

APPENDIX C:

Draft Amendments to: CHAPTER 230A COMMUNITY MENTAL HEALTH CENTERS

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

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

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

83 Acts, ch 123, § 87, 209; 94 Acts, ch 1170, §40; 98 Acts, ch 1181, §1; 2006 Acts, ch 1115, §26

Referred to in § 230A.2, 230A.3, 230A.14, 230A.15, 230A.16

230A.2 SERVICES OFFERED.

A community mental health center established or operating as authorized by section 230A.1 may offer to residents of the county or counties it serves ~~any or all of the mental health services defined in~~ Sections XXXX of this document.

~~by the mental health, mental retardation, developmental disabilities, and brain injury commission in the state mental health plan.~~

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

94 Acts, ch 1170, §41; 2004 Acts, ch 1090, §9

Referred to in § 230A.10, 230A.12, 230A.14

230A.3 FORMS OF ORGANIZATION.

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

1. Direct establishment of the center by the ~~department of human services, division of mental health and disability services~~ ~~county or counties supporting it~~ and administration of the center by an elected board of trustees, pursuant to sections 230A.4 to 230A.11.

~~2. Establishment of the center by a nonprofit corporation providing services to the county or counties on the basis of an agreement with the board or boards of supervisors, pursuant to sections 230A.12 and 230A.13.~~

~~[C75, 77, 79, 81, § 230A.3]~~

~~98 Acts, ch 1181, §2, 5; 99 Acts, ch 96, §25~~

~~Referred to in § 230A.12~~

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

When the department of human services, division of mental health and disability services the board or boards of supervisors of a county or affiliated counties decides to directly establish a community mental health center under this chapter, the supervisors, acting jointly in the case of affiliated counties, shall appoint a board of community mental health center trustees to serve until the next succeeding general election. The board of trustees shall consist of at least seven members each of whom shall be a resident of the county or one of the counties served by the center. An employee of the center is not eligible for the office of community mental health center trustee. At the first general election following establishment of the center, all members of the board of trustees shall be elected. They shall assume office on the second day of the following January which is not a Sunday or legal holiday, and shall at once divide themselves by lot into three classes of as nearly equal size as possible. The first class shall serve for terms of two years, the second class for terms of four years, and the third class for terms of six years. Thereafter, a member shall be elected to the board of trustees for a term of six years at each general election to succeed each member whose term will expire in the following year.

[C75, 77, 79, 81, S81, § 230A.4; 81 Acts, ch 117, § 1030]

Referred to in § 230A.3, 331.321

230A.5 ELECTION OF TRUSTEES.

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

[C75, 77, 79, 81, § 230A.5]

91 Acts, ch 129, §23

Referred to in § 230A.3, 230A.16

230A.6 VACANCIES.

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

[C75, 77, 79, 81, § 230A.6]

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

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

The members of the board of community mental health center trustees shall qualify by taking the usual oath of office within ten days after their appointment or prior to the beginning of the term to which they were elected, as the case may be. At the initial meeting following appointment of a board of trustees or of a majority of the

members of a board, and at the first meeting in January after each biennial general election, the board shall organize by election of one of the trustees as chairperson, one as secretary and one as treasurer. The secretary and treasurer shall each file with the chairperson a surety bond in a penal sum set by the board of trustees and with sureties approved by the board for the use and benefit of the center, the reasonable cost of which shall be paid from the operating funds of the center. No other members of the board shall be required to post bond. The board shall meet at least once each month. One half plus one of the members of the board shall constitute a quorum.

[C75, 77, 79, 81, § 230A.7]

Referred to in § 230A.3

230A.8 DUTIES OF SECRETARY.

1. The secretary shall report to the ~~county auditor and treasurer~~ the names of the chairperson, secretary and treasurer of the community mental health center board of trustees as soon as practicable after each has qualified.

2. The secretary shall keep a complete record of all proceedings of the board of trustees.

3. The secretary shall draw warrants on the funds of the center, which shall be countersigned by the chairperson of the board of trustees, after claims are certified by the board.

