

**CHILDREN'S CRISIS
RESIDENTIAL MENTAL
HEALTH PROGRAM**

Interim Standards

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§ Section 1. Application of Chapter

These regulations shall apply to short-term residential therapeutic programs operating as children's crisis residential programs licensed pursuant to Health and Safety Code Sections 1562.01 and 1562.02.

§ Section 2. Definitions and Terms

(a) Meaning of words. A word or phrase shall have its usual meaning unless the context or a definition clearly indicates a different meaning. Words and phrases used in their present tense include the future tense. Words and phrases in the singular form include the plural form. Use of the word "shall" denotes mandatory conduct and "may" denotes permissive conduct.

(b) "Accept" means when a child physically enters a children's crisis residential program facility and is under the facility's care and supervision, but has not been admitted to the program.

(c) "Administrator" means the individual who holds an administrator's certificate issued by the Department of Social Services pursuant to Section 1522.41 of the Health and Safety Code.

(d) "Applicant" means any firm, association, corporation, county, city, public agency or other entity that has submitted an application for a children's crisis residential mental health program approval.

(e) "Approval Task" means the processes of approving or denying an application submitted by an applicant, oversight, annual renewal, imposing sanctions, revocation, notice, and review pursuant to **Section 31**, and all other duties necessary to carry out the delegate responsibilities identified in Welfare and Institutions Code Sections

11462.011 and 4096.5 and these regulations. The approval task shall include an initial onsite inspection, investigation of complaints, annual onsite inspections, ongoing verification that the children's crisis residential program continues to meet the requirements set forth in these regulations, and imposition of sanctions (excluding imposition of monetary penalties) or revocation of approval if the children's crisis residential program does not meet the requirements set forth in these regulations.

(f) "Arrival" means the point in time when the child physically enters the children's crisis residential program.

(g) "Authorized Representative" means any person or entity authorized by law to act on behalf of any child.

(h) "Child" means an individual under the age of 21. For purposes of these regulations, any reference to child shall also include youth and non-minor dependents.

(i) "Children's Crisis Residential Mental Health Program" means the mental health program at a children's crisis residential program to serve children who are experiencing a mental health crisis.

(j) "Children's Crisis Residential Mental Health Program Staff" means employees or contractors of the children's crisis residential program whose duties include, but are not limited to, the treatment, training, and support services of the children admitted to the children's crisis residential program. A member of the children's crisis residential mental health program staff must be one of the following: physician, psychologist, or psychologist that has received a waiver pursuant to Welfare and Institutions Code Section 5751.2, licensed clinical social worker (or registered

professional pursuant to Welfare and Institutions Code Section 5751.2), licensed marriage and family therapist (or registered professional pursuant to Welfare and Institutions Code Section 5751.2), licensed professional clinical counselor (or registered professional pursuant to Welfare and Institutions Code Section 5751.2), registered nurse, licensed vocational nurse, psychiatric technician, occupational therapist, or mental health rehabilitation specialist as defined in California Code of Regulations, Title 9, Section 630.

(k) “Children’s Crisis Residential Mental Health Program Statement” means written policies, procedures, and documentation describing the manner in which the children’s crisis residential program shall provide medically necessary mental health treatment services to children in accordance with these regulations.

(l) “Client Record” means the documents related to the child’s admission, treatment, and discharge from the children’s crisis residential program, including assessments, mental health program progress notes, and clinical reviews reflecting the services the children’s crisis residential program provides to the child.

(m) “Client Plan” shall include a written plan of all therapeutic, behavioral, and other interventions that are to be provided to the child during the child’s stay in the children’s crisis residential program, and that are necessary to achieve the desired outcomes or goals for the child.

(n) “Common Areas” means all of the areas that the children’s crisis residential program shares with other programs that operate at the same physical location. Examples of common areas include, but are not limited to, dining areas, indoor

recreational space, and outdoor recreational space. Common areas do not include residential units, bedrooms, reception, or staff work stations.

(o) “Delegate” means a county mental health plan to which the Department has delegated the mental health program approval task. References to the “Department or delegate” shall mean the delegate when the children’s crisis residential program is located in a county that has accepted delegation.

(p) “Department” means the State Department of Health Care Services. References to the “Department or delegate” shall mean the Department when the children’s crisis residential program is located in a county that has not accepted delegation of the children’s crisis residential mental health program approval task or when the children’s crisis residential program is county owned and operated.

(q) “Gravely Disabled” means a child who, as a result of a mental disorder, is unable to use the elements of life that are essential to health, safety, and development, including food, clothing, and shelter, even though provided to the child by others.

(r) “Head of Service” means a person who oversees and implements the children’s crisis residential mental health program.

(s) “Licensed Mental Health Professional” means a physician licensed under Section 2050 of the Business and Professions Code, a licensed psychologist within the meaning of subdivision (a) of Section 2902 of the Business and Professions Code, a licensed clinical social worker within the meaning of subdivision (a) of Section 4996 of the Business and Professions Code, a licensed marriage and family therapist within the meaning of subdivision (b) of Section 4980 of the Business and

Professions Code, or a licensed professional clinical counselor within the meaning of subdivision (e) of Section 4999.12. For purposes of these regulations, licensed mental health professionals shall have a minimum of one year of professional experience in a mental health setting.

(t) "Medication Support Services" include one or more of the following: prescribing, administering, dispensing, and monitoring drug interactions and contraindications of psychiatric medications or biologicals that are necessary to alleviate the suffering and symptoms of mental illness. This service may also include assessing the appropriateness of reducing medication usage when clinically indicates. Medication Support Services are individually tailored to address the child's needs and are provided by a consistent provider who has an established relationship with the child.

(u) "Mental Health Crisis" means an acute psychiatric episode or mental health condition that requires a more timely response to stabilize than a regularly scheduled visit.

(v) "Mental Health Plan" means individual counties or counties acting jointly pursuant to Welfare and Institutions Code Section 14712.

(w) "Mental Health Program Progress Notes" are written notes in the client record of a child's condition and the child's participation and response to mental health treatment provided while the child is in a children's crisis residential program.

(x) "Natural Supports" means an unpaid individual or individuals who provide emotional and physical supports to the child and will continue to be involved with the child after the child's discharge from the children's crisis residential program.

(y) "Physician" means a physician licensed under Section 2050 of the Business and Professions Code.

(z) "Psychiatrist" means a physician licensed under Section 2050 of the Business and Professions Code who can show evidence of having completed the required course of graduate psychiatric education as specified by the American Board of Psychiatry and Neurology in a program of training accredited by the Accreditation Council for Graduate Medical Education, the American Medical Association, or the American Osteopathic Association.

(aa) "Psychologist" means a licensed psychologist within the meaning of subdivision (a) of Section 2902 of the Business and Professions Code.

(bb) "Psychotropic Medication" means those medications administered for the purpose of affecting the central nervous system to treat psychiatric disorders or illnesses. These medications include, but are not limited to, anxiolytic agents, antidepressants, mood stabilizers, antipsychotic medications, anti-Parkinson agents, hypnotics, medications for dementia, and psychostimulants.

(cc) "Serious Behavioral Health Disorder" means a mental health crisis, which may be accompanied by a diagnosis identified in California Code of Regulations, Title 9, Section 1830.205, a serious emotional disturbance as specified in Welfare and Institutions Code Section 5600.3, or both.

(dd) "Standard Referral List" means an up-to-date list prepared by the children's crisis residential program, which contains contact information for the local county mental health plan, child welfare department, emergency departments, and other crisis service providers in the area.

(ee) "STRTP Mental Health Program" means a mental health program serving children who are placed at the short-term residential therapeutic program.

(ff) "Targeted Case Management" means services that assist a child to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities may include, but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure the child has access to services and the service delivery system; monitoring of the child's progress; placement services; and plan development.

(gg) "Under the Direction of" means that the individual directing service is acting as a clinical team leader, providing direct or functional supervision of service delivery, or review, approval signing client plans. An individual directing a service is not required to be physically present at the service site to exercise direction.

(hh) "Waivered/Registered Professional" means:

(1) For a psychologist candidate, "waivered" means an individual who either (1) is gaining the experience required for licensure or (2) was recruited for employment from outside California, has sufficient experience to gain admission to a licensing examination, and has been granted a professional licensing waiver approved by the Department to the extent authorized under state law.

