

Iowa Mental Health Institute (MHI) Task Force

APPROVED MINUTES

Meeting 3: September 28, 2009, 10:00 am to 5:00 pm
Reynolds Administration Building, Auditorium
Independence Mental Health Institute
2277 Iowa Avenue, Independence, Iowa

TASK FORCE MEMBERS PRESENT:

Neil Broderick	Vilas (Sid) Morris
Preston Daniels	Debra Schildroth
Ro Foege	Annette Scieszinski
Cindy Kaestner	Maggie Tinsman
Christine Krause	Mark Frymoyer (sitting in for Dan Homan)
Christine Louscher	

TASK FORCE MEMBERS ABSENT:

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

OTHER ATTENDEES:

Pam Alger	DHS, MDHS Children and Youth Bureau Chief
Aaron Baack	DHS Office of the Deputy Director for Field Operations
Denise Barker	Independence MHI
Jess Benson	Legislative Services Agency
Julie Berner	Buchanan County Community Services
Barbara Boyer	Independence MHI
Jen Callahan	Independence MHI PMIC Unit
Bhasker Dave	Superintendent, Independence Mental Health Institute
Diane Dave	
Ruth Brackett-Cripe	Independence MHI PMIC Unit
Diane Brecht	Abbe Inc./Penn Center
Georgeanne Cassidy-Wescott	St. Luke's Hospital Cedar Rapids; Iowa Hospital Association
Becky Eskildsen	Clinton County
Linda Evers	Independence MHI
Connie Fanselow	DHS, Division of Mental Health and Disability Services
Gene Ficken	State Representative, House District 23
Michelle Ficken	Registered Nurse, Independence MHI
Dan Freeman	Independence MHI
Bill Gardam	DHS, MHDS Interim Division Administrator
Michele Grinnell	Independence MHI

Iowa Mental Health Institute (MHI) Task Force

OTHER ATTENDEES (continued):

Rose M. Grover	Independence MHI
Linda Hamadani	Independence MHI
Steve Hasenour	Plant Operations Manager, Independence MHI
Mike Hayward	Independence MHI
Dave Heaton	State Representative, House District 91
Veda Higgins	Johnson County
Kevin Jimmerson	Independence MHI
Christy Kayser	Buchanan County Community Services
Mike Kennedy	Fayette County
Kim Kurt	Independence MHI
Jennifer Jacobs	The Des Moines Register
Maureen Janssen	Independence MHI PMIC Unit
Cliff Jette	The Cedar Rapids Gazette
Julie Jetter	DHS, MHDS Community Services Consultant
Coleen Kascel	Independence MHI PMIC Unit
Orlan Love	The Cedar Rapids Gazette
Charlie McCardle	Safety Officer, Independence MHI
Timothy Main	Independence MHI
Ron Mullen	Superintendent, Mount Pleasant MHI
Cathy Newton	Independence MHI
Gary Newton	Independence MHI
Mary O'Brien	Independence MHI PMIC Unit
Jeff Ohl	Independence MHI
Margaret Ownby	Independence MHI
R.V. Patel	Physician, Independence MHI
Carlette Paulson	Independence MHI
Kelley Pennington	DHS, MDHS Adult Bureau Chief
Kim Ralston	Clinton County
Todd Rickert	Grundy and Tama County CPC
Curt Salow	Independence MHI
Melanie Schroeder	Mental Health Advocate
Renee Schulte	State Representative, House District 37
Julie Schwarting	B & D Services, Inc.
Todd Seifert	DAC, Inc./Julien Care
Dave Smith	DAC, Inc./Julien Care
Patrick Smith	Northeast Iowa Mental Health Center
Julie Sproull	Buchanan County Health Center
Gretchen Tripolino	Independence MHI
Robin White	AFSCME
Robyn Wilson	DHS, MHDS Community Services Consultant

Iowa Mental Health Institute (MHI) Task Force

WELCOME AND INTRODUCTIONS

Task Force Chair Ro Foege opened the meeting at 10:10 a.m. He welcomed everyone to the meeting and said he and the other members of the Task Force were happy to be in Independence. He indicated he had been a social worker in Linn and Jones Counties for many years he had often visited and accessed services from this campus. Ro thanked the members of the Task Force for their perseverance and patience. He indicated that the last meeting had been at the Cherokee Mental Health Institute, about 400 people had attended, and 50 of them gave comments. He said that even though that took longer than the allotted time for public comment that as many members of the Task Force as were able stayed the entire time to make sure that they heard everyone who wanted to speak. Ro said he appreciated the commitment of the Task Force members and wanted to remind everyone that they are all doing this on a voluntary basis, without compensation or reimbursement for travel expenses. He said they are a group of people who are very committed to looking and the MHIs and at the whole system and expressed his thanks to everyone present for their commitment to mental health services in Iowa. The members of the Task Force introduced themselves. Ro welcomed and acknowledged State Representatives Gene Ficken, Renee Schulte, and Dave Heaton.

Ro asked if anyone had any corrections to the minutes of the previous meeting in Cherokee, and, hearing none, announced the minutes approved as presented. He indicated three pieces of information that were distributed to the Task Force:

- An overview of the Independence MHI
- A supplement to the Cherokee MHI overview
- A supplement to the Independence overview

Ro noted that the next two meetings will be in Clarinda on October 12 and Mount Pleasant on October 26. The first meeting after the site visits is scheduled to be held at the Urbandale Public Library on November 9.

OVERVIEW OF INDEPENDENCE MHI

Ro introduced Dr. Bhasker Dave to present an overview of the Independence Mental Health Institute.

Dr. Dave welcomed the Task Force, DHS staff, stakeholders, and MHI staff and said he understands that the Task Force is investing a lot of time and effort on a voluntary basis, and has a monumental task ahead. He invited them to call on him at any time during the process if they need more information on the Independence MHI.

