

SENATE JUDICIARY COMMITTEE
Senator Thomas Umberg, Chair
2025-2026 Regular Session

SB 35 (Umberg)
Version: March 10, 2025
Hearing Date: April 29, 2025
Fiscal: Yes
Urgency: No
ID

SUBJECT

Alcohol and drug programs

DIGEST

This bill creates specified timelines for the Department of Health Care Services to investigate and conduct enforcement regarding the licensing requirements for adult alcoholism or drug abuse recovery or treatment facilities, and permits city attorneys, county counsel, and county behavioral health agencies to enforce those provisions if the Department fails to do so.

EXECUTIVE SUMMARY

Substance use disorders (SUD) and addiction are serious issues for many Californians. Reports suggest that as many as nine percent of Californians are dealing with an SUD. In light of this growing crisis, the numbers of facilities and residential recovery and treatment programs have significantly grown throughout the state. The Department of Health Care Services (DHCS) regulates these adult alcoholism or drug abuse recovery or treatment facilities (RTFs), requiring they be licensed if they provide specified services. DHCS may investigate and enforce allegations of unlicensed facilities, and must require the RTF to cease its services if it is found to be providing such services without a license. If the facility does not cease its services, DHCS may sue the facility and seek civil penalties and injunctive relief. However, a recent audit found that DHCS sometimes fails to complete its enforcement obligations and investigate or inspect RTFs and unlicensed facilities. SB 35 attempts to increase enforcement of this licensure requirement by placing time requirements on DHCS for various steps in its investigation and enforcement of an allegation, and by permitting local officials to enforce the RTF licensure requirements when DHCS fails to do so within the time required. SB 35 is sponsored by the League of California Cities, and is supported by the Advocates for Responsible Treatment and the cities of Thousand Oaks and Villa Park. The Committee has received no timely letters of opposition. SB 35 previously passed out of the Senate Health Committee by a vote of 11 to 0.

PROPOSED CHANGES TO THE LAW

Existing law:

- 1) Provides that the Department of Health Care Services (DHCS) has the sole authority in state government to license adult alcoholism or drug abuse recovery or treatment facilities (RTF) and to certify alcohol or other drug programs. (Health & Saf. Code §§ 11834.01, 11832.)
- 2) Prohibits a person, firm, partnership, association, corporation, or local governmental entity from operating, establishing, managing, or maintaining an RTF to provide recovery, treatment, or detoxification services without first obtaining a current and valid license from DHCS. (Health & Saf. Code § 11834.30.)
- 3) Defines an “alcohol or drug abuse recovery or treatment facility” to mean any premises, place, or building that provides residential non-medical services to adults who are recovering from problems related to alcohol, drug, or alcohol and drug misuse or abuse, and who need alcohol, drug, or alcohol and drug recovery treatment or detoxification services. An RTF may serve adolescents with a waiver from DHCS, as specified. (Health & Saf. Code § 11834.02.)
- 4) Defines an “alcohol or other drug program” or “program” as a business entity with a physical location in the state that provides one or more of the following: treatment services; recovery services; detoxification services; or medications for addiction treatment. (Health & Saf. Code § 11832.2.)
- 5) Provides a process and standards for the licensure of RTFs, providing RTFs with two-year licenses, with the ability to renew licenses. (Health & Saf. Code § 11834.01 et seq.)
- 6) Requires that DHCS make onsite program visits for compliance at least once during the two-year period of licensure, and permits DHCS to conduct announced or unannounced site visits to licensed RTFs for the purpose of reviewing for compliance with applicable statutes and regulations. (Health & Saf. Code § 11834.01.)
- 7) Requires that any alcohol or other drug program be certified by DHCS, and specifies the process for certification. Specifies that certification shall be for a two-year period, if a program submits a written renewal application before the expiration of the certification and remains in compliance. (Health & Saf. Code §§ 11832.3, 11832.6.)
- 8) Requires that laboratory or certified outpatient treatment programs that lease, manage, or own housing units that are offered to individuals concurrently utilizing the laboratory or outpatient services maintain separate contracts for the housing,

and requires that the offer of housing not depend on the individual's agreement to receive services from either the laboratory or certified outpatient treatment program. (Health & Saf. Code § 11831.65.)