(2) For a social worker candidate, a marriage and family therapist candidate or professional clinical counselor candidate, "registered" means a candidate for licensure who is registered with the corresponding state licensing authority for the purpose of acquiring the experience required for licensure, in accordance with applicable statutes and regulations, and "waivered" means a candidate who was

recruited for employment from outside California, whose experience is sufficient to gain admission to the appropriate licensing examination and who has been granted a professional licensing waiver approved by the Department to the extent authorized under state law.

§ Section 3. Children’s Crisis Residential Mental Health Program Approval

Application Content

The application shall, at a minimum, contain the following information:

(a) A completed Application for Approval of the Children’s Crisis Residential Mental Health Program DHCS Form 1741, which shall contain:

(1) The name or proposed name and address of the children’s crisis residential program.

(2) Name, residence, and mailing address of applicant.

(3) A written children’s crisis residential mental health program statement and supporting documentation that meets the requirements of **Section 5**.

(4) A floor plan of the facility as required in the Department of Social Services Short-Term Residential Therapeutic Program Interim Licensing Standards. The floor plan shall clearly identify the children’s crisis residential program and any common areas.

§ Section 4. Approval of Children’s Crisis Residential Mental Health Program

Required

(a) If the short-term residential therapeutic program serves children who are not experiencing mental health crises, the short-term residential therapeutic program must obtain an STRTP mental health program approval and a children’s crisis

residential mental health program approval before operating as a children's crisis residential program. The short-term residential therapeutic program may apply for both approvals simultaneously.

(1) Children admitted to the children's crisis residential program and children placed at the short-term residential therapeutic program, who are not experiencing mental health crisis, shall not comingle at any time and shall be kept in physically separated rooms, facilities, common areas, and outdoor areas at all times.

(2) The children's crisis residential program shall maintain and follow a schedule for the separate use of the common areas.

(b) If the short-term residential therapeutic program operates solely as a children's crisis residential program, an approval pursuant to these regulations shall satisfy all of the requirements of Health and Safety Code Section 1562.02, subdivision (a), paragraph (2), which concerns STRTP mental health program approval as a condition of licensure.

§ Section 5. Children's Crisis Residential Mental Health Program Statement

(a) All children's crisis residential programs shall submit to the Department or delegate for approval a separate written children's crisis residential mental health program statement, which shall include the following:

(1) The children's crisis residential mental health program description.

(2) A description of the children's crisis residential program's expected population including age range, gender, demographics, languages, and special needs. The description shall include policies for meeting the cultural and language needs for children in the program.

(3) An emergency intervention policy that includes interventions for children who present an imminent danger for injuring or endangering self or others pursuant to Section 87095.22 of Title 22 of the California Code of Regulations and Health and Safety Code, Division 1.5, which concern “Use of Seclusion and Behavioral Restraints in Facilities.”

(4) A suicide prevention policy, which includes at a minimum: suicide risk assessments, safety precautions, visual observation levels, staffing to maintain compliance with visual observation policies, and documentation requirements. The suicide prevention policy shall require constant visual observation of children with passive suicidal ideation. The children’s crisis residential program shall not admit or allow a child to remain admitted if the child is a danger to self, danger to others, or gravely disabled.

(5) The confidentiality standards and requirements, which shall include protections for information contained in a child’s record and communication between children’s crisis residential mental health program staff members and children. The standards and requirements shall include specific confidentiality precautions for when natural supports, child and family team, or any other individual, who is not a member of the children’s crisis residential program staff or an admitted child, is present at the children’s crisis residential program.

(6) A procedure for involving the child, parent, conservator, tribal representative, and/or person identified by the court as authorized to make decisions about the child, and child and family team, if applicable, in the child’s treatment, transition, and discharge plan.

(b) The Program statement shall have a detailed description of the policies and procedures the children's crisis residential program will use to comply with the following:

(1) Children's crisis residential program approval requirements and supporting documentation identified in **Section 4**.

(2) Notification requirements in **Section 6**.

(3) Client record documentation and retention requirements in **Section 7**.

(A) The policy shall address secure client record storage in a locked room or container to protect confidentiality and prevent loss, defacement, tampering or use by unauthorized persons.

(4) Mental health assessment requirements in **Section 8**.

(5) Admission determination and process requirements in **Section 9**.

(A) The admission policy shall specifically state that assessment and admission decisions shall be made by a licensed, waived, or registered mental health professional acting within their scope of practice.

(6) Client plan requirements in **Section 10**.

(7) Mental health program progress notes requirements in **Section 11**.

(8) Medication assistance, control, and monitoring requirements in **Section 12**.

(9) Mental health treatment services required in **Section 13**.

(10) Clinical review and discharge determination requirements in **Section 14**.

(11) Discharge process and plan requirements in **Section 15**.

(12) Head of Services requirements and supporting documentation identified in **Section 16**.

(13) Staff, characteristics, qualifications, duties, and adequacy requirements and supporting documentation identified in **Section 17**.

(14) In-service education requirements and supporting documentation identified in **Section 18**.

(15) Personnel record requirements in **Section 19**.

(16) Documentation and recordkeeping requirements in **Sections 26** and **35**.

(c) The children's crisis residential program shall attach to the program statement the following:

(1) Job descriptions and staffing patterns for the head of service, licensed mental health professionals, and other children's crisis residential mental health program staff who shall provide medically necessary mental health treatment services to children in the children's crisis residential program.

(2) The name of the proposed head of service and documentation evidencing that he or she is qualified in accordance with these regulations.

(3) A staffing organizational chart, which lists job descriptions, staff-to-child ratios, and professional licenses, if applicable, of the children's crisis residential mental health program staff.

(4) A detailed staff training plan describing children's crisis residential mental health program staff orientation procedures, in-service education requirements, and required continuing education activities, to ensure staff compliance with procedures contained in the children's crisis residential mental health program statement.

(5) A description and true and correct copy of each agreement, contract, or memorandum of understanding with participating private or public mental health providers.

(d) The Department or delegate may disapprove a program statement that does not comply with these regulations or fails to establish a safe, healthy, and/or therapeutic environment for the children admitted to the children's crisis residential program.

(e) A children's crisis residential program must operate its children's crisis residential mental health program in compliance with the submitted and approved children's crisis residential mental health program statement.

(f) Any changes to the children's crisis residential mental health program statement are subject to Department or delegate approval and shall be submitted in writing, mailed, e-mailed, or faxed to the Department and delegate **sixty (60) calendar days** prior to the anticipated date of implementing the change.

§ Section 6. Notification to Department and Delegate

(a) The children's crisis residential program shall notify the Department and delegate in writing within **ten (10) calendar days** of changes to its name, location, mailing address, or head of service. If there is a change to the head of service, the notification shall include documentation that the new head of service meets all of the qualifications required for the position.

(b) The children's crisis residential program shall notify the Department in writing and obtain Department or delegate approval prior to any increases in licensed bed

capacity. The children's crisis residential program shall notify the Department and delegate prior to any decreases to the licensed bed capacity.

§ Section 7. Client Record Documentation and Retention

(a) The children's crisis residential program shall ensure that each child admitted to the children's crisis residential program has an accurate and complete client record.

(b) The client record shall be confidential and a children's crisis residential program shall only disclose the client record if the disclosure is authorized by applicable federal and state privacy laws, including but not limited to, Welfare and Institutions Code Section 5328.

(c) The client record shall include:

(1) Mental health assessment;

(2) A client plan;

(3) Mental health program progress notes;

(4) Clinical review report and discharge determination;

(5) Physician's orders, medication examinations, medication reviews, if applicable, and written informed consent for prescribed medication, pursuant to applicable law;

(6) A copy of any court orders or judgments regarding physical or legal custody of the child, conservatorship or guardianship of the child, the child's probation, or establishing the child is a ward or dependent of the court, if available.

(7) Documentation indicating each date and name(s) of individuals or groups of individuals who have participated in the child's referral, client plan, or discharge,

including, but not limited to, the child, parent, guardian, conservator, tribal representative, child and family team members, and/or authorized representative.

(8) A discharge plan, which meets the requirements of **Sections 14 and 15**.

(d) The children's crisis residential program shall retain each client record for a minimum of ten (10) years from the child's discharge, or until the date of completion of any audit, whichever is later. For purposes of this section "audit" refers to any investigation of complaints and unusual occurrences, chart reviews, and financial audits. Audits can be conducted by the state, delegate, or federal agencies. The retention period required in this section shall be extended if the child's treatment is subject to any due process proceeding, including administrative review and litigation until all appeals have been exhausted.

