



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
CHARLES J. KROGEMIER, DIRECTOR

July 16, 2009

The Honorable Chester J. Culver
Governor
State Capitol
LOCAL

Dear Governor Culver:

On behalf of the Iowa Department of Human Services (DHS) and the Mental Health, Mental Retardation, Developmental Disability and Brain Injury Commission (The Commission), enclosed please find a copy of a report to the General Assembly regarding Iowa Code Chapter 230A related to Community Mental Health Centers.

This report was prepared pursuant to Senate File 2425, Section 61 which directed the Department of Human Services Division of Mental Health and Disability Services to work with the Mental Health, Mental Retardation, Developmental Disability, and Brain Injury (MHMRDDBI) Commission and an Advisory Committee to: "*Develop a proposal for updating and revising Iowa Code Chapter 230A relating to Community Mental Health Centers and for revising accreditation standards in rule that would result from the statutory revisions.*" The 230A Advisory Committee proposed revisions based on establishing a statewide organized public mental health safety net for Iowans of all ages regardless of an individual's place of residence or economic circumstances.

The recommendations proposed reflect one step forward for making improvements to Iowa's public mental health and disability services system and the critical role community mental health centers play for all Iowans every day.

Sincerely,

A handwritten signature in black ink that reads "Molly Kottmeyer".

Molly Kottmeyer,
Legislative Liaison

Enclosure

cc: Michael Marshall, Secretary Iowa Senate
Mark Brandsgard, Chief Clerk of the House



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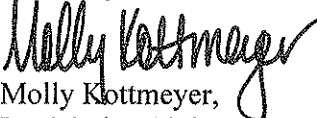
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cc: Governor Chet Culver
Legislative Service Agency
Kris Bell, Senate Majority Caucus
Peter Matthes, Senate Minority Caucus
Zeke Furlong, House Majority Caucus
Brad Trow, House Minority Caucus



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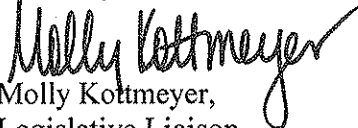
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**PROPOSAL FOR REVISING IOWA
CODE CHAPTER 230A**

**COMMUNITY MENTAL HEALTH
CENTERS**

Submitted to:

Governor Culver
The Iowa General Assembly

Submitted by:

230A Advisory Committee;
The Mental Health, Mental Retardation,
Developmental Disability, and
Brain Injury Commission; and the
Iowa Department of Human Services
April 17, 2009

230A Advisory Committee Report

Proposal for Revisions to Iowa Code 230A

Background:

The Iowa Department of Human Services (DHS) and Mental Health, Mental Retardation, Developmental Disability and Brain Injury Commission (The Commission or the MHMRDDBI Commission) undertook a review of Iowa Code Chapter 230A related to Community Mental Health Centers in response to action taken by the 2008 Iowa General Assembly through Senate File 2425.

The DHS and the Commission established an advisory committee to develop a proposal for updating and revising Code Chapter 230A, relating to Community Mental Health Centers and for revising the accreditation standards in rule that would result from proposed statutory revisions. The advisory committee was composed of thirty (30) individuals and staffed by DHS.

Chapter 230A Advisory Committee Membership

Name	Organization
Cindy Kaestner	Abbe Center and MHMRDDBI Commission
Tom Eachus	Blackhawk MHC
Richard Moore	Child Welfare Advisory Committee
Ann Harrmann	Coalition for Family and Children's Services
Shelly Chandler	Iowa Association of Community Providers
Stephen Trefz - Per Chandler attending	Iowa Association of Community Providers
Mary Buhman - Per Richard-Langer attending	Iowa Chapter of National Association of Social Workers
Donna Richard-Langer	Iowa Chapter of National Association of Social Workers
Robert Smith	Iowa Psychiatric Society
Karen Lohrl	Iowa Psychiatric Society
Dr. Christopher Welsh	U of Iowa - Division of Public and Community Psychiatry
Rachel Heiss	Iowa Psychological Association
Brandon Davis - Per Heiss attending	Iowa Psychological Association
Jerry Mayes	Mental Health Planning Council
Susan Koch-Seehase	MHMRDDBI Commission
Patrick Schmitz	Plains Area MHC
George Estle	Child Welfare Advisory Committee
Linda Hinton	Iowa State Association of Counties
Virginia Wagerin/President	Iowa Nurses Association
Betty Lord-Dinan	Iowa Nurses Association
Deanne Triplett	Iowa Behavioral Health Association
Julie Shepard	Iowa Behavioral Health Association
Jason Haglund - for Estle	Child Welfare Advisory Committee
Anne Gruenewald	Four Oaks
Lori Elam	Iowa State Association of Counties
Deb Schildroth	Iowa State Association of Counties
John Pollack	Legislative Staff
Sue Lerdal	Legislative Staff
Jess Benson	Legislative Staff
Patty Funaro	Legislative Staff
Pam Alger	DHS, Mental Health and Disability Services Division
Bill Gardam	DHS, Mental Health and Disability Services Division
Laura Larkin	DHS, Mental Health and Disability Services Division

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Proposal for Revisions to Iowa Code 230A

The 230A Advisory Committee held a series of meetings from August through December 2008 to conduct its work. Meetings were held on:

August 29, 2008	November 17, 2008
September 9, 2008	November 20, 2008
September 26, 2008	December 3, 2008
October 24, 2008	December 19, 2008

The 230A proposal was to be presented to the Commission on December 18, 2008. However, the December 8 Commission meeting was cancelled due to inclement weather. The proposal was presented to the Commission at their meeting on January 15, 2009, February 19, 2009, March 16, 2009, and approved at the April 17, 2009 meeting.

The 230A Advisory Committee considered documents and reports previously developed in the course of their work, including: the Mental Health Systems Improvement Report submitted to the General Assembly in January 2008; the 2008 appropriations bill, Senate File 2425.61: Community Mental Health Center Law Update; Iowa Code 230A: Community Mental Health Centers; and, Iowa Code Chapter 225C: Mental Illness, Mental Retardation, Developmental Disabilities, and Brain Injury.

The January 2008 Mental Health Systems Improvement Report proposed a series of recommendations for improving the public Mental Health Services System in Iowa. Six workgroups reviewed and recommended improvements in targeted areas of the public mental health services system. The final reports of two of the workgroups, the CMHC Plan Workgroup, which was tasked with review and recommendations for Iowa Code 230A: Community Mental Health Centers, and the Core Services Workgroup, which was tasked with identifying and recommending individual services and/or service types that should become a part of the core safety net of services needed in a statewide public safety net, provided valuable information.

General Overview and Direction:

The recommendations of the 230A Advisory Committee proposed in this document reflect one step forward with implementing improvements to Iowa's public mental health and disability services system. The recommendations have been proposed with the following long-term vision in mind:

- To establish a statewide organized public safety net of services for Iowans of all ages who have mental health disorders.
- To make an array of core safety net services available to Iowans regardless of an individual's place of residence or economic circumstance.
- To assure the provision of quality services.

With the above as a starting point, the 230A Advisory Committee provides the following general recommendations for the proposed update and revision of Chapter 230A.

