House File 2456 - Introduced

HOUSE FILE 2456
BY COMMITTEE ON HUMAN RESOURCES

(SUCCESSOR TO HF 2327)

A BILL FOR

An Act relating to behavioral health, including provisions relating to involuntary commitments and hospitalizations, the disclosure of mental health information to law enforcement professionals, and mental health and disability services.

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

Section 1. Section 125.80, subsection 3, Code 2018, is amended to read as follows:

3. If the report of a court-designated licensed physician or mental health professional is to the effect that the respondent is not a person with a substance-related disorder, the court, without taking further action, ~~may~~ shall terminate the proceeding and dismiss the application on its own motion and without notice.

Sec. 2. Section 125.81, Code 2018, is amended by adding the following new subsection:

NEW SUBSECTION. 2A. A respondent shall be released from detention prior to the commitment hearing if a licensed physician or mental health professional examines the respondent and determines the respondent no longer meets the criteria for detention under subsection 1 and provides notification to the court.

Sec. 3. Section 135G.6, Code 2018, is amended by striking the section and inserting in lieu thereof the following:

135G.6 Inspection —— conditions for issuance.

The department shall issue a license to an applicant under this chapter if the department has ascertained that the applicant's facilities and staff are adequate to provide the care and services required of a subacute care facility.

Sec. 4. Section 228.1, Code 2018, is amended by adding the following new subsection:

NEW SUBSECTION. 3A. "*Law enforcement professional*" means a law enforcement officer as defined in section 80B.3, county attorney as defined in section 331.101, probation or parole officer, or jailer.

Sec. 5. NEW SECTION. **228.7A Disclosures to law enforcement professionals.**

1. Mental health information relating to an individual shall be disclosed by a mental health professional, at the minimum consistent with applicable laws and standards of ethical conduct, to a law enforcement professional if all of

the following apply:

a. The disclosure is made in good faith.

b. The disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of the individual or to a clearly identifiable victim or victims.

c. The individual has the apparent intent and ability to carry out the threat.

2. A mental health professional shall not be held criminally or civilly liable for failure to disclose mental health information relating to an individual to a law enforcement professional except in circumstances where the individual has communicated to the mental health professional an imminent threat of physical violence against the individual's self or against a clearly identifiable victim or victims.

3. A mental health professional discharges the professional's duty to disclose pursuant to subsection 1 by making reasonable efforts to communicate the threat to a law enforcement professional.

Sec. 6. Section 229.10, subsection 3, Code 2018, is amended to read as follows:

3. If the report of one or more of the court-designated physicians or mental health professionals is to the effect that the individual is not seriously mentally impaired, the court ~~may~~ shall without taking further action terminate the proceeding and dismiss the application on its own motion and without notice.

Sec. 7. Section 229.11, Code 2018, is amended by adding the following new subsection:

NEW SUBSECTION. 1A. A respondent shall be released from detention prior to the hospitalization hearing if a licensed physician or mental health professional examines the respondent and determines the respondent no longer meets the criteria for detention under subsection 1 and provides notification to the court.

Sec. 8. Section 229.12, subsection 3, paragraph a, Code

2018, is amended to read as follows:

a. The respondent's welfare shall be paramount and the hearing shall be conducted in as informal a manner as may be consistent with orderly procedure, but consistent therewith the issue shall be tried as a civil matter. The hearing may be held by video conference at the discretion of the court. Such discovery as is permitted under the Iowa rules of civil procedure shall be available to the respondent. The court shall receive all relevant and material evidence which may be offered and need not be bound by the rules of evidence. There shall be a presumption in favor of the respondent, and the burden of evidence in support of the contentions made in the application shall be upon the applicant.

Sec. 9. Section 229.22, subsection 2, paragraph b, Code 2018, is amended to read as follows:

b. If the magistrate orders that the person be detained, the magistrate shall, by the close of business on the next working day, file a written order with the clerk in the county where it is anticipated that an application may be filed under section 229.6. The order may be filed by facsimile if necessary. A peace officer from the law enforcement agency that took the person into custody, if no request was made under paragraph "*a*", may inform the magistrate that an arrest warrant has been issued for or charges are pending against the person and request that any written order issued under this paragraph require the facility or hospital to notify the law enforcement agency about the discharge of the person prior to discharge. The order shall state the circumstances under which the person was taken into custody or otherwise brought to a facility or hospital, and the grounds supporting the finding of probable cause to believe that the person is seriously mentally impaired and likely to injure the person's self or others if not immediately detained. The order shall also include any law enforcement agency notification requirements if applicable. The order shall confirm the oral order authorizing

