

CHAPTER 230A

COMMUNITY MENTAL HEALTH CENTERS

Referred to in §11.6, 225C.4, 225C.19, 232.78, 232.83, 235A.15, 331.382

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230A.1 through 230A.18 Repealed by [2011 Acts, ch 121, §22, 23](#).

230A.101 Services system roles.

1. The role of the department as the state mental health authority with responsibility for state policy concerning mental health and disability services, is to develop and maintain policies for the mental health and disability services system. The policies shall address the service needs of individuals of all ages with disabilities in this state, regardless of the individuals' places of residence or economic circumstances, and shall be consistent with the requirements of [chapter 225C](#) and other applicable law.

2. The role of community mental health centers in the mental health and disability services system is to provide an organized set of services in order to adequately meet the mental health needs of this state's citizens based on organized catchment areas.

[2011 Acts, ch 121, §11, 23; 2023 Acts, ch 19, §569](#)

Section amended

230A.102 Definitions.

As used in [this chapter](#), unless the context otherwise requires:

1. “*Catchment area*” means a community mental health center catchment area identified in accordance with [this chapter](#).

2. “*Commission*”, “*department*”, “*director*”, and “*disability services*” mean the same as defined in [section 225C.2](#).

3. “*Community mental health center*” or “*center*” means a community mental health center designated in accordance with [this chapter](#).

[2011 Acts, ch 121, §12, 23; 2023 Acts, ch 19, §570](#)

Section amended

230A.103 Designation of community mental health centers.

1. The department, subject to agreement by any community mental health center that would provide services for the catchment area and approval by the commission, shall designate at least one community mental health center under [this chapter](#) for addressing the mental health needs of the county or counties comprising the catchment area. The designation process shall provide for the input of potential service providers regarding designation of the initial catchment area or a change in the designation.

2. The department shall utilize objective criteria for designating a community mental health center to serve a catchment area and for withdrawing such designation. The commission shall adopt rules outlining the criteria. The criteria shall include but are not limited to provisions for meeting all of the following requirements:

a. An appropriate means shall be used for determining which prospective designee is best able to serve all ages of the targeted population within the catchment area with minimal or no service denials.

b. An effective means shall be used for determining the relative ability of a prospective designee to appropriately provide mental health services and other support to consumers residing within a catchment area as well as consumers residing outside the catchment area. The criteria shall address the duty for a prospective designee to arrange placements outside

the catchment area when such placements best meet consumer needs and to provide services within the catchment area to consumers who reside outside the catchment area when the services are necessary and appropriate.

3. The board of directors for a designated community mental health center shall enter into an agreement with the department. The terms of the agreement shall include but are not limited to all of the following:

- a. The period of time the agreement will be in force.
- b. The services and other support the center will offer or provide for the residents of the catchment area.
- c. The standards to be followed by the center in determining whether and to what extent the persons seeking services from the center shall be considered to be able to pay the costs of the services.
- d. The policies regarding availability of the services offered by the center to the residents of the catchment area as well as consumers residing outside the catchment area.
- e. The requirements for preparation and submission to the department of annual audits, cost reports, program reports, performance measures, and other financial and service accountability information.

4. [This section](#) does not limit the authority of the board or the boards of supervisors of any county or group of counties to continue to expend money to support operation of a center.

[2011 Acts, ch 121, §13, 23; 2023 Acts, ch 19, §571](#)

Section amended

230A.104 Catchment areas.

1. The department shall collaborate with affected counties in identifying community mental health center catchment areas in accordance with [this section](#).

2. a. Unless the department has determined that exceptional circumstances exist, a catchment area shall be served by one community mental health center. The purpose of this general limitation is to clearly designate the center responsible and accountable for providing core mental health services to the target population in the catchment area and to protect the financial viability of the centers comprising the mental health services system in the state.

b. A formal review process shall be used in determining whether exceptional circumstances exist that justify designating more than one center to serve a catchment area. The criteria for the review process shall include but are not limited to a means of determining whether the catchment area can support more than one center.

c. Criteria shall be provided that would allow the designation of more than one center for all or a portion of a catchment area if designation or approval for more than one center was provided by the department as of October 1, 2010. The criteria shall require a determination that all such centers would be financially viable if designation is provided for all.

[2011 Acts, ch 121, §14, 23; 2023 Acts, ch 19, §572](#)

Section amended

230A.105 Target population — eligibility.