HISTORY – Dr. Dave began with the history of the Institute, indicating he is the twelfth superintendent of the Independence MHI in its 136 years of operation. He noted that the Mount Pleasant MHI was the first one built in the state in 1861, and Independence was chosen as the second site in 1873. He said at that time the facility was two miles west of the city on 320 acres of land that was purchased for \$6080.

Iowa Mental Health Institute (MHI) Task Force

The MHI was built on Kirkbride Building principles, a model created by Dr. Thomas Kirkbride a little more than 150 years ago. The model called for a central structure to house administration, doctors, and nurses, and adjoining wings of single patient rooms, with patients moving farther into the wings as they became less ill. One wing housed male patients, and one wing housed female patients. The primary treatment was shelter, good nutrition, and the peace and quiet of rural Iowa. The grounds included farmland with crops and livestock. He described the model as an enlightened vision for its time and said that for its first seven decades, the MHI served as a public asylum, existing to provide humane care to people with mental illness.

Over time, Dr. Dave said, the main building filled up and more buildings were added to the grounds. More land was purchased, and in 1912 the facility included almost 1400 acres of farmland, much of which was later sold when it was no longer needed. In the 1940s, the concept of medically induced seizures, including ECT (electroconvulsive therapy) came into use in the treatment of mental illness. In the 1950s, the transorbital lobotomy came into use; the treatment improved patient systems, but also had a dulling effect and did not create long term benefit. In the 1960s, Thorazine and other anti-psychotic medications were discovered, and they were soon followed by anti-depressives, anti-anxiety medications, and other psychotropic medications. As patients got better with the use of medications, they were able to leave the hospital and move into county homes, which represented a lower level of care, but still provided them with a structured setting. By the early 1970s, the patient census had dropped to about 300.

CURRENT SERVICES – During the recession in the early 1990s, the State faced drastic revenue shortfalls, which led to cuts that included downsizing the MHIs in terms of number of beds and programs. Originally all hour MHIs served all populations, but some of the specialized programs were consolidated at that time and are now only provided at one location in the state. The Independence MHI now serves adults from 28 counties in northeast Iowa and children and adolescents from 43 counties in eastern Iowa. In fiscal year 2001-2002, the number of operational beds was reduced from 170 to 95, which remains the current capacity.

Dr. Dave said the during the last two decades the facility has tried to enhance and improve the services they offer to children, and has protected them when downsizing has occurred. He noted that when Clarinda and Mount Pleasant converted a portion of their campuses to serve prison populations, child and adolescent services were transferred to the northern MHIs, Independence and Cherokee. In the 1990s, Independence had an open ward and a locked ward for children. Dr. Dave said the staff began to note that there were children still on the wards who were well enough to go to a lower level of care, but other programs were reluctant to accept them. The result was that they were staying longer than they needed to and other children who needed that level of care were prevented from being admitted. In response, the facility asked to open a new PMIC (Psychiatric Medical Institution for Children) unit in 1998. The Independence PMIC was the first of its kind in the State and served the children who were believed to be ready for discharge from the MHI.

Iowa Mental Health Institute (MHI) Task Force

Dr. Dave explained that Independence currently has three programs for children: an open children's unit, a locked adolescent unit, and the PMIC. The distinction between the children's unit and the adolescent unit is based more on grade level than age; young people in eighth grade or lower are treated in the children's unit and those in ninth grade and up are treated in the adolescent unit. The MHI also operates a fully accredited school for kindergarten through 12th grade students, so children and adolescents attend classes in the facility and can transfer back to their schools in the community when they are discharged.

Dr. Dave said they have had success in managing children in the PMIC Unit who have experienced problems in other placements. He explained that the PMIC Unit is on the same floor at the locked adolescent ward and that if a child becomes aggressive or needs extra support, the child can be almost immediately transferred to the locked adolescent unit until their behavior stabilizes. He said this can happen because courts have approved court orders that allow the transfer to happen as needed, with the court being notified as soon as possible, rather than having to get prior approval from the court in each individual instance to make the transfer. Dr. Dave noted that often the young person can be moved back to the lower level of care quickly as well. By contrast, in the community, he said, much more time, energy, and effort are required to make that kind of transfer. Dr. Dave said that the MHI serves a unique niche in the community because fifty-five to sixty percent of their population is under age 18. He said that by treating young people early and providing a continuity of care, they hope to lessen the progression of their illness.

TRAINING – In addition to patient care, Dr. Dave said the Independence MHI has two other missions. One is to provide a venue for training of people who are interested in providing care for people with mental illness. He noted that from the 1960s to the 1980s Independence has a psychiatric residency program, and they had a one year fellowship program to train substance abuse counselors that ended when their alcohol treatment program closed. Currently medical students from Des Moines University come to the Independence MHI for a psychiatric rotation. The MHI also serves as a learning environment for students from Hawkeye Community College and Northeast Iowa Community College. Dr. Dave said the MHI is proud to play a role in training student teachers, dental hygienists, recreational therapists, and other professionals.

COMMUNITY – The other mission of the MHI is to combat the stigma of mental illness. Dr. Dave said that the MHI organized a tour program to bring students and members of the public to the facility to go through the entire campus and learn that patients are like any other human beings. He noted that they have a speakers' bureau, and they regularly invite the public to participate in events on the MHI grounds. This week, Dr. Dave said, the MHI hosted a cross country meet with 15 schools participating. He said that groups also come onto the campus to play softball, basketball, and golf on the mini golf course. Dr. Dave said that when he first came to Independence in 1968, first run Hollywood movies would be shown in the auditorium. He noted that high school speech, debate, and drama students still use the auditorium to practice, and people from the community use the campus to walk, cross country ski, and bicycle.

