

# Iowa Mental Health Institute (MHI) Task Force

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## APPROVED MINUTES

Meeting 1: August 24, 2009, 10:30 am to 3:00 pm  
Urbandale Public Library, Conference Room B  
3520 86th Street, Urbandale, Iowa

### TASK FORCE MEMBERS PRESENT:

Neil Broderick  
Preston Daniels  
Ro Foege  
Dan Homan  
Cindy Kaestner  
Christine Krause

Christine Louscher  
Vilas (Sid) Morris  
Debra Schildroth  
Annette Scieszinski  
Maggie Tinsman

### TASK FORCE MEMBERS ABSENT:

Thomas Hanafan

### OTHER ATTENDEES:

Pam Alger	DHS, MDHS Children and Youth Bureau Chief
Richard Anderson	Representative House District 97, Iowa Legislature
Aaron Baack	DHS Office of the Deputy Director for Field Operations
Sue Bakker	Iowa Mental Health Planning Council
Jess Benson	Legislative Services Agency
Linda Brundies	Office of Citizens' Aide/Ombudsman
Mark Buschkamp	Cherokee Economic Development
Susan Cameron	GovCom, Inc.
Georgeanne Cassidy-Wescott	St. Luke's Hospital Cedar Rapids; Iowa Hospital Association
Hugh Ceaser	Iowa Department of Management
Bhasker J. Dave	Superintendent, Independence Mental Health Institute
Norm Edgington	DHS Information Technology
Connie Fanselow	DHS Division of Mental Health and Disability Services
Elaine Farwell	Clarinda Chamber of Commerce
Diane Foss	Iowa Department of Economic Development
Patty Funaro	Legislative Services Agency
Bill Gardam	DHS Interim Administrator of Mental Health and Disability Services
Dan Gillette	Superintendent, Cherokee Mental Health Institute
Charles Krogmeier	Director, Iowa Department of Human Services
Sharon Lambert	Consumer Iowa Mental Health Planning Council; ISPA
Mark Lund	Superintendent, Clarinda Mental Health Institute
Ron Mullen	Superintendent, Mount Pleasant Mental Health Institute
Roger Munns	DHS Public Information Officer
Lane Palmer	Iowa Department of Economic Development
Kelley Pennington	DHS, MDHS Adult Bureau Chief
John Pollak	Legislative Services Agency

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### OTHER ATTENDEES (continued):

Jule Reynolds	Office of Senator Tom Harkin
Ann Riley	Center for Disabilities and Development
Rik Shannon	Governor's Developmental Disabilities Council
Jason Smith	Cherokee Mental Health Institute, CCUSO
Sally Titus	DHS Deputy Director for Field Operations
Brad Trow	Iowa Legislature, House Republican Staff

### WELCOME

Department of Human Services Director Charles Krogmeier welcomed everyone and thanked the members of the Task Force on behalf of Governor Culver for agreeing to serve, noting that they are a diverse group of individuals who bring a breadth of knowledge, skills, and experience to the table. He also acknowledged his appreciation to Representative Ro Foege for his service as Chair of the Task Force. Director Krogmeier said it was not his intention to be a regular presence at the Task Force meetings, but he would be available to them at their request. He indicated that Bill Gardam and the Mental Health and Disability Services Division staff will be providing ongoing support to the Task Force and will be present to assist the members.

Director Krogmeier said that the future of the Mental Health Institutes is one piece of a broader discussion that is going on among policy makers in the state about what our mental health system should look like going forward. He noted that the work of the Task Force will be one important part of informing that broader discussion and identifying what role the MHIs should serve in that system. He noted that the Task Force members face a challenge in terms of keeping their focus on what the Legislature has asked them to do and indicated his confidence in their ability.

Task Force Chair Ro Foege thanked Director Krogmeier and welcomed the Task Force members and guests. He added his thanks to the Task Force members, noting that they are serving on a volunteer basis with no compensation. He recognized their civic-mindedness and said if all the people of Iowa were aware of their service, they would be equally appreciative. On Ro's suggestion, the Task Force agreed to operate on a first name basis. He said he wants to make sure that the most vulnerable people in our state have what they need and he hopes the group can find some creativity on how they recommend changes to the system.

