

Iowa Mental Health Institute (MHI) Task Force

APPROVED MINUTES

Meeting 4: October 12, 2009, 10:00 am to 5:00 pm

Administration Building, Auditorium

Clarinda Mental Health Institute

1800 North 16th Street, Clarinda, Iowa

TASK FORCE MEMBERS PRESENT:

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

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

TASK FORCE MEMBERS ABSENT:

Thomas Hanafan

OTHER ATTENDEES:

Pam Alger
Richard Anderson
Aaron Baack

Teresa Barlow
Jess Benson
Kent Dinnebier
Dave Ehler
Connie Fanselow

Elaine Farwell
Dave Heaton
Jennifer Jacobs
Julie Jetter
Phil Jorgensen
Gordon Kokenge
Mark Lund
Mike McFarland
Jean Negley
Kelley Pennington
Gary Rock
Renee Schulte
Becky Shilhanek
Brad Trow
Robyn Wilson

DHS, MDHS Children and Youth Bureau Chief
State Representative, House District 97
DHS Office of the Deputy Director for Field
Operations
Clarinda MHI
Legislative Services Agency
Clarinda Herald-Journal
District Director, Office of Congressman Steve King
DHS, Division of Mental Health and Disability
Services
Clarinda Chamber of Commerce
State Representative, House District 91
The Des Moines Register
DHS, MHDS Community Services Consultant
Compliance Officer/Chaplain, Clarinda MHI
Mayor of the City of Clarinda
Superintendent, Clarinda MHI
Executive Director, Clarinda Academy
Clarinda Youth Corporation/Clarinda Academy
DHS, MDHS Adult Bureau Chief
Support Services Director, Clarinda Academy
State Representative, House District 37
Director of Nursing, Clarinda MHI
Iowa House Republican Staff
DHS, MHDS Community Services Consultant

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WELCOME

Task Force Chair Ro Foege opened the meeting at 10:00 a.m. He welcomed everyone to the meeting, said the Task Force members had received a warm welcome from Superintendent Lund and Phil Jorgensen, and were pleased to be in Clarinda. Ro thanked the members of the Task Force for their participation and acknowledged the presence of two State Legislators, Representative Dave Heaton from Henry County and Representative Richard Anderson from Page County.

Ro asked if there were any corrections to the minutes of the September 28, 2009 meeting in Independence; hearing none, the minutes were approved as presented.

OVERVIEW OF CLARINDA MHI

Ro introduced Superintendent Mark Lund to present an overview of the Clarinda Mental Health Institute. Superintendent Lund indicated he has been working at the Clarinda MHI since 1982 and has been part of huge transformations that have occurred on the campus. He said he intended to focus on what is done at the facility, and also to provide the members of the Task Force with a sense of the history of the complex.

HISTORY – Superintendent Lund said that Clarinda was built in 1885, the third of Iowa's four MHIs to be established. It opened in 1888 as the Clarinda Asylum for the Insane. He said at that time the street outside was called Wall Street because there was a wall around the facility that separated it from the outside community. Since then a great deal, including the wall, has changed. He said that in the early years people from the community didn't set foot on the campus, and now the campus is part of the community.

In the intervening years, Supt. Lund explained, changes in mental health treatment led to changes in the operation and population of the facility, notably:

- The introduction of psychotropic drugs in the 1940s
- The use of lobotomies in the 1950s
- The second generation of psychotropic drugs in the 1960s
- The community mental health center movement in the 1970s and 1980s

Supt. Lund said that at one time the expansive facility served over 1400 people, but that there has been a radical decline in the MHI population since the 1970s and the decline is continuing. He said he wanted to show some of the win-win solutions at the Clarinda facility that have been born out of crisis.

WAUBONSIE MENTAL HEALTH CENTER – In the early 1990s, he explained, the State experienced a major budget crisis and the Clarinda MHI was cut by 25 percent and they were challenged to diversify and put their large infrastructure to work. In the 1970s, Waubonsie Mental Health Center was opened on the campus. The MHI made space available to the center for \$1 a year and staffed it with people who took extra shifts in addition to working at the MHI. Supt. Lund said it was controversial at the time to locate a community mental health center on the MHI grounds, but, he said, that helped get it

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off the ground, and it has worked well ever since. He said the MHI has created a symbiotic relationship with other operations, noting that the MHI remains the foundation and host for the rest of the campus.

