

**Senate Study Bill 1096 - Introduced**

SENATE FILE \_\_\_\_\_  
BY (PROPOSED COMMITTEE ON  
HUMAN RESOURCES BILL BY  
CHAIRPERSON RAGAN)

**A BILL FOR**

- 1 An Act relating to community mental health centers.
- 2 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

DIVISION I

COMMUNITY MENTAL HEALTH CENTERS — CATCHMENT AREAS

Section 1. NEW SECTION. 230A.101 **Services system roles.**

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

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

Sec. 2. NEW SECTION. 230A.102 **Definitions.**

As used in this chapter, unless the context otherwise requires:

1. "Administrator", "commission", "department", "disability services", and "division" mean the same as defined in section 225C.2.

2. "Catchment area" means a community mental health center catchment area identified in accordance with this chapter.

3. "Community mental health center" or "center" means a community mental health center designated in accordance with this chapter.

Sec. 3. NEW SECTION. 230A.103 **Designation of community mental health centers.**

1. The division, subject to agreement by the boards of supervisors of the affected counties and any community mental health center that would provide services for the catchment area, shall designate at least one community mental health

1 center under this chapter to serve the mental health needs of  
2 the county or counties comprising the catchment area. The  
3 designation process shall provide for the input of potential  
4 service providers regarding designation of the initial  
5 catchment area or a change in the designation.

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

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

16 b. An effective means shall be used for determining the  
17 relative ability of a prospective designee to appropriately  
18 provide mental health services and other support to consumers  
19 residing within a catchment area as well as consumers residing  
20 outside the catchment area. The criteria shall address the  
21 duty for a prospective designee to arrange placements outside  
22 the catchment area when such placements best meet consumer  
23 needs and to provide services within the catchment area to  
24 consumers who reside outside the catchment area when the  
25 services are necessary and appropriate.

26 3. The board of directors for a designated community mental  
27 center shall enter into an agreement with the division and  
28 the counties affiliated with the catchment area served by  
29 the center, as applicable. The terms of the agreement shall  
30 include but are not limited to all of the following:

31 a. The period of time the agreement will be in force.

32 b. The services and other support the center will offer or  
33 provide for the residents of the catchment area.

34 c. The standards to be followed by the center in determining  
35 whether and to what extent the persons seeking services from

1 the center shall be considered to be able to pay the costs of  
2 the services.

3 *d.* The policies regarding availability of the services  
4 offered by the center to the residents of the catchment area as  
5 well as consumers residing outside the catchment area.

6 *e.* The requirements for preparation and submission to the  
7 division of annual audits, cost reports, program reports,  
8 performance measures, and other financial and service  
9 accountability information.

10 4. This section does not limit the authority of the board  
11 or boards of supervisors of any county or group of counties to  
12 continue to expend money to support operation of a center.

13 **Sec. 4. NEW SECTION. 230A.104 Catchment areas.**

14 1. The division shall collaborate with affected counties in  
15 identifying community mental health center catchment areas in  
16 accordance with the requirements of this section.

17 2. The division shall implement objective criteria for  
18 identifying or revising catchment areas which shall be  
19 identified in rule adopted by the commission. The criteria  
20 shall provide for dividing the state into catchment areas  
21 based upon consideration of city and county lines, population  
22 sufficiency, geographic spread and population density, and  
23 service provider viability, capacity, and availability. In  
24 addition, the criteria shall include but are not limited to  
25 provisions for meeting all of the following requirements:

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

34 *b.* A formal review process shall be used in determining  
35 whether exceptional circumstances exist that justify

1 designating more than one center to serve a catchment area.  
2 The criteria for the review process shall include but are not  
3 limited to a means of determining whether the catchment area  
4 can support more than one center.

5 *c.* Criteria shall be provided that would allow the  
6 designation of more than one center for all or a portion of a  
7 catchment area if designation or approval for more than one  
8 center was provided by both the division and the affected  
9 counties as of October 1, 2010. The criteria shall require a  
10 determination that all such centers would be financially viable  
11 if designation is provided for all.

12 *d.* A period of time for counties to self-select the  
13 initial catchment area affiliation in accordance with  
14 identified criteria. In addition, the division shall identify  
15 requirements for a county to change the county's catchment area  
16 affiliation or to contract for certain services with a center  
17 from a different catchment area or with an individual provider.