the person's detention including any order given to transport the person to an appropriate facility or hospital. A peace officer from the law enforcement agency that took the person into custody may also request an order, separate from the written order, requiring the facility or hospital to notify the law enforcement agency about the discharge of the person prior to discharge. The clerk shall provide a copy of the written order or any separate order to the chief medical officer of the facility or hospital to which the person was originally taken, to any subsequent facility to which the person was transported, and to any law enforcement department, ~~or~~ ambulance service, or transportation service under contract with a mental health and disability services region that transported the person pursuant to the magistrate's order. A transportation service that contracts with a mental health and disability services region for purposes of this paragraph shall provide a secure transportation vehicle and shall employ staff that has received or is receiving mental health training.

Sec. 10. Section 331.397, Code 2018, is amended to read as follows:

331.397 Regional core services.

1. For the purposes of this section, unless the context otherwise requires, "*domain*" means a set of similar services that can be provided depending upon a person's service needs.

2. *a.* (1) A region shall work with service providers to ensure that services in the required core service domains in subsections 4 and 5 are available to residents of the region, regardless of potential payment source for the services.

(2) Subject to the available appropriations, the director of human services shall ensure the ~~initial~~ core service domains listed in ~~subsection~~ subsections 4 and 5 are covered services for the medical assistance program under chapter 249A to the greatest extent allowable under federal regulations. The medical assistance program shall reimburse Medicaid enrolled providers for Medicaid covered services under subsections 4

and 5 when the services are medically necessary, the Medicaid enrolled provider submits an appropriate claim for such services, and no other third-party payer is responsible for reimbursement of such services. Within funds available, the region shall pay for such services for eligible persons when payment through the medical assistance program or another third-party payment is not available, unless the person is on a waiting list for such payment or it has been determined that the person does not meet the eligibility criteria for any such service.

b. Until funding is designated for other service populations, eligibility for the service domains listed in this section shall be limited to such persons who are in need of mental health or intellectual disability services. However, if a county in a region was providing services to an eligibility class of persons with a developmental disability other than intellectual disability or a brain injury prior to formation of the region, the class of persons shall remain eligible for the services provided when the region ~~is~~ was formed~~, provided that funds are available to continue such services without limiting or reducing core services~~.

c. It is the intent of the general assembly to address the need for funding so that the availability of the service domains listed in this section may be expanded to include such persons who are in need of developmental disability or brain injury services.

3. Pursuant to recommendations made by the director of human services, the state commission shall adopt rules as required by section 225C.6 to define the services included in the ~~initial and additional~~ core service domains listed in this section. The rules shall provide service definitions, service provider standards, service access standards, and service implementation dates, and shall provide consistency, to the extent possible, with similar service definitions under the medical assistance program.

a. The rules relating to the credentialing of a person directly providing services shall require all of the following:

~~*a.*~~ (1) The person shall provide services and represent the person as competent only within the boundaries of the person's education, training, license, certification, consultation received, supervised experience, or other relevant professional experience.

~~*b.*~~ (2) The person shall provide services in substantive areas or use intervention techniques or approaches that are new only after engaging in appropriate study, training, consultation, and supervision from a person who is competent in those areas, techniques, or approaches.

~~*c.*~~ (3) If generally recognized standards do not exist with respect to an emerging area of practice, the person shall exercise careful judgment and take responsible steps, including obtaining appropriate education, research, training, consultation, and supervision, in order to ensure competence and to protect from harm the persons receiving the services in the emerging area of practice.

b. The rules relating to the availability of services shall provide for all of the following:

(1) Twenty-two assertive community treatment teams.

(2) Six access centers.

(3) Intensive residential service homes that provide services to up to one hundred twenty persons statewide.

4. The ~~initial~~ core service domains shall include the following:

a. Treatment designed to ameliorate a person's condition, including but not limited to all of the following:

(1) Assessment and evaluation.

(2) Mental health outpatient therapy.

(3) Medication prescribing and management.

(4) Mental health inpatient treatment.

b. Basic crisis response provisions, including but not limited to all of the following:

(1) Twenty-four-hour access to crisis response.

(2) Evaluation.

