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## **GOVERNANCE**

### **A-A-1**

#### **General Policies and Procedures**

The Mental Health Center of North Iowa has been established under the Iowa Code, Section 230A.3, Subsection 2 and shall be in compliance with the provisions of the Chapter and Chapter 504A of the Iowa Code.

The Mental Health Center of North Iowa shall have written policy direction for programs being accredited under Chapter 24 of the State of Iowa, and this shall be in compliance with other statutory and regulatory conditions and rules.

The Center shall develop and maintain a system of organizational leadership that shall provide a framework for the planning, designing, directing, coordination, provision and improvement of services that are responsive to the consumers and the communities it serves.

The Center shall maintain clearly defined mission and values statements that are reflected in its long and short-range organizational plans and organizational policies.

The Center's annual and long-range budgeting process shall involve appropriate governing and managing levels of leadership and shall reflect the organization's mission and values.

An annual audit is completed by an independent auditor or as provided by law. – See Fiscal

The Organization shall establish and maintain a Board of Directors and where needed advisory boards that report to the Board of Directors.

The Center's decision-making process, including policy decisions affecting the organization, shall reflect the involvement of the various levels of leadership and responsiveness of staff – See Organizational Structure.

Organizational leadership shall solicit the input from leaders of the various community and consumer groups served by the organization in designing responsive service delivery systems – See Planning.

The Center's Board of Directors shall set policy implemented by procedures developed by the Executive Director, implemented by staff that provides a system of services appropriate to the needs of consumers of the organization. – See Planning

The Center's leadership through frameworks developed by the organization shall implement and support methods of performance improvement insuring that internal systems and activities throughout the organization are measured, assessed and improved on an ongoing basis. – See Quality Assurance and Continuous Quality Improvement.

The Center's leadership shall make education information and service consultation available to community groups and resources. – See Consultation, Education.

The Mental Health Center of North Iowa shall be incorporated as a private, non-profit corporation whose 27-member volunteer Board shall carry the ultimate overall responsibility for insuring that the Center carries out the mission of the organization and operates in an efficient and effective manner.

The duties and responsibilities of the Board of Directors shall include:

1. Serve as the governing body that provides oversight and guidance of the operations of the Mental Health Center of North Iowa.
2. Establish, review, and approve policies.
3. Adoption of the Center's organizational and long-term plans.
4. Appoint, evaluate, and remove as may be necessary the Chief Administrative Officer.
5. Establish and provide for effective fiscal policies of the operations of the Center.
6. Review and approve all contracts and agreements to which the Mental Health Center of North Iowa may be a party, or delegate authority for such approval.
7. Adopt the Center's Long-Range Annual Plan.
8. Prepare and approve the Center's annual budget with submission of the Center's budget to auditors and county supervisors for counties served by the Mental Health Center of North Iowa.
9. Review program evaluation.
10. Appoint or select advisory boards that function to give assistance to the Board of Directors or may function as an ad-hoc or standing committee of the Board of Directors as may be delegated by the Board of Directors.

An Advisory Council may carry out the following responsibilities:

1. Review and take action consistent with the policies established by the Board of Directors functioning as a committee of the Board;
2. May advise and assist the Board taking actions or reestablishing policy;
3. May give more direct oversight with respect to specific services and programs operated by the Mental Health Center of North Iowa;

4. Assist and approve budgets consistent with the operations of a specific service;
5. Recommend changes to location, staffing arrangements, and program directions consistent with Center policies;
6. Participate in program evaluation; and
7. Assist with program planning: short-term, annual, and long-term planning with respect to a specific service or services;

The Center's Operations Manual shall serve as the Board manual for the members of the Board of Directors. The Manual shall be kept current with changes in Center operations, policies and procedures reflected and updates to the Operations Manual within three (3) months from the time that the policy has been developed or revised.

The Operations Manual shall include: Articles of Incorporation, current By-Laws, brief history of the Center, current Table of Organization, description of current Board membership including names, addresses, phone numbers, office held, length of term, and a brief description of the mental health delivery system. Contained within the Addendum to the Operations Manual are updated current annual budget, most recent annual report, current annual program plan, long-range plan, Board minutes, and a copy of current standards used in accreditation of the Center.

The Board of Directors of the Mental Health Center of North Iowa shall be representative of the Center's service area assuring that:

1. The interest of the following groups shall be presented: high, medium, and low-income level; children/adolescents; adults and the elderly; developmentally disabled persons; consumers of the Center's services; and minority populations or other cultural groups which constitute 2% or more of the Mental Health Center's service area population;
2. There shall be at least one representative from each county served by the Center;
3. Interested professions shall be represented;
4. At least 51% of the Board members shall be persons who are not providers of service;
5. Board members should be residents of the mental health service area.

The Board of Directors of the Mental Health Center of North Iowa shall operate from formal written by-laws that are reviewed annually, maintain written minutes of all Board meetings, maintain formally defined responsibilities of the Board of Directors, maintain an orientation program for new Board members, provide for the continuing education needs of Board members, maintain a formal Operations Manual describing Center operations, provide for staff, Board, and community interchange, and develop an annually approved program plan for services.

**GOVERNANCE  
A-A-2**

**Articles of Incorporation**

**RESTATED ARTICLES OF INCORPORATION  
OF  
MENTAL HEALTH CENTER OF NORTH IOWA**

TO: THE SECRETARY OF STATE OF THE STATE OF IOWA

Pursuant to the provisions of Section 504.1006 of the Revised Iowa Nonprofit Corporation, Act, the undersigned corporation adopts the following RESTATED ARTICLES OF INCORPORATION:

1. The name of the corporation is Mental Health Center of North Iowa.
2. The Corporation elects to be subject to the provisions of the Revised Iowa Nonprofit Corporation Act, Chapter 504.
3. The duration of the said corporation is perpetual.
4. The purpose or purposes for which the corporation is organized as a Nonprofit Corporation is to promote and safeguard the mental health of the citizenry, drawing upon psychiatric, psychological, social work and other mental health resources to offer a range of professional community-based mental health services for prevention, education, consultation, diagnosis, treatment and psychiatric emergencies in cooperation with social and human service agencies and other organizations involved in the prevention and treatment of mental, emotional and behavioral dysfunctions and to develop other resources to meet the mental health needs of the citizenry residing in the service area including, but not limited to, the development of living accommodation for the patrons served.
5. That the corporation shall have no members. The affairs of the corporation shall be managed and controlled by the Board of Directors, whose number shall be determined by the By-Laws and who shall be elected at the annual meeting of the Board of Directors for the terms as provided for in the By-Laws.
6. The annual meeting of the Board of Directors shall be held at a place and date upon notice, all as provided for in the By-Laws.
7. The address of its registered agent in the State of Iowa is: 235 South Eisenhower Avenue, Mason City, Cerro Gordo County, Iowa 50401, and the name of its registered agent at such address is: Kenneth Zimmerman.
8. Consistent with Section 901 of the Revised Iowa Nonprofit Corporation Act, a director, officer or employee of the corporation is not liable for the corporation's debts or obligations and

a director, officer or other volunteer is not personally liable in that capacity to any person for any action taken, or failure to take any action, in the discharge of the person's duties, except liability for any of the following:

- a) The amount of any financial benefit to which the person is not entitled.
- b) An intentional infliction of harm on the corporation
- c) A violation of the unlawful distribution provisions of Section 835 of the Revised Iowa Nonprofit Corporation Act.
- d) An intentional violation of criminal law.

In addition, pursuant to Section 202(d) of the Revised Iowa Nonprofit Corporation Act, directors of the corporation shall not be liable to the corporation for money damages for any action taken, or any failure to take any action, as a director, except liability for any of the following:

- a) The amount of any financial benefit received by a director to which the director is not entitled.
- b) An intentional infliction of harm on the corporation.
- c) A violation of the unlawful distribution provisions of Section 835 of the Revised Iowa Nonprofit Corporations Act.
- d) An intentional violation of criminal law.

If the Revised Iowa Nonprofit Corporation Act is hereafter amended to authorize the further elimination of limitation of liability of the corporation's directors, officer, employees and volunteer, then the liability of the corporation's directors, officer, employees and volunteers shall, in addition to the limitation of personal liability provided for herein, be eliminated or limited to the extent of any such amendment, automatically and without any further action, to the fullest extent then permitted by law.

Any repeal or modification of the Article shall be prospective only and shall not adversely effect the limitation on the personal liability or any other right of protection of a director, officer, employee or volunteer of the corporation with respect to any state of facts existing at or prior to the time of any such repeal or modification.

9. Pursuant to Section 202(e) of the Revised Iowa Nonprofit Corporation Act, the Corporation shall be required to indemnify the Corporation's directors for liability to a person for any action taken or any failure to take any action, as a director, except liability for any of the following:

- a) Receipt of a financial benefit to which the director is not entitled.
- b) Intentional infliction of harm on the corporation.
- c) A violation of the unlawful distribution provisions of Section 835 of the Revised Iowa Nonprofit Corporation Act.
- d) Intentional violation of criminal law.

