

# Iowa Mental Health Institute (MHI) Task Force

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## APPROVED MINUTES

Meeting 2: September 15, 2009, 10:00 am to 5:00 pm

J. May Conference Room, Administration Building

Cherokee Mental Health Institute

1251 W. Cedar Loop, Cherokee, Iowa

### TASK FORCE MEMBERS PRESENT:

Neil Broderick  
Preston Daniels  
Ro Foege  
Christine Krause  
Christine Louscher  
Vilas (Sid) Morris

Debra Schildroth  
Annette Scieszinski  
Maggie Tinsman  
Mark Frymoyer (sitting in for Dan Homan)

### TASK FORCE MEMBERS ABSENT:

Dan Homan (represented at this meeting by Mark Frymoyer of AFSCME)

Thomas Hanafan

Cindy Kaestner

### OTHER ATTENDEES:

Pam Alger  
Bill Anderson  
Aaron Baack

Jacob Bossman  
Mark Buschkamp  
Kaye Carlson  
Connie Fanselow

Dan Gillette  
Janet Hanson  
Patti Hanson  
Dan Huseman  
Julie Jetter  
Sue Lerdal  
Mike Mockler  
Kelley Pennington  
Robyn Wilson

DHS, MDHS Children and Youth Bureau Chief  
Office of Congressman Steve King  
DHS Office of the Deputy Director for Field Operations  
Office of Senator Charles Grassley  
Cherokee Area Economic Development  
AFSCME – Cherokee Mental Health Institute  
DHS, Division of Mental Health and Disability Services  
Superintendent, Cherokee Mental Health Institute  
AFSCME – Cherokee Mental Health Institute  
2<sup>nd</sup> & 3<sup>rd</sup> District Court Advocate  
State Representative  
DHS, MHDS Community Services Consultant  
Legislative Services Agency  
Lyon County Supervisor  
DHS, MDHS Adult Bureau Chief  
DHS, MHDS Community Services Consultant

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## WELCOME AND INTRODUCTIONS

Chair Ro Foege opened the meeting at 10:10 am and welcomed members and guests. He noted that Task Force members Maggie Tinsman, Deb Schildroth, and Christine Krause were experiencing travel delays, and would be arriving as soon as possible. Ro inquired if there were corrections or additions to the minutes of the August 24 meeting. None were offered and the minutes were approved as read.

Task Force members, staff, and guests introduced themselves.

Ro noted that Bill Gardam, Interim Administrator of the DHS Division of Mental Health and Disability Services, was unable to attend, but is being represented by Kelley Pennington and Pam Alger from the Division. Kelley indicated that additional data on admissions and referrals has been requested by Preston Daniels since the last meeting, and is currently being compiled but is not yet available.

Kelley Pennington also said that Bill Gardam has talked with Dave Swenson, an economist at Iowa State University about contracting to prepare an economic impact analysis for this task force. Kelley indicated that the contracting process is underway with Mr. Swenson to analyze the impact of the four MHIs on the State's economy, produce a breakdown of the economic impact of closing any of the four, and look at any economic gain that could result from closing one and moving services to another. It is anticipated that the analysis will be complete in 6 to 8 weeks, but as pieces are completed they will come to the Task Force so there will be information available before the process is concluded. Ro Foege asked Kelley to let the Task Force members know when the contract is in place. Neil Broderick asked if the RFP will allow the Task Force members to ask more questions if they come up in the course of the meetings. Kelley indicated that would be possible.

## OVERVIEW OF CHEROKEE MHI

Dr. Dan Gillette, Superintendent of the Cherokee Mental Health Institute, presented an overview of the facility.

Dr. Gillette indicated that he sees the priorities of the Task Force as looking for the best clinical care, cost efficiency, and community and regional benefits. He said that the MHIs all serve the most troubled people in the state, they all face similar challenges, and they are all staffed by nice people. He said they all provide the same core service for the adult inpatient psychiatric wards and there is no compelling reason they should not perform the same. He said Cherokee MHI delivers results, not excuses.

CLINICAL CARE – Dr. Gillette said he believes Cherokee MHI represents the best clinical care, noting that it is Joint Commission accredited, which he described as the “gold standard” for accreditation. He said two MHIs are Joint Commission accredited and two are not.

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Dr. Gillette noted that the Cherokee MHI is also CMS (Centers for Medicare and Medicaid) accredited and they received zero deficiencies on their last survey in February 2009. He said that CMS reviewers commented that “this is best practice.”

Maggie Tinsman joined the meeting at 10:30 am.

Dr. Gillette highlighted reductions that Cherokee MHI has made in the use of restraint and seclusion. He said it is the most important measure that progressive institutions have been looking at in recent years. The overall decrease in restraint and seclusion at Cherokee MHI is down 98.14% since fiscal year 1999.<sup>1</sup> In 2008 there were 0.29 hours of restraint and seclusion per 1000 hours of patient care.

