

Final Report of the  
MENTAL HEALTH AND JUVENILE INSTITUTIONS STUDY COMMITTEE  
to the  
SIXTY-FIFTH GENERAL ASSEMBLY  
of the  
STATE OF IOWA  
FIRST SESSION  
1973

# FINAL REPORT

of the

## MENTAL HEALTH AND JUVENILE INSTITUTIONS STUDY COMMITTEE

December, 1972

Included with the appropriations for the operation of the Department of Social Services during the present biennium was a special appropriation of \$25,000 to the Legislative Council for "a study regarding the present and future roles and adequacy of the mental health institutes and the existing institutions for juveniles under the Department of Social Services." Accordingly, the Legislative Council established the Mental Health and Juvenile Institutions Study Committee, composed of Representative Edgar H. Holden of Davenport as Chairman, Senator Earl Bass of Malvern as Vice Chairman, Senators James Griffin of Council Bluffs, Charles Miller of Burlington, and Marvin Smith of Paullina, and Representatives June Franklin of Des Moines, Delmont Moffitt of Mystic, and Joan Lipsky of Cedar Rapids.

Although originally established only for the period ending June 30, 1972, the Study Committee's existence was extended to January 1, 1973 by chapter 1009 Acts of the Sixty-fourth General Assembly, Second Session. The Study Committee held a total of 20 meetings during the 1971 and 1972 interims, including seven two-day meetings. Committee members visited the four state mental health institutes, the two hospital-schools for the mentally retarded, the state psychopathic hospital at Iowa City, the juvenile homes at Toledo and Davenport, and the Girls Training School at Mitchellville. Meetings in Des Moines and elsewhere have been attended by representatives of the Community Mental Health Centers Association of Iowa and of individual community mental health centers, the Iowa Association for Mental Health, the Iowa Association for Retarded Children, and personnel from the state agencies interested in or potentially affected by the study.

It will be recalled that the Legislature also established a study committee in the area of mental health in 1967-68, of which Senator Miller (then a State Representative) was Chairman and Representative Lipsky was a member. It is suggested that the report of that Study Committee, as well as the report presented by the Mental Health and Juvenile Institutions Study Committee to the Legislature in 1972, will be found useful by those who are interested in informing themselves more fully regarding the development of mental health programs in Iowa in recent years.

A major factor in the decision to authorize both the 1967-68 and the 1971-72 Study Committees has been the feeling on the part of many legislators that, in view of the declining average daily patient populations and rising average daily per-patient cost of the four state mental health institutes, and more recently of the juvenile institutions, possibly one or more of these institutions ought to be closed. In both cases, as the Study Committees have familiarized themselves with the existing state of affairs in Iowa, they have become more concerned over other aspects of the

state's system for delivery of mental health care and of certain services to juveniles. These concerns include the manner in which state funds made available to help pay for certain mental health services are distributed, and the respective roles of the state mental health institutes and community mental health centers and the relationship of these two types of facilities to each other.

The Study Committee in this report presents a recommendation for a major revision in distribution and permissible uses of state mental health funds, and a proposal for a significant change in the state administrative structure for mental health services. The Study Committee is also recommending a revision in state law relative to placement of mentally retarded persons out from the state hospital-schools into community situations.

For the reasons set forth in its report to the 1972 session, the Study Committee has not formulated recommendations for the closing of any of the state's four mental health institutes. However, this report does present a recommendation that the Iowa Annie Wittenmyer Home at Davenport be closed.

#### State Funds for Mental Health Services

The 1967-68 Study Committee submitted two major recommendations relating to the methods by which the counties and the state fund mental health services. Neither of these recommended bills was enacted by the 63rd General Assembly in 1969 and 1970, but one of them was reintroduced in 1971 as Senate File 185. Last year, the present Study Committee endorsed that bill in its report, and it was subsequently passed by the 1972 Legislature. Senate File 185 combined the old county fund for mental health and the state institutions fund into the present county mental health and institutions fund, thereby making funding of various mental health services at the county level a somewhat less complicated matter.

Another of the recommendations of the 1967-68 Study Committee was that the transfer of a certain amount of state funds to counties to help pay the costs of care of certain categories of mental health patients be made more direct and that the purposes for which the counties may use this money be made more flexible. This bill was not passed in 1969 or 1970, and was not reintroduced in the same form in 1971. Before the 1972 session convened, the 1971-72 Study Committee asked that this bill be redrafted and submitted to them for consideration. This measure became the Mental Health and Juvenile Institutions Study Committee Draft Bill No. 1, enactment of which is recommended by the Study Committee to the Legislative Council and the 65th General Assembly.\* A copy of the bill appears as Appendix I to this report.

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\*Senator Bass does not support this recommendation.

This bill is somewhat complicated and requires some rather detailed explanation. Appropriations made to the state mental health institutes, and the state hospital-schools for the mentally retarded, in Iowa are not really the same as most appropriations. In most cases, an appropriation is an authorization to an agency to expend in a given year a stated amount of money; at the end of that year, that amount of money is expected to have been spent and the state must replace that money in the treasury, either through general taxation or from some other source, if it proposes to continue spending at the same rate. In the case of the mental health institutes and hospital-schools, however, while the appropriation is an authorization to expend a certain amount of money, much of this money is expected to be replaced by payments from the several counties to the state treasury. Basically, the institution divides the money expended during each quarter by the total number of patient-days of care provided to derive an overall per diem figure for the quarter; for each day during which a person who is a legal resident of a particular county was a patient at the institution, the institution bills the county at the established per diem rate and the county must remit the amount so billed to the state treasury.

In past years the state policy was to recover the entire amount of the daily patient charge from the counties in this manner. Thus, at the end of each biennium, the only net outlay from the state treasury for operation of the mental health institutes and hospital-schools was the amount expended for care of "state patients", those persons who do not have a legal place of residence in any county in the state. Beginning July 1, 1967, however, the state has billed the counties for only 80% of the computed daily patient cost. This policy in effect resulted in a net transfer from the state treasury to the counties of slightly over \$4,000,000 in the fiscal year ending June 30, 1972; that is, the 99 counties together were required to levy some \$4,000,000 less in property taxes to pay institutional bills than would have been necessary if the 20% discount were not in effect.

In addition, the state has for some years made available to the counties payments of \$5 per patient per week to help offset the cost to the counties of keeping chronic mentally ill and mentally retarded individuals in county homes, local nursing homes, etc. These payments are available from the state mental aid fund, to which there is a standing annual appropriation of \$1,075,000 under section 227.17 of the Code.

Under present law the state in effect underwrites a portion of the cost of treatment of mentally ill or mentally retarded individuals in state institutions or of chronic care in local residential facilities, but does not provide any money to be used at the local level for the cost of operation of community mental health center programs. What the Mental Health and Juvenile

Institutions Study Committee Draft Bill No. 1 proposes to do is to end the present 20% discount on mental health institute and hospital-school billings to counties, abolish the state mental aid fund, and transfer the more than \$5,000,000 now going into these two items to a new state mental health reimbursement fund. This new fund would be allocated each year among all of the counties on a population basis, and could be used at the discretion of the board of supervisors for any or all of the three following purposes:

1. Support of a community mental health center, except that none of the funds so received may be applied to the purchase, leasing or construction of any building to house the center.

2. Payment of charges to the county for care and treatment of patients at any state mental health institute or state hospital-school.

3. Care and treatment of persons who are, in lieu of admission or commitment to, or upon discharge, removal or transfer from, a state mental health institute or state hospital-school, placed in a county hospital, county home, a nursing home or other health care facility as defined by law, or in any other suitable public or private facility which is properly licensed or, if there is no applicable licensing statute, is approved for such placements by the Commissioner of Social Services or his designee.

This change in the manner of allocating among counties the funds which the state is presently using to help counties meet the cost of certain categories of mental health care would, by itself, affect different counties in different ways. A county which has in recent years made very limited use of the state institutions would probably receive more state money under Draft Bill No. 1 than it now receives through the 20% discount on institutional billings and the distribution of the present state mental aid fund. Conversely, a sparsely populated county which has little in the way of community mental health facilities available to it, and has therefore sent proportionately more patients to state institutions than have the more populous counties, would tend to receive less state money under Draft Bill No. 1. Therefore, a "floor" has been written into the bill providing that initially, no county shall receive an allocation from the proposed new state mental health reimbursement fund which is less than it received in fiscal 1972 from the 20% discount on institutional billings and the state mental aid fund which is presently in existence. In order to fund this "floor", approximately half a million dollars in additional money will have to be appropriated, over the amount obtained by ending the 20% discount and abolishing the state mental aid fund.

Although Draft Bill No. 1, if enacted in 1973, would take effect for the fiscal year beginning July 1, 1973 (i.e., fiscal 1974), the "floor" referred to in the preceding paragraph is based on fiscal 1972 in the draft bill as presented with this report, because figures for fiscal 1972 are the most recent available to the Study Committee. It is anticipated that advancing the basis of the "floor" provision to fiscal 1973 will be considered when figures for the period July 1-December 31, 1973 become available.

There is surprisingly little in present state law which relates to the establishment and operation of community mental health centers. Only two sections in the entire Code appear to be relevant, 230.24 and 444.12, and the latter section merely authorizes expenditure of county funds to help support the centers. The Study Committee considers it advisable to provide a somewhat more explicit statutory framework for establishment and operation of community mental health centers, and Draft Bill No. 1 does contain such provisions, but these are intended only to reflect the present manner of operation of these centers in Iowa, not to make any significant changes in their function or organizational pattern.

In general, community mental health center people have reacted favorably to Draft Bill No. 1. Officials of the Department of Social Services and of the state mental health institutes have expressed serious concern that the bill, if enacted, will tend to encourage counties to seek mental health treatment at the local level to the detriment of the state institutions. At the Study Committee's October 2, 1972 meeting, the Director of the Iowa Mental Health Authority said he agrees with the latter point of view, as to the bill's probable long-range effect.

The key question would not seem to be whether the funding pattern contemplated by Draft Bill No. 1 is or is not favorable to the state mental health institutes, vis-a-vis community-based facilities, but whether high quality intensive mental health care services are in fact available from some facility--state or local--to people who need them. The Study Committee sees no reason why, if Draft Bill No. 1 is enacted, needed mental health services should not remain available to residents of all parts of the state to at least as great a degree as is presently the case. However, this circumstance should not be taken for granted, and there should be continuing review of the state's entire mental health care delivery system to insure that the needs of people in Iowa for such services are met.

Placement of Patients Out From the Hospital-Schools  
for the Mentally Retarded

The Study Committee's Draft Bill No. 2 relates to placement of mentally retarded individuals out from the state hospital-

schools. At one of the Study Committee's meetings early in the 1972 interim, concern was expressed by parents of retarded individuals about both the appropriateness of initial placements of retarded persons who are not able to go from the institutions to their own homes or to something approaching an independent living situation, and also about subsequent changes of placement occasionally made by county officials which the parents felt in some cases were motivated more by cost considerations than by concern for the retarded individual's best interests. Draft Bill No. 2 requires that initial placement of retarded individuals outside the hospital-schools, in situations other than their own family homes or independent living, must be made on the basis of an agreement which the retarded individual's parent or an independent advocate acting in place of the parent has approved. It would also require review and approval of any subsequent change of placement so long as the retarded individual remains on the hospital-school roll as a patient on placement, and the state makes available at least some funds which the patient's county of residence may use to help pay for his care.

Enactment of Draft Bill No. 2 is recommended by the Study Committee to the Legislative Council and the 65th General Assembly.\* A copy of the bill appears as Appendix II to this report.

#### Closer Coordination of Community Mental Health Centers and State Mental Health Institutes

Study Committee Draft Bills No. 4 and No. 4A have been the most controversial of the measures considered by the Committee.\*\* These draft bills grew primarily out of continuing indications, which were evident to both the 1967-68 and 1971-72 Study Committees, of friction and an unfortunate degree of mutual suspicion between the Iowa Mental Health Authority and at least some of the personnel connected with community mental health centers on the one hand, and the Department of Social Services and at least some of the personnel connected with state mental health institutes on the other hand. The previous statement is made with

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\*At the Study Committee's final meeting on December 12, 1972, the Department of Social Services proposed three specific changes in Draft Bill No. 2, one of which was inclusion of the words "or program" after the words "placement" at the points in subsection 6 of section 1. Senator Bass opposed this change, believing it unduly extends state control over expenditures which might have to be made largely from county funds and when the change was adopted, he felt unable to support recommendation of the bill.

\*\*The bill which was designated Draft Bill No. 3 was dropped from consideration by the Study Committee, and is therefore not discussed in this report.

full knowledge of the fact that professional staff people from some of the mental health institutes have worked and presumably are continuing to work in community mental health centers, that referrals between the two types of facilities do occur, and that meetings of staff people from the two types of facilities, as well as from alcoholism and drug abuse facilities, have occurred at some or all of the mental health institutes in the past several months. It does not seem to most members of the Study Committee that these facts go to the roots of what are believed to be the most serious differences between the community and the state mental health facilities.

It appears that these differences really come down to the question of whether the primary resource for delivery of acute short term mental health care is to be the community mental health center utilizing psychiatric wards in general hospitals and other local inpatient facilities, or state mental health institutes functioning as intensive treatment centers. This basic question is reflected in disagreements among professional personnel in the mental health field over such matters as, for example, mental health institute admission policies and the validity of various figures on costs of services and on the patient loads of community and state facilities. No member of the Study Committee thinks that such differences are suddenly going to disappear if the same agency has ultimate responsibility for both community and state facilities, however, the Committee members feel that the best answers are most likely to be found if professional judgment is brought to bear on unresolved questions in the context of a single state agency which has responsibility for a coordinated state mental health care delivery system, rather than in the context of two separate state agencies.

Study Committee Draft Bill No. 4, as originally written, would have mandated the combination of the Department of Social Services' Bureau of Mental Health Services and Bureau of Mental Retardation Services into a single division within the Department, designated this new division as the Iowa Mental Health Authority in lieu of the agency presently located within the University complex at Iowa City, and assigned to the new division responsibility for implementation of the federal Developmental Disabilities Act in Iowa. At the October 2, 1972, meeting of the Study Committee, representatives of the Iowa Mental Health Authority (IMHA) and the Community Mental Health Centers Association of Iowa vigorously opposed Draft Bill No. 4, expressing great concern about loss of local control and initiative in the operation of the community mental health centers. Yet, they presented an alternative proposal assigning the IMHA duties and responsibilities with respect to both community mental health centers and state mental health institutes which are phrased in terms virtually identical, word for word, to

those that appeared in Draft Bill No. 4. Thus, it seemed that their concern was less about the powers of a state agency with responsibility for both state and community mental health facilities than about where those powers shall be situated.