(3) Personal emergency response system.

c. Support for community living, including but not limited to all of the following:

(1) Home health aide.

(2) Home and vehicle modifications.

(3) Respite.

(4) Supportive community living.

d. Support for employment or for activities leading to employment providing an appropriate match with an individual's abilities based upon informed, person-centered choices made from an array of options, including but not limited to all of the following:

(1) Day habilitation.

(2) Job development.

(3) Supported employment.

(4) Prevocational services.

e. Recovery services, including but not limited to all of the following:

(1) Family support.

(2) Peer support.

f. Service coordination including coordinating physical health and primary care, including but not limited to all of the following:

(1) Case management.

(2) Health homes.

5. *a.* To the extent federal matching funds are available under the Iowa health and wellness plan pursuant to chapter 249N, the following intensive mental health services in strategic locations throughout the state shall be provided within the following core service domains:

(1) Access centers that are located in crisis residential and subacute residential settings with sixteen beds or fewer that provide immediate, short-term assessments for persons with

serious mental illness or substance use disorders who do not need inpatient psychiatric hospital treatment, but who do need significant amounts of supports and services not available in the persons' homes or communities.

(2) Assertive community treatment services.

(3) Comprehensive facility and community-based crisis services, including all of the following:

(a) Mobile response.

(b) Twenty-three-hour crisis observation and holding.

(c) Crisis stabilization community-based services.

(d) Crisis stabilization residential services.

(4) Subacute services provided in facility and community-based settings.

(5) Intensive residential service homes for persons with severe and persistent mental illness in scattered site community-based residential settings that provide intensive services and that operate twenty-four hours a day.

b. The department shall accept arrangements between multiple regions sharing intensive mental health services under this subsection.

~~5.~~ 6. A region shall ensure that access is available to providers of core services that demonstrate competencies necessary for all of the following:

a. Serving persons with co-occurring conditions.

b. Providing evidence-based services.

c. Providing trauma-informed care that recognizes the presence of trauma symptoms in persons receiving services.

~~6.~~ 7. A region shall ensure that services within the following additional core service domains are available to persons not eligible for the medical assistance program under chapter 249A or receiving other third-party payment for the services, when public funds are made available for such services:

~~*a. Comprehensive facility and community-based crisis services, including but not limited to all of the following:*~~

~~(1) Twenty-four-hour crisis hotline.~~

~~(2) Mobile response.~~

~~(3) Twenty-three-hour crisis observation and holding, and crisis stabilization facility and community-based services.~~

~~(4) Crisis residential services.~~

~~*b.* Subacute services provided in facility and community-based settings.~~

~~*c.*~~ *a.* Justice system-involved services, including but not limited to all of the following:

(1) Jail diversion.

(2) Crisis intervention training.

(3) Civil commitment prescreening.

~~*d.*~~ *b.* Advances in the use of evidence-based treatment, including but not limited to all of the following:

(1) Positive behavior support.

~~(2) Assertive community treatment.~~

~~(3)~~ (2) Peer self-help drop-in centers.

~~7.~~ 8. A regional service system may provide funding for other appropriate services or other support and may implement demonstration projects for an initial period of up to three years to model the use of research-based practices. In considering whether to provide such funding, a region may consider the following criteria for research-based practices:

a. Applying a person-centered planning process to identify the need for the services or other support.

b. The efficacy of the services or other support is recognized as an evidence-based practice, is deemed to be an emerging and promising practice, or providing the services is part of a demonstration and will supply evidence as to the services' effectiveness.

c. A determination that the services or other support provides an effective alternative to existing services that have been shown by the evidence base to be ineffective, to not yield the desired outcome, or to not support the principles outlined in Olmstead v. L.C., 527 U.S. 581 (1999).

Sec. 11. Section 331.424A, subsection 9, Code 2018, is amended to read as follows:

9. *a.* For the fiscal year beginning July 1, 2017, and each subsequent fiscal year, the county budgeted amount determined for each county shall be the amount necessary to meet the county's financial obligations for the payment of services provided under the regional service system management plan approved pursuant to section 331.393, not to exceed an amount equal to the product of the regional per capita expenditure target amount multiplied by the county's population~~, and, for fiscal years beginning on or after July 1, 2021, reduced by the amount of the county's cash flow reduction amount for the fiscal year calculated under subsection 4, if applicable~~.

b. If a county officially joins a different region, the county's budgeted amount shall be the amount necessary to meet the county's financial obligations for payment of services provided under the new region's regional service system management plan approved pursuant to section 331.393, not to exceed an amount equal to the product of the new region's regional per capita expenditure target amount multiplied by the county's population.

