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SENATE

S. NO. 804

RECEIVED BY: *Jiu*

Introduced by Senator Antonio "Sonny" F. Trillanes IV

EXPLANATORY NOTE

The 1987 Constitution under Article II, Section 15 mandates that the State shall protect and promote the right to health of the people and instill health consciousness among them. Further, under Article XIII, Section 11 mandates that State shall adopt an integrated and comprehensive approach to health development.

One aspect of our health which has not been given much priority by the government is mental health. Issues on mental health not only include problems on commonly known mental disorders such as depression, bipolar disorder (manic-depressive illness), attention-deficit/hyperactivity disorder, anxiety disorders and conduct disorder, but more importantly the effects on one's mind of the risks brought by extreme life experiences as well as the psychosocial concerns of daily living. Extreme life experiences such as disasters and armed conflicts as well as large-scale exodus of our skilled workers for jobs overseas contribute to mental disorder problems. In 2007, according to the Philippine Psychiatric Association, up to 20% of adults suffer from mental disorders. Given this dilemma, services for mental health must be available within the public health/hospital system of the country.

This bill seeks to provide a unified, accountable, comprehensive adult mental health service system in the country in accordance with the provisions of the Constitution in promoting the right to health of everyone. The proposed measure seeks to promote the independence and safety of adults with mental illness, and eliminate the abuses done to them by providing appropriate quality service that is consistent with contemporary professional standards in the field of mental health.

In view of the foregoing, immediate approval if this bill is earnestly sought.

ANTONIO "SONNY" F. TRILLANES IV
Senator



SIXTEENTH CONGRESS OF THE)
REPUBLIC OF THE PHILIPPINES)
First Regular Session)

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SENATE

S. NO. 804

RECEIVED BY: *ja*

Introduced by Senator Antonio "Sonny" F. Trillanes IV

AN ACT

ESTABLISHING A COMPREHENSIVE ADULT MENTAL HEALTH PROGRAM IN THE COUNTRY, APPROPRIATING FUNDS THEREFOR AND FOR OTHER PURPOSE

Be it enacted by the Senate and the House of Representatives of the Philippines in Congress assembled:

1 **SECTION 1. *Title.*** – This Act shall be known as the “*Comprehensive Adult Mental*
2 ***Health Act of 2013.*”**

3
4 **SEC. 2. *Statement of Policy.*** – It shall be the policy of the State to protect and promote
5 the right to health of the people and instill health consciousness among them. To this end, the
6 State shall create and ensure a unified, accountable, comprehensive adult mental health service
7 system that:

8 (1) Recognizes the right to of adults with mental illness to control their own lives as fully
9 possible;

10 (2) Promotes the independence and safety of adults with mental illness;

11 (3) Reduces chronicity of mental illness;

12 (4) Eliminates abuse of adults with mental illness;

13 (5) Provides services designed to:

14 (a) Recognize the right of adults with mental illness to control their own lives as fully as
15 possible;

16 (b) Stabilize adults with mental illness;

17 (c) Prevent the development and deepening of mental illness;

18 (d) Support and assist adults in resolving mental health problems that impede their
19 functioning;

1 (e) promote higher and more satisfying levels of emotional functioning;
2 and

3 (f) promote sound mental health; and

4 (6) provides a quality of service that is effective, efficient, appropriate, and
5 consistent with contemporary professional standards in the field of mental
6 health.

7
8 **SEC. 3. Definition of Terms.** – As used in this Act, the term –

9 (1) "Acute care hospital inpatient treatment" means short-term medical,
10 nursing, and psychosocial services provided in an acute care hospital.

11 (2) "Case management services" means activities that are coordinated
12 with the community support services program as defined in number 6 and are
13 designed to help adults with serious and persistent mental illness in gaining access
14 to needed medical, social, educational, vocational, and other necessary services as
15 they relate to the client's mental health needs. Case management services include
16 developing a functional assessment, an individual community support plan,
17 referring and assisting the person to obtain needed mental health and other services,
18 ensuring coordination of services, and monitoring the delivery of services.

19 (3) "Case management service provider" means a case manager or case
20 manager associate employed by the local mental health authority or other entity
21 authorized by the local mental health authority to provide case management services.

22 (a) A case manager must:

23 (i) be skilled in the process of identifying and assessing a wide
24 range of client needs;

25 (ii) be knowledgeable about local community resources and how
26 to use those resources for the benefit of the client;

27 (iii) have a bachelor's degree in one of the behavioral sciences or
28 related fields including, but not limited to, social work,
29 psychology, or nursing from an accredited college or
30 university or meet the requirements of paragraph (3) (b); and

31 (iv) meet the supervision and continuing education requirements
32 described in paragraphs (3) (c), (d), and (e), as applicable.

33 (b) Case managers without a bachelor's degree must meet one of the
34 requirements in clauses (i) to (iii):

- 1 (i) have three or four years of experience as a case manager
2 associate as defined in this section;
- 3 (ii) be a registered nurse without a bachelor's degree and have a
4 combination of specialized training in psychiatry and work
5 experience consisting of community interaction and
6 involvement or community discharge planning in a mental
7 health setting totaling three years; or
- 8 (c) A case manager with at least 2,000 hours of supervised experience in
9 the delivery of services to adults with mental illness must receive
10 regular ongoing supervision and clinical supervision totaling 38
11 hours per year of which at least one hour per month must be clinical
12 supervision regarding individual service delivery with a case
13 management supervisor. The remaining 26 hours of supervision may
14 be provided by a case manager with two years of experience. Group
15 supervision may not constitute more than one-half of the required
16 supervision hours. Clinical supervision must be documented in the
17 client record.
- 18 (d) A case manager without 2,000 hours of supervised experience in the
19 delivery of services to adults with mental illness must:
- 20 (i) receive clinical supervision regarding individual service
21 delivery from a mental health professional at least one hour
22 per week until the requirement of 2,000 hours of experience is
23 met; and
- 24 (ii) complete 40 hours of training approved by the commissioner
25 in case management skills and the characteristics and needs of
26 adults with serious and persistent mental illness.
- 27 (e) A case manager who is not licensed, registered, or certified by a
28 health-related licensing board must receive 30 hours of continuing
29 education and training in mental illness and mental health services
30 every two years.
- 31 (f) A case manager associate (CMA) must:
- 32 (i) work under the direction of a case manager or case
33 management supervisor;
- 34 (ii) be at least 21 years of age;
- 35 (iii) have at least a high school diploma or its equivalent; and

1 (iv) meet one of the following criteria:

2 (aa) have an associate of arts degree in one of the behavioral
3 sciences or human services;

4 (bb) within the previous ten years, have three years of life
5 experience with serious and persistent mental illness as
6 defined in section (3) (20); or as a child had severe
7 emotional disturbance as defined in section (3) (6); or have
8 three years life experience as a primary caregiver to an
9 adult with serious and persistent mental illness within the
10 previous ten years;

11 (cc) have 6,000 hours work experience as a non-degreed state
12 hospital technician; or

13 (dd) be a mental health practitioner as defined in section (3)
14 (15-b).

