

# F I N A L R E P O R T

## SUBSTANCE ABUSE TREATMENT AND PREVENTION STUDY COMMITTEE

January, 1986

The Legislative Council established the Substance Abuse Treatment and Prevention Study Committee to determine the type, scope, and source of funding for Iowa's substance abuse delivery system. The Committee was originally authorized two meetings by the Council, but one additional meeting was later approved.

Members serving on the Committee were:

Senator Milo Colton, Co-chairperson  
Representative Joyce Lonergan, Co-chairperson  
Senator Joe Welsh  
Senator Emil Husak  
Senator David Readinger  
Senator Jack Rife  
Representative Doris Peick  
Representative Mark Haverland  
Representative Bill Royer  
Representative Robert Grandia

The Committee's first meeting was held on September 18, 1985, at the Statehouse in Des Moines. Testimony was received from the following parties on the following subjects: Dr. Stanley Haugland, Medical Director of the Powell III Treatment Center at Iowa Methodist Medical Center and Mr. William Havecost, Vice President of the Iowa Methodist Medical center -- content of the Powell III substance abuse treatment programs, descriptions of the Powell III facilities, and general analysis of program costs and methods of client payment for services rendered; Dr. Norman Hoffmann, Chemical Abuse Treatment Outcome Residency (CATOR) of St. Paul, Minnesota -- rates of recidivism for patients having completed inpatient and outpatient treatment programs; Ms. Mary Ellis, Director, Iowa Department of Substance Abuse -- follow-up studies of treatment effectiveness, program funding problems resulting from the Legislature's failure to pass House File 244 last session; Mr. Robert Snyder of the Legislative Fiscal Bureau -- explanation of budget figures and procedures of the Department of Substance Abuse; Mr. Vic Elias of the Iowa State Association of Counties (ISAC) -- shortfalls in county substance abuse treatment budgets resulting from the failure of the Legislature to enact House File 244\* last session and counties' concern about state mandated county expenditures which now represent approximately 80 percent of the counties' budgets; Dr. Robert McNiel and Ms. Pam McCleod from the Grant Wood Area Education Agency -- delivery of substance abuse prevention programs funded by the Department of

Substance Abuse grants to the area education agencies; Mr. Jack Stowe, Director of the Substance Abuse Treatment Unit of Central Iowa, located in Marshalltown -- emerging trends in substance abuse treatment, public versus private treatment programs, impact mandatory insurance for substance abuse treatment would have on treatment delivery; Mr. John Sutter, Director of the Area Substance Abuse Council in Cedar Rapids -- impact of the failure of House File 244 and the Governor's across-the-board 3.85 percent budget cuts on publicly supported substance abuse treatment and prevention, need for the state to provide an ongoing source of funding for substance abuse agencies and programs; Mr. Dean Baedke, representing the Department of Beer and Liquor Control -- Iowa's national rank in per capita beer and wine consumption, trends in Iowans' consumption of wine and liquor, anticipated increase of wine consumption resulting from legalization of private wine sales, anticipated decrease in consumption of liquor resulting from increase in federal tax, shortfall in sales of retail wine permits resulting in state revenues far less than estimates; Mr. Ed Lee, Director of the "We Care" alcohol treatment program in Hardin County -- discussion of a University of Iowa study which indicated that six percent of the people buy 50 percent of the alcohol in the state of Iowa.

\*NOTE: House File 244 would have established a special revenue account in the general fund of the state which would have consisted of moneys equal to seven percent of the gross sales made by state liquor stores in the state's cities. The money so generated would have been transferred to the Department of Substance Abuse for funding of treatment and prevention programs.