Iowa Mental Health Institute (MHI) Task Force

PATIENT CARE – The Independence MHI is accredited by the Joint Commission, which Dr. Dave described as the highest level of accreditation for a hospital. He noted that they are also certified by CMS (Centers for Medicare and Medicaid Services). He said patients are admitted around the clock, and treatment begins when the patient arrives. A physician, a nurse, and a member of the staff take the patient through the admission process. Shortly after, a multidisciplinary treatment team is assembled to develop a treatment plan; the treatment team continues to meet weekly and review the treatment plan weekly.

Dr. Dave said history shows that the patients they are seeing now have become more acute, yet the majority of patients are discharged in 37 days or less. He said that only 20 out of 321 admissions have stayed at the MHI longer than six months. He said local access to services is “absolutely important,” indicating that a sixty-mile radius or about an hour’s time is reasonable for people to travel. He said, “We believe that this is vital.” He also commented that the MHI has a close relationship with the University of Iowa medical staff, and utilizes consultation or services from nearly all of their departments. The proximity of the MHI to the University is an important component of that. Dr. Dave also noted that the Iowa Medical and Classification Center is also located in nearby Johnson County.

FACILITY AND STAFF – Dr. Dave noted that the main building, where the meeting was being held, was built in 1873. The Infirmary Building was added in 1912, which now houses the school for the adolescent program. The Whitty Building was built in 1954; it houses the PMIC Unit, the adolescent program, and the two adult locked wards. The Cromwell Building was added in 1968, and houses the children’s ward and school. Dr. Dave said all the buildings are well maintained, in ADA (Americans with Disabilities Act) compliance, meet Joint Commission standards, and fire department standards. He indicated that there is a detailed listing of the buildings and their uses provided in Appendix B of the Overview handout.

Dr. Dave also noted that there are several other entities occupying leased space on the MHI campus:

- Four Oaks Inc. – has operated a residential treatment program for children and other programs for juveniles on campus since 1997; they employ 64 staff
- Iowa Vocational Rehabilitation – provides services to clients from Buchanan and Fayette Counties
- DHS Targeted Case Management – offices for service area social workers and staff
- MHI Employees Credit Union
- Department for the Blind Canteen
- Area Substance Abuse Council – relocated to the MHI after their Cedar Rapids headquarters were flooded in 2008

Dr. Dave said the programs located at the MHI are a perfect fit. He added that the citizens of Independence are “proud to call us part of the community,” and cited some examples:

Iowa Mental Health Institute (MHI) Task Force

- Two of the MHI staff are members of the Independence Chamber of Commerce Ambassadors
- Two MHI employees serve on the Independence City Council
- Two of the five members of the Independence Community School Board are MHI staff
- The MHI employs about 300 people; 276 full time
- The MHI brings \$19 million in salaries into the community
- The average length of stay for MHI employees is 18 years; they provide stability
- 130 of the MHI employees have worked there more than 20 years

Dr. Dave said the staff also has concern for and dedication to the care of people with mental illness and are “true advocates who go above and beyond the call of their work here.” He said one example is the many employees who take their own time to plant and care for flower gardens all over the campus because they believe it enhances the grounds for everyone. Dr. Dave also praised the medical staff, noting that among other states, Iowa ranks 47th in the number of psychiatrists per capita. He said that the last physician at the Independence MHI was hired in 1992; since then the facility has lost three physicians to retirement, but was able to cope with the loss because it coincided with the downsizing of beds. He said he is very pleased to have a long-term, dedicated staff.

Dr. Dave pointed out that the populations served information on page 10 of the Overview shows that many of the patients the MHI serves have co-occurring disorders, not just one diagnosis. He said a patient may be treated for one condition and still be left with another that is unresolved. He added that many also come with a whole host of medical conditions and they may be non-compliant with their medications. He said the MHI staff works to manage all the conditions the patient presents because they believe they need to provide the totality of care. Dr. Dave provided an example to illustrate the complexity of needs of some of the patients: He described a 12-year-old girl, with a history of sexual abuse, who was a brittle diabetic and sometimes needed her insulin dosage changed from hour to hour. The young lady was admitted to the MHI for physical aggression and she also refused to eat or take her medications or would say she had eaten when she hadn't, so managing both her diabetes and her mental illness was necessary. Dr. Dave stressed that the patients who are admitted to the MHI are some of the most difficult and expensive individuals to treat effectively.

Dr. Dave also noted that when the Oakdale Medical & Classification Center receives patients who need treatment for mental illness, the court orders for treatment are filed in Johnson County and they are usually committed to the Independence MHI (see page 13 of Overview). The medical staff then reviews the patient's records and most often certifies that the MHI is not a secure setting. When that occurs, the patient stays at Oakdale to receive treatment. Dr. Dave said that currently there are 7 patients (out of 84) who have been at the MHI longer than two years, and 6 of the 7 have a forensic connection; 1 was charged with murder and found incompetent to stand trial, and the others (including 2 charged with murder) have been found not guilty by reason of insanity.

Iowa Mental Health Institute (MHI) Task Force

Dr. Dave said there is a 30-year-old man on the adult ward who was first admitted to the MHI at the age of 12 and is currently on this 15th admission. He said the man spent some time in a federal prison in Missouri for threatening the President, and he can be assaultive, but the most difficult problem is that he swallows things that should not be ingested. He said there is no chance of his being discharged in the foreseeable future.

The average age for all admissions to the MHI is 20 years, and the median age is 16 years. He noted that they have adopted a statewide electronic medical records system that changes the way internal transfers are counted. Now internal transfers from the adolescent unit to the PMIC are recorded as discharges rather than transfers, which caused the admissions data to show a spike in 2008-2009 even though admissions have actually stayed fairly level.