### INTRODUCTIONS

Ro Foege indicated his thanks to Charlie Krogmeier and Bill Gardam, and acknowledged the four superintendents of the MHIs, who were present: Dr. Bhasker Dave, Superintendent of the Independence MHI, Mark Lund, Superintendent of the Clarinda MHI, Ron Mullen, Superintendent of the Mount Pleasant MHI, and Dan Gillette, Superintendent of the Cherokee MHI. Jason Smith, head of CCUSO, the civil commitment unit for sex offenders at Cherokee was also recognized.

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The members of the Task Force each introduced themselves:

**Ro Foege**, from Mount Vernon in Linn County, served in the Iowa Legislature for 12 years, focusing primarily on health and human services work. Ro said he came to the Legislature with a social services background. He indicated that as a practicing social worker he knew many families who made use of the MHI services, and that over the years he has visited the MHIs frequently in various capacities.

**Maggie Tinsman**, from Bettendorf in Scott County, served for 18 years in the Iowa Senate, and was very involved in health and human services issues. She was also a county supervisor for 11 years, saying that mental health has been a long time in her lexicon, and that, like Ro, she has a social work background. Maggie has worked with Visiting Nurses in Davenport was the first health educator for what is now called Community Health Care in the Quad Cities. Maggie said she has been to all the MHIs and noted that there have been ongoing discussions about these issues for 30 to 35 years, yet she welcomes another chance to continue the discussion.

**Christine Krause**, from Alden in Hardin County, is the Behavioral Health Services Director at Mary Greeley Medical Center in Ames and has been in that position for about twelve years. She has a graduate degree in health care administration and first-hand working knowledge about the mental health system. Christine says she has been working for many years to try to improve mental health services, and is looking forward to the challenge that the Task Force faces.

**Deb Schildroth**, from Ames in Story County, was asked to represent ISAC (Iowa State Association of Counties) on the Task Force. Deb said she has worked in the mental health and developmental disabilities field in Story County for nineteen years; for the last ten years she has been the Community Services Director and CPC (Central Point of Coordination) Administrator for Story County. Deb indicated she has served on a variety of committees over the years, and that this one is of particular interest to her. She said she hopes to provide input that reflects the county perspective.

**Cindy Kaestner**, from Newhall in Benton County, is Director of the Abbe Center in Cedar Rapids. Abbe Center is a community mental health center (CMHC) that serves a three county area, including Cedar Rapids. Cindy indicated she has been with the community mental health center for twenty-five years and also currently serves on the Mental Health, Mental Retardation, Developmental Disabilities, and Brain Injury (MHMRDDBI) Commission. She commented that the MHIS have a huge role in the continuum of care for people served by the CMHCs.

**Preston Daniels**, from Des Moines in Polk County, recently became the Director of the Iowa Department for Human Rights. He has served as mayor of the City of Des Moines. He indicated he has a graduate degree in counseling and health science and has had a career in counseling, including making a few referrals to the MHIs over the years. He said he has always had an interest in this area.

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**Sid Morris**, from Cedar Falls in Black Hawk County, shared his background in school administration. He worked for the Waterloo schools for forty years as a teacher, coach, administrator, consultant and Director of Special Services. He also served twelve years on the Black Hawk County Mental Health Center Board, six years as the Planning Council Chair in Black Hawk County, and six years on the MHMRDDBI Commission. Sid commented he is looking forward to working with this Task Force.

**Dan Homan**, from Des Moines in Polk County, is the President of AFSCME (American Federation of State County and Municipal Employees) Iowa Council 61. He said it is his privilege to represent the vast majority of the workers at the MHIs. Dan said he has been with the union for twenty-two years and has been president for four years. He indicated he knows the Cherokee MHI very well as it has been part of his area for eighteen years. He said he has been in every facility in the state and thinks each one has an important role. Dan said that as a state, we need to be providing more of the right kind of services for people.

**Neil Broderick**, from West Des Moines in Polk County, serves on the Board of Directors for Orchard Place, a provider of mental health services to children in central Iowa. Neil also currently serves as a member of the MHMRDDBI Commission.