The second meeting of the Committee was held on October 17, 1985 at the Statehouse in Des Moines. Testimony was received from the following parties on the following subjects: Mr. Chuck Lee of the Iowa Department of Corrections -- possibility of a separate state correctional facility for OWI offenders, interference of the state mandated prison population cap with substance abuse treatment of OWI inmates who are frequently classified as the best risks for parole and leave prison in the midst of their treatment program; Ms. Mary Ellis, Director of the Department of Substance Abuse -- departmental support for concept of separate facility for OWI offenders, promulgation of licensing standards for correctional facility substance abuse treatment programs, benefits of assessment and treatment of substance abusers versus the costs involved; Mr. Richard George, Ms. Barbara Binnie, and Ms. Lettie Prell of the Iowa Board of Parole -- state prison population cap, incidence of chemical dependence among prison inmates; Mr. Phil Dunshee, Director of Governmental Relations for the Iowa Association of School Boards and Mr. Al Rowe, Principal of Linn-Mar High School -- community based treatment and prevention programs versus the area education agencies (AEA's) as recipients and administrators of the prevention funding allocated by the Department of Substance Abuse (pro-AEA); Ms. Mary Ann Schmidt,

Counselor at Ames High School and Reverend Ira Williams, State Legislative Chair of the Iowa Network of Drug Information (INDI) - community based treatment and prevention programs versus the AEA's as recipients and administrators of prevention funding allocated by the Department of Substance Abuse (pro-community based programs); Ms. Ellis of the Department of Substance Abuse -- explanation of the Department's funding procedures and the deficiencies in the application for prevention funding submitted by the Grant Wood AEA; Mr. David Niel of the United Auto Workers - support for the concept of mandatory insurance coverage of substance abuse treatment; Mr. Brice Oakley of Blue Cross/Blue Shield of Iowa -- opposition to the concept of mandatory insurance coverage of substance abuse treatment; Ms. Pat Gordon, Director of the Indian Youth of America program in Sioux City -- need for additional funding for treatment and prevention programs like hers which specifically target the Indian population; Mr. Ed Lee, Director of the "We Care" alcohol abuse treatment program in Hardin County -- issue of licensed versus nonlicensed counselors and treatment facilities, specifically as it pertains to his program's ineligibility for public funding resulting from its unlicensed status.

The third and final meeting of the Committee was held on December 5, 1985, at the State House in Des Moines. The Committee received testimony from the following parties on the following subjects: Dr. Richard Whittlesey of the State Commission on Substance Abuse -- general philosophy of the Commission with regard to consideration of funding applications and the specific reasoning behind the Commission's denial of the Grant Wood AEA's application; Dr. Robert McNiel, Ms. Pam McCleod, and Mr. Dean Wehrheim of the Grant Wood AEA -- chronological summary of the grant application process which resulted in denial of their application, statement of the Grant Wood AEA position that reasons given for the application's denial were ostensible only and intended to camouflage a Department of Substance Abuse policy change whereby AEA's will no longer be granted prevention funds, review of the funding relationship between the Grant Wood AEA and the Department that had existed over the last eleven years, and description of programs conducted by the Grant Wood AEA through Department grants; Ms. Mary Ellis, Director of the Department of Substance Abuse -- explanation of the Department's recommendation of approval of the Grant Wood application (to the Commission on Substance Abuse) in accordance with an understanding reached last session between the Legislature and the Department (the Department recommended approval and the Commission rejected the recommendation), discussion of other AEA funding requests; Mr. Paul Pietzsche, President of the Health Policy Corporation of Iowa -- summary of work done by a Task Force on mandated insurance benefits (no consensus reached); Mr. Ray Crabtree, Vice President of The Bankers Life -- insurance industry opposition to mandated substance abuse treatment insurance based on costs involved and lack of a well-defined treatment process known to be effective; Mr. Don Hauser of the Iowa Association of Business and Industry -- opposition of the Association to mandated insurance based

primarily on the cost factor; Mr. Robert Snyder of the Legislative Fiscal Bureau -- recent and current budget figures for the Department of Substance Abuse and data relative to liquor sales and consumption in the state; Ms. Ellis -- explanation of the Department's program funding formulae.

Having completed receipt of testimony concerning various aspects of the issues of substance abuse, its prevention and treatment, and the costs related thereto, the Committee took up consideration of a proposed bill draft (LSB 7282, a copy of which is attached to this report) which would restore to the counties funding withheld as a result of the failure of House File 244. After amending the bill to ensure that moneys not spent for the purposes specified in the bill would revert to the state's general fund, the Committee voted unanimously to recommend passage of the bill to the General Assembly.