Dr. Gillette told the Task Force that the Cherokee MHI has applied for a national award from SAMHSA (Substance Abuse and Mental Health Services Administration) for facilities that have been able to reduce restraint and seclusion and sustain it for more than 3 three years. He said the selection process is not yet complete, but a recent inquiry he made about their application indicated that the “initial review was very impressive.”

**COST EFFECTIVENESS** – Dr. Gillette said that Cherokee MHI has the lowest per diem rates for all services, and that Cherokee’s rates are the only per diems that have been trending down for the last three years. The per diem rate is the calculated cost per day to have a patient in a facility and it is all inclusive, taking into account housing, meals, physician care, nursing care, medications, and all other associated costs. Dr. Gillette said the cost (\$638.86 for adults in fiscal year 2009) at the Cherokee MHI is about one-third as much as the private sector and compared it to the per diems at the other MHIs, which he indicated were a little over \$700. He said the Cherokee per diem rates for adolescents and children are also less than other MHIs with similar services.

Dr. Gillette said Cherokee has an excellent collections rate, noting that monies collected for services rendered at the MHIs are returned to the State’s General Fund and that means that more of the State money sent out to Cherokee comes back to the General Fund from private insurance, Medicare, and Medicaid. He said Cherokee MHI has had zero major comments on its annual audits by the State Auditor General for 17 consecutive years, noting that the average number is two comments per year. He also noted that Cherokee MHI has stayed within its budget every year for over 40 years.

Dr. Gillette said Cherokee MHI admits more patients annually than any other MHI, but does not have the biggest budget or the most beds. He said Cherokee MHI has the best maintained and most attractive physical plant and has the ability to expand. He said that the facility submitted a proposal to change the North 7 Ward from an unlocked ward to a locked ward, noting that Cherokee is the only MHI that has an unlocked ward.

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<sup>1</sup> Note of clarification (added after minutes were approved by the Task Force on September 28, 2009): Cherokee MHI had a decrease in the utilization of restraint and seclusion of 98.55% from fiscal year 1999 through fiscal year 2008. The decrease is 98.14% when calculated for the period of fiscal year 1999 through fiscal year 2009. Dr. Gillette presented data reflecting the 98.55% reduction during his presentation.

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He said the change would require increased staffing, but the projected increased revenues would exceed the projected increased staffing costs by \$15,592, so it would actually be a cost savings. He noted that there are other wards (North 5, North 2, and North 8) that could accommodate expansion as well. He said non-inpatient care wards could be moved into other buildings on the campus.

COMMUNITY AND REGIONAL BENEFITS – Dr. Gillette said Cherokee MHI is the home of a Physician Assistant (PA) psychiatric fellowship program started in 1999, and now operated with State funding. He said the program has graduated 12 Physician Assistants and has also graduated 4 ARNPs (Advanced Registered Nurse Practitioner) trained in psychiatric care.

Dr. Gillette said that the Pride Group, which operates RCF/PMIs, has had a 24-hour residential step-down program located on the North 3 Ward at Cherokee MHI since 2000. He said this program streamlines the process of getting people back into the hospital if necessary, so the Pride Group is therefore willing to take sicker people into their program. He said people generally go there for about 6 months and then move on to a less intensive level of care. Dr. Gillette said this is a good example of a public-private partnership that works to get people to the lowest level of care quicker, costs less than hospital care, and brings money in to the MHI from outside.

Dr. Gillette noted that the CCUSO (Civil Commitment United for Sex Offenders) is also housed on the MHI campus and that operational efficiencies from the partnership have resulted for both programs. He also outlined other leased space on the campus, including:

- The Yes Center (juvenile detention)
- Synergy (residential substance abuse treatment)
- Targeted Case Management
- Vocational Rehabilitation
- Healthy Families (a local Cherokee County organization)
- Juvenile Court Services

The Cherokee MHI provides training to about 200 students annually, including students from:

- 8 nursing schools
- 4 physician assistant schools
- 2 pharmacy schools
- 5 ARNP schools
- 4 social work schools

Deb Schildroth and Christine Krause joined the meeting at 10:55 am.

ORGANIZATIONAL CULTURE – Dr. Gillette said an organization's culture is the lens you see everything through. He said Cherokee MHI's culture is progressive, and "we get things done." Dr. Gillette concluded by saying that Cherokee MHI is a top

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performer, providing the “best clinical care, the most cost efficiency, and the greatest community benefits—results, not excuses.” Dr. Gillette also shared materials on the history of the facility and a collection of letters in support of the Cherokee MHI.