15 Individuals meeting one of the criteria in items (aa) to (cc), may qualify as a
16 case manager after four years of supervised work experience as a case manager
17 associate. Individuals meeting the criteria in item (dd), may qualify as a case
18 manager after three years of supervised experience as a case manager associate.

19 (g) A case management associate must meet the following supervision,
20 mentoring, and continuing education requirements:

21 (i) have 40 hours of pre-service training;

22 (ii) receive at least 40 hours of continuing education in mental
23 illness and mental health services annually; and

24 (iii) receive at least five hours of mentoring per week from a
25 case management mentor.

26 (iv) A case management supervisor must meet the criteria for
27 mental health professionals, as specified in section (3) (18).

28 (h) An immigrant who does not have the qualifications specified in this
29 subdivision may provide case management services to adult
30 immigrants with serious and persistent mental illness who are
31 members of the same ethnic group as the case manager if the person:

32 (i) is currently enrolled in and is actively pursuing credits toward
33 the completion of a bachelor's degree in one of the behavioral
34 sciences or a related field including, but not limited to, social

1 work, psychology, or nursing from an accredited college or
2 university;

3 (ii) completes 40 hours of training as specified in this subdivision;
4 and

5 (iii) receives clinical supervision at least once a week until the
6 requirements of this subdivision are met.

7 (4) "Case management mentor" means a qualified, practicing case
8 manager or case management supervisor who teaches or advises and provides
9 intensive training and clinical supervision to one or more case manager associates.
10 Mentoring may occur while providing direct services to consumers in the office or
11 in the field and may be provided to individuals or groups of case manager
12 associates. At least two mentoring hours per week must be individual and face-to-
13 face.

14 (5) "Commissioner" means the commissioner of human services.

15 (6) "Community support services program" means services, other than
16 inpatient or residential treatment services, provided or coordinated by an identified
17 program and staff under the clinical supervision of a mental health professional
18 designed to help adults with serious and persistent mental illness to function and
19 remain in the community. A community support services program includes:

- 20 (a) client outreach;
- 21 (b) medication monitoring;
- 22 (c) assistance in independent living skills;
- 23 (d) development of employability and work-related opportunities;
- 24 (e) crisis assistance;
- 25 (f) psychosocial rehabilitation;
- 26 (g) help in applying for government benefits; and,
- 27 (h) housing support services.

28 (7) "Day treatment," "day treatment services," or "day treatment
29 program" means a structured program of treatment and care provided to an adult.
30 Day treatment consists of group psychotherapy and other intensive therapeutic
31 services that are provided at least one day a week by a multidisciplinary staff under
32 the clinical supervision of a mental health professional. Day treatment may include
33 education and consultation provided to families and other individuals as part of the
34 treatment process. The services are aimed at stabilizing the adult's mental health
35 status, providing mental health services, and developing and improving the adult's

1 independent living and socialization skills. The goal of day treatment is to reduce
2 or relieve mental illness and to enable the adult to live in the community. Day
3 treatment services are not a part of inpatient or residential treatment services. Day
4 treatment services are distinguished from day care by their structured therapeutic
5 program of psychotherapy services.

6 (8) "Diagnostic assessment" means a written summary of the history,
7 diagnosis, strengths, vulnerabilities, and general service needs of an adult with a
8 mental illness using diagnostic, interview, and other relevant mental health
9 techniques provided by a mental health professional used in developing an
10 individual treatment plan or individual community support plan.

11 (9) "Education and prevention services" means services designed to
12 educate the general public or special high-risk target populations about mental
13 illness, to increase the understanding and acceptance of problems associated with
14 mental illness, to increase people's awareness of the availability of resources and
15 services, and to improve people's skills in dealing with high-risk situations known
16 to affect people's mental health and functioning. The services include the
17 distribution of information to individuals and agencies identified by the county
18 board and the local mental health advisory council, on predictors and symptoms of
19 mental disorders, where mental health services are available in the county, and how
20 to access the services.

21 (10) "Emergency services" means an immediate response service available
22 on a 24-hour, seven-day-a-week basis for persons having a psychiatric crisis, a
23 mental health crisis, or emergency.

24 (11) "Functional assessment" means an assessment by the case manager of
25 the adult's:

- 26 (a) mental health symptoms as presented in the adult's diagnostic
27 assessment;
- 28 (b) mental health needs as presented in the adult's diagnostic assessment;
- 29 (c) use of drugs and alcohol;
- 30 (d) vocational and educational functioning;
- 31 (e) social functioning, including the use of leisure time;
- 32 (f) interpersonal functioning, including relationships with the adult's
33 family;
- 34 (g) self-care and independent living capacity;
- 35 (h) medical and dental health;

- 1 (i) financial assistance needs;
- 2 (j) housing and transportation needs; and
- 3 (k) other needs and problems.

4 (11) "Individual community support plan" means a written plan developed
5 by a case manager on the basis of a diagnostic assessment and functional
6 assessment. The plan identifies specific services needed by an adult with serious
7 and persistent mental illness to develop independence or improved functioning in
8 daily living, health and medication management, social functioning, interpersonal
9 relationships, financial management, housing, transportation, and employment.

10 (12) "Individual placement agreement" means a written agreement or
11 supplement to a service contract entered into between the county board and a
12 service provider on behalf of an individual adult to provide residential treatment
13 services.

14 (13) "Individual treatment plan" means a written plan of intervention,
15 treatment, and services for an adult with mental illness that is developed by a
16 service provider under the clinical supervision of a mental health professional on
17 the basis of a diagnostic assessment. The plan identifies goals and objectives of
18 treatment, treatment strategy, a schedule for accomplishing treatment goals and
19 objectives, and the individual responsible for providing treatment to the adult with
20 mental illness.