**Chris Louscher**, from Algona in Kossuth County, is a licensed mental health counselor. Chris said she is largely retired now, but specialized in working with children and adults who were sexually abused, and also with perpetrators, through Parents United. She has been an advocate for autism and headed task force on autism for the Developmental Disabilities Council about twenty years ago. Chris has also served as chair of the Council on Human Services and has also done advocacy work in the area of mental health.

**Annette Scieszinski**, from Albia in Monroe County, is a District Court Judge in Iowa's southeast judicial district, District 8. She said she was asked by the Judicial Branch to serve on this Task Force, probably because she has been the judge in District 8 who has shepherded the patient advocacy program for people who are going through the civil commitment process under Chapter 229. Annette said that in her trial work she sees many aspects of mental health issues and their interplay with the criminal justice system.

**Thomas Hanafan**, from Council Bluffs in Pottawattamie County was not present.

Ro Foege noted that the members reflect a wide range of experiences and view points and that he feels it is a group committed to looking out for the needs of vulnerable Iowans.

DHS staff members and other attendees introduced themselves. Bill Gardam, Interim Division Administrator for Mental Health and Disability Services, directed the Task Force members' attention to the informational binders they were provided.

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### LEGISLATIVE CHARGE

Bill led the group in reviewing their legislative charge, contained in House File 811, Section 22, paragraph 3:

“The department shall staff a task force to be appointed by the governor consisting of knowledgeable citizens to perform an in-depth review of the four state mental health institutes, services provided, public benefits of the services provided, economic effects connected to the presence of the institutes that are realized by the communities in the areas served and the families of personnel, and other public costs and benefits associated with the presence and availability of the four institutes. The review shall be coordinated with the proposal to be developed by the department under this section and shall incorporate or address the proposal findings and recommendations. The task force shall submit a report providing findings and recommendations to the governor and general assembly on or before December 15, 2009.”

Bill noted that the legislation has an associated provision that makes DHS responsible for developing and submitting a proposal for “closing one state mental health institute and consolidating the services provided at the other state mental health institutes” while “maintaining the existing levels of beds and services.” The findings of Task Force are to be incorporated or addressed in the DHS proposal. Bill explained that the Department is working on a comprehensive, combined plan for mental health and disability services in Iowa and noted that the MHIs are a part of that system. They serve a unique and critical role as providers of last resort and a safety net for the system. Bill said it is our job to make sure people can get access to the right services, at the right time, and at the right level of intensity to meet their needs.

Ro Foege asked if what information the Task Force could expect to receive on economic impact. Bill responded that the Department will invite local people to the meetings at each of the MHIs to give input, and will have an analysis the Department of Economic Development to present later in the meetings.

### OVERVIEW OF THE MENTAL HEALTH INSTITUTES

Sally Titus, DHS Deputy Director for Field Operations presented an overview of the State Mental Health Institutes. Sally gave special recognition to Aaron Baack who put together the materials for the presentation. She also noted that the Department will be putting together similar individual profiles for each of the MHIs which will be available to the Task Force members in association with the site visits.

Sally said she is proud to represent the four MHIs and the over 700 dedicated and deeply committed people who staff them. She indicated that the materials the members have received are intended to give an overview and some general working knowledge of the

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facilities and she would try to touch on the high points and key pieces of information in her presentation:

- All four of Iowa's MHIs, located at Cherokee, Clarinda, Independence, and Mount Pleasant, provide critical psychiatric services to adults.
- Cherokee and Independence MHIs serve children and adolescents
- Clarinda MHI provides specialized geropsychiatric services for the elderly
- Mount Pleasant MHI has specialized services for dual diagnoses of mental illness and substance abuse

Iowa Code Chapter 226 establishes the designation and purpose of the Mental Health Institutes and other Iowa Code provisions also govern aspects of their operation.

**HISTORY** – The Mental Health Institutes have been around since the 1860s when Mount Pleasant was established. Cherokee was the last opened, in 1902. In their early years, they were self-sufficient facilities with farmland and work activities and provided custodial care for residents. The population of the facilities peaked 1940s, and the number of individuals admitted have slowly decreased since then. The facilities often had only one physician serving the entire population and people received mainly nursing care. In the mid 1950s, the Iowa Legislature provided additional funding to hire mental health professionals to provide better, multi-disciplinary treatment. Also in the 1950s and 60s, the first generation of anti-psychotic drugs had an impact on treatment practices.

