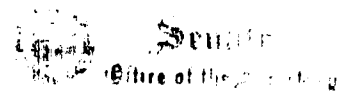


SEVENTEENTH CONGRESS OF THE)
REPUBLIC OF THE PHILIPPINES)
First Regular Session)



16 JUL 19 P2:26

SENATE

S. No. 522

REC'D BY: 

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
PURPOSES

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. Furthermore, 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, the immediate passage of this bill is earnestly sought.


ANTONIO "SONNY" F. TRILLANES IV
Senator

16 JUL 19 P2:26

SENATE

S. No. 522

RECEIVED BY



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
PURPOSES

*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 2016."
3

4 **SEC. 2. *Statement of Policy.*** - It shall be the policy of the State to protect and
5 promote the right to health of the people and instill health consciousness among them. To this
6 end, the State shall create and ensure a unified, accountable, comprehensive adult mental
7 health service system that:
8

- 9 1. Recognizes the right to of adults with mental illness to control their own lives as
10 fully as possible;
- 11
- 12 2. Promotes the independence and safety of adults with mental illness;
- 13
- 14 3. Reduces chronicity of mental illness;
- 15
- 16 4. Eliminates abuse of adults with mental illness;
- 17
- 18 5. Provides services designed to:
19
 - 20 a. Recognize the right of adults with mental illness to control their own lives
21 as fully as possible;
 - 22
 - 23 b. Stabilize adults with mental illness;
 - 24
 - 25 c. Prevent the development and deepening of mental illness;
 - 26
 - 27 d. Support and assist adults in resolving mental health problems that impede
28 their functioning;
 - 29
 - 30 e. Promote higher and more satisfying levels of emotional functioning; and
31

1 f. Promote sound mental health.
2

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

6 **SEC. 3. Definition of Terms.** - As used in this Act, the following terms shall mean:
7

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

11 2. "Case management services" means activities that are coordinated with the
12 community support services program as defined in number and are designed to
13 help adults with serious and persistent mental illness in gaining access to needed
14 medical, social, educational, vocational, and other necessary services as they
15 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
18 services, ensuring coordination of services, and monitoring the delivery of
19 services.
20

21 3. "Case management service provider" means a case manager or case manager
22 associate employed by the local mental health authority or other entity authorized
23 by the local mental health authority to provide case management services.
24

25 a. A case manager must:
26

27 i. Be skilled in the process of identifying and assessing a wide range
28 of client needs;
29

30 ii. Be knowledgeable about local community resources and how to
31 use those resources for the benefit of the client;
32

33 iii. Have a bachelor's degree in one of the behavioral sciences or
34 related fields including, but not limited to, social work,
35 psychology, or nursing from an accredited college or university or
36 meet the requirements of paragraph (3) (b); and
37

38 iv. Meet the supervision and continuing education requirements
39 described in paragraphs (3) (c), (d), and (e), as applicable.
40

41 b. Case managers without a bachelor's degree must meet one of the
42 requirements in clauses (i) to (iii):
43

44 i. Have three (3) or four (4) years of experience as a case manager
45 associate as defined in this section; and
46

47 ii. Be a registered nurse without a bachelor's degree and have a
48 combination of specialized training in psychiatry and work
49 experience consisting of community interaction and involvement

1 or community discharge planning in a mental health setting
2 totaling three years.
3

- 4 c. A case manager with at least 2,000 hours of supervised experience in the
5 delivery of services to adults with mental illness must receive regular
6 ongoing supervision and clinical supervision totaling 38 hours per year of
7 which at least one hour per month must be clinical supervision regarding
8 individual service delivery with a case management supervisor. The
9 remaining 26 hours of supervision may be provided by a case manager
10 with two years of experience. Group supervision may not constitute more
11 than one-half of the required supervision hours. Clinical supervision must
12 be documented in the client record.
13
- 14 d. A case manager without 2,000 hours of supervised experience in the
15 delivery of services to adults with mental illness must:
16
- 17 i. Receive clinical supervision regarding individual service delivery
18 from a mental health professional at least one hour per week until
19 the requirement of 2,000 hours of experience is met; and
20
 - 21 ii. Complete forty (40) hours of training approved by the
22 commissioner in case management skills and the characteristics
23 and needs of adults with serious and persistent mental illness.
24
- 25 e. A case manager who is not licensed, registered, or certified by a health-
26 related licensing board must receive thirty (30) hours of continuing
27 education and training in mental illness and mental health services every
28 two years.
29
- 30 f. A Case Manager Associate (CMA) must:
31
- 32 i. Work under the direction of a case manager or case management
33 supervisor;
34
 - 35 ii. Be at least twenty (21) years of age;
36
 - 37 iii. Have at least a high school diploma or its equivalent; and
38
 - 39 iv. Meet one of the following criteria:
40
- 41 aa. Have an associate of arts degree in one of the behavioral
42 sciences or human services;
43
 - 44 bb. Within the previous ten years, have three (3) years of life
45 experience with serious and persistent mental illness as
46 defined in section (3) (20); or as a child had severe
47 emotional disturbance as defined in section (3) (6); or have
48 three years life experience as a primary caregiver to an
49 adult with serious and persistent mental illness within the
50 previous ten years;

1
2 cc. Have 6,000 hours work experience as a non-degreed state
3 hospital technician; or
4

5 dd. Be a mental health practitioner as defined in section (3)
6 (15-b).
7

8 Individuals meeting one of the criteria in items (aa) to (cc), may qualify as a case
9 manager after four (4) years of supervised work experience as a case manager associate.
10 Individuals meeting the criteria in item (dd), may qualify as a case manager after three years
11 of supervised experience as a case manager associate.
12