Dr. Dave said hospitals nationally have reduced the use of hours of restraint and seclusion by over 90% in the last ten years or so. He said seclusion is hardly even used at the Independence MHI, noting that he believes the use of restraint with staff interaction is generally better than isolating a patient. Dr. Dave referred to page 23 of the Overview and page 6 of the supplemental document, with information on average length of stay. He said that only two patients account for much higher numbers than all the rest; both have particular needs that make it very difficult to find appropriate placements. He said that excluding those two, the average length of stay is 80 days.

The Independence MHI is now down to one 25-bed locked ward for adults, which has a waiting list. Dr. Dave explained that if a person applying for admission is in a safe environment (such as a private psychiatric hospital) they will go on the waiting list. If the person has an immediate care need to provide them with a safe environment, that person will either be admitted to Independence or a bed will be found at another MHI. Dr. Dave commented that the waiting list means they get more difficult patients and it is also often more difficult for them to be discharged back to their previous placement.

Dr. Dave referred to page 28 of the Overview, showing information on referral sources and discharge trends. He indicated that all of the MHIs provide critical care and local access that is vital, but said they also serve different types of catchment areas. He said if Polk County is excluded, the Independence MHI serves five of the seven largest counties. He said that these are counties with strong community mental health programs, and the referrals they make to the MHI are those patients they have found too difficult to manage locally. About 21% of adults who are discharged from the MHI go home or to live with family; the remainder go to some other type of facility and placement for them is more difficult.

Referring to page 35 of the Overview, Dr. Dave talked about data on staffing. For fiscal year 2010 the Independence MHI is funded for 277 full time employees and 7 temporary and contract staff. He said budgets are increasing for salaries, inflation, and medications. Dr. Dave noted that the PMIC program is net budgeted, so they are able to retain the federal revenue. He also noted that the facility receives almost \$923,000 from the Department of Education for their school programs.

Iowa Mental Health Institute (MHI) Task Force

Dr. Dave said that in 1955, when Thorazine was introduced, there were 560,000 state hospital beds in the United States for a population of 165 million people. Today there are about 50,000 state hospital beds for a population of 300 million people, which represents about 17 beds per 1000 people. He said Iowa has 8.1 state hospital beds per 1000 people. He said the numbers show a remarkable reduction, but reductions in mental health beds often result in an increased need for other services. Dr. Dave said, “We need every bed we have in Iowa—and we need local access.” He said that the MHIs serve the people who are assaultive, who swallow things, who have sexually aggressive behavior, and who are too difficult for others to manage. In summary, Dr. Dave said, “we are the providers of last resort—the safety net for people who cannot be served in the community because of the difficulty or the cost.”

TASK FORCE DISCUSSION

Ro Foege asked Dr. Dave to define ‘restraint’ and ‘seclusion.’ Dr. Dave responded that seclusion is when a patient is placed alone in a room without a choice to leave the room. He said that more often a time out or comfort room will be used as an alternative, and in that case, the patient has the option to leave. Restraint, he explained, could be manual or physical restraint or chemical restraint. He said that at the MHI they believe that once a person is held, restraint has begun, and that physical human restraint may be used.

Ro asked who pays for the educational services provided at the MHI. Dr. Dave responded that the students are not funded by their home school district; the MHI receives funding from the Department of Education for the nine months of the year and the Department of Human Services covers the cost of running the school for the other three months because it needs to operate all year.

Sid Morris said he had received some questions about MHI admissions and asked Dr. Dave to review the process of admitting patients and explain why some people report difficulty in getting patients admitted. Dr. Dave responded that the difficulty has increased with reductions in the size of the programs, so people may be placed on a waiting list if a bed is not available. He said the difficulty may also be related to the needs of the person and that they are unable to admit a person if the MHI cannot meet their needs, for example, a person with mental retardation, or someone who needs medical or long term care. Dr. Dave said that if someone feels a patient who is properly suited to receive treatment at the MHI is not admitted, he would like to hear from them.

Maggie Tinsman asked Dr. Dave what percentage of the patients treated at the MHI he would say have chronic mental illness. Dr. Dave responded that the diagnosis of chronic mental illness doesn’t quite apply to children and adolescents, and even though some of them will probably have that diagnosis later, mental health professionals are reluctant to give it at the outset because they don’t want children to be labeled when no one knows yet what the future will bring. He said that all of the 40 adults who were receiving treatment have chronic mental illness.

Iowa Mental Health Institute (MHI) Task Force

Maggie asked Dr. Dave what Iowa should have if we didn't have institutions. Dr. Dave responded that it is his belief every patient should be treated in their local home community, but we would have to provide the community based resources to support that. He said he would also ask whether as a state we have reached the point that any further reduction in state beds fails to provide the care that is needed. He noted that smaller settings would still require the intensity of staff and that it may be more efficient to provide services in a setting with a certain number of patients.

Annette Scieszinski asked Dr. Dave to talk about the medical staff. Dr. Dave responded that there are nine medical staff for the MHI: three physicians, in addition to him, a dentist, a physician assistant, a full-time contract psychiatrist, and two part-time psychiatrists. Annette asked if there is a trend toward using physician assistants rather than MDs in the MHIs. Dr. Dave said that a large proportion of the medical residents trained in Iowa leave the state and there is a need to recruit residents to Iowa from other states, so it is difficult to hire psychiatrists. He said if he could not get a psychiatrist, he would willingly accept a psychiatrically trained physician assistant or nurse practitioner.

Christine Krause asked about the number of adult beds now operational. Dr. Dave responded that there are 40; the male ward has 25 beds and the female ward has 15 beds.

Deb Schildroth referred to page 14 of the Overview and asked if adult referrals ordinarily come directly from the settings listed, such as a county care facility, or are most admitted to an inpatient community hospital first and then or come to the MHI. Dr. Dave responded that most adults come through a local hospital psychiatric unit before they are admitted to the MHI.