21 (14) "Mental health crisis services" means crisis assessment, crisis
22 intervention, and crisis stabilization services.

23 (15) "Mental health practitioner" means a person providing services to
24 persons with mental illness who is qualified in at least one of the following ways:

- 25 (a) holds a bachelor's degree in one of the behavioral sciences or related
26 fields from an accredited college or university and:
 - 27 (i) has at least 2,000 hours of supervised experience in the delivery of
28 services to persons with mental illness; or
 - 29 (ii) is fluent in the non-English language of the ethnic group to which
30 at least 50 percent of the practitioner's clients belong, completes
31 40 hours of training in the delivery of services to persons with
32 mental illness, and receives clinical supervision from a mental
33 health professional at least once a week until the requirement of
34 2,000 hours of supervised experience is met;

- 1 (b) has at least 6,000 hours of supervised experience in the delivery of
2 services to persons with mental illness;
- 3 (c) is a graduate student in one of the behavioral sciences or related
4 fields and is formally assigned by an accredited college or university
5 to an agency or facility for clinical training; or
- 6 (d) holds a master's or other graduate degree in one of the behavioral
7 sciences or related fields from an accredited college or university and
8 has less than 4,000 hours post-master's experience in the treatment of
9 mental illness.

10 (16) "Mental health professional" means a person providing clinical
11 services in the treatment of mental illness who is qualified in at least one of the
12 following ways:

- 13 (a) in psychiatric nursing: a registered nurse; and:
- 14 (i) who is certified as a clinical specialist or as a nurse practitioner in
15 adult or family psychiatric and mental health nursing by a
16 national nurse certification organization; or
- 17 (ii) who has a master's degree in nursing or one of the behavioral
18 sciences or related fields from an accredited college or university
19 or its equivalent, with at least 4,000 hours of post-master's
20 supervised experience in the delivery of clinical services in the
21 treatment of mental illness;
- 22 (b) in clinical social work: a person licensed as an independent clinical
23 social worker, or a person with a master's degree in social work from
24 an accredited college or university, with at least 4,000 hours of post-
25 master's supervised experience in the delivery of clinical services in
26 the treatment of mental illness;
- 27 (c) in psychology: a licensed individual who is competent in the
28 diagnosis and treatment of mental illness;
- 29 (d) in psychiatry: a duly licensed physician or eligible for board
30 certification in psychiatry;
- 31 (e) in marriage and family therapy: the mental health professional must
32 be an eligible marriage and family therapist with at least two years of
33 post-master's supervised experience in the delivery of clinical
34 services in the treatment of mental illness; or

1 (f) in allied fields: a person with a master's degree from an accredited
2 college or university in one of the behavioral sciences or related
3 fields, with at least 4,000 hours of post-master's supervised
4 experience in the delivery of clinical services in the treatment of
5 mental illness.

6 (17) "Mental health services" means all of the treatment services and case
7 management activities that are provided to adults with mental illness and are
8 described in this Act.

9 (18) "Mental illness" means an organic disorder of the brain or a clinically
10 significant disorder of thought, mood, perception, orientation, memory, or behavior
11 that seriously limits a person's capacity to function in primary aspects of daily
12 living such as personal relations, living arrangements, work, and recreation.

13 (19) "Adult with acute mental illness" means an adult who has a mental
14 illness that is serious enough to require prompt intervention.

15 (20) For purposes of case management and community support services, a
16 "person with serious and persistent mental illness" means an adult who has a
17 mental illness and meets at least one of the following criteria:

18 (a) the adult has undergone two or more episodes of inpatient care for a
19 mental illness within the preceding 24 months;

20 (b) the adult has experienced a continuous psychiatric hospitalization or
21 residential treatment exceeding six months' duration within the
22 preceding 12 months;

23 (c) the adult has been treated by a crisis team two or more times within
24 the preceding 24 months;

25 (d) the adult:

26 (i) has a diagnosis of schizophrenia, bipolar disorder, major
27 depression, or borderline personality disorder;

28 (ii) indicates a significant impairment in functioning; and

29 (iii) has a written opinion from a mental health professional, in
30 the last three years, stating that the adult is reasonably likely
31 to have future episodes requiring inpatient or residential
32 treatment, of a frequency described in clause (a) or (b), unless
33 ongoing case management or community support services are
34 provided;

1 (e) the adult has, in the last three years, been committed by a court as a
2 person who is mentally ill or the adult's commitment has been stayed
3 or continued; or

4 (f) the adult [1] was eligible under clauses (a) to (e), but the specified
5 time period has expired or the adult was eligible as a child; and [2]
6 has a written opinion from a mental health professional, in the last
7 three (3) years, stating that the adult is reasonably likely to have
8 future episodes requiring inpatient or residential treatment, of a
9 frequency described in clause (a) or (b), unless ongoing case
10 management or community support services are provided.

11 (21) "Outpatient services" means mental health services, excluding day
12 treatment and community support services programs, provided by or under the
13 clinical supervision of a mental health professional to adults with mental illness
14 who live outside a hospital. Outpatient services include clinical activities such as
15 individual, group, and family therapy; individual treatment planning; diagnostic
16 assessments; medication management; and psychological testing.

17 (22) "Regional treatment center inpatient services" means the 24-hour-a-
18 day comprehensive medical, nursing, or psychosocial services provided in a
19 regional treatment center operated by the government.

20 (23) "Residential treatment" means a 24-hour-a-day program under the
21 clinical supervision of a mental health professional, in a community residential
22 setting other than an acute care hospital or regional treatment center inpatient unit,
23 that must be licensed as a residential treatment program for adults with mental
24 illness.

25 (24) "Service provider" means either a county board or an individual or
26 agency including a regional treatment center under contract with the county board
27 that provides adult mental health services funded by sections.

28 (25) "Significant impairment in functioning" means a condition, including
29 significant suicidal ideation or thoughts of harming self or others, which harmfully
30 affects, recurrently or consistently, a person's activities of daily living in
31 employment, housing, family and social relationships, or education.

32
33 **SEC. 4. *Planning for a Mental Health System.* –**

34 (1) **Planning effort** - Starting on the effective date of this Act, the Secretary
35 of the Department of Health and the local mental health authorities shall plan for the

1 development of a unified, accountable, and comprehensive statewide mental health
2 system. The system must be planned and developed by stages until it is operating at full
3 capacity.