SENATE/HOUSE FILE \_\_\_\_\_  
BY (PROPOSED SUBSTANCE ABUSE  
TREATMENT AND PREVENTION  
STUDY COMMITTEE BILL)

Passed Senate, Date \_\_\_\_\_ Passed House, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_ Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_  
Approved \_\_\_\_\_

A BILL FOR

1 An Act relating to programs relating to substance abuse and pro-  
2 viding an effective date.

3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23

1 Section 1. NEW SECTION. 12.21 TRANSFER OF CERTAIN  
2 REVENUE.

3 The treasurer of state shall transfer the designated sum of  
4 money from the beer and liquor control fund to a special  
5 revenue account pursuant to section 123.163 and to the  
6 department of substance abuse pursuant to section 125.59.

7 Sec. 2. NEW SECTION. 123.163 TRANSFER OF CERTAIN  
8 REVENUE.

9 Notwithstanding section 123.53, subsection 8, the treasurer  
10 of state shall transfer into a special revenue account in the  
11 general fund of the state, a sum of money equal to seven  
12 percent of the gross amount of sales made by the state liquor  
13 stores in the cities of the state from the beer and liquor  
14 control fund on a monthly basis, and any amounts so  
15 transferred shall be used by the department of substance abuse  
16 for substance abuse treatment and prevention programs in an  
17 amount determined by the general assembly and any amounts  
18 received in excess of the amounts appropriated to the  
19 department of substance abuse shall be considered part of the  
20 general fund balance.

21 Sec. 3. Section 125.12, subsections 1, 2, and 3, Code  
22 1985, are amended to read as follows:

23 1. The commission shall establish a comprehensive and co-  
24 ordinated program for the treatment of substance abusers, and  
25 intoxicated persons, and concerned family members. Subject to  
26 the approval of the commission, the director shall divide the  
27 state into appropriate regions for the conduct of the program  
28 and establish standards for the development of the program on  
29 the regional level. In establishing the regions,  
30 consideration shall be given to city and county lines,  
31 population concentrations and existing substance abuse  
32 treatment services. In determining the regions, the director  
33 ~~shall~~ is not be required to follow the regional map as  
34 prepared by the office for planning and programming.

35 2. The program of the commission shall include:

1 a. Emergency treatment provided by a facility affiliated  
2 with or part of the medical service of a general hospital.

3 b. Inpatient treatment.

4 c. Intermediate Residential treatment.

5 d. Outpatient and follow-up treatment and rehabilitation.

6 e. Prevention and education.

7 f. Assessment.

8 g. Halfway house treatment.

9 3. The director shall provide for adequate and appropriate  
10 treatment for substance abusers, and intoxicated persons, and  
11 concerned family members admitted under sections 125.33 and  
12 125.34, or under section 125.75, 125.81, or 125.91. Treatment  
13 shall not be provided at a correctional institution except for  
14 inmates.

15 Sec. 4. Section 125.13, subsection 1, unnumbered paragraph  
16 2, Code 1985, is amended to read as follows:

17 ~~Four~~ Three types of licenses may be issued by the  
18 department. A standard renewable license may be issued for  
19 one or two years. ~~licenses may also be issued for one hundred~~  
20 ~~eighty or two hundred seventy days, or one year.~~ Treatment  
21 programs applying for their initial license may be issued a  
22 license for two hundred seventy days. A license issued for  
23 ~~one hundred eighty or two hundred seventy days~~ shall not be  
24 renewed or extended. ~~A one-year license shall be issued no~~  
25 ~~more than two consecutive times.~~

26 Sec. 5. Section 125.25, Code 1985, is amended to read as  
27 follows:

28 125.25 APPROVAL OF FACILITY BUDGET.

29 1. Before making any allocation of funds to a local  
30 substance abuse program, the commission ~~on substance abuse~~  
31 ~~shall require the following to be submitted for each program:~~

32 ~~a--~~ a a detailed line item budget clearly indicating the  
33 funds received from each revenue source for the fiscal year  
34 for which the funds are requested on forms provided by the  
35 department ~~of substance abuse~~ for each program.