In addition to the foregoing mandatory indemnification of the corporation's directors, the corporation shall exercise all of its permission indemnification powers under the revised Iowa

Nonprofit Corporation Act to indemnify and advance expenses to its directors and officers to the fullest extent permitted by law. If the Revised Iowa Nonprofit Corporation Act is hereafter amended to authorize broader indemnification, then the indemnification obligations of the corporation shall be deemed to be automatically amended without any further action to require the corporation to indemnify and advance expenses of its directors and officers to the fullest extent then permitted by law. Any repeal or modification of the Article shall be prospective only and shall not adversely effect any indemnification obligations of the corporation with respect to any state of facts existing at or prior to the time of such repeal or modification.

10. These Restated Articles of Incorporation correctly set forth the provisions of the Articles of Incorporation of the corporation as heretofore and hereby are amended and have been duly adopted as required by law and supersede the original Articles of Incorporation of the corporation and all amendments thereto.

Dated at Mason City, Iowa this 13<sup>th</sup> day of September, 2006.

MENTAL HEALTH CENTER OF NORTH IOWA

By \_\_\_\_\_  
Its President

By \_\_\_\_\_  
Its Secretary

STATE OF IOWA :  
: ss.  
CERRO GORDO COUNTY :

I, Kristen Artley, being first duly sworn on oath, depose and state that I am the Secretary of the Mental Health Center of North Iowa, and that I executed the foregoing Restated Articles of Incorporation as such officer of the corporation and that the statements contained therein are true.

\_\_\_\_\_

Subscribed and sworn to before me this 13<sup>th</sup> day of September, 2006.

\_\_\_\_\_  
Notary Public in and for the State of Iowa

08/28/06

# GOVERNANCE

A-A-3

## BYLAWS

OF

### MENTAL HEALTH CENTER OF NORTH IOWA

#### ARTICLE I

##### Adoption of By-Laws

**Section 1:** These By-Laws are hereby adopted as amended since substituted by By-Laws repealing any By-Laws previously adopted or revised, pursuant to the provisions of Chapter 504-A of the Iowa Code.

#### ARTICLE II

##### Amendment to the By-Laws

**Section 1:** These By-Laws may be amended by a two-thirds (2/3) vote of the members of the Board of Directors attending a duly noticed annual meeting or special meeting specifically called for that purpose. Having been once approved, intended changes of the By-Laws must again be voted on a second time in a Board meeting specifically called for this purpose and again must receive two-thirds (2/3) vote for the change of the By-Laws to occur. By-Laws shall reflect approved amendments within three (3) months of the Board-approved revision.

#### ARTICLE III

##### Mission

**Section I:** This Corporation is organized not for profit purposes and is established to promote and safeguard the mental health of the citizenry. Drawing upon psychiatric, psychological, social work, and other mental health resources, the corporation shall offer a range of professional community-based mental health services for prevention, education, consultation, diagnosis, treatment, and psychiatric emergencies. The Corporation will cooperate with and provide services to individuals, public authorities, public and private social and human service agencies and other organizations for the prevention and treatment of mental, emotional, and behavioral dysfunctions. The officers of the Corporation will be responsible for assuring that the services of the Corporation address the mental health needs of the citizenry residing in the service area.

## ARTICLE IV

### Board of Directors

**Section I:** The affairs of the Corporation shall be governed by a Board of Directors composed of one county supervisor and two additional persons from each county supporting the Center, and it is the ultimate authority for the determining of overall Center policies. A majority of the Board of Directors thus constituted shall be individuals who are not providers of health care. The Board shall have representation from interested professions and be representative of the Center's service area.

**Section II.** The Board of Directors shall be elected for staggered terms of three (3) years. Nominations to the Board occur through the Nominations Committee and require a majority vote of the Board at its annual meeting. Vacancies occurring between annual meetings are filled by nominations to the Board through the Nominations Committee and are approved by a majority vote of the Board.

**Section III.** The Board of Directors shall have all the powers and authorities necessary and appropriate for establishing the policies of the Center and directing the affairs of the Corporation as provided by law including, but not limited to, the power to delegate its authority to the Chief Administrative Office, Chief Medical Officer, or others to act on behalf of the corporation. The Board shall determine community mental health center policy in relation to the needs of the community, professional, administrative, and financial needs as well as to the proper professional standards for the Center and in directing the Chief Administrative Officer and others in implementing said policies. The Board shall be responsible for describing the duties of the Chief Administrative Officer for his/her recruitment, appointment, evaluation, and when necessary, removal. The Board shall be responsible for providing adequate financing to the Center and for establishing and maintaining effective fiscal controls of Center's operations. The Board shall have conducted annually an independent audit of the Center's financial operations. The results of the audit shall be reviewed and approved by the Board and submitted to the Boards of Supervisors of counties served by the Center and to the Director of the Division of Mental Health/Mental Retardation. The Board shall review, and approve an annual budget. (The Center's annual budget shall be submitted to the auditors and Boards of Supervisors of counties served by the Center.)

## ARTICLE V

### Conflict of Interest

**Section I:** Center employees and consultants shall not serve on the Board. No Board member shall receive compensation for his/her services in office, with the exception of reimbursement for actual necessary expenses incurred in the performance of his/her duties. If the Board wishes to purchase a service from or by or utilize property of one of its members, the individual receiving the reimbursement shall divest himself/herself from voting on the issue. The Board shall be authorized to define a non-financial conflict of interest situation involving its member(s) and to take action regarding the voting rights of the member(s) in question.

## ARTICLE VI

### Orientation

**Section I:** The Board shall maintain an orientation program for new Board members as prescribed by the Center and in compliance with Standards of Accreditation. The Center shall provide for the continuing education needs of its Board members. Members of the Board shall receive a copy of the Center's Operations Manual, which is to be kept current.

## ARTICLE VII

### Minutes

**Section I:** The minutes of all meetings of the Board of Directors and committees with the authority of the Board shall be kept. The Board minutes shall include the dates of meetings, names of those in attendance, topics discussed, decisions reached, actions taken, and a summary of all reports presented to the Board. All Board committees shall keep minutes of their meetings and submit them to the Board for review. Minutes shall be maintained in perpetuity.

## ARTICLE VIII

### Meetings

**Section I:** The annual meeting of the Board of Directors shall be also its annual business meeting and annual public meeting and shall be held on the second Wednesday of June at the place and time designated in the notice thereof with such notice to all Directors at least seven (7) days prior to the date of such meeting. The annual meeting shall also serve as the annual public meeting. Therefore, in addition to its scheduled agenda, the Board shall provide information on Board policies, review and discuss mental health services, and obtain input from the community. Regular meetings of the Board shall be held on the second Wednesday of each month at a time and place prescribed in the notice thereof given seven (7) days prior to said meeting to each member of the Board. Special meetings of the Board may be called by the President or by the majority of the Board of Directors by giving seven (7) days written notice or three (3) days oral

notice of such meeting, which people must state the purpose thereof. The conduct of business shall require a quorum of the majority of the members of the Board, which shall be governed by Roberts Rules of Order, with a simple majority of the members present required for action.

## **ARTICLE IX**

### **Officers**

**Section I:** Officers of the Corporation shall consist of the President, Vice President, Secretary, and Treasurer, all of whom shall be members of the Board of Directors, except the Treasurer, who may at the vote of the Board serve as an ex-officio Board member. The officers shall be elected annually at the annual meeting of the Board of Directors and are subject to removal upon an affirmative vote of a majority of the entire Board of Directors. Any vacancies occurring before an annual meeting shall be filled by the Board of Directors by a majority vote of the members present at a duly noticed meeting.

**Section II:** The President shall preside over all meetings of the Board and shall have the usual powers and duties of the President of the Board and shall be responsible to see that all orders, resolutions, and policies of the Board are carried into effect. The Board President shall serve as Chairman of the Executive Committee, appoint members to committees, and shall serve as ex-officio member to all committees.

**Section III:** The Vice President shall perform the duties of the President in the absence of the President and, when so acting, shall have all the powers and be subject to all the restrictions that rest upon the President and shall perform such duties as from time to time may be assigned by the Board.

**Section IV:** The Secretary shall attend all meetings of the Board and Executive Committee, seeing that minutes are maintained of the meetings of the Board and Executive Committee and filing copies of all Board Committee minutes, Committee reports, and other reports submitted to the Board. The Secretary shall be responsible for giving all notices required in these By-Laws and perform such other duties as may be delegated by the Board.

**Section V:** The Treasurer shall draw upon Corporation funds to meet Corporation expenditures. Corporation expenditures shall be signed by any two (2) of the Treasurer, Chief Administrative Officer, President or Vice President. The Treasurer shall, in conjunction with Finance Committee, manage investments of the Corporation.

**Section VI:** The Board shall appoint members of the Board to all special and standing committees with the consultation of the Executive Committee and subject to the approval of the full Board.

## ARTICLE X

### Standing and Special Committees

**Section I:** The Executive Committee of the Board of Directors shall consist of four (4) officers and any other person designated by the Board to act thereon. The Executive Committee shall be charged with the responsibility of carrying on the matters of the Corporation between regular meetings of the Board and shall meet at the call of the President and recording its actions at the next full Board meeting.

