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SB-137 Health omnibus trailer bill. (2023-2024)

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Senate Bill No. 137

CHAPTER 191

An act to amend Sections 1751.70, 1753.1, 1797.101, 11833.02, 11833.04, and 105254 of, and to add Section 127697 to, the Health and Safety Code, to amend Sections 4081 and 5328 of the Welfare and Institutions Code, and to amend Section 1 of Chapter 589 of the Statutes of 2022, relating to public health, and making an appropriation therefor, to take effect immediately, bill related to the budget.

[Approved by Governor September 13, 2023. Filed with Secretary of State September 13, 2023.]

LEGISLATIVE COUNSEL'S DIGEST

SB 137, Committee on Budget and Fiscal Review. Health omnibus trailer bill.

(1) The California Hospice Licensure Act of 1990 requires a person, political subdivision of the state, or other governmental agency to obtain a license from the State Department of Public Health to provide hospice services to an individual who is experiencing the last phase of life due to a terminal disease, as defined, and their family, except as provided. Existing law requires the department, by January 1, 2024, to adopt emergency regulations to implement the recommendations in a specified report of the California State Auditor. Existing law requires the department to maintain the general moratorium on new hospice agency licenses until the department adopts the regulations, but in no event later than March 29, 2024. Existing law requires the moratorium to end on the earlier of 2 years from the date that the California State Auditor publishes a report on hospice agency licensure, or the date the emergency regulations are adopted.

This bill would instead require the moratorium to end on the date the emergency regulations are adopted and would extend the deadline by which the department is required to adopt those regulations to January 1, 2025.

(2) Under existing law, the State Department of Health Care Services is responsible for licensing and certifying alcoholism and drug abuse recovery and treatment programs and facilities, including both residential and nonresidential programs. Existing law requires the department to charge a fee for the licensure or certification of these facilities and to evaluate licensing and certification fees annually, taking into consideration the overall cost of specified residential and outpatient licensing and certification activities of the department, plus a reasonable reserve. Existing law requires the department to submit proposed new fees or fee changes to the Legislature for approval, as specified, and prohibits new fees or fee changes without legislative approval. Existing law establishes the Residential and Outpatient Program Licensing Fund, consisting of fees, fines, and penalties collected from residential and outpatient programs.

This bill would require any excess fees remaining in the Residential and Outpatient Program Licensing Fund at the end of each fiscal year to be carried forward and taken into consideration in setting the amount of fees imposed in the immediately subsequent fiscal year. The bill would authorize the department, no sooner than July 1, 2027, to approve a fee increase, up to and including 5 percent on an annual basis, as needed to address the costs of the licensing and certification activities described above. The bill would require the department to submit any proposed new fees or fee increases in excess of 5 percent to the

Legislature for approval and would prohibit new fees or fee changes in excess of 5 percent to be implemented without legislative approval. The bill would require the department to develop a process for programs and facilities to apply for a hardship fee waiver and issue a provider bulletin detailing the application process for the hardship fee waiver that includes eligibility requirements for demonstrated need by July 1, 2024.

Existing law requires the department to implement the licensing and certification provisions for alcoholism and drug abuse recovery and treatment programs and facilities through the Administrative Procedure Act. Existing law authorizes the department to implement new fees or fee changes by means of provider bulletins or similar action and to supersede the existing licensing and certification fees until the department amends the regulations. Existing law requires the department to notify and consult with interested parties and appropriate stakeholders regarding new fees or fee changes.

This bill would remove the requirement that the department implement the licensing and certification provisions described above through the Administrative Procedures Act. The bill would additionally authorize the department to implement the hardship fee waiver process by means of provider bulletins or similar action. The bill would remove the authority of the department to supersede the licensing and certification fees described above. The bill would additionally require the department to notify and consult with interested parties and appropriate stakeholders regarding the hardship fee waiver process.