- 9) Provides that DHCS may investigate allegations of violations of the applicable provisions of the Health and Safety Code related to residential treatment facilities and referral services, and allows the department to assess a penalty, suspend or revoke an RTF's license or the certification of an outpatient program, deny an RTF's application for licensure or for extension or modification of a license, or suspend or revoke the certification of a counselor for any violations. (Health & Saf. Code § 11831.7.)
- 10) Requires, if a facility is alleged to be operating as an RTF without a license, DHCS to conduct a site visit to investigate. Requires that, if a DHCS employee or agent finds evidence that the facility is operating without a license, the agent must: submit their findings to DHCS; issue a written notice, upon DHCS authorization, notifying the facility of the violation, the date by which the facility must cease its services, that DHCS will assess a civil penalty of \$2,000 per day for every day after the date for cessation that the facility continues to provide services, and that the case will be referred for civil proceedings if the facility continues to provide services; and inform the facility of the licensing requirements for RTFs. (Health & Saf. Code § 11834.31.)
- 11) Permits the Director of DHCS to bring an action to enjoin the continued operation of an unlicensed RTF. (Health & Saf. Code § 11834.32.)
- 12) Prohibits a licensed RTF or a certified alcohol or drug treatment program from:
 - a) Making a false or misleading statement or providing false or misleading information about an entity's products, goods, services, or geographical locations in its advertising materials, or media, as defined;
 - b) Making false or misleading statement or providing false or misleading information about medical treatments or medical services offered in its marketing, advertising, or media, as defined;
 - c) Including on its website a picture, description, staff information, or the location of an entity, along with false contact information, that surreptitiously directs the reader to a business that does not have a contract with the entity; and
 - d) Including on its website false information or an electronic link that provides false information or surreptitiously directs the reader to another internet site. (Health & Saf. Code § 11831.9.)
- 13) Prohibits a licensed RTF, an owner or similar person with an interest of 10 percent or more in an RTF, as specified, an employee of an RTF, an alcohol or other drug program, an owner or similar person with a 10 percent or more interest in a certified alcohol or other drug program, or an employee of a certified alcohol or other drug

program from giving or receiving remuneration or anything of value for the referral of a person who is seeking alcoholism or drug abuse recovery treatment services. (Health & Saf. Code § 11831.6.)

- 14) These disclosures include whether any of the program or RTF's agents, partners, directors, officers, or owners, including a sole proprietor and member, has ownership control of or a financial interest in a recovery residence or any contractual relationship with an entity that regularly provides services or treatment to the program's or licensed RTF's clients. (Health & Saf. Code § 11833.05.)

This bill:

- 1) Specifies that, if DHCS takes enforcement action against a recovery residence disclosed in an RTF's required disclosure of interests, DHCS must conduct a site visit of the certified program or licensed RTF that disclosed an interest in the recovery residence.
- 2) Requires, in conducting an investigation of an alleged unlicensed RTF, that DHCS initiate the investigation within 10 days of receiving the allegation, and complete the investigation within 60 days of the initiation of the investigation.
- 3) Specifies that DHCS may extend the time limits specified in (2), above, if it notifies the person who made the initial allegation, and the time from receipt of the allegation to the conclusion of the investigation does not exceed 90 days.
- 4) Requires that DHCS provide an unlicensed RTF the required written notice of violation of the licensing requirements within 10 days that the DHCS employee submitted their findings to DHCS.
- 5) Requires the DHCS agent who finds that a facility is providing services without a license to conduct a follow-up site visit of the facility to determine whether the facility has ceased providing services by the date specified by DHCS.
- 6) Specifies that the provisions regarding RTF licensing may be enforced by a city attorney of a city in which the facility is located, or the county counsel or behavioral health agency if the facility is located in an unincorporated area of the county, if DHCS fails to initiate or conclude an investigation in accordance with the required time limits.