**Section II:** The Finance Committee shall consist of the President, Treasurer, and one member of the Board of Supervisors from each contributing county. It shall be the duty of the Finance Committee to develop resources for the Center's operation and insure adequate and sound financial backing to carry out the mission of the Center.

**Section III:** The By-Laws Committee shall consist of three (3) representatives of the Board of Directors and shall be charged with the responsibility of annually reviewing policies and procedures of the Center as set forth in the By-Laws and general policies in principle established by the Board governing its functioning and shall make recommendations to the Board concerning revisions and amendments thereof.

**Section IV:** The Personnel Committee shall consist of at least six (6) Board members who shall be responsible to the Board for the adoption and periodic review of the Center's personnel policies and for the review of salary schedules and recommended changes therein with the aid of the Chief Administrative Officer.

The Personnel Committee shall be responsible for assuring that the Center recruits, secures staff, in determining staff compensation and shall make recommendations regarding personnel matters to the full Board for their action thereon.

**Section V:** The Public Relations/Public Affairs Committee shall consist of at least one (1) Board member from each county who, with the assistance of the Chief Administrative Officer, will be primarily responsible for developing and maintaining communication between the Mental Health Center of North Iowa and the public in general and the media in the area.

**Section VI:** The Nominating Committee shall consist of at least three (3) Board members who shall be responsible for the recruitment of new Board members, their nomination to the Board, orientation of new Board members, and for overseeing the continuing educational needs of Board members.

**Section VII:** The Planning Committee shall consist of at least three (3) Board members who shall be responsible for assuring that the Center develops a long-range plan and annual program plan and forwarding its recommendations to the full Board for approval. In addition, the Planning Committee will carry out such other planning functions as may be determined appropriate by the Board.

**Section VIII:** The Audit Committee is a standing committee of the Board and shall consist of at least three (3) Board members but in no instance shall the committee exceed five (5) Board members. The Board President shall appointment the members of this committee. The Audit Committee shall: (1) Develop recommendations to the Board for the selection of an auditing firm; (2) Serve as the official liaison between the Board and the auditing firm; (3) Engage in the Corporations preparation for and conduct of the audit; and (4) Receive and review the annual audit report and present it to the Board.

**Section IX:** The Board President of the Board of Directors may from time to time designate special committees and appoint members thereto with the concurrence of the Board for such special tasks as shall be needful or desirable for the conduct of the affairs of the Center. Such committees shall serve at the pleasure of the Board and shall have only those powers specifically conferred by the Board and shall be discharged upon the completion of their respective tasks.

**Section X:** The Chairperson and all members of the committees shall hold office for one year and may be re-elected. Vacancies on the respective committees shall be filled by the Board of Directors or its designees and non-Board members may be appointed to committees in an advisory/consulting capacity. All committees of the Board of Directors shall maintain minutes of their meetings, which minutes shall be available to the Board and shall be reported to the Board at its direction. Committees shall meet at such time and place as designated by the Chairman thereof, and a simple majority of the committees shall constitute a quorum for the transaction of business with a simple majority of the members present necessary for action.

## ARTICLE XI

### Chief Administrative Officer

**Section I:** The Chief Administrative Officer of the Center shall be hired by the Board of Directors and shall serve at the pleasure of the Board. The Chief Administrative Officer shall be the manager of and shall operate the Mental Health Center of North Iowa and shall be responsible for the maintenance of all physical properties of the Center and shall supervise the business affairs of the Center to insure that funds are collected and expended to the best possible advantage. The Chief Administrative Officer shall oversee the services of the Center. The Chief Administrative Officer shall serve as a liaison and channel of communication for all official communications between Board of Directors and any of its committees and the Center's professional, administrative, and support staff.

## ARTICLE XII

### Fiscal Year

The fiscal year of the corporation shall commence on July 1<sup>st</sup> and end on June 30<sup>th</sup>.

**ARTICLE XIII**

**Indemnification and Insurance**

The Corporation shall have all powers to indemnify, advance defense expenses to and provide liability insurance for its directors, officers, employees, committee members, agents and volunteers to the fullest extent allowed by the Revised Iowa Nonprofit Corporation Act, as amended from time to time. It is hereby acknowledged that those serving as directors, officers, employees, committee members, agents and volunteers of the corporation have agreed to serve in their respective capacities in part upon reliance on this provision and in reliance on the limitation of liability and indemnification provisions set forth in the Corporations Articles of Incorporation, as amended.

**ARTICLE XIV**

**Registered Office Agent**

The registered office of the Corporation shall be 235 South Eisenhower Avenue, Mason City, Iowa 50401, and the registered agent of such address shall be Kenneth C. Zimmerman, Executive Director.

**ARTICLE XVI**

**Certification**

The above and foregoing By-Laws of the Mental Health Center of North Iowa, consisting of fifteen (15) Articles, are duly adopted by its Board of Directors on the 13<sup>th</sup> day of September, 2006.

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President

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Witnessed and Attested to by:

08/28/06

## **GOVERNANCE**

### **A-A-4**

#### **Mission – Vision - Values**

The Mental Health Center of North Iowa revised its By-Laws in 1980 to reflect a clear mission of community based mental health services provided in a collaborative and partnering manner with others in the community.

#### **Mission**

### **ARTICLE III**

#### **Mission**

**Section I:** This corporation is organized not for profit purposes and is established to promote and safeguard the mental health of the citizenry. Drawing upon psychiatric, psychological, social work, and other mental health resources, the Corporation shall offer a range of professional community-based mental health services for prevention, education, consultation, diagnosis, treatment, and psychiatric emergencies. The Corporation will cooperate with and provide services to individuals, public authorities, public and private, social and human service agencies and other organizations for the prevention and treatment of mental, emotional, and behavioral dysfunctions. The officers of the Corporation will be responsible for assuring that the services of the Corporation address the mental health needs of the citizenry residing in the service area.

This mission reflects that 32,000 or more people within the service area are affected by mental health conditions warranting intervention and that a mental health center to be effective needs to work closely with others in the community. Additionally, the mission also is based on the understanding that an array of different service options are needed to help promote and safeguard the mental health of citizenry.

#### **Vision**

To reduce mission to a simple statement of purpose, the Center has adopted the state. The Vision of the Mental Health Center of North Iowa is to make empowerment personal in the lives of those we serve.

#### **Values**

The Mental Health Center of North Iowa embraces the organizational values of:

- Respect: Those involved with the Center recognize and demonstrate respect for the individual and for those we serve and work.
- Effectiveness: Services and service actions are taken in ways that meet needs and reach outcomes.
- Responsiveness: Services are based on consumer and community needs and are implemented in ways that link Center resources in a timely way to identified needs.
- Quality: What we do reflects high service standards and incorporated current knowledge in the field of mental health.
- Empowerment: The focus of service is on the consumer increasing mastery of their own life through use of personal, community, and relational resources.
- Participation: Services are designed and implemented in a collaborative manner that encourages and supports the active participation of those who use services of the Center.

## **GOVERNANCE**

### **A-A-5**

#### **Annual Meeting/Annual Public Meetings of the Board**

The Board of Directors annual business meeting and annual public meeting shall be on the second Wednesday of June each year at 12:30 p.m. at a place defined in the notice of the meeting.

In addition to carry out the affairs of the Center, the Center's annual public meeting shall provide information about Center policies, presenting the mental health program for the Center, and obtaining input from the community.

In addition to the annual meeting, the Center shall also conduct annually a forum for staff and the community on the subject of mental health and mental health needs. Unless otherwise directed by the Board, this meeting shall be the Center's October Forum scheduled at a time, date, and place in October decided by the Board of Directors.

## **GOVERNANCE**

### **A-A-6**

#### **Board Staff Interchange**

The Board shall insure input from Center employees/consultants at least annually to exchange information and ideas about Board policies and Center programs and about coordination with other human service providers. Such involvement shall be documented in Board meeting minutes.

The Executive Director shall serve as the official representative for the flow of communication on an ongoing basis between Board and staff.

The Board and its committees may request specific staff liaison to assist in specific Board/staff exchange of information and in the development of Center programming. The decision to have staff liaison is that of the Board's; the appointment of a staff member serving as a liaison is made by the Executive Director.

## **GOVERNANCE**

### **A-A-7**

#### **Board Minutes**

Minutes of all meetings of the Board of Directors, and committees with the authority of the Board shall be kept.

Minutes shall be approved by the Board and shall include, at a minimum, the date of the meetings, names of the individuals in attendance, topics discussed, decisions reached, actions taken, and a summary of all reports presented to the Board.

All committees shall keep minutes of their meetings and submit them to the Board for review.

Responsibility for maintaining Board minutes is that of the secretary. Minutes shall be maintained in perpetuity.

All Board minutes are the property of the Board. Requests from staff and general public for copies of minutes are referred in writing to the Board President. Board minutes are not available unless first approved by the Executive Committee or by full Board action.

As a matter of Center procedure, the Board makes available to the staff minutes of its full Board meeting and is posted for accessibility.