(3) Existing law establishes the Emergency Medical Services Authority and requires the authority to be headed by a director who is appointed by the Governor. Existing law also requires the authority to have a chief medical officer who is appointed by the Governor, upon nomination by the Secretary of California Health and Human Services, who is a physician and surgeon licensed in California, as specified, and who has substantial experience in the practice of emergency medicine or emergency response in California. Existing law requires the chief medical officer to provide clinical leadership and oversight concerning treatment, education, and other matters involving medical decisionmaking and delivery of patient care.

This bill additionally would require the appointment of the director and the chief medical officer to be subject to confirmation by the Senate. The bill would specify that the offices of the director and the chief medical officer are held at the pleasure of the Governor.

(4) Existing law requires the State Department of Public Health to implement and administer a residential lead-based paint hazard reduction program, as specified, including adopting regulations regarding accreditation of providers of health and safety training to employees who engage in or supervise lead-related construction work, as defined, and certification of employees who have successfully completed that training. Existing law, commencing on January 1, 2024, requires a firm and at least one person onsite and employed by a firm, doing renovation, repair, or painting work that will disturb lead-based paint to have a certificate. Existing law, as of July 1, 2023, requires the department to develop and implement an education and outreach program for every person and firm that is required to have a certificate.

Existing law authorizes the department or any local law enforcement agency to enter, inspect, and photograph any premises where abatement, a lead hazard evaluation, or renovation, repair, or painting is being conducted or has been ordered, enter the place of business of any person who conducts abatement, lead hazard evaluations, or renovation, repair, or painting, and inspect and copy any business record of any person who conducts abatement, lead hazard evaluations, or renovation, repair, or painting to determine whether the person is complying with specified certification requirements.

This bill would authorize the department or any local law enforcement agency to enter, inspect, and photograph any premises where abatement, a lead hazard evaluation, or lead-related construction work is being conducted or has been ordered, enter the place of business of any person who conducts abatement, lead hazard evaluations, or lead-related construction work, and inspect and copy any business record of any person who conducts abatement, lead hazard evaluations, or lead-related construction work to determine whether the person is complying with specified certification requirements. The bill would delay the implementation of the provisions requiring a firm to have a certificate until July 1, 2027, and delay the implementation of the education and outreach program until July 1, 2026.

(5) Existing law requires the State Department of Health Care Services to license and establish regulations for psychiatric residential treatment facilities, which are defined as licensed residential facilities operated by a public agency or private nonprofit organization that provide psychiatric services to individuals under 21 years of age in an inpatient setting. Under existing law, an individual's length of stay at the facility is based on specified criteria and must be consistent with an individual plan of care developed by an interdisciplinary team. Under existing law, the interdisciplinary team may include, among others, a nurse practitioner, 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, and a social worker.

This bill would revise the membership of the team, including removing the nurse practitioner, replacing the mental health professional with a psychologist who has a master's degree in clinical psychology or who has been certified, as specified, and requiring the social worker to be a psychiatric social worker.

Existing law requires information and records obtained in the course of providing specified mental health and developmental services to be confidential, but allows the disclosure of the information and records under specified circumstances, including, among others, in communications between qualified professional persons in the provision of services or appropriate referrals, or in the course of conservatorship proceedings, with the consent of the patient, or the patient's guardian or conservator, before information or records are 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.

This bill would authorize, 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, disclosure of information or records without the consent of the patient or their guardian or conservator 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. The bill would also authorize the disclosure of information and records to the department for the purpose of licensing and establishing regulations for the psychiatric residential treatment facilities.

(6) Existing law, the California Affordable Drug Manufacturing Act of 2020, requires the California Health and Human Services Agency (CHHSA) to enter into partnerships, in consultation with other state departments as necessary, to, among other things, increase patient access to affordable drugs.

This bill would authorize CHHSA to enter into partnerships regarding over-the-counter naloxone products to allow the development, manufacturing, or distribution of those products by any entity that is authorized to do so under federal or state law.

(7) Existing law appropriates funds from the Federal Trust Fund to the State Department of Health Care Services to implement federal grants that address the opioid and stimulant epidemics through prevention, treatment, harm reduction, or recovery services.