COMMENTS

1. Author's statement

According to the author:

The proliferation of sober living homes and substance use disorder treatment facilities, particularly in Southern California's "Rehab Riviera," has raised concerns regarding the quality of care and regulatory oversight. These concerns were confirmed by a recent State Auditor's report, which found that DHCS does not always provide timely or thorough oversight, risking the health and safety of people in recovery. SB 35 will ameliorate these perpetuated issues by establishing timelines for the Department of Health Care Services (DHCS) to investigate allegations of licensed treatment at unlicensed sober living homes. If DHCS cannot meet the timelines, SB 35 would authorize cities and counties to request approval to conduct site visits and enforce compliance with existing state licensing requirements.

2. Sober living facilities must be licensed and regulated by DHCS

Substance use disorders (SUD) and addiction are serious issues for many Californians. Reports suggest that as many as nine percent of Californians are dealing with an SUD.¹ The issue has become a heightened focus of public policy discussions and public discourse in recent years as the death rate from the potent drug fentanyl has increased dramatically in the last decade.² In the wake of this crisis, the numbers of treatment facilities in the state that treat and support those dealing with addiction have also grown considerably. Some facilities provide cognitive behavioral therapy and family therapy, while others provide medication-assisted treatment. Some of this treatment can be accomplished as outpatient services, in that the individual receives the treatment and services in clinics or primary care offices, and do not require hospitalization. Other types of treatment entail treatment or detoxification services in general acute care hospitals or other similar facilities, and residential programs in which clinically-managed SUD treatment and recovery services are provided in a supportive living setting.³

The Department of Health Care Services (DHCS) regulates and licenses residential facilities that provide certain services for SUD recovery in a residential setting. It has the sole authority in state government to license residential drug and alcohol recovery and

¹ California Healthcare Foundation, Substance Use in California Almanac: Prevalence and Treatment, (Jan. 2022), available at <https://www.chcf.org/publication/2022-edition-substance-use-california/#related-links-and-downloads>.

² *Id.*; Ana B. Ibarra et al, California's opioid deaths increased by 121% in 3 years. What's driving the crisis?, CalMatters (Jul. 25, 2023), available at <https://calmatters.org/explainers/california-opioid-crisis>.

³ California Healthcare Foundation, *supra* note 1 p. 34.

treatment facilities (RTFs). (Health & Saf. Code § 11834.01.) Licensure is required when a facility provides detoxification, individual sessions, group sessions, educational sessions, alcoholism or drug abuse recovery or treatment planning, or incidental medical services.⁴ An RTF that provides such services is prohibited from operating unless it has a license from DHCS. (Health & Saf. Code § 11834.30.) DHCS issues licenses for two-year periods, and is required by law to complete onsite program visits for compliance at least once during the two-year period. (Health & Saf. Code § 1834.01.) DHCS also has the authority to conduct announced or unannounced site visits to licensed facilities for the purpose of reviewing the facility for compliance. To become licensed, RTFs must meet certain criteria for their services and programs, and follow specific minimum standards of care for treatment and acceptance of patients. DHCS also has the sole authority in state government to certify alcohol or other drug programs, identifying those facilities that exceed minimum levels of service quality and are in substantial compliance with State program standards for treatment services, recovery services, detoxification services, and medications for addiction treatment. (Health & Saf. Code §§ 11832, 11832.2.) Many facilities licensed by DHCS as RTFs are also certified.