Sec. 12. DEPARTMENT OF HUMAN SERVICES —— CIVIL COMMITMENT PRESCREENING ASSESSMENTS —— RULES. The department of human services, in coordination with the mental health and disability services commission, shall adopt rules pursuant to chapter 17A relating to civil commitment prescreening assessments provided by a mental health and disability services region or an entity contracting with a mental health and disability service region. The rules shall provide for all of the following:

1. The provision of civil commitment prescreening assessments by a licensed physician or mental health professional within four hours of an emergency detention of an individual believed to be mentally ill to determine if inpatient psychiatric hospitalization is necessary.

2. The coordination of appropriate levels of care

to include securing an inpatient psychiatric bed when inpatient psychiatric hospitalization is needed and utilizing community-based resources and services such as crisis observation and crisis stabilization services and subacute care and detoxification centers and facilitating outpatient treatment appointments when inpatient psychiatric hospitalization is not needed.

3. The provision of ongoing consultations by a licensed physician or mental health professional while the individual remains in the emergency room.

4. Requiring appropriate documentation and reports to be submitted by a licensed physician or mental health professional to a treating hospital and the court as necessary.

Sec. 13. PROGRAM IMPLEMENTATION —— ADOPTION OF ADMINISTRATIVE RULES.

1. The core services specified in this Act shall be implemented and the department of human services shall adopt rules pursuant to chapter 17A relating to the administration of such core services no later than October 1, 2018.

2. The provisions of this Act and rules adopted in accordance with this Act shall not be interpreted to delay or disrupt services or plans for the implementation of such services in effect on July 1, 2018.

3. The rules adopted by the department relating to access centers shall provide for all of the following:

a. The access centers shall meet all of the following criteria:

(1) An access center shall serve individuals with a serious mental health or substance use disorder need who are otherwise medically stable, who are not in need of an inpatient psychiatric level of care, and who do not have alternative, safe, effective services immediately available.

(2) Access center services shall be provided on a no reject, no eject basis.

(3) An access center shall accept and serve individuals who

are court-ordered to participate in mental health or substance use disorder treatment.

(4) Access center providers shall be accredited under 441 IAC 24 to provide crisis stabilization residential services and shall be licensed to provide subacute mental health services as defined in section 135G.1.

(5) An access center shall be licensed as a substance abuse treatment program pursuant to chapter 125 or have a cooperative agreement with and immediate access to licensed substance abuse treatment services or medical care that incorporates withdrawal management.

(6) An access center shall provide person-centered mental health and substance use disorder assessments by appropriately licensed or credentialed professionals and peer support services based on a comprehensive assessment.

(7) An access center shall provide or arrange to provide necessary physical health services.

(8) An access center shall ensure short stays by providing individuals with care coordination that provides successful navigation and warm handoffs to the next service provider as well as linkages to needed services including housing, employment, and shelter services.

b. The rules shall include access center designation criteria and standards that allow and encourage multiple mental health and disability services regions to strategically locate and share access center services, including bill-back provisions to provide for reimbursement of a region when the resident of another region utilizes an access center located in that region.

c. The rules shall direct Medicaid managed care organizations, mental health and disability services regions, and law enforcement to jointly select, develop, and implement six access centers strategically located throughout the state by December 31, 2019. Regions may enter into chapter 28E agreements to provide such services.

d. The rules shall require that Medicaid managed care organizations reimburse Medicaid services provided at access centers by Medicaid providers based on the reimbursement rate floor established for the covered Medicaid service. The rules shall also require mental health and disability services regions to provide start-up funding for the establishment of access centers jointly selected by mental health and disability services regions and Medicaid managed care organizations and to provide funding for non-Medicaid covered services provided by the access centers.

4. The rules relating to assertive community treatment (ACT) shall provide for all of the following:

a. The department shall establish uniform, statewide accreditation standards for ACT based on national accreditation standards, including allowances for nationally recognized small team standards. The statewide standards shall require that ACT teams meet fidelity to practice nationally recognized standards as determined by an independent review of each team that includes peer review. The rules shall provide that Medicaid managed care organization utilization management requirements do not exceed the accreditation standards developed by the department and that Medicaid managed care organizations reimburse ACT teams for each day of care provided including for admissions and ongoing treatment provided on weekends.

b. The rules shall require mental health and disability services regions and Medicaid managed care organizations to jointly agree on all of the following:

(1) Strategically located geographic areas in which ACT teams should be developed upon consideration of all of the following:

(a) Recommendations for locations included in the complex service needs workgroup report published by the department of human services on December 15, 2017.