13 g. A case management associate must meet the following supervision,
14 mentoring, and continuing education requirements:
15

16 i. Have forty (40) hours of pre-service training;
17

18 ii. Receive at least forty (40) hours of continuing education in mental
19 illness and mental health services annually;
20

21 iii. Receive at least five (5) hours of mentoring per week from a case
22 management mentor; and
23

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

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

32 i. Is currently enrolled in and is actively pursuing credits toward the
33 completion of a bachelor's degree in one of the behavioral
34 sciences or a related field including, but not limited to, social
35 work, psychology, or nursing from an accredited college or
36 university;
37

38 ii. Completes forty (40) hours of training as specified in this
39 subdivision; and
40

41 iii. Receives clinical supervision at least once a week until the
42 requirements of this subdivision are met.
43

44 4. "Case management mentor" means a qualified, practicing case manager or case
45 management supervisor who teaches or advises and provides intensive training
46 and clinical supervision to one or more case manager associates. Mentoring may
47 occur while providing direct services to consumers in the office or in the field
48 and may be provided to individuals or groups of case manager associates. At
49 least two mentoring hours per week must be individual and face-to-face.
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5. "Commissioner" means the commissioner of human services.
 6. "Community support services program" means services, other than inpatient or residential treatment services, provided or coordinated by an identified program and staff under the clinical supervision of a mental health professional designed to help adults with serious and persistent mental illness to function and remain in the community. A community support services program includes:
 - a. client outreach;
 - b. medication monitoring; assistance in independent living skills;
 - c. development of employability and work-related opportunities;
 - d. crisis assistance;
 - e. psychosocial rehabilitation;
 - f. help in applying for government benefits; and
 - g. housing support services.
 7. "Day treatment," "day treatment services," or "day treatment program" means a structured program of treatment and care provided to an adult. Day treatment consists of group psychotherapy and other intensive therapeutic services that are provided at least one day a week by a multidisciplinary staff under the clinical supervision of a mental health professional. Day treatment may include education and consultation provided to families and other individuals as part of the treatment process. The services are aimed at stabilizing the adult's mental health status, providing mental health services, and developing and improving the adult's independent living and socialization skills. The goal of day treatment is to reduce or relieve mental illness and to enable the adult to live in the community. Day treatment services are not a part of inpatient or residential treatment services. Day treatment services are distinguished from day care by their structured therapeutic program of psychotherapy services.
 8. "Diagnostic assessment" means a written summary of the history, diagnosis, strengths, vulnerabilities, and general service needs of an adult with a mental illness using diagnostic, interview, and other relevant mental health techniques provided by a mental health professional used in developing an individual treatment plan or individual community support plan.
 9. "Education and prevention services" means services designed to educate the general public or special high-risk target populations about mental illness, to increase the understanding and acceptance of problems associated with mental illness, to increase people's awareness of the availability of resources and services, and to improve people's skills in dealing with high-risk situations known to affect people's mental health and functioning. The services include the distribution of information to individuals and agencies identified by the county board and the local mental health advisory council, on predictors and symptoms

1 of mental disorders, where mental health services are available in the county, and
2 how to access the services.
3

4 10. "Emergency services" means an immediate response service available on a 24
5 hour, seven-day-a-week basis for persons having a psychiatric crisis, a mental
6 health crisis, or an emergency.
7

8 11. "Functional assessment" means an assessment by the case manager of the adult's:
9

- 10 a. Mental health symptoms as presented in the adult's diagnostic assessment;
- 11 b. Mental health needs as presented in the adult's diagnostic assessment;
- 12 c. Use of drugs and alcohol;
- 13 d. Vocational and educational functioning;
- 14 e. Social functioning, including the use of leisure time;
- 15 f. Interpersonal functioning, including relationships with the adult's family;
- 16 g. Self-care and independent living capacity;
- 17 h. Medical and dental health;
- 18 i. Financial assistance needs;
- 19 j. Housing and transportation needs; and
- 20 k. Other needs and problems.

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32 12. "Individual community support plan" means a written plan developed by a case
33 manager on the basis of a diagnostic assessment and functional assessment. The
34 plan identifies specific services needed by an adult with serious and persistent
35 mental illness to develop independence or improved functioning in daily living,
36 health and medication management, social functioning, interpersonal
37 relationships, financial management, housing, transportation, and employment.
38

39 13. "Individual placement agreement" means a written agreement or supplement to a
40 service contract entered into between the county board and a service provider on
41 behalf of an individual adult to provide residential treatment services.
42

43 14. "Individual treatment plan" means a written plan of intervention, treatment, and
44 services for an adult with mental illness that is developed by a service provider
45 under the clinical supervision of a mental health professional on the basis of a
46 diagnostic assessment. The plan identifies goals and objectives of treatment,
47 treatment strategy, a schedule for accomplishing treatment goals and objectives,
48 and the individual responsible for providing treatment to the adult with mental
49 illness.
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2 15. "Mental health crisis services" means crisis assessment, crisis intervention, and
3 crisis stabilization services.
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5 16. "Mental health practitioner" means a person providing services to persons with
6 mental illness who is qualified in at least one of the following ways:
7

8 a. Holds a bachelor's degree in one of the behavioral sciences or related
9 fields from an accredited college or university and:
10

11 i. Has at least 2,000 hours of supervised experience in the delivery
12 of services to persons with mental illness; or
13