4 (2) **Technical assistance** - The DOH Secretary shall provide ongoing
5 technical assistance to local mental health authorities to improve system capacity and
6 quality. They shall also exchange information as needed about the numbers of adults with
7 mental illness residing in the county and extent of existing treatment components locally
8 available to serve the needs of those persons. Local mental health authorities shall
9 cooperate with the DOH Secretary in obtaining necessary planning information upon
10 request.

11 (3) **Report on increase in community-based residential programs** – The
12 DOH Secretary and other concerned agencies shall study and submit to the legislature by
13 six (6) months after the passage of this Act, a report and recommendations regarding (1)
14 plans and fiscal projections for increasing the number of community-based beds, small
15 community-based residential programs, and support services for persons with mental
16 illness, including persons for whom nursing home services are inappropriate, to serve all
17 persons in need of those programs; and (2) the projected fiscal impact of maximizing the
18 availability of medical assistance coverage for persons with mental illness.

19 (4) **Review of funding** - The commissioner shall complete a review of
20 funding for mental health services and make recommendations for any changes needed.
21 The commissioner shall submit a report on the review and recommendations to the
22 legislature five (5) months after the passage of this Act.

23
24 **SEC. 5. *Coordination of Mental Health System.*** –

25 (1) **Coordination** - The commissioner shall supervise the development and
26 coordination of locally available adult mental health services by the county boards in a
27 manner consistent with sections of this Act. The commissioner shall coordinate locally
28 available services with those services available from the regional treatment center serving
29 the area including state-operated services offered at sites outside of the regional treatment
30 centers. The commissioner shall provide technical assistance to county boards in
31 developing and maintaining locally available mental health services. The commissioner
32 shall monitor the county board's progress in developing its full system capacity and
33 quality through ongoing review of the county board's adult mental health component of
34 the community social services plan and other information as required by under this Act.

1 **(2) Priorities** – Six months after the enactment of this Act, the commissioner
2 shall require that each of the treatment services and management activities described in
3 sections 10 to 20 are developed for adults with mental illness within available resources
4 based on the following ranked priorities:

- 5 (a) the provision of locally available emergency services;
- 6 (b) the provision of locally available services to all adults with serious
7 and persistent mental illness and all adults with acute mental illness;
- 8 (c) the provision of specialized services regionally available to meet the
9 special needs of all adults with serious and persistent mental illness
10 and all adults with acute mental illness;
- 11 (d) the provision of locally available services to adults with other mental
12 illness; and
- 13 (e) the provision of education and preventive mental health services
14 targeted at high-risk populations.

15 **(3) Public-private partnerships** - The DOH may establish a mechanism by
16 which local mental health authorities, hospitals, health plans, consumers, providers, and
17 others may enter into agreements that allow for capacity building and oversight of any
18 agreed-upon entity that is developed through these partnerships. The purpose of these
19 partnerships is the development and provision of mental health services which would be
20 more effective, efficient, and accessible than services that might be provided separately
21 by each partner.

22
23 **SEC. 6. Duties of Local Mental Health Authorities. –**

24 **(1) Use of mental health funds** - The local mental health authorities shall
25 use its share of mental health funds allocated by the DOH according to the mental health
26 plan approved by the Secretary. The local mental health authorities must:

- 27 (a) develop and coordinate a system of affordable and locally available
28 adult mental health services in accordance with the provisions of this
29 Act;
- 30 (b) with the involvement of the local adult mental health advisory
31 council or the adult mental health subcommittee of an existing
32 advisory council, develop a biennial adult mental health plan which
33 considers the assessment of unmet needs in the locality as reported
34 by the local adult mental health advisory council under section 7
35 clause 5, clause (3). The local mental health authorities shall provide,

- 1 upon request of the local adult mental health advisory council,
2 readily available data to assist in the determination of unmet needs;
- 3 (c) provide for case management services to adults with serious and
4 persistent mental illness in accordance with sections section 3 clause
5 3 and 4;
- 6 (d) provide for screening of adults specified in section 15 upon
7 admission to a residential treatment facility or acute care hospital
8 inpatient, or informal admission to a regional treatment center;
- 9 (e) prudently administer grants and purchase-of-service contracts that the
10 local mental health authority board determines are necessary to fulfill
11 its responsibilities under this Act; and
- 12 (f) assure that mental health professionals, mental health practitioners,
13 and case managers employed by or under contract with the county to
14 provide mental health services have experience and training in
15 working with adults with mental illness.

16 **(2) Responsibility not duplicated** - For individuals who have health care
17 coverage, the county board is not responsible for providing mental health services which
18 are within the limits of the individual's health care coverage.

19
20 **SEC. 7. Local Service Delivery System. –**

21 **(1) Development of services** - The local mental health authority board in
22 each locality is responsible for using all available resources to develop and coordinate a
23 system of locally available and affordable adult mental health services. The local mental
24 health authority board may provide some or all of the mental health services and
25 activities specified in paragraph 2 directly through a local mental health authority or
26 under contracts with other individuals or agencies. A local mental health authority or
27 local mental health authorities may enter into an agreement with a regional treatment
28 center or with any state facility or program, to enable the local mental health authority or
29 local mental health authorities to provide the treatment services in paragraph 2. Services
30 provided through an agreement between a local mental health authority and a regional
31 treatment center must meet the same requirements as services from other service
32 providers.

33 **(2) Adult mental health services** - The adult mental health service system
34 developed by each county board must include the following services:

- 35 (a) education and prevention services in accordance with section 9;

- 1 (b) emergency services in accordance with section 10;
- 2 (c) outpatient services in accordance with section 11;
- 3 (d) case management in accordance with in accordance with the
- 4 definition of case management service;
- 5 (e) residential treatment services in accordance with section 12;
- 6 (f) acute care hospital inpatient treatment services in accordance with
- 7 section 13;
- 8 (g) regional treatment center inpatient services in accordance with
- 9 section 14; and
- 10 (h) screening in accordance with section 16.

11 (3) **Local contracts** - Effective January 1, 2010, the local mental health
12 authority board shall review all proposed local mental health authority agreements,
13 grants, or other contracts related to mental health services for funding from any local, or
14 state sources. Contracts with service providers must:

- 15 (a) name the commissioner as a third party beneficiary;
- 16 (b) identify monitoring and evaluation procedures which are necessary to
- 17 ensure effective delivery of quality services;
- 18 (c) include a provision that makes payments conditional on compliance
- 19 by the contractor and all subcontractors with this Act and all other
- 20 applicable laws, rules, and standards; and
- 21 (d) require financial controls and auditing procedures.