Sally noted that at one time, all 99 counties had a county home (later called county care facilities), which were one of the first alternatives to the MHIs for providing long term care. The use of county care facilities reduced MHI admissions and served as a place to discharge MHI residents to the counties. Sally referred to the chart on Page 5 of the Overview, which shows a decrease in the MHI population of about 37% between 1940 and 1960.

In the 1960s, there was a greater trend toward deinstitutionalization; in 1963 President Kennedy signed the Community Mental Health Centers (CMHC) Act into law and the community capacity to serve people with mental illness began to increase.

In 1977, the Department of Corrections (DOC) opened the Mount Pleasant Correctional Facility, a medium security prison, on the Mount Pleasant MHI campus to ease overcrowding at the Anamosa State Penitentiary. To accommodate the growing prison population and the shrinking MHI population, in 1981 the DOC and DHS "switched" buildings on the campus and the MHI began operating in its current location. The prison now has 1100 beds and the MHI has 75 beds.

In 1980, the DOC opened the Clarinda Correctional Facility, a 120 bed medium security prison for chemically-dependent and special needs offenders on the Clarinda MHI campus. Sally noted that the superintendents of the Mount Pleasant and Clarinda MHIs also serve as the wardens of the prisons on their campuses. The campuses are now called the

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Mount Pleasant Treatment Complex and the Clarinda Treatment Complex to reflect the shared use of the grounds.

In fiscal year 1992, the state revenue shortfalls resulted in across the board reductions of programs by 4.8%. For the MHIs, that resulted in the reduction of 142 beds, 18% of the total. (Refer to Table 2 on Page 6 of Overview.)

At that time, all four MHIs had been providing substance abuse and geropsychiatric services. As a part of the reductions the programs were consolidated into one geropsychiatric program at Clarinda and one substance abuse program at Mount Pleasant. Those two programs now serve people statewide. This is an example of trying to provide access to services with shrinking resources. (Refer to Table 3 on Page 6 of Overview.)

In the late 1980s and 1990s a second generation of anti-psychotic drugs helped support movement of more people from residential treatment at MHIs to community-based treatment at mental health centers.

In 1988, the Iowa Legislature established a psychiatric medical institution for children (PMIC) at the Independence MHI. It is the only state run PMIC program in Iowa and the only admissions to that PMIC are from other state programs.

Across-the-board state budget reductions were made again during fiscal year 2002-03, and 167 beds, about 38% of the MHI capacity, were taken offline at that time. Sally referred to Table 4 on Page 7 of the Overview, indicating that the remaining bed count was very similar to where we are today with a total operational capacity of 287 beds.

In 2004, the Civil Commitment Unit for Sexual Offenders (CCUSO) was moved from the Oakdale campus to the Cherokee MHI campus.

Sally noted that when the Task Force visits Cherokee, they will hear more about the Physician Assistant/Advanced Registered Nurse Practitioner program that was first created in 1999 and re-established again in 2005 after a two year period without funding. The program was created to help alleviate the shortage of psychiatric professionals in rural Iowa.

TODAY – There are currently a total of 710 inpatient beds throughout the State, with MHI beds comprising 29% of that total. Sally said that any look at reducing MHI services must be coupled with looking at community capacity.

Sally referred to Table 5 on Page 8 of the Overview, noting that the operational bed capacity of the MHIs for fiscal year 2010 is as follows:

- Cherokee - 58 beds
- Clarinda - 55 beds
- Independence - 95 beds
- Mount Pleasant - 79 beds

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Sally also said it is also important to note that the facilities have beds in both open and locked wards. (Refer to Table 6 on Page 8.) Maps on Page 9 of the Overview show the catchment areas for adults, children, and adolescents.

The four campuses total about 705 acres. All four have entities other than the MHIs on their campuses. Clarinda and Independence have a total of 79 acres of land that are farmed by the Department of Corrections.