### TASK FORCE DISCUSSION

Ro Foege thanked Dr. Gillette for his presentation and opened the floor for questions by asking if the restraint and seclusion number he had quoted included both adults and children. Dr. Gillette responded that they did.

Annette Scieszinski asked if Dr. Gillette could help the Task Force understand the issue that has been raised about unavailability of beds and what could be done about it. Dr. Gillette responded that in 2002 nearly half the beds in the State were closed and prior to that, availability of MHI beds was not a problem. He said he sees having a waiting list for beds as a failure of the system.

Annette asked, “If you don’t always have enough beds, does that mean you can’t meet the need?” Dr. Gillette said he would not want to make that strong of a statement. He said “we are close, and there are a lot of ways to tweak the system to increase capacity.”

Maggie Tinsman asked how many adult psychiatric beds were available at the Cherokee MHI and how many were currently filled. Dr. Gillette responded that there are 46 adult psychiatric beds and the average daily census runs in the high thirties. He said the locked wards (24 beds total) run about 90% full and the unlocked ward (22 beds) runs about 50% full. For the child and adolescent psychiatric units, there are 12 beds and as of today 8 are occupied.

Maggie asked if there are wards or buildings that are empty. Dr. Gillette responded that there are—one ward is being remodeled and several of the buildings are open or partially open right now.

Deb Schildroth asked how Cherokee kept their costs low when they also had a relatively low number of beds. Dr. Gillette responded, “That’s just how we do things here—we have a lot of people contributing to that cost efficiency.”

Christine Krause asked if all of the licensed beds are staffed. Dr. Gillette indicated they are. He went on to say that he believes there has been a change in their mission and who they serve over time. He indicated that he sees the MHI’s current mission as providing acute care, not sub-acute long-term care, but because they are indifferent to insurance coverage limitations, patients sometimes stay after their end for an acute level of care has ended. He said he sees it as a system failure that people are kept at the MHI longer than necessary just because there is no place for them to go in the community. He said that the length of time needed for treatment is not an issue; people should stay as long as they need the treatment, but he does not think they should stay at the MHI as a placement.

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Dr. Gillette said that the Cherokee MHI is not able to manage people with medical care needs, so they are not admitted. The medical psychiatric unit at the University of Iowa is the only facility that does treat people with medical care and psychiatric needs, and he indicated that their beds usually stay full. He said that is a hole in the system right now. Annette Scieszinski asked if there should be more beds. Dr. Gillette responded that he would like to have more RCF-PMI beds on the grounds so that more people could be discharged from the hospital and into those beds. He said that the number of beds for children and adolescents is about right, but he would like to add about 10 adult beds.

Dr. Gillette noted that the Pride Group wanted to expand their program, but physical issues with the building prevented that. Ro Foege asked if that would take major remodeling and who would pay for that. Dr. Gillette responded that it would take very costly renovation to the building, noting that Pride thought the facility should pay for it, but it was cost prohibitive to do that out of their operating budget.

In response to a question, Dr. Gillette clarified that the Cherokee MHI does not do out-patient treatment; that is done by the community mental health center. He said that at the basic level, the MHI is doing acute care, the same as hospitals. He said the population of patients they see is different, in that they get more forensic cases and they see the people whose insurance or money has run out at private facilities. He added that the experiences of some states that have closed MHIs and tried to move people to private providers have not been entirely satisfactory.

Ro Foege asked for a clarification on what space on the campus is currently open. After a short discussion, it was determined that DHS staff will compile that information for each of the MHIs and make it available to the Task Force members. Kelley Pennington and Aaron Baack indicated they would see that the information was put together and distributed.

A question was raised about the lease of space on campus and the costs. Tony Morris, Cherokee MHI Business Manager, explained that lease rates are based on a cost per square foot for the entire facility. He said tenants may also elect to pay for food services, laundry services, or other services in addition to the lease rate. Costs for those elective services are added on to the basic lease rate.

Preston Daniels asked if the Task Force could get a breakdown between the square foot rate and the add-ons. Aaron Baack indicated he would provide that information.

Preston also asked for a clarification on the difference between a locked and an unlocked ward. Dr. Gillette said the main difference is how sick the patients are and how much supervision and support they need. He said the locked wards provide an acute level of care, and the unlocked ward serves as an intermediate level of care that functions more like sub-acute care. He noted that there are specifics on page 17 of the Overview handout and that the median length of stay for adults is about two to three

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weeks. He clarified that no one enters the unlocked ward on admission; all admissions are initially to the locked wards. Some individuals go from a locked ward to the unlocked ward and some go from a locked ward directly to discharge.

Dr. Gillette said that if the unlocked ward was converted to a locked ward, the same patients could still remain there, but it could also accommodate patients who need a locked ward.