4. The secretary shall file with the board of trustees, on or before the tenth day of each month, a complete statement of all receipts and disbursements from the center's funds during the preceding month and the balance remaining on hand at the close of the month.

[C75, 77, 79, 81, § 230A.8]

Referred to in § 230A.3, 230A.9

230A.9 DUTIES OF TREASURER.

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

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

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

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

Referred to in § 230A.3

230A.10 POWERS AND DUTIES OF TRUSTEES.

The community mental health center board of trustees shall:

1. Have authority to adopt bylaws and rules for its own guidance and for the government of the center.

2. Employ a director and staff for the center, fix their compensation, and have control over the director and staff.
3. Designate at least one of the trustees to visit and review the operation of the center at least once each month.
4. Procure and pay premiums on insurance policies required for the prudent management of the center, including but not limited to public liability, professional malpractice liability, workers' compensation and vehicle liability, any of which may include as additional insureds the board of trustees and employees of the center.
5. ~~Establish, with approval of the board or joint boards of supervisors of the county or counties served by the center, standards to be followed in determining whether and to what extent persons seeking services from the center shall be considered able to pay the cost of the services received.~~
6. ~~Establish, with approval of the board or joint boards of supervisors of the county or counties served by the center, policies regarding whether the services of the center will be made available to persons who are not residents of the county or counties served by the center, and if so upon what terms.~~
7. Purchase or lease a site for the center, and provide and equip suitable quarters for the center.
8. Prepare and approve plans and specifications for all center buildings and equipment, and advertise for bids as required by law ~~for county~~ buildings before making any contract for the construction of any building or purchase of equipment.
9. File with the ~~board of supervisors~~ within thirty days after the close of each budget year, a report covering their proceedings with reference to the center and a statement of all receipts and expenditures during the preceding budget year.
10. Accept property by gift, devise, bequest or otherwise; and, if the board deems it advisable, may, at public sale, sell or exchange any property so accepted upon a concurring vote of a majority of all members of the board of trustees, and apply the proceeds thereof, or property received in exchange therefor, to the purposes enumerated in subsection 7, or to purchase equipment.
11. ~~There shall be published quarterly in each of the official newspapers of the county as selected by the board of supervisors pursuant to section 349.1 the schedule of bills allowed and there shall be published annually in such newspapers the schedule of salaries paid by job classification and category, but not by listing names of individual employees. The names, addresses, salaries and job classification of all employees paid in whole or in part from public funds shall be a public record and open to inspection at reasonable times as designated by the board of trustees.~~
12. Recruit, promote, accept and use local financial support for the community mental health center from private sources such as community service funds, business, industrial and private foundations, voluntary agencies and other lawful sources.
13. Accept and expend state and federal funds available directly to the community mental health center for all or any part of the cost of any service the center is authorized to provide.
14. Enter into a contract with an affiliate, which may be an individual or a public or private group, agency, or corporation, organized and operating on either a profit or a nonprofit basis, for any of the services described in section 230A.2, to be provided by the affiliate to residents of the county or counties served by the

community mental health center who are patients or clients of the center and are referred by the center to the affiliate for service.

[C75, 77, 79, 81, § 230A.10]

83 Acts, ch 101, § 41

Referred to in § 230A.3

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

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

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

[C75, 77, 79, 81, § 230A.11]

Referred to in § 230A.3

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

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

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

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

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

center and are referred by the center to the affiliate for service.

[C75, 77, 79, 81, § 230A.12]

83 Acts, ch 101, § 42; 98 Acts, ch 1181, §3; 2003 Acts, ch 108, §44; 2004 Acts, ch 1049, §182, 192

Referred to in § 225C.15, 230A.3

230A.13 ANNUAL BUDGET.