PEOPLE SERVED – The MHIs exist to serve the people of Iowa and often are the provider of last resort, becoming a “safety net” for individuals who have not found successful treatment in the community. Most adults served have serious mental illness that is chronic; children served have various diagnoses and behavioral disorders; many of the elderly served in the geropsychiatric program have both mental illness and dementia. The majority of the people in the psychiatric programs are involuntarily committed by court order. The MHIs also provide psychiatric evaluations (under Iowa Code Chapter 812) to determine the competency of individuals to stand trial. Such evaluations can also be done at the Iowa medical and Classification Center at Oakdale. The MHIs also serve a small number of individuals who have been found to be not guilty by reason of insanity by a criminal court.

Sally outlined some of the key demographics of the populations served by the MHIs (referring to Page 11 of the Overview):

- 63% of adult psychiatric admissions are male
- 74% of adult psychiatric admissions are involuntary
- the average age on admission to the adult psychiatric program is 37
- the average age of children admitted is 11 to 12
- the average age of adolescents admitted is 15
- the adolescent psychiatric program is the only one where the majority of admissions are female
- 81% of substance abuse admissions are male
- 84% of substance abuse admissions are involuntary
- the average age on admission to the substance abuse program is 30 to 31
- 58% of dual diagnosis admissions are male
- 71% of dual diagnosis admissions are involuntary
- the average age on admission to the dual diagnosis program is about 30
- 69% of geropsychiatric admissions are male
- 62% of geropsychiatric admissions are involuntary
- the average age on admission to the geropsychiatric program is 62 to 66

TRENDS - Sally noted that the Overview document includes an appendix showing admissions by county and by rates per 100,000 population. She pointed out that each of the MHIs has a catchment area, but counties may admit people to MHIs other than the one in their catchment area, which is sometimes necessary due to the availability of beds.

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In fiscal year 2009, the MHIs performed 11 court ordered evaluations to determine competency to stand trial. Sally noted that if the individuals are found incompetent, they are usually admitted to the MHI for treatment.

In fiscal year 2009, there were almost 1980 admissions to the MHIs. That number is down about 37% since fiscal year 2000. (Refer to Chart 4 on Page 12 of Overview.) The average length of stay is 41 days and the median length of stay is 15 days. Sally commented that the difference is significant because a small number of individuals who have had very long stays in the MHIs skew the average upward. For that reason the median numbers may give a more accurate picture overall. The charts on Pages 15 through 17 of the Overview show the average and median length of stay for the various programs.

The average daily census at the MHIs has decreased over the last several years. The MHIs are not always operating at full capacity for a variety of reasons. (Refer to Chart 16 on Page 18.) Sally commented that on any given day there may be open beds or there may be a waiting list for some programs.

Tables 10 and 11 on Page 19 of the Overview show the types of settings that adults, children, and adolescents go to on discharge. Sally noted that for the substance abuse treatment program, about 46% of the individuals come from Polk County Jail through an evaluation program and they return to jail after discharge. (Refer to Table 12 on Page 20 of the Overview.)

**HUMAN RESOURCES** – For fiscal year 2009 the MHIs were staffed with 724 full time equivalent (FTE) employees and 14 temporary and contract staff. Table 15 on Page 22 of the Overview reflects the totals for each of the facilities.

Sally shared the projected numbers for fiscal year 2010:

- Cherokee - 206 (down from 214 for fy2009)
- Clarinda – 104 (down from 112 for fy2009)
- Independence - 277 (down from 296 for fy2009)
- Mount Pleasant – 111(down from 117 for fy2009)
- Total – 698 (down from 739 for fy2009)

The MHI staff is comprised of (Refer to Page 22 of the Overview):

- 46% Direct care staff – Residential Treatment Workers, Registered Nurses, Licensed Practical Nurse, and others who provide ongoing treatment and support 24/7
- 15% Professional staff – Pharmacists, Dentists, Social Workers, Psychologists, Counselors, and others who provide professional treatment
- 2.4% Medical staff - Physicians, Physician Assistants, and Advanced Registered Nurse Practitioners who provide medical care

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- 2.8% Educational staff - Educators, Administrators, and Educational Aides who provide educational programming at Cherokee and Independence MHIs
- 33% Administrative and Support staff – including clerical, maintenance, custodial, food service, and others required to provide necessary and appropriate support to a facility that operates 24/7