18 *e.* All counties in the state shall be part of a catchment  
19 area. The identification criteria shall provide a means of  
20 determining that each catchment area can financially support at  
21 least one center.

22 **Sec. 5. NEW SECTION. 230A.105 Target population —**  
23 **eligibility.**

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

27 *a.* Individuals of any age who are experiencing a mental  
28 health crisis.

29 *b.* Individuals of any age who have a mental health disorder.

30 *c.* Adults who have a serious mental illness or chronic  
31 mental illness.

32 *d.* Children and youth who are experiencing a serious  
33 emotional disturbance.

34 *e.* Individuals described in paragraph "*a*", "*b*", "*c*",  
35 or "*d*" who have a co-occurring disorder, including but not

1 limited to substance abuse, mental retardation, a developmental  
2 disability, brain injury, autism spectrum disorder, or another  
3 disability or special health care need.

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

8 Sec. 6. NEW SECTION. 230A.106 **Services offered.**

9 1. A community mental health center designated in  
10 accordance with this chapter shall offer core services and  
11 support addressing the basic mental health and safety needs of  
12 the target population and other residents of the catchment area  
13 served by the center and may offer other services and support.  
14 The core services shall be identified in administrative rules  
15 adopted by the commission for this purpose.

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

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

32 b. Twenty-four-hour emergency services. Twenty-four-hour  
33 emergency services shall be provided through a system that  
34 provides access to a clinician and appropriate disposition with  
35 follow-up documentation of the emergency service provided.

1 A patient shall have access to evaluation and stabilization  
2 services after normal business hours. The range of emergency  
3 services that shall be available to a patient may include but  
4 are not limited to direct contact with a clinician, medication  
5 evaluation, and hospitalization. The emergency services may  
6 be provided directly by the center or in collaboration or  
7 affiliation with other appropriately accredited providers.

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

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

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

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

35 *g.* Education services. Education services may include

1 information and referral services regarding available  
2 resources and information and training concerning mental  
3 health, mental illness, availability of services and other  
4 support, the promotion of mental health, and the prevention  
5 of mental illness. Education services may be made available  
6 to individuals, groups, organizations, and the community in  
7 general.

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

14 Sec. 7. NEW SECTION. 230A.107 **Form of organization.**

15 1. Except as authorized in subsection 2, a community mental  
16 health center designated in accordance with this chapter shall  
17 be organized and administered as a nonprofit corporation.

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

23 Sec. 8. NEW SECTION. 230A.108 **Administrative, diagnostic,  
24 and demographic information.**

25 Release of administrative and diagnostic information, as  
26 defined in section 228.1, and demographic information necessary  
27 for aggregated reporting to meet the data requirements  
28 established by the division, relating to an individual who  
29 receives services from a community mental health center through  
30 the applicable central point of coordination process, may be  
31 made a condition of support of that center by any county in the  
32 center's catchment area.

33 Sec. 9. NEW SECTION. 230A.109 **Funding — legislative  
34 intent.**

35 1. It is the intent of the general assembly that public



1 funding for community mental health centers designated in  
2 accordance with this chapter shall continue to be provided as a  
3 combination of federal, state, and county funding. The funding  
4 sources may include but are not limited to federal supplemental  
5 security income, block grants and other grants, and medical  
6 assistance program funding, state allowed growth and property  
7 tax relief funding, and county property tax funding.

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

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

18 Sec. 10. NEW SECTION. **230A.110 Standards.**

19 1. The division shall recommend and the commission shall  
20 adopt standards for designated community mental health centers  
21 and comprehensive community mental health programs, with  
22 the overall objective of ensuring that each center and each  
23 affiliate providing services under contract with a center  
24 furnishes high-quality mental health services within a  
25 framework of accountability to the community it serves. The  
26 standards adopted shall be in substantial conformity with  
27 the applicable behavioral health standards adopted by the  
28 joint commission, formerly known as the joint commission  
29 on accreditation of health care organizations, and other  
30 recognized national standards for evaluation of psychiatric  
31 facilities unless in the judgment of the division, with  
32 approval of the commission, there are sound reasons for  
33 departing from the standards.