Chris Louscher asked what would be needed to make that change. Dr. Gillette responded that the MHI would need more money in their line item budget to hire additional staff. He said the cost savings that they projected would go back into the State General Fund, which should result in a net savings to the State, but that money would not go back to the DHS budget, so from that perspective DHS would not “see” a cost savings.

Neil Broderick asked if those leasing space on the Cherokee campus would still be able to stay if the Cherokee MHI were closed. Dr. Gillette responded that the tenants would lose the services they are currently provided. Ro Foege commented that the campus would still remain a State facility and the other State programs could remain or be located here.

Sue Lerdal commented that earlier Dr. Gillette had indicated he would like to see net budgeting for the Cherokee MHI, and she wanted to note that if a facility gets to keep the savings from net budgeting, then that money has to be made up from somewhere else in State government. Maggie Tinsman said that net budgeting began at Glenwood Resource Center as an experiment and later it was expanded to include Woodward Resource Center. She said she thinks it worked at those facilities and that all the State facilities should be net budgeted. Dr. Gillette noted that essentially all the care at Woodward and Glenwood gets reimbursed, but MHIs treat a lot of people and do not get reimbursement, so even with net budgeting the MHIs would still need State support to operate.

Mark Frymoyer asked if staff assaults had increased with the reduction in restraint and seclusion. Dr. Gillette responded that assaults related to restraints have gone down substantially and that both staff injuries and patient injuries have gone down over the course of the last ten years. Dr. Gillette indicated that he would share copies of the Cherokee MHI’s application for the national award, noting that it contains all that information.

Annette Scieszinski asked, “If someone were to complain about Cherokee, what would the complaint be?” Dr. Gillette responded that it would probably be that the facility does not take everyone that is referred. He said when they get a call from a hospital that is not getting paid they will not necessarily take that person who is currently safe in the hospital. He said their priority is to make sure they can serve people in the community that need emergency care. He said they also do not take referrals for long-term care.

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In response to another question he said there is a process for admitting persons from another catchment area when beds at another facility are full. He explained that it is usually a north-south exchange, with Clarinda and Cherokee admitting persons from the other catchment area, and Independence and Mount Pleasant doing the same.

Maggie Tinsman asked how many people are civilly committed. Dr. Gillette responded that there are currently 80 civil commitment patients.

Dr. Gillette clarified that clinical staff is not shared with other programs on campus, but buildings, grounds, maintenance, food service, and other services are shared.

Sid Morris asked why the large reduction in beds happened in 2002. Ro Foege said it came out of an edict from the Governor's Office to reduce State expenditures.

Preston Daniels asked what kind of staff reductions would result if the Cherokee MHI were closed. Dr. Gillette said they employ 130 to 140 clinical staff who would no longer have positions. He said the grounds staff and at least half of the business staff would have to be retained. Preston asked if leasing more space would bring in more staff. Dr. Gillette responded that he would expect that would make very little difference in staff.

Christine Krause referred to the chart on page 11 of the Overview handout and asked if Dr. Gillette could explain why the number of admission has gone down. Dr. Gillette responded that he thinks it is because they don't have the medical staff resources to work more aggressively on moving people out and new admissions cannot come in any faster than people are discharged. He indicated that currently the Cherokee MHI has one physician and two physician assistants. He added that he also supervises the physician assistants.

Ro Foege said he wanted to thank Dr. Gillette and the Cherokee MHI staff and acknowledge State Representative Dan Huseman from Cherokee County, who was in attendance.

### FUTURE MEETINGS

Future Meetings of the Task Force have been scheduled for:

- September 28, 2009 at the Independence MHI
- October 12, 2009 at the Clarinda MHI
- October 26, 2009 at the Mount Pleasant MHI

The morning meeting adjourned at 11:55 am for lunch. Task Force members and a few guests toured the building and grounds and the clinical programs from 1:00 pm to 3:15 pm.

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## PUBLIC COMMENT INTRODUCTIONS

The Task Force re-convened in the auditorium of the Administration Building at 3:30 pm to hear public comment. Superintendent Dan Gillette introduced Ro Foege, Chair of the MHI Task Force. Ro welcomed a crowd of approximately 350, saying it was “great to see this many people who are passionate about mental health services in Iowa.” Ro said the members of the Task Force are a small group of people who are very passionate and concerned about mental health services in Iowa and are taking their charge very seriously. He indicated the Task Force would be looking at the impact of a potential MHI closure on patient care, on staff, and on economic interests. Ro acknowledged that there were more people present than they would be able to hear speak today, but said he knows they all have important things to say. Ro said he also wanted them to know that Dr. Gillette has already shared a collection of letters in support of the Cherokee MHI that the members will review, and that there will be a mechanism for submitting email input after today’s forum.