22 (4) **Joint local mental health authority mental health agreements** - In
23 order to provide efficiently the services required by this Act, local mental health
24 authorities are encouraged to join with one or more local mental health authority boards
25 to establish or enter multi-local mental health agreements. Participating local mental
26 health authority boards shall establish acceptable ways of apportioning the cost of the
27 services.

28 (5) **Local advisory council** - The local mental health authority board,
29 individually or in conjunction with other local mental health authority boards, shall
30 establish a local adult mental health advisory council or mental health subcommittee of
31 an existing advisory council. The council's members must reflect a broad range of
32 community interests. They must include at least one consumer, one family member of an
33 adult with mental illness, one mental health professional, and one community support
34 services program representative. The local adult mental health advisory council or mental
35 health subcommittee of an existing advisory council shall meet at least quarterly to

1 review, evaluate, and make recommendations regarding the local mental health system.
2 Annually, the local adult mental health advisory council or mental health subcommittee
3 of an existing advisory council shall:

- 4 (a) arrange for input from the regional treatment center's mental illness
5 program unit regarding coordination of care between the regional
6 treatment center and community-based services;
- 7 (b) identify for the county board the individuals, providers, agencies, and
8 associations as specified in section 3 paragraph 9;
- 9 (c) provide to the county board a report of unmet mental health needs of
10 adults residing in the county to be included in the county's mental
11 health plan, and participate in developing the mental health plan; and
- 12 (d) coordinate its review, evaluation, and recommendations regarding the
13 local mental health system with the state advisory council on mental
14 health.

15 The county board shall consider the advice of its local mental health
16 advisory council or mental health subcommittee of an existing advisory council in
17 carrying out its authorities and responsibilities.

18 (6) **Other local authority** - The local mental health authority board may
19 establish procedures and policies that are not contrary to those of the DOH or this Act
20 regarding local adult mental health services and facilities. The county board shall perform
21 other acts necessary to carry out the provisions of this Act.

22 (7) **IMD downsizing flexibility** - If a local mental health authority presents
23 a budget-neutral plan for a net reduction in the number of institution for mental disease
24 (IMD) beds funded under group residential housing, the commissioner may transfer the
25 net savings from group residential housing and general assistance medical care to medical
26 assistance and mental health grants to provide appropriate services in non-IMD settings.
27 For the purposes of this subdivision, "a budget neutral plan" means a plan that does not
28 increase the state share of costs.

29

30 **SEC. 8. Quality of Services.** -

- 31 (1) **Criteria** - Mental health services required by this chapter must be:
 - 32 (a) based, when feasible, on research findings;
 - 33 (b) based on individual clinical needs, cultural and ethnic needs, and
34 other special needs of individuals being served;

- 1 (c) provided in the most appropriate, least restrictive setting available to
2 the local mental health authority;
- 3 (d) accessible to all age groups;
- 4 (e) delivered in a manner that provides accountability;
- 5 (f) provided by qualified individuals as required in this chapter;
- 6 (g) coordinated with mental health services offered by other providers;
7 and
- 8 (h) provided under conditions which protect the rights and dignity of the
9 individuals being served.

10 (2) **Diagnostic assessment** - All providers of residential, acute care hospital
11 inpatient, and regional treatment centers must complete a diagnostic assessment for each
12 of their clients within five days of admission. Providers of outpatient and day treatment
13 services must complete a diagnostic assessment within five days after the adult's second
14 visit or within 30 days after intake, whichever occurs first. In cases where a diagnostic
15 assessment is available and has been completed within 180 days preceding admission,
16 only updating is necessary. "Updating" means a written summary by a mental health
17 professional of the adult's current mental health status and service needs. If the adult's
18 mental health status has changed markedly since the adult's most recent diagnostic
19 assessment, a new diagnostic assessment is required.

20 (3) **Individual treatment plans** - All providers of outpatient services, day
21 treatment services, residential treatment, acute care hospital inpatient treatment, and all
22 regional treatment centers must develop an individual treatment plan for each of their
23 adult clients. The individual treatment plan must be based on a diagnostic assessment. To
24 the extent possible, the adult client shall be involved in all phases of developing and
25 implementing the individual treatment plan. Providers of residential treatment and acute
26 care hospital inpatient treatment, and all regional treatment centers must develop the
27 individual treatment plan within ten days of client intake and must review the individual
28 treatment plan every 90 days after intake. Providers of day treatment services must
29 develop the individual treatment plan before the completion of five working days in
30 which service is provided or within 30 days after the diagnostic assessment is completed
31 or obtained, whichever occurs first. Providers of outpatient services must develop the
32 individual treatment plan within 30 days after the diagnostic assessment is completed or
33 obtained or by the end of the second session of an outpatient service, not including the
34 session in which the diagnostic assessment was provided, whichever occurs first.

1 Outpatient and day treatment services providers must review the individual treatment
2 plan every 90 days after intake.

3 **(4) Referral for case management** - Each provider of emergency services,
4 day treatment services, outpatient treatment, community support services, residential
5 treatment, acute care hospital inpatient treatment, or regional treatment center inpatient
6 treatment must inform each of its clients with serious and persistent mental illness of the
7 availability and potential benefits to the client of case management. If the client consents,
8 the provider must refer the client by notifying the county employee designated by the
9 county board to coordinate case management activities of the client's name and address
10 and by informing the client of whom to contact to request case management. The
11 provider must document compliance with this subdivision in the client's record.

12 **(5) Information for billing** - Each provider of outpatient treatment,
13 community support services, day treatment services, emergency services, residential
14 treatment, or acute care hospital inpatient treatment must include the name and home
15 address of each client for whom services are included on a bill submitted to a county, if
16 the client has consented to the release of that information and if the county requests the
17 information. Each provider shall attempt to obtain each client's consent and must explain
18 to the client that the information can only be released with the client's consent and may
19 be used only for purposes of payment and maintaining provider accountability. The
20 provider shall document the attempt in the client's record.

21 **(6) Restricted access to data** - The local mental health board shall establish
22 procedures to ensure that the names and addresses of persons receiving mental health
23 services are disclosed only to:

24 (a) local mental health employees who are specifically responsible for
25 determining the local financial responsibility or making payments to
26 providers; and

27 (b) staff who provide treatment services or case management and their
28 clinical supervisors.

29 Release of mental health data on individuals other than those specified in
30 this subdivision, or use of this data for purposes other than those stated above may
31 result in civil or criminal liability under this Act.