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Proposal for Revisions to Iowa Code 230A

General Recommendations:

1. Community mental health centers should play a critical role in the statewide organized public safety net system for Iowans of all ages who have mental health disorders and/or are experiencing mental health related crisis.
2. An array of Core Safety Net services should be readily available to Iowans of all ages, regardless of place of residence or ability to pay.
3. Funding and provision of Core Safety Net Services should be focused on children, youth and adults who have the highest needs and require the most intensive services.
4. Develop clinical and financial eligibility criteria to access Core Safety Net Services that include a standardized sliding fee schedule. Please see *Attachment B*, Core Safety Net Services Chart.
5. Include emergency mental health crisis services with 24/7 mobile access as part of the array of Core Safety Net Services.
6. Use "Other Service Providers" as valuable partners who contribute skills and expertise to the array of services available within the public system.
7. Coordination of care, continuity of care, and integration of services are key concepts for providing quality services for individuals of all ages and should be included in the development and provision of services.
8. Integrate services in the community with facility-based treatment in a manner that achieves timely community reintegration and successful community tenure.
9. Provide culturally responsive services based on individualized needs and service plans.
10. Track standard service outcomes data for providers for child, youth, and adult consumers. This will facilitate collaboration across services when consumers are involved in multiple service systems.
11. The role, relationship, and responsibilities of the DHS and counties regarding financing and managing the public mental health system needs to be clarified.
12. Provider accreditation status as a "Community Mental Health Center" (CMHC) should:
 - a. Require a standard array of core safety net services;
 - b. Establish a defined catchment or service area for a CMHC.
13. Base provider accreditation status as an "Other Mental Health Service Provider" on services or service types provided rather than by provider entity.
14. Determine a financing plan for the public mental health system that achieves the ability to successfully implement the recommendations set forth in this proposal.

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Proposal for Revisions to Iowa Code 230A

Proposal:

The 230A Advisory Committee proposal is organized into two main sections.

Section 1. Organization - What Goes Where

Section 2. Recommended Revisions

Section 1. Organization - What Goes Where

Review of the sections presently included in Iowa Code Chapter 230A has resulted in recommendations included in Attachment A to reorganize and/or remove several sections. The Committee believes these sections may be more appropriately addressed through other vehicles, such as the State Mental Health and Disability Services Plan; Iowa Administrative Code 441-24 (Accreditation of Providers of Services to Persons with MI, CMI, MR, and DD); or by being included in contracts for services with providers.

Please see *Attachment A* for the chart showing what goes where.

Section 2. Recommended Revisions

Four different types of recommendations have been made: 1) revisions to existing 230A language; 2) proposed new sections; 3) removal/deletion of sections; and 4) related recommendations for inclusion in administrative rule, contract, or other areas. The recommendations are presented following the organizational structure of existing sections of Chapter 230A.

Recommendation #1. Create a new section titled "Preamble" to provide general introduction to Chapter 230A, to include the following:

- a.) Vision statement and overview of the roles, responsibilities, targeted populations, and financial structure of the Iowa public mental health system.
- b.) The role of the Iowa Department of Human Services, Division of Mental Health and Disability Services as the State Mental Health Authority, to develop and maintain policy for the mental health and disability services system for Iowans of all ages with disabilities who need services regardless of place of residence or economic circumstances of those individuals, consistent with language from 225C.
- c.) The role of community mental health centers in the public mental health system as providers responsible for an array of core safety net services within defined catchment areas in order to establish a statewide organized public safety net.

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Proposal for Revisions to Iowa Code 230A

Recommendation #2. Add a new section for definitions.

Recommendation #3. Section 230A.1 Establishment and Support of Community Mental Health Centers.

a). Rename this section to: Establishment of Community Mental Health Centers. Remove reference to "Support" from title because supports are included in section 230A.14.

b). Revise the following paragraph as follows:

"The Division *in collaboration* with a county or affiliated counties, by action of the board or boards of supervisors, shall establish a community mental health center under this chapter to serve the county or counties in order to provide an array of core safety-net services to targeted populations. This section does not limit the authority of the board or boards of supervisors of any county or group of counties to continue to expend money to support operation of the center."

c). Add the following language to this section: The division shall establish standards for a community mental health center under this chapter.

Recommendation # 4. Add a new section titled "CMHC Catchment Area" to include the following:

a). A CMHC catchment area will be designated by the Division *in collaboration* with a county or affiliated counties based on the process of establishing a CMHC for a county or counties.

b.) Designation of a CMHC catchment area should:

- Limit the number of CMHCs providing services in a catchment area generally to one CMHC to establish and maintain accountabilities of CMHCs for core safety net services to individuals in the targeted populations and to protect the financial viability of the public service system.
- Provide a formal review process to determine if more than one CMHC can be supported in a defined catchment area. This process should limit/minimize approval of more than one CMHC in a catchment area.
- Provide a process to grandfather in providers as CMHCs in catchment areas where more than one CMHC has already been designated by both the county and division provided it can be demonstrated that all existing designated CMHCs are financially viable.
- The financial viability to successfully operate and maintain core safety net services should be a factor in determining if a catchment area can support more than one CMHC. Financial viability should be addressed as part of the established process to allow more than one CMHC per catchment area.
- Catchment area designation should be tied to CMHC responsibility to serve individuals within the catchment area without ability to "eject" or deny services to

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Proposal for Revisions to Iowa Code 230A

individuals who are among the targeted population groups (all ages) of the CMHC. A process should be developed to address this policy in the event there is more than one CMHC in a catchment area.

c.) Incorporate language to address responsibility for services provided to individuals that live in a county of residence within a catchment area as well as those outside of the catchment area. Include language that addresses CMHC responsibility/involvement when an individual from the catchment area is in an inpatient/residential treatment setting to promote continuity of care and facilitate discharge planning and timely community re-integration.

d.) Other related recommendations:

- Policies and procedures are needed in Accreditation of CMHCs, which addresses ability/inability for a consumer to receive services from a CMHC in another catchment that is not located in a consumer's county of residence.
- The committee did not make a decision whether a consumer should or should not be able to be served by a CMHC outside of their county of residence largely due to the conclusion that the manner of financial support to the center would influence policies and procedures in this area.

Recommendation #5. Add a new section titled Target Population.

- a). Add language to define target populations to be served by a CMHC:
- Individuals of any age experiencing a mental health crisis.
 - Individuals of any age with a mental health disorder.
 - Adults experiencing serious mental illness/ Chronic Mental Illness (based on existing definitions in Code and/or administrative rule).
 - Children and Youth experiencing serious emotional disturbance (based on definition in Code).
 - Individuals who have a mental health disorder (including SMI/CMI and SED) that co-occurs with substance abuse, mental retardation, developmental disabilities, brain injury, autism spectrum disorders, other disabilities, and/or other specialty health care needs are included within the targeted population groups.

Recommendation #6. 230A.2: Services Offered.

a). Change existing language to read: "A community mental health center established or operating as authorized by section 230A.1 shall offer core safety net services to residents of the centers catchment area as defined in rule."

b). Include language identifying that a CMHC has responsibility for the coordination of services in the community and the integration of services in the community with services in inpatient/residential treatment settings for individuals served.

