuant to Section 4081, failed to meet its legal obligation to provide services to the nonminor dependent, it may direct the social worker to engage with the facility to ensure the nonminor dependent is receiving all necessary services. If necessary, the court may exercise its powers under subdivision (b) of Section 362.

(G) The court may make any orders necessary to ensure that the child welfare agency makes all necessary arrangements for the nonminor dependent's discharge promptly and that all services and supports are in place for the child's successful transition to a different setting. The court may direct the social worker to work with the facility on the nonminor dependent's aftercare plans as appropriate based on the nonminor dependent's progress.

(H) This paragraph does not prevent the court from holding review hearings more frequently at its discretion.

(g) Whenever a child or nonminor dependent is discharged due to revocation of consent to admission, the county child welfare agency shall, within two court days of being notified of the revocation of consent, file a petition pursuant to Section 388 requesting an order vacating the court's authorization of the child's or nonminor dependent's admission to the facility. This subdivision does not require a court order for the discharge of a child arranged for by the child's social worker or attorney or nonminor dependent when consent to admission has been withdrawn.

(h) At any review hearing pursuant to Section 364, 366.21, 366.22, 366.3, or 366.31, if a child or nonminor dependent has been admitted to a psychiatric residential treatment facility pursuant to the consent of a conservator, the court shall review the child welfare agency's plan developed pursuant to subdivisions (c) and (d) of Section 16010.10. The court may make any orders necessary to ensure that the child welfare agency promptly makes all necessary arrangements to ensure that the child or nonminor dependent is discharged in a timely manner and with all services and supports in place as necessary for a successful transition to a less restrictive setting. The court may direct the social worker to work with the facility and, where appropriate, the child's or nonminor dependent's court-appointed conservator, to ensure the child or nonminor dependent is receiving all necessary child welfare services and to develop the child's or nonminor dependent's aftercare plan as appropriate based on the evidence of the child's or nonminor dependent's progress.

(i) The documentation required by this section shall not contain information that is privileged or confidential under existing state or federal law or regulation without the appropriate waiver or consent.

(j) For purposes of this section, a "psychiatric residential treatment facility" refers to a psychiatric residential treatment facility defined in Section 1250.10 of the Health and Safety Code.

(k) All provisions in this section that apply to nonminor dependents shall apply equally to foster children who remain under juvenile court jurisdiction pursuant to subdivision (a) of Section 303 after reaching the age of majority even if they do not meet the definition of "nonminor dependent" contained in subdivision (v) of Section 11400.

**SEC. 7.** Section 727.13 is added to the Welfare and Institutions Code, to read:

**727.13.** (a) (1) Whenever voluntary admission into a psychiatric residential treatment facility is sought for a minor or nonminor dependent who is subject to a petition pursuant to Section 601 or 602, the court shall review the application for a voluntary admission as described in this section. A minor may not be admitted for inpatient treatment prior to court authorization unless the minor is subject to an involuntary hold pursuant to Chapter 2 (commencing with Section 5585.50) of Part 1.5 of Division 5.

(2) For purposes of this section, "voluntary admission" for a child within the custody of a parent, guardian, or Indian custodian refers to the parent, guardian, or Indian custodian's voluntary decision to have the child admitted to a psychiatric residential treatment facility. "Voluntary admission" for a child not within the custody of a parent, guardian, or Indian custodian refers to the child's decision to voluntarily admit themselves pursuant to Section 6552. "Voluntary admission" for a nonminor dependent refers to the nonminor dependent's decision to voluntarily admit themselves.

(b) (1) When a parent, guardian, or Indian custodian who retains physical custody of a minor under the jurisdiction of the juvenile court pursuant to Section 601 or 602 seeks to have a minor admitted to a psychiatric residential treatment facility, or when a minor who is the subject of a petition pursuant to Section 601 or 602 seeks to make a voluntary admission to a psychiatric residential treatment facility, the probation officer shall file an ex parte application for an order authorizing the voluntary admission pursuant to Section 6552 within 48 hours of being informed of the request or, if the courts are closed for more than 48 hours after being informed of the request, on the first judicial day after being informed of the request. The application shall satisfy the requirements of Title 3 of the California Rules of Court, and include all of the following:

(A) A brief description of the minor mental disorder.

(B) The name of the psychiatric residential treatment facility proposed for treatment.

(C) A brief description of how the mental disorder may reasonably be expected to be cured or ameliorated by the course of treatment offered by the psychiatric residential treatment facility.

(D) A brief description of why the facility is the least restrictive setting for care and why there are no other available hospitals, programs, or facilities which might better serve the minor's medical needs and best interest.

(E) A copy of the plan required by subdivisions (c) and (d) of Section 16010.10.

(F) (i) If the parent, guardian, or Indian custodian is seeking the minor's admission to the facility, the basis of their belief that the minor's admission to a psychiatric residential treatment facility is necessary.

(ii) If the minor is seeking admission, whether the parent, guardian, or Indian custodian agrees with the minor request for admission.

(G) A description of any mental health services, including community-based mental health services, that were offered or provided and an explanation for why those services were not sufficient, or an explanation for why no such services were offered or provided.

(H) A statement describing how the minor was given the opportunity to confer privately with their counsel regarding the application.

(I) A brief description of whether any member of the minor's child and family team, if applicable, objects to the admission, and the reasons for the objection, if any.

(J) The information required by this paragraph shall be sufficient to satisfy the applicant's initial burden of establishing the need for an ex parte hearing required by subdivision (c) of Rule 3.1202 of the California Rules of Court.

(2) Upon receipt of an ex parte application pursuant to paragraph (1), the juvenile court shall schedule a hearing for the next judicial day. The court clerk shall immediately notify the probation officer and the minor's counsel of the date, time, and place for the hearing.

(3) The probation officer shall provide notice of the hearing in accordance with Title 3 of the California Rules of Court to the minor and their counsel of record, the minor's parents or guardian, the minor's tribe in the case of an Indian child, and any person designated as the minor's educational or developmental representative pursuant to subdivision (b) of Section 726. The provisions in subdivision (c) of Section 527 of the Code of Civil Procedure shall apply to notice of the hearing. The probation officer shall make arrangements for the minor to be transported to the hearing.

(b) (1) At the hearing, the court shall consider evidence in the form of oral testimony under oath, affidavit, or declaration, or other admissible evidence, including a probation department court report, as to all of the following:

(A) Whether 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 psychiatric residential treatment facility in which the minor wishes to be placed.

(B) Whether the psychiatric residential treatment facility is the least restrictive setting for care.

(C) Whether there is any other available hospital, program, or facility which might better serve the minor's medical needs and best interest, including less restrictive facilities or community-based care.

(D) Whether and how the minor, parent, or legal guardian, as appropriate, has been advised of the nature of inpatient psychiatric services, patient's rights as identified in Section 6006, and their right to contact a patients' rights advocate.

(E) Whether and how the probation officer addressed the possible voluntary admission with the minor's attorney.

(F) Whether the minor was given the opportunity to confer privately with their attorney while considering a voluntary admission.

(G) Whether and how the possible voluntary admission was addressed with the child and family team, whether any member of the team objects to voluntary admission, and the reasons for the objection.

(H) The probation department's plan for the minor, as described in Section 16010.10.

(I) A brief description of any community-based mental health services that were offered or provided, or an explanation for why no such services were offered or provided.

(2) (A) If the minor's parent, guardian, or Indian custodian seeks to give voluntary consent to the child's admission, the court shall inquire about the child's position on the admission.

(B) If the minor seeks to give voluntary consent to admission, the court shall inquire of the minor whether they knowingly and intelligently consent to admission into the psychiatric residential treatment facility, and whether they are giving consent without fear or threat of detention or initiation of conservatorship proceedings.