A lunch break was taken at 12:25 p.m.

Dr. Dave led a facility tour from 1:00 p.m. to 3:00 p.m.

PUBLIC COMMENT INTRODUCTION

The Task Force reconvened in the Reynolds Building Auditorium to hear public comment at 3:10 p.m. About 250 people were in attendance in the auditorium and about 150 more were seated in an overflow room. Chair Ro Foege thanked Dr. Dave and the MHI staff for the wonderful welcome and great hospitality, and told the crowd that the Task Force members had just toured the facility, learned a lot about it, and "got a flavor" for the community. He said that the Task Force members "are here on their own dime" because they are interested in mental health services and the delivery of mental health services throughout the State.

By way of introduction, Ro said, "We are here to hear your concerns. We share your concerns about the delivery of services, about what happens to patients, that there is a safety net, and that people can get the services they need when they need them and

Iowa Mental Health Institute (MHI) Task Force

where they need them.” He said the Task Force members also are concerned with staff utilization and economic impact.

Ro acknowledged the presence of State Senator Brian Schoenjahn, State Representative Gene Ficken, State Representative Roger Thomas, State Representative Dave Heaton, State Representative Renee Schulte, and former State Senator Kitty Rehberg, noting that he spent 12 years in the Iowa Legislature primarily working on health and human services issues. Ro and the other members of the Task Force introduced themselves. Neil Broderick, Preston Daniels, Ro Foege, Cindy Kaestner, Christine Krause, Christine Louscher, Sid Morris, Deb Schildroth, Annette Scieszinski, Maggie Tinsman, and Mark Frymoyer were all present for the public comment period.

PUBLIC COMMENT

Greg Halverson, Director, Buchanan County Economic Development, commented: My job is to present the economic perspective. You each have a packet in front of you to follow along. We are here to show that this is a great facility that should stay open. Two hundred and seventy full time employees work here. One hundred and forty nine of them reside in Independence. Seventy-five percent of them reside in Buchanan County and the other twenty-five percent reside in eight surrounding counties. Their wages are spent here. The loss of those wages would impact government revenues.

Eighteen to twenty counties would have increased costs if their sheriff’s departments have to transfer patients farther to other facilities. Labor shift studies through the Department of Economic Development show that the loss of the jobs at the MHI would be devastating and would have a ripple effect that would mean about 1000 jobs lost across the State. Visitors come here and spend money at hotels and restaurants in the community. Students come here and shop locally. In addition to the MHI jobs, the facility provides indirect employment—the Canteen employs 5 people, the pharmacy employs 5 people, and Four Oaks employs 64 people.

The community engages in activities on the campus, such as the cross country meet that was just held here. This is a FEMA certified facility that would house thousands of people of there were an emergency at the Palo plant; it is a vital part of the county’s emergency management system and disaster plans. The buildings here have the capacity for more programs to come here. The community supports the MHI and it needs to remain open.

Veda Higgins, Johnson County Mental Health Advocate from Iowa City, commented: My patients are under court commitment and sheriff’s deputies provide transportation to bring them here. Patients who are involuntarily committed are entitled to request another hearing, and if they request one, they must be transported back to the county of origin for the hearing, and then often transported back here again. That all costs money and the farther the deputies have to travel, the more it costs. I am also concerned about family members who are very important to the patients and afraid that many

Iowa Mental Health Institute (MHI) Task Force

families may not be able to travel longer distances to visit children and participate in family therapy. The folks we send here are the most ill, the most difficult to place. The social workers here go over and above to send referrals when patients are better, and I am afraid that if more distance and time were involved, it might slow the progress of getting patients back into the community.

Frank Brimmer, Mayor of the City of Independence, introduced several members of the Independence City Council, Cheryl Hand, Bob Hill, Carl Scharff, and Mike Hayward, who he noted works at the MHI. He commented: I'd like to talk about neighbors. The city and MHI fire departments work back and forth together. This facility is a resource for emergency management. The water tower provides water for the MHI and we perform maintenance. You may have noticed there is a lot of dirt being moved just south of the facility; Monsanto is building a \$103 million seed corn facility right next to the MHI. The city worked to put together a package to pave roads that will take the traffic away from the MHI and keep people safe. Please examine the information carefully and I feel sure that you will keep the Independence MHI open.

Mike Ferreter, Buchanan County Supervisor, introduced the county employees attending: Brian Keierleber, County Engineer; Bill Wolfram, Sheriff; Ralph Kremer, Supervisor; Karen Stephenson, Assistant Auditor, Judy Harland, Treasurer; and Christy Kayser, Case Management Supervisor.

- He read from a statement by County Auditor Cindy Witt: It is imperative that the MHI remains open in Buchanan County. It would be a huge economic blow to lose it. It is a major employer. The highway system provides ease of transportation.
- He read from a statement by County Treasurer Judy Harland: The MHI is located where the highways bisect, making trips convenient. It is a grand landmark in the area and altering it would diminish Iowa history and have a devastating impact on the area.
- He read from a statement by County Recorder Diane Curry: The MHI is an irreplaceable asset to the community. It has a long and rich history and is of historical and educational value.
- On behalf of himself and fellow Supervisors Ellen Gaffney and Ralph Kremer, he commented: Buchanan County is surrounded by highly populated counties that avail themselves of the MHI services. Convenient access to the highway and the airport is important. The Cromwell Unit has treated and helped many young people. The MHI is the designated congregate care facility for our region in the event of an accident at the Palo nuclear power plant.