§ Section 8. Mental Health Assessment

(a) A licensed mental health professional or waived/registered professional shall begin the assessment immediately at the time of the child's arrival and shall complete and sign the mental health assessment for the child **within twenty-four (24) hours** of the admission determination. The assessment shall be based on the information available and shall continue to be updated as more information is obtained.

(b) The mental health assessment shall address the following:

(1) Presenting problem, including the history of the presenting problem(s), family history, and current family information.

(A) The presenting problem shall include the reason(s) for the child's referral to the children's crisis residential program.

(2) A mental status examination.

(3) Mental Health History, including previous treatment, inpatient admissions, therapeutic modalities, such as medications and psychosocial treatments, and response. If possible, include information from other sources of clinical data, such as previous mental health records, and relevant psychological testing or consultation reports.

(4) Medical History, including physical health conditions, name and address of current source of medical treatment, prenatal and perinatal events, developmental, and other medical information from medical records or consultation reports.

(A) The medical history shall include all present medical condition(s).

(5) Medications, including information about medications the child has received, or is receiving, to treat mental health and medical conditions, including duration of medical treatment, the absence or presence of allergies or adverse reactions to medications, and documentation of an informed consent for medications.

(A) Medication information shall include all medications currently prescribed and dosage.

(6) Risks to the child and/or others, including past or current trauma.

(7) Substance Exposure/Substance Use, including past and present use of tobacco, alcohol, caffeine, CAM (complementary and alternative medications), over-the-counter, and illicit drugs.

(8) Psychosocial factors and conditions affecting the child's physical and mental health, including living situation, daily activities, social support, sexual orientation, gender identity, cultural and linguistic factors, exposure to trauma, academics, school enrollment, and employment.

(9) Child Strengths, including the child's strengths in achieving client plan goals related to the child's mental health needs, challenges, and functional impairments as a result of the mental health diagnosis.

(10) A complete diagnosis shall be documented, consistent with the presenting problems, history, mental status examination and/or other clinical data.

(11) Any additional clarifying information.

(c) To satisfy the mental health assessment requirement in subdivision (a), the children's crisis residential program may use an existing mental health assessment subject to all of the following requirements:

(1) The existing mental health assessment was conducted and completed during the **thirty (30) day period** preceding the child's arrival at the children's crisis residential program.

(2) The existing mental health assessment was conducted or certified by a licensed mental health professional or an otherwise recognized provider of mental health services acting within their scope of practice.

(3) A licensed mental health professional or waived/registered professional shall review the existing mental health assessment and determine whether to accept the existing mental health assessment or whether conducting a new assessment is more clinically appropriate.

(4) The licensed mental health professional or waived/registered professional shall sign and complete an addendum documenting his or her acceptance of the existing assessment. The addendum shall include any available information required in subdivision (b) that was missing from the existing assessment,

as well as updated information regarding the child's condition at the time of arrival, diagnosis, and reason for referral.

(5) The requirements of paragraphs (1) to (4) of this subdivision shall be completed within **twenty-four (24) hours** of the admission determination.

(d) Subject to applicable privacy and confidentiality laws, the licensed mental health professional or waived/registered professional shall consider factual information from the child's parent, caregiver, or authorized representative, if available, to complete the mental health assessment.

(e) A mental health assessment that meets the requirements of this section shall be deemed to satisfy assessment documentation requirements for Medi-Cal beneficiaries.

§ Section 9. Admission Determination and Process.

(a) Within **two (2) hours** of the child's arrival at the children's crisis residential program, the head of service, licensed mental health professional, or waived or registered professional shall determine whether to approve or disapprove the child's admission to the children's crisis residential program. The children's crisis residential program shall document the date and time of the admission determination in the client record. A child shall not be denied admission solely for lack of mental health history information.

(1) In determining whether to approve or disapprove the child's admission, the licensed mental health professional shall document in writing and consider:

(A) The reason for the child's referral, including the child's mental health history if it is available;

(B) Whether the children's crisis residential program meets the specific therapeutic needs of the child;

(C) Commonality of need, including whether the child's presence is adverse to the safety or therapeutic needs of the child or other children admitted to the children's crisis residential program; and

(D) Whether the child has medical complications requiring nursing care.

(2) A child shall not be admitted to the children's crisis residential program if the child's presence is adverse to the safety or therapeutic needs of the child or other children admitted to the children's crisis residential program.

(3) A child shall not be admitted to the children's crisis residential program if the child meets medical necessity criteria for inpatient care in a licensed health facility. A child shall not be admitted to the children's crisis residential program if the child is a danger to self, danger to others, or gravely disabled.

(4) For children approved for admission, the licensed mental health professional shall affirm that the child meets the following admission requirements:

(A) The child was referred by a parent or guardian with the right to make these decisions on behalf of the child, physician, or licensed mental health professional, or by the representative of a public or private entity with the right to make these decisions on behalf of the child, including, but not limited to, the county probation agency or child welfare services agency with responsibility for the placement of a child in foster care.

(B) The child is under 21 years of age, depending on a program's licensing requirements.

(C) The child has a serious behavioral health disorder.

(D) The child requires a 24-hour-a-day, seven-day-a-week, staff-secured, unlocked treatment setting.

(5) The children's crisis residential program shall provide each child, who is approved or disapproved for admission, or their authorized representative with a copy of the standard referral list.

(b) The head of service, licensed mental health professional, or waived-registered professional who made the admission determination required by subdivision (a) shall make the child's bedroom assignment within the children's crisis residential program consistent with the requirements of Department of Social Services Interim Licensing Standards for Short-Term Residential Treatment Programs. In making the bedroom assignment, the head of service or licensed mental health professional shall consider the child'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 child's admission and bedroom assignment.

(1) Children assigned to a bedroom with another child shall not be more than three years apart in age, unless it is not clinically appropriate as determined by a licensed mental health professional, waived or registered professional, or head of service.

(2) Notwithstanding paragraph (1), siblings of any age may be assigned together to a bedroom if a licensed professional, waived/registered professional, or

head of service determines that it would be appropriate and therapeutic for the siblings.

(c) The children's crisis residential program shall have an admission agreement that complies with the requirements of California Code of Regulations, Title 22, Section 80068, subdivision (c), and the Department of Social Services Interim Licensing Standards for Short-Term Residential Treatment Programs. Within 48 hours of the child's arrival, the head of service or the head of service's designee shall sign the admission agreement with the child and the child's authorized representative, if any.

(d) Before the child or the child's authorized representative signs the admission agreement, a representative of the children's crisis residential program shall meet with the child and the child's authorized representative, if available, to gather intake information, review the admission agreement, discuss the child's involvement in the program, and describe the range of services available from the children's crisis residential program and the house rules. At or before the meeting, the children's crisis residential program shall provide each child and their authorized representative, if available, with a written description of the children's crisis residential program services, the patient's rights handbook, and the house rules. The intake information shall include:

- (1) Method of payment (Medi-Cal, private insurance, or other);
- (2) The time of the child's arrival and admission;
- (3) Anticipated length of the child's stay at the children's crisis residential program;

(4) Name of person or agency making the referral, relationship, and contact information; and

(5) All applicable information specified in California Code of Regulations, Title 22, Section 80070(b)(1) through (5), (7), (8) and (10), and Department of Social Services Interim Licensing Standards for Short-Term Residential Treatment Programs 87070(b)(1) through (10).

(e) The anticipated length of a child's stay at a children's crisis residential program shall be **ten (10) consecutive days** or less, unless the child meets medical necessity criteria for a longer stay.

§ Section 10. Client Plan

(a) Each child admitted to a children's crisis residential program shall have a client plan reviewed and signed by a licensed mental health professional, waived/registered professional or the head of service within **twenty-four (24) hours** of the admission determination. The client plan shall:

(1) Include specific behavioral goals for the child and specific mental health treatment services the children's crisis residential program shall provide to assist the child in accomplishing these goals within a defined period of time.

(2) Include one or more discharge and transition goals that support the rapid and successful transition of the child back to the community.

(3) Include the child's participation and agreement and when appropriate, include participation of the child and family team, parent, guardian, conservator, tribal representative and/or authorized representative. If the child is unable to agree or refuses to agree to the client plan, that refusal shall be documented. For a child who

is a Medi-Cal beneficiary, the documentation of the refusal shall be in accordance with Section 1810.440(c)(2)(B) of Title 9 of the California Code of Regulations. The client plan shall be signed by the child or the child's authorized representative.

(4) Be reviewed by a member of the children's crisis residential mental health program staff at least every ten calendar days.