Licensed RTFs and certified programs must also make a variety of disclosures when they are licensed and for any renewals. These disclosures include whether any of the program's or RTF's agents, partners, directors, officers, or owners, including a sole proprietor and member, has ownership control of or a financial interest in a recovery residence or any contractual relationship with an entity that regularly provides services or treatment to the program's or licensed RTF's clients. (Health & Saf. Code § 11833.05.) DHCS must investigate and conduct a site visit of any unlicensed facility that is disclosed as a recovery residence through these disclosures.

The law provides DHCS a variety of tools for enforcing this licensing regime. DHCS is empowered to investigate allegations of violations, and as previously mentioned, may make announced and unannounced site visits as part of this authority. It may, upon finding a violation by an RTF, assess a penalty, suspend or revoke the license of the facility, or deny an application for a license or a license renewal. (Health & Saf. Code § 11831.7.) It may also enforce the certification of alcohol or drug programs provisions through similar penalty or suspension or revocation of the certification. If a facility is alleged to be operating a covered RTF without a license, DHCS must conduct a site visit to investigate. (Health & Saf. Code § 11834.31.) If DHCS finds that the facility is operating without a license, DHCS must issue a written notice to the facility requiring it to cease providing services, issue a civil penalty of \$2,000 for every day that the facility continues to provide services after the date it must cease doing so, and refer the case for civil proceedings if the facility does not cease services. (Health & Saf. Code § 11834.31.)

⁴ Dept. of Health Care Services, Facility Licensing (accessed Apr. 16, 2024), available at <https://www.dhcs.ca.gov/provgovpart/Pages/Licensing-and-Certification-Facility-Licensing.aspx>.

The Director of DHCS may bring an action to enjoin the continued operation of an unlicensed RTF. (Health & Saf. Code § 11834.32.)

Despite this authority, the sponsor and author argue that DHCS is failing to adequately regulate RTFs and unlicensed facilities. A recent audit by the State Auditor found that, while DHCS consistently reviewed applications for licenses and certifications and conducted the required initial on-site inspections, it only conducted about half of the required compliance inspections for license renewals on time.⁵ The audit also found significant delays by DHCS in investigating complaints, and that DHCS did not always conduct site visits or follow up on investigations into unlicensed facilities.

These regulatory failures come in at a time when locals have expressed concern over unlicensed treatment facilities and the lack of regulation of the industry. Investigative reports have claimed that many treatment programs exist, particularly in what is colloquially called the “Rehab Riviera” in Orange County, that are unregulated and provide poor or even fraudulent services to people recovering from SUDs.⁶ Some local concerns also revolve around the location of many RTFs in otherwise residential neighborhoods.

3. SB 35 strengthens DHCS’s enforcement of the licensing rules for RTFs, and provides local officials the ability to enforce such licensing rules if DHCS fails to do so

SB 35 aims to strengthen DHCS’s enforcement and regulation of RTFs. It first specifies that, if DHCS takes action against a recovery residence for being unlicensed when it otherwise should be licensed, DHCS also must conduct a site visit of the certified program or licensed facility that disclosed an interest in the unlicensed recovery residence. In addition, SB 35 places specific timelines on DHCS for its enforcement activities. It requires that DHCS must conduct a site visit for an investigation into an allegation that a site is an unlicensed RTF within 20 days of receiving the allegation, and requires DHCS to complete its investigation within 60 days of the initiation of the investigation. This timeline may be extended by DHCS if it notifies the person who made the allegation, though the investigation cannot in any instance take more than 90 days.

If DHCS finds that a facility is operating as an unlicensed RTF in violation of the law, SB 35 would require DHCS to provide notice of this finding within 10 days, and would require DHCS to conduct a follow-up site visit to determine whether the facility has actually ceased providing services by the date DHCS required the facility to cease services. SB 35 specifies that, if DHCS fails to initiate or conclude an investigation into

⁵ Auditor of the State of California, Drug and Alcohol Treatment Facilities, Report 2023-120 (Oct. 2024), <https://www.auditor.ca.gov/reports/2023-120/>.