1 ~~b.--A-certified-statement-from-the-auditor-of-each-county~~  
2 ~~participating-in-the-program-as-to-the-amount-of-county~~  
3 ~~resources-committed-to-the-program-for-the-fiscal-year-for~~  
4 ~~which-the-funds-are-requested.~~

5 2. The commission shall adopt rules governing the approval  
6 of line item budgets for the operation of facilities. The  
7 rules shall include provisions for the approval of a  
8 facility's budget ~~by-the-counties-funding-the-facility-and~~ by  
9 the department. ~~The-rules-shall-also-include-provisions-for~~  
10 ~~appeal-to-the-commission-by-any-county-which-disagrees-with~~  
11 ~~the-amount-of-a-facility's-budget-approved-by-the-department.~~

12 Sec. 6. Section 125.32, unnumbered paragraph 1 and  
13 subsections 2 and 4, Code 1985, are amended to read as  
14 follows:

15 The commission shall adopt and may amend and repeal rules  
16 for acceptance of persons into the treatment program, subject  
17 to ~~the-provisions-of~~ chapter 17A, considering available  
18 treatment resources and facilities, for the purpose of early  
19 and effective treatment of substance abusers, and intoxicated  
20 persons, and concerned family members. In establishing the  
21 rules the commission shall be guided by the following  
22 standards:

23 2. A patient shall be initially assigned or transferred to  
24 outpatient ~~or-intermediate~~ treatment, unless the patient is  
25 found to require inpatient, residential, or halfway house  
26 treatment.

27 4. An individualized treatment plan shall be prepared and  
28 maintained on a current basis for each patient after the  
29 assessment process.

30 Sec. 7. Section 125.33, subsections 2 through 4, Code  
31 1985, are amended to read as follows:

32 2. Subject to rules adopted by the commission, the  
33 administrator or the administrator's designee in charge of a  
34 facility may determine who shall be admitted for treatment or  
35 rehabilitation. If a person is refused admission, the

1 administrator, or the administrator's designee, subject to  
2 rules adopted by the commission, shall refer the person to  
3 another facility for treatment if possible and appropriate.

4 3. A substance abuser seeking treatment or rehabilitation  
5 and who is either addicted or dependent on a chemical  
6 substance ~~shall~~ may first be examined and evaluated by a  
7 licensed physician and surgeon or osteopathic physician and  
8 surgeon who ~~shall~~ may prescribe a proper course of treatment  
9 and medication, if needed. The licensed physician and surgeon  
10 or osteopathic physician and surgeon may further prescribe a  
11 course of treatment or rehabilitation and authorize another  
12 licensed physician and surgeon or osteopathic physician and  
13 surgeon or facility to provide the prescribed treatment or  
14 rehabilitation services. Treatment or rehabilitation services  
15 may be provided to a person individually or in a group. Any A  
16 facility providing or engaging in such treatment or  
17 rehabilitation shall not report or disclose to a law  
18 enforcement officer or law enforcement agency the name of any  
19 person receiving or engaged in such the treatment or  
20 rehabilitation; nor shall any a person receiving or  
21 participating in such treatment or rehabilitation report or  
22 disclose the name of any other person engaged in or receiving  
23 such treatment or rehabilitation or that such the program is  
24 in existence, to a law enforcement officer or law enforcement  
25 agency. Such information shall not be admitted in evidence in  
26 any court, grand jury, or administrative proceeding. However,  
27 any a person engaged in or receiving such treatment or  
28 rehabilitation may authorize the disclosure of the person's  
29 name and individual participation.

30 4. If a patient receiving inpatient or residential care  
31 leaves a facility, the patient shall be encouraged to consent  
32 to appropriate outpatient or intermediate halfway house  
33 treatment. If it appears to the administrator in charge of  
34 the facility that the patient is a substance abuser who  
35 requires help, the director may arrange for assistance in

1 obtaining supportive services and residential facilities.