§ Section 11. Mental Health Program Progress Notes

(a) For each child, the children's crisis residential mental health program shall ensure that there is a minimum of one written daily mental health program progress note to document the following:

(1) The specific services provided to the child.

(2) A child's participation and response to each mental health treatment service directly provided to the child.

(3) Observations of a child's behavior.

(4) Potential side effects of medication.

(5) Dates and summaries of contact with the child's family, friends, natural supports, child and family team, existing mental health team, authorized representative, and public entities involved with the child.

(6) Descriptions of the child's progress toward the goals identified in the mental health assessment or client plan.

(b) In addition to the daily mental health program progress note, the children's crisis residential mental health program staff shall write a progress note whenever there is a significant change in condition or behavior, or a significant event or incident involving the child, including the date and time of the event or incident.

(c) All mental health progress notes shall be completed, signed and dated (or electronic equivalent) within **seventy-two (72) hours** of the service provided.

(d) The mental health program progress notes shall be maintained in the child's client record.

(e) If the child is a Medi-Cal beneficiary, the children's crisis residential program shall complete separate progress notes for each specialty mental health service provided.

§ Section 12. Medication Assistance, Control, and Monitoring

(a) A psychiatrist shall examine each child before the child is prescribed any new medication. The examination shall include a screening to determine whether there are potential medical complications from the medication that could impact the child's mental health condition. This examination shall be noted in the client record.

(b) Within **twenty-four (24) hours** of the admission determination, a psychiatrist shall perform a medication consultation for each child that has an existing active prescription to treat a mental health condition.

(c) In the **twenty-four (24) hour** period prior to discharge, a psychiatrist shall complete and sign a medication review for each child that received medication during their stay at the children's crisis residential program. The medication review shall be documented in the client record and shall include:

(1) Observations of any side effects and review of any side effects reported by the child or noted in the client record.

(2) The child's response to each medication currently prescribed and the child's perspective on the effectiveness of the medications.

(3) The child's compliance with the medication plan.

(4) Justification for continued medication use or any changes to the medication plan.

(5) A statement that the psychiatrist has considered the goals and objectives of the child as listed in the child's client plan and that the medication prescribed is consistent with those goals and objectives.

(d) The functions described in subdivisions (a), (b), and (c) may be performed under the direction of a psychiatrist by a nurse practitioner or a physician's assistant acting within their scope of practice so long as each admitted child is examined by a psychiatrist at least one time during the child's stay at the children's crisis residential program.

(e) Children's crisis residential mental health program staff shall monitor children in the children's crisis residential program for changes in behavior, mental status, and medication side effects. Children's crisis residential mental health program staff shall report any concerning observations immediately to the licensed mental health professional and the psychiatrist, or the nurse practitioner or physician's assistant acting within their scope of practice and under the direction of a psychiatrist. Staff shall document their specific observations and notification of the head of service and the psychiatrist in the child's record.

(f) The children's crisis residential program shall comply with state and federal laws for pharmaceuticals, which include but are not limited to, laws related to authorization, administering and dispensing medication, psychotropic medication, storage and disposal, informed consent, and documentation of informed consent.

Documentation of informed consent shall include the reasons for taking medications; reasonable alternative treatments available, if any; the type, range of frequency and amount, method (oral or injection), and duration of taking the medication; probable side effects; possible additional side effects which may occur as a result of taking the medication beyond three (3) months; and that the consent, once given, may be withdrawn at any time.

(g) The children's crisis residential program shall comply with California Code of Regulations, Title 22, Section 80075.

(h) A member of the children's crisis residential mental health program staff shall document the following in the client record: the date and time the prescription or non-prescription medication was taken, the dosage taken or refused, and the child's response.

§ Section 13. Mental Health Treatment Services

(a) The children's crisis residential program shall make available for each child structured mental health treatment services in the day and evening, seven days per week, according to the child's individual needs as indicated on the child's client plan.

(b) The children's crisis residential program shall offer the following onsite mental health treatment services to all admitted children:

(1) Individual and group counseling.

(2) Crisis intervention, such as counseling focusing on immediate problem solving in response to a critical emotional incident to augment the individual's usual coping mechanisms.

(3) Planned activities that develop and enhance skills directed towards achieving client plan goals.

(4) Family counseling with significant support persons directed at improving the child's functioning, when indicated in the client plan.

(5) Development of community support systems for children to maximize their utilization of non-mental health community resources.

(6) Counseling focused on reducing mental health symptoms and functional impairments to assist children to maximize their ability to obtain and retain pre-vocational or vocational employment.

(7) Assisting children to develop self-advocacy skills through observation, coaching, and modeling.

(8) An activity program that encourages socialization within the program and general community, and which links the child to resources which are available after leaving the program.

(9) Use of the residential environment to assist children in the acquisition, testing, and/or refinement of community living and interpersonal skills.

(c) The children's crisis residential program shall ensure that Medication Support Services are available onsite to all admitted children.

(d) The children's crisis residential program shall ensure that Targeted Case Management is available to all admitted children.

(e) If the children's crisis residential program will admit Medi-Cal beneficiaries, the children's crisis residential program shall be certified, at a minimum, to provide the following specialty mental health services:

(1) Crisis Residential Treatment Services as defined in California Code of Regulations, Title 9, Section 1810.208;

(2) Medication Support Services as defined in California Code of Regulations, Title 9, Section 1810.225; and

(3) Targeted Case Management as defined in California Code of Regulations, Title 9, Section 1810.249.

(f) If medically necessary, a children's crisis residential program that serves Medi-Cal beneficiaries shall directly provide or provide access to EPSDT services as defined in Section 1810.215 of Title 9 of the California Code of Regulations to Medi-Cal beneficiaries in the program.

(g) The children's crisis residential program shall ensure the confidentiality of mental health treatment services.

(h) Psychiatric nursing services shall be provided consistent with the client plan or as necessary to meet the needs of the child. Psychiatric nursing services shall include, but not be limited to, nursing assessments, taking vital signs, monitoring vital signs, coordinating medical care, administering, dispensing, and furnishing medication, and other services described in Business & Professions Code Section 2725. The psychiatric nursing services shall be provided by a registered nurse, licensed vocational nurse, licensed psychiatric technician, or another licensed professional acting within the scope of their practice.

§ Section 14. Clinical Reviews and Discharge Determination

(a) A licensed mental health professional shall perform a daily clinical review of the child's current mental health status and progress in treatment to determine whether

the child should remain in the program or be discharged to a different level of care. The reviews and determinations shall be summarized and documented in the client record.

(1) As part of the review, the licensed mental health professional shall consider:

(A) The types and frequency of services provided to the child and the impact of these services on the child's achievement of the goals outlined in the child's mental health assessment or client plan.

(B) Whether the child is still experiencing a mental health crisis.

(C) Whether the children's crisis residential program continues to meet the specific therapeutic needs of the child.

(D) Commonality of need, including whether the child's presence in the children's crisis residential program adversely impacts the safety or therapeutic needs of the child or other children admitted to the children's crisis residential program.

(E) Justification for the decision for continued stay or transition of the child based on the client record and licensed mental health professional's clinical opinion.

(b) As clinically appropriate determined by a licensed professional, waived/registered professional, or head of service, the children's crisis residential program shall collaborate throughout the course of the child's treatment with the child's existing mental health team, parent, guardian, conservator, tribal representative, child and family team, and/or authorized representative, placing

agency or agencies, the probation department, county welfare department, and county mental health department, if any of these are applicable. The consultations shall be summarized and documented in the client record.

(c) A quorum of the children's crisis residential mental health program staff shall meet at least **once every three (3) days** or more often if needed, to discuss the diagnosis, mental health progress, treatment planning, and discharge planning for each child admitted to the children's crisis residential program at the time of the meeting. Prior to or during each meeting, the children's crisis residential mental health program staff shall obtain information from direct care staff about their observations, if any, for each admitted child. The head of services or a licensed mental health professional shall attend each meeting.

§ Section 15. Discharge Process and Plan

(a) Once the licensed mental health professional, in consultation with the head of service, determines that discharge is appropriate, that the child no longer meets admissions considerations and requirements, or no longer meets medical necessity to receive mental health treatment services at a children's crisis residential program, the licensed mental health professional, waived or registered professional, or the head of service shall develop, complete, and sign a discharge plan on the day of the child's discharge from the children's crisis residential program. The discharge plan shall include:

- (1) The reason for admission.
- (2) The reason for discharge.

(3) The type of setting to which the child is being discharged and the reason for the child's discharge to that type of setting.