Ro and each of the members of the Task Force in attendance introduced themselves. The members present for the public comment period were Ro Foege, Neil Broderick, Preston Daniels, Chris Louscher, Sid Morris, Annette Scieszinski, and Mark Frymoyer, sitting in for Dan Homan. Ro indicated that each of the members of the Task Force agreed to serve knowing that there is no monetary support or reimbursement for the costs of travel, meals, and hotels, so their commitment to this issue is clear. He said all the members are in agreement that they do not want to see a reduction in mental health services.

## PUBLIC COMMENTS:

Mark Buschkamp, Executive Director of the Cherokee Area Economic Development Corporation, commented: I have confidence that you will keep the people in need of services in the forefront of your deliberations. I have just presented you with an economic impact study we requested from Dave Swenson at Iowa State University prior to the first meeting of the MHI Task Force. It takes a snapshot view of the impact on labor and jobs in the Cherokee area if the MHI were closed. The MHI is the fourth largest employer by number and the second largest by payroll in the City of Cherokee. Even if all the available space here were leased, it would not make up for the loss of that employment.

Changes in one industry yield changes in other industries. If the MHI facility were closed and all jobs were lost, 20 jobs for supplying firms would be lost; 61 area jobs would be lost because of the reduction in spending. If the eight agencies leasing space left, 100 jobs and nearly \$2.7million in wages and benefits would be lost. There are few opportunities for people to be absorbed into jobs in the local community. People would move to find work. Population would be lost. It would be devastating to the area.

CCUSO is one example of a program that we lobbied for and got. We are also interested in adding others, such as a DHS call center, DHS regional offices, a

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geropsychiatric unit, and an expansion of the Pride program. We have a very entrepreneurial and corporate culture in this facility. There is ample space here to accommodate growth. Without this facility people might have to travel great distances for services or might not receive the services they need.

Pam Pierce, Mayor of the City of Cherokee, commented: The City of Cherokee was incorporated in 1856 and it was a grassroots effort on the part of local residents that influenced the Iowa Legislature to open the MHI here. Over the years the facility has adapted to meet the needs of people in this part of the State. For 17 years the Cherokee MHI has had zero comments in their audits, they have operated with a balanced budget, they have found creative solutions to problems, and shown a strong work ethic and level of pride. The Cherokee MHI has the lowest cost of services among the MHIs. They have the capacity to serve the area and to expand to open more wards. Cherokee MHI has the capacity, capability, and commitment to meet the needs of the community.

Dr. Vickie Barth, Director of Nursing Education at Des Moines Area Community College (DMACC), commented: DMACC has six campuses with nursing programs. Students from the Carroll Campus come here for their mental health experience and are privileged to do so. It is critical for student nurses to develop an understanding of mental health and we would be hard pressed to find another place for those students to get that important knowledge without the Cherokee MHI.

Jeff Simonsen, Chairman of the Cherokee Board of Supervisors, commented: I hear from other counties how much they appreciate the services the MHI here provides. They have a “can do” attitude and their entrepreneurial spirit is impressive. In a perfect world, the State of Iowa would have a task force looking for ways to emulate it.

Dawn Bach, a Registered Nurse from Buena Vista Regional Medical Center, commented: Our hospital has a long standing relationship with the MHI. We are seeing an increase in the adolescent psychiatric needs in the emergency room and Cherokee MHI is one of the few places that can meet those needs. On a personal note, so much has been done to educate people on mental illness and bring it out of the closet, but we need to have the services available to treat it.

Ruth Hobson, Director of Nursing Education at Northwest Iowa Community College in Sheldon, Iowa, commented: We use Cherokee MHI as a clinical site for nursing students. The opportunity they get here is unbelievable and it would be very sad to lose that.

Brian Freed, Board member of KDAC in Cherokee County, commented: The community makes this the facility that it is. This facility has been part of the community for more than 100 years. People from the community use the track, run cross country, and utilize the grounds as well as the MHI. I don't want the message of how great this place is to be lost before it gets to the people who will be making a closure decision.

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Brenda Perrin, a Cherokee business owner and president of the Cherokee Industrial Corporation, commented: The Cherokee MHI provides space to 8 other entities. People who lose jobs here are likely to move away to find new jobs. Northwest Iowa has already suffered population and economic losses. Retail output would shrink drastically and total jobs lost could number 300.

Jim Rixner, Director of the Siouxland Mental Health Center and a member of the Sioux City Council, commented: I fully support this facility. On a clinical note, it is crucial to the population we serve; we have very few mental health resources in this part of the State and need the inpatient care that the MHI provides. People with the most serious chronic mental illnesses need to be treated in an environment of dignity and respect. We know we can send patients here and they will be treated decently. If this facility goes away and we have to send boys and girls 100, 200, or 300 miles away, they will not be able to maintain their vital connections to their families, schools, and support systems. This is the best MHI in Iowa, please keep it open.