CLARINDA TREATMENT COMPLEX – In the 1980s, in the midst of prison overcrowding, a building on campus was converted into a prison. Supt. Lund noted that the same thing had been done about 5 years earlier at Mount Pleasant and had been very controversial at the time. He noted that MHI and prison staff, superintendents, and everything about their operations were separate then. He explained that on the Clarinda campus a decision was made to share everything on a large scale, and to provide services to prisoners with mental illness, developmental disabilities, and substance abuse. He said the MHI staff, staff from Glenwood, and substance abuse staff all helped with the prison population, noting that there was opposition to it in the beginning, but that it proved to work well and continues to work well. The name of the facility was changed to the Clarinda Treatment Complex to reflect the shared services and diverse programs on campus.

GEROPSYCHIATRIC UNIT – Supt. Lund noted that the state faced another round of deep budget cuts in 1991. In addition to its adult mental health beds, Clarinda started its geropsychiatric unit at that time. The geropsychiatric unit created a specialized intermediate level of care (ICF). He said they were on “uncharted waters” and failed their first survey because there were no standards in the state that really matched the kind of clinical program they were running. He said they soon worked through that, lowered costs, and provided more effective services to patients.

CLARINDA ACADEMY – Supt. Lund said that they still had a problem; they were using only 7 of the 18 living units in the huge complex and needed to make use of the space. He said the community got involved. They learned about a man who wanted to start a program for youth in the Midwest and contacted him. Soon they formed the Clarinda Youth Corporation and started a juvenile facility on a small scale. He noted that there were difficulties in getting a contract and they discovered some barriers in state law that had to be addressed, but they got it done. At the time, he said, Iowa had many juveniles who had been found to be delinquent placed in other states, and many were brought back to Clarinda.

The Clarinda Academy is now licensed for 257 beds. Right now they are serving 191 boys, 60 girls, and 15 youth in the shelter program, with 212 employees. Supt. Lund indicated that 50 percent of the youth now being served are from other states. He said their presence means increased dollars for Iowa and improved services to youth. He said that since Clarinda Academy was established it has made at least \$2 million in capital improvements to the campus at no cost to the State, and that they have recently constructed a new gymnasium that seats 900 people. Supt. Lund noted that a similar program, the Woodward Academy on the grounds of the Woodward State Resource Center, was started after the Clarinda Academy proved successful. He said, “We diversified the campus and put it to work.”

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PRISON EXPANSION – In 1996, prison overcrowding became an issue. Supt. Lund said the prison building on grounds that was designed for 120 prisoners was housing 400 inmates, and yet it was not the most overcrowded prison in Iowa. Heartland Corporation was created and “without one penny of State money” devised the plan to build a new state-of-the-art \$22 million, 750-bed prison on the Clarinda campus. Supt. Lund said most prisons take 2 to 3 years to build, but this one was finished in 18 months because the campus shared everything—superintendent, medical staff, kitchen, laundry. He said Newton and Fort Dodge both took their plans and built similar facilities. The Clarinda correctional facility now has 854 inmates and employs 277 staff. Supt. Lund also serves as warden of the prison, which currently houses about 900 medium security inmates. He said he believes the sharing of resources between the MHI and the prison probably save one-half to one million dollars a year.

OTHER PARTNERSHIPS – In 2000, H & H Trailer Manufacturing began operating on the campus. At its peak, H & H was making over 90 trailers a week, employed 7 individuals from the community, and provided “real-life” work for about 50 prisoners. As much as one-half million dollars a year has been returned to the State General Fund out of the manufacturing operation. Supt. Lund noted that currently the business is in the process of being sold and that he expects a new owner will soon be found to resume operation.

In 2005, a building known as the “Employee Lodge” was converted for a new use. The State was running out of space for hardened criminals so inmates who could be housed in less secure settings were moved to this building to free up more space in the secure area. Supt. Lund said the inmates living in The Lodge as those who have jobs outside the fence and are not a danger to others. He said the prisoners work on campus, sort trash for Page County, work at the Iowa State University research grounds, and perform other public service work in state and county parks, mowing the nearby cemetery and helping to build dorms and assemble furniture for the college in Council Bluffs.

In 2007 Zion Recovery Services, which provides substance abuse services, moved onto the Clarinda campus. The campus also includes:

- Vocational Rehabilitation, (3 employees) which serves about 200 clients per year
- Iowa Medicaid Enterprise, (1 employee)
- Human Services Food Stamp Quality Control Office
- Retired Senior Volunteer Program (RSVP), a program that coordinates the efforts of about 200 volunteers

Supt. Lund said the facility was at its lowest point in the early 1990s when 250 to 300 people were being served. He said since that time they have probably doubled the number of employee and now serve thousands of people out of the Clarinda Treatment Center campus. Supt. Lund noted that Appendix D of the Overview document listed the wide variety of ways the facility is involved in the local community and training activities.