34 2. When recommending standards under this section, the  
35 division shall designate an advisory committee representing

1 boards of directors and professional staff of designated  
2 community mental health centers to assist in the formulation  
3 or revision of standards. The membership of the advisory  
4 committee shall include representatives of professional and  
5 nonprofessional staff, at least one representative of county  
6 boards of supervisors and central point of coordination  
7 administrators, and other appropriate individuals.

8 3. The standards recommended under this section shall  
9 include requirements that each community mental health center  
10 designated under this chapter do all of the following:

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

17 b. If organized as a nonprofit corporation, be governed by  
18 a board of directors which adequately represents interested  
19 professions, consumers of the center's services, socioeconomic,  
20 cultural, and age groups, and various geographical areas in  
21 the catchment area served by the center. If organized as a  
22 for-profit corporation, the corporation's policy structure  
23 shall incorporate such representation.

24 c. Arrange for the financial condition and transactions of  
25 the community mental health center to be audited once each year  
26 by the auditor of state. However, in lieu of an audit by state  
27 accountants, the local governing body of a community mental  
28 health center organized under this chapter may contract with  
29 or employ certified public accountants to conduct the audit,  
30 pursuant to the applicable terms and conditions prescribed by  
31 sections 11.6 and 11.19 and audit format prescribed by the  
32 auditor of state. Copies of each audit shall be furnished by  
33 the accountant to the administrator of the division of mental  
34 health and disability services and the board or boards of  
35 supervisors supporting the audited community mental health

1 center.

2 *d.* Comply with the accreditation standards applicable to the  
3 center.

4 Sec. 11. NEW SECTION. 230A.111 **Review and evaluation.**

5 1. The review and evaluation of designated centers shall  
6 be performed through a formal accreditation review process as  
7 recommended by the division and approved by the commission.  
8 The accreditation process shall include all of the following:  
9 *a.* Specific time intervals for full accreditation reviews  
10 based upon levels of accreditation.

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

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

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

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

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

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

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

29 Sec. 12. **IMPLEMENTATION.**

30 1. Community mental health centers operating under  
31 the provisions of chapter 230A, Code 2011, and associated  
32 standards, rules, and other requirements as of June 30, 2011,  
33 may continue to operate under such requirements until the  
34 department of human services, division of mental health and  
35 disability services, and the mental health and disability

1 services commission have completed the rules adoption process  
2 to implement the amendments to chapter 230A enacted by this  
3 Act, identified catchment areas, and completed designations of  
4 centers.

5 2. The division and the commission shall complete the rules  
6 adoption process and other requirements addressed in subsection  
7 1 on or before June 30, 2012.

8 Sec. 13. REPEAL. Sections 230A.1 through 230A.18, Code  
9 2011, are repealed.

10 DIVISION II

11 CONFORMING AMENDMENTS

12 Sec. 14. Section 135.80, subsection 3, Code 2011, is amended  
13 to read as follows:

14 3. The program shall provide stipends to support  
15 psychiatrist positions with an emphasis on securing and  
16 retaining medical directors at community mental health centers,  
17 ~~providers of mental health services to county residents~~  
18 ~~pursuant to a waiver approved under section 225C.7, subsection~~  
19 ~~3,~~ and hospital psychiatric units that are located in mental  
20 health professional shortage areas.

21 Sec. 15. Section 225C.4, subsection 1, paragraph o, Code  
22 2011, is amended to read as follows:

23 o. Recommend to the commission minimum accreditation  
24 standards for the maintenance and operation of community  
25 mental health centers, services, and programs designated under  
26 ~~section 230A.16~~ chapter 230A. The administrator's review  
27 and evaluation of the centers, services, and programs for  
28 compliance with the adopted standards shall be as provided in  
29 ~~section 230A.17~~ chapter 230A.

30 Sec. 16. Section 225C.6, subsection 1, paragraph c, Code  
31 2011, is amended to read as follows:

32 c. Adopt standards for community mental health centers,  
33 services, and programs as recommended ~~under section 230A.16~~ by  
34 the administrator. The administrator shall determine whether  
35 to grant, deny, or revoke the accreditation of the centers,

1 services, and programs.