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- c). Include language that permits a CMHC to meet service requirements to "make available" Core Safety Net Services within a CMHC catchment area by:
- Directly providing services.
 - Coordinating services through another provider agency.
 - Contracting/affiliating with another provider for a particular service.
- d). Other related recommendations:
- Address core safety net services in Accreditation standards for CMHCs and the State Mental Health and Disability Services Plan, to include:
 - Admissions, continued stay, and discharge criteria.
 - Intensive care coordination as a core service which is defined as a separate and distinct service from targeted case management for adults with serious mental illness/chronic mental illness and youth with serious emotional disturbance
 - Crisis care coordination as a core service for individuals of any age, which is defined as a separate and distinct service from targeted case management.
 - Establish/define CMHC functions/responsibilities related to the integration of mental health services in the community with inpatient/residential treatment facilities in CMHC accreditation and also the mental health and disability services state plan, to include:
 - Pre-admission screening and evaluation for CMHC services;
 - Coordinating care between services in the community and treatment within facilities;
 - CMHC involvement and role regarding Chapter 229 committals, admission to the State Mental Health Institutes, and other providers;
 - Participating in discharge planning, and
 - Coordination of/ provision of post stabilization/ongoing services in the community.

Recommendation #7. Add a new section titled "Eligibility".

- a). Include establishment of eligibility language in 230A, but limit language to allow specific eligibility criteria to be defined in rule and included in the state mental health and disability services plan rather than be included in 230A.
- b). Have eligibility language target individuals with the highest needs to be able to receive the most intensive services regardless of ability to pay. Determine clinical eligibility based on Target Population definitions that tie targeted population groups to certain services and/or service types as follows:
- Anyone, any age experiencing a mental/behavioral health crisis:
 - Eligible for Emergency services as defined in current accreditation standards.
 - Eligible for Emergency Mental Health Crisis Services based on CMHC receipt of EMHCS funding and related increase in responsibilities and array of EMHC services.

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- Anyone with a mental health disorder/mental illness eligible for outpatient services.
 - SPMI/CMI and SED eligible for intensive home and community based services. These services need to include intensive care coordination.
 - Individuals with a mental health disorder (including SPMI/CMI and SED) that co-occurs with substance abuse, mental retardation, developmental disabilities, brain injury, autism spectrum disorders, other disabilities, and/or other specialty health care needs are to be included within the targeted population groups and services those groups are eligible for.
- c.) A financial eligibility and fee process that is based on providing services regardless of ability to pay that uses a standardized sliding fee scale. It is recommended that financial eligibility language included in 230A only direct that financial eligibility criteria be established, but the actual financial eligibility criteria should be defined elsewhere (Such as rule. See item e. fourth bullet, below).
- d.) Include a service provision requirement that addresses:
- No eject/No reject.
 - No denial of service based on inability to pay that includes processes to address and manage "refusal" to pay.
 - No denial of service language needs to address the inability to deny services based on:
 - Adult, child, youth, and/ parent/guardian actions, disposition or other challenges that may arise.
 - Previous unsuccessful interventions or experiences.
 - Involvement in out of home placement or other inpatient/residential treatment options.
 - Ability/inability for a consumer to receive services from a CMHC that is not located in a catchment area that is the consumer's county of residence.
 - Civil rights language for providing services without regard to age, race, disability, etc.
- e). Other related recommendations regarding eligibility:
- Clinical eligibility based on target population groups needs to be further defined in accreditation standards for CMHCs or other administrative rules.
 - Individual types of services that are part of the array of core required safety net services will need to be further defined in the state plan and in rule.
 - Further details regarding the tie of targeted population groups to core safety net services needs will be included in the state plan, accreditation standards of CMHC or other administrative rules and also addressed in CMHC contract.
 - Further details of Financial Eligibility criteria should be defined in state plan, accreditation or other administrative rules, and in CMHC/MHDS/County contracts based on funding appropriated.
 - Accreditation of CMHC needs to include provisions for policies and procedures that address ability/inability for consumer to receive services from a CMHC that is not the CMHC in the consumer's county of residence.

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- Accreditation of a CMHC needs to include provisions, which base "no denial of service" expectations on clinical need/medical necessity for the core safety net services.

Recommendation #8. Section 230A.3: Forms of Organizations.

- a). Combine 230A.3 and 230A.12 to establish a single section regarding Forms of Organization.
- b). Much discussion was held regarding limiting CMHC business structure to a non-profit organization given their role as being part of the safety net of services for vulnerable Iowans. Though a strong preference was expressed that a CMHC should be limited to non-profit organizations, the group concluded that if a CMHC is permitted to incorporate and operate as a for-profit business entity that the following conditions be placed on these for-profit businesses:
 - A limit be placed on allowable administrative costs and profit margin.
 - A designated percent of the for-profit budget should be designated for the provision of free-care. Free-care should be clearly defined to not include a re-designation of bad debt or uncollected income.
 - The for-profit business entities substantially meet the standards required of non-profit organizations.
 - The for-profit entity be subject to the same open records and sharing of financial information and reporting as non-profit organizations operating as CMHCs.
- c). Delete the following parts of section 230A.3:
 - "Direct establishment of the center by the county or counties supporting it and administration of the center by an elected board of trustees, pursuant to sections 230A.4 to 230A.11."
 - "Establishment of the center by a nonprofit corporation providing services to the county or counties on the basis of an agreement with the board or boards of supervisors, pursuant to sections 230A.12 and 230A.13."

Recommendation #9. Section 230A.4: Trustees -- Qualifications -- Manner of Selection

- a). Delete/Repeal this section.

Recommendation #10. Section 230A.5: Election of Trustees

- a). Delete/Repeal this section.

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Recommendation #11. Section 230A.6: Vacancies

a). Delete/Repeal this section.

Recommendation #12. Section 230A.7: Organization -- Meetings -- Quorum

a). Delete/Repeal this section.

Recommendation #13. Section 230A. 8: Duties of Secretary

a). Delete/Repeal this section.

Recommendation #14. Section 230A.9: Duties of Treasurer

a). Delete/Repeal this section.

Recommendation #15. Section 230A.10: Powers and Duties of Trustees

a). Delete/Repeal this section.

Recommendation #16. Section 230A.11 -- Reimbursement -- Restrictions

a). Delete/Repeal this section.

Recommendation #17. 230A.12: Center Organized as Nonprofit Corporation -- Agreement with County.

a). Combine 230A.3 and 230A.12 under one section - 230A.3 Forms of Organization.

b). Delete the language in the heading: "Center Organized as a Nonprofit Corporation - Agreement with County."

c). Merge the non-profit status language in this section with section 230A.3: Forms of Organization.

d). Delete the following language:

"... except that a community mental health center organized after January 1, 2005, and a community mental health center continued in operation after July 1, 2005, shall be organized under the revised Iowa nonprofit corporation Act appearing as chapter 504, and except that a community mental health center organized under former chapter 504 prior to July 1, 1974, and existing under the provisions of chapter 504, Code 1989, shall not be required by this chapter to adopt the Iowa nonprofit corporation Act or the revised Iowa nonprofit corporation Act if it is not otherwise required to do so by law.