Carol Gorney, Director of Clinical Education, University of Iowa Physician Assistant Program, commented: We have utilized this facility for 10 years now. This year 30% of our graduates will be sent here to get education. Over 50% of our graduates stay here in Iowa. Cherokee is one of two institutes in Iowa that provide a fellowship for mid-level providers. It would take us another decade to replace the quality of the education that students get here. We need quality education in our state to provide quality care to Iowans.

John Comstock, CEO of the Cherokee Regional Medical Center, commented: We want to make sure that the quality of care meets or exceeds current standards. We do not want to add additional time to admission and travel time for family visits for people who come to the ER or a physician and need mental health treatment. Having the MHI at Cherokee is more efficient and provides both quality of patient care and ease of access to the system.

Dr. John Chalstrom, Cherokee Community School District, commented: I am keenly aware of the scarcity of state resources and concerned about the impact of closure on the school and the community. Cherokee has lost near 10 percent of its student body in the last few years and nearly all schools in the area have lost students as well. This facility is uniquely able to provide services and accommodate additional programs from other closed MHIs. It has the largest square footage, newer buildings that are in good condition, and it can support an expansion of programming. The Cherokee MHI has an outstanding record of efficiency and care and should be the standard.

Mike Hunter, President of Cherokee State Bank, commented: This institution is vital to the economics of this community. In the 1980s that county was hit hard by the agriculture crisis; banks closed and people moved away. In 1993 the county was hit hard again by flooding. Many people took FEMA buyout money and left town. Another hit from the closure of the MHI would be devastating to the community. The Cherokee MHI is our identity and “wins hands down” compared to the other MHIs.

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Tom Farnsworth, O'Brien County Supervisor, commented: If the Cherokee MHI were closed county costs would go up. It costs the county about \$120 for a sheriff to take a person to Cherokee for admission. It would cost about \$720 to transport an adolescent to the Independence MHI. Please take into consideration the cost to counties.

Mark Monson, Woodbury County Supervisor and member of the MHI Advisory Committee, commented: We are now successfully treating mental illness, but there is a lot of concern about losing the option that the MHI provides. About one-quarter of Woodbury County's budget is for mental health and disability services; closing this facility would transfer even more weight for services to counties.

John Cook, a local attorney, commented: I have practiced law here for 35 years. In that time I have come to learn of the high level of efficiencies and services provided here. The children of the employees of this facility are an important part of the school system and the high professional standard that has existed here improves the entire community.

Brent Gannon, a sergeant in the Cherokee Police Department, commented: The staff here at the Cherokee MHI is professional, caring, and dedicated; it makes my job easier when I respond to calls here. The community would be devastated by the loss of the people here—I'm not talking about economically—I'm talking about the loss of people. Please don't close our MHI.

Judge Jeffrey Neary, of the 3<sup>rd</sup> Judicial District and a resident of Plymouth County, commented: All judges at some time deal with mental health and substance abuse issues. Judges are concerned about mental health proceedings, delays, and efficiencies. We are also concerned about costs and sometimes have to deal with the unavailability of private beds. As judges we work with mental health advocates, and see that people do much better if they have ready access to their mental health advocates and to visits from family—that depends on them being able to get treatment reasonably close to home. Several counties have drug courts and the availability of treatment options is critical to their success.

Lisa Langlitz, CPC for Cherokee County, commented: The quality of staff here at the MHI is first rate. They really work with you to make sure everyone is getting what they need. The quality of services is important to recovery. The Cherokee MHI is highly accredited, they provide semi-annual educational opportunities for providers, and cost effective services. They have the lowest per diem in the State. The people here are here for recovery. Access to services is an important issue for me and for other county CPCs. It is getting harder and harder to find beds when they are needed. Cherokee MHI deserves to be rewarded for excellence.

Lisa Rockhill, CPC for Lyon and Osceola Counties, commented: The quality of care at the Cherokee MHI is outstanding. I know that my costs will just about triple if this MHI closes. The most detrimental effect will be on the most fragile population—lowans with

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chronic mental illness. Without Cherokee I might be forced to send people out of state for treatment. I'm afraid that some people will just go without services.

Jean Voegel, from the Carroll campus of DMACC, commented: Closure of the Cherokee MHI would have a negative impact on the ability to provide adequate clinical experience in mental health nursing to students. Mental health nursing education in northwest Iowa would suffer. This place is a gem to the city, patients, and northwestern Iowa.