(4) The course of mental health treatment during the child's admission, including mental health treatment services, medications, and the child's response. Any other services provided to the child during the time he or she was admitted.

(5) The child's diagnosis at the time of admission and at the time of discharge.

(6) The child's aftercare plan, which shall include the following components:

(A) The nature of the child's diagnosis and follow-up recommended.

(B) Medications, including medication name, dosage, frequency, routes of administration, and side effects, if applicable.

(C) Discharge goals and expected outcomes.

(D) Recommendations regarding treatment that are relevant to the child's care.

(E) Educational information, including school name, grade level functioning, and any special education needs if known.

(F) Referrals to providers of medical and mental health services, including contact information.

(G) Other relevant information.

(b) Prior to discharge, a licensed mental health professional, waived/registered professional, or head of service shall meet with the child and the child's authorized representative(s), in order to review, discuss, and provide a copy of the discharge plan to the child and the child's authorized representative(s). The meeting shall be documented in the client record.

(c) The child's discharge shall be to a community setting unless one of the following circumstances applies:

(1) The child requires a higher level of medical or mental health care than the children's crisis residential program provides.

(2) An interagency placement committee places the child at a short-term residential therapeutic program serving children who are not in crisis pursuant to the requirements and procedures in Welfare and Institutions Code Sections 4096 and 11462.01.

(3) The entity providing mental health coverage for the child has approved discharge to a setting other than the community.

(d) Discharge shall occur within **twenty-four (24) hours** of the licensed mental health professional's determination, in consultation with the head of service, that discharge is appropriate.

§ Section 16. Head of Service

(a) Each children's crisis residential program shall have a dedicated head of service employed and present at the children's crisis residential program **forty (40) hours per week**. The head of service shall have no other employment duties or responsibilities during the forty hours at the children's crisis residential program, unless one of the following exceptions applies:

(1) The head of service may only be counted in the staffing ratio requirements specified in **Section 17**, if the children's crisis residential program is six (6) beds or less, as long as it does not interfere with the head of service duties.

(2) The head of service may serve as the administrator, if the short-term residential therapeutic program operates solely as a children's crisis residential program.

(b) The head of service shall meet the requirements of one of the professional disciplines in Sections 622 through 630 of Title 9 of the California Code of Regulations. The children's crisis residential program shall submit to the Department or delegate documentation establishing that the head of service satisfies the requirements of the applicable regulation in Sections 622 through 630 of Title 9 of the California Code of Regulations.

(c) If the head of service is not a physician, psychologist, licensed clinical social worker, licensed marriage and family therapist, licensed professional clinical counselor, registered nurse, or waived/registered professional, the head of service shall perform the head of service duties, and provide mental health treatment services under the direction of one or more of the following professionals as defined in California Code of Regulations, Title 9, Division 1, Chapter 3, Article 8:

(1) Physician.

(2) Psychologist as defined in Section 624.

(3) Licensed Clinical Social Worker as defined in Section 625.

(4) Licensed Marriage and Family Therapist as defined in Section 626.

(5) Licensed Professional Clinical Counselor.

(6) Nurse as defined in Sections 627 or 628.

(d) The head of service is responsible for the children's crisis residential mental health program's compliance with these regulations and applicable laws. The head of

service shall manage the clinical and administrative components of the children's crisis residential mental health program. The head of service's responsibilities shall include, but are not limited to, the following specific tasks:

(1) Communicating any issues or concerns about the children's crisis residential program to the short-term residential therapeutic program administrator.

(2) Maintaining a safe, healthy, and therapeutic environment at the children's crisis residential program.

(3) Ensuring that each child admitted to the program has a mental health assessment.

(4) Ensuring that each child in the children's crisis residential program has commonality of needs with the other children in the children's crisis residential program, including whether the child's presence is adverse to the safety or therapeutic needs of the child or other children admitted to the children's crisis residential program.

(5) Ensuring the services identified on each client plan are provided and appropriate to meet the individual needs of the child.

(6) Monitoring the quality of the services provided to the children.

(7) Making arrangements, including transportation, for children to receive mental and physical health care services that cannot be met by the children's crisis residential program.

(8) Arrangements for special provision of services to children with disabilities including visual and auditory deficiencies.

(9) Ensuring that documentation and recordkeeping requirements are met.

(10) Development of staff schedules, training schedules, children's meal schedules, mental health treatment service schedules, medication schedules, and any other schedules for the operation of the children's crisis residential mental health program.

§ Section 17. Staff Characteristics, Qualifications, Duties, and Adequacy

(a) All licensed, waived, or registered mental health professionals providing services in a children's crisis residential program shall meet all legal requirements for professional licensing, waiver, or registration, as applicable.

(b) The children's crisis residential program shall have adequate numbers of children's crisis residential mental health program staff employed, present, awake, and on duty **twenty-four (24) hours per day seven (7) days per week**. To evaluate staffing adequacy, the Department or delegate may consider the census experience and education of children's crisis residential mental health program staff, frequency of deficiencies, severity of deficiencies, current or past program flexibility, as well as any other relevant considerations, including the mental health diagnosis, acuity, and needs of the children in the program.

(1) The children's crisis residential program shall have the following minimum ratios of children's crisis residential mental health program staff at all times **twenty-four (24) hours per day seven (7) days per week**:

(A) One licensed mental health professional, if there are two children or fewer admitted to the children's crisis residential program.

(B) Two children's crisis residential mental health program staff (one of whom must be a licensed mental health professional), if there are three to six children admitted to the children's crisis residential program.

(C) Three children's crisis residential mental health program staff, including at least one licensed mental health professional and at least one licensed/registered/waivered professional, if there are seven to ten children admitted to the children's crisis residential program.

(D) At least four children's crisis residential mental health program staff, including at least one licensed mental health professional and at least one licensed/registered/waivered professional, if there are eleven to fifteen children admitted to the children's crisis residential program.

(2) A children's crisis residential program with a license for seven or more beds shall have a minimum of one registered nurse, licensed vocational nurse, or licensed psychiatric technician onsite a minimum of **forty 40 hours per week**. A children's crisis residential program with a license for six (6) beds or less shall have a minimum of one registered nurse, licensed vocational nurse, or licensed psychiatric technician onsite a minimum of **twenty (20) hours per week** to perform psychiatric nursing services. The facility may determine the most appropriate work schedule to ensure psychiatric nursing services are available and provided as specified in these regulations.

(3) If the children's crisis residential program has more than one residential unit, the administrator or head of service shall assign the children's crisis residential

mental health program staff proportionally to the residential units according to the number of children with bed assignments in each residential unit.

(4) The staffing ratios in this section shall be satisfied at all times. The registered nurse, licensed vocational nurse, or licensed psychiatric technician may be counted in the staffing ratios specified in subdivision (b), paragraph (1), subparagraphs (B), (C), and (D). No other children's crisis residential mental health program staff member shall be counted in more than one staffing ratio during their shift.

(c) The children's crisis residential program shall have a psychiatrist available to provide psychiatric services onsite as specified in these regulations.

(d) The Department or delegate may require a children's crisis residential program to provide additional staff, if the Department or delegate determines that additional staff are needed to provide for the health, safety, and mental health treatment services needs of the children admitted to the children's crisis residential program. In making this determination, the Department or the delegate may consider the children's crisis residential program's census, experience and education of current staff, frequency of deficiencies, severity of deficiencies, as well as any other relevant considerations, including the mental health diagnosis, acuity, and needs of the children in the program. The Department or delegate shall notify the children's crisis residential program in writing when additional staff are required.

(e) A children's crisis residential program may request program flexibility for subdivision (a) of this section as to the staff qualifications for prospective or existing employee(s) subject to the following requirements:

(1) The request shall include the supporting documentation for the Department or delegate to make a decision on the request, such as, but not limited to, the employee's resume, degree, registration for a licensing exam, and the employee's scheduled date of examination.

(2) No prospective or current employee who is the subject of a program flexibility request shall commence duties requiring flexibility approval until the Department or delegate approves the program flexibility request.

(3) Every prospective or current employee is responsible for ensuring their own compliance with their professional licensing board statutes, regulations, and rules.

(4) No program flexibility approval shall serve to permit the unauthorized practice of a profession that requires licensure.

(5) Every program flexibility request, approval, renewal, denial, suspension, and revocation under this subdivision shall comply with the applicable program flexibility requirements in **Sections 33 and 34**.

(6) The Department or delegate may consider the employee's experience and education, the duration of the program flexibility, and any other reasons or factors relevant to the program flexibility request.