## **GOVERNANCE**

### **A-A-8**

#### **Orientation and Continuing Education of Board Members**

##### **Orientation:**

New Board members shall be provided orientation to acquaint them to the Center, its services, functions, operations, as well as the responsibilities as a Board member. Orientation includes:

1. Overview of the mental health system in Iowa.
2. Mental health needs of North Iowa.
3. Services offered by the Center and its organizational structure from which those services are delivered.
4. Review of the Center's long-range and annual program plans.
5. Review of the Board's structure and functioning.
6. Role and responsibilities as a Board member.
7. Review of reports received by the Board periodically about the Center.
8. Discussion of Federal and State laws and regulations affecting mental health services.
9. Relationship between the Mental Health Center and other human service organizations and related services.
10. Confidentiality.

Responsibility for the conducting of orientation is delegated by the Board to its nominating committee, who in their discretion may work in cooperation with the Executive Director.

##### **Continuing Education:**

Board members are to take advantage of continuing education opportunities to strengthen and maintain their role as Board member. The Nominating Committee of the Board shall conduct from time to time assessments of continuing education needs of Board members and develop continuing education activities designed to enhance the functioning of the Board and its members. Information regarding continuing education activities for the Board is to be made known to Board members through special mailing or by announcement at regular Board meetings. Specifically arranged continuing education workshops for Board members shall be periodically sponsored by the Center as well and time designated during Board meetings set

aside for education information. Such educational discussions at regular Board meetings shall occur no less than quarterly. All Board members are to receive a copy of the Center's Operations Manual, which shall also serve as the Board manual. Board members are responsible for keeping material in this manual current. As material is revised and updated in the Operations Manual, it is to enter in that section that it replaces or appears in the addendum of the Governance section of the Manual.

Topics reviewed should include: Concepts in mental health, methods of program evaluation, history and organization of community mental health on a local, state, and Federal level, confidentiality, consumer rights, Center programs, Board responsibilities, funding sources, types of funds available, and the function and activities of the Division of Mental Health/Mental Retardation.

**GOVERNANCE  
A-A-9**

**List of Board of Directors**

Name	Occupation	Address	Board Term
<b>CERRO GORDO COUNTY</b>			
Phil Dougherty	County Supervisor	220 N Washington Avenue Mason City, IA 50401-3254 Tel: 641-421-3022-W <a href="mailto:pdoughe@co.cerro-gordo.ia.us">pdoughe@co.cerro-gordo.ia.us</a>	01/01/2001- 06/30/2007
Mary Ellen Orth	Retired Executive Director of Girl Scouts	310 E Lake St Ventura, IA 50482-5012 Tel: 641-829-3858-H	07/01/1986- 06/30/2008
Rev. Jack Vanden Heuvel	Pastor, Rolling Acres Christian Reformed Church	340 20 <sup>th</sup> Street SW Mason City, IA 50401-6555 Tel: 641-424-1369 <a href="mailto:rarcpastor@msn.com">rarcpastor@msn.com</a>	11/01/2001- 06/30/2009
<b>FLOYD COUNTY</b>			
Warren Dunkel President (07.2005)	County Supervisor	PO Box 204 Charles City, IA 50616-0204 Tel: 641-228-6411-H 641-228-2000-W 641-257-6131-Auditor's <a href="mailto:wdunkel@mchsi.com">wdunkel@mchsi.com</a>	04/11/1999- 06/30/2008
Patricia Petersen	Registered Nurse	2615 7 Mile Road Charles City, IA 50616 <a href="mailto:patnpete2@yahoo.com">patnpete2@yahoo.com</a>	07/01/06 - 06/30/2009
Kay Wielinski	Retired - AEA in Charles City	1939 Jerry Avenue (May-Dec) Charles City, IA 50616-9166 Tel: 641-228-6001-H 693 Leisure World Mesa, AZ 85206-3154 (Jan-Apr) Tel: 480-654-5723 641-220-0618-cell <a href="mailto:kwielin@fiai.net">kwielin@fiai.net</a>	10/13/1999- 06/30/2007



Name	Occupation	Address	Board Term
<b>FRANKLIN COUNTY</b>			
Leonard Worden Board Treasurer (01.1999)	Retired Farmer	403 110 <sup>th</sup> St Dows, IA 50071-8013 Tel: 515-852-3362-H <a href="mailto:ldworden@fbx.com">ldworden@fbx.com</a>	01/09/1991- 06/30/2009
Michael Nolte	County Supervisor	1694 Warbler Ave Hampton IA 50441-7330 Tel: 641.456.5624-W 641.456.5444-H 641.580.1737-C <a href="mailto:carmen@wbfrec.com">carmen@wbfrec.com</a>	04/09/2003- 06/30/2007
Kristen Artley Board Secretary (01.2003)	Franklin County CPC	PO Box 58 Hampton, IA 50441-0058 Tel: 641-456-5478-H 641-456-2128-W Fax: 641-456-2852 <a href="mailto:kartley@co.franklin.ia.us">kartley@co.franklin.ia.us</a>	07/01/1987- 06/30/2008
<b>HANCOCK COUNTY</b>			
Ted Hall	Supervisor/Farmer	2040 310 <sup>th</sup> Street Forest City, IA 50436 Tel: 641-927-4601-H 641-923-3163-W <a href="mailto:tedhallforestcity@yahoo.com">tedhallforestcity@yahoo.com</a>	01/01/2007 12/31/2010
Catherine Kadrlik	Retired Abstracter of Titles	790 Maben Avenue Garner, IA 50438-1540 Tel: 641.923.2563-H 641.425.9698-cell <a href="mailto:ckadrlik@mchsi.com">ckadrlik@mchsi.com</a>	06/11/2003- 06/30/2009
Sandra Mireles	Winnebago/Worth/ Hancock Counties CPC	545 State St Garner, IA 50438-1459 Tel: 641-923-3168 641-585-2340-Winnebago 641-585-3548-Home 641-585-9027-Fax <a href="mailto:smireles@whwcty.org">smireles@whwcty.org</a>	01/15/1990- 06/30/2008 [07/01/1974- 06/30/1984]

Name	Occupation	Address	Board Term
<b>MITCHELL COUNTY</b>			
Stan Walk	County Supervisor, Restaurateur	39921 Foothill Ave St. Ansgar, IA 50472-0325 Tel: 641-713-2512-H 641-732-5861x112-W 641-220-0958-cell <a href="mailto:eagle47@omnitelcom.com">eagle47@omnitelcom.com</a>	01/01/2001- 06/30/2009
Don Hendrickson	Retired Mitchell County Supervisor, Farmer	411 W 8 <sup>th</sup> St St. Ansgar, IA 50472-1453 Tel: 641-713-2125-H 641-220-1245-cell <a href="mailto:donleanna@yahoo.com">donleanna@yahoo.com</a>	07/01/1997- 06/30/2007
Sylvia Getman	CEO Mitchell County Regional Health Center	616 North Eighth Street Osage, IA 50461-1498 Tel: 641-732-6005-W 641-732-6028-Fax <a href="mailto:getmans@mercyhealth.com">getmans@mercyhealth.com</a>	

<b>WINNEBAGO COUNTY</b>			
Warren Wubben	County Supervisor,	PO Box 158 Buffalo Center, IA 50424 Tel: 641-562-2121-H 515-538-0452-Cell <a href="mailto:wwubben@wctatel.net">wwubben@wctatel.net</a>	01/01/2007- 12/31/2010
Elsie Mechem	North Iowa Mental Health Advocate	11768 Highway 9 Thompson, IA 50478-7551 Tel: 641-584-2263-H 641-584-2163-Fax	08/01/1994- 06/30/2009
Robert Paulson, Vice President (07.2005)	Retired, Winnebago County Auditor	122 Woodland Dr Forest City, IA 50436-2418 Tel: 641-582-3900-H <a href="mailto:donai122@juno.com">donai122@juno.com</a>	07/01/1984- 06/30/2008

Name	Occupation	Address	Board Term
<b>WORTH COUNTY</b>			
Jeff Creger	County Supervisor	c/o Auditor's Office 1000 Central Ave Worth County Courthouse Northwood, IA 50459 Tel: 641-324-2316-Aud. Off. 641-324-2162-FAX 641-324-1139 H <a href="mailto:jeff.creger@worthcounty.org">jeff.creger@worthcounty.org</a>	01/01/2007- 12/31/2010
Douglas A. Krull	Attorney	401 11 <sup>th</sup> St S Northwood, IA 50459-1817 Tel: 641.324.1654 – h 641.324.1981-w <a href="mailto:doug@krulllaw.com">doug@krulllaw.com</a>	05/14/2003- 06/30/2008
Andrew A. Hill	Farmer	3472 Orchid Ave Manly, IA 50456-8005 Tel: 641-454-2456-H <a href="mailto:hiland@myclearwave.net">hiland@myclearwave.net</a>	02/13/2002- 06/30/2007

**GOVERNANCE**  
**A-A-10**

**Board Committees/Current Committee Assignments**

**Executive Committee:**

Warren Dunkel, President  
Robert Paulson, Vice President  
Leonard Worden, Treasurer  
Kristen Artley, Secretary