TRAINING -- He noted that the MHI trains a lot of people who are not directly associated with the campus. He said they have been training nurses since 1897 and

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currently work with nursing students from Western Iowa Community College and Southwestern Community College. In addition, the Clarinda MHI provides pre-service and in-service training for:

- Physician assistants
- Psychiatrists on rotation (most from Creighton University in Omaha and the University of Nebraska at Omaha)
- Psychology and social work students
- Paramedics
- Nurse practitioners
- The University of Iowa Geropsychiatric Fellowship Program
- Law enforcement officers
- Area residential care facility personnel
- Regional hospital personnel

Supt. Lund said that the MHI is very intertwined with the community when it comes to emergency preparedness and support, and noted the Clarinda fire chief and the Clarinda football coach work at the facility.

TASK FORCE QUESTIONS – Neil Broderick asked what the benefit to the MHI is from training professionals. Supt. Lund responded that having students in training helps the MHI provide more personalized patient support and the MHI also has the opportunity to hire some of the students who have trained there.

Deb Schildroth asked if the MHI shared a psychiatrist with Waubonsie Community Mental Health Center on grounds. Supt. Lund responded that they had a long history of that kind of sharing and said it has been a very good relationship.

Annette Scieszinski asked Supt. Lund what idea was incubating right now for the facility. Supt. Lund responded that the most immediate project is to get H & H Trailer back up and running, so he has been showing companies through the facility and looking for a buyer. In terms of expanding, he said, the 10 percent across-the-board State spending cut that was announced last week has caused them to step back and look even more carefully at what their customers need. Annette asked how the space housing the MHI wards would be used if they didn't have the mental health beds. Supt. Lund responded that the MHI is the host program to all the operations on campus and that if that was taken out, everything else would be thrown into a "tizzy."

Maggie Tinsman asked for a clarification on the number of MHI beds and staff. Supt. Lund responded that there are 55 MHI beds and 103 funded staff. He said that 50 of the 55 beds were occupied that day. Maggie asked how many of the people treated at the MHI would be considered to be chronically mentally ill. Supt. Lund responded that he would defer to the treating professionals, but that all of the people they see are very ill and are those who have not found the treatment they need in the community. He said that if the patients who are admitted to the MHI were treated in the community, he believes it would cost much more if the services were available. He said that they work hard to attract and retain good medical professionals who like rural Iowa and are willing

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to work for the money that is available even though they could earn more in other places.

CLINICAL PROGRAMS – Supt. Lund said, “We think we provide the best clinical care.” The acute psychiatric unit achieved no deficiencies in the latest CMS [Centers for Medicare and Medicaid] survey in September 2009. He noted that the psychiatrist on the survey team called them “fantastic.”

Supt. Lund said the 55 MHI beds are a treatment of last resort for many patients. The 20 adult acute psychiatric hospital beds serve a 14 county area. He said they are surveyed by the Iowa Department of Inspections and Appeals, noting that a decision had been made to give up their Joint Commission accreditation because the cost savings allowed them to keep an additional employee for patient care. He said that the patients they are seeing are more acutely ill than ever before. They are seeing the effects of methamphetamine use and seeing a lot more co-occurring mental health and substance abuse disorders. Clarinda MHI has the lowest average and median lengths of stay. Supt. Lund said they make the most efficient and effective use of their hospital beds that they can.

Ro Foege asked what the longest length of stay is for the patients who are currently at the MHI. Supt. Lund said he would have to check on that. He said they have the second highest number of admissions for their adult psychiatric unit of the four MHIs—about 200 a year. He added that there are not a lot of mental health commitments in the southwest part of the State, noting that the community providers try not to commit people because it saves court costs, preserves patient dignity, and helps the patients get back out of the hospital faster.

Supt. Lund said that most of the people who are admitted to the geropsychiatric unit have been rejected by 5 or 6 facilities before they came to the MHI. Many also have multiple medical conditions, are incontinent, and some are not verbal. He said nursing homes cannot handle these patients because they are highly disruptive. The MHI serves the people who have been “kicked out” of nursing homes and have no place to go. He said the geropsychiatric program has achieved the highest CMS rating for nursing homes, a five-star rating. Ratings are taken from three sources of data—health inspections, staffing, and quality measures. He said there are 447 nursing homes on Iowa, and they are one of only 58 to have achieved the five-star rating.