Father Eugene Sitzmann, former MHI chaplain, commented: I was chaplain and a clinical social worker here at Cherokee MHI and retired in 2002. The staff demonstrates competence and cooperation. If you want something done, they will get it done. It's about community service. This is a regional resource center – YES, Synergy, and other groups have located here. The community supports pastoral education. Patients say they are glad to be here for treatment—they are highly satisfied consumers.

(At 4:50 pm, Ro Foege announced that the meeting was scheduled to adjourn at 5:00 pm, but the members present wanted to hear all concerns and would stay until everyone who wanted to comment had spoken.)

Linda Swanberg, a special education para-educator from Sioux City, commented: My son has paranoid schizophrenia and has been treated here. He is now living on his own and is raising his 6-year-old daughter. The MHI did not cure him, but they stabilized him and he now knows to go get help when he is feeling ill.

Chuck Wolf, President of Central Bank in Cherokee, commented: I see people every day who are trying to open and run businesses. It would be devastating to the community to lose the MHI.

Jeff Fuller, owner of the Cherokee radio station, commented: I want you to look at all four facilities as if they were your employees—some employees do a better job than others. Sometimes you may need to make a decision that impacts them and you make decision that is best overall.

Jim Adams, a retired psychiatric social worker, commented: I worked here at the MHI for about 25 years. I have worked at the MHI and out in the counties. I believe Iowa still needs the MHI to provide diagnosis and after care.

Amy Garrett, Cherokee County Emergency Management, commented: The MHI is a vital component to emergency operations. The MHI serves as Cherokee County's primary evacuation point. They have worked with local partners to prepare the county for the unthinkable. In the event of a disaster, 8000 to 10,000 people could be coming here from Sioux City. The loss of the MHI would leave a devastating gap in disaster services for the area. During exercises they have always exceeded our expectations. The MHI and the staff have made a lasting impact on the entire community.

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Darla Struck, Western Iowa Tech Community College, commented: Last evening the Board of Directors of Western Iowa Tech adopted a resolution supporting the Cherokee MHI. The college has formed partnerships with the MHI. The MHI has provided internships; the college has provided training and re-training opportunities for the MHI. Western Iowa Tech looks forward to continuing and expanding its partnerships with the Cherokee MHI.

Julie Hering Kent, Executive Director of the Cherokee Chamber of Commerce, commented: The Cherokee MHI has served as a landmark in the community for over 100 years. The elimination of jobs here would create a trickle-down effect to service businesses, restaurants, retail businesses, and on, and on—it would have a devastating impact on the community.

Patrick Schmitz, Executive Director of the Plains Area Mental Health Center, commented: Our community mental health center serves the area surrounding the MHI. There is a shortage of psychiatric professionals throughout Iowa, and the generosity of the professional staff at the Cherokee MHI who have been willing to come to the community mental health center to provide consultation or see patients has been critical to our ability to serve the community.

A consumer from Estherville, commented: I am bipolar. The MHI here provided me with the right diagnosis, the right medication, and taught me how to live with my illness. I want to be able to come back here and get the help I need.

The father of a consumer from Estherville, commented: I am the parent of a consumer. My son is now running his own small business. You just heard his story. He has some quirks but know how to handle them now. This is a facility that brings people back home. It helped me keep a good employee that has been with me 40 years now.

Calvin Carver, Cherokee County Work Services, commented: We run a sheltered workshop and provide holistic treatment to help patients transition back to community life. Closure of the Cherokee MHI would have a devastating effect on the community and the northwest Iowa region. Mental health services would no longer be available to those who need them.

Marina Fuhrman, Director of the Synergy Center, commented: We have been working closely with the MHI and have developed a good partnership. Our facility is located here on the grounds of the MHI. We are working on trying to expand

Dan Huseman, State Representative, commented: I don't want to see any of our hospitals close. My concerns are for the people who need mental health care in this area and for the dedicated people at the MHI who provide that care. They are good people.

Don Eikmeier, Cherokee City Manager, commented: I want you to look at the cost per diem, the condition of the infrastructure, the potential for growth, and the quality of care

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here at the Cherokee MHI. Seventeen years of audits without findings are unheard of – the record speaks for itself.

Pam Jarvis, Professor of Nursing at DMACC, commented: I want to tell you how dedicated the staff here at the MHI are to being a teaching facility. You don't find that kind of dedication at many facilities. All the clinical staff—not just the nursing staff—really take the time to answer the students' questions and listen to them.

Deb Gill, an employee at the Sioux City Hospital, commented: I am speaking as a caregiver. We are finding that there are more and more patients all over the state and in South Dakota and Nebraska who are in need of services and we are having problems finding beds to treat people. There is nothing worse than calling and calling and being unable to get a person out of the ER and into a bed for treatment. If anything, Cherokee MHI needs more beds.