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e). Revise and move the following language to Section 230A.1: Establishment of CMHCs:

- "...The board of directors of each such community mental health center shall enter into an agreement with the Division, the county or affiliated counties or both which are to be served by the center, which agreement shall include but need not be limited to the period of time for which the agreement is to be in force what services the center is to provide for residents of the county or counties to be served, standards the center is to follow in determining whether and to what extent persons seeking services from the center shall be considered able to pay the cost of the services received, and policies regarding availability of the center's services to persons who are residents of the county or counties served by the center."

f). Move the following provisions from 230A.12 to 230A.14: Support of Center-

- "1. Recruit, promote, accept and use local financial support for the community mental health center from private sources such as community service funds, business, industrial and private foundations, voluntary agencies, and other lawful sources."
- "2. Accept and expend state and federal funds available directly to the community mental health center for all or any part of the cost of any service the center is authorized to provide."
- "3. Enter into a contract with an affiliate, which may be an individual or a public or private group, agency, or corporation, organized and operating as either a profit or nonprofit basis, for any of the services described in section 230.2, to be provided by the affiliate to residents of the county or counties served by the community mental health who are patients or clients of the center and are referred by the center to the affiliate for service."

g). Other related recommendations:

- Language in 230.12 regarding service requirements is no longer necessary as it will be addressed in 230A.2: Services Offered and defined as Core Safety Net Services.
- The reference to CMHC standards can be removed from 230.12 as CMHC standards are addressed in 230A.16 and will also be determined through CMHC Chapter 24 Accreditation standards.
- Language regarding service eligibility in 230.12 is no longer necessary as service eligibility will be determined by clinical and financial eligibility criteria in the proposed New Section: Service Eligibility.

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Recommendation #18. Section 230A.13: Annual Budget.

- a). Revise section heading to read 230A.13: Reporting Requirements
- b). Delete the following:
 - "...and, when satisfied with the budget, submit it to the auditor or auditors of the county or affiliated counties served by the center, at the time and in the manner prescribed by chapter 24. The budget shall be subject to review by and approval of the board of supervisors of the county, which is served by the center or, in the case of a center serving affiliated counties, by the board of supervisors of each county, acting separately, to the extent the budget is to be financed by taxes levied by that county or by funds allocated to that county by the state which the county may by law use to help support the center."
- c). Section 230A. 13 should make reference to annual audits, cost reports, program, performance, and other information submitted to the Division. Specific requirements for each of these are recommended to remain being addressed in contracts with CMHCs versus being included in 230A.
- d). The last paragraph in 230A.13: Need to determine if the language in this paragraph is necessary.
- e). Other related recommendations regarding section 230A.13: Reporting Requirements
 - Accreditation standards for CMHCs should include standardized reporting requirements, which should include but not be limited to:
 - Service utilization data;
 - Client and population demographic information;
 - Standardized provider performance and outcomes data: services timeframes, consumer satisfaction, and client outcomes.
 - CMHC Contract element will include CMHC participation in targeted studies, research and/or the use of evidenced based best practices as appropriate.

Recommendation #19. Section 230A.14: Support of Center -- Federal Funds.

- a). Delete reference to "Federal Funds" in the title of the section.
- b). Incorporate the following elements, as appropriate:
 - Change language in this and other sections of 230A to be consistent with decisions about financing the mental health system.
 - Define state/county responsibility regarding funding the array of Core Safety Net Services based on the goal that individuals of all ages among the targeted populations served have access to Core Safety Net Services regardless of ability to pay.

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- Address state/county responsibility regarding payment of services, payment of any Medicaid match requirement, use of Federal Mental Health Block Grant, and use of Federal Social Services Block Grant funding as available.

Recommendation #20. Section 230A.15: Comprehensive Community Mental Health Center Program.

a). Merge and revise this section with 230A.2: Services Offered to read:

"A community mental health center shall undertake to provide a comprehensive community mental health program of core mental health safety net services for children, youth and adults as designated by the department of human services, division of mental health and disability services and as defined in rule".

b). Under section on Definitions, define "Comprehensive Community Mental Health Program" as providing (or making available) a full array of Core Safety Net Services as defined in rule.

Recommendation #21. Section 230A.16: Establishment of Standards.

a). Revise 230A.16 - 230A.16.4 as follows:

The administrator of the division of mental health and disability services of the department of human services shall recommend and the mental health, mental retardation, developmental disabilities, and brain injury commission shall adopt standards for community mental health centers offering 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 shall be in substantial conformity with recognized national standards for community mental health services unless in the judgment of the administrator of the division of mental health and disability services, with approval of the mental health, mental retardation, developmental disabilities, and brain injury commission, there are sound reasons for departing from the standards. When recommending standards under this section, the administrator of the division shall designate an advisory committee to assist in the formulation or revision of standards to include representation from community mental health center professional and non-professional staff, at least one representative of the counties of the center's catchment area, county central points of contact, and others as appropriate. The standards recommended under this section shall include requirements that each community mental health center established or operating as authorized by section 230A.1 shall:"

1. Maintain and make available to the public a written statement of the services offered to residents of the county or counties served. Employ staff or contract with

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affiliates to employ staff that are appropriately credentialed and/or meet other qualifications consistent with the qualifications required to provide the service(s).

2. Be governed by a board of directors, which adequately represents interested professions, consumers of the center's services, socio-economic, cultural, and age groups; and various geographical areas in the county or counties served by the center.

3. Require an annual audit according to state/federal requirements for non-profit agencies. For-profit providers shall follow the same state/ federal auditing requirements as non-profit agencies, if permitted to operate as a community mental health center. Require a CMHC to provide copies of the annual audit to the State.

4. Add language that references Accreditation Standards (currently Chapter 24) for CMHCs in this section but allow details regarding the accreditation standards and expectations to be developed and maintained through CMHC accreditation rather than Chapter 230A. The Committee believes this appropriately allows accreditation standards to be reviewed and recommended for revision by the Division to the MHMRDDBI Commission based on changing mental health practices while not requiring code changes.

b) Based on a review of existing national accreditation programs and standards, the Committee has determined that existing nationally recognized accreditation entities do not have accreditation standards specific to community mental health centers. It is therefore recommended that accepting national accreditation, as accreditation for a community mental health center, through a process known as deeming, not be accepted.

c) Other related recommendations regarding 230A.16:

- Regarding Board of Directors of the CMHC - Accreditation standards should address representation of adult consumer and parent of a child or children in services as members of the centers board.

Recommendation #22. Section 230A.17: Review and Evaluation.

a). Merge 230A.17 and 230A.18 into one section titled: Review and Evaluation.

b). Add language to include:

- Review and evaluation of a CMHC will be carried out through a formalized accreditation review process as recommended by the Division and approved by the MHMRDDBI Commission. The accreditation process will include:
 - Specified time intervals for full accreditation review activities for a CMHC based on level of accreditation granted by the MHMRDDBI Commission.
 - Use of random or complaint-specific on-site limited accreditation reviews in between full accreditation review periods as a quality

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- review process. The results of random limited accreditation reviews will be presented to the MHRDDBI Commission.
- Use of CMHC accreditation self-assessment tools to gather data regarding quality of care and outcomes prior to, during, or at periods of time in between on-site accreditation reviews. The results of self-assessments will be presented to the MHRDDBI Commission.
 - Include mechanisms to address the following:
 - A CMHC that is not meeting the standards established for a CMHC, including the ability to revoke current accreditation status.
 - A CMHC does not develop a corrective action plan as requested and/or does not follow through with implementation of the actions included in the corrective action plan accepted by the division.
 - Establishing timelines and response requirements for a CMHC to respond to requests for information related to the accreditation process and status.
 - Recognition of CMHCs that do successfully complete corrective action pursuant to the accepted corrective action plan.
 - Establishing criteria to determine when an accredited community mental health center should no longer receive this designation.
 - The role of the Commission in the accreditation process of CMHC should be consistent between 230A and 225C.
- e). Other related recommendations regarding 230A.17 and 230.A18:

Recommendation # 23. Section 230A.18: Report of Review and Evaluation:

- a). Merge 230A.17 and 230A.18 into one section titled: Review and Evaluation.
- b). Delete the current language in 230A.18.