14 ii. Is fluent in the non-English language of the ethnic group to which
15 at least 50 percent of the practitioner's clients belong, completes
16 40 hours of training in the delivery of services to persons with
17 mental illness, and receives clinical supervision from a mental
18 health professional at least once a week until the requirement of
19 2,000 hours of supervised experience is met;
20

21 b. Has at least 6,000 hours of supervised experience in the delivery of
22 services to persons with mental illness;
23

24 c. Is a graduate student in one of the behavioral sciences or related fields
25 and is formally assigned by an accredited college or university to an
26 agency or facility for clinical training; or
27

28 d. Holds a master's or other graduate degree in one of the behavioral
29 sciences or related fields from an accredited college or university and has
30 less than 4,000 hours post-master's experience in the treatment of mental
31 illness.
32

33 17. "Mental health professional" means a person providing clinical services in the
34 treatment of mental illness who is qualified in at least one of the following ways:
35

36 a. In psychiatric nursing: a registered nurse; and:
37

38 i. Who is certified as a clinical specialist or as a nurse practitioner in
39 adult or family psychiatric and mental health nursing by a national
40 nurse certification organization; or
41

42 ii. Who has a master's degree in nursing or one of the behavioral
43 sciences or related fields from an accredited college or university
44 or its equivalent, with at least 4,000 hours of post-master's
45 supervised experience in the delivery of clinical services in the
46 treatment of mental illness.
47

48 b. In clinical social work: a person licensed as an independent clinical social
49 worker, or a person with a master's degree in social work from an
50 accredited college or university, with at least 4,000 hours of post-master's

1 supervised experience in the delivery of clinical services in the treatment
2 of mental illness;

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4 c. In psychology: a licensed individual who is competent in the diagnosis
5 and treatment of mental illness;
6
7 d. In psychiatry: a duly licensed physician or eligible for board certification
8 in psychiatry;
9
10 e. In marriage and family therapy: the mental health professional must be an
11 eligible marriage and family therapist with at least two years of post-
12 master's supervised experience in the delivery of clinical services in the
13 treatment of mental illness; or
14
15 f. In allied fields: a person with a master's degree from an accredited college
16 or university in one of the behavioral sciences or related fields, with at
17 least 4,000 hours of post-master's supervised experience in the delivery of
18 clinical services in the treatment of mental illness.
19

20 18. "Mental health services" means all of the treatment services and case
21 management activities that are provided to adults with mental illness and are
22 described in this Act.
23

24 19. "Mental illness" means an organic disorder of the brain or a clinically significant
25 disorder of thought, mood, perception, orientation, memory, or behavior that
26 seriously limits a person's capacity to function in primary aspects of daily living
27 such as personal relations, living arrangements, work, and recreation.
28

29 20. "Adult with acute mental illness" means an adult who has a mental illness that is
30 serious enough to require prompt intervention.
31

32 21. For purposes of case management and community support services, a "person
33 with serious and persistent mental illness" means an adult who has a mental
34 illness and meets at least one of the following criteria:
35

- 36 a. the adult has undergone two or more episodes of inpatient care for a
37 mental illness within the preceding 24 months;
38
39 b. the adult has experienced a continuous psychiatric hospitalization or
40 residential treatment exceeding six months' duration within the preceding
41 12 months;
42
43 c. the adult has been treated by a crisis team two or more times within the
44 preceding 24 months;
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46 d. the adult:
47 i. has a diagnosis of schizophrenia, bipolar disorder, major
48 depression, or borderline personality disorder;
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50 ii. indicates a significant impairment in functioning; and

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- iii. has a written opinion from a mental health professional, in the last three years, stating that the adult is reasonably likely to have future episodes requiring inpatient or residential treatment, of a frequency described in clause (a) or (b), unless ongoing case management or community support services are provided.
 - e. the adult has, in the last three years, been committed by a court as a person who is mentally ill or the adult's commitment has been stayed or continued; or
 - f. the adult [1] was eligible under clauses (a) to (e), but the specified time period has expired or the adult was eligible as a child; and [2] has a written opinion from a mental health professional, in the last three (3) years, stating that the adult is reasonably likely to have future episodes requiring inpatient or residential treatment, of a frequency described in clause (a) or (b), unless ongoing case management or community support services are provided.

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

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23. "Regional treatment center inpatient services" means the 24-hour-a-day comprehensive medical, nursing, or psychosocial services provided in a regional treatment center operated by the government.

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

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

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

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

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1. **Planning effort** - Starting on the effective date of this Act, the Secretary of the Department of Health (DOH) and the local mental health authorities shall plan for the development of a unified, accountable, and comprehensive statewide mental

1 health system. The system must be planned and developed by stages until it is
2 operating at full capacity.