Julie Berner, Buchanan County CPC, commented: Closing the Independence MHI would increase costs to our county and the surrounding counties. Counties would have increased transportation costs for sheriffs and increased travel costs for court advocates. More importantly, consumers would lose ease of contact with county social workers and providers if they had to travel farther and it might increase the amount of time people have to stay at an MHI. It is very important for children and adolescents to have the involvement of family members and families are not always able to travel long

Iowa Mental Health Institute (MHI) Task Force

distances. This facility maintains Joint Commission accreditation. It takes the most difficult consumers who cannot be served elsewhere and helps many individuals return to their communities.

Brian Eddy, President of the Independence Area Chamber of Commerce, recognized board members, members of the Chamber Ambassadors, and Chamber Executive Director Tammy Rasmussen, who were also present, and commented: In the last two years our membership has risen from about 100 members to 200 members. Our community is growing. Monsanto is building here. The MHI is a solid foundation that helps us attract new businesses from outside the state to our community. I'd like you to think about the impact it has on bringing new revenues into the State of Iowa.

Devin Embray, Superintendent of Independence Community Schools, recognized the school board members and school district staff present, noting that two of the five current members of the school board are employees of the MHI, and commented: The families of the MHI employees are important to our district. Losing the children of 300 employees and more contractors would be profound to our schools. Our enrollment is already on a downward trend and we are struggling to keep programming at its current level. The Four Oaks program operated on the MHI campus offers education and training. The resources they need rely on the MHI and would be difficult to duplicate. The economic impact to the school system would be enormous in terms of funding, staffing, and programming. We hope to see the doors stay open.

Tom Eachus, Executive Director of Black Hawk Grundy Mental Health Center in Waterloo, commented: I worked here in the 1980s and I have submitted a letter of support. These facilities continue to play an important role in the system of care for children and adults with mental illness. As a result of the lack of beds at MHIs, community psychiatric hospitals see patients on a revolving door basis; emergency rooms are over-utilized, and resources are wasted transporting people across the state to access treatment. I believe the Legislature needs to look at the University of Iowa Psychiatry Program and the use of physicians employed there; they could be expected to provide services to community mental health centers. Incentives for new graduates should be developed and funded. We need to address Iowa's reimbursement rates that discourage doctors from coming here and incentivize the programs and services we need. I would like to see the State develop its own step-down program at the MHIs; they have the space, the staff, and the resources. If an MHI is closed, savings need to be invested in community based mental health services, not returned to the State's General Funds. I believe that number of mental health beds in Iowa should be expanded.

Rick Wulfekuhle, Buchanan County Emergency Management, said that his agency works in partnership with the MHI, introduced Mike Davis and Nikki Knapp, and commented: We work with the MHI on fire support and training. We have had two record floods in the regional since 1999, as well as tornados, and the MHI was able to pick up the burden of providing meals. I don't know how we would be able to replace

Iowa Mental Health Institute (MHI) Task Force

their contribution. The MHI is a valued partner—their presence, passion, and willingness to work together with others in the community are vital.

Mike Davis, Emergency Preparedness Manager at Duane Arnold Nuclear Energy Center, commented: Emergency plans are required for every nuclear energy plant, and in the unlikely event of an emergency at our facility, the MHI would serve as a critical part of our emergency response.

Keith Gatrost, Vice President of Residential Services for Four Oaks of Iowa, commented: We have 13 locations, including Independence. We have contracted with the MHI for the past 11 years to provide space and services for our programs. We started with a 15-bed residential treatment program, which now has 30 beds. Children from our program in Iowa City were relocated here during the 2008 flooding. We provide services here for some of the local school districts, and we serve some of Iowa's most needy children who have very severe emotional and behavioral challenges. We employ about 60 people at this site and on any given day we serve about 60 kids. Over the last 5 years we have served between 400 and 500 kids each year at this site. This location has been ideal for us and the relationship between Four Oaks and the MHI has been mutually beneficial for us and for the kids we serve.

Salem Jamell, a family member from Marshalltown, commented: I have a U.S. military and law enforcement background. My youngest brother, James, became severely schizophrenic and bounced around the State for many years until he ended up here. This facility provides services with proportionally less money every year and the dedicated staff provides remarkable peace and order for the patients. I have known many of the staff here for 21 years and I have not seen any decrease in the need for their services. My solution is CAFR—Comprehensive Annual Financial Report.

Bob Lincoln, CPC for Black Hawk, Butler, Cerro Gordo, Floyd, and Mitchell Counties, commented: I support continuation of the hard work that is done here at the MHI. It is good to have a good community-based system, but we must have a residential option for those with the highest level of need. We need the capacity to stabilize folks so they can return to the community. We also need to look outside Iowa at the number of people who have had to access services outside the State and make sure we develop the resources necessary to bring them home.

Carol Cook, University of Northern Iowa Social Work Department, commented: I direct internships for graduate and undergraduate departments and I consistently place students here at the MHI and Four Oaks because they offer unique training in mental health. The close proximity to UNI is important. The quality of the staff training and guidance provided to the students has always been high. The training the students receive here prepares them to serve in communities all over Iowa.

Larry Murphy, Mayor of Oelwein and former State Senator, commented: I was in the Legislature when we wrote the mental health bill of rights and when we passed Senate File 69. I am now the mayor of Oelwein. I think the fundamental question is efficiency

Iowa Mental Health Institute (MHI) Task Force

versus effectiveness. We have to look at the role of the four MHIs—they are the back bone and back-up for the system and have become resources in other areas. They play a role as a back-up for law enforcement when local beds are full. They are the undergirding of a mental health system that barely meets the needs.

I call on the Legislature to reject the notion that one MHI must close. There was a reason our forefathers put them in each of the four quadrants of the State. We have watched as workshop services for people with mental retardation were forced to change and the result is that many of the people who utilized them are now at home instead. We need to consider the impact of PTSD (Post Traumatic Stress Disorder); we are going to harvest the seeds of the last nine years of war in our local communities. The role of the MHIs is critical. We must consider the real impact on the ability of families to visit and be involved. This is the message you need to take back to the Governor and the Legislature: The measure of a government is how it treats the least of its citizens—we need to live up to that.