**Audit Committee:**

Phil Dougherty  
Warren Dunkel  
Leonard Worden  
Elsie Mechem  
Ken Abrams

**Building Committee:**

Robert Joynt, Chair  
Rev. Jack Vanden Heuvel  
Leonard Worden  
Ken Abrams

**By-Laws Committee:**

Kristen Artley, Chair  
Patricia Petersen  
Sandra Mireles  
Stan Walk  
Elsie Mechem  
Douglas Krull

**Finance Committee:**

Phil Dougherty, Chair  
Warren Dunkel  
Michael Nolte  
Leonard Worden  
David Smith  
Stan Walk  
Robert Joynt  
Robert Paulson  
Ken Abrams

**Nominating Committee:**

Mary Ellen Orth, Chair  
Kay Wielinski  
Andrew Hill

**Personnel Committee:**

Sandra Mireles, Chair  
Phil Dougherty  
Patricia Petersen  
Kristen Artley  
Catherine Kadrlik  
Don Hendrickson  
Robert Paulson  
Ken Abrams

**Planning Committee:**

Elsie Mechem, Chair  
Mary Ellen Orth  
Rev. Jack Vanden Heuvel  
Warren Dunkel  
David Smith  
Douglas Krull

**Public Relations Committee:**

Mary Ellen Orth, Chair  
Rev. Jack Vanden Heuvel  
Kay Wielinski  
Michael Nolte  
Catherine Kadrlik  
Don Hendrickson  
Andrew Hill

## **GOVERNANCE**

### **A-A-11**

#### **Overview of Board Functioning/Process During the Fiscal Year**

- June:** Annual board meeting and annual public meeting conducted by the Board. The annual meeting is customarily linked also to an annual exchange between Board and staff. June is the completion of the Center's annual program plan and time for review and evaluation. The fiscal year is completed and the end of the fiscal year and service statistical reports developed.
- July:** Review, discussion, and adoption of annual program plan for the Center's new fiscal year. Prior to adoption by the full Board, the plan is reviewed by the Board's Planning Committee. Orientation of new Board members is conducted. Implementing of the Center's annually adopted fee schedule occurs that reflects cost finding and rate setting procedures that have been implemented earlier in the previous fiscal year. It is not unusual for an Executive Committee meeting to be held in either late June or prior to the July Board meeting to make committee assignments. July Board meeting is customarily the time which committee assignments are reviewed and approved by the Board
- August:** With the beginning of a new fiscal year August frequently is a month in which scheduled agenda items for July spill over into the August agenda. By August, end of the year service and fiscal data has been recorded and prepared in report form to the Board, and the annual program plan, if not reported in July, is prepared and ready for the August Board meeting. It is customary that the Center's fiscal audit occurs during the summer after the completion of its fiscal year and is either in process during the month of August or completed.
- September:** Planning for the Center's October Forum reaches final stages with announcements to the public being distributed towards the latter end of the month. By September various committees of the Board begin work for the Board actions to occur in November and December. The audit, if completed, is reviewed by the Finance Committee prior to its being forwarded to full Board for approval.
- October:** Review of the Center's personnel policies are initiated, preliminary budget and program planning for the upcoming fiscal year are also initiated. The Center's annual October Forum is conducted with Board, staff, and general public. This meeting is for the purpose of discussing timely topics and issues in mental health.
- November:** Budget data and programming information is collected and processed through various Board committees as well as personnel policy reviews.
- December:** Approval of the Center's most recent audit has generally been approved prior to December. Board actions in December, or if delayed into the January Board

meeting, pertain frequently to the Center's budget for the following fiscal year.

- January:** The Center's budget is approved by the Board of Directors and contracts developed and forwarded to participating counties.
- February:** Cost finding and rate setting procedures initiated to prepare updated fee schedule for implementation at the beginning of the Center's next fiscal year.
- March:** If personnel policy reviews have not been completed by December's Board meeting, they are continuing in process at this point.
- April:** The Center's program budget and program plan are being developed for implementation for the following fiscal year to begin in July. The Board's Nominating Committee prepares work for appointment of new Board members at its annual Board meeting. Finance Committee is meeting to review the status of the Center's budget as it nears the end of its fiscal year. The By-Laws Committee of the Board meets to review annually the Center's By-Laws, policies, and principles that govern the Board of Directors.
- June:** The Center again holds its annual business and public meeting.

## GOVERNANCE A-A-12

### **Board Committees and Their Responsibilities**

The Center maintains through definition and description in its By-Laws or through Board approved actions the following standing committees: Executive Committee, Nominating Committee, Finance Committee, By-Laws Committee, Personnel Committee, Public Relations Committee, and Planning Committee. The Board of Directors at its discretion may appoint special committees and ad hoc. The Board's standing committees shall be:

**Executive Committee:** Meets at the call of the President, conducts routing matters of the Corporation between regular meetings of the Board. The Executive Committee meets and addresses issues affecting the Center and its operations. This would include review or to consider action thought to be appropriate for the full Board at its next meeting, to organize actions necessary for committees of the Board, or to take action between full Board meetings. The Executive Committee will customarily meet at the beginning of the fiscal year to review actions needed by the Board committees, to review the work of the upcoming fiscal year, and assure Center committees are adequately resourced. The Executive Committee may meet periodically throughout the fiscal year.

**Nominating Committee:** The Nominating Committee is responsible for maintaining a vital and active Board through the recruitment, nominating, and assisting in the continuing education of the Center Board members. Additionally, the Nominating Committee is responsible for assuring that orientation of new Board members is carried out, identifying the continuing education needs of Board members so that appropriate continuing education resources offered by others. All actions involving recruitment and formal nomination of new Board members are carried out by the Nominating Committee. Actions by the Nominating Committee are reported to the full Board.

**Personnel Committee:** The Personnel Committee consisting of at least six Board members approves all proposed changes affecting personnel policies of the Center prior to their being moved to the full Board for further review and approval. Changes and revisions in staff salaries and benefits must first be approved by the Personnel Committee – any financial matters affecting salaries or benefits are also routed to the Finance Committee for review, comment, and approval as to their affect on the Center's fiscal condition prior to their being moved the full Board.

Expansion of personnel requires Personnel Committee approval. Evaluation of the Center Director originates with the Personnel Committee and at their discretion may draw upon other resources of the Board and community for this purpose. All disciplinary actions appropriate to be reviewed by the Personnel Committee are to be routed in accordance with Center procedures. These include, but are not limited to, issues pertaining to grievance, suspension, probation, or termination of employment. Responsibility for hiring personnel is delegated to the Center Director.

**Finance Committee:** The Finance Committee consists of the Board President, Treasurer, and one member of the Board of Supervisors of each participating county. The Finance Committee is responsible for approving and reporting to the full Board on issues pertaining to the Center's fiscal functioning and in its carrying out of its designated mission. Therefore, all issues pertaining to finances are routed to the Finance Committee for approval and considered by other committees for their approval where appropriate before form action is taken by the full Board.

The Finance Committee, in addition to reviewing the Center's budget and various line items it contains, is also responsible for reviewing periodically financial policies and procedures and reviewing the Center's financial status, reviewing and approving write-offs of amounts owed to the Center but that are not retrievable, and review and approving the Center's fee schedule.

**By-Laws Committee:** The By-Laws Committee meets at least annually to review the Center's By-Laws and other Center policies and principles affecting the Board and consider proposed changes. Such changes must first be approved by the By-Laws Committee and then routed to the full Board for further action. The Center By-Laws are processed for compliance with community mental health center standards and in keeping with the Center's policies to be in compliance with those standards.

**Public Relations Committee:** Consisting of at least one Board member from each county, this committee is responsible and charged with promoting and enhancing community understanding of mental health center functioning and the disbursement of mental health information. This committee is responsible for developing a topic of the Center's annual October Forum, assisting in the Board/staff annual exchange and to identify other appropriate avenues of vehicles appropriate for the Center in sharing publicly mental health information and education. The Center through the Public Relations Committee will review and assist the Center in maintaining the information mechanisms to promote mental health amongst the media and the North Iowa service area. Committee actions or the Public Relations Committee are reported to the full Board.

**Planning Committee:** The Planning Committee, established first as a standing committee by policy of the Board as a needs assessment committee, was further expanded to represent the Center's Board planning functions. The committee is responsible for reviewing and giving prior approval to the Center's annual plan and long-range plan prior to the approval of the full Board. The Planning Committee is responsible for assuring that basic planning principles are for reviewing those principles and revising or changing them. Additionally, it is the Planning Committee that links the advisory committees and county coordinating committees. It is the policy of the Center to link formally to other planning groups so that relevant mental health information is incorporated into the Center's functioning and reflected in its planning and planning<sup>7</sup> process.

## **GOVERNANCE**

### **A-A-13**

#### **Program Planning**

The Board of Directors shall carry the ultimate responsibility for policy formulation and, therefore, shall also approve and annually update the Center's Program Plan for the provision of services that are reflected also through the Center's annual budget.