- 3
4 2. **Technical assistance** - The DOH Secretary shall provide ongoing technical
5 assistance to local mental health authorities to improve system capacity and
6 quality. They shall also exchange information as needed about the numbers of
7 adults with mental illness residing in the county and extent of existing treatment
8 components locally available to serve the needs of those persons. Local mental
9 health authorities shall cooperate with the DOH Secretary in obtaining necessary
10 planning information upon request.
11
12 3. **Report on increase in community-based residential programs** - The DOH
13 Secretary and other concerned agencies shall study and submit to the legislature
14 by six (6) months after the passage of this Act, a report and recommendations
15 regarding (1) plans and fiscal projections for increasing the number of
16 community-based beds, small community-based residential programs, and support
17 services for persons with mental illness, including persons for whom nursing
18 home services are inappropriate, to serve all persons in need of those programs;
19 and (2) the projected fiscal impact of maximizing the availability of medical
20 assistance coverage for persons with mental illness.
21
22 4. **Review of funding** - The commissioner shall complete a review of funding for
23 mental health services and make recommendations for any changes needed. The
24 commissioner shall submit a report on the review and recommendations to the
25 legislature five (5) months after the passage of this Act.
26

27 **SEC. 5. Coordination of Mental Health System.** -
28

- 29 1. **Coordination** - The commissioner shall supervise the development and
30 coordination of locally available adult mental health services by the county boards
31 in a manner consistent with sections of this Act. The commissioner shall
32 coordinate locally available services with those services available from the
33 regional treatment center serving the area including state-operated services offered
34 at sites outside of the regional treatment centers. The commissioner shall provide
35 technical assistance to county boards in developing and maintaining locally
36 available mental health services. The commissioner shall monitor the county
37 board's progress in developing its full system capacity and quality through
38 ongoing review of the county board's adult mental health component of the
39 community social services plan and other information as required by under this
40 Act.
41
42 2. **Priorities** - Six months after the enactment of this Act, the commissioner shall
43 require that each of the treatment services and management activities described in
44 Sections 10 to 20 are developed for adults with mental illness within available
45 resources based on the following ranked priorities:
46
47 a. The provision of locally available emergency services;
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49 b. The provision of locally available services to all adults with serious and
50 persistent mental illness and all adults with acute mental illness;

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- c. The provision of specialized services regionally available to meet the special needs of all adults with serious and persistent mental illness and all adults with acute mental illness;
- d. The provision of locally available services to adults with other mental illness; and
- e. The provision of education and preventive mental health services targeted at high-risk populations.

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

SEC. 6. Duties of Local Mental Health Authorities. –

- 1. **Use of mental health funds** - The local mental health authorities shall use its share of mental health funds allocated by the DOH according to the mental health plan approved by the Secretary. The local mental health authorities must:
 - a. Develop and coordinate a system of affordable and locally available adult mental health services in accordance with the provisions of this Act;
 - b. With the involvement of the local adult mental health advisory council or the adult mental health subcommittee of an existing advisory council, develop a biennial adult mental health plan which considers the assessment of unmet needs in the locality as reported by the local adult mental health advisory council under Section 7 clause 5, clause 3. The local mental health authorities shall provide, upon request of the local adult mental health advisory council, readily available data to assist in the determination of unmet needs;
 - c. Provide for case management services to adults with serious and persistent mental illness in accordance with sections section 3 clause 3 and 4;
 - d. Provide for screening of adults specified in section 15 upon admission to a residential treatment facility or acute care hospital inpatient, or informal admission to a regional treatment center;
 - e. Prudently administer grants and purchase-of-service contracts that the local mental health authority board determines are necessary to fulfill its responsibilities under this Act; and
 - f. Assure that mental health professionals, mental health practitioners, and case managers employed by or under contract with the county to provide

1 mental health services have experience and training in working with adults
2 with mental illness.

- 3
4 **2. Responsibility not duplicated** - For individuals who have health care coverage,
5 the county board is not responsible for providing mental health services which are
6 within the limits of the individual's health care coverage.
7

8 **SEC. 7. Local Service Delivery System.** –
9

- 10 **1. Development of services** - The local mental health authority board in each
11 locality is responsible for using all available resources to develop and coordinate a
12 system of locally available and affordable adult mental health services. The local
13 mental health authority board may provide some or all of the mental health
14 services and activities specified in paragraph 2 directly through a local mental
15 health authority or under contracts with other individuals or agencies. A local
16 mental health authority or local mental health authorities may enter into an
17 agreement with a regional treatment center or with any state facility or program, to
18 enable the local mental health authority or local mental health authorities to
19 provide the treatment services in paragraph 2. Services provided through an
20 agreement between a local mental health authority and a regional treatment center
21 must meet the same requirements as services from other service providers.
22
- 23 **2. Adult mental health services** - The adult mental health service system developed
24 by each county board must include the following services:
25
- 26 a. Education and prevention services in accordance with Section 9;
 - 27 b. Emergency services in accordance with Section 10;
 - 28 c. Outpatient services in accordance with Section 11;
 - 29 d. Case management in accordance with in accordance with the definition of
30 case management service;
 - 31 e. Residential treatment services in accordance with Section 12;
 - 32 f. Acute care hospital inpatient treatment services in accordance with Section
33 13;
 - 34 g. Regional treatment center, inpatient services in accordance with Section
35 14; and
 - 36 h. Screening in accordance with section 16.
- 37
- 38 **3. Local contracts** - Effective January 1, 2010, the local mental health authority
39 board shall review all proposed local mental health authority agreements, grants,
40 or other contracts related to mental health services for funding from any local, or
41 state sources. Contracts with service providers must:
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- 43 a. Name the commissioner as a third party beneficiary;
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- b. Identify monitoring and evaluation procedures which are necessary to ensure effective delivery of quality services;
 - c. Include a provision that makes payments conditional on compliance by the contractor and all subcontractors with this Act and all other applicable laws, rules, and standards; and
 - d. Require financial controls and auditing procedures.