(3) The court shall not continue the hearing unless the minor consents to the continuance and the court determines that additional evidence is necessary to support the findings required by subdivision (c). Any continuance shall be for only such period of time as is necessary to obtain the evidence and only if it is not detrimental to the minor's health condition.

(d) (1) The court may grant a parent, guardian, or Indian custodian's request to have a child admitted, or authorize the minor's voluntary consent to admission, into a psychiatric residential treatment facility only if it finds, by clear and convincing evidence, all of the following:

(A) 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.

(B) That the psychiatric residential treatment facility is the least restrictive setting to treat the child's mental disorder.

(C) That there is no other available hospital, program, facility, or community-based care which might better serve the minor's medical needs and best interest.

(D) That the minor has given knowing and intelligent consent to admission to the facility and that the consent was not made under fear or threat of detention or initiation of conservatorship proceedings.

(E) That the minor and, where appropriate, the parent or guardian have been advised of the nature of inpatient psychiatric, patient's rights as identified in Section 6006, and their right to contact a patients' rights advocate.

(2) (A) When authorizing a parent's or guardian's consent to admission or the minor's voluntary consent, the court may make any orders necessary to ensure that the child welfare services agency promptly makes all necessary arrangements to ensure that the minor is discharged in a timely manner and with all services and supports in place as necessary for a successful transition into a less restrictive setting.

(B) The court's order authorizing the admission to a psychiatric residential treatment facility shall be effective until the first of the following events occurs: (1) the parent, guardian, or Indian custodian, or the child if admission was granted pursuant to Section 6552, withdraws consent for the child to be present in the psychiatric residential treatment facility, (2) the court finds that the child no longer suffers from a mental disorder that may reasonably expected to be ameliorated by the treatment offered by the facility or that the psychiatric residential treatment facility is no longer the least restrictive setting for the treatment of the child's mental health needs, or (3) the court makes a superseding order.

(3) For minors who were in the custody of their parent, legal guardian or Indian custodian at the time of the authorization of admission, and based on the evidence presented during the ex parte hearing, the court shall consider whether the parent's, legal guardian's or Indian custodian's conduct contributed to the deterioration of the minor's mental disorder. If the court

determines that the parent's, legal guardian's, or Indian custodian's conduct may have contributed to the deterioration, it shall direct the county probation department to investigate whether the child may be safely returned to the custody of the parent, legal guardian or Indian custodian upon their discharge from the psychiatric residential treatment facility and to take appropriate action, including, but not limited to, assessing the minor pursuant to Section 241.1, making a report to the county child welfare services agency's suspected child abuse and neglect hotline, or proceeding to modify court orders pursuant to Article 20 (commencing with Section 775).

(e) (1) Whenever a nonminor dependent under the supervision of a county juvenile probation department seeks to voluntarily consent to admission to a psychiatric residential treatment facility, the probation officer shall file an ex parte application within 48 hours of the request or, if the courts are closed for more than 48 hours after being informed of the request, on the first judicial day after being informed of the request, for a hearing to address whether the nonminor dependent has been advised of the nature of inpatient psychiatric services, patient's rights as identified in Section 6006, and their right to contact a patients' rights advocate, and gives informed voluntary consent to admission. The application shall satisfy the requirements of Title 3 of the California Rules of Court, and include all of the following:

(A) A brief description of the medical necessity for admission into a psychiatric residential treatment facility.

(B) The name of the psychiatric residential treatment facility proposed for treatment.

(C) A copy of the probation department's plan developed pursuant to subdivisions (c) and (d) of Section 16010.10.

(D) A description of any mental health services, including community-based mental health services, that were offered or provided to the nonminor dependent and an explanation for why those services were not sufficient, or an explanation for why no such services were offered or provided.

(E) A brief description of whether the nonminor dependent believes admission to a less restrictive facility would not adequately address their mental disorder.

(F) A statement describing how the nonminor dependent was given the opportunity to confer privately with their counsel regarding the application.

(G) The information required by this paragraph shall be considered sufficient to satisfy the applicant's initial burden of establishing the need for an ex parte hearing required by subdivision (c) of Rule 3.1202 of the California Rules of Court.

(2) Upon receipt of an ex parte application pursuant to paragraph (1), the juvenile court shall schedule a hearing for the next judicial day. The court clerk shall immediately notify the probation officer and the nonminor dependent's counsel of the date, time, and place for the hearing.

(3) The probation officer shall provide notice of the hearing in accordance with Title 3 of the California Rules of Court to all parties to the proceeding and their counsel of record, the nonminor dependent's tribe, if applicable, the nonminor dependent's court-appointed special advocate, if applicable, and any person designated as the nonminor dependent's educational or developmental representative pursuant to subdivision (b) of Section 726. The provisions in subdivision (c) of Section 527 of the Code of Civil Procedure shall apply to notice of the hearing. The probation officer shall make arrangements for the nonminor dependent to be present for the hearing.

(4) At the hearing, the court shall consider evidence in the form of oral testimony under oath, affidavit, or declaration, or other admissible evidence, as to all of the following:

(A) Whether the nonminor dependent's receipt of treatment in the psychiatric residential treatment facility is medically necessary.

(B) Whether there is an available less restrictive setting sufficient to meet the nonminor dependent's needs, including a less restrictive facility or community-based care.

(C) Whether and how the nonminor dependent has been advised of the nature of inpatient psychiatric services, patient's rights as identified in Section 6006, and their right to contact a patients' rights advocate.

(D) Whether and how the probation officer addressed the voluntary admission with the nonminor dependent's attorney, including whether the nonminor dependent was given the opportunity to confer privately with their attorney about a voluntary admission.

(E) Whether and how the possible voluntary admission was addressed with the child and family team, whether any member of the team objects to voluntary admission, and the reasons for the objection.

(F) The probation department's plan for the nonminor dependent, as described in Section 16010.10.

(5) (A) The court shall make a finding whether the nonminor dependent has given knowing and intelligent consent to admission. If the court finds that the nonminor dependent has not given knowing and intelligent consent, it shall direct the probation officer to convey its finding to the facility and direct the facility to discharge the nonminor dependent. If the court finds that the nonminor dependent has given knowing and intelligent consent, nothing in this section requires a court order to discharge the nonminor if the nonminor dependent subsequently withdraws their consent.

(B) The court may make any orders necessary to ensure that the probation department promptly makes all necessary arrangements to ensure that the nonminor dependent is discharged in a timely manner and with all services and supports in place as necessary for a successful transition into a less restrictive setting.

(6) The judicial proceedings described in this subdivision shall not delay a nonminor dependent's access to medically necessary services as defined in Section 14059.5 and Section 1396d(r) of Title 42 of the United States Code, which may include voluntary admission to a psychiatric residential treatment facility for inpatient psychiatric services, while the judicial proceedings are ongoing.

(f) (1) (A) No later than 60 days following the admission of a minor to a psychiatric residential treatment facility, and every 30 days thereafter, the court shall hold a review hearing on the minor's placement in the facility and the medical necessity of the placement.

(B) If the hearing described in subparagraph (A) coincides with the date for a review hearing pursuant to Section 727.2, the court may hold the hearing simultaneously with the status review hearing.

(C) At the hearing described in subparagraph (A), the court shall consider all of the following:

(i) Whether the minor, or parent or guardian, continues to consent to the voluntary admission made pursuant to this section.

(ii) Whether the minor continues to suffer from a mental disorder which may reasonably be expected to be cured or ameliorated by a course of treatment offered by the facility.

(iii) Whether there continues to be no other available hospital, program, facility, or community-based mental health service which might better serve the minor's medical needs and best interest.

(iv) Whether the psychiatric residential treatment facility, which is licensed pursuant to Section 4081, continues to meet its legal obligation to provide services to the minor.