FINANCES – The estimated combined MHI budget for fiscal year 2010 is \$57.4 million dollars. About \$52 million comes from the State’s General Fund through appropriations by the Legislature. The rest comes from the Department of Education, revenues for routine maintenance of state buildings, the federal share of Medicaid for the PMIC program, and other sources, including rental and lease agreements. Each MHI has a separate line item appropriation. Sally explained that about 86% of the total budget goes to salaries and about 14% goes to support, including food, medications, utilities, and maintenance. (Refer to Chart 17 on Page 23 of the Overview for 2000 to 2010 expenditures.)

Sally explained that the MHIs receive funding from billable sources, including counties, and client or third party payments. Those amount off-set the money appropriated from the General Fund. Chart 18 on Page 25 show the up-front revenue sources projected for fiscal year 2010, showing the projected appropriation amount of \$51.7 million. Chart 19 on Page 26 shows that the revenues from counties and third party payers go back into the General Fund to offset the full amount of state money appropriated and is projected to result in an actual net amount paid from the General Fund of about \$40 million by the end of the fiscal year.

The costs per day for each of the facilities and programs are reflected on Table 16 on Page 24 of the Overview. Sally noted that there is a capped county rate. She explained that counties are billed for individuals who have legal settlement, but the rate paid by counties is capped so it is lower than the actual daily cost of care.

Sally summarized the “rough” operating budgets for the MHIs for 2010:

- Cherokee MHI - \$15.2 million; 206 FTEs
- Clarinda MHI - \$9 million; 104 FTEs
- Independence MHI - \$19.7 million; 277 FTEs
- Mount Pleasant MHI – \$7.7 million; 111 FTEs

Sally also noted that additional information is contained in three appendices to the Overview:

- Appendix A - Iowa Code Chapter 226, the statute designating the MHIs
- Appendix B – showing space leased to other entities on MHI campuses
- Appendix C – showing fiscal year 2009 MHI admissions ranked by county and by number per 100,000 population

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Sally noted that some charts will show “other,” which is a result of mis-coded entries. Deb Schildroth asked how state cases are accounted for in Appendix C. Sally responded that they are included in the county totals. Sally also noted that cost allocations are used for Mount Pleasant and Clarinda employees who do work for both DHS and the Department of Corrections.

Ro Foege asked why the Medicaid reimbursement is smaller than the Medicare reimbursement. Sally responded that traditional Medicaid only pays for children under age 21 and people over age 65 in the MHIS. The Medicare reimbursements are for individuals who qualify for Medicare, primarily people served at Clarinda. Sally explained that the MHIs are considered Institutions for Mental Disorder (IMD) because they are free standing psychiatric institutions where the majority of individuals have a psychiatric diagnosis. She indicated that Medicaid does not reimburse for that category of care.

A lunch break was taken at 12:30 pm.

The meeting resumed at 1:15 pm.

### INFORMATION SHARING

Norm Edgington, DHS information technology, introduced the Task Force members to a secure “sharepoint” website that will be used for sharing information. Norm indicated instructions for setting up their accounts and accessing the sharepoint site will be emailed to each of the members. Use of the sharepoint allows documents, announcements, and calendar entries to be shared and accessible to members as they pursue the work of the Task Force.

### PLANNING DISCUSSION

Bill Gardam indicated that the group will receive an economic impact analysis from the Department of Economic Development. Bill noted that Diane Foss and Lane Palmer from the IDED were present. He also handed out a sheet outlining “Draft Economic Items to Include in Impact Analysis of Closure of an MHI,” indicating he wanted to start the discussion about what information should be included at this first meeting because it will take some time to develop the analysis.