The reason for this attitude seems to be, at least in part, that administrative personnel of the IMHA, some of the members of the Mental Hygiene Committee, and many persons associated either as staff people or board members of community mental health centers sincerely view the structure of the Department of Social Services and the mental health institutes as a system directed from the top down, and basically incompatible with a philosophy of responsibility of each local center to its own board of directors. An attempt was made to write the latter philosophy into Draft Bill No. 4, but it apparently did not succeed in satisfying the proponents of locally governed community mental health centers.

At the October 2 meeting, the Study Committee directed that the Legislative Service Bureau undertake preparation of a new version of Draft Bill No. 4, providing that the same duties and responsibilities assigned by the original bill to the proposed new division in the Department of Social Services should instead be placed in an entirely separate Department of Mental Health and Mental Disabilities, which might also have major responsibilities in the areas of alcoholism and drug abuse. This bill was actually a new draft, rather than a revision, and was therefore designated Draft Bill No. 4A. It was discussed at the Study Committee's October 24 meeting, at which time the Director of the Drug Abuse Authority and a community alcoholism worker were present to oppose inclusion of these responsibilities in the contemplated new Department. At the conclusion of that meeting, it was decided to remove from Draft Bill No. 4A the provisions relative to inclusion of the Alcoholism Commission and Drug Abuse Authority in the proposed new Department of Mental Health and Mental Disabilities. However, Study Committee members believe that if a comprehensive state mental health agency is established, the Alcoholism Commission and the Drug Abuse Authority could logically be placed in the agency at some time.

The Study Committee recommends to the Legislative Council and the 65th General Assembly the enactment of Draft Bill No. 4A, a copy of which appears as Appendix III to this report. (The attached copy does not include the conforming amendments to other Code sections which will have to be included in the bill as introduced.)

It should be made clear that particular efforts have been made, in the preparation of Draft Bill No. 4A, to insure continuing local control of community mental health centers. While the Commissioner of Mental Health is given authority to establish, with

approval of the Committee on Mental Hygiene, standards for local mental health centers in matters such as qualifications of personnel and quality of professional services, the Committee's ultimate sanction if a local center does not meet these standards is to call the matter to the attention of the appropriate county board or boards of supervisors. If the board or boards chose to continue funding the center in question, neither the Committee on Mental Hygiene nor the Commissioner has any further recourse in the matter.

Top administrators of the Department of Social Services have in the past indicated to the Study Committee that they regard creation of an entirely new state department as one acceptable means of resolving what is perceived as a need for a more unified pattern of administration of mental health services in Iowa. However, the Study Committee has received fairly clear indications that this attitude is not shared by all administrators within the Department's present Bureau of Mental Health Services. Moreover, at the Study Committee's final meeting Department of Social Services central office personnel expressed concern that in seeking to create an "umbrella agency" in the field of mental health in Iowa, the Study Committee was breaking apart the larger "umbrella agency" which is the present Department of Social Services.

The IMHA is opposed to any change which would remove that agency from its present location at Psychopathic Hospital at the University of Iowa, and thereby end or diminish the present close connection between the IMHA and the University College of Medicine. In fact, the IMHA has suggested that the basic problem about which the Study Committee is concerned be resolved by leaving the IMHA at its present location but assigning it jurisdiction over the four state mental health institutes in addition to its present relationship to community mental health centers in Iowa.

In support of its position, the IMHA cites the value of continuing close coordination between delivery of service to patients and ongoing research in the field of mental health, and asserts that this relationship provides an advantage in efforts to recruit needed professional personnel in the field of mental health to work in Iowa. The Study Committee certainly does not question the importance of coordination between research and delivery of services, and has included in Draft Bill No. 4A provisions intended to preserve and strengthen this relationship. However, it is not convinced the argument that central administration of Iowa's mental health services should therefore be placed in immediate juxtaposition to the College of Medicine in Iowa City, is any more logical than similar arguments which could conceivably be made with respect to a number of other state agencies which deliver services or regulate activities in professional or science-related areas in which research is carried on and students are trained at one of the state universities.

The Director of the IMHA and the superintendents of the Cherokee, Clarinda and Independence mental health institutes, all of whom are psychiatrists, have urged the Study Committee to require that the Commissioner of Mental Health be a physician with credentials both in psychiatry and in administration. The Study Committee decided against including such a requirement in section 7 of Draft Bill No. 4A, partially because the proposed Department of Mental Health and Mental Disabilities would also have significant responsibilities in the areas of mental retardation and developmental disabilities, but also because it was felt that an absolute requirement that the Commissioner be a certified psychiatrist and administrator might unduly narrow the field of potential candidates for this position. It is to be noted that nothing in section 7 would prevent the Committee on Mental Hygiene from recruiting for and appointing an individual with such qualifications to the position of Commissioner of Mental Health if it so desires.

The Iowa Association for Retarded Children has expressed opposition to responsibility for mental retardation services being placed in the same agency which has overall responsibility for mental health services, whether this agency is a division or bureau in the Department of Social Services or an entirely new state department. This same general point of view is held by the IMHA and by the Community Mental Health Centers Association of Iowa, which have expressed belief that the professional disciplines working in what has traditionally been regarded as the field of mental health are not those most appropriate to serve the needs of most mentally retarded individuals. The alternative proposal advanced by the Community Mental Health Centers Association of Iowa at the Study Committee's October 2 meeting did not propose to assign to the present Iowa Mental Health Authority any responsibility in the areas of alcoholism, drug abuse, mental retardation or developmental disabilities.

Due to what appears to have been a lack of sufficient communication between the executive and legislative branches, the Study Committee members were not aware when they directed preparation of Draft Bill No. 4 that the Governor was about to shift responsibility for implementation in Iowa of the federal Developmental Disabilities Act from the Department of Health to the Office for Planning and Programming. Representatives of OPP's Office for Comprehensive Health Planning subsequently urged the Study Committee not to include in its recommended new Department of Mental Health and Mental Disabilities primary responsibility for the Developmental Disabilities Act in Iowa, explaining that placement of such responsibility in an agency providing direct services to individuals did not appear appropriate in light of federal requirements imposed upon the agency having this responsibility for coordination and review of other state agencies serving the developmentally disabled. However, the Study

Committee, seriously concerned about the rate of progress in implementation of the Developmental Disabilities Act in Iowa, has elected to stand by its suggestion that this responsibility be placed with the proposed new Department of Mental Health and Mental Disabilities.

#### Closing of the Iowa Annie Wittenmyer Home

The Study Committee recommends to the Legislative Council and the 65th General Assembly enactment of its Draft Bill No. 5, which will terminate the operation of the Iowa Annie Wittenmyer Home as a service facility on June 30, 1974 and will require the Department of Social Services to submit to the next General Assembly a proposal for disposition of the Home's physical facilities.\* A copy of the bill appears as Appendix II to this report.

It should be made clear that this recommendation implies no negative judgment on the part of the Study Committee regarding the need for or quality of the services now being provided at the Iowa Annie Wittenmyer Home. Such judgments are best made by those with professional qualifications to do so. In order to emphasize this point, and to make it clear that the Study Committee is not unconcerned about the young persons now being served at the Home, Draft Bill No. 5 includes a requirement that the Department of Social Services report to the next General Assembly on alternative arrangements which have been made to meet the needs of young persons now served by the Home, or who would have been served there had it remained open, at the time the recommendation on disposition of physical facilities is made.

The Study Committee recommends the closing of the Iowa Annie Wittenmyer Home because, in the judgment of Committee members based on statements by Department of Social Services administrators, no services are being provided there which cannot reasonably be offered effectively at other locations, with probable significant savings to the state in maintenance and capital costs over a period of years.

Now well over 100 years old, the Iowa Annie Wittenmyer Home was originally an orphans home and later served as a facility for the care of dependent or neglected children whom it was considered necessary to remove from their family homes. With increased use of foster family care for such children, and continuing strong emphasis on serving all children whenever possible in their local communities, the Home has in fact become almost entirely a specialized institution serving children between eight and seventeen years of age who are slow learners and who evidence behavioral problems (although it is to be noted that this change in the Home's role is not reflected by chapter 244 of the

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\*Senator Bass does not support this recommendation. See note on page 11.

Code). The Home does not serve psychotic, grossly retarded or seriously delinquent children. It appears that the Home does function to some extent as a short-term detention shelter care and evaluation facility, on a local and regional rather than a statewide basis. As of October, 1971, the Home had a rated capacity of 107 resident children.

The Iowa Annie Wittenmyer Home's physical plant, located in the City of Davenport, is quite large relative to its present use and rated maximum capacity, and much of it is in a deteriorating condition. In October, 1971, the Study Committee visited the Home and was told by Superintendent James Holmes that the Home's administration building and ten other buildings, some constructed as long ago as 1863, should be torn down over the succeeding six years at a probable cost of \$75,000 to \$100,000. He also indicated that by the end of 1972 the Home's hospital should be remodeled to replace the administration building, at a probable cost of \$25,000, and that another \$65,000 should be spent to remodel or repair three other buildings (chapter 66, Acts of the 64th General Assembly, First Session, banned capital expenditures at the Home during the current biennium on other than an emergency basis). Over the succeeding five years, expenditure of an additional estimated \$480,000 was proposed for construction or remodeling of other buildings in concert with the recommended demolition of old buildings. The Study Committee was told that these projects "would remove all unnecessary buildings, cut the student capacity to around 80, and would leave functional buildings in good shape."\*

Because of the foregoing facts, because the location of the Home in the extreme eastern part of the state mitigates against its continued use as a facility to serve the entire state, and because the site of the Home would be valuable real estate if future use of it for public purposes is deemed inappropriate, Draft Bill No. 5 requires that after June 30, 1974 the Department of Social Services "conduct no activities of any kind at the Home except to provide minimum necessary maintenance and protection of its buildings and grounds pending their disposition". The Department is required to submit to the Legislature before the 1975 session a recommendation for disposition of the land, buildings and other physical facilities of the Home, and a report--previously referred to--relative to alternative arrangements for services to children who are now or would under other circumstances have become residents of the Home.

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\*Statements in this and the preceding paragraph are based on information presented to the Mental Health and Juvenile Institutions Study Committee at meetings in Des Moines on October 4, 1971 and at the Iowa Annie Wittenmyer Home on October 14, 1971. The direct quote is taken from a booklet prepared for Committee members on the latter occasion.

At the November 22, 1972 meeting of the Study Committee, the Department of Social Services expressed serious concern that neither Draft Bill No. 5--which had been formally recommended by the Study Committee in its progress report to the Legislative Council one week earlier--nor existing laws and merit employment system regulations are adequate to protect employees who would be affected by the closing of the Iowa Annie Wittenmyer Home. The Department requested that provisions for employee retention, re-training for comparable positions in the community or elsewhere within the Department, and for severance pay where appropriate, be included in Draft Bill No. 5. While most Study Committee members concur that such benefits should be available to state employees who are adversely affected by closing of an institution or termination of a particular program, Draft Bill No. 5 does not appear to be the proper vehicle for such provisions. Rather, to the extent additional law may be necessary to authorize and guarantee such benefits, the Study Committee believes this law should be of general application to all state employees.

The Study Committee therefore recommends to the General Assembly an early review of state laws and policies relative to benefits appropriate for the protection and assistance of state employees whose jobs are lost or significantly altered in character due to the closing of a state institution or the termination of a state agency or program, and the enactment of such legislation as may be found necessary to adequately provide for such benefits for any state employee so affected.\*

Effect of Commitment to a Mental Health Institution  
on an Individual's Rights

At the Study Committee's last meeting of the 1971 interim, the President of the Community Mental Health Centers Association of Iowa suggested that a review be made of the effect upon citizenship and other rights when an individual is committed to a mental health institution. The Legislative Service Bureau was asked to research the question and in response on April 27, 1972, submitted to the Study Committee Spot Research Report 64-107.

After consideration, and an exchange of information with a Joint Subcommittee of the Iowa Medical Society and the Iowa Bar Association which is working in related areas, the Study Committee decided to express to the 65th General Assembly its concern about

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\*Senator Bass has asked that his opposition to inclusion of this paragraph in the Study Committee's report be noted. He believes the recommendation exceeds the Study Committee's authority and that its implementation might be unduly costly. His lack of support for Draft Bill No. 5 relates to adoption by the Study Committee of this recommendation.

commitment procedures and their effects upon the rights of individuals, but to make no specific recommendations since the subject is somewhat peripheral to the Study Committee's primary responsibilities. The Study Committee has instructed the Service Bureau staff to present a copy of Spot Research Report 64-107 to the Chairman of the Standing Committees on Judiciary of the Senate and House upon the convening of the 1973 session.

#### Continuation of Study

Finally, the Study Committee recommends to the Legislative Council and the 65th General Assembly that the Mental Health and Juvenile Institutions Study be continued during the 1973 legislative interim. It is believed that continuing legislative awareness and consideration of changing circumstances and attitudes in the delivery of needed services to the mentally ill, the mentally retarded, and juveniles whose situations require some form of intervention by society will be useful. It may be noted that nearly \$10,000 of the original \$25,000 1971 allocation for the Study remains unexpended.

It is anticipated that a resolution embodying the foregoing recommendation will in due course be introduced in the 65th General Assembly.

APPENDIX NO. I

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

**A BILL FOR**

1 An Act relating to mental health and mental retardation ser-  
2 vices, authorizing state aid to counties to help pay the  
3 costs of such services, and making an appropriation there-  
4 for.

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

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1 Section 1. Chapter two hundred twenty-five B (225B), Code  
2 1973, is amended by adding sections two (2) through six (6)  
3 of this Act.

4 Sec. 2. NEW SECTION. A county, or affiliated counties,  
5 desiring to establish a community mental health center and  
6 having a total or combined population in excess of thirty-  
7 five thousand according to the last federal census, may  
8 establish a community mental health center with approval of  
9 the Iowa mental health authority. In establishing a community  
10 mental health center, the board of supervisors of each county  
11 may expend from the county mental health and institutions  
12 fund an amount not exceeding two hundred fifty dollars per  
13 thousand population or major fraction thereof. The expenditure  
14 shall not be recurring and shall not be applicable to any  
15 mental health center established prior to January 1, 1963.  
16 A community mental health center established by a county or  
17 affiliated counties may provide to the county residents any  
18 of the following services:

19 1. Outpatient diagnostic and treatment services for persons  
20 suffering from mental illness, mental retardation, emotional  
21 disorders, other debilitating psychiatric conditions, and  
22 alcoholism or drug problems. Where feasible, the services  
23 may also be provided on either an inpatient or partial  
24 hospitalization basis, as the needs of the person served may  
25 indicate.

26 2. Aftercare and, where indicated, rehabilitative services  
27 for persons who have received services under subsection one  
28 (1) of this section, or have been treated by a state mental  
29 health institute or other psychiatric facility, and upon re-  
30 quest of a state mental health institute or other psychiatric  
31 facility, pre-hospitalization services to persons seeking,  
32 awaiting, or being considered for admission or commitment  
33 to such facility.