(v) The county probation department's plan as described in subdivisions (c) and (d) of Section 16010.10, and the department's actions to implement that plan.

(D) If the court finds that the minor or their parent or guardian continues to give voluntary consent to admission, that the minor continues to suffer from a mental disorder which may reasonably be expected to be cured or ameliorated by a course of treatment offered by the facility, and that there continues to be no other available hospital, program, facility, or community-based mental health service which might better serve the minor's medical need and best interest, the court may authorize continued inpatient psychiatric services for the minor in a psychiatric residential treatment facility. If the child has been in the facility for over 30 days, there shall be a rebuttable presumption that the facility is not the least restrictive alternative to serve the child's medical need and best interest.

(E) (i) If the court finds that the minor or their parent or guardian no longer consents to the minor's admission, the court shall direct the probation officer to work immediately with the facility for discharge to a different setting with the appropriate and necessary services and supports in place. A statement from the minor's attorney that the minor no longer gives voluntary consent to the admission to the facility may be sufficient to support a finding that the minor no longer gives voluntary consent. The court shall set a hearing no later than 30 days to verify that the minor has been discharged. If the minor has not been discharged by the time of the hearing, the court shall issue any and all orders to effectuate the child's immediate discharge, including exercising its powers under subdivision (b) of Section 727. This paragraph does not preclude involuntary detention of the minor pursuant to the requirements of the Children's Civil Commitment and Mental Health Treatment Act of 1988 or Lanterman-Petris-Short Act if the minor withdraws voluntary consent. This paragraph does not preclude a parent, guardian, Indian custodian, or the minor's probation officer or attorney from arranging the minor's discharge from the facility without a court order.

(ii) If the court's determination under clause (i) includes a determination that the minor should receive treatment through another hospital, program, facility, or community-based mental health service, the court shall hold a hearing no later than 60 days from the child's discharge to ensure that the other services have been provided.

(F) If the court determines the psychiatric residential treatment facility, which is licensed pursuant to Section 4081, failed to meet its legal obligation to provide services to the minor, it may direct the social worker to engage with the facility to ensure the minor is receiving all necessary services. If necessary, the court may exercise its powers under subdivision (b) of Section 727.

(G) The court may make any orders necessary to ensure that the county probation department makes all necessary arrangements for the minor's discharge promptly and that all services and supports are in place for the minor's successful transition to a different setting. The court may direct the social worker to work with the facility on the child's aftercare plans as appropriate based on the child's progress.

(2) (A) No later than 60 days following the admission of a nonminor dependent to a psychiatric residential treatment facility, and every 30 days thereafter, the court shall hold a review hearing on the child or nonminor dependent's placement in the facility and the medical necessity of that placement.

(B) If the hearing described in subparagraph (A) coincides with the date for a hearing pursuant to Sections 366.31 and 727.25, the court may hold the hearing simultaneously with the status review hearing.

(C) At the hearing in subparagraph (A), the court shall consider all of the following:

(i) Whether the nonminor dependent continues to consent to the voluntary admission made pursuant to this section.

(ii) Whether there is an available less restrictive setting sufficient to meet the nonminor dependent's needs, including a less restrictive facility or community-based care.

(iii) Whether the nonminor dependent continues to meet medical necessity for care and treatment in the psychiatric residential treatment facility.

(iv) Whether the psychiatric residential treatment facility, which is licensed pursuant to Section 4081, continues to meet its legal obligation to provide services to the nonminor dependent.

(v) The county child welfare agency's plan as described in subdivisions (c) and (d) of Section 16010.10, and the agency's actions to implement that plan.

(D) If the court finds at any review hearing that the nonminor dependent continues to voluntarily consent to admission and that the evidence supports the nonminor dependent's need for care and treatment in the psychiatric residential treatment facility, the court shall enter these findings in the record and direct the probation officer to transmit them to the facility or interdisciplinary team. If the nonminor dependent continues to voluntarily consent to admission, the court may direct the probation officer to work with the facility on the nonminor dependent's aftercare plans as appropriate based on the nonminor dependent's needs to achieve independence.

(E) (i) If the court finds that the nonminor dependent no longer voluntarily consents, the court shall direct the probation officer to notify the facility and immediately work with the nonminor dependent and the facility for discharge to a less restrictive setting with the appropriate and necessary services and supports in place. A statement from the nonminor dependent's attorney that the nonminor dependent no longer gives voluntary consent to the admission to the facility may be sufficient to support a finding that the nonminor dependent no longer gives voluntary consent. The court shall set a hearing no later than 30 days to verify that the nonminor dependent has been discharged. If the nonminor dependent has not been discharged by the time of the hearing, the court shall issue any and all orders to effectuate the nonminor dependents's immediate discharge, including exercising its powers under subdivision (b) of Section 727. This paragraph does not preclude involuntary detention of the nonminor dependent pursuant to the requirements of the Lanterman-Petris-Short Act if the nonminor dependent withdraws voluntary consent. This paragraph does not preclude the nonminor dependent from arranging their own discharge from the facility without a court order.

(ii) If the court's determination under clause (i) includes a determination that the nonminor dependent should receive treatment through another hospital, program, facility, or community-based mental health service, the court shall hold a hearing no later than 60 days from the nonminor dependent's discharge to ensure that the other services have been provided.

(F) This paragraph does not prevent the court from holding review hearings more frequently at its discretion.

(g) (1) The court's order authorizing a request for admission to a psychiatric residential treatment facility shall be effective until the first of the following events occurs: (1) the parent, guardian, or Indian custodian, or minor if admission was granted pursuant to Section 6552, or nonminor dependent withdraws consent for the minor or nonminor dependent to be present in the psychiatric residential treatment facility, (2) the court finds that the minor or nonminor dependent no longer suffers from a mental disorder that may reasonably expected to be ameliorated by the treatment offered by the facility or that the psychiatric residential treatment

facility is no longer the least restrictive setting for the treatment of the minor's mental health needs, or (3) the court makes a superseding order. This section does not require a court order to discharge a patient if the parent, guardian, Indian custodian, minor, or nonminor dependent withdraw their consent for admission.

(2) Whenever a minor or nonminor dependent is discharged due to revocation of consent to admission, the county probation department shall, within two court days of being notified of the revocation of consent, file a petition pursuant to Section 778 requesting an order vacating the court's authorization of the minor's or nonminor dependent's admission to the facility. This subdivision does not require a court order for the discharge of a minor arranged for by the child's probation officer or attorney or nonminor dependent when consent to admission has been withdrawn.

(h) At any review hearing pursuant to Section 366.31, 727.2, or 727.25, if a minor or nonminor dependent has been admitted to a psychiatric residential treatment facility, as defined in Section 1250.10, pursuant to the consent of a conservator, the court shall review the probation department's plan developed pursuant to subdivisions (c) and (d) of Section 16010.10. The court may make any orders necessary to ensure that the probation department promptly makes all necessary arrangements to ensure that the minor or nonminor dependent is discharged in a timely manner and with all services and supports in place as necessary for a successful transition to a less restrictive setting. The court may direct the probation officer to work with the facility or, where appropriate, the minor's or nonminor dependent's court-appointed conservator to ensure the minor or nonminor dependent is receiving all necessary child welfare services and to develop the minor's or nonminor dependent's aftercare plan as appropriate based on the evidence of the minor's or nonminor dependent's progress.

(i) The documentation required by this section shall not contain information that is privileged or confidential under existing state or federal law or regulation without the appropriate wavier or consent.

(j) For purposes of this section, a "psychiatric residential treatment facility" refers to a psychiatric residential treatment facility defined in Section 1250.10 of the Health and Safety Code.