The Mental Health Center of North Iowa through its Board of Directors and leadership shall provide opportunities to obtain information to use in planning, designing, managing, and improving consumer services and organizational systems operated by the Mental Health Center of North Iowa. The Board may delegate parts of this responsibility to the Center's Executive Director. To assist the Board in its responsibilities, data from the Performance Improvement System will be reported through the Center's Director as needed in meetings of the Board of Directors.

Program services of the Center shall be based on the assessed mental health needs and resources of the Center's service area. The Center shall develop programming and services consistent with the counties' managed care plans providing for a minimum of:

1. A needs assessment based at a minimum on the demographic characteristics of the servicing area.
2. A listing of other mental health services within the service area.
3. An evaluation of the effectiveness of the Center's current services in meeting estimated need.
4. A description of the services the Center will provide.
5. The goals and objectives of each service provided.
6. A summary of how the Center will coordinate with other resources providing the same service to the service area population.
7. A description of the resources needed for the service including staff, facilities, and funds.
8. A description of the hours of operation.
9. A description of limitations of consumer eligibility.

The Board of Directors shall be responsible for developing long-range/strategic planning to guide the Center's operations.

The Center's long-range/strategic plan is intended to guide the development of a more specific annual program plan for the Center.

Responsible for long and shorter range planning, the Board of Directors shall adopt planning principles and planning processes, which shall be contained within the Center's Operations Manual. Both the annual plan and long-range plan shall be periodically updated and reviewed in keeping with the planning processes of the Center and serve as separate attachments to the Center's Operations Manual. Copies of the long-range and annual plan shall be disseminated to the Board and staff and shall be available to other groups and organizations.

## **GOVERNANCE**

### **A-A-14**

#### **Planning Principles**

For efficient and effective planning to proceed at the Center, it must be tied to a decision-making process that reflects the interplay of the community(ies), funding source, citizen board, director, and staff. The agencies mission statement, formal Table of Organizations, chart for approval, and budget help provide the prerequisites for specific planning and build a multi-level decision-making process that provides for the interplay of the entities. The criterion below further illustrates the essential elements of planning.

1. Planning should be tiered to the decision-making process of the organization.
2. A mission statement that provides of the agency foundation for planning and answers the question, “Why plan in the first place?”
3. The presence of an organizational chart, job descriptions, and chart approval that defines: the types of decision to be made, who is responsible for the decision, how various decisions are to be interrelated, and who determines when a decision is to be developed and completed and under what costs.
4. A multi-planning process linked to the decision-making system that affords an orderly development policy into procedure/practice and links the various levels with each other.
5. The presence of a Board whose composition, structure, and functional subsystems are adequate to address various policy issues.
  - a. Long-term planning that addresses the question of where the agency presently is in service delivery and what direction the agency should take in the future.
  - b. Approval of the agency’s annual plan, answering the more immediate questions as to what specific plan the agency should be taking for current and immediate fiscal years.
  - c. Assure agency compliance with federal, state, and community standards, rules, and regulations.
  - d. Integrate financial constraints of agency with priorities of administration, staff, and community in the development of program services.
6. The active participation of a Director at the level of formulating recommendations for policy, requesting revision of policy, provides technical assistance to the Board and its communities, and providing the necessary information pertinent for planning policy decisions.

7. A Director who puts policy into procedure and involves administrative staff in this process. Toward this end, internal mechanisms are developed for the review of policy for the purpose of planning procedural steps and assigning responsibility for coordinating policy into procedure.
8. A Director who is responsible for assuring that necessary information is available for reviewing the implementation of policy and procedure by the Board, Director, and staff and establishing specific points of review of progress for both staff and Board.
9. Procedures are reviewed by staff, and staff involvement is secured in planning the implementation of procedures into practice level. Feedback is sought from staff for possible conflicts, issues, and problems. Mechanisms are developed for the evaluation of policy and procedure as put into practice and are reflected in cost, deployment of staff and impact on consumer population.
10. Staff involvement in periodic review of agency's overall policies, procedures, and practices.
11. Periodic review of service effectiveness initiated by the Board and conducted by the Director with the involvement of staff, which, when completed, serves as an evaluation for effectiveness or decision-making processes of the agency.
12. Engagement and involvement of consumers and staff at all levels of the Center's services in information input and establishment of priorities for the direction of the Center's services.

**GOVERNANCE**  
**A-A-15**

**Long-Range Planning/Annual Planning**

In keeping with the Center's Mission Statement, services shall be designed to meet the needs of citizenry residing within the Center's catchment area.

To accomplish this, assessment of mental health needs shall be initiated every five years by the Board of Directors, guided by the director, and drawing upon the technical assistance of the staff. Procedural steps for this process are to include:

1. A special subcommittee of the Board is established with a member from each county for the purpose of planning and implementing the needs assessment survey.
2. The subcommittee and director meet to define the scope of the survey and a specific plan that is to be followed. The subcommittee:
  - a. Defines the type of survey to be conducted
  - b. Develops a timetable for implementation
  - c. Develops a list of individuals, agencies and organizations that should participate in the survey
  - d. Selects the types of information-collecting tools to be used
3. The subcommittee members may develop special advisory groups from their county for the purpose of assisting them and developing questions/issues that should be addressed to the survey and in constructing a list of participants.
4. Members of the staff and Board are included in the survey with the results reflected in the report.
5. Information is collected, assembled in report form and presented to the subcommittee for review and the full Board for action.

The needs assessment report is to be used by the Center in the process of establishing a long-range plan, developing and deploying Center services and assuring that services are linked to the needs of the citizenry. Mental health needs identified in the report and in the needs assessment study are to be used by the Board in determining priorities and for giving direction to the annual programming planning, development and deployment of the Center services.

## Annual Planning

The Center shall implement services on the basis of annual planning; that is, a multi-level process in synthesizing policy and procedural mechanism with it and carried out in keeping with the principles of planning developed elsewhere in this Operations Manual.

Planning at the annual level is to be carried out by the board of Directors, synthesizing information provided by representatives of other mental health and human service agencies, needs assessment and priorities established by the Center and other major health and social service planning groups, information provided by staff, predictions regarding financial conditions within which the Center is to operate, past performance and knowledge of the field.

Organizational goals, priorities among broad program areas and overall budget shall be approved by the Board. The Center director shall be responsible for developing an annual agency program plan that is intended to operationalize the budget and to set forth goals for the agency for the fiscal year and program objectives necessary to assure their accomplishment. The program plan along with a program budget is submitted to the Board for review and approval annually. The program plan shall serve as a guide in developing specific services during the fiscal years, an indicator of progress toward longer range goals, and an instrument of evaluation service functions of the Center.

In developing the program plan, the director should involve staff consistent with the Center's structure, meet with appropriate committees of the Board, conduct internal analysis of service delivery, incorporate information and concerns arising from the community and consumers as well as integrate the plan with the financial constraints placed upon the Center.

The proposed program plan and program budget shall be submitted to the Board for review, revision and approval and then is sent to the Center's funding sources to secure the necessary dollars for implementations. Changes in the budget during this process are to be reflected in the final version of the program plan initiated at the beginning of the Center's fiscal year.

## Procedural/Practice Planning

Once the Center's annual program plan and budget have been approved by the Board, responsibility for implementation shall rest with the Center's director who may delegate responsibility for elements of the plan and its implementation to division coordinators, chiefs of discipline and other staff consistent with the Center's organizational structure.

The director should meet periodically with staff responsible for planning and implementing services, incorporate within general administrative staff meetings points of review of the agency's progress toward its goals and objectives, make revisions when needed and report to the Board on the progress and revision of the Center's program plan.

## **GOVERNANCE**

### **A-A-16**

#### **History of the Mental Health Center**

In 1952 members of the Mason City Council of Social Agencies initiated a study of unmet needs of the community. Upon completion of this study they concluded mental health facilities were badly needed and no member agency was able to provide psychiatric services. The report was forwarded to various individual agencies and respective board members. Eventually, an organized meeting was held on October 7, 1953, and members of the community appointed to a Mental Health Committee.

As a general meeting of the Council of Social Agencies in December 1953, a board was organized and called the Cerro Gordo Mental Health Clinic. Continued community discussions followed and in 1954 Mrs. P.E. Davidson was asked to chair the committee and to continue the task of developing a mental health center.

The Center's first annual meeting was on January 26, 1955, chaired by Mrs. Davidson, at which time the Center's Articles of Incorporation and by-laws were read and adopted by the formally organized board. Among the officers of the corporation were Bernard Miller serving as treasurer.

That evening Mrs. Opal Fore, executive secretary of the Iowa Mental Health Authority, addressed the group praising the accomplishment of the local community and spoke on the importance of such centers drawing upon state funds and urging those in the community to support what was then Senate Bill #56 for the appropriation of such funds.

Since the Center opened its doors in 1955, Dr. Robert Powell and Dr. Miles Pothast were among the very first of the mental health staff to join the Center in delivering services to North Iowa.