(7) When the Department or delegate approves a program flexibility request for staff qualifications under this subdivision, the approval notice shall specify a date upon which the approval shall expire.

(8) At least **five (5) business days** prior to the expiration of the program flexibility approval, the children's crisis residential program shall submit to the

Department or the delegate evidence that the staff member(s) who was the subject of the program flexibility request satisfies all qualification requirements, evidence that the staff member is no longer employed in a capacity requiring program flexibility, or a written request for an extension with justifications and supporting documents.

(9) The Department or delegate shall only consider one request for an extension and no extension shall exceed **ninety (90) days**. Nothing in this paragraph prevents a children's crisis residential program from submitting a subsequent new request for program flexibility for the same individual.

§ Section 18. In-Service Education

(a) All children's crisis residential mental health program staff shall receive a minimum of **twenty-four (24) hours per calendar year** of ongoing, planned academic and on-the-job in-service education. This twenty-four hour requirement may be prorated for part-time children's crisis residential mental health program staff and new employees in their first calendar year of employment. A children's crisis residential mental health program staff member who works **twenty (20) hours per week** or less shall be required to receive **twelve (12) hours** per calendar year of in-service education. At least **eight (8) hours** of the training shall focus specifically on preventing and managing assaultive and self-injurious behavior or other similar crisis services. At a minimum, the in-service education shall cover all of the following topics even if the children's crisis residential mental health program staff must attend more than **twenty-four (24) hours** of training in a calendar year:

(1) Client-centered and trauma-informed approach to address the needs and goals of children admitted to the children's crisis residential program;

(2) Suicide prevention techniques;

(3) Preventing and managing assaultive and self-injurious behavior;

(4) Cultural competence;

(5) Interpersonal relationship and communication skills;

(6) Confidentiality of client information;

(7) Client rights and civil rights;

(8) Monitoring and documenting responses to psychotropic and other medications to treat mental illness and recognizing possible side effects in children and youth;

(9) All approved policies and procedures applicable to the children's crisis residential program.

(b) Children's crisis residential mental health program staff shall comply with all training requirements in Department of Social Services Interim Licensing Standards for Short-Term Residential Therapeutic Programs Section 87065.1.

(c) Children's crisis residential mental health program staff shall complete at least **eight (8) hours** of training on the topic of preventing and managing assaultive and self-injurious behavior prior to commencing any employment duties involving direct contact with children.

(d) Subdivisions (a), (b), and (c) shall not apply to a psychiatrist or physician, who is not the head of service. Psychiatrists and physicians shall attend a minimum of

one training per calendar year on preventing and managing assaultive and self-injurious behavior.

(e) The children's crisis residential program shall document all trainings by maintaining a record of the training title and date, syllabus or curriculum, and sign-in sheets of attendees.

§ Section 19. Personnel Records

(a) Each children's crisis residential mental health program staff member's personnel file shall contain the following:

(1) A record of his or her in-service education, which shall include the signature of the staff member for each in-service education activity completed, the date the education occurred, the number of hours, and the subjects covered.

(2) A statement signed by the staff member certifying that he or she has read, understood, and shall comply with these regulations.

(3) A copy of his or her valid license, waiver, registration, and any other documentation establishing that the individual meets the requirements of being included as a member of the children's crisis residential mental health program staff.

(b) The children's crisis residential program shall retain children's crisis residential mental health program staff personnel records for a minimum of ten years from the last date the staff member was employed by the children's crisis residential program or until the date of completion of any audit, whichever is later. For the purposes of this section "audit" refers to any investigation of complaints and unusual occurrences, chart reviews, and financial audits. Audits can be conducted by the state, delegate, or federal agencies. The retention period required in this section shall be extended if the

children's crisis residential mental health program staff member's provision of service is subject to any due process proceeding including administrative review and litigation until all appeals have been exhausted.

§ Section 20. Application Process for Children's Crisis Residential Mental Health Program Approval

(a) An applicant shall mail a completed application for approval to the Department and to the delegate by certified mail or email.

(b) The Department or delegate shall provide written notice to an applicant if the application is incomplete.

(c) An applicant shall provide any missing information within thirty (30) calendar days of the date of the Department's or delegate's written notice of an incomplete application. If the applicant fails to provide the missing information within 30 calendar days, the application is deemed denied. Nothing in this subdivision shall prevent the applicant from submitting a new application.

(d) The Department or delegate shall notify an applicant, in writing, of the Department's or delegate's decision to approve or deny the application within 45 calendar days of receiving the complete application.

(e) Prior to issuing a children's crisis residential mental health program approval, the Department or delegate shall conduct an onsite review to verify that the applicant meets the requirements of these regulations and related statutes. This onsite review shall include a review of at least twenty percent of the client records for children admitted to the program at the time of the review, if at least one child is admitted.

(f) The Department or delegate may, in its discretion, process an application pursuant to **Section 21**.

(g) A children's crisis residential program shall not provide specialty mental health services to Medi-Cal beneficiaries without a current children's crisis residential mental health program approval or provisional approval, a short-term residential therapeutic program license to operate as a children's crisis residential program, and Medi-Cal certification to provide specialty mental health services.

(h) An applicant shall have the right to notice and review pursuant to **Section 31** when the Department or delegate has denied an application for children's crisis residential mental health program approval.

§ Section 21. Provisional Approvals

(a) Until January 1, 2020, the Department or delegate may issue a provisional approval to an applicant that is a group home certified for rate classification levels of 13 or 14 without conducting an onsite review, if the submitted application and supporting documentation demonstrate that the applicant meets the requirements of these regulations and applicable statutes. The provisional approval period shall not exceed one year. The Department or delegate shall conduct an onsite review prior to issuing a renewal pursuant to **Section 24**. This onsite review shall include a review of program compliance and a review of the client records of at least twenty percent of children residing in the program on the day of the onsite review.

(b) The Department or delegate may, in its discretion, issue one provisional approval for a period of less than one year to a children's crisis residential program

submitting its initial application for children's crisis residential mental health program approval.

(1) The Department or delegate shall provide written notice to an applicant if the application is incomplete. The Department or delegate shall provide written notice to the applicant that the Department or delegate is processing the application pursuant to this section.

(2) The Department or delegate shall conduct an onsite review within **thirty (30) days** of receiving a complete application or pursuant to paragraph (3) of this subdivision.

(3) If the applicant has not admitted any children, the applicant shall notify the Department or delegate of the date it intends to begin admissions in the initial application. The Department or delegate may require a preliminary onsite review of the children's crisis residential program before the program begins to admit children. The applicant shall notify the Department or delegate in writing within **twenty-four (24) hours** of the admission of the first child. The Department or delegate shall conduct an onsite review within **forty-five (45) days** of receiving notice of the first admission. This onsite review shall include a review of at least twenty percent of the client records for children admitted to the program at the time of the review.

§ Section 22. Duration of Children's Crisis Residential Mental Health Program Approval

Applicants the Department or county delegate approves to operate a children's crisis residential mental health program shall receive approval for one year from the date of issuance.

§ Section 23. Requirement to Post Children’s Crisis Residential Mental Health Program Approval

The children’s crisis residential mental health program approval or a true and correct copy thereof shall be posted in a conspicuous location in the children’s crisis residential program.

§ Section 24. Application for Renewal of Children’s Crisis Residential Mental Health Program Approval

(a) The Department or delegate shall conduct a yearly onsite review to determine that the children’s crisis residential program continues to meet all requirements of these regulations and related statutes. If the results of this onsite review indicate that the children’s crisis residential program continues to meet the requirements of these regulations and related statutes, the children’s crisis residential mental health program approval may be renewed.

(b) The Department or delegate shall notify the children’s crisis residential program, in writing of the renewal or non-renewal with an explanation of the reasons for non-renewal within **sixty (60) calendar days** of the onsite review. The children’s crisis residential program that received notice of non-renewal may request notice and review pursuant to **Section 31**.

(c) The Department or delegate shall notify the Department of Social Services of the renewal or non-renewal of children’s crisis residential mental health program approval.

(d) Pending the issuance of a renewal pursuant to subsection (a) or the notification of non-renewal pursuant to subsection (b), the current children's crisis residential mental health program approval shall remain in effect.

§ Section 25. Delegation of Approval Task

(a) If the Department has delegated the STRTP mental health program approval task to the county mental health plan, the county mental health plan is deemed the delegate for all purposes related to children's crisis residential programs within its borders and is subject to the delegation regulations for short-term residential therapeutic programs.