(k) All provisions in this section that apply to nonminor dependents shall apply equally to foster children who remain under juvenile court jurisdiction pursuant to subdivision (a) of Section 303 after reaching the age of majority even if they do not meet the definition of "nonminor dependent" contained in subdivision (v) of Section 11400.

**SEC. 8.** The heading of Article 3 (commencing with Section 4080) of Chapter 3 of Part 1 of Division 4 of the Welfare and Institutions Code is amended to read:

**Article 3. Psychiatric Health Facilities and Psychiatric Residential Treatment Facilities**

**SEC. 9.** Section 4081 is added to the Welfare and Institutions Code, to read:

**4081.** (a) (1) Psychiatric residential treatment facilities, as defined in Section 1250.10 of the Health and Safety Code, shall be licensed by the State Department of Health Care Services subsequent to application by counties, county contract providers, or other organizations as defined by the State Department of Health Care Services. The State Department of Health Care Services shall approve or deny each psychiatric residential treatment facility application for licensure or renewal of a license.

(2) Each psychiatric residential treatment facility's initial license shall be provisional for a period of up to one year from the date the department specifies on the provisional license. A psychiatric residential treatment facility with a provisional license may be subject to facility-specific enhanced monitoring requirements, as established by the department, during the period that the provisional license is effective.

(3) (A) A psychiatric residential treatment facility shall not serve involuntarily detained patients pursuant to the Children's Civil Commitment and Mental Health Treatment Act of 1988 and the Lanterman-Petris-Short Act unless the county designates the facility and the State Department of Health Care Services approves the designation of the facility pursuant to the Lanterman-Petris-Short Act (Part 1 (commencing with Section 5000) of Division 5 of the Welfare and Institutions Code).

(B) For voluntary admission of any minor patient subject to the jurisdiction of the juvenile court, the facility shall obtain court authorization for the admission pursuant to Section 361.23 or 727.13, as applicable, and Section 6552. Whenever consent for admission of a patient who is subject to the jurisdiction of the juvenile court is revoked, the facility shall immediately contact the county child welfare agency or probation department, as applicable, to arrange for the patient's discharge.

(4) The department shall set a statewide bed limit based on an analysis to ensure that inpatient psychiatric services for individuals under 21 years of age are available and sufficient in amount, duration, and scope to reasonably achieve the purpose for which services are provided. The statewide bed limit shall comply with state and federal Medicaid requirements. The department shall notify the Legislature when the total number of beds in licensed psychiatric residential treatment facilities in the state reaches 250 beds, 500 beds, and 750 beds.

(b) Licensed psychiatric residential treatment facilities shall meet all licensing requirements, as determined by the State Department of Health Care Services. Psychiatric residential treatment facilities shall comply with their approved policies and

procedures. A licensed psychiatric residential treatment facility shall not amend their policies and procedures without the State Department of Health Care Services' approval.

(c) For purposes of admission and continued stay at a psychiatric residential treatment facility, a patient shall meet all of the following criteria:

(1) The patient's psychiatric condition requires services on an inpatient basis under the direction of a physician.

(2) The services can reasonably be expected to improve the patient's condition or prevent further regression such that inpatient services at a psychiatric residential treatment facility will no longer be needed.

(3) The psychiatric residential treatment facility is the least restrictive setting for treatment of the patient's psychiatric condition.

(d) Services provided at a psychiatric residential treatment facility shall involve active treatment. "Active treatment" means implementation of an individual plan of care.

(e) A psychiatric residential treatment facility shall have an "individual plan of care" for each patient. "An individual plan of care" is a written plan developed for each patient within 72 hours of the patient's admission to the facility. The individual plan of care shall be designed to do all of the following:

(1) Improve the patient's condition.

(2) Achieve the patient's discharge from inpatient status at a psychiatric residential treatment facility at the earliest possible time.

(3) Examine and document the medical, psychological, social, behavioral, and developmental aspects of the patient's situation.

(4) Document the need for inpatient psychiatric care at a psychiatric residential treatment facility, including anticipated lengths of stay.

(5) Prescribe and document active treatment.

(f) (1) A patient's length of stay at a psychiatric residential treatment facility shall be based on criteria to access inpatient psychiatric services, including medical necessity, and shall be consistent with the individual plan of care developed by the interdisciplinary team.

(2) A patient certification or recertification of need shall comply with Subpart D of Part 441 of Subchapter C of Chapter IV of Title 42 of the Code of Federal Regulations, including, but not limited to, recertifying a patient's need for inpatient care at least every 60 days.

(g) The interdisciplinary team shall review the individual plan of care every 10 days, at a minimum, and shall review the plan more frequently as indicated by the patient's condition. Reviews shall address both of the following:

(1) Determine that inpatient services provided at a psychiatric residential treatment facility are necessary.

(2) Recommend changes to the individual plan of care as indicated by the patient's overall adjustment as an inpatient.

(h) (1) The interdisciplinary team shall include one of the following:

(A) A board-eligible or board-certified psychiatrist.

(B) A clinical psychologist who has a doctoral degree and a physician licensed to practice medicine or osteopathy or a nurse practitioner.

(C) A physician licensed to practice medicine or osteopathy or a nurse practitioner with specialized training and experience in the diagnosis and treatment of mental diseases, and a mental health professional who has a master's degree in psychology, marriage and family therapy, social work, or counseling and who has been certified by the state.

(2) The team shall also include one of the following:

(A) A social worker.

(B) A registered nurse or licensed vocational nurse with specialized training in mental health or one year experience in treating individuals with mental illness.

(C) A licensed occupational therapist who has specialized training or one year of experience in treating individuals with mental illness.

(D) A mental health professional who has a master's degree in psychology, marriage and family therapy, social work, or counseling and who has been certified by the state.

(i) The interdisciplinary team shall be responsible for all of the following:

(1) Making admission, continued stay, and discharge determinations.

(2) Developing an individual plan of care for each patient as defined in subdivision (e) in consultation with the patient, parents, legal guardians, or others in whose care the patient will be released after discharge.

(3) Assessing the patient's immediate and long-range therapeutic needs, developmental priorities, and personal strengths and liabilities.

(4) Assessing the potential resources of the patient's family or social networks.

(5) Setting treatment objectives to improve the patient's condition.

(6) Prescribing an integrated program of therapies, activities, and experiences, including community-based mental health services.

(7) Coordinating with the county child welfare agency or county probation department, as applicable, for patients under the jurisdiction of the juvenile court, including, but not limited to, discharge and transition planning, and continuity of care with the patient's family, school, and community upon discharge.

(8) Developing and complying with the psychiatric residential treatment facility's policies and procedures for ensuring that the provision of services, supports, supervision, or other resources necessary for the patient are designed to support the patient's transition to a less restrictive setting.

(9) Developing aftercare plans pursuant to Section 1262 of the Health and Safety Code.

(j) For patients under the jurisdiction of the juvenile court, a psychiatric residential treatment facility shall do all of the following:

(A) Provide the patient's counsel, social worker, and probation officer, as applicable, notice of the patient's continued stay at the facility every 30 days for the first 60 days and every 15 days thereafter.

(B) Provide the patient with a reasonable opportunity to confer with counsel in a private setting within 48 hours of a request from the patient or counsel.

(k) The State Department of Health Care Services shall conduct an initial licensing inspection and annual licensing inspections of psychiatric residential treatment facilities.

(l) Any officer, employee, or agent of the State Department of Health Care Services may, upon presentation of proper identification, enter or inspect any psychiatric residential treatment facility at any time to investigate compliance with any applicable requirements. Inspections may be announced or unannounced.