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

Release of administrative and diagnostic information, as defined in section 228.1, and demographic information necessary for aggregated reporting to meet the data requirements established by the department of human services, division of mental health and disability services, relating to an individual who receives services from a community mental health center ~~through the applicable central point of coordination process,~~ may be made a condition of support of that center by ~~any county under this section.~~

[C75, 77, 79, 81, § 230A.13]

83 Acts, ch 101, § 43; 96 Acts, ch 1183, § 27; 2004 Acts, ch 1090, §33; 2006 Acts, ch 1115, §27

Referred to in § 228.6, 230A.3

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

The board of ~~supervisors of any county served by a community mental health center established or continued in operation as authorized by section 230A.1~~ may expend money from ~~county funds or federal matching funds designated by the board of supervisors~~ for that purpose, without a vote of the electorate of the county, to pay the cost of any services described in section 230A.2 which are provided by the center or by an affiliate under contract with the center, or to pay the cost of or grant funds for establishing, reconstructing, remodeling, or improving any facility required for the center.

[C75, 77, 79, 81, § 230A.14]

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

230A.15 COMPREHENSIVE COMMUNITY MENTAL HEALTH PROGRAM.

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

~~[C75, 77, 79, 81, § 230A.15; 82 Acts, ch 1117, § 4]~~
230A.16 ESTABLISHMENT OF STANDARDS.

The administrator of the division of mental health and disability services of the department of human services shall recommend and the mental health, mental retardation, developmental disabilities, and brain injury commission shall adopt standards for community mental health centers, **core mental health services** and comprehensive community mental health programs, with the overall objective of ensuring that each center and each affiliate providing services under contract with a center furnishes high quality mental health services within a framework of accountability to the community it serves. The standards shall be in substantial conformity with those of the psychiatric committee of the joint commission on accreditation of health care organizations and other recognized national standards for evaluation of psychiatric facilities unless in the judgment of the administrator of the division of mental health and disability services, with approval of the mental health, mental retardation, developmental disabilities, and brain injury commission, there are sound reasons for departing from the standards. When recommending standards under this section, the administrator of the division shall designate an advisory committee representing boards of directors and professional staff of community mental health centers to assist in the formulation or revision of standards. At least a simple majority of the members of the advisory committee shall be lay representatives of community mental health center boards of directors. At least one member of the advisory committee shall be a member of a county board of supervisors. The standards recommended under this section shall include requirements that each community mental health center established or operating as authorized by section 230A.1 shall:

1. Maintain and make available to the public a written statement of the services it offers to residents of the county or counties it serves, and employ or contract for services with affiliates employing specified minimum numbers of professional personnel possessing specified appropriate credentials to assure that the services offered are furnished in a manner consistent with currently accepted professional standards in the field of mental health.

2. Unless it is governed by a board of trustees elected or selected under sections 230A.5 and 230A.6, be governed by a board of directors which adequately represents interested professions, consumers of the center's services, socioeconomic, cultural, and age groups, and various geographical areas in the county or counties served by the center.

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

4. Adopt and implement procedural rules ensuring that no member of the center's board of directors, or board of trustees receives from the center information which identifies or is intended to permit the members of the board to identify any person who is a client of

that center.

[C75, 77, 79, 81, S81, § 230A.16; 81 Acts, ch 78, § 20, 42]
89 Acts, ch 264, §6; 94 Acts, ch 1170, §42, 43; 2004 Acts, ch
1090, §10; 2006 Acts, ch 1115, §28, 29
Referred to in § 225C.4, 225C.6, 230A.18

NEW SECTION: QUALITY IMPROVEMENT

Each community mental health center shall develop a quality improvement program plan to be submitted to the administrator of the division of mental health and disability services. Such a plan shall include the following:

The community mental health center's policy and procedures related to quality improvement.

The description of the center's quality improvement committee, including membership.

An annual plan for the quality improvement program at the center including goals, objectives and performance measurement indicators.

Updates of the annual plan for the quality improvement program.

Modifications to the community mental health center's plan shall be submitted at least annually to the administrator of the division of mental health and disability services.