32
33 **SEC. 9. Education and Prevention Services.** - By January 1, 2010, local mental
34 health boards must provide or contract for education and prevention services to adults
35 residing in the locality. Education and prevention services must be designed to:

- 1 (1) convey information regarding mental illness and treatment resources
2 to the general public and special high-risk target groups;
3 (2) increase understanding and acceptance of problems associated with
4 mental illness;
5 (3) improve people's skills in dealing with high-risk situations known to
6 have an impact on adults' mental health functioning;
7 (4) prevent development or deepening of mental illness; and
8 (5) refer adults with additional mental health needs to appropriate mental
9 health services.

10
11 **SEC. 10. *Emergency Services.* –**

12 (1) **Availability of emergency services** - By January 1, 2010, local mental
13 health boards must provide or contract for enough emergency services within the locality
14 to meet the needs of adults in their locality who are experiencing an emotional crisis or
15 mental illness. Clients may be required to pay a fee according to section 17 of this Act.
16 Emergency services must include assessment, crisis intervention, and appropriate case
17 disposition. Emergency services must:

- 18 (a) promote the safety and emotional stability of adults with mental
19 illness or emotional crises;
20 (b) minimize further deterioration of adults with mental illness or
21 emotional crises;
22 (c) help adults with mental illness or emotional crises to obtain ongoing
23 care and treatment; and
24 (d) prevent placement in settings that are more intensive, costly, or
25 restrictive than necessary and appropriate to meet client needs.

26 (2) **Specific requirements** -

- 27 (a) The local health board shall require that all service providers of
28 emergency services to adults with mental illness provide immediate
29 direct access to a mental health professional during regular business
30 hours. For evenings, weekends, and holidays, the service may be by
31 direct toll free telephone access to a mental health professional, a
32 mental health practitioner, or a designated person with training in
33 human services who receives clinical supervision from a mental
34 health professional.

1 (b) The DOH Secretary may waive the requirement in paragraph (a) that
2 the evening, weekend, and holiday service be provided by a mental
3 health professional or mental health practitioner if the local mental
4 health authority documents that:

5 (i) mental health professionals or mental health practitioners are
6 unavailable to provide this service;

7 (ii) services are provided by a designated person with training in
8 human services who receives clinical supervision from a mental
9 health professional; and

10 (iii) the service provider is not also the provider of fire and public
11 safety emergency services.

12 (c) The DOH Secretary may waive the requirement in paragraph (b),
13 clause (iii), that the evening, weekend, and holiday service not be
14 provided by the provider of fire and public safety emergency services
15 if:

16 (i) every person who will be providing the first telephone contact
17 has received at least eight hours of training on emergency
18 mental health services reviewed by the local mental health
19 advisory council on mental health and then approved by the
20 DOH Secretary;

21 (ii) every person who will be providing the first telephone contact
22 will annually receive at least four hours of continued training on
23 emergency mental health services reviewed by the local mental
24 health advisory council on mental health and then approved by
25 the DOH;

26 (iii) the local social service agency has provided public education
27 about available emergency mental health services and can
28 assure potential users of emergency services that their calls will
29 be handled appropriately;

30 (iv) the local social service agency agrees to provide the DOH with
31 accurate data on the number of emergency mental health service
32 calls received;

33 (v) the local social service agency agrees to monitor the frequency
34 and quality of emergency services; and

1 (vi) the local social service agency describes how it will comply
2 with paragraph (iv).

3 (d) Whenever emergency service during non-business hours is provided
4 by anyone other than a mental health professional, a mental health
5 professional must be available on call for an emergency assessment
6 and crisis intervention services, and must be available for at least
7 telephone consultation within 30 minutes.

8
9 **SEC. 11. *Outpatient Services.* –**

10 (1) **Availability of outpatient services.**

11 (a) Local mental health boards must provide or contract for enough
12 outpatient services within the locality to meet the needs of adults
13 with mental illness residing in that locality. Services may be provided
14 directly by the local mental health authority through locally-operated
15 mental health centers or mental health clinics approved by the DOH
16 Secretary under section 10; by contract with privately operated
17 mental health centers or mental health clinics approved by the DOH
18 Secretary under section 10; by contract with hospital mental health
19 outpatient programs; or by contract with a licensed mental health
20 professional as defined in section 3. Clients may be required to pay a
21 fee according to section 17. Outpatient services include:

22 (i) conducting diagnostic assessments;

23 (ii) conducting psychological testing;

24 (iii) developing or modifying individual treatment plans;

25 (iv) making referrals and recommending placements as appropriate;

26 (v) treating an adult's mental health needs through therapy;

27 (vi) prescribing and managing medication and evaluating the
28 effectiveness of prescribed medication; and

29 (vii) preventing placement in settings that are more intensive,
30 costly, or restrictive than necessary and appropriate to meet
31 client needs.

32 (b) Local mental health boards may request a waiver allowing outpatient
33 services to be provided in a nearby trade area if it is determined that
34 the client can best be served outside the locality.

1 (2) **Specific requirements** - The local mental health board shall require that
2 all service providers of outpatient services:

3 (a) meet the professional qualifications contained of this Act;

4 (b) use a multidisciplinary mental health professional staff including at a
5 minimum, arrangements for psychiatric consultation, licensed
6 psychologist consultation, and other necessary multidisciplinary
7 mental health professionals;

8 (c) develop individual treatment plans;

9 (d) provide initial appointments within three weeks, except in
10 emergencies where there must be immediate access as described in
11 section 10; and

12 (e) establish fee schedules approved by the local mental health board that
13 are based on a client's ability to pay.
14

15 **SEC. 12. Residential Treatment Services. —**

16 (1) **Availability of residential treatment services** - By January 1, 2010,
17 local mental health boards must provide or contract for enough residential treatment
18 services to meet the needs of all adults with mental illness residing in the locality and
19 needing this level of care. Residential treatment services include both intensive and
20 structured residential treatment with length of stay based on client residential treatment
21 need. Services must be as close to the locality as possible. Residential treatment must be
22 designed to:

23 (a) prevent placement in settings that are more intensive, costly, or
24 restrictive than necessary and appropriate to meet client needs;

25 (b) help clients achieve the highest level of independent living;

26 (c) help clients gain the necessary skills to function in a less structured
27 setting; and

28 (d) stabilize crisis admissions.