(1) Delegates shall process all applications for children's crisis residential mental health program approval from licensed short-term residential therapeutic programs within its county or counties' borders whether or not the delegate has a contract with the children's crisis residential program to serve the delegate's Medi-Cal beneficiaries.

(2) A county mental health plan shall not have delegate authority over children's crisis residential mental health programs located outside of its county or counties' borders.

(b) The delegate shall oversee and enforce compliance with all children's crisis residential mental health program standards, except through the imposition of monetary penalties. The Department does not delegate its authority to impose monetary penalties. Delegates shall refer all matters that may warrant imposition of monetary penalties to the Department within **thirty (30) days** of identification.

(c) The delegate shall comply with the following requirements:

(1) Within five (5) business days of issuance, send via certified mail, email, or fax to the Department and to the Department of Social Services, a copy of the children's crisis residential mental health program approval, denial, renewal, non-renewal, probation, suspension or revocation of any approval, on-site review report, notice of noncompliance, imposition of sanctions, and flexibility decisions.

(2) Submit documents or any other official communication upon a request by the Department.

(3) Maintain a file for each children's crisis residential program. The file shall contain all documents submitted to the delegate by the children's crisis residential program pursuant to these regulations. The file shall contain all documents issued to the children's crisis residential program by the delegate pursuant to these regulations. The file shall contain all documents from the Department with regard to the children's crisis residential program. The delegate shall:

(A) Retain a complete file for all facilities with an active children's crisis residential mental health program approval.

(B) Retain complete files for denied applications and closed children's crisis residential programs for a period of ten (10) years.

(4) The delegate shall consult telephonically or in writing with the Department prior to denying an application or imposing sanctions pursuant to **Section 29**. The delegate may consult with the Department prior to imposing sanctions pursuant to **Section 28**.

(5) Upon request, the delegate shall provide the Department with a current tracking log of all approved, denied, revoked, suspended, and probationary children's crisis residential mental health programs within **thirty (30) calendar days**.

(d) The Department may inspect or audit the delegate at any time to ensure compliance with state and federal laws and regulations applicable to the children's crisis residential mental health program. The delegate shall submit any records, documents, and information requested by the Department within **thirty (30) days** of the request.

(e) The Department shall have authority at any time to override a decision by a delegate, provide technical assistance, and direct a particular delegate action consistent with policy guidance, regulations, and statutes.

(1) The delegate may request technical assistance and direction from the Department at any time.

(2) In delegate counties, the children's crisis residential program shall direct questions to the delegate. When responding, the delegate shall provide the answer in writing.

(f) All counties shall satisfy inquiries of applicants regarding whether the STRTP mental health program approval task has been delegated or remains with the Department. The Department shall maintain a publicly available list of delegate counties on its website.

(g) If a county that is not a delegate receives a children's crisis residential mental health program approval application, the county shall immediately notify the children's

crisis residential program that it is not a delegate, return the application to the applicant, and refer the applicant to the department.

§ Section 26. Oversight

(a) At any time, the Department and/or delegate may conduct onsite reviews, with or without notice, for the purpose of determining that the children's crisis residential program is in compliance with the provisions of these regulations, including investigation of complaints. The children's crisis residential program must preserve and provide documentary evidence that it is meeting the requirements set forth in these regulations, which shall include, but not be limited to, employee records of attendance, employee qualifications, in-service education records, policies and procedures, child client records, video and audio surveillance, and written agreements with any providers of mental health services. This onsite review shall include a review of at least twenty percent of the client records for children admitted to the program at the time of the review.

(b) The Department or delegate, whichever conducts the onsite review, shall prepare a written on-site review report and identify any corrective actions that are required, and shall provide the children's crisis residential program with a copy.

(c) The Department or delegate shall have authority to interview children admitted to the program or staff and to inspect and audit all client records immediately upon requesting to do so at either a regularly scheduled onsite review or at an unscheduled onsite review.

(d) The children's crisis residential program shall make provisions for the Department or delegate to conduct private interviews with any child or staff at a

children's crisis residential program and for the Department's or delegate's examination of all records.

(e) The Department or delegate shall have the authority to observe the physical condition of any child, including conditions which could indicate abuse, neglect, or inappropriate admission to the children's crisis residential program, and to have any child receive an evaluation or physical examination by a licensed mental health professional or physician operating within his or her scope of practice.

§ Section 27. Complaints

(a) Any person may submit a complaint to the Department or delegate concerning the children's crisis residential mental health program. The Department or delegate shall investigate the complaint to determine whether the children's crisis residential program is out of compliance with the requirements of these regulations or related statutes.

(b) The Department of Social Services shall report to the Department and delegate when there is reasonable cause to believe that a children's crisis residential program is not in compliance with these regulations or related statutes.

(c) A complaint may be made to the Department or delegate either orally or in writing.

(d) The delegate shall provide the Department with a copy of any written complaint related to the children's crisis residential program within **twenty-four (24) hours** of receipt, excluding weekends and holidays. The delegate shall provide the Department with a written summary of any oral complaint related to the children's crisis residential program within twenty-four (24) hours of receipt, excluding

weekends and holidays. For any complaint received on a weekend or holiday, the delegate shall provide the Department with a copy or written summary on the next business day.

§ Section 28. Imposition of Corrective Action Plan and Probation Sanctions

(a) When the Department or delegate determines that a children's crisis residential program is not in compliance with provisions of these regulations or the provisions of the children's crisis residential mental health program statement, the Department or delegate shall issue a notice of noncompliance. This notice shall include details of the noncompliance, a date by which the children's crisis residential program must have the noncompliance corrected, and a requirement that the children's crisis residential program prepare and comply with a corrective action plan, which is subject to the Department's or delegate's approval.

(b) The date for correcting the noncompliance shall be:

(1) **Twenty-four (24) hours** or less from the date the Department or delegate discovered the noncompliance if there is an immediate threat to the physical health, mental health, or safety of the children and youth.

(2) No more than **thirty (30) calendar days** following issuance of the notice of noncompliance, unless the Department or delegate determines that the deficiency cannot be completely corrected in **thirty (30) calendar days**.

(c) If the children's crisis residential program fails to provide an approvable corrective action plan, the Department or the delegate may require a specific corrective action and timeline for completion.

(d) The Department or delegate may place a children's crisis residential program on probation for a period of **not less than thirty (30) or more than sixty (60) calendar days** as determined by the Department or delegate. When children's crisis residential program is placed on probation, the Department or delegate may increase monitoring, which may include requiring frequent submissions of documentation demonstrating compliance with these regulations and conducting more frequent onsite reviews.

§ Section 29. Revocation or Suspension of Children's Crisis Residential Mental Health Program Approval if License is Challenged, Expired, or Revoked

(a) The Department or the delegate may suspend or revoke the approval of a children's crisis residential mental health program for noncompliance with a law applicable to the children's crisis residential mental health program.

(b) The Department or delegate may suspend a children's crisis residential mental health program approval whenever an allegation or action has been instituted for removal of the short-term residential therapeutic program's licensure. The Department or delegate shall revoke the children's crisis residential mental health program approval when licensure has expired or has been revoked. Revocation or suspension made pursuant to this section shall not be subject to **Section 31** notice and review procedures.

§ Section 30. Written Notice of Action to Department of Social Services

The Department or delegate shall within **fifteen (15) calendar days** provide the Department of Social Services written notice of any revocation, suspension, probation, or non-renewal of a children's crisis residential program approval.

§ Section 31. Notice and Review Procedures

(a) When the Department or a delegate imposes sanctions pursuant to **Sections 28 and 29** subdivision (a), denies, or does not renew the children's crisis residential mental health program approval, the Department or delegate shall provide written notice of the action by certified mail. The notice shall include a statement setting forth the reasons for the action.

(b) A children's crisis residential program may request review of an action specified in subdivision (a) by sending a written request for review by certified mail to the Department or delegate if the approval task has been delegated. A request for review must be postmarked no later than fifteen **(15) calendar days** after the date the Department or delegate sends the notification required by subsection (a).

(c) A children's crisis residential program requesting review in accordance with this section shall be responsible for submitting, in writing, all relevant documents, information, and arguments which the children's crisis residential program wishes the Department or delegate to consider. The documents, information, and arguments shall be postmarked no later than **thirty (30) calendar days** after the Department or delegate sends the notice required in subsection (a).

(d) If the Department or delegate deems clarification or additional information is necessary to complete the review, it may request further written submissions from the children's crisis residential program.

(e) A decision shall become final when the Department or delegate sends the decision to the applicant or children's crisis residential program by certified mail.