(m) Psychiatric residential treatment facilities shall furnish all information, records, and documentation requested by the State Department of Health Care Services. A psychiatric residential treatment facility shall preserve and provide any information, including books, records, papers, accounts, documents, video, and any writing, as defined in Section 250 of the Evidence Code, that the department deems necessary to review compliance with applicable laws. A psychiatric residential treatment facility shall provide any information the department deems necessary within 15 calendar days from the date of the department's request unless the department permits an extension.

(n) (1) Psychiatric residential treatment facilities shall report serious occurrences in accordance with Section 483.374 of Title 42 of the Code of Federal Regulations to the entities specified therein. A certified facility shall also report serious occurrences to the State Department of Public Health as the State Survey Agency in a form and manner prescribed by the State Department of Public Health.

(2) Psychiatric residential treatment facilities shall report unusual occurrences to the State Department of Health Care Services within 24 hours of the occurrence and in a form and manner determined by the department. The department shall identify the unusual occurrences that a facility is required to report in future guidance pursuant to subdivision (v).

(3) Psychiatric residential treatment facilities shall report use of restraint or seclusion to the State Department of Health Care Services within 24 hours of the occurrence and in a form and manner determined by the department. The department shall provide future guidance regarding the reporting of the use of restraint or seclusion pursuant to subdivision (v).

(4) Within 24 hours of a serious occurrence, unusual occurrence, or use of restraint or seclusion, psychiatric residential treatment facilities shall report the occurrence to the authorized representative for the patient and the patient's attorney, if any, or, when a patient is under the jurisdiction of the juvenile court, to the State Department of Social Services and county child welfare agency or county probation department with responsibility for the child and the patient's social worker or probation officer and attorney, if any, and, if the child is an Indian child, as defined in subdivisions (a) and (b) of Section 224.1, the child's tribe.

(o) (1) The State Department of Health Care Services may require a psychiatric residential treatment facility to take specified actions to correct any noncompliance. The psychiatric residential treatment facility shall submit a corrective action plan to the State Department of Health Care Services for approval, and shall comply with an approved corrective action plan. The State Department of Health Care Services may specify timeframes and deadlines for submission of a corrective action plan and for correction of noncompliance.

(2) The State Department of Health Care Services may place a facility on probation for a repeated noncompliance, failure to submit a corrective action plan as required, or failure to comply with an approved corrective action plan.

(3) When a facility is placed on probation pursuant to paragraph (2), the State Department of Health Care Services shall notify the county behavioral health department and State Department of Social Services.

(p) The State Department of Health Care Services may enforce psychiatric residential treatment facility requirements by taking any of the following actions:

(1) Cease and desist order.

(2) Impose monetary penalties.

(3) Suspend or revoke a psychiatric residential treatment facility's license.

(q) The license of a psychiatric residential treatment facility shall be immediately suspended, if certification for participation in the Medicaid program is denied or revoked, as specified in subdivision (b) of Section 1250.10 of the Health and Safety Code.

(r) The State Department of Health Care Services shall provide psychiatric residential treatment facilities with due process pursuant to Section 100171 of the Health and Safety Code when taking any of the actions described in paragraph (2) or (3) of subdivision (o).

(s) The State Department of Health Care Services has sole authority to grant program flexibility.

(t) Psychiatric residential treatment facilities shall be stand-alone facilities, and shall not be in the same building as another facility serving individuals receiving other levels or types of care.

(u) (1) The psychiatric residential treatment facility's application for licensure shall indicate whether the facility shall be unlocked staff-secured, locked, or a combination of both.

(2) "Staff-secured" means 24-hours-a-day, seven-days-a-week all unlocked building entrances and exits are continuously monitored and controlled by staff. Residents are not permitted to leave the premises of their own volition.

(3) "Locked" means entrances and exits, including windows, which are controlled with locking mechanisms that are inaccessible to the patients. Any additional outside spaces and recreational areas shall similarly be enclosed to preclude egress or ingress from the premises.

(v) (1) Psychiatric residential treatment facilities shall only be licensed to serve individuals who are admitted prior to 21 years of age.

(2) Psychiatric residential treatment facilities shall ensure separation of minors from adults, consistent with requirements established by the State Department of Health Care Services.

(3) Psychiatric residential treatment facilities' accommodations and patient's bed assignments shall be based on the patient's diagnosis and acuity, adjusted developmental age, mental health history, behavioral history, history of violent behavior, history of abuse, age, gender, sexual orientation, gender identity, language, cultural background, reason for the referral, need to accommodate a natural support, and any other factors relevant to the patient's admission and bedroom assignment.

(4) (A) The State Department of Health Care Services shall establish licensing requirements for homelike and age-appropriate patient rooms and common areas.

(B) The established number of beds in the facility shall be consistent with the individual treatment needs of the clients served at the facility and shall meet the requirements developed pursuant to subdivision (u) of Section 4081 of the Welfare and Institutions Code. At least 50 percent of the beds shall be in single-occupancy rooms.

(C) The State Department of Health Care Services shall establish additional licensing requirements for facilities with more than 25 beds to ensure that these facilities establish and maintain a homelike and age-appropriate environment pursuant to subparagraph (A), providing for the comfort and privacy of patients such that patients are nurtured in a developmentally appropriate, organized environment that promotes the individual patient's recovery and growth, meeting their individual needs and interests.

(w) (1) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the State Department of Health Care Services may implement, interpret, or make specific the provisions applicable to psychiatric residential treatment facilities in this section and Section 5405 by means of plan or county letters, information notices, plan or provider bulletins, or other similar instructions, without taking any further regulatory action.

(2) Notwithstanding any other law, the State Department of Public Health may, without taking any regulatory actions pursuant to Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, implement, interpret, or make specific this section by means of an All Facilities Letter or similar instruction.

(3) No later than December 31, 2027, the State Department of Health Care Services shall adopt any regulations necessary to implement the provisions applicable to psychiatric residential treatment facilities in this section and Section 5405 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.

(4) (A) In order to maximize federal financial participation, regulations established by the State Department of Health Care Services pursuant to this chapter shall be consistent with applicable Medicaid regulations governing psychiatric residential treatment facilities in Subpart D of Part 441 of Subchapter C of Chapter IV of Title 42 of the Code of Federal Regulations.

(B) Future regulations established by the State Department of Health Care Services may consider, and provide flexibility regarding, the appropriateness of age groups served within a facility.

**SEC. 10.** Section 4082 is added to the Welfare and Institutions Code, to read:

**4082.** (a) Each new or renewal application for a psychiatric residential treatment facility license shall be accompanied by a licensing fee and an application fee paid to the State Department of Health Care Services for its costs in connection with the licensing of these facilities.

(b) The amount of the application fee and the licensing fee shall be determined and collected by the State Department of Health Care Services. The total amount of the fees collected shall not exceed the actual costs of licensure and oversight of psychiatric residential treatment facility programs.

(c) The State Department of Health Care Services shall waive the licensing fees and application fees for psychiatric residential facilities that are owned and operated by a California state or local authority as the licensee.

(d) Each license or renewal issued pursuant to this chapter shall be subject to renewal 12 months from the date of issuance. Application for renewal of the license shall be accompanied by the necessary fee and shall be filed with the State Department of Health Care Services at least 30 days prior to the expiration date. Failure to file a timely renewal may result in expiration of the license.

(e) License and renewal fees collected pursuant to this section shall be deposited into the Mental Health Facility Licensing Fund.

(f) 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, in whole or in part, by means of plan or county letters, information notices, plan or provider bulletins, or other similar instructions, without taking any further regulatory action.

**SEC. 11.** Section 4083 is added to the Welfare and Institutions Code, to read:

**4083.** (a) Each psychiatric residential treatment facility shall provide the State Department of Health Care Services the data as specified in subdivision (c) of Section 1250.10 of the Health and Safety Code.