Supt. Lund said that Clarinda MHI has the lowest usage of restraint and seclusion per 1000 patient hours of the MHIs. They have achieved a 98 percent reduction since 2001 and have had the lowest usage for the last five years. He said that is a tribute to the ability of the staff to handle tough situations, keep everyone safe, and do so without resorting to restraint and seclusion except in rare instances.

He said that because the MHI and other programs on the Clarinda Treatment Complex share, they have achieved the lowest per diem for 6 of the last 7 years and the lowest cost per patient stay for the last 5 years. He said that as MHI employment has declined,

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total campus employed has more than doubled over the last 20 years. The costs of renovations to the campus have been reduced due to MHI staff labor. Supt. Lund said they are proud that their success has been achieved in rural Iowa and that their ideas have been replicated all over the State.

Supt. Lund said they are also proud of the feedback they receive on patient satisfaction:

- The acute psychiatric program surveys have had an 89 percent return rate and showed that 92 percent responded positively that “patient needs were met.”
- The geropsychiatric program surveys have had a 44 percent return rate and showed that over 93 percent responded positively that “patient needs were met.”
- Comments here included:
 - “Everything always seems to be nice and clean.”
 - “I think my family member is in the right place.”
 - “We are pleased with our family member’s treatment the last few years.”

Supt. Lund concluded his presentation by saying: We are proud of our facility. I look forward to taking you around on the tour later. I am a proponent of keeping the four MHI facilities in the four quadrants of the State. Both urban and rural areas need the access, but it is critical in rural areas where there just aren’t psychiatric hospital beds available.

TASK FORCE DISCUSSION

Annette Scieszinski asked if hospitals in urban areas are better equipped to take patients of last resort than rural hospitals. Becky Shilhanek, Clarinda MHI Director of Nursing responded that urban hospitals are set up for providing very short term acute care for three to five days. If patients need more than that, they often come to the MHI. She said they see the people who don’t have insurance, don’t have money, don’t have family support, and don’t have other resources. Becky said they currently have about 10 people on a waiting list for the geropsychiatric unit. Supt. Lund noted that the facility has additional room and could expand that unit with funding.

Ro Foege asked what the possibility would be of developing a mobile response unit to go out from the MHI to stabilize someone who was having a crisis. Becky responded that they have the capability to do that, but do not have the staff and resources at this time.

Sid Morris asked for a clarification of the process of establishing the number of beds that are appropriate for each MHI. Supt. Lund responded that when they started the geropsychiatric unit in the 90s, they went through the certificate of needs process. He also noted that the University of Iowa has done quite a bit of research on the subject. Supt. Lund said he thinks there are about 250 to 300 people in Iowa who would meet the clinical criteria that currently applies to the geropsychiatric unit, and noted that it appears to be a growing population. Sid asked who makes the decision about how many beds are available at the MHIs. Supt. Lund responded that it is dependent on the

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DHS and State budget process and the level of funding made available by the Legislature.

Annette Scieszinski asked what critics of the MHI would have to say. Supt. Lund responded that most of the severe critics he's heard from have never been to the campus. Of the people who know us, he said, the criticism would probably be that it is too hard to get a patient in here.

Chris Louscher referred to page 22 of the Overview document showing discharges from the geropsychiatric program, noting that it indicates there were only 14 discharges in 2009 and 10 were due to death. Supt. Lund said that a small number are discharged to other nursing home settings either because they have gotten better and their care can be managed there or because their health has gotten worse and they are no longer disruptive or dangerous to others. Becky Shilhanek added that there are usually about 4 or 5 patients each year that can be placed in community nursing facilities. She noted that since the unit was started, probably about 50 percent of the people served have been under age 65.

Deb Schildroth asked how the shared services work in terms of the respective budgets for the Department Human Services and the Department of Corrections. Supt. Lund responded that once the prison started serving more people than the MHI, the administrative part of the budget started going through Corrections. He said he is literally employed by both the DHS and Dept. of Corrections. He is the Superintendent of the MHI and also the Warden of the prison.

Preston Daniels asked about length of stay, noting that according to the Overview document it is significantly longer for blacks and Hispanics. Supt. Lund indicated that he believes the numbers of patients in those minority groups are so low that the length of stay probably doesn't have statistical significance. Phil Jorgensen said that currently there are no blacks in the program, but the number of non-white patients is so low that one individual in that group with a long length of stay could significantly change the numbers.