Christine Segreto, a psychiatrist practicing in Spencer, commented: I have worked closely with the Cherokee MHI; we have a good working relationship. We should not have sheriff's deputies driving patients all over the state to get them to a bed. Cherokee MHI has the only psychiatric beds for miles around. We need Cherokee.

Earl Dryer, a local manager, commented: Closing an MHI is penny wise and pound foolish. We spend money to maintain too many miles of gravel roads; we should cut some of those instead.

Chuck Soderberg, State Representative for District 3, commented: A facility like this can make a huge difference in people's lives. I am most disturbed by the prospect that people might have to do without the services that they need. I would like to challenge you to look at cutting costs without cutting programs and services that are really needed.

Tim Hauptert, Director of the Cherokee HyVee Food Store, commented: I was prepared to talk about the economic impact, but you have seen the figures—we have looking at potentially \$2 million. Instead I want to stress what you have heard here today about quality – quality of care, quality of staff, quality of the facility, quality of the working relationships, quality of careers, and quality of leadership. That's pretty special. I think it comes from pride, from the fact that people here and in the community have a lot of pride about this facility. Please don't forget about that.

Jane Gilbert, Co-Executive Director of SIMPCO, commented: The Siouxland Interstate Metropolitan Planning Council supports the Cherokee MHI and wants their work to continue.

Marion Stevenson, a parent and retired healthcare administrator, commented: I am here as a parent of a son who is 41 years old and has been a patient here for many years, as well as a patient in other facilities in Iowa. No parent wants their child to need a mental health treatment facility, but when they find they do need it, a parent wants to know it's there. My son will be institutionalized for the rest of his life. He is one of the few long

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term residents of this facility. We have spent years developing a care plan to keep him safe. He is the young man in a wheelchair who said “Hi” to those of you who toured upstairs. At one point he went for a 30-day evaluation at Clarinda. After 10 days there the Doctor sent him back to Cherokee saying that they could not meet his needs at Clarinda. We have not been able to find any other place that can meet his needs. He told me to be sure to mention the housekeepers and tell you that every time I come here the floors just shine.

I can’t say enough about the staff; they take him outside after their shifts are over—they are family to us. They know and care for him. If he were at any other MHI I would have trouble going to visit him. Clarinda has already said they can’t serve him. Independence would be over 4 hours one way. Mount Pleasant would be over 4 ½ hours one way. That would make regular visits very difficult for us. He asked me to say, “Please don’t close the Cherokee MHI.” Don’t forget the patients—they are vulnerable and fragile and they get quality care here.

Tom Kellan, manager of a production facility in Cherokee County and a member of the Western Iowa Tech College Advisory Board, commented: Patient care is most important. I want to point out something I haven’t yet heard about the cooperative effects of the MHI with the community. I want you to think not just about the negative effects of closure, but the possibilities that are possible if the MHI is kept open and goes forward.

Priscilla Welsh Stokes, of St. Luke’s Regional Medical Center, commented: I would like to congratulate Cherokee, and I have three words for you—location, location, location.

Dave Whitney, a writer for the local paper, commented: I worked here at the MHI for 30-some years, most recently as a vocational rehabilitation counselor. My first contact with the MHI was as a confused 20-year-old who came here for treatment and in a sense it was the best four weeks of my life because I decided at that time that I would spend much of my life paying this place back, and I’m glad I did.

Mark Buschkamp, Executive Director of the Cherokee Area Economic Development Corporation, and the first to give public comment, offered the closing comments, saying: This facility is an integral part of this community. The campus provides recreational opportunities and is used by the community every day. It is not a separate institution that sits apart from the community. The physical facility has new roofs, 2 new boilers, new steam lines, new streetlights, electrical upgrades, and new parking. In all, \$14 million in State funds have been invested in this facility over the last 10 years. It would be a prudent use of tax dollars to continue to make the best use of that investment.

Public comments concluded at 5:45 pm.

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### CLOSING REMARKS

Ro Foege thanked everyone who offered comment and said, "We've heard you loud and clear." He said that the Task Force heard about the importance of patient care and safety, the quality of the staff, and the importance to the community of this facility. He noted that the Task Force has three more MHI visits to make over the next six weeks and then will be putting together a report.

Ro said he recognized the incredible passion that was here today, noting that it is great to be in a room where people care so much about their neighbors. He thanked the staff of the MHI for setting up this visit and providing the Task Force with so much good information, and thanked Dr. Gillette for his leadership and hospitality.

The meeting was adjourned at 5:50pm.

Minutes respectfully submitted by Connie B. Fanselow, DHS Division of Mental Health and Disability Services.

*(Note: We have endeavored to record the names, affiliations, and comments of members of the public as completely and accurately as possible with the information available. We apologize for any misspelled names or inaccuracies.)*

Minutes approved by the Task Force on September 28, 2009.