

DEPARTMENT OF MENTAL HEALTH1600 - 9TH STREET
SACRAMENTO, CA 95814

(916) 654-3576



October 31, 1997

DMH LETTER NO.: 97-04

TO: LOCAL MENTAL HEALTH DIRECTORS
LOCAL MENTAL HEALTH PROGRAM CHIEFS
LOCAL MENTAL HEALTH ADMINISTRATORS
CHAIRPERSONS, LOCAL MENTAL HEALTH BOARDS

SUBJECT: NOTIFICATION OF APPROVED PERMANENT MENTAL HEALTH
REHABILITATION CENTER (MHRC) REGULATIONS

A copy of the approved permanent MHRC regulations is enclosed. The regulations were filed with the Secretary of State and became effective on August 21, 1997.

In September 1995, the Department issued a copy of the approved emergency MHRC regulations. The enclosed regulations replace the emergency regulations for the implementation of the requirements in Senate Bill 2017 (Chapter 678, Statutes 1994).

All existing MHRCs should ensure that their programs meet the requirements of the permanent MHRC regulations. Organizations interested in applying for a MHRC license should use the enclosed application form, which should be submitted, as well as other material required by the permanent regulations, with each application for licensure.

If you have any questions regarding these regulations, please contact Al Schmid, Ph.D., Chief of Licensing and Certification at (916) 654-2396.

Sincerely,

A handwritten signature in black ink that reads "Al Schmid, Ph.D. for". The signature is written in a cursive style.

J. RUBEN LOZANO, Pharm.D.
Deputy Director
Program Compliance

Enclosures

cc: California Mental Health Planning Council
Chief, Technical Assistance and Training
California Association of Health Facilities
Mental Health Rehabilitation Centers

**APPLICATION FOR LICENSURE
MENTAL HEALTH REHABILITATION CENTER (MHRC)
MH 8001 (New 9/95)**

Name of Applicant-Facility Name _____ Program Director _____

Mailing Address (street, city, zip code) _____ City _____

Host County _____ Zip Code _____ Telephone () _____

Type of Ownership
 Government Entity Non-Profit Corp. Individual or Proprietary Corp. Partnership Other _____

Is the property owned by the applicant. If no, state the name, address, and affiliation of the property owner.
 Yes No

Capacity to be licensed _____

Current Status of the Facility
 To be constructed
 Existing Community Care Facility (to be remodeled: Yes or No)
 Existing Health Facility (to be remodeled: Yes or No)
 Other (to be remodeled: Yes or No) _____

Current facility license classification (if any) _____ Address (street, city, zip code) _____

Setting Rural Urban General Target Population _____

Legal classes to be admitted: Provisions for physical health treatment:
 Voluntary LPS Conservatee Transfer Agreement with: _____
 Involuntary Judicially Committed

- The following must be submitted with this application:
- A. A specific description of what makes the program innovative compared to existing licensed or certified mental health programs.
 - B. Those items required by Section 783.10, Title 9.
 - C. A description of the applicant's experience in mental health service delivery.
 - D. The number, description and qualifications of staff, by class.
(Show only staff time to be worked in the MHRC)

Applicant's Signature _____ Title _____

Organization _____ Date _____

Approved:
 Mental Health Director Signature _____ County of _____ Date _____