(b) Each psychiatric residential treatment facility shall provide the State Department of Health Care Services and the behavioral health department for the county in which the facility is physically located with data for Medi-Cal beneficiaries admitted to the facility.

(c) Information released or published pursuant to this section shall not contain data that may lead to the identification of patients receiving services in a psychiatric residential treatment facility or information that would otherwise allow an individual to link the published information to a specific person. Data published by the department shall be deidentified in compliance with Section 164.514(a) and (b) of Title 45 of the Code of Federal Regulations.

(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, in whole or in part, by means of plan or county letters, information notices, plan or provider bulletins, or other similar instructions, without taking any further regulatory action.

**SEC. 12.** Section 5328 of the Welfare and Institutions Code is amended to read:

**5328.** (a) 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 are confidential. Information and records obtained in the course of providing similar services to either voluntary or involuntary recipients before 1969 are also confidential. Information and records shall be disclosed only in any of the following cases:

(1) (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 the patient's 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) Notwithstanding subparagraph (A) of paragraph (1), if the patient is a dependent or ward of the juvenile court who has been removed from the physical custody of their parents, legal guardian, or Indian custodian, and who is not under a conservatorship, the consent of the patient or their guardian or conservator is not required before information or records may be disclosed to the dependent's or ward's social worker or probation officer for the purposes of ensuring the dependent or ward receives all necessary services or referrals for transition out of a facility to a lower level of care as allowed under 45 C.F.R. Sections 164.502(a)(1)(ii) and 164.512 or any successor regulations. Information obtained pursuant to this paragraph shall not be used in any criminal or juvenile justice proceeding without complying with Section 827. This paragraph does not prohibit evidence identical to that contained within the records from being admissible in a criminal or juvenile justice proceeding, if the evidence is derived solely from means other than this paragraph, as permitted by law. This section does not permit the disclosure of records from a juvenile case file absent compliance with the provisions of Section 827.

(2) If the patient, with the approval of the physician and surgeon, licensed psychologist, social worker with a master's degree in social work, licensed marriage and family therapist, or licensed professional clinical counselor, who is in charge of the patient, designates persons to whom information or records may be released, except that this article does not compel a physician and surgeon, licensed psychologist, social worker with a master's degree in social work, licensed marriage and family therapist, licensed professional clinical counselor, nurse, attorney, or other professional person to reveal information that has been given to the person in confidence by members of a patient's family. This paragraph does not authorize a licensed marriage and family therapist or licensed professional clinical counselor to provide services or to be in charge of a patient's care beyond the therapist's or counselor's lawful scope of practice.

(3) 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 the recipient may be entitled.

(4) (A) If the recipient of services is a conservatee or a minor who has been admitted with the consent of their parent or legal guardian, and their conservator, parent, or legal guardian, or a guardian ad litem designates, in writing, persons to whom records or information may be disclosed, except that this article does not compel a physician and surgeon, licensed psychologist, social worker with a master's degree in social work, licensed marriage and family therapist, licensed professional clinical counselor, nurse, attorney, or other professional person to reveal information that has been given to the person in confidence by members of a patient's family.

(B) If the recipient of services is a minor dependent or ward of the juvenile court and has been removed from the physical custody of their parents, legal guardian, or Indian custodian, and their attorney or guardian ad litem in consultation with the dependent or ward, designates in writing persons to whom records or information may be disclosed. This provision shall not be construed to require written designation for the disclosures permitted by subparagraph (B) of paragraph (1) or paragraph (12).

(5) For research, provided that the Director of Health Care Services, the Director of State Hospitals, the Director of Social Services, 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 those 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 that 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.

(6) To the courts, as necessary to the administration of justice.

(7) To governmental law enforcement agencies as needed for the protection of federal and state elective constitutional officers and their families.

(8) To the Senate Committee on Rules or the Assembly Committee on Rules for the purposes of legislative investigation authorized by the committee.

(9) 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.

(10) 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 this article does not compel a physician and surgeon, licensed psychologist, social worker with a master's degree in social work, licensed marriage and family therapist, licensed professional clinical counselor, nurse, attorney, or other professional person to reveal information that has been given to the person in confidence by members of a patient's family.

(11) Upon written agreement by a person previously confined in or otherwise treated by a facility, the professional person in charge of the facility or the professional person's 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 the person's 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 paragraph 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.

(12) (A) 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 provision of child welfare services or the investigation, prevention, identification, management, or treatment of child abuse or neglect pursuant to Chapter 11 (commencing with Section 18950) of Part 6 of Division 9. Information obtained pursuant to this paragraph shall not be used in any criminal or juvenile justice proceeding. This paragraph does not prohibit evidence identical to that contained within the records from being admissible in a criminal or juvenile justice proceeding, if the evidence is derived solely from means other than this paragraph, as permitted by law.

(B) As used in this paragraph, "child welfare services" means those services that are directed at preventing child abuse or neglect.

(13) 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.

(14) To a committee established in compliance with Section 14725.

(15) In providing information as described in Section 7325.5. This paragraph does not permit the release of any information other than that described in Section 7325.5.

(16) To the county behavioral 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.

(17) If the patient gives consent, information specifically pertaining to the existence of genetically handicapping conditions, as defined in Section 125135 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 paragraph, “qualified professional persons” means those persons with the qualifications necessary to carry out the genetic counseling duties under this paragraph as determined by the genetic disease unit established in the State Department of Health Care Services under Section 125000 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 paragraph 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.

(18) If the patient, in the opinion of the patient’s 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 and county child welfare agencies as the psychotherapist determines is needed for the protection of that person or persons. For purposes of this paragraph, “psychotherapist” has the same meaning as provided in Section 1010 of the Evidence Code.

(19) (A) 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 the federal Ryan White Comprehensive AIDS Resources Emergency Act of 1990 (Public Law 101-381; 42 U.S.C. Sec. 201).

(B) For purposes of this paragraph, “designated officer” and “emergency response employee” have the same meaning as these terms are used in the federal Ryan White Comprehensive AIDS Resources Emergency Act of 1990 (Public Law 101-381; 42 U.S.C. Sec. 201).

(C) The designated officer shall be subject to the confidentiality requirements specified in Section 120980 of the Health and Safety Code, 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 of the Health and Safety Code, and may be personally liable for unauthorized release of any identifying information about the HIV test results.

(20) (A) To a law enforcement officer who personally lodges with a facility, as defined in subparagraph (B), a warrant of arrest or an abstract of 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 subparagraph 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.

(B) For purposes of subparagraph (A), a facility means all of the following:

(i) A state hospital, as defined in Section 4001.

(ii) 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 person with mental illness subject to this section.

(iii) An acute psychiatric hospital, as defined in subdivision (b) of Section 1250 of the Health and Safety Code.

(iv) A psychiatric health facility, as described in Section 1250.2 of the Health and Safety Code.

(v) A mental health rehabilitation center, as described in Section 5675.

(vi) A skilled nursing facility with a special treatment program for individuals with mental illness, as described in Sections 51335 and 72445 to 72475, inclusive, of Title 22 of the California Code of Regulations.

(vii) A psychiatric residential treatment facility, as defined in Section 1250.10 of the Health and Safety Code.

(21) Between persons who are trained and qualified to serve on multidisciplinary personnel teams pursuant to Section 15610.55. 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.

(22) (A) When an employee is served with a notice of adverse action, as defined in Section 19570 of the Government Code, all of the following information and records may be released:

(i) All information and records that the appointing authority relied upon in issuing the notice of adverse action.

(ii) All other information and records that are relevant to the adverse action, or that would constitute relevant evidence as defined in Section 210 of the Evidence Code.