⁶ David Gorn, “Along California’s ‘rehab Riviera,’ sober living is often anything but,” KQED (May 14, 2018), <https://www.kqed.org/news/11667573/along-californias-rehab-riviera-sober-living-is-often-anything-but>.

an unlicensed facility within these timelines, a city attorney in which the facility is located, or county counsel of the county in which the facility is located if it is in an unincorporated area, may enforce the requirements that RTFs be licensed.

4. Amendments

The author previously agreed to amendments when SB 35 was before the Senate Health Committee; however, because of the short amount of time between that hearing and this Committee's hearing, those amendments will be taken in this Committee. A mock-up of those amendments are attached at the end of this analysis.

5. Arguments in support

According to the League of California Cities, which is the sponsor of SB 35:

Residential recovery housing provides a range of benefits to some of California's most vulnerable residents, and it is critical their needs are prioritized over profits. Compliance with state licensing laws administered through the Department of Health Care Services (DHCS) is essential to safeguarding residents' well-being and maintaining quality care.

Existing state law prohibits any drug and alcohol treatment facility that provides recovery, treatment, or detoxification services from operating without first obtaining a valid license from DHCS. Compliance with state licensing laws is essential to safeguard the well-being of residents in sober living homes.

A recent state audit revealed that DHCS has not consistently investigated allegations of unlicensed facilities providing or advertising treatment services. The department has often failed to conduct site visits and follow-ups to ensure illegal operations have stopped.

In one example highlighted in the audit, DHCS substantiated an allegation that an unlicensed facility was unlawfully providing services. However, the audit found no indication the department followed up to verify the facility's claim that it had ceased operations — nor did it conduct a site visit to confirm compliance.

To address these gaps, the auditor recommended that DHCS improve the timeliness of inspections and complaint investigations, conduct more site visits, and establish follow-up procedures to ensure unlicensed facilities cease unlawful operations.

SB 35 would implement these recommendations by requiring DHCS to meet specific timelines for investigating allegations of unlicensed treatment services. If the department fails to meet these deadlines, cities and counties could seek

approval to conduct site visits and enforce licensure laws themselves. SB 35 also requires DHCS to conduct follow-up site visits to ensure unlawful activity has stopped.

By collaborating with cities, the state can leverage local resources to supplement its regulatory efforts. Cities are positioned to respond promptly to emerging issues or changes in their communities. Allowing them to partner with the state to conduct site inspections and enforce licensing laws enables swift action to address violations, ensure compliance, and protect public health and safety.

SUPPORT

League of California Cities (sponsor)
Advocates for Responsible Treatment
City of Thousand Oaks
City of Villa Park

OPPOSITION

None received

RELATED LEGISLATION

Pending Legislation:

SB 43 (Umberg, 2025) requires all certified SUD programs and RTFs, no later than July 15, 2026, to annually submit to DHCS a report of all money transfers between the program or facility and a recovery residence during the previous fiscal year. SB 43 is pending before this Committee and is set to be heard on the same date as this bill.

AB 1267 (Pellerin, 2025) requires DHCS, beginning January 1, 2027 to offer a consolidated license and certification that would allow the holder of the license to operate more than one RTF or certified program within the same geographic location. AB 1267 is currently pending before the Assembly Health Committee.

Prior Legislation:

SB 913 (Umberg, 2024) would have permitted city attorneys or district attorneys, and city or counties, as specified and with the consent or approval of DHCS, to enforce specified provisions or conduct announced or unannounced site visits of licensed RTFs. SB 913 died in the Senate Appropriations Committee.

AB 2121 (Dixon, 2024) would have required an RTF to confirm that it is located more than 300 feet from any RTF or any community care facility, and would require DHCS to

notify in writing the city or county in which the facility is located of the issuance of the license. AB 2121 died in the Assembly Committee on Health.