29 (2) **Specific requirements** - Providers of residential services must be
30 licensed under applicable rules adopted by the DOH Secretary and other concerned
31 agencies, and must be clinically supervised by a mental health professional.

32 (3) **Transition to community** - Residential treatment programs must plan
33 for and assist clients in making a transition from residential treatment facilities to other
34 community-based services. In coordination with the client's case manager, if any,
35 residential treatment facilities must also arrange for appropriate follow-up care in the

1 community during the transition period. Before a client is discharged, the residential
2 treatment facility must notify the client's case manager, so that the case manager can
3 monitor and coordinate the transition and arrangements for the client's appropriate
4 follow-up care in the community.

5 (4) **Admission, continued stay, and discharge criteria** - No later than
6 January 1, 2011, the local mental health board shall ensure that placement decisions for
7 residential services are based on the clinical needs of the adult. The local mental health
8 board shall ensure that each entity under contract with the locality to provide residential
9 treatment services has admission, continued stay, discharge criteria and discharge
10 planning criteria as part of the contract. Contracts shall specify specific responsibilities
11 between the county and service providers to ensure comprehensive planning and
12 continuity of care between needed services according to data privacy requirements. All
13 contracts for the provision of residential services must include provisions guaranteeing
14 clients the right to appeal under section 16 and to be advised of their appeal rights.

15

16 **SEC. 13. *Acute Care Hospital Inpatient Services.*** –

17 (1) **Availability of acute care inpatient services** - By January 1, 2010,
18 local mental health boards must make available through contract or direct provision
19 enough acute care hospital inpatient treatment services as close to the locality as possible
20 for adults with mental illness residing in that locality. Acute care hospital inpatient
21 treatment services must be designed to:

- 22 (a) stabilize the medical and mental health condition for which
23 admission is required;
24 (b) improve functioning to the point where discharge to residential
25 treatment or community-based mental health services is possible; and
26 (c) facilitate appropriate referrals for follow-up mental health care in the
27 community.

28 (2) **Specific requirements** - Providers of acute care hospital inpatient
29 services must meet applicable standards established by the commissioners of health and
30 human services.

31 (3) **Admission, continued stay, and discharge criteria** - No later than
32 January 1, 2011, the county board shall ensure that placement decisions for acute care
33 inpatient services are based on the clinical needs of the adult. The county board shall
34 ensure that each entity under contract with the county to provide acute care hospital
35 treatment services has admission, continued stay, discharge criteria and discharge

1 planning criteria as part of the contract. Contracts shall specify specific responsibilities
2 between the county and service providers to ensure comprehensive planning and
3 continuity of care between needed services according to data privacy requirements. All
4 contracts for the provision of acute care hospital inpatient treatment services must include
5 provisions guaranteeing clients the right to appeal under section 16 and to be advised of
6 their appeal rights.

7 (4) **Individual placement agreement** - The local mental health board shall
8 enter into an individual placement agreement with a provider of acute care hospital
9 inpatient treatment services to an adult eligible for services under this section. The
10 agreement must specify the payment rate and the terms and conditions of local mental
11 health authority payment for the placement.

12
13 **SEC. 14. – Regional Treatment Center Inpatient Services. –**

14 (1) **Availability of regional treatment center inpatient services** - By
15 January 1, 2011, the commissioner shall make sufficient regional treatment center
16 inpatient services available to adults with mental illness throughout the country who need
17 this level of care. Inpatient services may be provided either on the regional treatment
18 center campus or at any local facility. Services must be as close to the patient's locality of
19 residence as possible. Regional treatment centers are responsible to:

- 20 (a) provide acute care inpatient hospitalization;
21 (b) stabilize the medical and mental health condition of the adult
22 requiring the admission;
23 (c) improve functioning to the point where discharge to community-
24 based mental health services is possible;
25 (d) strengthen family and community support; and
26 (e) facilitate appropriate discharge and referrals for follow-up mental
27 health care in the community.

28 (2) **Quality of service** - The DOH Secretary with the help of other concerned
29 agencies shall biennially determine the needs of all adults with mental illness who are
30 served by regional treatment centers or at any local facility or program by administering a
31 client-based evaluation system. The client-based evaluation system must include at least
32 the following independent measurements: behavioral development assessment;
33 habilitation program assessment; medical needs assessment; maladaptive behavioral
34 assessment; and vocational behavior assessment. The DOH Secretary shall propose staff
35 ratios to the legislature for the mental health and support units in regional treatment

1 centers as indicated by the results of the client-based evaluation system and the types of
2 locally-operated services needed. The proposed staffing ratios shall include professional,
3 nursing, direct care, medical, clerical, and support staff based on the client-based
4 evaluation system. The DOH Secretary and other concerned agencies shall re-compute
5 staffing ratios and recommendations on a biennial basis.

6 (3) **Transition to community** - Regional treatment centers must plan for
7 and assist clients in making a transition from regional treatment centers and other
8 inpatient facilities or programs to other community-based services. In coordination with
9 the client's case manager, if any, regional treatment centers must also arrange for
10 appropriate follow-up care in the community during the transition period. Before a client
11 is discharged, the regional treatment center must notify the client's case manager, so that
12 the case manager can monitor and coordinate the transition and arrangements for the
13 client's appropriate follow-up care in the community.

14 (4) **Staff safety training** - The DOH Secretary shall require all staff in
15 mental health and support units at regional treatment centers who have contact with
16 persons with mental illness or severe emotional disturbance to be appropriately trained in
17 violence reduction and violence prevention and shall establish criteria for such training.
18 Training programs shall be developed with input from consumer advocacy organizations
19 and shall employ violence prevention techniques as preferable to physical interaction.
20

21 **SEC. 15. Screening for Inpatient and Residential Treatment.** - The DOH
22 Secretary shall review the statutory preadmission screening requirements for
23 psychiatric hospitalization, both in the regional treatment centers and other
24 hospitals, to determine if changes in preadmission screening are needed. The
25 commissioner shall deliver a report of the review to the legislature by January 31,
26 2012.
27

28 **SEC. 16. Appeals.** - Any adult who requests mental health services under
29 this Act must be advised of services available and the right to appeal at the time of
30 the request and each time the individual community support plan or individual
31 treatment plan is reviewed. Any adult whose request for mental health services
32 under this Act is denied, not acted upon with reasonable promptness, or whose
33 services are suspended, reduced, or terminated by action or inaction for which the
34 local mental health board is responsible under this Act may contest that action or

1 **SEC. 17. Fees for Mental Health Services.** - A client or, in the case of a child,
2 the child or the child's parent may be required to pay a fee for mental health
3 services provided under this Act. The fee must be based on the person's ability to
4 pay according to the fee schedule adopted by the local mental health board. In
5 adopting the fee schedule for mental health services, the local mental health board
6 may adopt the fee schedule provided by the DOH Secretary or adopt a fee schedule
7 recommended by the local mental health board and approved by the DOH
8 Secretary. Agencies or individuals under contract with a local mental health board
9 to provide mental health services under this Act must not charge clients whose
10 mental health services are paid wholly or in part from public funds fees which
11 exceed the local mental health board's adopted fee schedule.
12

13 **SEC. 18. Reporting and Evaluation.** -

14 (1) **Reports** - The DOH Secretary shall specify requirements for reports,
15 including quarterly fiscal reports.