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

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5. **Local advisory council** - The local mental health authority board, individually or in conjunction with other local mental health authority boards, shall establish a local adult mental health advisory council or mental health subcommittee of an existing advisory council. The council's members must reflect a broad range of community interests. They must include at least one consumer, one family member of an adult with mental illness, one mental health professional, and one community support services program representative. The local adult mental health advisory council or mental health subcommittee of an existing advisory council shall meet at least quarterly to review, evaluate, and make recommendations regarding the local mental health system. Annually, the local adult mental health advisory council or mental health subcommittee of an existing advisory council shall:

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- a. Arrange for input from the regional treatment center's mental illness program unit regarding coordination of care between the regional treatment center and community-based services;
 - b. Identify for the county board the individuals, providers, agencies, and associations as specified in Section 3 paragraph 9;
 - c. Provide to the county board a report of unmet mental health needs of adults residing in the county to be included in the county's mental health plan, and participate in developing the mental health plan; and
 - d. Coordinate its review, evaluation, and recommendations regarding the local mental health system with the state advisory council on mental health.

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

- 1 6. **Other local authority** - The local mental health authority board may establish
2 procedures and policies that are not contrary to those of the DOH or this Act
3 regarding local adult mental health services and facilities. The county board shall
4 perform other acts necessary to carry out the provisions of this Act.
5
6 7. **IMD downsizing flexibility** - If a local mental health authority presents a budget-
7 neutral plan for a net reduction in the number of institution for mental disease
8 (IMD) beds funded under group residential housing, the commissioner may
9 transfer the net savings from group residential housing and general assistance
10 medical care to medical assistance and mental health grants to provide appropriate
11 services in non-IMD settings. For the purposes of this subdivision, "a budget
12 neutral plan" means a plan that does not increase the state share of costs.
13

14 **SEC. 8. *Quality of Services.*** -
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- 16 1. **Criteria** - Mental health services required by this chapter must be:
17
18 a. Based, when feasible, on research findings;
19 b. Based on individual clinical needs, cultural and ethnic needs, and other
20 special needs of individuals being served;
21 c. Provided in the most appropriate, least restrictive setting available to the
22 local mental health authority;
23 d. Accessible to all age groups;
24 e. Delivered in a manner that provides accountability;
25 f. Provided by qualified individuals as required in this chapter;
26 g. Coordinated with mental health services offered by other providers; and
27 h. Provided under conditions which protect the rights and dignity of the
28 individuals being served.
29
30 2. **Diagnostic assessment** - All providers of residential, acute care hospital,
31 inpatient, and regional treatment centers must complete a diagnostic assessment
32 for each of their clients within five days of admission. Providers of outpatient and
33 day treatment services must complete a diagnostic assessment within five days
34 after the adult's second visit or within 30 days after intake, whichever occurs first.
35 In cases where a diagnostic assessment is available and has been completed within
36 180 days preceding admission, only updating is necessary. "Updating" means a
37 written summary by a mental health professional of the adult's current mental
38 health status and service needs. If the adult's mental health status has changed
39 markedly since the adult's most recent diagnostic assessment, a new diagnostic
40 assessment is required.
41
42 3. **Individual treatment plans** - All providers of outpatient services, day treatment
43 services, residential treatment, acute care hospital inpatient treatment, and all
44 regional treatment centers must develop an individual treatment plan for each of
45 their adult clients. The individual treatment plan must be based on a diagnostic
46 assessment. To the extent possible, the adult client shall be involved in all phases
47 of developing and implementing the individual treatment plan. Providers of
48 residential treatment and acute care hospital inpatient treatment, and all regional
49 treatment centers must develop the individual treatment plan within ten days of
50 client intake and must review the individual treatment plan every 90 days after

1 intake. Providers of day treatment services must develop the individual treatment
2 plan before the completion of five working days in which service is provided or
3 within 30 days after the diagnostic assessment is completed or obtained,
4 whichever occurs first. Providers of outpatient services must develop the
5 individual treatment plan within 30 days after the diagnostic assessment is
6 completed or obtained or by the end of the second session of an outpatient service,
7 not including the session in which the diagnostic assessment was provided,
8 whichever occurs first. Outpatient and day treatment services providers must
9 review the individual treatment plan every 90 days after intake.

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

21
22 5. **Information for billing** - Each provider of outpatient treatment, community
23 support services, day treatment services, emergency services, residential
24 treatment, or acute care hospital inpatient treatment must include the name and
25 home address of each client for whom services are included on a bill submitted to
26 a county, if the client has consented to the release of that information and if the
27 county requests the information. Each provider shall attempt to obtain each
28 client's consent and must explain to the client that the information can only be
29 released with the client's consent and may be used only for purposes of payment
30 and maintaining provider accountability. The provider shall document the attempt
31 in the client's record.

32
33 6. **Restricted access to data** - The local mental health board shall establish
34 procedures to ensure that the names and addresses of persons receiving mental
35 health services are disclosed only to:

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37 a. Local mental health employees who are specifically responsible for
38 determining the local financial responsibility or making payments to
39 providers; and

40
41 b. Staff who provide treatment services or case management and their clinical
42 supervisors.

43
44 Release of mental health data on individuals other than those specified in this
45 subdivision, or use of this data for purposes other than those stated above may result
46 in civil or criminal liability under this Act.

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

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1. Convey information regarding mental illness and treatment resources to the general public and special high-risk target groups;
 2. Increase understanding and acceptance of problems associated with mental illness;
 3. Improve people's skills in dealing with high-risk situations known to have an impact on adults' mental health functioning;
 4. Prevent development or deepening of mental illness; and
 5. Refer adults with additional mental health needs to appropriate mental health services.