§ Section 32. Program Flexibility Requirements and Procedures

(a) All children's crisis residential programs shall comply with the requirements of these regulations. A children's crisis residential program shall only request children's flexibility when flexibility is specifically permitted in the regulation(s) that is the subject of the request.

(b) To request program flexibility, the children's crisis residential program shall submit a letter in writing with supporting documentation to the Department or delegate. If the Department has delegated approval authority, the children's crisis residential program shall submit the letter and supporting documentation to the delegate and a copy to the Department. The letter shall identify the flexibility requested, the regulation authorizing flexibility, and the reasons for the program flexibility request.

(c) The Department or the delegate may require additional information or documents.

(d) To reach a decision, the Department or delegate may consider the reasons for the request, current or prior history of program flexibility at the children's crisis residential program, the children's crisis residential program census, experience and education of staff, frequency of deficiencies, severity of deficiencies, as well as any other relevant considerations, including the mental health diagnosis, acuity, and needs of the children in the program.

(e) The Department shall decide program flexibility requests unless the Department has delegated approval authority to the county mental health plan. If the Department has delegated approval authority to the county mental health plan, the delegate shall decide the request for program flexibility in compliance with this

section, the authorizing regulation, and the specific additional requirements in **Section 34.**

(f) Program flexibility shall be approved in writing by the Department or the delegate. The Department or the delegate may approve a flexibility request for the term of the children's crisis residential mental health program approval or for a shorter duration. In granting a flexibility request, the Department or the delegate shall impose any additional requirements it deems necessary to ensure safety and to ensure that medically necessary mental health services are provided to children consistent with their individual needs. Such additional requirements shall be written, measurable, and enforceable. The Department or delegate's decision to approve or deny the flexibility request is effective the date it is signed. The decision is final, and is not subject to notice and review.

(g) A children's crisis residential program shall post in a conspicuous location at the children's crisis residential program any approval received from the Department or delegate granted under this section, or a true and correct copy thereof.

(h) A children's crisis residential program that has received flexibility approval shall comply with all conditions specified by the Department or delegate.

(i) The Department or delegate may suspend or revoke an approved flexibility request at any time. Suspension and Revocation are final, and are not subject to notice and review.

(j) The Department has ultimate authority to revoke, suspend, or override a delegate's program flexibility approval at any time. The Department's decision is

effective the date it is signed. The decision is final, and is not subject to notice and review.

(k) The Department's or delegate's approval of the flexibility request shall not be construed to exempt a provider of Medi-Cal services from compliance with applicable state and federal laws and regulations for Medi-Cal reimbursement.

§ Section 33. Delegate Program Flexibility Determinations - Specific Additional Requirements

(a) A delegate shall only approve a request for flexibility if it is specifically authorized in the regulation(s) for which the children's crisis residential program is seeking flexibility.

(b) A delegate's approval of the flexibility request shall be in writing and include any additional requirements the delegate has deemed necessary, the term of the flexibility request approval, and the following minimum assurances:

(1) The delegate has verified that the children's crisis residential mental health program approval is in good standing and there are no unresolved incidents of non-compliance, pending revocations, pending suspensions, pending probation, unpaid monetary penalties, or incomplete corrective actions.

(2) The delegate has verified that flexibility is specifically permitted in the regulation(s) for which flexibility is requested and is not a licensing requirement or other mandatory requirement per state statute or federal law.

(3) The delegate has verified that the requested flexibility provides equal or better safeguards than the children's crisis residential mental health program

approval regulations to ensure that medically necessary mental health treatment services are provided to children consistent with individual needs.

(4) The delegate has verified that the requested flexibility will not reduce safety or pose an increased risk of harm to children who are admitted to or will be admitted to the children's crisis residential program.

(5) The delegate has verified that the requested flexibility is or would be consistent with other flexibility requests granted by the delegate and the Department.

(6) The delegate has verified that the requested flexibility is consistent with the intent of the children's crisis residential mental health program approval regulations.

(7) The delegate has verified that the requested flexibility will not conflict with other children's crisis residential mental health program approval regulations.

(8) The delegate has verified either of the following:

(i) No additional requirements are necessary to ensure children's safety nor to ensure that medically necessary mental health treatment services are provided to children consistent with their individual needs; or

(ii) Additional requirements are necessary to ensure children's safety or to ensure that medically necessary mental health treatment services are provided to children consistent with their individual needs and the delegate has imposed these additional requirements in its written approval.

(c) The delegate shall provide a copy of its approval and assurances, denial, and suspension or revocation of a flexibility request to the Department and to children's crisis residential program that has requested flexibility.

(d) If the delegate is unable to verify that the flexibility will be safe and consistent with the intent of these regulations and therefore cannot provide the required assurances, the delegate shall deny the flexibility request. The delegate shall issue a written denial of a flexibility request that includes the basis for the denial and may include program recommendations. The delegate's denial is effective the date it is signed by the delegate and the delegate shall send a copy of the written denial to the Department and to the children's crisis residential program that has requested flexibility.

(e) If the delegate determines it is unclear whether the program flexibility request should be approved or denied, the delegate may deny the request or may submit the program flexibility request and all supporting documentation to the Department for the Department to make a final determination. The Department shall issue a written decision to approve or deny the program flexibility to the delegate and the children's crisis residential program that has requested flexibility. The Department's decision is effective the date the Department signs the decision. The decision is final, and is not subject to notice and review.

§ Section 34. Compliance with Department of Social Services Interim Licensing Standards

(a) The children's crisis residential mental health program shall comply with the Department of Social Services Interim Licensing Standards for Children's Crisis Residential Programs and Short-Term Residential Treatment Programs that are applicable to the children's crisis residential mental health program.

(b) The Department or delegate may oversee and enforce compliance with the Department of Social Services Interim Licensing Standards for Children's Crisis Residential Programs and Short-Term Residential Treatment Programs that are applicable to the children's crisis residential mental health program.

§ Section 35. Record of Compliance

The children's crisis residential program shall create and keep a record, including written documentation, of its compliance with regulations and statutes applicable to the children's crisis residential mental health program. The children's crisis residential program shall keep the written documentation and other records onsite.

Amend California Code of Regulations, Title 9, as follows:

§ 1840.356. Crisis Residential Treatment Services Staffing Requirements.

(a) ~~Staffing ratios and qualifications in~~ Crisis Residential Treatment Services staffing ratios and qualifications shall comply with applicable requirements for:

(1) Social Rehabilitation Programs shall be consistent with California Code of Regulations, Title 9, Section 531(a).

(2) Children's Crisis Residential Mental Health Programs.

(b) The MHP shall ensure that there is a clear audit trail of the number and identity of the persons who provide Crisis Residential Treatment Services and function in other capacities.

Note: Authority cited: Sections 14680 and 11462.011, Welfare and Institutions Code.

Reference: Section 5778, Welfare and Institutions Code, 1562.03 of Health and Safety Code.

§ 1840.334. Crisis Residential Treatment Services Contact and Site

Requirements.

(a) Crisis Residential Treatment Services shall have a clearly established certified or approved site for services although all services need not be delivered at that site.

Services shall not be claimable unless there is face-to-face contact between the beneficiary and a treatment staff person of the facility on the day of service and the beneficiary has been admitted to the program.

(b) Programs shall have written procedures for accessing emergency psychiatric and health services on a 24-hour basis.

(c) Programs providing Crisis Residential Treatment Services shall be:

(1) Certified as a Social Rehabilitation Program (Short-term Crisis Residential Treatment Program) by the Department in accordance with Chapter 3, Division 1, of Title 9, and . Facility capacity shall be limited to a maximum of 16 beds; or,

(2) Approved as a Children's Crisis Residential Mental Health Program by the Department.

(d) ~~In addition to Social Rehabilitation Program certification, p~~**Programs** providing Crisis Residential Treatment Services shall be licensed **by the Department of Social Services as a Short-Term Residential Therapeutic Program operating as a Children's Crisis Residential Program or** as a Social Rehabilitation Facility ~~or Community Care Facility by the State Department of Social Services~~ in accordance with Chapters 1 and 2, Division 6, of Title 22 or **licensed by the Department** as a Mental Health Rehabilitation Center **by the Department** in accordance with Chapter 3.5, Division 1, of Title 9, ~~beginning with Section 51000.~~

Note: Authority cited: Sections 14680 **and 11462.011**, Welfare and Institutions Code.

Reference: Section 5778, Welfare and Institutions Code, **Section 1562.02, Health and Safety Code.**