The draft identifies nine potential measures of impact on a community:

1. Number and type of jobs by county of residence
2. Payroll by county of residence
3. Unemployment rate by county
4. MHI purchases by county of seller
5. Transportation costs
6. Population migration
7. State and local tax revenues by jurisdiction
8. State and local public expenditures by jurisdiction
9. Change in private property values

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Bill also indicated six initial proposed steps:

1. Determining the impact area for each MHI
2. Collecting and organizing data on the impact areas
3. Defining impact scenarios
4. Calculating impacts and determining materiality for affected persons and entities
5. Preparing a draft report
6. Preparing a final report

Bill indicated that there will be an effort to go beyond the data and try to identify what the impact is on people. He reiterated that this is not something DHS staff will do, rather they will work with the Department of Economic Development to accomplish it. Diane Foss said that IDED would provide a \$25,000 grant and would suggest that DHS contract with one of the Regents institutions to do the actual work. Bill said if the Task Force approves, he would use the draft he shared or something like it to issue a “mini” Request for Proposals (RFP) and ask bidders to respond with proposals for the group to review, with an eye to them bringing the data back as a report.

Christine Louscher said she was concerned about the amount of time needed for the process and that it was more important to her that the process moved forward quickly, than that she personally approve it. Bill indicated that the amount of money involved would allow it to go out as a Request for Participation, which is a short process. Maggie Tinsman suggested adding a number “10” to the list of 9 potential measures to gauge the impact on the school district and the community.

Christine Louscher asked what the potential might be for transferring state jobs to other departments or places with no net job loss, such as DHS workers in Mount Pleasant being absorbed into Department of Corrections jobs. Dan Homan commented that he doesn't expect there is potential for the DOC to pick up more jobs. It was noted that where DHS and DOC share campuses, they also share many employees who already have their time allocated between departments.

Ro Foege indicated that it was the consensus of the Task Force that Bill Gardam go ahead and begin the RFP process for a consultant to conduct an impact analysis. He added that any additional input can be emailed directly to Bill. Ro said he expects that there will be input from all the local communities about the various types of impact that they would see coming from a potential closure.

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### FUTURE MEETINGS

The preliminary meeting schedule was modified as follows (subject to later modifications):

Date	Time	Location
<b>*September 15, 2009</b> MHI Site Meeting	10:00 am to 5:00 pm	Cherokee Mental Health Institute 1251 W. Cedar Loop Cherokee, IA
Date	Time	Location
<b>September 28, 2009</b> MHI Site Meeting	10:00 am to 5:00 pm	Independence Mental Health Institute 2277 Iowa Avenue Independence, IA
<b>October 12, 2009</b> MHI Site Meeting	10:00 am to 5:00 pm	Clarinda Mental Health Institute 1800 North 16 <sup>th</sup> Street Clarinda, IA
<b>October 26, 2009</b> MHI Site Meeting	10:00 am to 5:00 pm	Mount Pleasant Mental Health Institute 1200 East Washington Street Mount Pleasant, IA
<b>November 9, 2009</b> Review of Information and Development of Report	10:00 am to 5:00 pm	Urbandale Public Library Meeting Room B 3520 86 <sup>th</sup> Street Urbandale, IA
<b>November 16, 2009</b> Finalize Task Force Report	10:00 am to 5:00 pm	Urbandale Public Library Meeting Room B 3520 86 <sup>th</sup> Street Urbandale, IA

\*Note that the September 14 meeting has been rescheduled to September 15.

Task Force agreed to extend meeting times to 5:00 if necessary to be more available to members of the local communities who would like to provide input during the MHI visits. Ro Foege noted that there will be a lot of information to take in and that the Task Force wants to be very respectful of the communities and whatever input they want to share. Sally Titus said that the MHIs will work to get the word out in their areas so that the Task Force can get as much input as possible.

### QUESTIONS AND CONCERNS FROM MEMBERS

Preston Daniels asked how the group can get outcome data and information on what a successful outcome would be. Bill Gardam indicated he did not have an immediate answer, but that was something the Department would be looking into. Neil Broderick asked if we could establish an “official” way to collect information from people who can’t be

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there during the meetings so that everyone's voice can be heard. Bill Gardam said that a statewide ICN or something like that could be planned if the Task Force wants to do that.

Sid Morris said he has already been contacted by local media and asked if there will be any information coming to share publicly. Bill Gardam said there will be public information released about the dates, times, and places for the meetings and anyone who wants additional information can be referred to him at MHDS.

