



IOWA HOUSE DEMOCRATS

BILL SUMMARY

Mental Health HF 2456

Status of Bill: House Floor

Committee: Human Resources (21-0)

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Background

This is the House's version of a mental health bill. It specifically deals with commitments, licensing of subacute mental health facilities, disclosure of mental health issues to law enforcement, videoconferencing of hospitalization hearings, transportation service contracts, mental health and disability services quarterly reports, regional core services, reduction of fund balances from mental health regions, commitment process report, and a tertiary care psychiatric hospitals report.

Summary

Civil Commitments

Current law states that a judge may terminate an involuntary commitment if a mental health professional or physician deems the defendant does not have a substance abuse disorder. This bill states that the judge must terminate the commitment process if a substance abuse disorder is not found. This is also the case for an involuntary hospitalization if the defendant is found to not be seriously mentally impaired by a mental health professional. In both cases, the judge no longer has discretion to keep people in the system.

Licensing of Subacute Mental Health Facilities

This bill strikes some of the additional requirements and conditions for licensing subacute mental health care facilities. These requirements include requiring the Department of Human Services (DHS) to submit written approval for facilities and takes out the provision of prohibiting DHS from approving an application which would cause the number of publicly funded subacute care facility beds to exceed 75 across the state.

Under the bill, these facilities will be issued a license by the Department of Inspections and Appeals if the facilities and staff are adequate to provide the care and services required of a subacute care facility.

Disclosure to Law Enforcement

This bill directs a mental health professional to disclose mental health information to a law enforcement professional without the individual's consent if it is made in good faith, and is necessary to prevent or lessen a serious and imminent threat. The bill also provides that a mental health professional shall not be held criminally or civilly liable for failing to disclose this information unless it is a circumstance where the individual has threatened imminent physical violence against themselves or an identifiable victim.

Videoconferencing

The bill allows for a hospitalization hearing for a person with a serious mental health impairment be done by videoconferencing at the discretion of the court. Current law does not allow for this.

Transportation Contracts

Allows for the mental health and disability services regions to contract with transportation service companies to transport patients. The transportation vehicle is to be secured, and the staff of the company has to have received, or is receiving, mental health training. Currently, patients are transported via law enforcement or an ambulance service.

Mental Health and Disability Services Region Report

Currently, each mental health and disability services (MHDS) region submits an annual report to DHS before December 1. The bill directs each region to also submit a quarterly report to DHS regarding the accessibility of core services along with the annual report.

Regional Core Services

Bill adds more services to the list of core services that the MHDS regions must provide for. These services should be covered under the Iowa Health and Wellness plan and include:

- Access Centers (6) to provide immediate short-term assessments to people who do not need inpatient psychiatric treatment.
- Assertive Community Treatment Teams (22).
- Intensive Residential Service Homes (120 people statewide)-IRSH need to accept court-ordered commitments, have a high tolerance for serious behavioral issues, no reject-no eject policy.
- 24-hour crisis hotline.

Right now, these services are only available to those who are in need of mental health or intellectual disability services (continued eligibility for legacy population), but there is language stating that the General Assembly intends to address funding issues so that these core services can be expanded to other groups of people including those needing brain injury services.

These services must be provided regardless of potential payment sources, and if medical assistance programs or another third-party payment is not available, the regions must pay for these within funds available. The regions must also provide start-up funding for these services. However, there is no appropriation given to the regions in this bill. The Mental Health Disability Services Commission shall adopt rules to define these services.

Reduction of Fund Balances Eliminated

As stated in SF 504 (Mental Health Levy), regions are required to spend down excess money in their reserve accounts. Some regions do not spend all of the money they collected from taxes; as a result, they have built up large cash balances. Current law allows regions to maintain 25% ending fund balances, but many have far more than that. The bill requires large regions (over 100,000 population) to keep no more than 20% in reserves, and smaller regions (under 100,000 population) are required to keep no more than 25% in reserves. The maximum amount a region can keep does not include any encumbered funding that is earmarked for future expenses. Regions would be allowed to spend down their reserves prior to FY 22, in accordance with their regional management plan. If excess reserves exist after that time, they would be forced to spend them

down before being allowed to collect more taxes. The bill eliminates this last provision of not being able to collect more taxes until their excess reserves are spent down.

Required Reports

Bill directs DHS, the Department of Public Health (IDPH), representatives of the mental health institutions, the 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 process and recommend any improvements in the processes to the Governor and General Assembly by December 31, 2018.

The bill also directs DHS, IDPH and other affected or interested stakeholders to review the role of tertiary care psychiatric hospitals and to make recommendations to the Governor and General Assembly by November 30, 2018.

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