2 Sec. 17. Section 225C.7, subsection 3, Code 2011, is amended  
3 to read as follows:

4 3. ~~If a county has not established or is not affiliated~~  
5 ~~with a community mental health center under chapter 230A,~~  
6 ~~the county shall expend a portion of the money received~~  
7 ~~under this appropriation to contract with a community mental~~  
8 ~~health center to provide mental health services to the~~  
9 ~~county's residents. If such a contractual relationship~~  
10 ~~is unworkable or undesirable, the commission may waive the~~  
11 ~~expenditure requirement. However, if the commission waives the~~  
12 ~~requirement, the commission shall address the specific concerns~~  
13 ~~of the county and shall attempt to facilitate the provision~~  
14 ~~of mental health services to the county's residents through~~  
15 ~~an affiliation agreement or other means. A county must be~~  
16 affiliated with the community mental health center designated  
17 in accordance with chapter 230A in order to receive moneys from  
18 the fund.

19 Sec. 18. Section 225C.15, Code 2011, is amended to read as  
20 follows:

21 **225C.15 County implementation of evaluations.**

22 The board of supervisors of a county shall, ~~no later~~  
23 ~~than July 1, 1982,~~ require that the preadmission diagnostic  
24 evaluation policy stated in section 225C.14 be followed with  
25 respect to admission of persons from that county to a state  
26 mental health institute. A community mental health center  
27 ~~which is supported, directly or in affiliation with other~~  
28 ~~counties, by that county~~ designated for the county's catchment  
29 area may perform the preliminary diagnostic evaluations for  
30 that county, unless the performance of the evaluations is  
31 not covered by the agreement entered into by the county and  
32 the center ~~under section 230A.12,~~ and the center's director  
33 certifies to the board of supervisors that the center does not  
34 have the capacity to perform the evaluations, in which case  
35 the board of supervisors shall proceed with an alternative

1 diagnostic facility as provided under section 225C.17.

2 Sec. 19. Section 225C.19, subsection 3, paragraph a, Code  
3 2011, is amended to read as follows:

4 a. Standards for accrediting or approving emergency mental  
5 health crisis services providers. Such providers may include  
6 but are not limited to a community mental health center, a  
7 ~~provider approved in a waiver adopted by the commission to~~  
8 ~~provide services to a county in lieu of a community mental~~  
9 ~~health center,~~ a unit of the department or other state agency,  
10 a county, or any other public or private provider who meets the  
11 accreditation or approval standards for an emergency mental  
12 health crisis services provider.

13 Sec. 20. Section 225C.54, subsection 1, Code 2011, is  
14 amended to read as follows:

15 1. The mental health services system for children and youth  
16 shall be initially implemented by the division commencing with  
17 the fiscal year beginning July 1, 2008. The division shall  
18 begin implementation by utilizing a competitive bidding process  
19 to allocate state block grants to develop services through  
20 ~~existing community mental health centers, providers approved~~  
21 ~~in a waiver adopted by the commission to provide services to a~~  
22 ~~county in lieu of a community mental health center, designated~~  
23 in accordance with chapter 230A and other local service  
24 partners. The implementation shall be limited to the extent of  
25 the appropriations provided for the children's system.

26 Sec. 21. Section 228.6, subsection 1, Code 2011, is amended  
27 to read as follows:

28 1. A mental health professional or an employee of or  
29 agent for a mental health facility may disclose mental health  
30 information if and to the extent necessary, to meet the  
31 requirements of section 229.24, 229.25, 230.20, 230.21, 230.25,  
32 230.26, ~~230A.13~~ 230A.108, 232.74, or 232.147, or to meet the  
33 compulsory reporting or disclosure requirements of other state  
34 or federal law relating to the protection of human health and  
35 safety.