(b) A review of known individuals with diagnoses that would benefit from ACT.

(c) Hospital inpatient psychiatric readmission rates.

(d) The interest and readiness of a provider and community partners to form ACT.

(e) The availability of psychiatric providers interested in the model.

(2) How to accomplish independent review of fidelity to practice established standards.

c. The rules shall direct Medicaid managed care organizations to enter into contracts with jointly selected ACT teams. Reimbursement of ACT teams shall be provided based on the reimbursement rate floor established for such services to Medicaid covered members who have a demonstrated need for ACT. The rules shall allow mental health and disability services regions to enter into chapter 28E agreements to provide ACT services and shall also include bill-back provisions to allow for reimbursement of a region when the resident of another region utilizes an ACT team located in that region.

d. The rules shall require mental health and disability services regions to provide start-up funding for the ACT teams that are not established prior to July 1, 2018, including for assistance in achieving fidelity to practice standards and technical assistance.

e. The rules shall require that mental health and disability services regions ensure the efficient and effective operation of ACT teams and provide funding for general operations based on guidance provided by the department.

5. The rules relating to intensive residential service homes (IRSH) shall provide for all of the following:

a. That an intensive residential service home be enrolled with the Iowa Medicaid enterprise as a section 1915(i) home and community-based services habilitation waiver or intellectual disability waiver-supported community living provider.

b. That an intensive residential service home have adequate staffing that includes appropriate specialty training including applied behavior analysis as appropriate; adequate direct

care staffing rations; swift access to additional staffing if serious incidents occur; and adequate pay and paid time off commensurate with the increased intensity of the services provided.

c. Coordination with the individual's clinical mental health and physical health treatment including ensuring treatment plans are developed by a comprehensive interdisciplinary team selected by the individual that develops and implements the individual's person-centered plan; ensuring access to active medication management and outpatient therapy including evidence-based therapy approaches; establishing a fully coordinated care plan; accessing assertive community treatment if there is a demonstrated need; and developing a thorough wellness recovery action plan, as appropriate.

d. Be licensed as a substance abuse treatment program pursuant to chapter 125 or have a cooperative agreement with and timely access to licensed substance abuse treatment services for those with a demonstrated need.

e. Accept court-ordered commitments.

f. Have a high tolerance for serious behavioral issues.

g. Have a no reject, no eject policy for an individual referred to the home based on the severity of the individual's mental health or co-occurring needs.

h. Be smaller in size, preferably providing services to four or fewer individuals and no more than sixteen individuals, and be located in a neighborhood setting to maximize community integration and natural supports.

i. Determine length of stay based on an individual basis using person-centered planning and objective utilization review criteria with the goal for the individual to live in the most integrated setting practicable. Individuals expected to have a longer stay shall be provided the protections of the landlord-tenant relationship pursuant to chapter 562A.

j. Require Medicaid managed care organizations and mental health and disability services regions to jointly select and

mutually agree upon the strategic geographic locations of IRSHs. Any existing section 1915(i) home and community-based services habilitation waiver or intellectual disability waiver-supported community living providers that meet IRSH criteria shall be considered in the selection process. Medicaid managed care organizations and mental health and disability services regions shall also work with the state mental health institutes, Broadlawns, the university of Iowa hospitals and clinics, and other interested hospitals with inpatient psychiatric programs to operate or affiliate with one IRSH each as an integral part of the mental health and disability services provided by a region.

k. Direct Medicaid managed care organizations to enter into contracts with jointly selected IRSHs. Reimbursement of IRSH shall be provided based on the reimbursement rate floor established for such services provided to Medicaid covered members who have a demonstrated need for IRSH. The rules shall allow mental health and disability services regions to enter into chapter 28E agreements to provide IRSH services. The rules shall also include bill-back provisions to allow for reimbursement of a region when the resident of another region utilizes an IRSH located in that region.

l. Require mental health and disability services regions to provide start-up funding for an IRSH that is not established prior to July 1, 2018. Regions shall also provide funding as necessary for non-Medicaid covered services provided by the IRSH.

m. Require contracts entered into between the regions and the Medicaid managed care organizations to include objective utilization review criteria.

