

**State of California
Office of Administrative Law**

In re:
California Health Facilities Financing
Authority

Regulatory Action:

Title 04, California Code of Regulations

Adopt sections: 7210, 7213, 7214, 7215,
7216, 7217, 7218, 7219,
7220, 7221, 7222, 7223,
7224, 7225, 7225.1, 7226,
7227, 7228, 7229

Amend sections:

Repeal sections:

**NOTICE OF APPROVAL OF EMERGENCY
REGULATORY ACTION**

**Government Code Sections 11346.1 and
11349.6**

OAL Matter Number: 2016-0121-02E

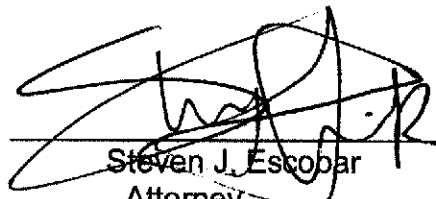
OAL Matter Type: Emergency (E)

This emergency rulemaking by the California Health Facilities Financing Authority ("CHFFA") adopts several sections in title 4 of the California Code of Regulations. Stats. 2015, ch. 18, sec. 55 authorizes CHFFA to appropriate up to \$3,000,000 in unencumbered funds to develop peer respite sites. CHFFA is further authorized to award grants to expand local resources for the development, capital, equipment, acquisition, and applicable program startup or expansion costs to increase bed capacity for peer respite support services. These emergency regulations will allow counties, counties applying jointly, private non-profit corporations, and public agencies to apply for grant funds specifically for the purpose of providing an additional continuum of care to those experiencing or at risk of experiencing a mental health crisis.

OAL approves this emergency regulatory action pursuant to sections 11346.1 and 11349.6 of the Government Code.

This emergency regulatory action is effective on 2/1/2016 and will expire on 8/2/2016. The Certificate of Compliance for this action is due no later than 8/1/2016.

Date: February 1, 2016



Steven J. Escobar
Attorney

Original: Diane Stanton
Copy: Carolyn Aboubechara

For: DEBRA M. CORNEZ
Director

EMERGENCY

STATE OF CALIFORNIA - OFFICE OF ADMINISTRATIVE LAW
NOTICE PUBLICATION/REGULATION SUBMISSION

See instructions on reverse

For use by Secretary of State only

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-	REGULATORY ACTION NUMBER	EMERGENCY NUMBER 2016-0121-02E
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For use by Office of Administrative Law (OAL) only

NOTICE	REGULATIONS
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ENDORSED - FILED
in the office of the Secretary of State
of the State of California

FEB -1 2016

3:16 PM

2016 JAN 21 A 9:21
OFFICE OF
ADMINISTRATIVE LAW

AGENCY WITH RULEMAKING AUTHORITY California Health Facilities Financing Authority	AGENCY FILE NUMBER (if any)
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A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE	
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other		4. AGENCY CONTACT PERSON		TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY		ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn		NOTICE REGISTER NUMBER	PUBLICATION DATE

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Peer Respite Care Grant Program	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (including title 26, if toxics related)	
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT 7210,7213,7214,7215,7216,7217,7218,7219,7220,7221,7222,7223,7224,7225,7225.1,7226,7227,7228,7229
TITLE(S) CCR4	REPEAL per agency request S.T.E., 01-28-2016

3. TYPE OF FILING			
<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))	<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
<input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §11349.3, 11349.4)	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> File & Print	<input type="checkbox"/> Print Only
<input checked="" type="checkbox"/> Emergency (Gov. Code, §11346.1(b))		<input type="checkbox"/> Other (Specify) _____	

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, 544 and Gov. Code §11347.1)

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)			
<input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))	<input checked="" type="checkbox"/> Effective on filing with Secretary of State	<input type="checkbox"/> §100 Changes Without Regulatory Effect	<input type="checkbox"/> Effective other (Specify)

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY			
<input type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660)	<input type="checkbox"/> Fair Political Practices Commission	<input type="checkbox"/> State Fire Marshal	
<input type="checkbox"/> Other (Specify) _____			

7. CONTACT PERSON Carolyn Aboubachara	TELEPHONE NUMBER (916) 653-3213	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional) CHFFA@treasury.ca.gov
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE 	DATE Jan 20, 2016
TYPED NAME AND TITLE OF SIGNATORY Diane Stanton, Executive Director, CA Health Facilities Financing Authority	

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ENDORSED APPROVED

FEB 01 2016

Office of Administrative Law

per agency request LW