1     Sec. 22. Section 232.78, subsection 5, unnumbered paragraph  
2 1, Code 2011, is amended to read as follows:

3     The juvenile court, before or after the filing of a petition  
4 under this chapter, may enter an ex parte order authorizing  
5 a physician or hospital to conduct an outpatient physical  
6 examination or authorizing a physician, a psychologist  
7 certified under section 154B.7, or a community mental health  
8 center ~~accredited pursuant to~~ designated under chapter 230A  
9 to conduct an outpatient mental examination of a child if  
10 necessary to identify the nature, extent, and cause of injuries  
11 to the child as required by section 232.71B, provided all of  
12 the following apply:

13     Sec. 23. Section 232.83, subsection 2, unnumbered paragraph  
14 1, Code 2011, is amended to read as follows:

15     Anyone authorized to conduct a preliminary investigation  
16 in response to a complaint may apply for, or the court on its  
17 own motion may enter an ex parte order authorizing a physician  
18 or hospital to conduct an outpatient physical examination or  
19 authorizing a physician, a psychologist certified under section  
20 154B.7, or a community mental health center ~~accredited pursuant~~  
21 ~~to~~ designated under chapter 230A to conduct an outpatient  
22 mental examination of a child if necessary to identify the  
23 nature, extent, and causes of any injuries, emotional damage,  
24 or other such needs of a child as specified in section 232.2,  
25 subsection 6, paragraph "c", "e", or "f", provided that all of  
26 the following apply:

27     Sec. 24. Section 235A.15, subsection 2, paragraph c,  
28 subparagraph (6), Code 2011, is amended to read as follows:

29     (6) To an administrator of a community mental health center  
30 ~~accredited under~~ designated in accordance with chapter 230A if  
31 the data concerns a person employed or being considered for  
32 employment by the center.

33     Sec. 25. Section 331.321, subsection 1, paragraph e, Code  
34 2011, is amended by striking the paragraph.

35     Sec. 26. Section 331.382, subsection 1, paragraph f, Code

1 2011, is amended by striking the paragraph.

2

EXPLANATION

3 This bill relates to the requirements of community mental  
4 health centers under Code chapter 230A. The bill is organized  
5 into divisions.

6 CODE CHAPTER 230A AMENDMENTS. This division repeals and  
7 replaces Code chapter 230A which was originally enacted by 1974  
8 Iowa Acts, chapter 1160.

9 The bill maintains the requirements under current law  
10 for accreditation of community mental health centers to be  
11 performed by the department of human services (DHS), division  
12 of mental health and disability services, in accordance  
13 with standards adopted by the mental health and disability  
14 services commission. 2008 Iowa Acts, chapter 1187, required  
15 the division to utilize an advisory group to develop a  
16 proposal for revising Code chapter 230A and for revising the  
17 accreditation process for centers. Until the proposal has been  
18 considered and acted upon by the general assembly, the division  
19 administrator is authorized to defer consideration of requests  
20 for accreditation of a new community mental health center or  
21 for approval of a provider to fill the role of a center. The  
22 proposal was submitted to the governor and general assembly  
23 April 17, 2009. The bill provides for implementation of the  
24 proposal.

25 The current Code chapter provides for community mental  
26 health centers to either be directly established by a county  
27 or counties and administered by a board of trustees or by  
28 establishment of a nonprofit corporation operating on the basis  
29 of an agreement with a county or counties. Code section 225C.7  
30 allows the department of human services to authorize the center  
31 services to be provided by an alternative provider.

32 The bill replaces this approach by requiring the division  
33 and commission to consult with affected counties in identifying  
34 catchment areas of counties to be served by a center. The  
35 general requirement is for one center to be designated to



1 serve a catchment area but more than one can be designated if  
2 exceptional circumstances outlined in the bill are determined  
3 to exist.

4 New Code section 230A.101 describes the regulatory and  
5 policy role to be filled by the department and the service  
6 provider role of the community mental health centers.

7 New Code section 230A.102 provides definitions. These  
8 terms, defined in Code chapter 225C, are adopted by reference:  
9 "administrator" (administrator of MH and disability services  
10 division), "commission" (mental health and disability services  
11 commission), "department" (DHS), "disability services"  
12 (services and other support available to a person with mental  
13 illness, MR or other developmental disability or brain injury),  
14 and "division" (MH and disability services division). In  
15 addition, the terms "community mental health center" and  
16 "catchment area" are defined to reflect the contents of the  
17 bill.

18 New Code section 230A.103 provides criteria to be  
19 implemented by the division for designation of at least one  
20 community mental health center to serve a catchment area  
21 consisting of a county or counties. Various operating and  
22 services requirements are to be addressed in the terms of an  
23 agreement between the designated center, the division, and the  
24 counties comprising the catchment area.