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ATTACHMENT A

What Goes Where?

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Attachment A

Chart: "What Goes Where"

Content Area	230A	Accreditation Rule	Other
Establishment and support of community mental health centers	Establishment of CMHC's to remain in 230A.		
Services offered	Support of CMHC's: Combination of 230A, appropriations, contact, etc. State Mental Health Plan to be referenced in 230A	Core Services Standards to be addressed in Accreditation.	State Plan to be stand alone document that outlines Core Safety Net Services for CMHC's. (Other disability services are also in the state plan).
Consumer and family involvement		Consumer and Family involvement belongs in accreditation.	
Capability to address co-occurring disorders.	Target population language to include Co-occurring (across all co-occurring groups).	Co-occurring capability that is programmatic belongs in accreditation.	
Forms of organization	Belongs in 230A.		
Board of directors	Belongs in 230A.		
Organization meetings	Belongs in 230A.		
Duties and powers of directors	Belongs in 230A.		
Center organization as a nonprofit entity	230A - Should be part of forms of organization.		
Annual budget	Belongs in 230A.		

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Financial support of centers through federal and state block grants	Currently in 23A.14.		Could be 230A; appropriations bill; contract; other; and/or a combination.
Comprehensive community mental health programs	Currently in 230.15 Comprehensive Community Mental Health Program.	Core Services Standards to be addressed in Accreditation.	Mental Health and Disability Services State Plan needs to be a stand alone document that outlines Core Safety Net Services for CMHC's.
Target populations to be served	New Section for 230A - Reference target population groups.		
Emergency mental health crisis services	Should be mentioned in 230A.2: Services Offered.	Core Services Standards to be addressed in Accreditation.	State Plan to be stand alone document that outlines Core Services for CMHC's.
Quality improvement programs		Belongs in accreditation.	
Use of evidence based practices			Currently in provider contracts and should remain in contract.
Use of functional assessments		Belongs in Accreditation.	Needs to begin with means to assess and identify SED and SMI focused on targeting those most in need to the most intensive services in community.
Outcomes measures		Belongs in Accreditation.	Also belongs in contracts.
Establishment of standards	230A should mention meeting CMHC accreditation standards.	Address through Accreditation.	Establishment of standards in 225C as part of division/commission duties.
Review and evaluation processes	230A should mention review and evaluation of CMHC.	Belongs in Accreditation.	

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ATTACHMENT B

Core Safety Net Services Chart

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Community Mental Health Centers		
Core Safety Net Services Chart		
Traditional Outpatient Clinical Services		
Service Type	Clinical Eligibility	Financial Eligibility
<ul style="list-style-type: none"> - Individual, Family, Group Therapy - Evaluation and Assessment - Psychiatric/Medical Services - Medication Management - Psychological Services: - Testing, Evaluation, etc. 	Anyone, <i>any age</i> in need of mental health services	Regardless of an individual's place of residence or economic circumstance.
Emergency Services		
Service Type	Clinical Eligibility	Financial Eligibility
<p>Shall Include:</p> <ul style="list-style-type: none"> - 24/7 Crisis/emergency Response - 24/7 Mobile Response - Screening Services - Liaison with inpatient/residential when consumer is admitted. - Crisis Care Coordination <p>May Include:</p> <ul style="list-style-type: none"> - In-home crisis stabilization - Out of home crisis stabilization - Explore standardized models such as CIT <p>NOTE: The Emergency Mental Health Crisis Services Initiative will determine what the core services for emergency services.</p>	Individuals of all ages who are experiencing a mental health related crisis.	Regardless of an individual's place of residence or economic circumstance.
Specialized Community Based Services for Children, Youth, and their Families		
Service Type	Clinical Eligibility	Financial Eligibility
<p>General Community Based Services (CBS) following a System of Care model and a Wraparound approach. Services are provided anywhere children and youth need them: at home, in school, in other community locations. Examples include but are not limited to:</p> <ul style="list-style-type: none"> - Intensive Care Coordination - In-home supports - Behavioral health aides - School Based Services - Parent Support Services 	Children and Youth Experiencing Serious Emotional Disturbance (SED).	Regardless of a child's or youth's place of residence or personal/family economic circumstance.

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Attachment B

<ul style="list-style-type: none"> - Early identification and assessment - Transitional Services - Psychosocial Group Services (i.e.: day treatment; after school programs; summer programs; etc.). <p>Note: CBS services for youth are similar to CSS Services for adults. CBS Services are provided anywhere youth and families need them: home, school, community, etc.</p> <p>Strategic Planning with stakeholders and families for the Children's Mental Health Initiative will determine which CBS services are required as core safety net services, which services are optional.</p>		
Specialized Community Support Services for Adults		
Service Type	Clinical Eligibility	Financial Eligibility
<p>General Community Support Services which includes:</p> <ul style="list-style-type: none"> - Intensive Care Coordination - Supported Community Living Services – standardize the model (IE: Medicaid, Definitions in code, etc. utilize the same language and same model). - Peer Support Services - Behavioral health aides - Supported Employment - Supported Housing - Psychosocial Rehab. Group/day Treatment services <p>Note: These are services that can be provided anywhere adults need them: home, work, community, etc.</p> <p>Decisions need to be made about what services are required as core safety net services, what are optional.</p>	<p>Adults experiencing serious Mental Illness (SMI)/Chronic Mental Illness.</p>	<p>Regardless of an individual's place of residence or personal/family economic circumstance.</p>
Other Service Areas		
Service Type	Eligible Population	
<p>Education/Training in Co-Occurring Disorders (i.e.: Mental Health/Substance Abuse).</p> <p>Education/Training in other Co-Occurring Disorders (i.e.: Mental Health/ MR&DD).</p>	<p>All behavioral health services (i.e.: mental health, substance abuse, etc.). All providers (i.e.: mental health, substance abuse, corrections, etc.)</p>	
<p>Outreach and Public Education</p>	<p>General Public</p>	

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ATTACHMENT C

**Summary of SF2425:
Community Mental Health Center Law
Update**

Proposal for Revising Iowa Code Chapter 230A "Community Mental Health Centers"
Attachment C

SENATE FILE 2425 SECTION 61 "COMMUNITY MENTAL HEALTH
CENTER LAW UPDATE":

The 2008 General Assembly directed the Department of Human Services - Division of Mental Health and Disability Services to work with the MHMRDDBI Commission and an Advisory Committee to: "*Develop a proposal for updating and revising Iowa Code Chapter 230A relating to Community Mental Health Centers and for revising accreditation standards in rule that would result from the statutory revisions.*"

The advisory committee membership shall include but is not limited to:

- Interests represented on the Commission.
- The child welfare advisory committee established pursuant to 9 section 234.3.
- The coalition for family and children's services in Iowa.
- The Iowa Chapter of the National Association of Social Workers.
- The Iowa Psychological Society.
- The Iowa Psychiatric Society.