1. The target population residing in a catchment area to be served by a community mental health center shall include but is not limited to all of the following:

- a. Individuals of any age who are experiencing a mental health crisis.
- b. Individuals of any age who have a mental health disorder.
- c. Adults who have a serious mental illness or chronic mental illness.
- d. Children and youth who are experiencing a serious emotional disturbance.
- e. Individuals described in paragraph “a”, “b”, “c”, or “d” who have a co-occurring disorder, including but not limited to substance use disorder, intellectual disability, a developmental disability, brain injury, autism spectrum disorder, or another disability or special health care need.

2. Specific eligibility criteria for members of the target population shall be identified in administrative rules adopted by the commission. The eligibility criteria shall address both clinical and financial eligibility.

[2011 Acts, ch 121, §15, 23; 2013 Acts, ch 90, §56; 2023 Acts, ch 19, §573](#)

Subsection 1, paragraph e amended

230A.106 Services offered.

1. A community mental health center designated in accordance with [this chapter](#) shall offer core services and support addressing the basic mental health and safety needs of the target population and other residents of the catchment area served by the center and may offer other services and support. The core services shall be identified in administrative rules adopted by the commission for this purpose.

2. The initial core services identified shall include all of the following:

a. *Outpatient services.* Outpatient services shall consist of evaluation and treatment services provided on an ambulatory basis for the target population. Outpatient services include psychiatric evaluations, medication management, and individual, family, and group therapy. In addition, outpatient services shall include specialized outpatient services directed to the following segments of the target population: children, elderly, individuals who have serious and persistent mental illness, and residents of the service area who have been discharged from inpatient treatment at a mental health facility. Outpatient services shall provide elements of diagnosis, treatment, and appropriate follow-up. The provision of only screening and referral services does not constitute outpatient services.

b. *Twenty-four-hour emergency services.* Twenty-four-hour emergency services shall be provided through a system that provides access to a clinician and appropriate disposition with follow-up documentation of the emergency service provided. A patient shall have access to evaluation and stabilization services after normal business hours. The range of emergency services that shall be available to a patient may include but are not limited to direct contact with a clinician, medication evaluation, and hospitalization. The emergency services may be provided directly by the center or in collaboration or affiliation with other appropriately accredited providers.

c. *Day treatment, partial hospitalization, or psychosocial rehabilitation services.* Day treatment, partial hospitalization, or psychosocial rehabilitation services shall be provided as structured day programs in segments of less than twenty-four hours using a multidisciplinary team approach to develop treatment plans that vary in intensity of services and the frequency and duration of services based on the needs of the patient. These services may be provided directly by the center or in collaboration or affiliation with other appropriately accredited providers.

d. *Admission screening for voluntary patients.* Admission screening services shall be available for patients considered for voluntary admission to a state mental health institute to determine the patient's appropriateness for admission.

e. *Community support services.* Community support services shall consist of support and treatment services focused on enhancing independent functioning and assisting persons in the target population who have a serious and persistent mental illness to live and work in their community setting, by reducing or managing mental illness symptoms and the associated functional disabilities that negatively impact such persons' community integration and stability.

f. *Consultation services.* Consultation services may include provision of professional assistance and information about mental health and mental illness to individuals, service providers, or groups to increase such persons' effectiveness in carrying out their responsibilities for providing services. Consultations may be case-specific or program-specific.

g. *Education services.* Education services may include information and referral services regarding available resources and information and training concerning mental health, mental illness, availability of services and other support, the promotion of mental health, and the prevention of mental illness. Education services may be made available to individuals, groups, organizations, and the community in general.

3. A community mental health center shall be responsible for coordinating with associated services provided by other unaffiliated agencies to members of the target population in the catchment area and to integrate services in the community with services provided to the target population in residential or inpatient settings.

[2011 Acts, ch 121, §16, 23](#); [2012 Acts, ch 1021, §50](#)

230A.107 Form of organization.

1. Except as authorized in [subsection 2](#), a community mental health center designated in accordance with this chapter shall be organized and administered as a nonprofit corporation.

2. A for-profit corporation, nonprofit corporation, or county hospital providing mental health services to county residents pursuant to a waiver approved under [section 225C.7, subsection 3](#), Code 2011, as of October 1, 2010, may also be designated as a community mental health center.

[2011 Acts, ch 121, §17, 23](#)

230A.108 Administrative, diagnostic, and demographic information.