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SEC. 10. *Emergency Services.* –

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1. **Availability of emergency services** - By January 1, 2010, local mental health boards must provide or contract for enough emergency services within the locality to meet the needs of adults in their locality who are experiencing an emotional crisis or mental illness. Clients may be required to pay a fee according to Section 17 of this Act. Emergency services must include assessment, crisis intervention, and appropriate case disposition. Emergency services must:
 - a. Promote the safety and emotional stability of adults with mental illness or emotional crises;
 - b. Minimize further deterioration of adults with mental illness or emotional crises;
 - c. Help adults with mental illness or emotional crises to obtain ongoing care and treatment; and
 - d. Prevent placement in settings that are more intensive, costly, or restrictive than necessary and appropriate to meet client needs.
 2. **Specific requirements** –
 - a. The local health board shall require that all service providers of emergency services to adults with mental illness provide immediate direct access to a mental health professional during regular business hours. For evenings, weekends, and holidays, the service may be by direct toll free telephone access to a mental health professional, a mental health practitioner, or a designated person with training in human services who receives clinical supervision from a mental health professional.
 - b. The DOH Secretary may waive the requirement in paragraph (a) that the evening, weekend, and holiday service be provided by a mental health professional or mental health practitioner if the local mental health authority documents that:

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- 3 i. Mental health professionals or mental health practitioners are
- 4 unavailable to provide this service;
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- 6 ii. Services are provided by a designated person with training in
- 7 human services who receives clinical supervision from a mental
- 8 health professional; and
- 9
- 10 iii. The service provider is not also the provider of fire and public
- 11 safety' emergency services.
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- 13 c. The DOH Secretary may waive the requirement in paragraph (b), clause
- 14 (iii), that the evening, weekend, and holiday service not be provided by the
- 15 provider of fire and public safety emergency services if:
- 16
- 17 i. Every person who will be providing the first telephone contact has
- 18 received at least eight hours of training on emergency mental
- 19 health services reviewed by the local mental health advisory
- 20 council on mental health and then approved by the DOH Secretary;
- 21
- 22 ii. Every person who will be providing the first telephone contact will
- 23 annually receive at least four hours of continued training on
- 24 emergency mental health services reviewed by the local mental
- 25 health advisory council on mental health and then approved by the
- 26 DOH;
- 27
- 28 iii. The local social service agency has provided public education
- 29 about available emergency mental health services and can assure
- 30 potential users of emergency services that their calls will be
- 31 handled appropriately;
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- 33 iv. The local social service agency agrees to provide the DOH with
- 34 accurate data on the number of emergency mental health service
- 35 cans received;
- 36
- 37 v. The local social service agency agrees to monitor the frequency
- 38 and quality of emergency services; and
- 39
- 40 vi. The local social service agency describes how it will comply with
- 41 paragraph (iv).
- 42
- 43 d. Whenever emergency service during non-business hours is provided by
- 44 anyone other than a mental health professional, a mental health
- 45 professional must be available on call for an emergency assessment and
- 46 crisis intervention services, and must be available for at least telephone
- 47 consultation within 30 minutes.

48 **SEC. 11. Outpatient Services. –**

49 **1. Availability of outpatient services.**

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- a. Local mental health boards must provide or contract for enough outpatient services within the locality to meet the needs of adults with mental illness residing in that locality. Services may be provided directly by the local mental health authority through locally-operated mental health centers or mental health clinics approved by the DOH Secretary under section 10; by contract with privately operated mental health centers or mental health clinics approved by the DOH Secretary under section 10; by contract with hospital mental health outpatient programs; or by contract with a licensed mental health professional as defined in section 3. Clients may be required to pay a fee according to section 17. Outpatient services include:
 - i. Conducting diagnostic assessments;
 - ii. Conducting psychological testing;
 - iii. Developing or modifying individual treatment plans;
 - iv. Making referrals and recommending placements as appropriate;
 - v. Treating an adult's mental health needs through therapy
 - vi. Prescribing and managing medication and evaluating the effectiveness of prescribed medication; and
 - vii. Preventing placement in settings that are more intensive, costly, or restrictive than necessary and appropriate to meet client needs.
 - b. Local mental health boards may request a waiver allowing outpatient services to be provided in a nearby trade area if it is determined that the client can best be served outside the locality.

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

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- a. Meet the professional qualifications contained of this Act;
 - b. Use a multidisciplinary mental health professional staff including at a minimum, arrangements for psychiatric consultation, licensed psychologist consultation, and other necessary multidisciplinary mental health professionals;
 - c. Develop individual treatment plans;
 - d. Provide initial appointments within three weeks, except in emergencies where there must be immediate access as described in section 10; and
 - e. Establish fee schedules approved by the local mental health board that are based on a client's ability to pay.

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SEC. 12. Residential Treatment Services. –

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1. **Availability of residential treatment services** - By January 1, 2010, local mental health boards must provide or contract for enough residential treatment services to meet the needs of all adults with mental illness residing in the locality and needing this level of care, Residential treatment services include both intensive and structured residential treatment with

1 length of stay based on client residential treatment need, Services must be as close to the
2 locality as possible. Residential treatment must be designed to:

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- 4 a. Prevent placement in settings that are more intensive, costly, or restrictive
5 than necessary and appropriate to meet client needs;
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- 7 b. Help clients achieve the highest level of independent living;
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- 9 c. Help clients gain the necessary skills to function in a less structured
10 setting; and
- 11
- 12 d. Stabilize crisis admissions.
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14 2. **Specific requirements** - Providers of residential services must be licensed under
15 applicable rules adopted by the DOH Secretary and other concerned agencies, and
16 must be clinically supervised by a mental health professional.