Initially started as a Mental Health Center serving Cerro Gordo County, the Mental Health in succeeding years began to expand service delivery to cover an increasing number of North Iowa counties and their citizens. Center expansion in the balance of the 50's and 60's reflected this general trend. The Center in addition to expanding the number of people served, further expanded the range of services provided and with this additional staff were hired.

In the 1970's the Center began the process of developing satellite offices, a trend continued in the 1980's.

Since first starting in 1955, the Mental Health Center of North Iowa has been recognized as an accredited community mental health center in Iowa.

## **GOVERNANCE**

### **A-A-17**

#### **Brief History of Mental Health Nationally**

The Mental Health Center of North Iowa prides itself on a history of 25 plus years of active citizen involvement in the planning and developing and implementing community based services. In North Iowa, as elsewhere, the community mental health center movement was developed in large part by the active commitment of citizens and their development of a board of directors comprised of the citizenry. A cross section of citizens from communities serviced brings a word of knowledge and resources into the community mental health center, allowing the services delivered to be guided by policies formulated by members from various communities. The virtue of such a system comes from its being responsible to local needs and the way in which it allows individual differences of local communities in Iowa to be reflected in the service delivery stems. Integration of locally based community mental health centers, locally raised dollars through community mental health and institutions funds, and citizens boards of directors has generally fostered a service deliver system that holds a special place nationally. The way in which mental health services are delivered and developed in Iowa is not necessarily the way they were developed historically elsewhere in this country.

At the turn of the century, the drab, overcrowded and understaffed state hospitals had become the primary facility for the care of the severely emotionally disturbed patient.

Early federal activity was initiated as an outgrowth of the medical inspection responsibility for the thousands of immigrants who poured through the great eastern seaports each day. What emerged was a high incidence of first admission of foreign born persons to state mental health hospitals in the first two decades of the 20<sup>th</sup> century.

At the close of the 19<sup>th</sup> century few physicians took an active interest in the concerns of the emotionally ill. Much of the advances in mental health and treatment occurred in Europe and were visible in this country more as pockets of progressive change standing in sharp contrast with disinterest in the prevailing view that mental illness was an act of God.

The works of writing of Adolph Meyer, William Alanson White, and others challenged this prevailing view and the waste of human potential. Perhaps a great impact on mental health was the introduction of psychodynamic concepts of Sigmund Freud in the early 1900's. His theory was tempered with the conviction the psychopathology could be understood and treated.

The shock of Pearl Harbor catapulted the United States into World War II. By the close of the war, the public became aware that some 1.1 million people had been rejected from military duty due to mental or neurological disorders. Forty percent of those inducted into the Army and subsequently given medical discharges had psychiatric disorders. By 1945, the American public had begun to develop a new awareness, both of the high cost of mental illness and of the potential effectiveness demonstrated during the way of psychiatric services. As an outgrowth, the National Mental health Act of 1946 was passed by Congress which aided the research on the cause, diagnosis, and treatment of psychiatric disorders, provided training of professional

personnel, gave assistance to states for the establishment of clinics and treatment centers, and provided for pilot demonstration studies for the prevention, diagnosis and treatment. From this major Federal legislation there emerged during the next thirty years a wide ranging program at the Federal level of the National Institute of Mental Health.

In 1949, Community Services Branch of the National Institute of Mental Health was established to help provide a structure through which a nationwide network of community health centers would be developed.

In 1953 the World Health Organization endorsed the concept of community care for the mentally ill. Two years later, the Milbank Memorial Fund organized a series of conferences on community care and began to concentrate its resources on issues involving the organization of local comprehensive community mental health center programs. In this same year, the Mental Health Study Act was passed by Congress creating a commission charged with the task of studying and making recommendations regarding the national Mental Health Program. In 1956, the passage of Public Law 911 made nearly two million dollars available to Community Services Branch of the National Institute of Mental health to provide project grants testing the community care approach in mental health. As a result, America in the 1950's moved actively forward in pilot studies of state hospitals, extension of research on hospital miletherapy, provision of pilot emergency psychiatric services and rehabilitation programs. It was in this era that the Mental Health Center of North first got its start.

In 1961 the final report of the Joint Commission on Mental Illness and Mental health was issued, strongly endorsing the concept of community care as a means of preventing serious mental disorders. While some states had acted earlier (including Iowa) national impetus in the formal development of community mental health centers got its start in October 1963 when Congress passed and sent to President Kennedy, legislation authorizing limited Federal financing throughout state to aid in the construction of community based mental health centers. This was followed by additional Federal funds to aid in staffing of mental health centers once they were developed. Federal funds used were on a time limited basis and intended to be eventually defrayed by state or local community. Few centers in Iowa developed through the use of Federal funds. In other states, Federal funds were heavily used and as they ran out state funding was used to augment dollars needed in the provision of services. By 1970 Federal support had increased by constructing mental health centers and in supporting dollars for technical assistance. Additionally, amendment to Public Law 91-211 developed Federal legislative definitions for community mental health centers nationally. In 1975 the definitions were further revised delineating 12 essential components of comprehensivity in mental health.

Federal role in developing and fostering community based mental health services change dramatically in the late 1970's and thus far in the balance of this decade. Federal participation has dropped sharply and in those areas of the country have relied heavily on federal funds. State and count participation has grown heavier. In many areas of the country for the first time, counties have become partners in the funding of mental health services. In Iowa, mental health having grown up on a community level, did so in partnership with participating counties and have pressed since the 50's for increasing role in funding on the part of the state. Few Federal dollars were used in Iowa and are being used currently in the operation of mental health centers.

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### **Description of the State Mental Health System**

In May of 1981 the Iowa Legislature passed Senate File 572 (now Chapter 78 of the 69<sup>th</sup> General Assembly, 1981 session) a bill pertaining to the administration and financing of mental health/mental retardation services.

“To continue and to strengthen the mental health and mental retardation services now available in the State of Iowa, to make these services conveniently available to all persons in the state upon a reasonably uniform financial basis and to assume the continued high quality of these services.”

Senate File 572 provided for:

“Establishment of the division of mental health/mental retardation and developmental disabilities within the Department of Social Services.”

“Establishment of the Mental Health/Mental Retardation Commission”

“Establishment of county mental health/mental retardation coordinating boards”

“Establishment of community mental health and mental retardation services fund”

#### Division of Mental Health/Mental Retardation and Developmental Disabilities

Because of Senate File 572, the former Department of Social Services Division of Mental health Resources was reorganized in January of 1982 to become the Division of Mental Health/Mental Retardation and Developmental Disabilities. Simultaneously, the phase out of the Iowa Mental Health Authority and the Iowa Mental Hygiene Committee occurred. The new division has a 21 member table of organization which is structured into three general bureaus: Program Development, Community Service, and Management of Institutional Services.

(Planning)

The Division of Mental Health/Mental Retardation is responsible for:

Preparing and administering the State Mental Health, Mental Retardation and Developmental Disability plan.

Emphasizing local services as preferable to inpatient services.

Establishing and maintaining a data collection and management information system on mental health.

Encourage and facilitate applied research and preventative educational activities.

Promote coordination of community-based services within the mental health institutes and state hospital schools.

Establish suitable agreements with other state agencies to encourage and facilitate coordination of mental health services.

(Funding)

The Division of Mental Health/Mental Retardation provides:

Preparing the division budget which shall include the four mental health institutes and two state hospitals and the community mental health/mental retardation services fund.

Administer the community Mental Health/Mental Retardation fund.

Apply for and administer Federal grants relating to mental health, mental retardation and developmental disabilities.

Consult with the state auditor in implementing county accounting and financial reporting procedure for mental health.

(Evaluation)

The Division of Mental Health/Mental Retardation has responsibilities for:

Recommending and enforcing community mental health center accreditation standards.

In cooperation with the Department of Health, recommend and enforce any standards for care and treatment of the mentally ill residing in county care facilities.

In cooperation with the Department of Health, recommend minimum standards for maintenance and operation of public and private facilities serving the mentally ill not licensed by the Department of Health or the Department of Social Services.

Establish and supervise suitable standards for care of the mentally ill under the Department of Social Services institutions.

(Administration)

The Division of Mental Health/Mental Retardation:

Administers state mental health institutes and state hospital schools and any other state institution providing care and treatment to the mentally ill.

Administers state programs regarding care and treatment of the mentally ill.

Assure annual evaluation for person in a county care facility on convalescent leave or who have not been discharged from a mental health institute or on leave or who have not been discharged from a state hospital school.

May remove anyone from a county care facility which fails to meet or comply with standards adopted under Chapter 227

(Educational and Technical Assistance)

Assist the counties Mental Health/Mental Retardation coordinating boards in the development of a program for community mental health services.

Provide technical assistance to mental health patient advocates and county care review committees.

Provide technical assistance to agencies and organizations in meeting standard or licensure standards in mental health.

May appointment professional consultants to furnish advice on mental health matters.

The Mental Health/Mental Retardation Commission

The Division relates to three policy making and advisory bodies: The Council on Social Services, the Mental Health and Mental Retardation Commission and the Governor's Planning Council for Developmental Disabilities. The Council on Social Service approves the Division's budget which is forwarded to the governor and then forwarded to the legislature.