25 New Code section 230A.104 provides for the division to  
26 implement objective criteria for identifying catchment areas  
27 for centers. A general limitation of one center per catchment  
28 area is stated, however, the criteria are to include a formal  
29 review process for use in determining whether exceptional  
30 circumstances exist for designating more than one center  
31 for a catchment area. The other stated criteria involve  
32 determinations of financial viability for a center to operate.

33 New Code section 230A.105 lists the attributes of the  
34 target population required to be served by a center. The  
35 list includes individuals of any age experiencing a mental

1 health crisis or disorder, adults who have a serious or chronic  
2 mental illness, children and youth experiencing a serious  
3 emotional disturbance, and listed individuals who also have a  
4 co-occurring disorder. The specific clinical and financial  
5 eligibility criteria are required to be identified in rules  
6 adopted by the commission.

7 New Code section 230A.106 requires each designated center  
8 to offer core services and support addressing the basic mental  
9 health and safety needs of the target population and other  
10 residents of the catchment area. The core services are to be  
11 identified in rules adopted by the commission.

12 An initial list of core services is specified to include the  
13 following: outpatient services; 24-hour emergency services;  
14 day treatment, partial hospitalization, or psychological  
15 rehabilitation services; admission screening for voluntary  
16 patients; community support services; consultation services;  
17 and education services.

18 In addition, a center is responsible for coordinating  
19 associated services provided by other unaffiliated agencies to  
20 members of the target population and for integrating services  
21 provided to the target population in residential or inpatient  
22 settings.

23 New Code section 230A.107 requires a designated center to be  
24 organized as a nonprofit corporation. However, a for-profit  
25 corporation, nonprofit corporation, or county hospital  
26 providing services under a waiver approved as of October 1,  
27 2010, may also be designated.

28 New Code section 230A.108 requires release of  
29 administrative, diagnostic, and demographic information as a  
30 condition of support by any of the counties in the catchment  
31 area served by a center. Language with a similar requirement  
32 is part of current law in Code section 230A.13, relating to  
33 annual budgets of centers.

34 New Code section 230A.109 states legislative intent  
35 regarding continuation of the current combination of federal,

1 state, and county funding supporting centers and for the amount  
2 of funding to be sufficient for core services to be provided  
3 regardless of an individual's ability to pay for the services.  
4 This section also states that provision of services is subject  
5 to the availability of payment sources for the services.

6 New Code section 230A.110 provides for accreditation  
7 standards for centers to be recommended by the division  
8 and adopted by the commission. The standards are to be in  
9 substantial conformity with certain national standards. The  
10 division is directed to use an advisory committee to assist in  
11 standards development. In addition, the standards recommended  
12 are required to include various organizational requirements.

13 New Code section 230A.111 addresses how the review and  
14 evaluation components of the accreditation process are to be  
15 performed.

16 An implementation section authorizes centers operating under  
17 current law as of June 30, 2011, to continue operating until  
18 the rules are adopted, catchment areas are identified, and  
19 centers are designated, as required by the bill. The division  
20 and commission are required to complete those requirements on  
21 or before June 30, 2012.

22 CONFORMING AMENDMENTS. This division amends internal  
23 references and provides other conforming amendments in the  
24 following Code provisions: Code section 135.80, relating to  
25 the mental health professional shortage area program; Code  
26 section 225C.4, relating to the duties of the MH and disability  
27 services administrator; Code section 225C.6, relating to  
28 the duties of the commission, Code section 225C.7, relating  
29 to the requirements for the MH/DD community services fund;  
30 Code section 225C.15, relating to county implementation  
31 of evaluations relating to admissions of persons from the  
32 counties to a state mental health institute; Code section  
33 225C.19, relating to implementation of an emergency mental  
34 health services system; Code section 225C.54, relating to  
35 implementation of a mental health services system for children

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1 and youth; Code section 228.6, relating to disclosure of  
2 confidential mental health information; Code section 232.78,  
3 relating to temporary custody of a child pursuant to an ex  
4 parte court order; Code section 232.83, relating to child  
5 sexual abuse involving a person not responsible for the care  
6 of a child; Code section 331.321, by striking the requirement  
7 for county appointments to an initial community mental health  
8 center board of trustees; and Code section 331.382, by striking  
9 the authority of a county board of supervisors to establish a  
10 community mental health center.