The proposal, accompanied by findings and recommendations, shall be submitted to the governor and general assembly on or before December 1, 2008. The proposal content shall include but is not limited to addressing Code chapter 230A requirements in the following areas:

1. Establishment and support of community mental health centers.
2. Services offered.
3. Consumer and family involvement.
4. Capability to address co-occurring disorders.
5. Forms of organization.
6. Board of directors.
7. Organization meetings.
8. Duties and powers of directors.
9. Center organization as a nonprofit entity.
10. Annual budget.
11. Financial support of centers through federal and state block grants.
12. Comprehensive community mental health programs.
13. Target populations to be served.
14. Emergency mental health crisis services.
15. Quality improvement programs.
16. Use of evidenced based practices.
17. Use of functional assessments and
18. Outcomes measures.
19. Establishment of standards.
20. Review and evaluation processes.

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ATTACHMENT D

**Existing Iowa Code Chapter 230A:
Community Mental Health Centers**

CHAPTER 230A COMMUNITY MENTAL HEALTH CENTERS

230A.1 ESTABLISHMENT AND SUPPORT OF COMMUNITY MENTAL HEALTH CENTERS.

230A.2 SERVICES OFFERED.

230A.3 FORMS OF ORGANIZATION.

230A.4 TRUSTEES -- QUALIFICATIONS -- MANNER OF SELECTION.

230A.5 ELECTION OF TRUSTEES.

230A.6 VACANCIES.

230A.7 ORGANIZATION -- MEETINGS -- QUORUM.

230A.8 DUTIES OF SECRETARY.

230A.9 DUTIES OF TREASURER.

230A.10 POWERS AND DUTIES OF TRUSTEES.

230A.11 TRUSTEES -- REIMBURSEMENT -- RESTRICTIONS.

230A.12 CENTER ORGANIZED AS NONPROFIT CORPORATION -- AGREEMENT WITH COUNTY.

230A.13 ANNUAL BUDGET.

230A.14 SUPPORT OF CENTER -- FEDERAL FUNDS.

230A.15 COMPREHENSIVE COMMUNITY MENTAL HEALTH PROGRAM.

230A.16 ESTABLISHMENT OF STANDARDS.

230A.17 REVIEW AND EVALUATION.

230A.18 REPORT OF REVIEW AND EVALUATION.

230A.1 ESTABLISHMENT AND SUPPORT OF COMMUNITY MENTAL HEALTH CENTERS.

A county or affiliated counties, by action of the board or boards of supervisors, with approval of the administrator of the division of mental health and disability services of the department of human services, may establish a community mental health center under this chapter to serve the county or counties. This section does not limit the authority of the board or boards of supervisors of any county or group of counties to continue to expend money to support operation of the center, and to form agreements with the board of supervisors of any additional county for that county to join in supporting and receiving services from or through the center.

Section History: Early Form

[C66, 71, 73, § 230.24; C75, 77, 79, 81, S81, § 230A.1; 81 Acts, ch 78, § 20, 41, ch 117, § 1029]

Section History: Recent Form

83 Acts, ch 123, § 87, 209; 94 Acts, ch 1170, §40; 98 Acts, ch 1181, §1; 2006 Acts, ch 1115, §26
Referred to in § 230A.2, 230A.3, 230A.14, 230A.15, 230A.16

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230A.2 SERVICES OFFERED.

A community mental health center established or operating as authorized by section 230A.1 may offer to residents of the county or counties it serves any or all of the mental health services defined by the mental health, mental retardation, developmental disabilities, and brain injury commission in the state mental health plan.

Section History: Early Form

[C75, 77, 79, 81, § 230A.2; 82 Acts, ch 1117, § 3]

Section History: Recent Form

94 Acts, ch 1170, §41; 2004 Acts, ch 1090, §9
Referred to in § 230A.10, 230A.12, 230A.14

230A.3 FORMS OF ORGANIZATION.

Each community mental health center established or continued in operation as authorized by section 230A.1 shall be organized and administered in accordance with one of the following alternative forms:

1. Direct establishment of the center by the county or counties supporting it and administration of the center by an elected board of trustees, pursuant to sections 230A.4 to 230A.11.
2. Establishment of the center by a nonprofit corporation providing services to the county or counties on the basis of an agreement with the board or boards of supervisors, pursuant to sections 230A.12 and 230A.13.

Section History: Early Form

[C75, 77, 79, 81, § 230A.3]

Section History: Recent Form

98 Acts, ch 1181, §2, 5; 99 Acts, ch 96, §25
Referred to in § 230A.12

230A.4 TRUSTEES -- QUALIFICATIONS -- MANNER OF SELECTION.

When the board or boards of supervisors of a county or affiliated counties decides to directly establish a community mental health center under this chapter, the supervisors, acting jointly in the case of affiliated counties, shall appoint a board of community mental health center trustees to serve until the next succeeding general election. The board of trustees shall consist of at least seven members each of whom shall be a resident of the county or one of the counties served by the center. An employee of the center is not eligible for the office of community mental health center trustee. At the first general election following

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establishment of the center, all members of the board of trustees shall be elected. They shall assume office on the second day of the following January which is not a Sunday or legal holiday, and shall at once divide themselves by lot into three classes of as nearly equal size as possible. The first class shall serve for terms of two years, the second class for terms of four years, and the third class for terms of six years. Thereafter, a member shall be elected to the board of trustees for a term of six years at each general election to succeed each member whose term will expire in the following year.

Section History: Early Form

[C75, 77, 79, 81, S81, § 230A.4; 81 Acts, ch 117, § 1030]
Referred to in § 230A.3, 331.321

230A.5 ELECTION OF TRUSTEES.

The election of community mental health center trustees shall take place at the general election on ballots which shall not reflect a nominee's political affiliation. Nomination shall be made by petition in accordance with chapter 45. The petition form shall be furnished by the county commissioner of elections, signed by eligible electors of the county or affiliated counties equal in number to one percent of the vote cast therein for president of the United States or governor, as the case may be, in the last previous general election, and shall be filed with the county commissioner of elections. A plurality shall be sufficient to elect community mental health center trustees, and no primary election for that office shall be held.

Section History: Early Form

[C75, 77, 79, 81, § 230A.5]

Section History: Recent Form

91 Acts, ch 129, §23
Referred to in § 230A.3, 230A.16

230A.6 VACANCIES.

Vacancies on the community mental health center board of trustees shall be filled by appointment in accordance with sections 69.11 and 69.12, by the remaining trustees, except that if the offices of more than half of the members of the board are vacant at any one time the vacancies shall be filled by the board of supervisors or boards of supervisors acting jointly in the case of affiliated counties. The office of any trustee who is absent from four consecutive regular board meetings, without prior excuse, may be declared vacant by the board of trustees and filled in accordance with this section.