Christine Krause said she is concerned about service impact, and wants to make sure that for any change in the MHIs that the group also looks at the impact to existing providers in the community and what will happen to them should they lose that MHI.

Annette Scieszinski said she would like to see information on how often an MHI refuses a patient admission. She said she would also be interested in knowing how well the MHI is serving people now and what the reasons are for not serving people who are refused admission.

Ro Foege said he was interested in information on the possible negative impact to the corrections system. Dan Homan said the group needs to think about where individuals are going to be housed who will not be accepted by community providers because they are dangerous. He said he thinks DHS and Corrections need to partner to get people with serious mental illness who are in prison into appropriate mental health facilities. Annette said she is also interested in issues related to specialty courts, such as mental health courts where those issues should be addressed.

Ro Foege commented that he is fairly convinced that when the number of mental health beds are reduced, the number of prison beds will end up being increased, noting that it is a problem that will need to be addressed. He said he agrees with what Bill Gardam said earlier, that we want to make sure people get the care they need, when they need it, where they need it.

Deb Schildroth said it is all part of the community capacity issue. She noted that Story County has a jail diversion program and offered to share more information about that at a future date. She said it only deals with a small number of people, but it has been working. She also noted that the system needs to address the people who are truly very ill and go in the out of facilities, including jails, regularly.

Preston Daniels asked if the Task Force would be looking at the relationship between the MHIs, the Department of Corrections, and the judicial system and the issues that overlap those areas. Ro Foege indicated he expected the Task Force would try to address those issues and relationships.

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## PUBLIC COMMENT

**State Representative Richard Anderson** thanked the members of the Task Force for agreeing to serve. He said he wanted to take off his legislative hat and speak as an attorney and a board member of a nonprofit organization. He indicated that he has represented people who have been alleged to have a mental illness and have been placed in acute care facilities and criminal defendants for 20 years. He said as someone who was born and raised in Clarinda he has seen a significant change from self-sustaining facilities that care for the mentally ill to prisons. He said that 20 years ago people with mental illness were planting and harvesting corn and vegetables and taking care of cattle, and now they are locked up, lifting weights, and walking around prison yards. He said instead of sending people back to the community, they have gotten moved to prisons, and he believes we should go back and look at what was being done back then.

He said we should not be getting rid of MHIs, we should be enhancing them. He said that last year he served on the Limited Jurisdiction Commission that just began to touch on the interface between mental illness and the court system.

He said he also serves as a non-voting board member of the Clarinda Academy, a 200-bed adjudicated juvenile delinquent group foster home on the Clarinda campus. The Academy has a symbiotic relationship with the geropsychiatric MHI, and the prison; they share a kitchen, maintenance and other support functions, so that when you start talking about closing one program, it jeopardizes the others. He said that our culture cares for people with needs and the legislature looks at how much that costs. He said it is his experience that usually when someone says they want to save money it is so they can spend it somewhere else and he wants the group to be suspect of requests to close essential services for those in need.

**Georgianne Cassidy-Wescott** said she has been serving on the DHS Acute Care Task Force for quite some time and believes they have gathered data that may be useful to this Task Force. She said they have been looking at the number of private hospital beds available in Iowa. Currently there are 640, and she noted that is down about 100 since the last time she had talked to Ro Foege about it. She said the state is losing private beds that could help take care of some of the folks we are talking about, which is a factor the Task Force will want to consider. She added that there may be some recommendations about sub-acute level of care coming in September that would be useful to this group as well. They think there is a need for structured places for 30, 90, or 120-day stays in the community for people moving out of the acute level of care.

Bill Gardam explained that the DHS created the Acute Care Task Force to look at services that are hospital based and community based and they will be putting together a brief presentation to give this group more information about the 640 private beds that are out there in addition to the MHIs. Georgianne added that the Acute Care group feels there are enough acute care beds in Iowa if they are used only for acute care and there are other alternatives available so they are not filled by people who need long term, or less acute care.

## Iowa Mental Health Institute (MHI) Task Force

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Ro Foege thanked everyone for their attendance and contribution to the meeting. The next meeting is scheduled for September 15, 2009 at the Cherokee MHI.

The meeting was adjourned at 2:30 pm.

Minutes respectfully submitted by Connie B. Fanselow