AB 1967 (Daly, 2022) would have authorized local agencies to require a conditional use permit for transitional or supportive housing with seven or more residents, and would also have authorized a local agency to require a specified distance between two or more housing development projects, including between a residential care facility or sober living home. AB 1967 died in the Assembly Housing and Community Development Committee.

SB 1165 (Bates, Ch. 172, Stats. 2021) prohibited licensed RTF operators from making or providing false or misleading statements or information about medical treatments and services in marketing, advertising material, internet website, or media or social media.

SB 1144 (Bates, 2020) would have required DHCS to take action against unlicensed facilities that are disclosed as a recovery residence, and would have authorized DHCS to refer a substantiated complaint to other enforcement agencies, as appropriate. SB 1144 died in the Senate Health Committee.

AB 3162 (Friedman, Ch. 775, Stats. 2018) made an initial license for a new RTF a provisional license for one year and revocable for good cause, would have required services provided be specified on the license, and would have increased civil penalties for a violation of the licensing and regulatory provisions.

SB 786 (Mendoza, 2017) would have required that DHCS deny an application for a new RTF facility, if the proposed facility is in proximity to an existing facility in a residentially-zoned area, and would have made initial licensees provisional and revocable for good cause. SB 786 died in the Senate Health Committee.

AB 2255 (Melendez, 2016) would have required the certification of sober living homes not required to be licensed RTF's, and would have required DHCS to maintain and post on its website a registry of each certified drug and alcohol free residence. AB 2255 died in the Assembly Appropriations Committee.

AB 2403 (Bloom, 2016) would have authorized DHCS to deny an RTF's application for a facility license if the facility would result in overconcentration in the area in which it is to be located, as specified, and would have authorized a city or county to request a license application be denied for overconcentration. AB 2403 died to the Assembly Appropriations Committee.

PRIOR VOTES:

Senate Health Committee (Ayes 11, Noes 0)

MOCK-UP OF AMENDMENTS TO 2025-2026 SB 35 (Umberg(S))

The people of the State of California do enact as follows:

SECTION 1. Section 11833.05 of the Health and Safety Code is amended to read:

11833.05. (a) A program certified by the department pursuant to Chapter 7.1 (commencing with Section 11832) or a facility licensed by the department pursuant to Chapter 7.5 (commencing with Section 11834.01) shall disclose to the department if any of its agents, partners, directors, officers, or owners, including a sole proprietor and member, has either of the following:

(1) Ownership or control of, or financial interest in, a recovery residence.

(2) Any contractual relationship with an entity that regularly provides professional services or substance use disorder treatment or recovery services to clients of programs certified or facilities

licensed by the department, if the entity is not part of the program certified or facility licensed by the department.

(b) All programs certified or facilities licensed by the department shall make the disclosures pursuant to subdivision (a) upon initial licensure or certification, upon renewal of licensure or certification, and upon a licensed facility or certified program acquiring or starting a relationship that meets the description in paragraph (1) or (2) of subdivision (a).

(c) The department may suspend or revoke the certification of a program or license of a facility for failing to disclose the information required in subdivision (a).

(d) (1) The department shall take action pursuant to Section 11834.31 against an unlicensed facility that is disclosed as a recovery residence pursuant to paragraph (1) of subdivision (a).

This subdivision does not require an investigation of a recovery residence that is not alleged to be operating in violation of Section 11834.30.

(2) If the department takes action against a recovery residence, as described in paragraph (1), the department shall conduct a site visit of a certified program or licensed facility that has disclosed

an interest in the recovery residence pursuant to subdivision (a).

(e) The department may refer a substantiated complaint against a recovery residence to other enforcement entities as appropriate under state or federal law, including the Department of Insurance, the Department of Managed Health Care, the Attorney General, and the United States Attorney General.

(f) No later than July 15, 2026, and by July 15 of each year thereafter, all programs certified or facilities licensed by the department shall submit to the department a report of all money

transfers between the program or facility and a recovery residence during the previous fiscal year.