This bill would additionally appropriate \$56,239,000 from the Federal Trust Fund to the State Department of Health Care Services to expend Substance Abuse Prevention and Treatment Block Grant funds.

(8) This bill would declare that it is to take effect immediately as a bill providing for appropriations related to the Budget Bill.

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

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

SECTION 1. Section 1751.70 of the Health and Safety Code is amended to read:

1751.70. (a) Notwithstanding any other law and except as provided in Section 1751.75, on and after January 1, 2022, and until the date emergency regulations are adopted pursuant to Section 1753.1, the department shall not issue a new license to operate a hospice agency pursuant to this chapter.

(b) Hospice facilities licensed under subdivision (n) of Section 1250 are exempt from the moratorium established under subdivision (a).

SEC. 2. Section 1753.1 of the Health and Safety Code is amended to read:

1753.1. On or before January 1, 2025, the department shall adopt emergency regulations to implement the recommendations in California State Auditor Report 2021-123 on the California Hospice Licensure and Oversight (March 29, 2022). The department shall maintain the general moratorium on new hospice agency licenses until the department adopts the regulations. The emergency regulations shall do all of the following:

(a) Establish time and distance standards that define the maximum time and distance hospice agency staff may travel to reach patients, taking into consideration typical traffic conditions and whether the hospice agency is serving patients in rural or urban areas.

(b) Establish standards for a hospice agency's ratio of nurses to patients.

(c) Establish a limit for the number of hospice agencies that hospice agency management personnel can be involved with concurrently.

(d) Require hospice agency management personnel to meet minimum standards of training and experience, including, but not limited to, hospice-specific training or experience.

(e) Establish specific requirements for hospice agency office space.

(f) Establish timelines for reporting changes to application information, including, but not limited to, change of mailing address, change of location, and change of name.

SEC. 3. Section 1797.101 of the Health and Safety Code is amended to read:

1797.101. (a) The Emergency Medical Services Authority shall be headed by the Director of the Emergency Medical Services Authority, who shall be appointed by the Governor upon nomination by the Secretary of California Health and Human Services, subject to confirmation by the Senate, and shall hold office at the pleasure of the Governor.

(b) The Emergency Medical Services Authority shall have a chief medical officer of the Emergency Medical Services Authority, who shall be appointed by the Governor upon nomination by the Secretary of California Health and Human Services, subject to confirmation by the Senate, and shall hold office at the pleasure of the Governor. The chief medical officer shall be a physician and surgeon licensed in California pursuant to the provisions of Chapter 5 (commencing with Section 2000) of Division 2 of the Business and Professions Code, and who has substantial experience in the practice of emergency medicine or emergency response in California.

(c) The chief medical officer shall provide clinical leadership and oversight concerning treatment, education, and other matters involving medical decisionmaking and delivery of patient care, including, but not limited to, scope of practice, trauma system organization, stroke and ST-elevation myocardial infarction (STEMI) requirements, and first aid and CPR training.

SEC. 4. Section 11833.02 of the Health and Safety Code is amended to read:

11833.02. (a) The department shall charge a fee to all programs for licensure or certification by the department, regardless of the form of organization or ownership of the program.

(b) The department may establish fee scales using different capacity levels, categories based on measures other than program capacity, or any other category or classification that the department deems necessary or convenient to maintain an effective and equitable fee structure.

(c) Licensing and certification fees shall be evaluated annually, taking into consideration the overall cost of the residential and outpatient licensing and certification activities of the department, including initial issuance, renewals, complaints, enforcement activity, related litigation, and any other program activity relating to licensure and certification, plus a reasonable reserve. Any excess fees remaining in the Residential and Outpatient Program Licensing Fund pursuant to Section 11833.03 at the end of each fiscal year shall be carried forward and taken into consideration in setting the amount of fees imposed in the immediately subsequent fiscal year.