Section History: Early Form

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[C75, 77, 79, 81, § 230A.6]

Referred to in § 230A.3, 230A.16, 331.321

230A.7 ORGANIZATION -- MEETINGS -- QUORUM.

The members of the board of community mental health center trustees shall qualify by taking the usual oath of office within ten days after their appointment or prior to the beginning of the term to which they were elected, as the case may be. At the initial meeting following appointment of a board of trustees or of a majority of the members of a board, and at the first meeting in January after each biennial general election, the board shall organize by election of one of the trustees as chairperson, one as secretary and one as treasurer. The secretary and treasurer shall each file with the chairperson a surety bond in a penal sum set by the board of trustees and with sureties approved by the board for the use and benefit of the center, the reasonable cost of which shall be paid from the operating funds of the center. No other members of the board shall be required to post bond. The board shall meet at least once each month. One half plus one of the members of the board shall constitute a quorum.

Section History: Early Form

[C75, 77, 79, 81, § 230A.7]

Referred to in § 230A.3

230A.8 DUTIES OF SECRETARY.

1. The secretary shall report to the county auditor and treasurer the names of the chairperson, secretary and treasurer of the community mental health center board of trustees as so as practicable after each has qualified.
2. The secretary shall keep a complete record of all proceedings of the board of trustees.
3. The secretary shall draw warrants on the funds of the center, which shall be countersigned by the chairperson of the board of trustees, after claims are certified by the board.
4. The secretary shall file with the board of trustees, on or before the tenth day of each month, a complete statement of all receipts and disbursements from the center's funds during the preceding month and the balance remaining on hand at the close of the month.

Section History: Early Form

[C75, 77, 79, 81, § 230A.8]

Referred to in § 230A.3, 230A.9

230A.9 DUTIES OF TREASURER.

1. The treasurer of the community mental health center shall receive the funds made available to the center by the county or counties it serves, and any other funds which may be made available to the center, and shall disburse the center's funds upon warrants drawn as required by section 230A.8, subsection 3.

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2. The treasurer shall keep an accurate account of all receipts and disbursements and shall register all orders drawn and reported to the treasurer by the secretary, showing the number, date, to whom drawn, the purpose and amount.

3. At intervals specified by the county board of supervisors, not less often than once each ninety days, the county treasurer of each county served by the center shall notify the chairperson of the center's board of trustees of all amounts due the center from the county which have not previously been paid over to the treasurer of the center. The chairperson shall then file a claim for payment as specified in section 331.504, subsection 7, sections 331.506, and 331.554. Section 331.504, subsection 8 notwithstanding, the claims shall not include information which in any manner identifies an individual who is receiving or has received treatment at the center.

Section History: Early Form

[C75, 77, 79, 81, S81, § 230A.9; 81 Acts, ch 117, § 1209]
Referred to in § 230A.3

230A.10 POWERS AND DUTIES OF TRUSTEES.

The community mental health center board of trustees shall:

1. Have authority to adopt bylaws and rules for its own guidance and for the government of the center.
2. Employ a director and staff for the center, fix their compensation, and have control over the director and staff.
3. Designate at least one of the trustees to visit and review the operation of the center at least once each month.
4. Procure and pay premiums on insurance policies required for the prudent management of the center, including but not limited to public liability, professional malpractice liability, workers' compensation and vehicle liability, any of which may include as additional insureds the board of trustees and employees of the center.
5. Establish, with approval of the board or joint boards of supervisors of the county or counties served by the center, standards to be followed in determining whether and to what extent persons seeking services from the center shall be considered able to pay the cost of the services received.
6. Establish, with approval of the board or joint boards of supervisors of the county or counties served by the center, policies regarding whether the services of the center will be made available to persons who are not residents of the county or counties served by the center, and if so upon what terms.
7. Purchase or lease a site for the center, and provide and equip suitable quarters for the center.
8. Prepare and approve plans and specifications for all center buildings and equipment, and advertise for bids as required by law for county buildings before making any contract for the construction of any building or purchase of equipment.
9. File with the board of supervisors within thirty days after the close of each budget year, a report covering their proceedings with reference to the center and a statement of all

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receipts and expenditures during the preceding budget year.

10. Accept property by gift, devise, bequest or otherwise; and, if the board deems it advisable, may, at public sale, sell or exchange any property so accepted upon a concurring vote of a majority of all members of the board of trustees, and apply the proceeds thereof, or property received in exchange therefor, to the purposes enumerated in subsection 7, or to purchase equipment.

11. There shall be published quarterly in each of the official newspapers of the county as selected by the board of supervisors pursuant to section 349.1 the schedule of bills allowed and there shall be published annually in such newspapers the schedule of salaries paid by job classification and category, but not by listing names of individual employees. The names, addresses, salaries and job classification of all employees paid in whole or in part from public funds shall be a public record and open to inspection at reasonable times as designated by the board of trustees.

12. Recruit, promote, accept and use local financial support for the community mental health center from private sources such as community service funds, business, industrial and private foundations, voluntary agencies and other lawful sources.

13. Accept and expend state and federal funds available directly to the community mental health center for all or any part of the cost of any service the center is authorized to provide.

14. Enter into a contract with an affiliate, which may be an individual or a public or private group, agency, or corporation, organized and operating on either a profit or a nonprofit basis, for any of the services described in section 230A.2, to be provided by the affiliate to residents of the county or counties served by the community mental health center who are patients or clients of the center and are referred by the center to the affiliate for service.

Section History: Early Form

[C75, 77, 79, 81, § 230A.10]

Section History: Recent Form

83 Acts, ch 101, § 41
Referred to in § 230A.3

230A.11 TRUSTEES -- REIMBURSEMENT -- RESTRICTIONS.

1. No community mental health center trustee shall receive any compensation for services in that office, but the trustee shall be reimbursed for actual and necessary personal expenses incurred in the performance of the trustee's duties. An itemized and verified statement of any such expenses may be filed with the secretary of the board of trustees, and shall be allowed upon approval by the board.

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2. No trustee shall have, directly or indirectly, any pecuniary interest in the purchase or sale of any commodities or supplies procured for or disposed of by the center.

Section History: Early Form

[C75, 77, 79, 81, § 230A.11]
Referred to in § 230A.3

**230A.12 CENTER ORGANIZED AS NONPROFIT CORPORATION --
AGREEMENT WITH COUNTY.**

Each community mental health center established or continued in operation pursuant to section 230A.3 shall be organized under the Iowa nonprofit corporation Act appearing as chapter 504A, Code and Code Supplement 2003, except that a community mental health center organized after January 1, 2005, and a community mental health center continued in operation after July 1, 2005, shall be organized under the revised Iowa nonprofit corporation Act appearing as chapter 504, and except that a community mental health center organized under former chapter 504 prior to July 1, 1974, and existing under the provisions of chapter 504, Code 1989, shall not be required by this chapter to adopt the Iowa nonprofit corporation Act or the revised Iowa nonprofit corporation Act if it is not otherwise required to do so by law. The board of directors of each such community mental health center shall enter into an agreement with the county or affiliated counties which are to be served by the center, which agreement shall include but need not be limited to the period of time for which the agreement is to be in force, what services the center is to provide for residents of the county or counties to be served, standards the center is to follow in determining whether and to what extent persons seeking services from the center shall be considered able to pay the cost of the services received, and policies regarding availability of the center's services to persons who are not residents of the county or counties served by the center. The board of directors, in addition to exercising the powers of the board of directors of a nonprofit corporation, may:

1. Recruit, promote, accept and use local financial support for the community mental health center from private sources such as community service funds, business, industrial and private foundations, voluntary agencies, and other lawful sources.
2. Accept and expend state and federal funds available directly to the community mental health center for all or any part of the cost of any service the center is authorized to provide.
3. Enter into a contract with an affiliate, which may be an individual or a public or private group, agency or corporation, organized and operating on either a profit or a nonprofit basis, for any of the services described in section 230A.2, to be provided by the affiliate to residents of the county or counties served by the community mental health center who are patients or clients of the center and are referred by the center to the affiliate for service.