34 3. Emergency mental health services.

35 4. Collaborative and cooperative programs and services

1 with public health and other groups for prevention of mental  
2 illness, emotional disorders, and other debilitating psychi-  
3 atric conditions.

4 5. Informational and educational services to the general  
5 public and professional groups.

6 6. Consultative services to schools, courts, and health  
7 and welfare agencies.

8 7. In-service training, research, and evaluation.

9 Sec. 3. NEW SECTION. Each community mental health center  
10 established either prior to or after July 1, 1973 in the  
11 manner authorized by section one (1) of this Act shall be  
12 organized under the Iowa nonprofit corporation act as provided  
13 in chapter five hundred four A (504A) of the Code, except  
14 that a community mental health center organized under chapter  
15 five hundred four (504) of the Code prior to July 1, 1973  
16 shall not be required by this Act to adopt the Iowa nonprofit  
17 corporation act if it is not otherwise required by law. The  
18 board of directors of each such community mental health center  
19 shall enter into an agreement with the county or affiliated  
20 counties which established the center, which agreement shall  
21 include, but need not be limited to, the period of time for  
22 which the agreement is to be in force, what services the  
23 center is to provide for the county residents, and a statement  
24 of the standards the center is to follow in determining whether  
25 and to what extent persons seeking services from the center  
26 shall be considered able to pay for the cost of such services.  
27 The board of directors may:

28 1. Recruit, promote, accept and use local financial sup-  
29 port for the community mental health center from private  
30 sources such as community service funds, business, industrial  
31 and private foundations, voluntary agencies, and other lawful  
32 sources.

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

1 to provide.

2 3. Acquire, maintain, utilize and dispose of property  
3 in furtherance of the objectives of this Act.

4 Sec. 4. NEW SECTION. The board of directors of each  
5 community mental health center shall prepare or review the  
6 annual budget for the center and, when satisfied with the  
7 budget, submit it to the auditor of the county or affiliated  
8 counties which established the center, at the time and in  
9 the manner prescribed by chapter twenty-four (24) of the Code.  
10 The budget shall be subject to review by and approval of the  
11 board of supervisors of the county which established the  
12 center or, in the case of a center established by affiliated  
13 counties, by the board of supervisors of each county, acting  
14 separately, to the extent the budget is to be financed by  
15 taxes levied by that county or by funds allocated to that  
16 county by the state under section four (4) of this Act. The  
17 board of supervisors of each such county may expend money  
18 from the county mental health and institutions fund to pay  
19 the cost of any services enumerated in section one (1) of  
20 this Act which are provided by the center, however the county  
21 board shall not expend from such fund for mental health  
22 treatment, other than in a state institution, an amount which  
23 would exceed eight dollars per capita for counties having  
24 less than forty thousand population.

25 Sec. 5. NEW SECTION. There is created in the office of  
26 the treasurer of state a state mental health reimbursement  
27 fund, to which there is appropriated for the fiscal year  
28 beginning July 1, 1973 and each fiscal year thereafter, from  
29 any money in the state general fund not otherwise appropriated,  
30 the sum of five million six hundred thousand (5,600,000)  
31 dollars. Each county shall annually, as soon after July 1  
32 as reasonably possible, receive an allocation from the fund  
33 which shall bear the same proportion to the total amount of  
34 the fund as that county's population bears to the total  
35 population of the state, based upon the most recent federal

1 decennial census, except that:

2 1. In no event shall the allocation to any county for  
3 each fiscal year of the biennium beginning July 1, 1973 be  
4 less than the total amount realized by that county in the  
5 fiscal year ending June 30, 1972 by reason of:

6 a. The difference between the full cost of care of persons  
7 having legal settlement in that county who were patients at  
8 any of the state mental health institutes or state hospital-  
9 schools during that fiscal year, computed as prescribed by  
10 sections two hundred thirty point twenty (230.20) and two  
11 hundred twenty-two point seventy-three (222.73) of the Code,  
12 respectively, and the amounts actually charged the county  
13 by the state for the care of such patients pursuant to the  
14 Acts of the General Assembly, 1971 Session of the Sixty-fourth  
15 General Assembly, chapter sixty-five (65), sections five (5)  
16 and six (6).

17 b. Payments to the county from the state mental aid fund  
18 made pursuant to sections two hundred twenty-seven point six-  
19 teen (227.16) through two hundred twenty-seven point eighteen  
20 (227.18) of the Code.

21 2. When a city exercises its authority to have a special  
22 census taken as permitted by sections one hundred twenty-three  
23 point fifty-three (123.53), subsection three (3), and three  
24 hundred twelve point three (312.3), subsection two (2), of  
25 the Code, the population of the county or counties where the  
26 city is located shall, for the purpose of this section, be  
27 adjusted in accordance with the result of the special census  
28 as certified to the secretary of state.

29 Sec. 6. NEW SECTION. Upon receipt of each year's  
30 allocation to the county from the state mental health  
31 reimbursement fund, the county board of supervisors shall  
32 immediately place the allocation in the county mental health  
33 and institutions fund and may expend from the fund in the  
34 same budget year an amount equal to the amount of the  
35 allocation for any of the following purposes:

1 1. Support of a community mental health center established  
2 prior to or after July 1, 1973 in the manner authorized by  
3 section one (1) of this Act, except that none of the funds  
4 received may be applied to the purchase, leasing or construc-  
5 tion of a building to house the center.

6 2. Payment of charges to the county for care and treatment  
7 of patients at any state mental health institute or state  
8 hospital-school.

9 3. Care and treatment of persons who in lieu of admis-  
10 sion or commitment to, or upon discharge, removal or transfer  
11 from a state mental health institute or state hospital-school  
12 are placed in a county hospital, county home, a health care  
13 facility as defined in section one hundred thirty-five C point  
14 one (135C.1), subsection eight (8), of the Code, or in any  
15 other suitable public or private facility which is properly  
16 licensed or if there is no applicable licensing statute, is  
17 approved for such placements by the commissioner of the  
18 department of social services or his designee.

19 Sec. 7. Section twenty-six point six (26.6), Code 1973,  
20 is amended to read as follows:

21 26.6 POPULATION OF COUNTIES, TOWNSHIPS, CITIES, AND TOWNS.  
22 Whenever the population of any county, township, city, or  
23 town is referred to in any law of this state, it shall be  
24 determined by the last certified, or certified and published,  
25 official census unless otherwise provided. However, the popu-  
26 lation figure disclosed for any city or town as the result  
27 of a special federal census, or as modified as the result  
28 of consolidation or annexation in the manner provided in  
29 sections 312.3, and 423-50 one hundred twenty-three point  
30 fifty-three (123.53) of the Code, shall be considered for  
31 no other purposes than the application of sections 423-50  
32 one hundred twenty-three point fifty-three (123.53) of the  
33 Code, four (4), subsection two (2), of this Act, 312.3 and  
34 405.1. Whenever a special federal census is hereafter taken  
35 by any city or town, the mayor and council shall certify the

1 said census as soon as possible to the secretary of state  
2 and to the treasurer of state as otherwise herein provided,  
3 and failing to do so, the treasurer of state shall, after  
4 six months from the date of said special census, withhold  
5 allocation of such moneys from the city, and continue to do  
6 so until such time as certification by said mayor and council  
7 is made, or until the next decennial federal census. If there  
8 be a difference between the original certified record in the  
9 office of the secretary of state and the published census  
10 the former shall prevail.

11 Sec. 8. Sections two hundred twenty-seven point sixteen  
12 (227.16), two hundred twenty-seven point seventeen (227.17),  
13 two hundred twenty-seven point eighteen (227.18), and two  
14 hundred thirty point twenty-four (230.24), Code 1973, are  
15 repealed.

16 EXPLANATION

17 The primary purpose of this bill is to change the method  
18 of distributing the state funds now used to assist counties  
19 in meeting costs of treatment and care of mentally disabled  
20 persons, and to broaden to some extent the purposes for which  
21 counties may use these funds. To achieve these objectives,  
22 it is considered advisable to provide a somewhat more explicit  
23 statutory framework for establishment and operation of commu-  
24 nity mental health centers. This is done by sections one  
25 through three of the bill; the present provisions of section  
26 230.24, relating to community mental health centers, are  
27 written into sections one and three without substantive change.

28 The central feature of the bill is the new mental health  
29 funding concept established by section four. Appropriations  
30 to the four state mental health institutes and the two state  
31 hospital-schools for the year which began July 1, 1972 are  
32 \$13,872,132 and \$11,317,720, respectively. These institutions  
33 are now directed by law, insofar as they provide care and  
34 treatment to persons with legal settlement in Iowa, to bill  
35 the charges for such care to counties at 80% of actual daily

1 cost (which is determined on the basis of the state appropri-  
2 ations). This statutory 20% discount is, in effect, a transfer  
3 of state funds to counties. The respective counties benefit  
4 by this transfer in proportion to the extent they make use  
5 of the facilities of the state mental health institutions  
6 to meet the needs of their residents for mental health ser-  
7 vices.

8 Another transfer of state funds to counties occurs through  
9 the state mental aid fund, which assists counties with the  
10 cost of mental patients kept in county homes or other local  
11 facilities. The present annual appropriation to this fund  
12 is \$1,075,000.

13 Figures compiled by the Legislative Fiscal Director's  
14 office indicate that the total amount received by counties  
15 from the state through these two transfer mechanisms, in the  
16 year ending June 30, 1972, was \$5,171,808. However, none  
17 of this money was directly available to any county to meet  
18 any portion of the cost of mental health services provided  
19 through community mental health centers.

20 This bill abolishes the state mental aid fund, and is based  
21 on the assumption that, if it is passed, the General Assembly  
22 will write into the 1973-75 Department of Social Services  
23 appropriations a directive for the mental health institutes  
24 and hospital-schools to return to the former practice of  
25 billing counties at 100% of daily cost as computed on the  
26 basis of appropriations. These two steps will make available  
27 the bulk of the \$5,600,000 which is to be appropriated to  
28 the state mental health reimbursement fund established by  
29 this bill. This fund is to be allocated annually among all  
30 counties on a population basis, but with the provision that  
31 no county's allocation shall be less than that county received  
32 from the state in fiscal 1972 in the form of discounts on  
33 institutional bills and payments from the state mental aid  
34 fund.

35 County supervisors will have greater flexibility to use

1 the money received from the state for mental health needs  
2 in what they consider the most effective ways. They may use  
3 all or any part of this allocation (1) to help pay state  
4 institutional bills, in which case the effect will be much  
5 the same as if the present 20% discount had been continued;  
6 or (2) to help pay for care of mental patients in county homes  
7 and local facilities, as money received through the state  
8 mental aid fund is now used. However, they may also use such  
9 funds to help pay the cost of operation of a community mental  
10 health center, for which no state aid is presently available  
11 in any form.

12 This bill is recommended by the Mental Health and Juvenile  
13 Institutions Study Committee. It is referred to in the Study  
14 Committee's final report as Draft Bill No. 1.

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APPENDIX II

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

**A BILL FOR** --

1 An Act relating to the placement of patients admitted or com-  
2 mitted to the state hospital-schools for the mentally  
3 retarded or to a special mental retardation unit in facili-  
4 ties outside those institutions.

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

6 Section 1. Section two hundred twenty-two point fifty-  
7 nine (222.59), Code 1973, is amended to read as follows:

8 222.59 SUPERINTENDENT MAY RETURN PATIENT.

9 1. The superintendent of a hospital-school or a special  
10 unit may ~~at any time~~ return a patient to the parent, or  
11 guardian, or ~~other responsible person or community agency,~~  
12 may arrange for the patient to be placed at an appropriate  
13 health care facility licensed under chapter one hundred thirty-  
14 five C (135C) of the Code or at some other appropriate  
15 facility, which may include a foster home or group home,  
16 either under an arrangement which involves full-time  
17 responsibility for the patient by such facility, or as part  
18 of an arrangement under which the patient is to participate  
19 in one or more educational, developmental or employment  
20 programs conducted by other responsible persons, agencies  
21 or facilities. Such return or placement may be made at any  
22 time, even though such the patient was committed by a court,  
23 upon recommendation of the professional staff of the hospital-  
24 school or special unit that the patient is unlikely to benefit  
25 from further treatment, training, instruction, or care at

1 the institution or is likely to improve his life status in  
2 an alternate facility.

3 2. In planning for the placement of a patient outside  
4 the hospital-school or special unit, it shall be the superin-  
5 tendent's responsibility to arrange for representation of  
6 the patient's interest by the patient's parent or legal  
7 guardian. If the patient has no living parent and no legal  
8 guardian other than the department or one of its officers  
9 or employees, the superintendent shall request some person  
10 who has demonstrated by prior activities an informed concern  
11 for the welfare and habilitation of the mentally retarded,  
12 and who is not an officer or employee of the department nor  
13 of any agency or facility which is a party to the arrangement  
14 for placement of the patient, to act as the patient's advocate.  
15 The superintendent may request some such person to serve as  
16 advocate for a patient who has no legal guardian if either  
17 or both of the patient's parents are living but are deemed  
18 unlikely to or have shown themselves unable to represent the  
19 patient's interest effectively due to physical or mental  
20 infirmity, residence outside the state at such a distance  
21 as to make their effective participation unfeasible, or lack  
22 of interest demonstrated by refusal to participate in planning  
23 for the patient's placement or by failure to respond within  
24 thirty days to a letter sent by restricted certified mail  
25 to the last known address of the parent or parents.

26 3. Such-action Each proposed placement shall be reported  
27 to the state director, who may approve, modify, alter, or  
28 rescind the action if deemed necessary. In so doing, the  
29 superintendent of the hospital-school or special unit involved  
30 shall certify in writing to the state director that there  
31 has been compliance with subsection two (2) of this section  
32 and that the patient's parent, guardian or advocate is or  
33 is not satisfied with the proposed placement, as the case  
34 may be. In the latter case, the state director shall afford  
35 the parent, guardian or advocate an opportunity to explain

1 objections to the proposed placement and, if he decides to  
2 approve the proposed placement despite such objection, shall  
3 advise the parent, guardian or advocate of his right to appeal  
4 the decision pursuant to subsection four (4) of this section.

5 4. If a proposed placement of a patient from a hospital-  
6 school or special unit which is not satisfactory to the  
7 patient's parent, guardian or advocate is approved by the  
8 state director, or a proposed placement which is satisfactory  
9 to the patient's parent, guardian or advocate is modified,  
10 altered or rescinded by the state director, the parent,  
11 guardian or advocate may appeal to the department of social  
12 services. The department shall give the appellant reasonable  
13 notice and opportunity for a fair hearing before the  
14 commissioner or his designee. An appellant aggrieved by the  
15 result of such hearing may, within thirty days, appeal to  
16 the district court of Polk county or of the county in which  
17 the appellant resides, by serving notice of such appeal upon  
18 the commissioner of social services or his designee, in the  
19 manner required for the service of original notice in a civil  
20 action. Upon such notice, the department shall furnish the  
21 appellant with a copy of any papers filed by him in support  
22 of his position, a transcript of any testimony taken, and  
23 a copy of the department's decision.