Pat Martin, Northeast Iowa Community College at Calmar, commented: We opened in 1966, and shortly after the nursing program began an affiliation with the MHI. Since then about 60 nursing students from NICC have come through here each year—a total of about 2500. They still come here and actually stay here on campus and they learn to understand the lived experience of the mentally ill. When our students leave our program they resoundingly tell us that the most valuable part of the program was the time they spent at the MHI. We are very proud of the education our students get here and we believe we turn out a very different kind of nurse who understands that every patient they see has some emotional issues just by virtue of the fact that they are dealing with health issues.

Margie O’Neal, Northeast Iowa Community College at Calmar, commented: Ten years ago I was a non-traditional nursing student who came here to learn. Now I teach and I feel that our students gain tremendous growth and become better professionals for the time they spend here. It has proven to be an exceptional learning experience for them.

Larry Woods, Fayette County Magistrate, commented: – I serve as a Magistrate in Fayette Count and am also an attorney in private practice. My wife works here at the MHI. If our county had to pay private hospitals for the patient care we have funded here at the MHI, it would probably have cost twice as much. We need more beds available for people. We always look at how we can cut, but we also need to look at areas where we can expand services. I see short commitments with a lot of recidivism; longer stays with better treatment would serve people better. It has been my experience as a judge that this has been the best place for most juveniles to end up, yet now there are only 15 beds and kids stay on waiting lists. It shouldn’t be a question of whether or not we need to close an MHI; it should be how we are going to treat people. We need to take care of the people who need care the most.

Melissa Keen, Social Worker from Mercy Medical Center in Cedar Rapids, commented: We don’t need to close an MHI. We need more beds. In a typical day we see 12

Iowa Mental Health Institute (MHI) Task Force

patients who need mental health care and do not have beds for them. Currently we have three patients that have been with us for more than 3 months. The MHI here is no longer a back-up option for us. Due to their waiting list, we have not been able to place a patient here in over a year. We are forced to send people out of state. Patients are sitting in emergency rooms for up to 24 hours. This is not the treatment lowans deserve. Closing an MHI will only create more problems with the backlog of patients who need beds.

Nancy Fischer, Patient Advocate from Dubuque County, commented: When a patient is involuntarily hospitalized, a patient advocate is assigned to represent that person's rights and interests. I am one of those patient advocates. There is a waiting list to get people into the MHIs ad they are getting turned away from local hospitals. We are interested in protecting the rights of patients. When people can't be admitted here it falls back on the local hospitals, but I see them suffering as well. I hear about patients getting served because they are indigent or have a lot of symptoms, but services need to be available for more than just the indigent and those who cannot be served at the local level. I worked for years to find a placement one person. Patients come to the MHI after they have failed in other less restrictive settings. We need the MHI as a back-up plan to make our community services work. Community providers are reluctant to take people who have previously had problems when there is no back-up plan. As an advocate I travel to see my clients and that is my responsibility, but I don't want to see families have to do that. The goal is to have patients live independently in the community, but we need the MHIs to help make that possible.

Brian Schoenjahn, State Senator, District 12, commented: The overflow crowd here today demonstrates an overwhelming show of support from the community. I first encountered the MHI when I brought students here to learn. To move Iowa forward we need great education, great jobs, and a great quality of life—part of that is having health care, including mental health care. A year ago, Senator Tom Hancock and I came to Independence and Dr. Dave gave us a tour. I would like to get the people who are in corrections and in need of substance abuse treatment moved here to Independence to get that treatment—the MHI has the facility and the staff. I think it would be a move forward and would improve Northeast Iowa.

Mary Williams, Benton County CPC, commented: The shortage of mental health beds is huge. Last year we were looking for a bed for a person who had been committed. There are over 70 state psychiatric beds in Iowa and on one particular day we were told there was not a bed available anywhere in the state. Benton County residents have had 1333 patient bed days recorded at the MHI over the past 5 years. They have worked with us to place and treat our most difficult cases. The MHI has been called on and responded when the area experienced flooding; it is a major part of the emergency plan for Palo. We should be looking to expand the services at the MHIs, not looking at closing one. There is a huge need for mental health services for both children and adults.

Iowa Mental Health Institute (MHI) Task Force

Lee Hauptert, Judicial Patient Advocate for Marshall County, commented: Marshall County is located in the Cherokee MHI catchment area, but I have clients here. I am concerned because psychiatric units are closing and my clients have to go out of town for hospitalizations and evaluations. The MHIs were positioned so that everyone in Iowa would have relatively easy access to one of them. The logistics and expense of additional travel is a burden to families. Family support is vital to treatment. With an ever-expanding need and an ever-shrinking pool of resources, the needs of humans should come before the dollars.

Bob Richard, CEO of Buchanan County Health Center, commented: I want to thank my staff and acknowledge those who are present today. There is a strong working relationship between our institution and the MHI. We serve all of Buchanan County and the areas that surround us. Our mission is to care for people and Dr. Dave and his staff shares the same commitment. It is a good symbiotic relationship with the MHI. In the last 18 months, we have had 140 patients with a primary mental health diagnosis; of those, 92 have been transferred into a facility. Only 9 have come here because the MHI didn't have the beds to accommodate more. All four MHIs are fine facilities. All four communities have needs. We need to look at how we can enhance them.