(iii) The information described in clauses (i) and (ii) may be released only if both of the following conditions are met:

(I) The appointing authority has provided written notice to the consumer and the consumer's legal representative or, if the consumer has no legal representative or if the legal representative is a state agency, to the clients' rights advocate, and the consumer, the consumer's legal representative, or the clients' rights advocate has not objected in writing to the appointing authority within five business days of receipt of the notice, or the appointing authority, upon review of the objection, has determined that the circumstances on which the adverse action is based are egregious or threaten the health, safety, or life of the consumer or other consumers and without the information the adverse action could not be taken.

(II) The appointing authority, the person against whom the adverse action has been taken, and the person's representative, if any, have entered into a stipulation that does all of the following:

(ia) Prohibits the parties from disclosing or using the information or records for any purpose other than the proceedings for which the information or records were requested or provided.

(ib) Requires the employee and the employee's legal representative to return to the appointing authority all records provided to them under this paragraph, including, but not limited to, all records and documents from any source containing confidential information protected by this section, and all copies of those records and documents, within 10 days of the date that the adverse action becomes final, except for the actual records and documents or copies thereof that are no longer in the possession of the employee or the employee's legal representative because they were submitted to the administrative tribunal as a component of an appeal from the adverse action.

(ic) Requires the parties to submit the stipulation to the administrative tribunal with jurisdiction over the adverse action at the earliest possible opportunity.

(B) For purposes of this paragraph, the State Personnel Board may, before any appeal from adverse action being filed with it, issue a protective order, upon application by the appointing authority, for the limited purpose of prohibiting the parties from disclosing or using information or records for any purpose other than the proceeding for which the information or records were requested or provided, and to require the employee or the employee's legal representative to return to the appointing authority all records provided to them under this paragraph, including, but not limited to, all records and documents from any source containing confidential information protected by this section, and all copies of those records and documents, within 10 days of the date that the adverse action becomes final, except for the actual records and documents or copies thereof that are no longer in the possession of the employee or the employee's legal representatives because they were submitted to the administrative tribunal as a component of an appeal from the adverse action.

(C) Individual identifiers, including, but not limited to, names, social security numbers, and hospital numbers, that are not necessary for the prosecution or defense of the adverse action, shall not be disclosed.

(D) All records, documents, or other materials containing confidential information protected by this section that have been submitted or otherwise disclosed to the administrative agency or other person as a component of an appeal from an adverse action shall, upon proper motion by the appointing authority to the administrative tribunal, be placed under administrative seal and shall not, thereafter, be subject to disclosure to any person or entity except upon the issuance of an order of a court of competent jurisdiction.

(E) For purposes of this paragraph, an adverse action becomes final when the employee fails to answer within the time specified in Section 19575 of the Government Code, or, after filing an answer, withdraws the appeal, or, upon exhaustion of the administrative appeal or of the judicial review remedies as otherwise provided by law.

(23) To the person appointed as the developmental services decisionmaker for a minor, dependent, or ward pursuant to Section 319, 361, or 726.

(24) During the provision of emergency services and care, as defined in Section 1317.1 of the Health and Safety Code, the communication of patient information between a physician and surgeon, licensed psychologist, social worker with a master's degree in social work, licensed marriage and family therapist, licensed professional clinical counselor, nurse, emergency medical personnel at the scene of an emergency or in an emergency medical transport vehicle, or other professional person or 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.

(25) To a business associate or for health care operations purposes, in accordance with Part 160 (commencing with Section 160.101) and Part 164 (commencing with Section 164.102) of Subchapter C of Subtitle A of Title 45 of the Code of Federal Regulations.

(26) To authorized personnel who are employed by the California Victim Compensation Board for the purposes of verifying the identity and eligibility of individuals claiming compensation pursuant to the Forced or Involuntary Sterilization Compensation Program described in Chapter 1.6 (commencing with Section 24210) of Division 20 of the Health and Safety Code. The California Victim Compensation Board shall maintain the confidentiality of any information or records received from the department in accordance with Part 160 (commencing with Section 160.101) and Part 164 (commencing with Section 164.102) of Subchapter C of Subtitle A of Title 45 of the Code of Federal Regulations and this section. Public disclosure of aggregated claimant information or the annual report required under subdivision (b) of Section 24211 of the Health and Safety Code is not a violation of this section.

(27) To the State Department of Health Care Services for the purpose of Section 5406.

(b) The amendment of paragraph (4) of subdivision (a) enacted at the 1970 Regular Session of the Legislature does not constitute a change in, but is declaratory of, the preexisting law.

(c) This section is not limited by Section 5150.05 or 5332.

**SEC. 13.** Section 5405 of the Welfare and Institutions Code is amended to read:

**5405.** (a) This section shall apply to each facility licensed by the State Department of Health Care Services, or its delegated agent, on or after January 1, 2003. For purposes of this section, “facility” means 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, psychiatric residential treatment facilities, as defined in Section 1250.10 of the Health and Safety Code, licensed pursuant to Section 4081 of the Welfare and Institutions Code, 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 applicant or licensee 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 State Department of Health Care Services. The State Department of Health Care Services may take into consideration information obtained from or provided by other government agencies. The State Department of Health Care Services shall determine whether the applicant or licensee has ever been convicted of a crime specified in subdivision (c). The applicant or licensee 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 July 1, 2013, upon the employment of, or contract with or for, any direct care staff, the direct care staff person or licensee 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 State Department of Health Care Services. The State Department of Health Care Services shall determine whether the direct care staff person has ever been convicted of a crime specified in subdivision (c). The State Department of Health Care Services shall notify the licensee of these results. No direct client contact by the trainee or newly hired staff, or by any direct care contractor shall occur prior to clearance by the State Department of Health Care Services unless the trainee, newly hired employee, contractor, or employee of the contractor is constantly supervised.

(C) Commencing July 1, 2013, any contract for services provided directly to patients or residents shall contain provisions to ensure that the direct services contractor submits to the Department of Justice fingerprint images and related information pertaining to the direct services contractor for submission to the State Department of Health Care Services 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 State Department of Health Care Services. The State Department of Health Care Services shall determine whether the direct services contractor has ever been convicted of a crime specified in subdivision (c). The State Department of Health Care Services 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 applicant, licensee, direct care staff person, or direct services contractor shall only submit one set of fingerprint images and related information to the Department of Justice. The Department of Justice

shall charge a fee sufficient to cover the reasonable cost of processing the fingerprint submission. Fingerprints and related information submitted pursuant to this subdivision include fingerprint images captured and transmitted electronically. 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 their own recognizance pending trial. The State Department of the Health Care Services shall request subsequent arrest notification from the Department of Justice pursuant to Section 11105.2 of the Penal Code.

(3) An applicant and any other person specified in this subdivision, as part of the background clearance process, shall provide information as to whether or not the person has any prior criminal convictions, has had any arrests within the past 12-month period, or has any active arrests, and shall certify that, to the best of their knowledge, the information provided is true. This requirement is not intended to duplicate existing requirements for individuals who are required to submit fingerprint images as part of a criminal background clearance process. Every applicant shall provide information on any prior administrative action taken against them by any federal, state, or local government agency and shall certify that, to the best of their knowledge, the information provided is true. An applicant or other person required to provide information pursuant to this section that knowingly or willfully makes false statements, representations, or omissions may be subject to administrative action, including, but not limited to, denial of their application or exemption or revocation of any exemption previously granted.

(c) (1) The State Department of Health Care Services 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 State Department of Health Care Services 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 State Department of Health Care Services 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 State Department of Health Care Services 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, psychiatric residential treatment facility, or psychiatric health facility licensed by the State Department of Health Care Services, 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 State Department of Health Care Services shall provide the individual whose application was denied with notice, in writing, of the specific grounds for the proposed denial.