24 5. Placement of a patient outside of a hospital-school  
25 or special unit under this section shall not relieve the state  
26 director of continuing responsibility for the welfare of the  
27 patient, except in cases of discharge under section two hundred  
28 twenty-two point fifteen (222.15) or two hundred twenty-two  
29 point forty-three (222.43) of the Code. Unless such a  
30 discharge has occurred, the state director shall provide for  
31 review of each placement arrangement made under this section  
32 at least once each year, or not more often than once each  
33 six months upon the written request of the patient's parent,  
34 guardian or advocate, with a view to ascertaining whether  
35 such arrangements continue to satisfactorily meet the patient's

1 current needs.

2 6. The action proposed return or placement of a patient  
3 outside a hospital-school or special unit shall be further  
4 reported to the board of supervisors of the patient's county  
5 of legal settlement. The county board may not change a  
6 placement or program arranged and approved under this section  
7 if state funds are being made available to the county which  
8 the county may by law use to pay a portion of the cost of  
9 care of the patient so placed, however the board may at any  
10 time propose an alternative placement or program to the state  
11 director. No such alternative placement or program shall  
12 be carried out without the prior written approval of the state  
13 director, which shall be granted only after evaluation in  
14 the same manner as provided by this subsection for initial  
15 placements from a hospital-school or special unit.

16 7. When a patient committed by a court is to be returned  
17 to a county, either by release the parent or guardian, or  
18 placed out from a hospital-school or a special unit ex-fer  
19 the purposes of convalescent leave as otherwise provided  
20 by this section, notice shall be sent to the clerk of the  
21 court which committed the patient, and to the board of super-  
22 visors of both the patient's county of legal settlement and  
23 the county to which the patient is to be released, thirty  
24 days prior to the time the patient leaves the hospital-school  
25 or special unit. Patients-released-from-a-hospital-school  
26 or-a-special-unit-may-be-placed-in-family-care-by-direction  
27 of-the-superintendent-under-the-supervision-of-such  
28 institution.

29 EXPLANATION

30 This bill establishes more detailed requirements for the  
31 placement of individuals who have been admitted or committed  
32 to state institutions for the mentally retarded in other  
33 facilities for continued care, treatment or training.

34 The bill requires that an independent advocate be appointed  
35 to assist in evaluating any placement arrangement for any

1 patient who does not have a parent, or a legal guardian other  
2 than the Department of Social Services. Such an advocate  
3 may also be appointed for a patient who has a living parent  
4 or parents, if he has no legal guardian other than the Depart-  
5 ment, in cases where the parent or parents are unable or  
6 unwilling to act effectively in the patient's behalf.

7 It is made clear that the Director of the Department's  
8 Bureau of Mental Retardation Services has continuing  
9 responsibility for the welfare of patients placed out from  
10 state institutions for the mentally retarded, unless they  
11 are legally discharged as patients of these institutions,  
12 and that these placement arrangements cannot be changed by  
13 the patient's county of legal settlement without the Director's  
14 approval so long as the state makes available funds which  
15 the county is authorized to use to pay a portion of the cost  
16 of the patient's care, whether or not the county in fact makes  
17 use of the funds which are available.

18 This bill is recommended by the Mental Health and Juvenile  
19 Institutions Study Committee. It is referred to in the Study  
20 Committee's final report as Draft Bill No. 2.

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APPENDIX III

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

**A BILL FOR**

1 An Act relating to establishment of a department of mental  
2 health and mental disabilities.

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

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1 Section 1. Section two hundred twenty-five B point one  
2 (225B.1), Code 1973, is amended by striking the section and  
3 inserting in lieu thereof the following:

4 225B.1 DEFINITIONS. As used in sections two (2) through  
5 twenty-one (21) of this chapter, unless the context otherwise  
6 requires:

7 1. "Committee" means the committee on mental hygiene.

8 2. "Department" means the department of mental health  
9 and mental disabilities.

10 3. "Commissioner" means the commissioner of mental health.

11 4. "Mental retardation" and "mentally retarded" have the  
12 same meaning as is assigned those terms by section two hundred  
13 twenty-two point two (222.2), subsection five (5), of the  
14 Code.

15 Sec. 2. Section two hundred twenty-five B point two  
16 (225B.2), Code 1973, is amended to read as follows:

17 225B.2 COMMITTEE ON MENTAL HYGIENE. A committee on mental  
18 hygiene is hereby created to consist of the director of the  
19 psychopathic hospital at Iowa City, the commissioner of the  
20 ~~state-department-of~~ public health, ~~the-dean-of-the-college~~  
21 ~~of-medicine-at-the-University-of-Iowa~~; a member of the state  
22 board of regents appointed by the board, the commissioner  
23 ~~of-the-state-department~~ of social services and ~~the-director~~  
24 ~~of-mental-health-of-the-state-department-of-social-services~~,  
25 a member of the state board of public instruction appointed  
26 by the board, and ~~eight~~ twelve members to be appointed by  
27 the governor. The appointive members by the governor shall  
28 be one from the membership of the subcommittee on ~~nervous~~  
29 ~~and-mental-disease~~ psychiatric care of the Iowa medical  
30 society, one from the membership of the Iowa psychiatric  
31 society, ~~two~~ one from the membership of the boards of directors  
32 of the Iowa community mental health centers, one from the  
33 membership of the Iowa association for mental health, one  
34 from the membership of the Iowa psychological association,  
35 one from the membership of the Iowa society of osteopathic

1 physicians and surgeons and, one from the membership of the  
2 Iowa nurses association, one professional social worker  
3 employed as such at the time of appointment, one from the  
4 membership of the Iowa association for retarded children,  
5 one member representing persons working with mentally retarded  
6 persons at the community level, and two persons representing  
7 the public. The appointive members, by the governor and the  
8 various boards shall serve for terms of three years beginning  
9 July 4 of the year of appointment; however, ~~of~~ in the ~~initial~~  
10 ~~appointees-by~~ year 1973 the governor, ~~the terms shall be three~~  
11 appoint four members for terms of three years, ~~three~~ two for  
12 terms of two years, and ~~two~~ one for ~~terms~~ a term of one year.  
13 Vacancies shall be filled for the unexpired term in the same  
14 manner as original appointment.

15 Sec. 3. Section two hundred twenty-five B point three  
16 (225B.3), Code 1973, is amended to read as follows:

17 225B.3 MEETINGS. The committee shall hold an organiza-  
18 tional meeting on the first Monday in July each year at the  
19 ~~psychopathic-hospital-in-Iowa-city~~ offices of the depart-  
20 ment at which meeting a chairman and other officers shall  
21 be chosen, however the commissioner or his designee shall  
22 serve as secretary of the committee. ~~Other~~ The frequency of  
23 other meetings shall be determined by the committee but shall  
24 be at least once in each four-month period. The committee  
25 shall keep minutes of its meetings and both its meetings and  
26 its minutes shall be open to the public.

27 Sec. 4. Section two hundred twenty-five B point four  
28 (225B.4), Code 1973, is amended by striking the section and  
29 inserting in lieu thereof the following:

30 225B.4 DEPARTMENT ESTABLISHED. There is established a  
31 department of mental health and mental disabilities to admin-  
32 ister programs established by or authorized under the laws  
33 of this state for the benefit of those affected directly or  
34 indirectly by mental disability. Mental disability includes  
35 mental retardation and all forms of mental illness. The

1 offices of the department shall be situated at the seat of  
2 government. The committee shall be the policy-making body  
3 of the department.

4 Sec. 5. Section two hundred twenty-five B point five  
5 (225B.5), Code 1973, is amended by striking the section and  
6 inserting in lieu thereof the following:

7 225B.5 OFFICIAL DESIGNATIONS. The department is desig-  
8 nated:

9 1. The Iowa mental health authority for the purposes of  
10 directing the benefits of Public Law seventy-nine dash four  
11 hundred eighty-seven (79-487) (60 Stat. L. 538, 42 U.S.C.,  
12 ch 6A) and subsequent amendments enacted prior to July 1,  
13 1973.

14 2. The single state agency to establish and administer  
15 a statewide plan to implement in Iowa and obtain for the  
16 people of the state the benefits of that portion of Public  
17 Law ninety-one dash five hundred seventeen (91-517), commonly  
18 known as the Developmental Disabilities Act, designated section  
19 one hundred thirty-seven (137), and entitled payments to the  
20 states for planning, administration and services.

21 Sec. 6. Section two hundred twenty-five B point six  
22 (225B.6), Code 1973, is amended to read as follows:

23 225B.6 EXPENSES OF COMMITTEE MEMBERS. Members of the  
24 ~~committee on-mental-hygiene~~ shall serve without compensa-  
25 tion but shall receive reimbursement for expenses to attend  
26 meetings of the mental hygiene committee from funds allocated  
27 under Public Law ~~487~~ seventy-nine dash four hundred eighty-  
28 seven (79-487) (60 Stat. L. 538; 42 U.S.C., ch 6A); however  
29 if such funds are not available for use in reimbursing  
30 committee members for any expenses which they may incur in  
31 the discharge of any of the duties imposed upon the commit-  
32 tee by this chapter, the committee members may be reimbursed  
33 from such funds as the general assembly may appropriate for  
34 the purpose.

35 Sec. 7. Section two hundred twenty-five B point seven

1 (225B.7), Code 1973, is amended by striking the section and  
2 inserting in lieu thereof the following:

3 225B.7 OFFICE OF COMMISSIONER. The chief administrative  
4 officer of the department shall be the commissioner of mental  
5 health, who shall be appointed by the committee with the  
6 approval and confirmation of two-thirds of the members of  
7 the senate, and shall serve at the pleasure of the committee.  
8 An appointment made to fill a vacancy while the general  
9 assembly is not in session shall be reported to the senate  
10 for confirmation within thirty days of its convening at its  
11 next regular session.

12 The commissioner shall be selected on the basis of his  
13 professional background and administrative ability. He shall  
14 have at least five years working experience in actual delivery  
15 of services to the public in a program or facility comparable  
16 to one of the programs and facilities under the department's  
17 jurisdiction and preferably in more than one type of such  
18 programs and facilities. He shall have an additional three  
19 years experience in administration of one or more such programs  
20 and facilities. It shall not be necessary that any part of  
21 the required professional and administrative experience have  
22 been obtained in Iowa. He shall not be selected on the basis  
23 of his political affiliation and shall not engage in political  
24 activity while he holds this position.

25 Sec. 8. Chapter two hundred twenty-five B (225B), Code  
26 1973, is amended by adding sections nine (9) through twenty-  
27 one (21) of this Act.

28 Sec. 9. NEW SECTION. The commissioner shall, in accor-  
29 dance with law and the policies of the committee:

30 1. Be responsible for coordinating and assisting in the  
31 establishment, maintenance and improvement of community mental  
32 health centers in the manner provided by law, and for working  
33 with the boards of directors of such centers to promote  
34 coordination of their programs and those of the state mental  
35 health institutes, it being the intent of this subsection

1 that the community mental health centers shall be responsible  
2 to their respective boards of directors and shall function  
3 with the highest degree of local autonomy consistent with  
4 a general policy that there shall be made available to all  
5 residents of this state a broad range of high quality mental  
6 health services.

7 2. Be responsible for coordinating and assisting in the  
8 establishment, maintenance and improvement of community-based  
9 facilities and programs for the care, treatment, training  
10 and habilitation of mentally retarded persons, and for  
11 promoting the coordination of such facilities and programs  
12 with those of the state hospital-schools, and of the special  
13 unit, if one is established.

14 3. Act as compact administrator with power to effectuate  
15 the purposes of and make necessary rules to implement inter-  
16 state compacts on mental health.

17 4. Plan cooperatively with the director of the state  
18 psychopathic hospital at Iowa City in regard to:

19 a. Utilization of the various state and community mental  
20 health facilities to further the training of psychiatrists.

21 b. Recruitment of qualified professional staff personnel  
22 for the various state and community mental health facilities  
23 and, where appropriate, arrangements permitting the appointment  
24 of such personnel to the staff of psychopathic hospital or  
25 the university of Iowa college of medicine, or both.

26 c. Effective interchange among the various state and com-  
27 munity mental health facilities of the benefits of research  
28 in psychiatry and related fields conducted by any of them.

29 5. Be in control of, supervise the administration of,  
30 and appoint the respective superintendents of the state mental  
31 health institutes established by chapter two hundred twenty-  
32 six (226) of the Code, the state hospital-schools established  
33 by chapter two hundred twenty-two (222) of the Code, and the  
34 special mental retardation unit authorized by section two  
35 hundred twenty-two point eighty-eight (222.88) of the Code,

1 if one is established, and in furtherance of these duties  
2 and responsibilities the commissioner shall:

3 a. Plan cooperatively with the commissioner of the depart-  
4 ment of social services to assure that patients, residents  
5 and inmates of all institutions under the control of the  
6 latter officer shall receive necessary and proper psychiatric  
7 services.

8 b. Appoint professional consultants who shall furnish  
9 advice on all matters pertaining to mental health. The con-  
10 sultants shall be paid as provided by the general assembly.

11 c. Examine or cause to be examined all public and private  
12 institutions receiving and caring for the mentally ill, men-  
13 tally retarded and epileptics to determine their efficiency  
14 for adequate care and treatment of their patients.

15 d. Insure that the purposes of the state mental health  
16 institutes, state hospital-schools, and the special mental  
17 retardation unit, if one is established, are carried into  
18 effect and to that end shall have all necessary powers not  
19 inconsistent with law.

20 e. Establish and supervise suitable standards of treatment  
21 and care of patients in the state mental health institutes,  
22 state hospital-schools, and the special mental retardation  
23 unit, if one is established.

24 f. Establish the qualifications of all officers, physi-  
25 cians, nurses, attendants and other employees responsible  
26 for the care and treatment of patients in the state mental  
27 health institutes, state hospital-schools, and the special  
28 mental retardation unit, if one is established.

29 6. Carry out other functions and duties assigned him by  
30 law or delegated to him by the committee.

31 Sec. 10. NEW SECTION. The commissioner shall arrange  
32 for the employment of such personnel as are necessary to staff  
33 the department and the state institutions under its control.  
34 All personnel shall be employed through the merit system,  
35 except those exempt by section nineteen A point three (19A.3)

1 of the Code.