6. The department of human services and the department of public health shall provide a single statewide twenty-four-hour crisis hotline that incorporates warmline services which may be provided through expansion of the YourLifeIowa platform.

Sec. 14. COMMITMENT PROCESS REVIEW. The department of

human services, in cooperation with the department of public health, representatives of the mental health institutes, Iowa hospital association, Iowa health care association, managed care organizations, the national alliance on mental illness, and other affected or interested stakeholders shall review the commitment processes under chapters 125 and 229 and shall report recommendations for improvements in the processes and any amendments to law to increase efficiencies and more appropriately utilize the array of mental health and disability services available based upon an individual's needs to the governor and the general assembly by December 31, 2018.

Sec. 15. TERTIARY CARE PSYCHIATRIC HOSPITALS. The departments of human services and public health and other affected or interested stakeholders shall review the role of tertiary care psychiatric hospitals in the array of mental health services and shall report recommendations for providing tertiary psychiatric services to the governor and the general assembly by November 30, 2018. The recommendations shall address the role and responsibilities of tertiary care psychiatric hospitals in the mental health array of services in the state, the viability of utilizing the mental health institutes as tertiary care psychiatric hospitals, any potential sustainable funding, and admissions criteria.

Sec. 16. DEPARTMENT OF HUMAN SERVICES. The department of human services shall adopt rules pursuant to chapter 17A to administer this Act.

EXPLANATION

The inclusion of this explanation does not constitute agreement with the explanation's substance by the members of the general assembly.

This bill relates to behavioral health, including provisions relating to involuntary commitments and hospitalizations, the disclosure of mental health information to law enforcement professionals, and mental health and disability services.

Under current law, if the report of a court-designated licensed physician or mental health professional indicates

that a respondent who is the subject of an application for involuntary commitment or treatment due to the respondent's substance-related disorder is not a person with a substance-related disorder, the court, without taking further action, may terminate the proceeding and dismiss the application on its own motion and without notice. The bill amends current law to provide that the court, under the same circumstances and without taking further action, shall terminate such a proceeding and dismiss the application on its own motion and without notice.

The bill provides that a respondent who is the subject of an application for involuntary commitment for a substance-related disorder and who is taken into immediate custody shall be released from custody prior to a commitment hearing if a licensed physician or mental health professional examines the respondent and determines that the respondent no longer meets the criteria for custody and provides notification to the court.

Under current law, the department of inspections and appeals is required to issue a license to an applicant for a subacute mental health care facility if the department of inspections and appeals has ascertained that the applicant's facilities and staff are adequate to provide the care and services required of a subacute care facility. The bill strikes additional conditions for licensure requiring the department of human services to submit written approval of the application based upon the process used by the department of human services to identify the best qualified providers, prohibiting the department of human services from approving an application which would cause the number of publicly funded subacute care facility beds to exceed 75 beds, and requiring that the subacute care facility beds identified be new beds located in hospitals and facilities licensed as a subacute care facility under Code chapter 135G.

Under Code chapter 228, a mental health professional, data

collector, or employee or agent thereof, is prohibited from disclosing or allowing the disclosure of an individual's mental health information without the individual's consent or written authorization. However, disclosure of such mental health information without the individual's consent or written authorization is allowed under certain circumstances, including for certain administrative disclosures to other mental health providers for administrative and professional services to the individual and to meet certain compulsory disclosure requirements pursuant to state or federal law. In addition, the disclosure of certain limited mental health information is allowed to authorized family members without the individual's consent or written authorization in some circumstances.

The bill provides that a mental health professional shall disclose mental health information, at the minimum consistent with applicable laws and standards of ethical conduct, relating to an individual without the individual's consent or written permission to a law enforcement professional if the disclosure is made in good faith, is necessary to prevent or lessen a serious and imminent threat to the health or safety of the individual or to a clearly identifiable victim or victims, and the individual has the apparent intent and ability to carry out the threat. The bill provides that a mental health professional shall not be held criminally or civilly liable for failure to disclose mental health information relating to an individual to a law enforcement professional except in circumstances where the individual has communicated to the mental health professional an imminent threat of physical violence against the individual's self or against a clearly identifiable victim or victims. The bill provides that a mental health professional discharges the professional's duty to disclose under the bill by making reasonable efforts to communicate the threat to a law enforcement professional.