(d) No sooner than July 1, 2027, the department is authorized to approve a fee increase, up to and including 5 percent on an annual basis, as needed to address the costs of licensing and certification activities identified in subdivision (c).

(e) If the department proposes new fees or an increase in fees in excess of 5 percent, the department shall submit those new fees or fee increases to the Legislature for approval no later than April 1 of each year as part of the spring finance letter process. New fees or fee increases in excess of 5 percent shall not be implemented without legislative approval.

(f) The department shall issue a provider bulletin pursuant to Section 11833.04 setting forth the fee structure. The department shall, on an annual basis, publish the current fee structure on the department's internet website.

(g) To provide access to quality substance use disorder services, the department shall develop a process for programs and facilities to apply for a hardship fee waiver. The department shall issue a provider bulletin pursuant to Section 11833.04 detailing the process to apply for a hardship fee waiver that includes eligibility requirements for demonstrated need by July 1, 2024.

(h) Unless funds are specifically appropriated from the General Fund in the annual Budget Act or other legislation to support the division, the Licensing and Certification Division, no later than the beginning of the 2010–11 fiscal year, shall be supported entirely by federal funds and special funds.

SEC. 5. Section 11833.04 of the Health and Safety Code is amended to read:

11833.04. 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 department may implement new fees or fee changes and a hardship fee waiver process by means of provider bulletins or similar instructions from the director without taking regulatory action. The department shall notify and consult with interested parties and appropriate stakeholders regarding new fees or fee changes and the hardship fee waiver process established pursuant to this chapter.

SEC. 6. Section 105254 of the Health and Safety Code is amended to read:

105254. (a) The following persons engaged in the following types of lead construction work shall have a certificate:

- (1) Persons who receive pay for doing lead hazard evaluations, including, but not limited to, lead inspections, lead risk assessments, or lead clearance inspections, in residential or public buildings.
- (2) Persons preparing or designing plans for the abatement of lead-based paint or lead hazards from residential or public buildings.
- (3) Persons doing work designed to reduce or eliminate lead hazards on a permanent basis (to last 20 years or more) from residential or public buildings.
- (4) Persons inspecting for lead or doing lead abatement activities in a public elementary school, preschool, or day care center.
- (5) Persons doing lead-related construction work in a residential or public building that will expose a person to airborne lead at or above the eight-hour permissible exposure limit of 50 micrograms per cubic meter.

(b) On and after July 1, 2027, the following shall also have a certificate: a firm, as defined by Section 745.83 of Title 40 of the Code of Federal Regulations, and at least one person onsite and employed by a firm, doing renovation, repair, or painting work for compensation in a residential or public building that will disturb lead-based paint, as defined in Section 35033 of Title 17 of the California Code of Regulations, or presumed lead-based paint, as defined in Section 35043 of Title 17 of the California Code of Regulations, which regulations were adopted by the State Department of Public Health pursuant to Sections 105250 and 124160.

(c) Persons performing routine maintenance and repairs in housing are not required to have a certificate if they are not performing any of the activities listed under subdivisions (a) and (b).

(d) The department may adopt regulations to modify certification requirements for persons engaged in lead construction work based on changes to state or federal law, or programmatic need.

(e) The department or any local enforcement agency may, consistent with Section 17972, enter, inspect, and photograph any premises where abatement, a lead hazard evaluation, or lead-related construction work is being conducted or has been ordered, enter the place of business of any person who conducts abatement, lead hazard evaluations, or lead-related construction work, and inspect and copy any business record of any person who conducts abatement, lead hazard evaluations, or lead-related construction work, to determine whether the person is complying with this section.

(f) (1) A violation of subdivision (a) shall be punishable by a civil penalty of no less than five thousand dollars (\$5,000) per violation per day.

(2) A violation of subdivision (b) shall be punishable by a civil penalty of no less than ten thousand dollars (\$10,000) per violation per day.