2 Sec. 8. Section 125.34, subsection 3, Code 1985, is  
3 amended to read as follows:

4 3. A person who arrives at a facility and voluntarily  
5 submits to examination shall be examined by a licensed  
6 physician as soon as possible ~~7-but-not-later-than-twelve-hours~~  
7 after the person arrives at the facility. The person may then  
8 be admitted as a patient or referred to another health  
9 facility. The referring facility shall arrange for  
10 transportation.

11 Sec. 9. Section 125.39, subsection 2, Code 1985, is  
12 amended to read as follows:

13 2. A local governmental unit which is providing funds to a  
14 facility for treatment of substance abuse may request from the  
15 facility a treatment program plan prior to authorizing payment  
16 of any claims filed by the facility. The governing body of the  
17 local governmental unit may review the plan, but shall not  
18 impose on the facility any requirement conflicting with the  
19 comprehensive treatment program requirements ~~of section 125.45~~  
20 of the facility.

21 Sec. 10. Section 125.43, Code 1985, is amended to read as  
22 follows:

23 125.43 FUNDING AT MENTAL HEALTH INSTITUTES.

24 Chapter 230 governs the determination of the costs and  
25 payment for treatment provided to substance abusers in a  
26 mental health institute under the department of human  
27 services, except that the charges are not a lien on real  
28 estate owned by persons legally liable for support of the  
29 substance abuser and the daily per diem shall be billed at  
30 twenty-five percent. The superintendent of a state hospital  
31 shall total only those expenditures which can be attributed to  
32 the cost of providing inpatient treatment to substance abusers  
33 for purposes of determining the daily per diem. Sections  
34 Section 125.44 and 125.45 govern governs the determination of  
35 who is legally liable for the cost of care, maintenance, and

1 treatment of a substance abuser and of the amount for which  
2 the person is liable.

3 Sec. 11. NEW SECTION. 125.43A PRESCREENING.

4 Except in cases of medical emergency or court ordered  
5 admissions, a person shall be admitted to a state mental  
6 health institute for substance abuse treatment only after a  
7 preliminary intake and assessment by an Iowa department of  
8 substance abuse licensed treatment facility or its designee  
9 other than a state mental health institute has confirmed that  
10 the admission is appropriate to the person's substance abuse  
11 service needs. A county board of supervisors may seek an  
12 admission of a patient to a state mental health institute who  
13 has not been confirmed for appropriate admission and the  
14 county shall be responsible for one hundred percent of the  
15 cost of treatment and services of the patient.

16 Sec. 12. Section 125.44, unnumbered paragraphs 1 and 2,  
17 Code 1985, is amended to read as follows:

18 The director may, consistent with the comprehensive  
19 substance abuse program, enter into written agreements with a  
20 facility as defined in section 125.2 to pay for ~~seventy-five~~  
21 one hundred percent of the cost of the care, maintenance and  
22 treatment of a substance abuser, ~~except that the state's~~  
23 ~~liability shall be one hundred percent of the total cost of~~  
24 ~~care, maintenance and treatment when a substance abuser is a~~  
25 state patient when section 125.43A applies. All payments for  
26 state patients shall be made in accordance with the  
27 limitations of this section. Such contracts shall be for a  
28 period of no more than one year. The commission shall review  
29 and evaluate at least once each year all such agreements and  
30 determine whether ~~or not~~ they shall be continued.

31 The contract may be in ~~such~~ the form and contain provisions  
32 as agreed upon by the parties. ~~Such~~ The contract shall  
33 provide that the facility shall admit and treat substance  
34 abusers regardless of where they have residence. If one  
35 payment for care, maintenance, and treatment is not made by

1 the patient or those legally liable therefor-~~within-thirty~~  
2 ~~days-after-discharge~~ for the patient, the payment shall be  
3 made by the department directly to the facility. Payments  
4 shall be made each month and shall be based upon the  
5 ~~facility's-average-daily-per-patient-charge~~ rate of payment  
6 for services negotiated between the department and the  
7 contracting facility. ~~Provisions-of-this~~ If a facility  
8 projects a temporary cash flow deficit, the department may  
9 make cash advances at the beginning of each fiscal year to the  
10 facility. The repayment schedule for advances shall be part  
11 of the contract between the department and the facility. This  
12 ~~section shall~~ does not pertain to patients treated at the  
13 mental health institutes.