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18 3. **Transition to community** - Residential treatment programs must plan for and
19 assist clients in making a transition from residential treatment facilities to other
20 community-based services. In coordination with the client's case manager, if any,
21 residential treatment facilities must also arrange for appropriate follow-up care in
22 the community during the transition period. Before a client is discharged, the
23 residential treatment facility must notify the client's case manager, so that the case
24 manager can monitor and coordinate the transition and arrangements for the
25 client's appropriate follow-up care in the community.

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27 4. **Admission, continued stay, and discharge criteria** - No later than January 1,
28 2011, the local mental health board shall ensure that placement decisions for
29 residential services are based on the clinical needs of the adult. The local mental
30 health board shall ensure that each entity under contract with the locality to
31 provide residential treatment services has admission, continued stay, discharge
32 criteria and discharge planning criteria as part of the contract. Contracts shall
33 specify specific responsibilities between the county and service providers to
34 ensure comprehensive planning and continuity of care between needed services
35 according to data privacy requirements. All contracts for the provision of
36 residential services must include provisions guaranteeing clients the right to
37 appeal under section 16 and to be advised of their appeal rights.

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

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41 1. **Availability of acute care inpatient services** - By January 1, 2010, local mental
42 health boards must make available through contract or direct provision enough
43 acute care hospital inpatient treatment services as close to the locality as possible
44 for adults with mental illness residing in that locality. Acute care hospital inpatient
45 treatment services must be designed to:

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- 47 a. Stabilize the medical and mental health condition for which admission is
48 required;
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- b. Improve functioning to the point where discharge to residential treatment or community-based mental health services is possible; and
- c. Facilitate appropriate referrals for follow-up mental health care in the community.

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

3. **Admission, continued stay, and discharge criteria** - No later than January 1, 2011, the county board shall ensure that placement decisions for acute care hospital inpatient services are based on the clinical needs of the adult. The county board shall ensure that each entity under contract with the county to provide acute care hospital treatment services has admission, continued stay, discharge criteria and discharge planning criteria as part of the contract. Contracts shall specify specific responsibilities between the county and service providers to ensure comprehensive planning and continuity of care between needed services according to data privacy requirements. All contracts for the provision of acute care hospital inpatient treatment services must include provisions guaranteeing clients the right to appeal under section 16 and to be advised of their appeal rights.

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

SEC. 14. - Regional Treatment Center Inpatient Services. -

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

- a. Provide Acute Care Inpatient Hospitalization;
- b. Stabilize The Medical And Mental Health Condition Of The Adult Requiring The Admission;
- c. Improve Functioning To The Point Where Discharge To Community Based Mental Health Services Is Possible;
- d. Strengthen Family And Community Support; and
- e. Facilitate appropriate discharge and referrals for follow-up mental health care in the community.

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2. **Quality of service** - The DOH Secretary with the help of other concerned agencies shall biennially determine the needs of all adults with mental illness who are served by regional treatment centers or at any local facility or program by administering a client-based evaluation system. The client-based evaluation system must include at least the following independent measurements: behavioral development assessment; habilitation program assessment; medical needs assessment; maladaptive behavioral assessment; and vocational behavior assessment. The DOH Secretary shall propose staff ratios to the legislature for the mental health and support units in regional treatment centers as indicated by the results of the client-based evaluation system and the types of locally-operated services needed. The proposed staffing ratios shall include professional, nursing, direct care, medical, clerical, and support staff based on the client-based evaluation system. The DOH Secretary and other concerned agencies shall recompute staffing ratios and recommendations on a biennial basis.
 3. **Transition to community** - Regional treatment centers must plan for and assist clients in making a transition from regional treatment centers and other inpatient facilities or programs to other community-based services. In coordination with the client's case manager, if any, regional treatment centers must also arrange for appropriate follow-up care in the community during the transition period. Before a client is discharged, the regional treatment center must notify the client's case manager, so that the case manager can monitor and coordinate the transition and arrangements for the client's appropriate follow-up care in the community.
 4. **Staff safety training** - The DOH Secretary shall require all staff in mental health and support units at regional treatment centers who have contact with persons with mental illness or severe emotional disturbance to be appropriately trained in violence reduction and violence prevention and shall establish criteria for such training. Training programs shall be developed with input from consumer advocacy organizations and shall employ violence prevention techniques as preferable to physical interaction.

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

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

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SEC. 17. *Fees for Mental Health Services.* - A client or, in the case of a child, the child or the child's parent may be required to pay a fee for mental health services provided under this Act. The fee must be based on the person's ability to pay according to the fee

1 schedule adopted by the local mental health board. In adopting the fee schedule for mental
2 health services, the local mental health board may adopt the fee schedule provided by the
3 DOH Secretary or adopt a fee schedule recommended by the local mental health board and
4 approved by the DOH Secretary. Agencies or individuals under contract with a local mental
5 health board to provide mental health services under this Act must not charge clients whose
6 mental health services are paid wholly or in part from public funds fees which exceed the
7 local mental health board's adopted fee schedule.