(3) Each subsequent violation of this section may be subject to imposition of a civil penalty of no more than thirty-seven thousand five hundred dollars (\$37,500) per violation per day or punishable by imprisonment for no more than six months in the county jail, a fine of no more than one thousand dollars (\$1,000), or by both that imprisonment and fine. In assessing the amount of the criminal or civil penalty, any one or more of the relevant circumstances shall be considered: the nature and seriousness of the misconduct, the number of violations, the persistence of the misconduct, the length of time over which the misconduct occurred, the willfulness of the misconduct, and the violator's assets, liabilities, net worth, and other relevant factors.

(g) (1) The State Department of Public Health shall develop and implement an education and outreach program for every person and firm that is required to have a certificate pursuant to subdivisions (a) and (b). The program shall include information on who is required to have a certificate and the requirements and process to obtain a certificate. The program shall be implemented on or before July 1, 2026.

(2) The department shall provide educational and outreach materials to the Contractors State License Board for the board to make the materials available to contractors and consumers on its internet website.

SEC. 7. Section 127697 is added to the Health and Safety Code, to read:

127697. Notwithstanding anything to the contrary in this chapter, CHHSA may enter into partnerships regarding over-the-counter naloxone products. Partnerships entered into pursuant to this section may allow the development, manufacturing, or distribution of over-the-counter naloxone products by any entity that is authorized to do so under federal or state law.

SEC. 8. Section 4081 of the Welfare and Institutions Code is amended 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).

(B) For voluntary admission of a 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.
- (C) A physician licensed to practice medicine or osteopathy with specialized training and experience in the diagnosis and treatment of mental diseases, and a psychologist who has a master's degree in clinical psychology or who has been certified by the state or by the state psychological association.

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

- (A) A psychiatric social worker, as defined by the department.
- (B) A registered nurse with specialized training in mental health or one year of 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 psychologist who has a doctoral degree in clinical psychology, as defined by the department, or who has been licensed 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:

- (1) 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.

(2) 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 (w).

(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 (w).

(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 (p).

(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 that 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 this section. 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. 9. 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), 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 parties to a judicial or administrative proceeding as permitted by law, and who satisfy the requirements under Part 164 (commencing with Section 164.512(e)) of Subchapter C of Subtitle A of Title 45 of the Code of Federal Regulations, except that this paragraph shall not be construed to affect any rights or privileges provided under law of any party or nonparty.

(28) To the State Department of Health Care Services for the purposes of Section 4081.

(b) Notwithstanding subdivision (a), patient information and records shall, as necessary, be provided to and discussed with district attorneys for purposes of commitment, recommitment, or petitions for release proceedings for patients committed under Sections 1026, 1370, 1600, 2962, and 2972 of the Penal Code and Section 6600 of this code, unless otherwise prohibited by law.

(c) 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.

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

SEC. 10. Section 1 of Chapter 589 of the Statutes of 2022 is amended to read:

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.

(iii) A physician licensed to practice medicine or osteopathy with specialized training and experience in the diagnosis and treatment of mental diseases, and a psychologist who has a master's degree in clinical psychology or who has been certified by the state or the state psychological association.

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

(i) A psychiatric social worker, as defined by the department.

(ii) A registered nurse with specialized training in mental health or one year of experience in treating individuals with mental illness.

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

(iv) A psychologist who has a doctoral degree in clinical psychology, as defined by the department, or who has been licensed by the state.

SEC. 11. In addition to the amount appropriated in Item 4260-116-0890 of the Budget Act of 2023 (Chapters 12 and 38 of the Statutes of 2023), the sum of fifty-six million, two hundred thirty-nine thousand dollars (\$56,239,000) is hereby appropriated from the Federal Trust Fund to the State Department of Health Care Services to expend Substance Abuse Prevention and Treatment Block Grant funds, and shall be available for encumbrance or expenditure until June 30, 2024.

SEC. 12. This act is a bill providing for appropriations related to the Budget Bill within the meaning of subdivision (e) of Section 12 of Article IV of the California Constitution, has been identified as related to the budget in the Budget Bill, and shall take effect immediately.