Kitty Rehberg, former State Senator, commented: There is a critical need to maintain this institution. In 1991 and again in 1997, actions were taken to downsize the state institutions; we need the beds that are left. The first priority of this facility is its patients. The children served here have critical needs and their treatment is essential to their success as adults. Their hope for the future is treatment by qualified staff. The adults here also need treatment so they will have an opportunity to once again return to the community. Some of them need to be here because there is nowhere else for them to be. I encourage this Task Force to recommend that the MHIs continue to fulfill the needs of Iowans and that the Legislature examine other areas in the budget where money could be freed up for use. One of the responsibilities of government is to take care of those who cannot take care of themselves, and that is what the MHIs do.

Julie Schwarting, owner of B & D Services in Independence, commented: I provide waiver and habilitation services. Many of my clients have had multiple admissions to the MHI and many do not have family supports, so they have become long term residents of independence. It is a culture shock for people to leave the MHI; it helps them to have the MHI close by so they can call a familiar doctor or social worker. Some are comforted by coming back and visiting the grounds. We know if a client is not successful they can come back here for stabilization and then go back to the community with a good chance of doing better. As a community provider, I know that if I had to drive several hours when those things happen, I might not be as willing to take people who might be difficult to serve. The MHI helps make community services possible for many people.

Rich Zeis, Adjunct Professor of Psychology at Upper Iowa University in Fayette, commented: Many years ago I had a student with a whole host of mental health issues who had to leave school. After his treatment here at the MHI, he was able to come

Iowa Mental Health Institute (MHI) Task Force

back to school, resume his studies, and keep his life intact. I know of several other similar cases. I have brought a number of classes here for tours and have had good experiences. The staff has always been willing to talk to them and answer their questions. That speaks to their commitment to community services.

Barb Kreig, Director of Nursing Education and Health Sciences Manager at Hawkeye Community College, commented: My two daughters were among the students who have come here to learn. You have heard that there is a nursing shortage. In about 2012-2014 we will be looking at a critical shortage. The clinical component of nursing training is taught here at the MHI. We need clinical instructors as well. We value the expertise the MHI gives our students. About 80 students a year compete for the positions here. If this MHI were to close, we could not fulfill the mental health needs in Black Hawk County and people who have to travel much farther.

Leah Cabalka, a Licensed Practical Nurse at Independence MHI, commented: According to NAMI (National Alliance on Mental Illness), ten percent of all children and adolescents suffer from emotional impairments that significantly impact their lives. I was born, raised, and live here in the area. The MHI provides 55 beds for adolescents and children. Four Oaks has 42 beds. We have built a program that promotes mental wellness and helps children learn what they can do to make the changes they want in their lives. With the adolescent and PMIC programs in the same building they can take the next step toward going home without leaving their school and the familiar setting. Every day I feel a sense of hope that I am going to make a difference in one of their lives—and maybe in all of their lives.

Heather Brustkern, a Registered Nurse at the Independence MHI, commented: I want to acknowledge all the MHI nursing staff present; we are all here because we care and we want to make a difference. I first came here as a student at Hawkeye Community College. I walked in here having already been offered a job in an intensive care unit at a regional hospital, and almost two years later I am still here. I see kids walk in here scared, wounded, and alone, and walk out with their heads held high and ready to face the world.

Jan Heidemann, Bremer County CPC, commented: Closing this MHI would increase county costs for transportation that come out of the mental health fund, increase use of the corrections system, and decrease visits from family and interaction with service providers. We almost always have someone here at the Independence MHI from Bremer County. They serve the sickest people and they serve them well. We need them here.

Elaine Lewis from Lamont, commented: I have been involved with the women's correctional facility in Mitchellville. It seems that when people have no other place to go, they end up in prison. I understand that about 75 percent of the women there have mental health issues, nearly 90 percent have some kind of substance abuse issues and many have both. I would like to see these women treated in a setting more like the MHI

Iowa Mental Health Institute (MHI) Task Force

so that they don't suffer more abuse. Please find a way to bring them back to this type of setting and don't continue to send them to prison because they don't fit in a category.

Michelle Ficken, Registered Nurse at Independence MHI, commented: I want to remind you of the little 8-year-old boy who helped show you around on your tour. You saw the spark of light he has and this is because he's getting the help he needs here. People are treated with dignity and respect here, and, as you saw, we have more room and could use it to help more people.

Gene Ficken, State Representative, District 23, commented: We have at least six local mayors here today. This issue affects the whole county and the surrounding area. This is home for many of us. Look at the whole community. I started as a classroom teacher in Independence in 1966. Look at the longevity of the staff—they is not just a job, but a career for them. Look at the training provided here. Look at the success of the patients treated here. We have people with vision. We need this MHI—we need all the MHIs. Thank you for coming to hear from us. Please look at the people, and not just the figures on paper.

Dr. Abdur Rahim, a psychiatrist in private practice in Waterloo, commented: I work in private practice with other psychiatrists and we all see patients who can't be managed. We have concerns about because we see patients who should be transferred here for treatment and cannot get admitted. The services of the MHI are needed by mental health providers in the community.

CLOSING REMARKS

Dr. Dave concluded the public comment period, saying: You have heard people addressing the need for local access to mental health services. What we accomplish here would not be possible without our 300-plus staff; they are the ones who deserve all the credit. There have been about 400 citizens who came here today—this auditorium and the over flow room have both been filled. We have received 55 written testimonials that I will present to your Chair. If you have any other questions, please contact me.

Ro Foege thanked everyone for their comments, and said: We have heard loud and clear that you have good quality services here, that you have a quality and caring staff that is always ready to help, and that the MHI is a very vital part of the community and all of northeast Iowa. We have also heard that this is a wonderful training site for a number of caring and helping professions, and that you would like this Task Force to call for the expansion of mental health services and the expansion of beds, not the closure of an MHI. Thanks to all of you, and thanks to the Task Force members for your caring and support.

The meeting was adjourned at 5:45 p.m.

Minutes respectfully submitted by Connie B. Fanselow.