14 Sec. 13. Section 125.44, unnumbered paragraph 4, Code  
15 1985, is amended to read as follows:

16 Contracting facilities shall deliver to each patient upon  
17 discharge a statement of the costs of the care, maintenance  
18 and treatment for which that patient is liable, and shall  
19 retain a carbon copy or other similar copy of that statement  
20 for a period of not less than one year after the date of  
21 discharge of the patient to whom the statement refers. Every  
22 payment received by a contracting facility from or on behalf  
23 of a patient, whether received before or after costs have been  
24 billed to the department ~~or-to-a-county~~, shall be identified  
25 by the facility as to patient and invoice or statement, and  
26 shall be reported to the department. A contracting facility  
27 shall allow as a credit against a future billing to the  
28 department ~~or-to-a-county~~, payments received during each month  
29 from or on behalf of a patient whose care, maintenance and  
30 treatment ~~therefore~~ has been billed to and paid by the  
31 department ~~or-a-county~~. Failure by a contracting facility to  
32 comply with this paragraph, or with rules ~~promulgated~~ adopted  
33 pursuant to section 125.20 ~~shall-constitute~~ is grounds for  
34 nonrenewal of the contract.

35 Sec. 14. Section 125.54, unnumbered paragraph 1, Code

1 1985, is amended to read as follows:

2 The director ~~shall~~ is not be required to distribute or  
3 guarantee funds, except as provided in section 125.59:

4 Sec. 15. NEW SECTION. 125.59 TRANSFER OF CERTAIN REVENUE -  
5 -COUNTY PROGRAM FUNDING.

6 The treasurer of state, on each July 1 for that fiscal  
7 year, shall transfer the estimated amounts to be received from  
8 section 123.36, subsection 8 and section 123.143, subsection 1  
9 to the department of substance abuse.

10 1. Of these funds, notwithstanding section 125.13,  
11 subsection 1, one half of the transferred amount shall be used  
12 for grants to counties operating a substance abuse program  
13 involving only education, prevention, referral or post  
14 treatment services, either with the counties' own employees or  
15 by contract with a nonprofit corporation. The grants shall  
16 not annually exceed ten thousand dollars to any one county,  
17 subject to the following conditions:

18 a. The money shall be paid to the county after expenditure  
19 by the county and submission of the requirements in paragraph  
20 "b" on the basis of one dollar for each three dollars spent by  
21 the county. The county may submit a quarterly claim for  
22 reimbursement.

23 b. The county shall submit an accounting of the  
24 expenditures and shall submit an annual financial report, a  
25 description of the program, and the results obtained before  
26 June 10 of the same fiscal year in which the money is granted.

27 2. Of these funds, one half of the transferred amount  
28 shall be used for prevention programs in addition to the  
29 amount budgeted for prevention programs by the department of  
30 substance abuse in the same fiscal year. The department shall  
31 use this additional prevention program money for grants to a  
32 county, person, or nonprofit agency operating a prevention  
33 program. A grant to a county, person, or nonprofit agency is  
34 subject to the following conditions:

35 a. The money shall be paid to the county, person, or

1 nonprofit agency after submission of the requirements in  
2 paragraph "b" on the basis of two dollars for each dollar  
3 designated for prevention by the county, person, or nonprofit  
4 agency.

5 b. The county, person, or nonprofit agency shall submit a  
6 description of the program.

7 c. The county, person, or nonprofit agency shall submit an  
8 annual financial report and the results obtained before June  
9 10 of the same fiscal year in which the money is granted.

10 The department may consider in kind contributions received  
11 by a county, person, or nonprofit agency for matching purposes  
12 required in paragraph "a".