NEW SECTION: WORKFORCE DEVELOPMENT

NEW SECTION: MENTAL HEALTH BLOCK GRANT FUNDS

NEW SECTION: EVIDENCE BASED PRACTICES

NEW SECTION: FUNCTIONAL ASSESSMENTS

NEW SECTION: MENTAL HEALTH SERVICES FOR CHILDREN AND YOUTH

NEW SECTION: EMERGENCY MENTAL HEALTH SERVICES

NEW SECTION: CO-OCCURRING DISORDERS

Each community mental health center will develop, implement and monitor co-occurring mental health and substance abuse services and programs consistent with research-derived and consensus-derived principles that guide the implementation of the co-occurring disorders. The following principles will be supported by each community mental health center:

1. Dual diagnosis is an expectation, not an exception: Epidemiologic data defining the high prevalence of co-morbidity, along with clinical outcome data with poor outcomes and high costs in multiple systems, imply that the whole system, at every level, must be designed to use all of its resources in accordance with this expectation. This implies all clinical practices, and all clinician competencies are designed proactively to address the individuals with co-occurring disorders who present in each component of the system already.
2. All co-occurring disorders are not the same; the national consensus four quadrant model for categorizing co-occurring disorders can be used as a guide for service planning on the system level.
3. Empathic, hopeful, integrated treatment relationships are one of the most important contributors to treatment success in any setting;

provision of continuous integrated treatment relationships is an evidence based best practice for individuals with the most severe combinations of psychiatric and substance difficulties. Case management and care must be balanced with empathic detachment, expectation, contracting, consequences, and contingent learning for each client, and in each service setting. Each individual client may require a different balance (based on level of functioning, available supports, external contingencies, etc.); and in a comprehensive service system different programs are designed to provide this balance in different ways. When psychiatric and substance disorders coexist, both disorders should be considered primary, and integrated dual (or multiple) primary diagnosis-specific treatment is recommended. Both mental illness and addiction can be treated within the philosophical framework of a "disease and recovery model" with parallel phases of recovery (acute stabilization, motivational enhancement, active treatment, relapse prevention, and rehabilitation/recovery), in which interventions are not only diagnosis-specific, but also specific to phase of recovery and stage of change. Literature in both the addiction field and the mental health field has emphasized the concept of stages of change [26] or stages of treatment, and demonstrated the value of stage-wise treatment.

4. There is no single correct intervention for co occurring disorders; for each individual interventions must be individualized according to quadrant, diagnoses, level of functioning, external constraints or supports, phase of recovery/stage of change, and (in a managed care system) multidimensional assessment of level of care requirements. This principle forms the basis for developing clinical practice guidelines for assessment and treatment matching. Clinical outcomes must also be individualized, based on similar parameters for individualizing treatment interventions. Abstinence and full mental illness recovery are usually long term goals, but short term clinical outcomes must be individualized, and may include reduction in symptoms or use of substances, increases in level of functioning, increases in disease management skills, movement through stages of change, reduction in "harm" (internal or external), reduction in service utilization, or movement to a lower level of care. Systems need to develop clinical practice parameters for treatment planning and outcome tracking that legitimize this variety of outcome measures to reinforce incremental treatment progress and promote the experience of treatment success.

NEW SECTION: FUNCTIONAL OUTCOMES

NEW SECTION: DATA REPORTING AND INFORMATION SYSTEMS

NEW SECTION: REIMBURSEMENT

230A.17 REVIEW AND EVALUATION.

The administrator of the division of mental health and disability services of the department of human services may review and evaluate any community mental health center and shall report evaluation findings to the ~~upon the recommendation of the~~ mental health, mental retardation, developmental disabilities, and brain injury commission. ~~and shall do so upon the written request of~~

~~the center's board of directors, its chief medical or administrative officer, or the board of supervisors of any county from which the center receives public funds. The cost of the review shall be paid by the division.~~

[C75, 77, 79, 81, S81, § 230A.17; 81 Acts, ch 78, § 20, 43]
94 Acts, ch 1170, §44; 2004 Acts, ch 1090, §11; 2006 Acts, ch 1115, §30

Referred to in § 225C.4, 230A.18

230A.18 REPORT OF REVIEW AND EVALUATION.

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

[C75, 77, 79, 81, S81, § 230A.18; 81 Acts, ch 78, § 20, 44]
94 Acts, ch 1170, §45; 2004 Acts, ch 1090, § 12

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