2 The commissioner shall employ a special assistant whose  
3 duties shall be to aid the commissioner in any lawful manner  
4 which the commissioner may direct in discharging the duties  
5 imposed on him by section nine (9), subsection two (2), of  
6 this Act. The special assistant shall be selected on the  
7 basis of his professional background and administrative abil-  
8 ity, shall have at least three years working experience in  
9 actual delivery of services to the public in a community-based  
10 program serving mentally retarded persons, and an additional  
11 two years experience in administration of one or more such  
12 programs. It shall not be necessary that any part of the  
13 required professional and administrative experience have been  
14 obtained in Iowa. The special assistant shall be exempt from  
15 the provisions of chapter nineteen A (19A) of the Code and  
16 shall not be selected on the basis of political affiliation  
17 nor engage in political activity while holding that position.  
18 He shall serve at the pleasure of the commissioner.

19 Sec. 11. NEW SECTION. The department shall have an  
20 official seal with the words "Iowa department of mental health  
21 and mental disabilities" and such other design as the  
22 department prescribes engraved thereon. Every order or other  
23 paper of an official nature executed by the department may  
24 be attested with the seal.

25 Sec. 12. NEW SECTION. The commissioner and personnel  
26 of the department and the state institutions under its control  
27 shall receive, in addition to salary, their necessary expenses  
28 for travel, lodging and meals when engaged in official  
29 business. No authority for travel to other states shall be  
30 granted except upon approval of the commissioner and the  
31 executive council.

32 Sec. 13. NEW SECTION. The department shall annually,  
33 at the time required by law, make a report to the governor  
34 and the general assembly covering the annual period ending  
35 on the preceding June 30 and containing:

1 1. An itemized statement of the department's expenditures  
2 for each program under its administration.

3 2. Adequate and complete statistical reports for the state  
4 as a whole concerning the number of persons served by state  
5 and local mental health facilities and by other programs and  
6 facilities for the mentally disabled, and an indication of  
7 the kinds of services provided.

8 3. Recommendations for changes in law by the commissioner  
9 or the mental hygiene committee, if any are believed desirable.

10 4. General observations and recommendations of the commis-  
11 sioner and the committee relative to the programs of the  
12 department.

13 5. Such other information as the commissioner or the  
14 committee may deem advisable, or which may be requested by  
15 the governor or by the general assembly.

16 Sec. 14. NEW SECTION. A county, or affiliated counties,  
17 desiring to establish a community mental health center and  
18 having a total or combined population in excess of thirty-  
19 five thousand according to the last federal census, may do  
20 so with approval of the Iowa mental health authority. In  
21 establishing a community mental health center, the board of  
22 supervisors of each such county may expend from the county  
23 mental health and institutions fund an amount not exceeding  
24 two hundred fifty dollars per thousand population or major  
25 fraction thereof. Such expenditure shall not be recurring  
26 and shall not be applicable to any mental health center  
27 established prior to January 1, 1963. A community mental  
28 health center established by a county or affiliated counties  
29 may provide to the county residents any of the following  
30 services:

31 1. Outpatient diagnostic and treatment services for persons  
32 suffering from mental illness, mental retardation, emotional  
33 disorders, other debilitating psychiatric conditions, and  
34 alcoholism or drug problems. Where feasible, such services  
35 may also be provided on either an inpatient or partial

1 hospitalization basis, as the needs of the person served may  
2 indicate.

3 2. Aftercare and, where indicated, rehabilitative services  
4 for persons who have received services under subsection one  
5 (1) of this section, or have been treated by a state mental  
6 health institute or other psychiatric facility, and upon re-  
7 quest of a state mental health institute or other psychiatric  
8 facility, pre-hospitalization services to persons seeking,  
9 awaiting, or being considered for admission or commitment  
10 to such facility.

11 3. Emergency mental health services.

12 4. Collaborative and cooperative programs and services  
13 with public health and other groups for prevention of mental  
14 illness, emotional disorders, and other debilitating psychi-  
15 atric conditions.

16 5. Informational and educational services to the general  
17 public and professional groups.

18 6. Consultative services to schools, courts, and health  
19 and welfare agencies.

20 7. In-service training, research, and evaluation.

21 Sec. 15. NEW SECTION. Each community mental health center  
22 established, either prior to or after July 1, 1973 in the  
23 manner authorized by section fourteen (14) of this Act shall  
24 be organized under the Iowa Nonprofit Corporation Act provided  
25 for by chapter five hundred four A (504A) of the Code, except  
26 that no community mental health center organized under chapter  
27 five hundred four (504) of the Code shall be required by this  
28 Act to adopt the Iowa Nonprofit Corporation Act if it is not  
29 otherwise required. The board of directors of each community  
30 mental health center shall enter into an agreement with the  
31 county or affiliated counties which established the center,  
32 which agreement shall include, but need not be limited to,  
33 the period of time for which the agreement is to be in force,  
34 what services the center is to provide for the county  
35 residents, and a statement of the standards the center is

1 to follow in determining whether and to what extent persons  
2 seeking services from the center shall be considered able  
3 to pay the cost of such services. The board of directors  
4 may:

5 1. Recruit, promote, accept and use local financial sup-  
6 port for the community mental health center from private  
7 sources such as community service funds, business, industrial  
8 and private foundations, voluntary agencies, and other lawful  
9 sources.

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

14 3. Acquire, maintain, utilize and dispose of property,  
15 either real or personal, in furtherance of the objectives  
16 of this Act.

17 Sec. 16. NEW SECTION. The board of directors of each  
18 community mental health center shall prepare or review the  
19 annual budget for the center and, when satisfied with the  
20 budget, submit it to the auditor or auditors of the county  
21 or affiliated counties which established the center, at the  
22 time and in the manner prescribed by chapter twenty-four (24)  
23 of the Code. The budget shall be subject to review by and  
24 approval of the board of supervisors of the county which  
25 established the center or, in the case of a center established  
26 by affiliated counties, by the board of supervisors of each  
27 county, acting separately, to the extent the budget is to  
28 be financed by taxes levied by that county or by funds  
29 allocated to that county by the state which are available  
30 for this purpose. The board of supervisors of each such  
31 county is authorized to expend money from the county mental  
32 health and institutions fund to pay the cost of any services  
33 enumerated in section fourteen (14) of this Act which are  
34 provided by the center, however the county board shall not  
35 expend from such fund for mental health treatment other than

1 in a state institution an amount which would exceed eight  
2 dollars per capita for counties having less than forty thousand  
3 population.

4 Sec. 17. NEW SECTION. The commissioner, with approval  
5 of the committee, shall:

6 1. Prescribe standards for qualifications of personnel,  
7 for quality of professional services, and for in-service  
8 training programs for volunteer and professional personnel  
9 of community mental health centers.

10 2. Require that each community mental health center,  
11 established by a county or affiliated counties in the manner  
12 provided by law, annually furnish a copy of an audit of the  
13 center prepared by a certified public accountant in a standard  
14 audit report format prescribed by the commissioner, covering  
15 the center's last preceding fiscal year, to the department,  
16 and to the board of supervisors of each county supporting  
17 the community mental health center.

18 3. Provide consultive staff service to assist counties  
19 and community mental health center boards of directors, at  
20 their request, in ascertaining local needs, in planning and  
21 establishing community mental health center programs, and  
22 in interpreting standards by which mental health services  
23 may be evaluated.

24 4. Have authority to accept and administer funds, in the  
25 manner provided by law, which may be appropriated by Congress  
26 and apportioned to the state:

27 a. For any purpose relating to the establishment, adminis-  
28 tration, operation, or improvement of local mental health  
29 services and programs.

30 b. For programs, not within the jurisdiction of another  
31 state agency, which are intended to benefit directly or in-  
32 directly persons afflicted by mental retardation.

33 Sec. 18. NEW SECTION. The committee may review and  
34 evaluate any community mental health center upon its own  
35 motion or upon the recommendation of the commissioner, and

1 it shall do so upon the written request of the center's board  
2 of directors, its chief medical or administrative officer,  
3 or the board of supervisors of any county from which the  
4 center receives public funds; provided that no center shall  
5 be reviewed and evaluated under this section more often than  
6 once in any three-year period. Such reviews shall be conducted  
7 by a team consisting of the appointive members of the committee  
8 representing the subcommittee on psychiatric care of the Iowa  
9 medical society, the Iowa psychiatric society and the Iowa  
10 psychological association, or of persons designated by the  
11 committee who have the respective qualifications to hold these  
12 appointments. The cost of the review shall be paid by the  
13 department if initiated by the committee upon its own motion  
14 or upon the recommendation of the commissioner, by the center  
15 if requested by its board of directors or chief medical or  
16 administrative officer, and by the county or counties so  
17 requesting if initiated upon the request of one or more county  
18 boards of supervisors.

19     Sec. 19. NEW SECTION. Upon completion of a review made  
20 pursuant to section eighteen (18) of this Act, the reviewing  
21 team shall submit its findings to the board of directors and  
22 chief medical or administrative officer of the center in such  
23 manner as the team members deem most appropriate. If the  
24 reviewing team concludes that the center fails to meet any  
25 of the standards established pursuant to section seventeen  
26 (17), subsection one (1), of this Act and that the response  
27 of the center to this finding is unsatisfactory, these  
28 conclusions shall be reported to the committee which may  
29 forward the conclusions to the board of directors of the  
30 center and request an appropriate response within a reasonable  
31 period of time. If no response is received within a reasonable  
32 period of time, or if the response is unsatisfactory, the  
33 committee may as its ultimate sanction call this fact to the  
34 attention of the board of supervisors of the county or counties  
35 served by the center, and in doing so shall indicate what

1 corrective steps have been recommended to the center's board  
2 of directors.

3       Sec. 20. NEW SECTION. The committee shall establish by  
4 rule a procedure pursuant to which review and evaluation of  
5 community-based facilities and programs for the care,  
6 treatment, training and habilitation of mentally retarded  
7 persons may be initiated and conducted in the manner and sub-  
8 ject to the limitations contemplated for review and evaluation  
9 of community mental health centers by sections eighteen (18)  
10 and nineteen (19) of this Act. The rules adopted by the  
11 committee pursuant to this section shall provide for  
12 appointment to each reviewing team established thereunder  
13 of persons drawn from those professions represented in the  
14 staffing of, or otherwise appropriate to the operation of,  
15 the facility or program to be reviewed and evaluated. The  
16 committee may make a report on review and evaluation of any  
17 facility or program for the mentally retarded to any political  
18 subdivision providing support from public funds for the  
19 facility or program, in the circumstances under which section  
20 nineteen (19) of this Act authorizes a report to be made to  
21 county boards of supervisors.

22       Sec. 21. NEW SECTION. In furtherance of the  
23 responsibilities placed upon the department by chapter two  
24 hundred twenty-one (221) of the Code, the committee may  
25 initiate review of the scope and objectives of community-based  
26 facilities and programs for the care, treatment, training  
27 and habilitation of mentally retarded persons, which programs  
28 and facilities are operated by, licensed by or otherwise under  
29 the jurisdiction of another state department or agency, in  
30 order to determine the extent to which services needed by  
31 mentally retarded persons are available in the state or in  
32 any area or community in the state. The committee shall not  
33 review and evaluate any such facility or program in regard  
34 to qualifications of staff or quality of performance unless  
35 the chief administrative officer or the statutory policy

1 making or advisory body of the responsible state department  
2 or agency so requests, except to the extent it may be necessary  
3 for the committee to initiate such review and evaluation in  
4 order to comply with federal regulations which are binding  
5 upon the department pursuant to section five (5), subsection  
6 two (2), of this Act.

7 Sec. 22. The provisions of sections two hundred eighteen  
8 point four (218.4) through two hundred eighteen point thirty-  
9 three (218.33), inclusive, and sections two hundred eighteen  
10 point thirty-nine (218.39) through two hundred eighteen point  
11 one hundred (218.100), inclusive, of the Code shall apply  
12 to the government of the state institutions under the control  
13 of the department of mental health and mental disabilities.  
14 In interpreting those sections as so applied, unless the  
15 context otherwise requires, all references therein to the  
16 council of social services shall also be deemed to be refer-  
17 ences to the mental hygiene committee, and all references  
18 to the commissioner of social services or state director,  
19 division director, director of the division of mental health,  
20 or terms of like import, shall also be deemed to be references  
21 to the commissioner of mental health. The code editor shall  
22 submit to the next regular session of the general assembly  
23 convening after the effective date of this Act a code revision  
24 bill embodying amendments affecting the respective sections  
25 cited in this section in such manner as to implement the  
26 intent of this section.

27 Sec. 23. Section two hundred twenty-five point one (225.1),  
28 Code 1973, is amended to read as follows:

29 225.1 ESTABLISHMENT. There shall be established a state  
30 psychopathic hospital, especially designed, kept and adminis-  
31 tered for the care, observation, and treatment of those persons  
32 who are afflicted with abnormal mental conditions, and for  
33 the training of psychiatrists and the furtherance of research  
34 in psychiatry and related fields.

35 Sec. 24. Section two hundred twenty-five point five

1 (225.5), Code 1973, is amended to read as follows:

2 225.5 CO-OPERATION OF ~~HOSPITALS~~ MENTAL HEALTH FACILITIES.

3 The medical director of the said psychopathic hospital shall  
4 seek to bring about systematic co-operation between the several  
5 ~~state hospitals-for-the-mentally-ill~~ mental health institutes,  
6 the community mental health centers established by single  
7 counties or groups of affiliated counties in the manner  
8 provided by law, and the said state psychopathic hospital.

9 Sec. 25. Section two hundred twenty-five point six (225.6),  
10 Code 1973, is amended to read as follows:

11 225.6 DUTIES OF DIRECTOR. He The medical director shall  
12 ~~be the director-and~~ in sole charge of the clinical and  
13 pathological work of the said psychopathic hospital. He  
14 ~~shall,-from-time-to-time,-visit:~~

15 1. Plan cooperatively with the commissioner of mental  
16 health in regard to:

17 a. Utilization of the various state and community mental  
18 health facilities to further the training of psychiatrists.

19 b. Recruitment of qualified professional staff personnel  
20 for the various state and community mental health facilities  
21 and, where appropriate, arrangements permitting the appoint-  
22 ment of such personnel to the staff of psychopathic hospital  
23 or the university of Iowa college of medicine or both.

24 c. Effective interchange among the various state and com-  
25 munity mental health facilities of the benefits of research  
26 in psychiatry and related fields conducted by any of them.

27 2. To the extent his other duties will permit him to do  
28 so:

29 a. Visit or consult with any of the state ~~hospitals-for~~  
30 ~~the-mentally-ill~~ mental health institutes or any of the  
31 institutions under the department of social services where  
32 psychiatric services are provided, upon the request of the  
33 ~~superintendents-thereof,~~ their respective administrators or  
34 ~~upon the request of the director-of-the-division-of-mental~~  
35 ~~health-of-the-state-department~~ commissioner of social services

1 or of the commissioner of ~~such state department~~ mental health,  
2 as the case may be, and may advise the medical officers staff  
3 of any such state hospitals-for-the-mentally-ill institutions,  
4 or either of the said ~~director~~ commissioners, in subjects  
5 relating to the phenomena of mental illness.