~~(f)~~

(g) For the purposes of this section, “recovery residence” means a residential dwelling that provides primary housing for individuals who seek a cooperative living arrangement that supports personal recovery from a substance use disorder and that does not require

licensure by the department or does not provide licensable services, pursuant to Chapter 7.5 (commencing with Section 11834.01). A recovery residence may include, but is not limited to, residential dwellings commonly referred to as “sober living homes,” “sober living environments,” or “unlicensed alcohol and drug free residences.”

SEC. 2. Section 11834.31 of the Health and Safety Code is amended to read:

11834.31. (a) (1) If a facility is alleged to be in violation of Section 11834.30, the department shall conduct a site visit to investigate the allegation.

(2) In conducting the investigation, the department shall do both of the following:

(A) ~~Initiate~~ *(i) If the department determines that it has jurisdiction over the allegation, initiate an investigation of the allegation within 10 days of receiving the allegation.*

(ii) If the department receives a complaint that does not fall under its jurisdiction, the department shall notify the complainant in writing, including, but not limited to, through electronic means, that it does not investigate that type of complaint.

(B) Complete the investigation within 60 days of the initiation of the ~~of the investigation.~~ *investigation, unless the department requires either of the following:*

(i) Assistance from local or other state agencies to complete the investigation.

(ii) Significant additional resources to complete the investigation, as determined by the department.

~~(3) The department may extend the time limits in paragraph (2) if it notifies the person who made the initial allegation and the time from receipt of the allegation to the conclusion of the investigation does not exceed 90 days.~~

(3) If the department is not able to complete an investigation within 60 days, the department shall notify the person that submitted the allegation in writing, including, but not limited to, through electronic means, of the reason for the delay.

(b) If the department’s employee or agent finds evidence that the facility is providing alcohol or other drug recovery, treatment, or detoxification services without a license, the employee or agent shall take the following actions:

(1) Submit the findings of the investigation to the department.

(2) Upon departmental authorization, issue a written notice to the facility stating that the facility is operating in violation of Section 11834.30. The notice shall be provided to the facility within 10 days of the employee or agency submitting their findings to the department pursuant to paragraph (1) and shall include all of the following:

(A) The date by which the facility shall cease providing services.

(B) Notice that the department will assess against the facility a civil penalty of two thousand dollars (\$2,000) per day for every day the facility continues to provide services beyond the date specified in the notice.

(C) Notice that the case will be referred for civil proceedings pursuant to Section 11834.32 in the event the facility continues to provide services beyond the date specified in the notice.

(3) Inform the facility of the licensing requirements of this chapter.

(4) Conduct a followup site visit to determine whether the facility has ceased providing services by the date specified in subparagraph (A) of paragraph (2).

(c) A person or entity found to be in violation of Section 11834.30 shall be prohibited from applying for initial licensure for a period of five years from the date of the notice specified in

paragraph (2) of subdivision (b).

~~(d) The provisions of this section may be enforced by the city attorney of a city in which the facility is located, or by the county counsel or the county behavioral health agency if the facility is located in the unincorporated area of the county, if the department fails to initiate or conclude the investigation in accordance with the time limits specified in subdivision (a).~~

(d) (1) In a county that elects to administer the Drug Medi-Cal organized delivery system, pursuant to Section 14184.401 of the Welfare and Institutions Code, and provides optional recovery housing services, the county behavioral health agency shall conduct a site visit of a recovery residence that is alleged to be in violation of Section 11834.30, upon request by the department. The department may make that request if it has sufficient evidence to substantiate the allegation and it fails to initiate or conclude the investigation in accordance with the time limits specified in subdivision (a).

(2) In conducting the site visit, the county behavioral health agency shall adhere to the provisions set forth in this section.

(3) For the purpose of this subdivision, "recovery residence" has the same meaning as in Section 11833.05.