The bill defines "law enforcement professional" to mean a law enforcement officer as defined in Code section 80B.3

(an officer appointed by the director of the department of natural resources, a member of the police force or other agency or department of the state, county, city, or tribal government regularly employed as such and who is responsible for the prevention and detection of crime and the enforcement of the criminal laws of this state and all individuals, as determined by the council, who by the nature of their duties may be required to perform the duties of a peace officer), county attorney as defined in Code section 331.101 (the county attorney, a deputy county attorney or an assistant county attorney designated by the county attorney), probation or parole officer, or jailer. "Mental health information" is defined in Code section 228.1 to mean oral, written, or recorded information which indicates the identity of an individual receiving professional services and which relates to the diagnosis, course, or treatment of the individual's mental or emotional condition.

Under current law, a respondent who is the subject of a petition for involuntary hospitalization due to the respondent's serious mental impairment shall be examined by one or more licensed physician or mental health professionals within a reasonable time and a report shall be submitted to the court. If the report of one or more of the court-designated physicians or mental health professionals indicates that the person is not seriously mentally impaired, the court, without taking further action, may terminate the proceeding and dismiss the application on its own motion and without notice. The bill amends current law to provide that the court, under the same circumstances and without taking further action, shall terminate the proceeding and dismiss the application on its own motion and without notice.

The bill provides that a respondent who is the subject of an application for involuntary hospitalization for a serious mental impairment and who is taken into immediate custody shall be released from custody prior to the hospitalization hearing

if a licensed physician or mental health professional examines the respondent and determines the respondent no longer meets the criteria for custody and provides notification to the court.

Under current law, during a hospitalization hearing for a respondent with a serious mental impairment, the respondent's welfare is paramount and the hearing shall be conducted in as informal a manner as may be consistent with orderly procedure. The bill provides that such a hearing may be held by video conference at the discretion of the court.

Under current law, if a magistrate orders that a person with mental illness be detained, the appropriate clerk of court shall provide a copy of the written order or any separate order to the chief medical officer of the facility or hospital to which the person was originally taken, to any subsequent facility to which the person was transported, and to any law enforcement department or ambulance service that transported the person pursuant to the magistrate's order. The bill amends current law to provide that the clerk of court shall also provide a copy of the written order or any separate order to a transportation service under contract with a mental health and disability services region that transported the person pursuant to the magistrate's order. The bill provides that a transportation service that contracts with a mental health and disability services region shall provide a secure transportation vehicle and shall employ staff that has received or is receiving mental health training.

Under current law, each mental health and disability services region is required to submit an annual report to the department of human services on or before December 1. The annual report is required to provide information on the actual numbers of persons served, moneys expended, and outcomes achieved. The bill provides each region shall additionally submit a quarterly report to the department. Each quarterly report shall provide information on the accessibility of

core services using forms and procedures established by the department. The department shall combine and analyze the reports and make the results public within 30 days of receipt of all reports.

Under current law, subject to available appropriations, the director of human services shall ensure that a mental health and disability services region's core service domains are covered services for the medical assistance program under Code chapter 249A to the greatest extent allowable under federal regulations. The bill provides the medical assistance program shall reimburse Medicaid enrolled providers for Medicaid covered core services when the services are medically necessary, the Medicaid enrolled provider submits an appropriate claim for such services, and no other third-party payer is responsible for reimbursement of such services.

The bill provides that the administrative rules of the state mental health and disability services commission relating to the availability of mental health and disability services shall, in addition to other mental health and disability service requirements, provide for 22 assertive community treatment teams, six access centers, and intensive residential service homes that serve up to 120 persons statewide.

The bill provides that, to the extent matching federal funding is available under the Iowa health and wellness plan, intensive mental health services placed in strategic locations throughout the state shall be provided within certain core service domains including access centers that are located in crisis residential and subacute residential settings, assertive community treatment services, comprehensive facility and community-based crisis services, subacute services, and intensive residential service homes.

The bill directs the department of human services, in coordination with the mental health and disability services commission, to adopt rules pursuant to Code chapter 17A relating to civil commitment prescreening assessments provided

by a mental health and disability services region or an entity contracting with a mental health and disability services region. The rules shall provide for the provision of civil commitment prescreening assessments, ongoing consultations, and appropriate documentation and reports by a licensed physician or mental health professional and the coordination of appropriate levels of care.