6 b. Upon the request of the director of the board of  
7 directors of any community mental health center, established  
8 by a county or affiliated counties in the manner provided  
9 by section fourteen (14) of this Act, visit or consult with  
10 such center, and may advise its professional staff in subjects  
11 relating to the phenomena of mental illness.

12 Sec. 26. Section two hundred twenty-five point forty-three  
13 (225.43), Code 1973, is amended to read as follows:

14 225.43 MENTAL HEALTH RESEARCH FUND. There is hereby  
15 created as a permanent fund in the office of the treasurer  
16 of state to be known as the mental health research fund, and  
17 for the purpose of establishing and maintaining said fund  
18 for each fiscal year beginning July 1, 1957, there is appro-  
19 priated thereto from funds in the general fund, not otherwise  
20 appropriated, the sum of seventy-five thousand dollars. Any  
21 balance in said fund on June 30 of the second fiscal year  
22 shall revert to the general fund.

23 Sec. 27. Section two hundred twenty-five point forty-four  
24 (225.44), Code 1973, is amended to read as follows:

25 225.44 PURPOSE OF FUND. The purpose of the said mental  
26 health research fund is to provide for improvement in the  
27 care, diagnosis and treatment of adults and children afflicted  
28 with mental or emotional illness or mental retardation, and  
29 for the prevention thereof, through research and study at  
30 the state psychopathic hospital, the mental health institutes,  
31 ~~hospital-for-epileptics and schools-for-mentally-retarded~~  
32 the state hospital-schools.

33 Sec. 28. Section two hundred twenty-five point forty-five  
34 (225.45), Code 1973, is amended to read as follows:

35 225.45 APPROVAL OF USE BY BOARD OF REGENTS. Money from

1 the mental health research fund shall be requisitioned for  
2 research projects by the medical director of the state psycho-  
3 pathic hospital after consultation with the professional  
4 ~~co-ordination-board~~ commissioner of mental health and any  
5 special research study committee that the said director of  
6 the state psychopathic hospital appoints or employs to evaluate  
7 any given research project or activity. Such requisitions  
8 shall be filed by the director with the state board of regents.  
9 Approval of such requisitions by the state board of regents  
10 shall be authority for the state comptroller to issue a warrant  
11 upon the mental health research fund payable to the agency  
12 or agencies conducting the research.

13 (NOTE: Before this bill is introduced in the General  
14 Assembly, a number of additional conforming amendments  
15 to various Code sections will be added.)

16 EXPLANATION

17 This bill establishes a new state Department of Mental  
18 Health and Mental Disabilities, to which is transferred what  
19 are presently the Bureau of Mental Health Services and Bureau  
20 of Mental Retardation Services in the Department of Social  
21 Services, and the Iowa Mental Health Authority which is now  
22 under the Board of Regents and located at Psychopathic Hos-  
23 pital in Iowa City. The new Department is given specific  
24 responsibility to encourage and assist the formation of  
25 community mental health centers and to review and evaluate  
26 them upon request. The Department also has authority both  
27 to encourage and assist formation of community-based facilities  
28 and programs to serve the mentally retarded and to serve as  
29 an overall coordinating agency for services to the mentally  
30 retarded including those under the immediate jurisdiction  
31 of other state agencies. It is made clear that community  
32 mental health centers are to continue to be governed by their  
33 own local boards of directors, and the same will be true of  
34 those community-based mental retardation facilities and  
35 programs which are locally financed and governed. The new

1 Department is also given overall responsibility for adminis-  
2 tration in Iowa of the federal Developmental Disabilities  
3 Act.

4 This bill is recommended by the Mental Health and Juvenile  
5 Institutions Study Committee. It is referred to in the Study  
6 Committee's final report as Draft Bill No. 4A.

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APPENDIX IV

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

**A BILL FOR**

1 An Act to terminate the operation of the Iowa Annie Wittenmyer  
2 Home and to require the department of social services to  
3 submit to the general assembly a proposal for disposition  
4 of the home's physical facilities.

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

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1 Section 1. The department of social services shall begin  
2 preparations on July 1, 1973 to discontinue providing care,  
3 custody and education of children at the Iowa Annie Wittenmyer  
4 Home, and shall make such arrangements as may be necessary  
5 to provide these services at other locations to children who  
6 are on July 1, 1973 residents of the home. All residents  
7 of the home shall be removed as expeditiously as is reasonably  
8 possible, but in no case later than June 30, 1974, and the  
9 department shall thereafter conduct no activities of any kind  
10 at the home except to provide minimum necessary maintenance  
11 and protection of its buildings and grounds pending their  
12 disposition. The department shall, not later than ~~October~~ <sup>January</sup>  
13 1, 1974, submit to the legislative council for transmission  
14 to the first session of the Sixty-sixth General Assembly a  
15 report stating what arrangements have been made for providing  
16 care and treatment required by children who were residents  
17 of the home on or after July 1, 1973, and by children whose  
18 needs are such that they would have been considered for  
19 placement at the home had it remained open. The report shall  
20 also include a recommendation for the disposition of the land,  
21 buildings and such other physical facilities of the home as  
22 are not useful or cannot be readily transferred to other  
23 facilities operated by the department.

24 Sec. 2. Section two hundred seventeen point eight (217.8),  
25 Code 1973, is amended to read as follows:

26 217.8 DIVISION OF CHILD AND FAMILY SERVICES. The director  
27 of the division of child and family services shall be qualified  
28 by training, experience and education in the field of welfare  
29 and social problems. He shall be entrusted with the adminis-  
30 tration of programs involving neglected, dependent and delin-  
31 quent children, child welfare, aid to dependent children,  
32 aid to disabled persons and shall administer and be in control  
33 of the Iowa juvenile home, ~~The-Iowa-Annie-Wittenmyer-Home,~~  
34 ~~the-state-juvenile-home,~~ the state training schools for boys  
35 and for girls, the Iowa soldiers home and such other related

1 programs established for the general welfare of families,  
2 adults and children as directed by the commissioner.

3 Sec. 3. Section two hundred eighteen point one (218.1),  
4 Code 1973, is amended by striking subsection eleven (11).

5 Sec. 4. Section two hundred eighteen point three (218.3),  
6 subsection one (1), Code 1973, is amended to read as follows:

7 1. The director of the division of child and family ser-  
8 vices of the department of social services shall have primary  
9 authority and responsibility relative to the following said  
10 institutions: Soldiers Home, Training School for Boys, Train-  
11 ing School for Girls, and the Juvenile Home and-The-Iowa-Annie  
12 Wittenmyer-Home.

13 Sec. 5. Section two hundred eighteen point nine (218.9),  
14 unnumbered paragraph three (3), Code 1973, is amended to read  
15 as follows:

16 The director of the division of child and family services  
17 of the department of social services, subject to the approval  
18 of the commissioner of such department shall appoint the  
19 superintendents of ~~The-Iowa-Annie-Wittenmyer-Home~~, the juvenile  
20 home, the training school for boys, the training school for  
21 girls and the commandant of the soldiers home.

22 Sec. 6. Section two hundred eighteen point thirty-four  
23 (218.34), Code 1973, is amended to read as follows:

24 218.34 STATE AGENTS. A sufficient number of persons shall  
25 be appointed as state agents for ~~the-soldiers'-orphans-home~~,  
26 the two training schools, the juvenile home, and the women's  
27 reformatory.

28 Sec. 7. Section two hundred forty-four point one (244.1),  
29 Code 1973, is amended to read as follows:

30 244.1 DEFINITIONS--OBJECTS. For the purpose of this chap-  
31 ter the words "director" or "state director" shall mean the  
32 director of the division of child and family services of the  
33 department of social services.

34 The Iowa juvenile home ~~and-The-Iowa-Annie-Wittenmyer-Home~~  
35 shall be maintained for the purpose of providing care, custody

1 and education of such children as are committed thereto.  
2 Such children shall be wards of the state. Their education  
3 shall embrace instruction in the common school branches and  
4 in such other higher branches as may be practical and will  
5 enable said children to gain useful and self-sustaining  
6 employment. The state director and the ~~superintendents of~~  
7 ~~the-homes~~ superintendent of the juvenile home shall assist  
8 all discharged children in securing suitable homes and proper  
9 employment.

10 Sec. 8. Section two hundred forty-four point two (244.2),  
11 Code 1973, is amended to read as follows:

12 244.2 SALARIES. The ~~salaries~~ salary of the ~~superintendents~~  
13 ~~of-said-homes~~ superintendent of the juvenile home shall be  
14 determined by the state director.

15 Sec. 9. Section two hundred forty-four point three (244.3),  
16 Code 1973, is amended to read as follows:

17 244.3 ADMISSIONS. Admission to ~~said-homes~~ the juvenile  
18 home shall be granted to resident children of the state under  
19 eighteen years of age, ~~as-follows,-giving-preference-in-the~~  
20 ~~order-named:~~

21 ~~1.--Destitute-children,-and-orphans-unable-to-care-for~~  
22 ~~themselves,-of-soldiers,-sailors,-or-marines.~~

23 ~~2.--Neglected,-dependent-or-delinquent-children-committed~~  
24 ~~thereto-by-the-juvenile-court.~~

25 ~~3.--Other-destitute-children-~~

26 who have been committed to the department of social services  
27 and will, in the judgment of the state director, be benefitted  
28 by the services available.

29 Sec. 10. Section two hundred forty-four point four (244.4),  
30 Code 1973, is amended to read as follows:

31 244.4 PROCEDURE. The procedure for ~~commitment~~ admis-  
32 sion to ~~said-homes~~ the juvenile home shall be the same as  
33 provided by chapter 232, but admission may be granted on  
34 voluntary applications signed by the legal custodian of the  
35 child and approved by a judge of a court of record, or by

1 the board of supervisors, of the county of the child's  
2 residence. Such applications shall be subject to the approval  
3 of the state director and shall be in such form as he may  
4 prescribe. ~~Any child not mentally normal, or who is~~  
5 ~~incurable, or who has any vicious habits, or whose presence~~  
6 ~~in the homes would be inimical to the moral or physical welfare~~  
7 ~~of normal children therein, shall be denied voluntary admission~~  
8 ~~to said homes.~~

9 Sec. 11. Section two hundred forty-four point five (244.5),  
10 Code 1973, is amended to read as follows:

11 244.5 TRANSFERS. The state director may transfer to the  
12 homes juvenile home minor wards of the state from any  
13 institution under his charge or under the charge of any other  
14 director of the department of social services, ~~but no person~~  
15 ~~shall be so transferred who is not mentally normal, or who~~  
16 ~~is incurable, or has any vicious habits, or whose presence~~  
17 ~~in the homes would be inimical to the moral or physical welfare~~  
18 ~~of normal children therein, and any such child in the homes~~  
19 ~~may be transferred to the proper state institution.~~

20 Sec. 12. Section two hundred forty-four point seven  
21 (244.7), Code 1973, is amended to read as follows:

22 244.7 REGULATIONS. All children admitted ~~or committed~~  
23 to the home shall be wards of the state and subject to the  
24 rules of the home. ~~Subject to the approval of the state~~  
25 ~~director, any child received under voluntary application may~~  
26 ~~be expelled by the superintendent for disobedience and refusal~~  
27 ~~to submit to proper discipline. Children shall be discharged~~  
28 upon arriving at the age of eighteen years, ~~or sooner if~~  
29 ~~possessed of sufficient means to provide for themselves.~~

30 Sec. 13. Section two hundred forty-four point nine (244.9),  
31 Code 1973, is amended to read as follows:

32 244.9 ADOPTION. Children in ~~said homes~~ the juvenile home  
33 may be adopted as provided in chapter 600.

34 Sec. 14. Section two hundred forty-four point ten (244.10),  
35 Code 1973, is amended to read as follows:

1        244.10 PLACING CHILD UNDER CONTRACT. Any child ~~received~~  
2 ~~in-said-homes~~ admitted to the juvenile home, unless adopted,  
3 may, under written contract approved by the state director,  
4 be placed by the superintendent in the custody and care of  
5 any proper person or family. Such contract shall provide  
6 for the custody, care, education, maintenance, and earnings  
7 of the child for a fixed time which shall not extend beyond  
8 the age of majority, except that the time may extend beyond  
9 the child's eighteenth birthday until he is twenty-one years  
10 of age if he is regularly attending an approved school in  
11 pursuance of a course of study leading to a high school diploma  
12 or its equivalent, or regularly attending a course of  
13 vocational technical training either as a part of a regular  
14 school program or under special arrangements adapted to the  
15 individual person's needs. Such contract shall be signed  
16 by the superintendent and by the person taking the child.

17        Sec. 15. Section two hundred forty-four point fourteen  
18 (244.14), Code 1973, is amended to read as follows:

19        244.14 COUNTIES LIABLE. Each county shall be liable for  
20 sums paid by the home in support of all its children to the  
21 extent of a sum equal to one-half of the net cost of the sup-  
22 port and maintenance of its children. The superintendent  
23 of ~~The-Iowa-Annie-Wittenmyer-Home~~ and the Iowa juvenile home  
24 shall certify to the state comptroller on the first day of  
25 each fiscal quarter the amount chargeable to each county for  
26 such support. The sums for which each county is so liable  
27 shall be charged to the county and collected as a part of  
28 the taxes due the state, and paid by the county from the  
29 county mental health and institutions fund at the same time  
30 state taxes are paid.

31        Sec. 16. Section four hundred forty-four point twelve  
32 (444.12), subsection one (1), paragraph f, Code 1973, is  
33 amended to read as follows:

34        f. Care of children admitted ~~or-committed~~ to the Iowa  
35 juvenile home at Toledo ~~or-The-Iowa-Annie-Wittenmyer-home~~,

1 or placed in a foster home from ~~either-of-such-institutions~~  
2 the juvenile home if the cost of foster home care does not  
3 exceed the average cost of care of a child in the institution  
4 ~~from-which-the-placement-was-made~~ juvenile home.

5 Sec. 17. Sections two hundred forty-four point six (244.6),  
6 two hundred forty-four point eight (244.8) and two hundred  
7 forty-four point fifteen (244.15), Code 1973, are repealed.

8 Sec. 18. Sections two (2), six (6), seven (7), and sections  
9 nine (9) through sixteen (16), inclusive, of this Act shall  
10 take effect July 1, 1974. Sections three (3), four (4), five  
11 (5) and eight (8) of this Act shall take effect July 1, 1975.

12 EXPLANATION

13 This bill mandates the discontinuation of the programs  
14 operated by the Department of Social Services at the Iowa  
15 Annie Wittenmyer Home in Davenport, not later than December  
16 31, 1973, and requires the Department to submit to the 1974  
17 session of the General Assembly a report on alternative  
18 arrangements for care of children who are being or would have  
19 been served at the Home and a recommendation for the  
20 disposition of the real estate where the Home is located and  
21 such of its physical facilities as are not useful or readily  
22 transferrable to other institutions or facilities operated  
23 by the Department. The bill is based upon a recommendation  
24 by the legislative Mental Health and Juvenile Institutions  
25 Study Committee to the General Assembly that there are no  
26 programs or services offered at the Home which cannot  
27 reasonably be offered effectively elsewhere, with probable  
28 significant savings to the state in maintenance and capital  
29 costs over a period of years.