The Mental Health and Mental Retardation Committee was established as the division's primary policy making body for mental health and mental retardation services. The Commission is a 15 member body which has structured itself into three committees – Planning, Standard Development and Fiscal – in order to carry out its duties. Among the responsibilities specified by law for the Commission include:

Advise the Division on the administration of the state mental health plan.

Adopt necessary administrative rules relating to mental health programs.

Adopt community mental health center accreditation standards.

Adopt standards for care and services to mentally ill in county care facilities.

Adopt standards for service delivery, maintenance and operation and public and private facilities offering services to the mentally ill who are not licensed by the Department of Health or the Department of Social Services.

Review Department of Health licensure standards for facilities serving the mentally ill.

Assure that proper appeal procedures are available for those aggrieved by accreditation.

Award special allocation grants, as well as other money available to the Division of grants.

Review and rank applications for federal mental health funds prior to submission.

Submit an annual report to the Governor and General Assembly.

Submit a two year report to the Governor and General Assembly evaluation comprehensive services available and cost effectiveness of services provided in mental health institutes, state hospital schools, cost effectiveness of local programs receiving money from the services fund.

Review and approve a county's request to waive the general allocation expenditure requirement.

#### The County Mental Health and Mental Retardation Coordinating and Advisory Boards

Counties are required to appoint a Mental Health and Mental Retardation Coordinating Board under Senate File 572. County Boards of Supervisors may appointment themselves as ex officio Coordinating Board in which case they must appoint an Advisory Board or Supervisors may appoint a separate Coordinating Board. The separate Coordinating Board and Advisor Board must be composed of person who are not governmental officials and who have demonstrated an interest in mental health and mental retardation.

Counties may singly or jointly with other counties appointment their Coordinating and Advisory Committees.

The Coordinating Board's duties include the development of a county plan for mental health and mental retardation services, distribution of the general allocation portion of state dollars expended and nomination of potential grant recipients.

#### State Community Mental Health and Mental Retardation Services Fund

The purpose of the fund is to assist counties in maintaining and expanding community comprehensive mental health and mental retardation services.

The fund is divided into two parts; the general allocation portion which equals 80% of the fund and the special allocation portion which equals 20% of the fund.

The amount of money allocated to the services fund is determined by the legislature. The general allocation portion is prorated by a formula that is written into the law. No more than

60% of the county's share of its general allocation dollars may be used for mental health services or mental retardation services. General allocation funds must be used for one or more of the comprehensive mental health and mental retardation services offered by licensed or accredited providers when licensure or accreditation standards are applicable.

A special allocation is maintained by the state and granted by the Mental Health/Mental Retardation Commission.

### Community Mental Health Centers

The code of Iowa defines the criteria and procedures for the establishment of community mental health centers in Iowa. The county or counties with a population of at least 35,000 may make a single, non-recurring expenditure from the county mental health and institution fund for the establishment of such a center. The Mental Health Retardation Commission approves the establishment of such a center.

The Commission on Mental Health/Mental Retardation and Developmental Disabilities is established pursuant to Senate File 572.

Thirty-two community mental health centers exist in Iowa serving areas of populations ranging from one to nine counties. All are organized as private, non-profit corporations. Each center is governed by a board of directors composed of citizens from the area. Nearly 650 people serve on various boards of directors on a voluntary basis. The board sets policies, controls the budget, and determines the general direction of services that are to be provided by the center.

Community mental health centers employ multidisciplinary staffs in order to provide a broad range of services. They are accredited through the Division of Mental Health/Mental Retardation and the Mental Health Commission.

During the fiscal year of 1977 a total of 19,000 or more clients were seen with 18,000 new cases opened during that year with a total of over 37,000 people seen.

## Mental Health Institutes

Iowa's mental health institutes are intensive care hospitals providing inpatient and limited outpatient services. Clinical programs provide comprehensive care and treatment in adult psychiatry with specialized programs available for children, adolescents, chemically dependent and geriatric. The mental health institutes are located at Cherokee, Clarinda, Independence and Mount Pleasant, and each serving approximately one-fourth of the state's population. All are subject to accreditation by the Joint Commission on Accreditation of Hospitals and are licensed by the State Department of Health.

The mental health institutes serve as a backup to communities for treating patients requiring longer term hospitalization, for those unable to afford private care, or those needing more restrictive or controlled types of inpatient settings. Like the community mental health centers, mental health institutes employ a multidisciplinary staff in order to provide a wide range of services. A total of 1300 beds are allocated for adult patients and 120 beds allocated for children by 1977 census material.

The Code of Iowa specifies that funds appropriated by the state for operations of MHI's are to be recovered totally from counties. The legislature has chosen to charge back 80% of those charges to the counties and therefore carrying 20% of the costs of mental health institute operations as a state expenditure.

## County Care Facilities

County care facilities in Iowa are residential facilities providing 24 hour accommodation, board and personal assistance in daily living activities to individuals who, by reason of illness, disease, physical or mental infirmity or are unable to sufficiently or properly care for themselves but who do not require the services of a registered or licensed practical nurse except on an emergency basis. There are presently more than 65 county care facilities in the state of Iowa, five which are located within North Iowa.

Major improvements have been noted in the last five years in the operation and programming of care facilities. Nearly all facilities have full time activity coordinators, some provide day care services for their community and some serve as activity centers for dependent persons in the area. Data from 1976-77 statistical data indicates that the county care facility population was at the time (3744). 1600 residents entered from the MHI's, 80 were directly committed, 806 entered from state schools for the mentally retarded, and 1200 were listed as indigent. Since that time the number of people referred to county care facilities who carry a mental health diagnosis has increased significantly, so, too, has the trend toward referral of younger adults to care facilities.

### Transitional Living and Halfway Houses

There are five transitional living resources located in Iowa (one of which is located in North Iowa). Transitional living is intended to promote independent living and provide sheltered residential care that fosters higher self expectancy on the part of those using the service.

### Private Inpatient Services

By data gathered and distributed by the Iowa Hospital Association, there are sixteen private psychiatric units within hospitals in the state of Iowa (one of which is located at Mercy Hospital in Mason City). Psychiatric services within private hospitals are generally more focusing on shorter term acute stays average one to two weeks in length with referral to other community resources for post-hospitalization care.

### Sheltered Employment

Work activity in sheltered employment resources are spread throughout Iowa for both the mentally retarded and the mentally ill. One such program exists within North Iowa – North Iowa Vocational Rehabilitation Center. Such resource are designed to promote work related skills, and provide the opportunity of work atmosphere and work activity. For some, services are geared toward eventual competitive employment while, for others it is designed as a sheltered environment in which to continue work activity.

### Public Health Nursing

Available in every county in Iowa, Public Health Nursing follows consumers within their home and community setting to monitor their health needs and to manage the implementation of care plans. Significant numbers of people with chronic mental health disorders are seen routinely by Public Health Nurses. For example, in Cerro Gordo county it is estimated that in 1983 there will be approximately 300 office/home contacts that are of a mental health nature.

Related to Public Health Nursing are the resources of Homemaker Health Aides that may be drawn more actively upon in following of those experiencing chronic mental dysfunction or family or interpersonal disruption. The purpose would be for closer following and more intensive assistance in the home and community setting that is tied to a care plan established by other professionals.

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#### **Policy and Procedures Manual**

The Mental Health Center of North Iowa shall have a current policies and procedures manual setting forth the policies and procedures which serve for the organizational structure and operations of the Center. The Mental Health Center's operations manual shall also reflect the adoption of policies and procedures by its Board of Directors compliant with standards established by the State of Iowa, including those for accreditation. The Center's policies and procedures manual shall give written policy and direction for its programs and services including those being accredited by the State of Iowa.

The Mental Health Center's operations manual shall be kept current. The Center's policies and procedures shall be subject to review and revision through the Center's organizational structure. The Board of Directors shall be responsible for formal adoption of policy. The Center's Executive Director shall be responsible for implementing procedural guidelines and implementing within the Center's services. The Center's operations will reflect staff's involvement and the process shall assure that changes to policies and procedures are kept current with staff.

The Mental Health Center shall define written changes to its operations manual and policies and procedures as being current by reflecting changes within ninety (90) days of their action. The Center will periodically review and revise its operational manual in keeping with necessary changes for operations as well as for compliance to accreditation requirements and State laws and regulations. A self-study and self-evaluation process will be implemented by the Center's Executive Director in anticipated of accreditation identifying specific areas warranting further review and revision. Such actions will be brought to the attention of staff and the Center's Board of Directors for appropriate action.

## **GOVERNANCE**

### **A-A**

#### **Addendum I**

This section of the Operations Manual is intended to contain material submitted to the Center's Board of Directors periodically through the course of the year and includes a copy of the Center's budget, annual audit, long range plan, fee schedule and other such organizational material as may be pertinent.

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#### **Addendum II**

This section of the Operations Manual is intended to store more regular and frequent material disseminated to the Board including Board minutes, committee reports, financial report, and other such material that may be relevant or pertinent for assessment by Board members.