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9 **SEC. 18. Reporting and Evaluation. –**

- 10
11 1. **Reports** - The DOH Secretary shall specify requirements for reports, including
12 quarterly fiscal reports.
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14 2. **Fiscal reports** - The DOH Secretary shall develop a unified format for quarterly
15 fiscal reports that will include information that the DOH Secretary determines
16 necessary to carry out this Act. The local mental health board shall submit a
17 completed fiscal report in the required format no later than days after the end of
18 each quarter.
19
20 3. **Program reports** - The DOH Secretary shall develop unified formats for
21 reporting, which will include information that the DOH Secretary determines
22 necessary to carry out the provisions of this Act. The local mental health board
23 shall submit completed program reports in the required format according to the
24 reporting schedule developed by the DOH Secretary.
25
26 4. **Provider reports** - The DOH Secretary may develop formats and procedures for
27 direct reporting from providers to the DOH Secretary to include information that
28 the Secretary determines necessary to carry out the provisions of this Act. In
29 particular, the provider reports must include aggregate information by local
30 mental health authorities of residence about mental health services paid for by
31 funding sources other than that of the local mental health authorities.
32
33 5. **DOH Secretary's consolidated reporting recommendations** - The Secretary's
34 reports required under this Act shall include recommended measures to provide
35 coordinated, interdepartmental efforts to ensure early identification and
36 intervention for children with, or at risk of developing, emotional disturbance, to
37 improve the efficiency of the mental health funding mechanisms, and to
38 standardize and consolidate fiscal and program reporting. The recommended
39 measures must provide that client needs are met in an effective and accountable
40 manner and that the local government resources are used as efficiently as possible.
41
42 6. **Inaccurate or incomplete reports** - The DOH Secretary shall promptly notify a
43 local mental health authority or provider if a required report is clearly inaccurate
44 or incomplete. The Secretary may delay all or part of a mental health fund
45 payment if an appropriately completed report is not received as required by this
46 section.
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48 7. **Statewide evaluation** - The DOH Secretary shall use the local mental health and
49 provider reports required by this section to complete the nationwide report
50 required in this Act.

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2 **SEC. 19. Termination or Return of an Allocation. –**
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- 4 1. **Funds not properly used** - If the commissioner determines that a local mental
5 health authority is not meeting the requirements of this Act, or that funds are not
6 being used according to the approved mental health plan, all or part of the mental
7 health funds may be terminated upon 30 days' notice to the local mental health
8 board. The DOH Secretary may require repayment of any funds not used
9 according to the approved mental health plan. The 30-day period begins when the
10 local mental health board receives the DOH Secretary's notice by certified mail.
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- 12 2. **Use of returned funds** - The DOH Secretary may reallocate the funds returned.
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- 14 3. **Delayed payments** - If the DOH Secretary finds that a local mental health board
15 or its contractors are not in compliance with the approved mental health plan or
16 sections of this Act, the Secretary may delay payment of all or part of the
17 quarterly mental health funds until the local mental health board and its
18 contractors meet the requirements. The Secretary shall not delay a payment longer
19 than three months without first issuing a notice under paragraph 2 that all or part
20 of the allocation will be terminated or required to be repaid. After this notice is
21 issued, the commissioner may continue to delay the payment until completion of
22 the requirements specified in paragraph 2.
23
- 24 4. **State assumption of responsibility** - If the DOH Secretary determines that
25 services required by sections of this Act will not be provided by the local mental
26 health authority in the manner or to the extent required by the provisions of this
27 Act, the Secretary shall contract directly with providers to ensure that clients
28 receive appropriate services. In this case, the Secretary shall use the local mental
29 health authority's mental secretary shall contract directly with providers to ensure
30 that clients receive appropriate services. In this case, the Secretary shall use the
31 local mental health authority's mental health funds to the extent necessary to carry
32 out the local mental health authority's responsibilities under this Act. The
33 Secretary shall work with the local mental health board to allow for a return of
34 authority and responsibility to the local mental health board as soon as compliance
35 with this Act can be assured.
36

37 **SEC. 20. Implementing Rules and Regulations.** - The Department of Health (DOH),
38 the Department of Interior and Local Government (DILG), and other agencies concerned
39 with mental health, shall jointly formulate the necessary rules and regulations for the
40 effective implementation of this Act.
41

42 **SEC. 21. Report.** - By July 15, 2011, or six (6) months after the Implementing Rules
43 and Regulations of this Act was adopted, and annually after, DOH Secretary shall report to
44 the legislature on all steps taken and recommendations for full implementation of this Act and
45 on additional resources needed to further implement those sections.
46

47 **SEC. 22. Housing for Adult Mental Health Patients.** - The government shall ensure
48 that the housing services provided as part of a comprehensive mental health service system:
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- 1 1. Allow all persons with mental illness to live in stable, affordable housing, in
2 settings that maximize community integration and opportunities for acceptance;
3
4 2. Allow persons with mental illness to actively participate in the selection of their
5 housing from those living environments available to the general public; and
6
7 3. Provide necessary support regardless of where persons with mental illness choose
8 to live.
9

10 **SEC. 23. Appropriation.** - The amount necessary for the implementation of this Act
11 shall be charged against the appropriations of the DOH and shall be included in the General
12 Appropriations Act hereinafter.
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14 **SEC. 24. Separability Clause.** - If any provisions or part hereof, is held invalid or
15 unconstitutional, the remainder of the law of the provision not otherwise affected shall remain
16 valid and subsisting.
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18 **SEC. 25. Repealing Clause.** - All laws, decrees, executive orders, rules and
19 regulations inconsistent with this Act, are hereby repealed, amended or modified accordingly.
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21 **SEC. 26. Effectivity Clause.** - This Act shall take effect fifteen (15) days following its
22 complete publication in the Official Gazette or in at least two (2) national newspapers of
23 general circulation.

Approved,