30 The basic substantive portion of this bill is found in  
31 section one. Sections two through sixteen are primarily  
32 conforming amendments to the present Code, although some of  
33 the amendments are intended to update other provisions of  
34 Code sections affected by section one. Section 18 makes the  
35 amendments to Code sections dealing with the operation of

1 the Home's programs effective immediately following the  
2 deadline for discontinuation of these programs, but retains  
3 provisions authorizing officers of the Department of Social  
4 Services to manage the Home for an additional six months in  
5 order to facilitate disposition of the property. If necessary,  
6 the latter deadline may be extended by the 1974 session of  
7 the General Assembly.

8 This bill is recommended by the Mental Health and Juvenile  
9 Institutions Study Committee. It is referred to in the Study  
10 Committee's final report as Draft Bill No. 5.

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## PROGRESS REPORT AND RECOMMENDATIONS

Submitted to the Legislative Council by

### THE MENTAL HEALTH AND JUVENILE INSTITUTIONS STUDY COMMITTEE

December, 1973

NOTE: Under H. F. 784, affirmative action by the Legislative Council was necessary prior to December 31, 1973 in order to implement the Study Committee's recommendation regarding conduct of a comprehensive mental health study, presented on pages 1-4 of this Report. The recommendation was approved by the Legislative Council December 19.

Continuation of the Mental Health and Juvenile Institutions Study Committee, first established in 1971, was approved by the Legislative Council in July, 1973, pursuant to Senate Concurrent Resolution 33 and House Concurrent Resolution 37 of the 1973 session. Representative Edgar H. Holden, Chairman of the Study Committee in 1971 and 1972, was again named to that position and Senator Charles P. Miller and Representative Joan Lipsky have also continued as members, Senator Miller being elected Vice Chairman. Senators Calvin Hultman and John Murray and Representatives Jerry Fitzgerald and Scott Newhard were appointed as new members of the Study Committee in 1973.

In addition, the Study Committee was expanded to include advisory members for the first time. Serving in that capacity are Mrs. Sally Frudden of Charles City (Iowa Association for Retarded Children), Mrs. Louise Goldman of Davenport (Community Mental Health Centers Association of Iowa)\*, Mr. Nicholas Grunzweig of Des Moines (Director, Bureau of Mental Health Services, Department of Social Services), Dr. Herbert L. Nelson of Iowa City (Director, Iowa Mental Health Authority), Mr. Keith Oswald of Des Moines (Executive Director, Polk County Mental Health Planning Commission) and Dr. Hormoz Rassekh of Council Bluffs (President, Iowa Psychiatric Society).

The Study Committee has held a total of six meetings during the 1973-74 interim, including two two-day meetings. Its responsibilities cover a broad area, and its deliberations have accordingly dealt with a variety of topics. These topics are dealt with as briefly as reasonably possible in this Progress Report.

#### Recommendation Regarding Conduct of a Comprehensive Mental Health Study

H. F. 784, the 1973 legislative staff agencies appropriation act, includes an appropriation of \$50,000 to the Legislative

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\*Mrs. Goldman also serves on the Committee on Mental Hygiene, appointed pursuant to section 225B.2 of the Code.

Council which may be used to conduct a comprehensive study of all of the mental health delivery systems in the state. In continuing the Mental Health and Juvenile Institutions Study Committee, the Council assigned to the Study Committee responsibility to submit a recommendation whether, and in what manner, this study should be undertaken.

The inclusion of the \$50,000 appropriation for a comprehensive mental health study in the Legislative Council's appropriation was, in effect, a substitute for S. F. 352, a bill which proposed to appropriate that amount directly to the Committee on Mental Hygiene for the study. The intent of this bill was to enable the Committee on Mental Hygiene to update the 1965 comprehensive mental health study, the report of which was published under the title Mental Health Planning in Iowa.

Members of the Mental Health and Juvenile Institutions Study Committee are, quite frankly, in some disagreement both as to the desirability of updating certain parts of the 1965 study at this time and as to the best method for doing so if it is finally decided that updating is desirable. However, there is agreement that it is highly desirable to carry out in the next several months a study project contemplated but never actually undertaken in conjunction with the 1965 study. That project is a follow-up study of psychiatric patients who have previously received services from various facilities and resources in the state, including state mental health institutes, community mental health centers, psychiatric units in local general hospitals and psychiatrists in private practice in the state, and of mentally retarded persons who have received services from state, local and private facilities.

The study would be conducted primarily by means of a survey of a carefully selected sample of persons who have been served by each of these resources in the past, the necessary measures being taken to insure both that the confidentiality of individuals involved is respected and that the survey covers a broad cross section of persons served by various mental health and mental retardation facilities and resources. This cross section would reflect such variables as socio-economic status, manner of admission or entry into the caseload of a particular facility or resource, diagnosis, and outcome of the case. The objectives of the study would be:

1. To seek answers to questions such as, where are former patients now living, what is their present condition, were they helped by the services they received, and if so which particular services are seen as having been most helpful?
2. What mental health and mental retardation services are available and what needs for services are not being met in various parts of Iowa? What kinds of services seem to have been most effective in meeting various kinds of problems?

3. What services are being received, and what services are needed but are not being received, by residents of facilities such as nursing homes, custodial homes and county homes who are mentally ill or mentally retarded but have not received or responded to treatment so as to permit them to live more independently.
4. Where does it appear most likely that Iowa could benefit by allocating additional resources to particular mental health and mental retardation services, and what services appear to be least effective in relation to dollars spent?

In summary, the proposed study is intended to, in the language of section 2 of H. F. 784, be an effort "the results of which may be used as a basis for planning of needed changes in and expansion of mental health services in Iowa."

It is intended that the study be conducted under the supervision of--and to some extent directly by--a competent individual with professional experience in research in mental health or a closely related field, who would serve as project director and would report directly to the Mental Health and Juvenile Institutions Study Committee and the Legislative Service Bureau. If it should be found possible to hire such a person on a temporary full-time basis, the Study Committee would certainly consider doing so. However, it is more likely that an individual with appropriate competence and experience could be obtained only on a part-time basis. There should be no problem in such an arrangement so long as the amount of time to be devoted to the study by the project director, and the fact that the project director is to report directly to the Study Committee and the Service Bureau, are clearly understood by all parties concerned.

One of the project director's most important responsibilities will be preparation of the research instrument, the survey questionnaire by which information is to be gathered from all of the persons who have formerly received mental health services and who are included in the survey sample. It is vital that this instrument be both adequate to obtain the needed information, and free from any bias which might affect the validity of the study's results. It is believed that preparation of the research instrument could be completed during the spring of 1974, so that much of the "legwork" of actual data gathering and verification could be performed during the summer by other persons--probably college students--recruited and trained in use of the research instrument, by the project director. This would presumably lead to completion of a study report which would be available for submission by the Study Committee to the 66th General Assembly in 1975, as well as for use by the Study Committee in formulating legislative recommendations.

No specific budget has been prepared at this time for the proposed follow-up study of former psychiatric patients and

recipients of services for the mentally retarded. However, it is possible that the study can be conducted at a cost less than the \$50,000 appropriated by H. F. 784 for a comprehensive mental health study.

There is a consensus among members of the Mental Health and Juvenile Institutions Study Committee that it is desirable for the Study Committee to keep its options open on the possible updating and revision of some of the specific study projects conducted as components of the 1965 comprehensive study. Should the Legislative Council see fit to accept the Study Committee's recommendation, it is intended that the portion of the \$50,000 total appropriation not needed to conduct the proposed follow-up study would be held in reserve for possible use in updating specific portions of the 1965 study, if the Study Committee subsequently concludes that this is desirable and if the necessary work cannot feasibly be carried out by state employees as a part of their regular duties. Pursuant to H. F. 784, that portion of the \$50,000 not encumbered by June 30, 1975 would revert to the state general fund.

#### Recommendation

H. F. 784 empowers the Legislative Council, if it decides to proceed with a comprehensive mental health study, to elect to have the study conducted in either of two ways. The first is by the Council itself, the second is by the Committee on Mental Hygiene under suitable arrangements for legislative oversight. The Mental Health and Juvenile Institutions Study Committee recommends that the Council implement the first alternative by (1) delegating to the Study Committee, which has been established by the Council, the responsibility for conducting the study as proposed in this portion of the Study Committee's Progress Report, and (2) directing the Legislative Service Bureau to make the necessary arrangements with the State Comptroller to permit the Study Committee to draw on the \$50,000 appropriated by section 2 of H. F. 784, as necessary in implementing part 1 of this recommendation. It is anticipated that the Study Committee will, to the greatest extent practicable, obtain advance approval of the Council for specific major expenditures from the \$50,000 appropriation, and will make periodic progress reports to the Council as often as the Council desires.

#### Continuation of Study Committee

Strictly interpreted, the recommendation of the Legislative Council's Studies Committee, and the subsequent action of the Council, on July 10-11, 1973, extended the life of the Mental Health and Juvenile Institutions Study Committee only for the 1973 legislative interim. As the foregoing recommendation is premised on the supervision of the proposed study by the legislative Study Committee, it is requested that the Council, if it accepts the recommendation, also formally act to continue the Study Committee in existence through the 1974 interim, with responsibility to report to the 66th General Assembly in 1975.

Education and Treatment of the "Chronically  
Disruptive" Child--Future of Annie Wittenmyer Home

In its report to the General Assembly one year ago, the Study Committee recommended that the Iowa Annie Wittenmyer Home be closed on June 30, 1974. The draft bill intended to implement this recommendation would also have required the Department of Social Services to report to the Legislature both on alternative arrangements to meet the needs of young people who had been or would have been served by the Home, and on proposals for disposition of the Home's physical facilities.

The legislation recommended by the Study Committee was introduced in the 1973 session as S. F. 145 and H. F. 508. The latter bill passed the House, but the Senate did not act on this legislation. Instead, H. F. 739, the juvenile institutions appropriation bill, provides a special \$100,000 appropriation for the current fiscal year (1973-74) to fund "community-based pilot programs," and requires the Department of Social Services to cooperate with the Department of Public Instruction in arranging community-based alternatives to care and education provided children at the Iowa Annie Wittenmyer Home. Section 4 of H. F. 739 imposes on the Department of Social Services reporting requirements similar to those proposed by the Study Committee, and set December 15, 1973 as the reporting date. Also, the Department of Social Services is required to "develop a plan" for closing the Annie Wittenmyer Home by December 31, 1974; H. F. 739 does not itself actually require that the Home be closed.

The report due on December 15 was not yet available when this Progress Report was written, however staff personnel of the Department of Social Services had indicated to the Study Committee a belief that there will be a continuing need for institutional services for some of the children such as are now being served at the Home. (NOTE: The Department subsequently recommended that the Home remain open but with a reduced capacity.)

As no formal vote has been taken, it is not possible to state with certainty the attitude of all of the present members of the Study Committee toward the 1972 recommendation that the Iowa Annie Wittenmyer Home be closed. However Study Committee members are unanimously of the view that every effort should be made to provide the help needed by "chronic disruptive" and emotionally disturbed children and youth in, or as near as possible to, their home communities. Portions of two of the Study Committee's 1973 meetings, on September 18 and November 15, have been devoted to consideration of how this might best be done.

The term "chronic disruptive" is one used by Lawrence D. Jackson, Director of Education at the Iowa Annie Wittenmyer Home,

Home, in a report which he reviewed for the Study Committee on November 15.\* In the report, the term is applied to:

". . . the children who for one reason or another, for a long period of time, in their school career have not been able to adjust to the expectations set for them in public school settings and consequently, disrupt classes, school buildings, school grounds, etc. These children are subsequently dismissed from public schools, some of them through illegal suspensions, and others through legal expulsions as provided for in the Code of Iowa. Some of these students become wards of the State of Iowa and are placed in institutions, foster homes, or other alternate care facilities. Most, however, drop out and never complete a school program."\*\*

Mr. Jackson points out in his report that the growth of special education classes and facilities in Iowa over the past decade or so has been largely oriented toward mentally retarded students. There are still only a handful of classes and facilities for the chronic disruptive and other emotionally disturbed students (emotional disturbance may be manifested in a pattern of withdrawal as well as by disruptive behavior).\*\*\*

Since it is in the school system that the chronic disruptive or emotionally disturbed child is most likely to be initially identified, and it is in that context that this condition is likely to be most debilitating, it seems obvious to the Study Committee that the school system should be equipped to respond meaningfully to such a child when he or she is identified. This is not to say that the school system, per se, must meet all of the needs of the chronic disruptive or emotionally disturbed child; it is to say that the community at large is not benefited by an approach on the part of the school system which primarily seeks to shift the problem elsewhere, either by institutionalizing the child or by simply excluding him or her from the school system. While an institution may be appropriate in some circumstances, its ultimate objective presumably is to enable the child to live in his home community and it therefore seems preferable to try to keep the child there while he or she receives the needed help, if at all possible. Excluding

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\*"Chronic Disruptive and Emotionally Disturbed Children in Iowa Public Schools: Numbers and Needs", Report written by Mr. Jackson based on efforts of a group of 16 representatives of private agencies, the Department of Social Services and the Department of Public Instruction.

\*\*Ibid., p. 3.

\*\*\*Ibid., pp. 1, 14.

the child from school without any effort by society to correct the basic problem is likely to result in the problem subsequently reappearing in the form of delinquent behavior which involves the individual with law enforcement agencies and the courts.

It has been suggested to the Study Committee that, in order to achieve the objectives of providing needed help to children identified as chronic disruptive or emotionally disturbed while keeping them in their home communities, several major needs will have to be met. These include:

1. Availability of some type of intermediate unit to offer the needed services to children from school districts too small to support these services locally. While the overall problem is a serious one which Iowa can ill afford to ignore, the rate of incidence of chronic disruptive behavior and serious emotional disturbance is low enough that only large school districts can reasonably be expected to program to meet these problems within the district. It is hoped that proposals under consideration by the Intermediate Educational Unit Subcommittee of the Senate Schools and House Education Committees may provide a basis for development of the needed services.
2. Availability of and ease of access to professional treatment for chronic disruptive and emotionally disturbed children which is beyond the scope and intensity of what the schools can reasonably be expected to provide. Dr. Drexel Lange, Associate Superintendent of Public Instruction for Pupil Personnel, and Mr. Frank Vance, Assistant Director of the Department's Division of Special Education, indicated to the Study Committee on September 18 that lack of availability of this kind of resource would be a major limiting factor in any attempt to provide school programs for chronic disruptive and emotionally disturbed children in many parts of the state at the present time.
3. Clearer statutory requirements that the public schools serve all young persons of school age in some manner or other, combined with the necessary financial support to enable them to do so effectively.
4. More adequate training for teachers and school administrators in handling serious discipline and behavior problems in a school setting.
5. By no means least important, some means of effectively motivating and assisting the home to help resolve the child's problems (which in many cases means also resolv-

ing contributing problems in the home), or as a last resort removing the child from the home, hopefully to a community alternate care facility.