13 Sec. 16. NEW SECTION. 125.60 GRANT FORMULA.

14 The funding distributed by the department of substance  
15 abuse for program grants pursuant to the appropriation  
16 received by the department shall be distributed to each county  
17 or multicounty area by a formula based on population, need,  
18 and other criteria as determined by the department.

19 Sec. 17. Section 230.15, unnumbered paragraph 2, Code  
20 1985, is amended to read as follows:

21 A substance abuser is legally liable for the total amount  
22 of the cost of providing care, maintenance, and treatment for  
23 the substance abuser while a voluntary or committed patient.  
24 When a portion of the cost is paid by a county, the substance  
25 abuser is legally liable to the county for the amount paid.  
26 The substance abuser shall assign any claim for reimbursement  
27 under any contract of indemnity, by insurance or otherwise,  
28 providing for the abuser's care, maintenance, and treatment in  
29 a state hospital to the state. Any payments received by the  
30 state from or on behalf of a substance abuser shall be in part  
31 credited to the county in proportion to the share of the costs  
32 paid by the county. Nothing in this section shall be  
33 construed to prevent a relative or other person from  
34 voluntarily paying the full actual cost or any portion of the  
35 care and treatment of any mentally ill person or substance

1 abuser as established by the department of human services.

2 Sec. 18. Section 331.401, subsection 1, paragraph c, Code  
3 1985, is amended by striking the paragraph.

4 Sec. 19. Section 331.508, subsection 3, Code 1985, is  
5 amended by striking the subsection.

6 Sec. 20. Section 331.552, subsection 10, Code 1985, is  
7 amended by striking the subsection.

8 Sec. 21. Section 331.756, subsection 26, Code 1985, is  
9 amended by striking the subsection.

10 Sec. 22. Sections 125.45, 125.47, 125.49 to 125.53, and  
11 125.57, Code 1985, are repealed.

12 Sec. 23. The commission on substance abuse shall disburse  
13 the following money in the exact order which follows:

14 1. Each county the amount the county has expended and the  
15 commission has verified for substance abuse treatment and  
16 prevention in a facility defined in section 125.2, subsection  
17 2, between July 1, 1985 and the effective date of this Act.

18 2. Increase the contract grants awarded by the commission  
19 on May 30, 1985 to facilities pursuant to section 125.44 by  
20 the amount expended by the facility for substance abuse  
21 treatment and prevention and not reimbursed by a county,  
22 state, or other organization between July 1, 1985 and the  
23 effective date of this Act. In no event shall the increase  
24 exceed one third of the original grant less the three point  
25 eighty-five percent budget cut divided by twelve and  
26 multiplying that quotient by the number of completed calendar  
27 months between July 1, 1985 and the effective date of this  
28 Act. If the grantee expended less than such amount, the  
29 grantee shall receive an increase of only the amount expended.

30 3. Increase the grants awarded by the commission on May  
31 30, 1985 to facilities pursuant to section 125.44 by the  
32 amount determined after dividing one third of the original  
33 grant less the three point eighty-five percent budget cut by  
34 twelve and multiplying that quotient by the number of calendar  
35 months of the 1986 fiscal year not included in subsection 2

1 ending no later than June 30, 1986. In no event shall the  
2 increase exceed such amount.

3 Sec. 24. This Act, being deemed of immediate importance,  
4 takes effect from and after its publication in \_\_\_\_\_  
5 \_\_\_\_\_, a newspaper published in \_\_\_\_\_,  
6 Iowa, and in \_\_\_\_\_, a newspaper published in  
7 \_\_\_\_\_, Iowa.

8 EXPLANATION

9 This bill provides that the state be responsible for one  
10 hundred percent of the cost of substance abuse. The bill  
11 requires that seven percent of the revenue from state liquor  
12 stores be set aside for substance abuse treatment. The bill  
13 retroactively returns the twenty-five percent of the cost of  
14 substance abuse treatment to the counties or programs  
15 providing the treatment from July 1, 1985 to the effective  
16 date of the Act and provides the twenty-five percent from the  
17 effective date of the Act to June 30, 1986. The Act takes  
18 effect upon publication.

19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35