Dan Homan said he is concerned with veterans who experience delayed stress from war and come home with traumatic brain injuries from roadside bombs. He asked how that population will affect the MHI and if they could treat more people at the facility if they had more beds and staff. Supt. Lund responded that they were also concerned about veterans and that they could indeed serve more people if they had funding for the staff and resources.

WRAP UP AND INTRODUCTIONS

Ro Foege announced that the next meeting of the Task Force will be in Mount Pleasant two weeks from today. He acknowledged State Representative Renee Schulte, who had joined the meeting, and asked the members of the Task Force to introduce themselves to the larger crowd that had assembled during the presentation.

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The meeting was adjourned for lunch at 12:00 p.m.

Supt. Lund and Phil Jorgensen guided the members of the Task Force on a tour of the MHI and the treatment complex from 1:00 p.m. to 3:00 p.m.

PUBLIC COMMENT INTRODUCTION

The Task Force reconvened in the auditorium to hear public comment at 3:00 p.m. Approximately 400 people were present. Task Force Chair Ro Foege thanked everyone for coming. He thanked Supt. Lund and his staff for their hospitality and the information they provided. He thanked the members of the Task Force, noting that this group is traveling around the State “on their own dime” because they are very dedicated and share a concern about the delivery of mental health services in Iowa.

Ro said, “We are here to listen. We share your concerns about services, employees, and economic impact to the community.” He noted that some members of the Task Force may have to leave at 5:00 pm for other commitments, but he and as many others who can, would stay until everyone who wants to speak has been heard. He introduced three State Legislators who were present: State Representative Dave Heaton, State Representative Renee Schulte, and State Representative Richard Anderson. He also introduced David Ehler, representing Congressman Steve King. Ro and the other members of the Task Force introduced themselves.

PUBLIC COMMENT

During the facility tour, a patient on the geropsychiatric unit commented: My family is here. They take good care of me. After I became paralyzed, no one wanted to take care of me, but they are glad to have me here, and I’m glad to be here. This is my home. The people here are the only family I have and I want to stay here.

John Greenwood, Executive Director, Clarinda Economic Development Corporation, commented: On behalf of the community, we feel we have quite a facility here. In terms of economic impact, closure of the MHI would cause a loss of 103 jobs here on campus and create a ripple effect that would lead to the loss of another 40 sales and service jobs in the community. The community would lose about \$7 million in salaries from the MHI, and another \$1 million in salaries from area businesses. In terms of education, the loss of tax dollars would severely impact the educational capabilities of Clarinda and the surrounding communities. More than 40 students in the Clarinda School District have parents who are employed at the MHI. The costs to counties in transportation and time would increase because services would not be available locally.

Other on-campus entities would be negatively impacted, including: the Clarinda Correctional Facility, Clarinda Academy, Waubonsie Mental Health Center, Zion Recovery Services, Clarinda Area Volunteers, Vocational Rehabilitation, Iowa Medicaid Services, and Iowa Food Stamp Quality Control. The projected cost savings are minimal. The savings associated with the closure of one of the State’s MHIs is in the \$1

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million to \$2 million range. The increased costs to the State, county, and local governments to continue to provide the same services in a different context may in fact increase the overall costs to taxpayers.

The impact on individuals and families seeking mental health services would be severe. Costs would rise dramatically for families. Many of the families affected will be those who are least able to afford the additional costs and least able to travel distances to seek the services they need.

Chad Wellhausen, Director, Iowa Western Community College, Clarinda Campus, commented: I am also a board member of the Clarinda Economic Development Commission. We know that every community would be impacted by a closing. The State is facing tough financial decisions and creative solutions are needed. I want to talk about creative solutions. I want to urge you to use Clarinda as a model of how public-private partnerships can create win-win relationships. We need “efficiency not elimination.” Clarinda MHI’s creative approach has created partnerships that have resulted in public and private economic development and have resulted in lower costs of services as indicated in the State Auditor’s Report. Clarinda can serve as a model for efficiency, not elimination, in mental health services.

Gary Rock, Support Services Director, Clarinda Academy, commented: Clarinda Academy was established on this campus in February 1992. It is overseen by the Clarinda Youth Corporation. We serve 206 males and 60 females between the ages of 12 and 18 years. Clarinda Academy has made well over \$2 million in capital improvements to the campus. Fifty-one percent of the revenue generated by Clarinda Academy comes from out of state, bringing more dollars into Iowa. Over the last 8 years, Clarinda Academy has paid the State of Iowa over \$9.2 million under its lease agreement. This is a model that should be emulated and used all over the State. It allows us to provide the best care and maintain cost efficiency. Please leave the Clarinda campus as it is and we will continue to set the standard for the rest of the State.