The bill provides the core services specified in the bill shall be implemented and the department of human services (department) shall adopt rules pursuant to Code chapter 17A relating to the administration of such core services no later than October 1, 2018. The provisions of the bill and rules adopted in accordance with the bill shall not be interpreted to delay or disrupt services or plans for the implementation of such services in effect on July 1, 2018.

The bill requires rules adopted by the department relating to access centers to meet certain criteria; include access center designation criteria and standards that allow and encourage multiple mental health and disability services regions to strategically locate and share access center services, including bill-back provisions to provide for reimbursement of a region when the resident of another region utilizes an access center located in that region; direct Medicaid managed care organizations, regions, and law enforcement to jointly select, develop, and implement six access centers strategically located throughout the state by December 31, 2019; require that Medicaid managed care organizations reimburse Medicaid services provided at access centers by Medicaid providers based on the reimbursement rate floor established for the covered Medicaid service; and require regions to provide start-up funding for the establishment of the access centers jointly selected by the regions and Medicaid managed care organizations and funding for non-Medicaid covered services provided by the access centers.

The bill provides rules relating to assertive community

treatment (ACT) shall provide for certain statewide accreditation standards for ACT based on national accreditation standards, including allowances for nationally recognized small team standards; require regions and Medicaid managed care organizations to jointly agree on strategically located geographic areas in which ACT teams should be developed upon consideration of certain factors; direct Medicaid managed care organizations to enter into contracts with jointly selected ACT teams; require regions to provide start-up funding for the ACT teams that are not established prior to July 1, 2018, including for assistance in achieving fidelity to practice standards and technical assistance; and require that mental health and disability services regions ensure the efficient and effective operation of ACT teams and provide funding for general operations based on guidance provided by the department.

The bill provides the rules relating to intensive residential service homes (IRSH) shall provide that an intensive residential service home be enrolled with the Iowa Medicaid enterprise as a 1915(i) home and community-based services habilitation waiver or intellectual disability waiver-supported community living provider; that an IRSH have adequate staffing that includes appropriate specialty training including applied behavior analysis as appropriate, adequate direct care staffing rations, swift access to additional staffing if serious incidents occur, and adequate pay and paid time off commensurate with the increased intensity of the services provided; coordinate with the individual's clinical mental health and physical health treatment including ensuring treatment plans are developed by a comprehensive interdisciplinary team selected by the individual that develops and implements the individual's person-centered plan, ensuring access to active medication management and outpatient therapy including evidence-based therapy approaches; establishing a fully coordinated care plan, accessing assertive community treatment if there is a demonstrated need, and developing a

thorough wellness recovery action plan, as appropriate; be licensed as a substance abuse treatment program pursuant to Code chapter 125 or have a cooperative agreement with and timely access to licensed substance abuse treatment services for those with a demonstrated need.

The bill provides the rules for an IRSH shall require an IRSH to accept court-ordered commitments; have a high tolerance for serious behavioral issues; have a no reject, no eject policy for an individual referred to the home based on the severity of the individual's mental health or co-occurring needs; be smaller in size; determine length of stay based on an individual basis using person-centered planning and objective utilization review criteria; require Medicaid managed care organizations and regions to jointly select and mutually agree upon the strategic geographic locations of IRSHs; direct Medicaid managed care organizations to enter into contracts with jointly selected IRSHs; require regions to provide the start-up funding for an IRSH that is not established prior to July 1, 2018; and that contracts entered into between the regions and the Medicaid managed care organizations shall include objective utilization review criteria. The bill also provides that the department of human services and the department of public health shall provide a single statewide 24-hour crisis hotline that incorporates warmline services.

The bill directs the department of human services, in cooperation with the department of public health, representatives of the mental health institutes, Iowa hospital association, Iowa health care association, managed care organizations, the national alliance on mental illness, and other affected or interested stakeholders to review the commitment processes under Code chapters 125 and 229 and shall report recommendations for improvements in the processes and any amendments to law to increase efficiencies and more appropriately utilize the array of mental health and disability services available based upon an individual's needs to the

governor and the general assembly by December 31, 2018.

The bill directs the department of human services, department of public health, and other affected or interested stakeholders to review the role of tertiary care psychiatric hospitals in the array of mental health services and shall report recommendations for providing tertiary psychiatric services to the governor and the general assembly by November 30, 2018.

The bill directs the department of human services to adopt administrative rules to administer the bill.