The Study Committee is not presently in a position to offer specific recommendations or legislation to meet these needs. Obviously, the objective stated at the beginning of this paragraph is not going to be achieved overnight and commitment to that objective does not necessarily imply any one answer to the immediate future of the Iowa Annie Wittenmyer Home or any other particular state institution. However, such a commitment would suggest that any sizeable capital expenditure at any affected state institution--particularly one located at one extremity of the state as the Annie Wittenmyer Home is--be very carefully evaluated.

#### Future Status of the Four State Mental Health Institutes

The Mental Health and Juvenile Institutions Study Committee was originally established pursuant to a directive by the General Assembly which instructed the Study Committee to review "the present and future roles and adequacy of the mental health institutes and the existing institutions for juveniles under the Department of Social Services." In its report to the 1972 session of the General Assembly, the Study Committee explained its reasons for deciding against a recommendation that any of the four mental health institutes be closed, and the Study Committee took the same position in its report submitted to the 1973 session.

In 1973, the General Assembly included in H. F. 747, the appropriation bill for the Department's mental health institutions, a requirement that the Department formulate a plan for "consolidation of the operations of the present four mental health institutes . . ." and submit a report to the Legislative Council by December 15, 1973. Since the Department was in the process of preparing the required report, the Study Committee devoted little time during the 1973 interim to discussion of the future of the four mental health institutes.

In mid-December, the Department of Social Services submitted to the Legislative Council the report required by H.F. 747, in which it was indicated that the Department early in 1974 would begin to discontinue operation of the Clarinda Mental Health Institute, by administrative action. An Attorney General's opinion subsequently held that the institution could be closed only by action of the General Assembly, which originally established it.

It should be noted that the basic recommendation of the Department's Bureau of Mental Health Services, expressed in the report, is that "in order to provide the best mental health

services to all citizens of Iowa no mental health institute (should) be closed . . . at this time." However, the Department indicated that "responsive to the expressed intent of the Legislature" its recommendation would be that the Clarinda Institute be phased out and its responsibilities assumed by the three remaining mental health institutes. The Department's report explained that "the question is not whether a mental health institute could be closed (certainly it could be from space in institutions point of view) but whether it should be done". (Emphasis added.)

On January 3, 1974 the Study Committee met with a delegation of concerned citizens of Clarinda who urged that operation of the Clarinda Institute be continued. Their arguments, based almost entirely on an asserted need for the Institute's services, included the following points:

1. Closing of the Clarinda Institute will inevitably reduce accessibility of mental health services to citizens of southwestern Iowa; no system of transportation to other mental health institutions is likely to offset the greater distances involved for many of the residents of the present Clarinda Institute catchment area.
2. Thirteen of the twenty-five counties in that catchment area are not currently served by community mental health centers and--for economic and other reasons--prospects for their early development in a number of these counties are minimal;; residents of southwestern Iowa should not be penalized because other areas of the state have been successful in developing community mental health centers.
3. The physical plant of the Clarinda Institute is basically sound and the cost of maintaining and--where necessary--upgrading it is likely to be substantially less than the cost of construction of a new facility elsewhere, which the Clarinda citizens feel would be the logical conclusion of the process that would be started by the closing of one of the present mental health institutes.

A more complete presentation of the arguments in favor of keeping the Clarinda Institute open will be found in the minutes of the Study Committee's January 3 meeting.

The delegation from Clarinda also indicated interest in working with the Department of Social Services toward establishment of what was referred to as a "two-track" system at the Clarinda Institute. Under such an arrangement, at least two categories of patients would be established on the basis of the intensity of treatment required. The daily cost billed to each patient's county of residence then would be determined on the basis of the average

cost of treating patients in that particular patient's category, rather than on the basis of the cost of treatment of all patients in the hospital as is now the case. This would presumably raise the average daily charge made for treatment of the most acutely ill patients, but would lower the daily charge for those patients who require less intensive treatment, perhaps over a longer period of time. Commissioner of Social Services Kevin Burns told the Study Committee that the Department would work with the Clarinda Institute and those interested in its future in exploring the possibilities of such an arrangement.

The Study Committee has taken no position on the question of closing the Clarinda Mental Health Institute. At least to some extent, this is due to the fact that copies of the text of the Department of Social Services report submitted pursuant to H.F. 747 had not yet become available at the time of the Study Committee's last meeting prior to the 1974 session. It is assumed that copies of this report will be available to members of the General Assembly at about the same time as this report is ready for distribution.

It is to be noted that, insofar as there is merit in the suggestions that at least some of the counties in southwestern Iowa are more heavily dependent on the Clarinda Institute's services than may be the case elsewhere in the state, the Study Committee's proposal to revise the manner in which state funds are distributed to counties to help pay mental health costs should have special significance for these southwestern Iowa counties. The funding proposal is discussed later in this report.

#### Organizational Requirements and Standards for Services of Community Mental Health Centers

In its report to the General Assembly one year ago the Study Committee recommended passage of what was identified in the report as Draft Bill No. 1, entitled "A Bill For An Act relating to mental health and mental retardation services, authorizing state aid to counties to help pay the costs of such services, and making an appropriation therefor." This bill became S. F. 89, but was not acted upon during the 1973 session.

The bill's explanation stated that "the primary purpose of this bill is to change the method of distributing the state funds now used to assist counties in meeting costs of treatment and care of mentally disabled persons," but added that "it is considered advisable to provide a somewhat more explicit statutory

framework for establishment and operation of community mental health centers." The Study Committee's report recommending the bill noted "There is surprisingly little in present state law which relates to" these matters, and that the pertinent provisions of S. F. 89 were "intended only to reflect the present manner of operation of these centers in Iowa\*, not to make any significant changes in their function or organizational pattern."

During the past year, one of the existing community mental health programs in Iowa has in fact undergone a significant change in organizational pattern. The Linn County Board of Supervisors terminated the arrangement under which funds had previously been provided by the county to the Linn County Mental Health Center, and instead established the Linn County Department of Mental Health Services which then hired the professional staff formerly employed by the Mental Health Center. The reasons for this development, and the respective views of county officials and of officers of the Linn County Mental Health Center (which continues to exist as a corporate entity) were explored by the Study Committee at its October 18 meeting, the minutes of which are on file with the Legislative Service Bureau.

The Study Committee has not made, and does not intend to imply in this Report, any finding as to the wisdom of the action taken by the Linn County Board of Supervisors. In response to a request by Representative Lipsky, the Attorney General's office has rendered an opinion that the Board of Supervisors' action was authorized by section 444.12 of the Code, although the President of the Linn County Mental Health Center Board contends the opinion might have been written differently if the assistant Attorney General who prepared it had been fully cognizant of all factors in the situation. Study Committee members are inclined to the view that control over community mental health centers by a board of directors broadly representative of the community is preferable to direct control of local mental health programs by county boards of supervisors, although it is recognized that circumstances may arise in which county supervisors would prefer to proceed directly to establish a community mental health center rather than dealing with a private nonprofit corporation.

Therefore, the Study Committee recommends to the second session of the 65th General Assembly Draft Bill No. 1A, a copy of which appears as Appendix I to this Report. The bill's basic intent to provide an explicit statutory framework for establishment and operation of community mental health centers is similar to one

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\*Community mental health centers heretofore recognized as such by the Iowa Mental Health Authority are not governmental agencies but are organized as nonprofit corporations, with the administrator responsible to a board of directors drawn from the community served.

of the purposes of the former Draft Bill No. 1 (S.F. 89). However, the new bill authorizes two alternative methods of organization of community mental health centers and, for the first time, authorizes the Iowa Mental Health Authority to establish and apply standards for evaluation of community mental health centers.

One of the authorized options for establishment of community mental health centers is by arrangement between county boards of supervisors and centers organized as nonprofit corporations, the traditional pattern in Iowa which appears to have been generally satisfactory in most counties where centers have been established in the state over the past quarter century. The other option is direct establishment of community mental health centers by one or more counties. These centers would then be administered by elected boards of trustees functioning much like county public hospital trustees, except that they will have no taxing power or bounding authority.

The Iowa Mental Health Authority is given the right to evaluate community mental health centers by the standards established pursuant to Draft Bill No. 1A, but has no power to enforce the standards other than by consultation and advice to the centers or, as a final step, reporting any deficiencies which cannot be satisfactorily resolved to the board or boards of supervisors of the county or counties which support the center in question.

#### State Funds for Mental Health Services

Revision of the existing methods by which some state funds are transferred to counties to help pay the costs of certain types of mental health care was one of the recommendations of the 1967-68 State Mental Health Institutions Study Committee. The bill recommended at that time was not passed in 1969 nor 1970, and was not reintroduced in the same form in 1971. Late in the 1971 interim the Mental Health and Juvenile Institutions Study Committee asked that the bill be redrafted for further consideration, and its provisions ultimately became a part of Draft Bill No. 1 recommended to the first session of the 65th General Assembly, one year ago.

The present Study Committee continues to believe that this proposed change in distribution of state funds used to pay for mental health services has merit and is, in fact, of increasing importance. However, for the reasons outlined in the preceding portion of this Report, the proposal for more explicit statutory provisions relating to establishment and operation of community mental health centers and the funding revision proposal have been separated by the Study Committee into two draft bills. Draft Bill No. 1B, which is recommended for enactment by the second session of the 65th General Assembly, now embodies the funding revision proposal. A copy appears as Appendix II to this Report.

The provisions of what is now Draft Bill No. 1B are explained in some detail on pages 3-5 of the report of the Mental Health and Juvenile Institutions Study Committee to the first session of the 65th General Assembly, issued in December 1972. Copies of that report are still available from the Legislative Service Bureau.

#### Mental Health Commitment Laws

Since late in the 1971 legislative interim, the Study Committee has been concerned about both the constitutionality and the appropriateness, in light of present day concepts, of Iowa's current statutes governing involuntary hospitalization of persons who are, or are alleged to be, mentally ill. At the Study Committee's first meeting during the 1973 interim a Subcommittee on Commitment Laws was established, consisting of Senator Murray as Chairman, Representative Newhard and Mr. Oswald. The Subcommittee has met three times, has received testimony and suggestions from interested individuals, and has benefited greatly by work done over the past few years by a joint subcommittee of the Iowa Medical Society and the State Bar Association. In addition, special assistance by a Drake University law student on temporary assignment to the Legislative Service Bureau has been utilized to begin preparation of a review of recent case law in the area of mental health commitments, a field in which applicable precedents have been undergoing rather rapid change.

The Subcommittee's objective is to prepare for introduction in the General Assembly a bill to establish in Iowa procedures which will (1) assure to every individual the constitutional rights which recent decisions of various federal and state courts have indicated must be protected in any proceeding seeking to involuntarily hospitalize an individual on grounds of mental illness, (2) afford society the means to expeditiously arrange for observation and treatment of persons who because of mental illness do in fact constitute a danger to themselves or others, and (3) insure that when an individual has been involuntarily hospitalized for treatment of mental illness, he will in fact promptly receive treatment intended to mitigate his condition and thereby permit his release from the hospital.

Obviously, no law can guarantee attainment of the third goal; the important point is that the patient receives treatment and not just custodial care after involuntary hospitalization. It should be clearly stated that this particular matter is not known to have been a problem in commitments for mental illness in Iowa in recent years, as apparently has been the case in some other states.

As this Report is prepared for distribution, work is under way toward completion of the draft of the bill to establish new commitment procedures. The Study Committee intends to distribute this draft widely as soon as it is completed, and shortly thereafter to hold a public hearing on the bill, hopefully not later than February, 1974. It is anticipated that the draft bill will then be introduced or turned over to a standing committee of the General Assembly, if it appears at that time that consideration of the bill for passage in 1974 is indicated.

Safeguards for State-supported Patients in  
Facilities Other than State Institutions

H. F. 240, a bill identified as Draft Bill No. 2 and recommended by the Study Committee in its report a year ago, was enacted by the General Assembly in 1973. This legislation is intended to insure that when a mentally retarded patient is placed out from a state hospital-school, other than in his own home, or when such a placement is changed, the patient's best interests are protected by his or her parents or by an independent advocate acting in the patient's behalf.

Unfortunately, it was learned at the Study Committee's September 18 meeting that nearly two months after H. F. 240 took effect, a transfer of several patients--at least two of whom apparently should have been protected by that Act--took place under highly inappropriate conditions. As a result, a broad investigation has been carried out by both the Department of Social Services and the Department of Health. The Study Committee has been provided extensive written reports from the Department of Health, and on November 16 received a verbal report from Commissioner of Social Services Kevin Burns who explained that the prospect of legal action by the state arising from the matter made presentation of a written report inappropriate at that time.

In reviewing this entire matter, the Study Committee discussed the possibility that legislation similar to H. F. 240 should be enacted to protect all former patients of state mental health institutes now receiving care elsewhere, if the state pays a part of the cost of that care. However, it is the conclusion of members of the Study Committee that present provisions of Chapter 227 of the Code, if properly implemented, are adequate for this purpose.

A very important related matter is the availability and adequacy of nursing home, custodial home and boarding home care in Iowa, and in particular the currently acute shortage of custodial home and boarding home facilities which is being aggravated by inability of older homes to meet applicable standards and by lack of construction of new ones. This situation seems to raise ques-

tions about the appropriateness of some of the rules and regulations for nonnursing care facilities adopted pursuant to the 1970 revision of Chapter 135C of the Code. A review of this matter with representatives of the Department of Health, the State Fire Marshal's office and other interested parties was held at the December 18 Study Committee meeting, the minutes of which are available from the Legislative Service Bureau.

(NOTE: A discussion of the current situation regarding care of patients and residents at state expense in facilities licensed under Chapter 135C appears in the report of the joint Subcommittee on Problems of the Elderly and Handicapped of the standing Human Resources Committees, for the 1973 interim.)

Closer Coordination of Community Mental Health  
Centers and State Mental Health Institutes

A change in the present state administrative structure for mental health services, intended to bring about closer coordination of community mental health centers and the state mental health institutes, was considered at length by the Study Committee during the 1972 interim. A bill intended to achieve such a change, identified as Draft Bill No. 4A, was recommended by the Study Committee in its report to the 1973 session of the General Assembly, and was introduced in the Senate as S. F. 78 but was not acted upon. The Study Committee has had very little opportunity to give further consideration to this matter during the 1973 interim, and therefore at this time has nothing to add to the discussion of the subject which appears in its report to the first session of the Sixty-fifth General Assembly.