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Section History: Early Form

[C75, 77, 79, 81, § 230A.12]

Section History: Recent Form

83 Acts, ch 101, § 42; 98 Acts, ch 1181, §3; 2003 Acts, ch 108, §44; 2004 Acts, ch 1049, §182, 192
Referred to in § 225C.15, 230A.3

230A.13 ANNUAL BUDGET.

The board of directors of each community mental health center which is organized as a nonprofit corporation shall prepare an annual budget for the center and, when satisfied with the budget, submit it to the auditor or auditors of the county or affiliated counties served by the center, at the time and in the manner prescribed by chapter 24. The budget shall be subject to review by and approval of the board of supervisors of the county which is served by the center or, in the case of a center serving affiliated counties, by the board of supervisors of each county, acting separately, to the extent the budget is to be financed by taxes levied by that county or by funds allocated to that county by the state which the county may by law use to help support the center.

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 of human services, division of mental health and disability services, relating to an individual who receives services from a community mental health center through the applicable central point of coordination process, may be made a condition of support of that center by any county under this section.

Section History: Early Form

[C75, 77, 79, 81, § 230A.13]

Section History: Recent Form

83 Acts, ch 101, § 43; 96 Acts, ch 1183, § 27; 2004 Acts, ch 1090, §33; 2006 Acts, ch 1115, §27
Referred to in § 228.6, 230A.3

230A.14 SUPPORT OF CENTER -- FEDERAL FUNDS.

The board of supervisors of any county served by a community mental health center established or continued in operation as authorized by section 230A.1 may expend money from county funds or federal matching funds designated by the board of supervisors for that purpose, without a vote of the electorate of the county,

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to pay the cost of any services described in section 230A.2 which are provided by the center or by an affiliate under contract with the center, or to pay the cost of or grant funds for establishing, reconstructing, remodeling, or improving any facility required for the center.

Section History: Early Form

[C75, 77, 79, 81, § 230A.14]

Section History: Recent Form

83 Acts, ch 123, § 88, 209; 92 Acts, ch 1241, § 70

230A.15 COMPREHENSIVE COMMUNITY MENTAL HEALTH PROGRAM.

A community mental health center established or operating as authorized by section 230A.1, or which a county or group of counties has agreed to establish or support pursuant to that section, may with approval of the board or boards of supervisors of the county or counties supporting or establishing the center, undertake to provide a comprehensive community mental health program for the county or counties. A center providing a comprehensive community mental health program shall, at a minimum, make available to residents of the county or counties it serves all of the comprehensive mental health services described in the state mental health plan.

Section History: Early Form

[C75, 77, 79, 81, § 230A.15; 82 Acts, ch 1117, § 4]

230A.16 ESTABLISHMENT OF STANDARDS.

The administrator of the division of mental health and disability services of the department of human services shall recommend and the mental health, mental retardation, developmental disabilities, and brain injury commission shall adopt standards for 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 furnished high quality mental health services within a framework of accountability to the community it serves. The standards shall be in substantial conformity with those of the psychiatric committee of the joint commission on accreditation of health care organizations and other recognized national standards for evaluation of psychiatric facilities unless in the judgment of the administrator of the division of mental health and disability services, with approval of the mental health, mental retardation, developmental disabilities, and brain injury commission, there are sound reasons for departing from the standards. When recommending standards under this section, the administrator of the division shall designate an advisory committee representing boards of directors and professional staff

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of community mental health centers to assist in the formulation or revision of standards. At least a simple majority of the members of the advisory committee shall be lay representatives of community mental health center boards of directors. At least one member of the advisory committee shall be a member of a county board of supervisors. The standards recommended under this section shall include requirements that each community mental health center established or operating as authorized by section 230A.1 shall:

1. Maintain and make available to the public a written statement of the services it offers to residents of the county or counties it serves, and employ or contract for services with affiliates employing specified minimum numbers of professional personnel possessing specified appropriate credentials to assure that the services offered are furnished in a manner consistent with currently accepted professional standards in the field of mental health.
2. Unless it is governed by a board of trustees elected or selected under sections 230A.5 and 230A.6, 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 county or counties served by the center.
3. 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 state accountants, 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 accountant to the administrator of the division of mental health and disability services and the board of supervisors supporting the audited community mental health center.
4. Adopt and implement procedural rules ensuring that no member of the center's board of directors, or board of trustees receives from the center information which identifies or is intended to permit the members of the board to identify any person who is a client of that center.

Section History: Early Form

[C75, 77, 79, 81, S81, § 230A.16; 81 Acts, ch 78, § 20, 42]

Section History: Recent Form

89 Acts, ch 264, §6; 94 Acts, ch 1170, §42, 43; 2004 Acts, ch 1090, §10; 2006 Acts, ch 1115, §28, 29
Referred to in § 225C.4, 225C.6, 230A.18

230A.17 REVIEW AND EVALUATION.

The administrator of the division of mental health and disability services of the department of human services may review and evaluate any community mental health center upon the

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recommendation of the mental health, mental retardation, developmental disabilities, and brain injury commission, and shall do so upon the written request of the center's board of directors, its chief medical or administrative officer, or the board of supervisors of any county from which the center receives public funds. The cost of the review shall be paid by the division.

Section History: Early Form

[C75, 77, 79, 81, S81, § 230A.17; 81 Acts, ch 78, § 20, 43]

Section History: Recent Form

94 Acts, ch 1170, §44; 2004 Acts, ch 1090, §11; 2006 Acts, ch 1115, §30
Referred to in § 225C.4, 230A.18

230A.18 REPORT OF REVIEW AND EVALUATION.

Upon completion of a review made pursuant to section 230A.17, the review shall be submitted to the board of directors and chief medical or administrative officer of the center. If the review concludes that the center fails to meet any of the standards established pursuant to section 230A.16, subsection 1, and that the response of the center to this finding is unsatisfactory, these conclusions shall be reported to the mental health, mental retardation, developmental disabilities, and brain injury commission which may forward the conclusions to the board of directors of the center and request an appropriate response within thirty days. If no response is received within thirty days, or if the response is unsatisfactory, the commission may call this fact to the attention of the board of supervisors of the county or counties served by the center, and in doing so shall indicate what corrective steps have been recommended to the center's board of directors.

Section History: Early Form

[C75, 77, 79, 81, S81, § 230A.18; 81 Acts, ch 78, § 20, 44]

Section History: Recent Form

94 Acts, ch 1170, §45; 2004 Acts, ch 1090, § 12

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