16 (2) **Fiscal reports** - The DOH Secretary shall develop a unified format for
17 quarterly fiscal reports that will include information that the DOH Secretary determines
18 necessary to carry out this Act. The local mental health board shall submit a completed
19 fiscal report in the required format no later than 30 days after the end of each quarter.

20 (3) **Program reports** - The DOH Secretary shall develop unified formats for
21 reporting, which will include information that the DOH Secretary determines necessary
22 to carry out the provisions of this Act. The local mental health board shall submit
23 completed program reports in the required format according to the reporting schedule
24 developed by the DOH Secretary.

25 (4) **Provider reports** - The DOH Secretary may develop formats and
26 procedures for direct reporting from providers to the DOH Secretary to include
27 information that the Secretary determines necessary to carry out the provisions of this
28 Act. In particular, the provider reports must include aggregate information by local
29 mental health authorities of residence about mental health services paid for by funding
30 sources other than that of the local mental health authorities.

31 (5) **DOH Secretary's consolidated reporting recommendations** - The
32 Secretary's reports required under this Act shall include recommended measures to
33 provide coordinated, interdepartmental efforts to ensure early identification and
34 intervention for children with, or at risk of developing, emotional disturbance, to improve

1 the efficiency of the mental health funding mechanisms, and to standardize and
2 consolidate fiscal and program reporting. The recommended measures must provide that
3 client needs are met in an effective and accountable manner and that the local
4 government resources are used as efficiently as possible.

5 (6) **Inaccurate or incomplete reports** - The DOH Secretary shall promptly
6 notify a local mental health authority or provider if a required report is clearly inaccurate
7 or incomplete. The Secretary may delay all or part of a mental health fund payment if an
8 appropriately completed report is not received as required by this section.

9 (7) **Statewide evaluation** - The DOH Secretary shall use the local mental
10 health and provider reports required by this section to complete the nationwide report
11 required in this Act.

12
13 **SEC. 19. Termination or Return of an Allocation. -**

14 (1) **Funds not properly used** - If the commissioner determines that a local
15 mental health authority is not meeting the requirements of this Act, or that funds are not
16 being used according to the approved mental health plan, all or part of the mental health
17 funds may be terminated upon 30 days' notice to the local mental health board. The DOH
18 Secretary may require repayment of any funds not used according to the approved mental
19 health plan. The 30-day period begins when the local mental health board receives the
20 DOH Secretary's notice by certified mail.

21 (2) **Use of returned funds** - The DOH Secretary may reallocate the funds
22 returned.

23 (3) **Delayed payments** - If the DOH Secretary finds that a local mental
24 health board or its contractors are not in compliance with the approved mental health plan
25 or sections of this Act, the Secretary may delay payment of all or part of the quarterly
26 mental health funds until the local mental health board and its contractors meet the
27 requirements. The Secretary shall not delay a payment longer than three months without
28 first issuing a notice under paragraph 2 that all or part of the allocation will be terminated
29 or required to be repaid. After this notice is issued, the commissioner may continue to
30 delay the payment until completion of the requirements specified in paragraph 2.

31 (4) **State assumption of responsibility** - If the DOH Secretary determines
32 that services required by sections of this Act will not be provided by the local mental
33 health authority in the manner or to the extent required by the provisions of this Act, the
34 Secretary shall contract directly with providers to ensure that clients receive appropriate
35 services. In this case, the Secretary shall use the local mental health authority's mental

1 Secretary shall contract directly with providers to ensure that clients receive appropriate
2 services. In this case, the Secretary shall use the local mental health authority's mental
3 health funds to the extent necessary to carry out the local mental health authority's
4 responsibilities under this Act. The Secretary shall work with the local mental health
5 board to allow for a return of authority and responsibility to the local mental health board
6 as soon as compliance with this Act can be assured.

7
8 **SEC. 20. *Implementing Rules and Regulations*** - The Department of Health, the
9 Department of Interior and Local Government, and other agencies concerned with mental
10 health, shall jointly formulate the necessary rules and regulations for the effective
11 implementation of this Act.

12
13 **SEC. 21. *Report*** - By July 15, 2011, or six (6) months after the Implementing
14 Rules and Regulations of this Act was adopted, and annually after, DOH Secretary shall
15 report to the legislature on all steps taken and recommendations for full implementation
16 of this Act and on additional resources needed to further implement those sections.

17
18 **SEC. 22. *Housing for Adult Mental Health Patients*** - The government shall
19 ensure that the housing services provided as part of a comprehensive mental health
20 service system:

21 (1) allow all persons with mental illness to live in stable, affordable housing, in
22 settings that maximize community integration and opportunities for acceptance;

23 (2) allow persons with mental illness to actively participate in the selection of
24 their housing from those living environments available to the general public; and,

25 (3) provide necessary support regardless of where persons with mental illness
26 choose to live.

27
28 **SEC. 23. *Appropriation*** - The amount necessary for the implementation of this
29 Act shall be charged against the appropriations of the DOH and shall be included in the
30 General Appropriations Act hereinafter.

31
32 **SEC. 24. *Separability Clause*** - If any provisions or part hereof, is held invalid
33 or unconstitutional, the remainder of the law of the provision not otherwise affected shall
34 remain valid and subsisting.

1 **SEC. 25. *Repealing Clause.*** - All laws, decrees, executive orders, rules and
2 regulations inconsistent with this Act, are hereby repealed, amended or modified
3 accordingly.

4
5 **SEC. 26. *Effectivity Clause.*** - This Act shall take effect fifteen (15) days
6 following its complete publication in the Official Gazette or in two (2) national
7 newspapers of general circulation.

Approved,