**SEC. 14.** Section 5600.4 of the Welfare and Institutions Code is amended to read:

**5600.4.** 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, a psychiatric residential treatment 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.

**SEC. 15.** Section 6552 of the Welfare and Institutions Code is amended to read:

**6552.** 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) of Division 5), which are generally applicable to voluntary admissions. The juvenile court shall review the application for judicial authorization of the voluntary application for admission to a psychiatric residential treatment facility pursuant to Section 361.23 or 727.13, as applicable.

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 they are discharged by the superintendent or person in charge, they 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.

**SEC. 16.** Section 16010.10 is added to the Welfare and Institutions Code, to read:

**16010.10.** (a) It is the intent of the Legislature to ensure that the admission of dependents, nonminor dependents, and wards of the juvenile courts in psychiatric residential treatment facilities, as defined by Section 1250.10 of the Health and Safety Code, occur only when medically necessary and only as the least restrictive setting for psychiatric services. It is further the intent of the Legislature that county child welfare agencies and probation departments maintain communication with any dependent's, nonminor dependent's, or ward's treatment team in a psychiatric residential treatment facility in order to ensure the dependent, nonminor dependent, or ward is receiving all necessary services while in the facility and is placed in a less restrictive facility at the earliest possible time. Further, the child welfare agency or probation department shall be engaged with the treatment team in order to effectively implement the aftercare plan developed pursuant to Section 1262 of the Health and Safety Code.

(b) Prior to any voluntary admission of a minor dependent or ward into a psychiatric residential treatment facility, the child welfare agency or probation department shall obtain authorization from the juvenile court, pursuant to Section 6552, for admission to the facility in the manner described by Section 361.23 or 727.13, as applicable.

(c) For a dependent, ward, or nonminor dependent admitted to a psychiatric residential treatment facility, the county child welfare agency or probation department, as applicable, shall do all of the following:

(1) Maintain regular and consistent communication with the dependent's, ward's, or nonminor dependent's treatment team in order to ensure the dependent, ward, or nonminor dependent is receiving necessary services and to report on the dependent's, ward's, or nonminor dependent's progress to the court.

(2) Develop a plan detailing all of the following:

(A) How the county child welfare agency or probation department, as applicable, will provide access to necessary services not provided by the facility, including, but not limited to, independent living skills services, visitation consistent with court orders, and education services, while the dependent, ward, or nonminor dependent remains in the facility.

(B) How the county child welfare agency or probation department, as applicable, will plan for the dependent's, ward's, or nonminor dependent's placement and services upon discharge from the facility, including any community-based mental health services.

(C) How the county child welfare agency or probation department, as applicable, in consultation with the dependent's, ward's, or nonminor dependent's treatment team, will support the dependent's, ward's, or nonminor dependent's lifelong connections.

(3) Modify the plan described in paragraph (2) to implement the aftercare plan developed pursuant to Section 1262 of the Health and Safety Code.

(4) Provide a copy of the plan developed pursuant to paragraph (2) or (3) to the court for hearings described in Section 361.23 or 727.13, as applicable.

(d) The plans developed pursuant to subparagraphs (2) and (3) of subdivision (c) shall include, but not be limited to, the following:

(1) A description of how the child and family team and system of care partners are involved in the implementation of the dependent's, nonminor dependent's, or ward's aftercare plan.

(2) How the county child welfare agency or probation department will seek or develop less restrictive placement options for the dependent, nonminor dependent, or ward, preferably with family or in family-based settings.

(3) Whether and how the county child welfare agency or probation department has engaged or will engage in a state level technical assistance process developed by the State Department of Social Services to identify placement and services resources for the dependent or ward.

(4) How the county child welfare agency or probation department will comply with the requirements of Section 4096 if the plan for providing aftercare includes transition to a short-term residential therapeutic program or community treatment placement.

(e) Whenever a county child welfare agency or probation department is notified by a psychiatric residential treatment facility that the consent for voluntary admission has been revoked, the county child welfare agency or probation department shall make immediate arrangements for the dependent's, ward's or nonminor dependent's discharge from the facility. The county child welfare agency or probation department shall have staff available to arrange for the discharge of a dependent, ward, or nonminor dependent if consent is revoked during nonbusiness hours. The child welfare agency or probation department shall ensure that discharge from the facility shall be in accordance with the nonminor dependent's aftercare plan which shall be implemented to ensure continuity of care with the nonminor dependent's family, school, and community upon discharge.

(f) Whenever a dependent, ward, or nonminor is detained involuntarily in a psychiatric residential treatment facility pursuant to Article 1 (commencing with Section 5150), or admitted to a psychiatric residential treatment facility by consent of a conservator, the county child welfare agency or probation department shall regularly monitor the dependent, ward, or nonminor dependent. The county child welfare agency or county probation department shall work with the facility to ensure that the dependent, ward, or nonminor dependent is discharged with all services and supports in place as necessary for a successful transition into a less restrictive setting. The county child welfare agency or county probation department shall provide evidence of these activities to the juvenile court at hearings pursuant to subdivision (g) of Section 361.23 or subdivision (g) of Section 727.13, as applicable.

(g) The social worker or probation officer responsible for the dependent, ward, or nonminor dependent shall request from the psychiatric residential treatment facility information about the dependent's, ward's, or nonminor dependent's anticipated length of stay, service and treatment needs, and a copy of the dependent's, ward's, or nonminor dependent's aftercare plan, developed pursuant to Section 1262 of the Health and Safety Code, when available.

(h) Notwithstanding the rulemaking provisions of 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 State Department of Social Services, in consultation with the State Department of Health Care Services may implement, interpret, or make specific this section by means of all-county letters or similar written instructions from the department until regulations are adopted. These all-county letters or similar written instructions shall have the same force and effect as regulations until the adoption of regulations.

**SEC. 17.** (a) (1) California currently covers inpatient psychiatric services for individuals under 21 years of age in its Medicaid state plan. In certain circumstances, the service is covered up to 22 years of age when the inpatient treatment is initiated prior to reaching 21 years of age.

(2) To the extent that psychiatric residential treatment facilities are an authorized setting in which existing inpatient psychiatric services for individuals under 21 years of age may be provided and covered under the Medi-Cal program, when deemed appropriate and authorized by the county mental health plan, this act would not constitute a mandate of a new program or higher level of service nor have an overall effect of increasing certain costs already borne by a local agency for programs or levels of service mandated by the 2011 Realignment Legislation within the meaning of Section 36 of Article XIII of the California Constitution.

(b) It is the intent of the Legislature that this act allow for the establishment of a new facility type that may be utilized for existing covered inpatient psychiatric services when those facilities are appropriate and available, and does not mandate a new benefit under the Medi-Cal program.

(c) The provisions amended or added by this act that impact the Medi-Cal program shall be implemented only if, and to the extent that, federal financial participation under the Medi-Cal program is not jeopardized and all necessary federal approvals have been obtained.

(d) The Judicial Council shall develop rules of court and forms for implementation of the juvenile court law provisions contained in Sections 7, 8, and 9 of this act.

(e) The automation required for the child welfare system proposed in this legislation shall become operative on the date the department notifies the Legislature that the statewide child welfare information system can perform the necessary automation to implement psychiatric residential treatment facilities.

**SEC. 18.** To the extent that this act has an overall effect of increasing certain costs already borne by a local agency for programs or levels of service mandated by the 2011 Realignment Legislation within the meaning of Section 36 of Article XIII of the California Constitution, it shall apply to local agencies only to the extent that the state provides annual funding for the cost increase. Any new program or higher level of service provided by a local agency pursuant to this act above the level for which funding has been provided shall not require a subvention of funds by the state or otherwise be subject to Section 6 of Article XIII B of the California Constitution.

However, if the Commission on State Mandates determines that this act contains other costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code.