Release of administrative and diagnostic information, as defined in [section 228.1](#), and demographic information necessary for aggregated reporting to meet the data requirements established by the department, relating to an individual who receives services from a community mental health center, may be made a condition of support of that center by the department.

[2011 Acts, ch 121, §18, 23; 2023 Acts, ch 19, §574](#)

Referred to in [§228.6](#)
Section amended

230A.109 Funding — legislative intent.

1. It is the intent of the general assembly that public funding for community mental health centers designated in accordance with [this chapter](#) shall be provided as a combination of all funding sources.

2. It is the intent of the general assembly that the state funding provided to centers be a sufficient amount for the core services and support addressing the basic mental health and safety needs of the residents of the catchment area served by each center to be provided regardless of individual ability to pay for the services and support.

3. While a community mental health center must comply with the core services requirements and other standards associated with designation, provision of services is subject to the availability of a payment source for the services.

[2011 Acts, ch 121, §19, 23](#)

230A.110 Standards.

1. The department shall recommend and the commission shall adopt standards for designated community mental health centers and comprehensive community mental health programs, with the overall objective of ensuring that each center and each affiliate providing services under contract with a center furnishes high-quality mental health services within a framework of accountability to the community it serves. The standards adopted shall conform with federal standards applicable to community mental health centers and shall be in substantial conformity with the applicable behavioral health standards adopted by the joint commission, formerly known as the joint commission on accreditation of health care organizations, or other recognized national standards for evaluation of psychiatric facilities unless in the judgment of the department, with approval of the commission, there are sound reasons for departing from the standards.

2. When recommending standards under [this section](#), the department shall designate an advisory committee representing boards of directors and professional staff of designated community mental health centers to assist in the formulation or revision of standards. The membership of the advisory committee shall include representatives of professional and nonprofessional staff and other appropriate individuals.

3. The standards recommended under [this section](#) shall include requirements that each community mental health center designated under [this chapter](#) do all of the following:

a. Maintain and make available to the public a written statement of the services the center offers to residents of the catchment area being served. The center shall employ or contract for services with affiliates to employ staff who are appropriately credentialed or meet other qualifications in order to provide services.

b. If organized as a nonprofit corporation, be governed by a board of directors which adequately represents interested professions, consumers of the center's services,

socioeconomic, cultural, and age groups, and various geographical areas in the catchment area served by the center. If organized as a for-profit corporation, the corporation's policy structure shall incorporate such representation.

c. Arrange for the financial condition and transactions of the community mental health center to be audited once each year by the auditor of state. However, in lieu of an audit by the auditor of state, the local governing body of a community mental health center organized under [this chapter](#) may contract with or employ certified public accountants to conduct the audit, pursuant to the applicable terms and conditions prescribed by [sections 11.6 and 11.19](#) and audit format prescribed by the auditor of state. Copies of each audit shall be furnished by the auditor or accountant to the department.

d. Comply with the accreditation standards applicable to the center.

[2011 Acts, ch 121, §20, 23; 2012 Acts, ch 1120, §29; 2013 Acts, ch 90, §57; 2023 Acts, ch 19, §575, 576](#)

Referred to in [§225C.4, 225C.6, 331.321](#)

Subsections 1 and 2 amended

Subsection 3, paragraph c amended

230A.111 Review and evaluation.

1. The review and evaluation of designated centers shall be performed through a formal accreditation review process as recommended by the department and approved by the commission. The accreditation process shall include all of the following:

a. Specific time intervals for full accreditation reviews based upon levels of accreditation.

b. Use of random or complaint-specific, on-site limited accreditation reviews in the interim between full accreditation reviews, as a quality review approach. The results of such reviews shall be presented to the commission.

c. Use of center accreditation self-assessment tools to gather data regarding quality of care and outcomes, whether used during full or limited reviews or at other times.

2. The accreditation process shall include but is not limited to addressing all of the following:

a. Measures to address centers that do not meet standards, including authority to revoke accreditation.

b. Measures to address noncompliant centers that do not develop a corrective action plan or fail to implement steps included in a corrective action plan accepted by the department.

c. Measures to appropriately recognize centers that successfully complete a corrective action plan.

d. Criteria to determine when a center's accreditation should be denied, revoked, suspended, or made provisional.

[2011 Acts, ch 121, §21, 23; 2023 Acts, ch 19, §577](#)

Referred to in [§225C.4](#)

Section amended