Mary Anne Gibson, Director, Waubonsie Mental Health Services, commented: Waubonsie Mental Health Center was started in 1982, initiated by a cooperative effort of the State, the MHI, and the surrounding communities. Our main office is located here on campus. It was one of the first outside agencies to be co-located here. The relationship between the MHI and the mental health center provides a model for treatment delivery. A member of the Waubonsie staff attends weekly meetings with the MHI staff to work on collaborative planning for patient discharge. This model allows us to maintain a continuity of care to clients and maintain a planned approach to treatment and discharge. The consistency of treatment has resulted in reduced length of stay, increased efficiency in the use of treatment dollars, and better outcomes for people. Clarinda has the lowest average length of stay and lowest median length of stay of the four MHIs. A reduced length of stay impacts county service dollars. People do better with a solid and coordinated continuum of care. Inpatient hospital beds and a facility that provides for stabilization and treatment are very needed in this rural area of

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southwest Iowa. Our attempts to engage in similar collaborative relationships with private hospitals have proven to be difficult and unsatisfactory. It is our belief that the State of Iowa should consider how we can improve the system of care and the delivery of mental health services in all areas of the State. Building strong partnerships between the stable infrastructure of mental health institutes and community mental health centers could lead to increased efficiencies and more effective treatment results.

Richard Davidson, Page County Attorney and newly appointed District Court Judge, commented: I would like to focus my comments on the individuals we serve. I believe it would be irresponsible for the State to close any of the four MHIs. It would mean citizens who are already in a fragile state would be transported away from their families, friends, and familiar mental health providers. It would place the burden on those who can least tolerate it. When beds are taken away or moved, services are delayed, and may be denied. Page County averages 85 involuntary commitments a year. Clarinda has a long history of accepting voluntary admissions without a court order; a practice makes even more sense in a time of scarce resources.

Many criminal defendants suffer from some form of mental illness. Early and appropriate treatment for these individuals serves to prevent some serious criminal behavior. While mental health services are expensive, they are less expensive than criminal prosecution and incarceration. The Clarinda MHI agreed to perform 812 competency evaluations of criminal defendants—without those evaluations, people sit in jail waiting and costing tax dollars. Rather than closing any of the four MHIs, the State of Iowa should focus on how we can improve the delivery of mental health services in every corner of the State.

Keith Brothers, Chief of Police, Clarinda Police Department, commented: Clarinda MHI is a huge tool in our tool box. Law enforcement is dealing with more mental health issues than ever before. Jail beds are being used for offenders with mental health issues who should be in acute psychiatric beds. Jails are ill-equipped to serve people with mental illness. We need more acute psychiatric beds in every facility across the State, not less.

Lyle Palmer, Page County Sheriff, commented: I have concerns about safety issues, transportation issues, and financial hardships. We are the ones who bring the court ordered committals to the MHI and take them to hearings. It is obvious to us that the longer the transport, the more difficult it is for the person who is already in a difficult state of mind. Often other law enforcement personnel have to be called in to help with transports and that means they are not available for law enforcement duties elsewhere. Area law enforcement entities have great respect and appreciation for the mental health professionals here at the Clarinda MHI.

Paul Honnold, Superintendent, Clarinda Community School District, commented: The staff members of the MHI have over 40 students enrolled in our district. The potential closure of the MHI would have a direct impact on those students personally and educationally. It would have a financial impact on our district. If the families of 40

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students we to relocate to find jobs, it would mean the loss of \$250,000 in general fund revenue to our district. That doesn't include the additional funds student enrollment generates from other sources. It would have direct impact on the number of staff and programs that we would be able to provide. Declining enrollment in rural districts is already eroding educational programs. We have to do things to promote and sustain jobs in order to support quality education for the youth of southwest Iowa.

I would like to suggest that this group's recommendation be to look for better methods of using the existing facilities in a more efficient and cost effective manner. I believe mental health issues are on the rise, but our methods of dealing with them have shifted. A 2006 report from the Iowa Department of Corrections stated that 34 percent of the 8800 inmates in our prisons had a psychiatric diagnosis. That means over 2700 mentally ill people are sitting in our prison system today, and the number is growing. If the projections are correct, by 2018, there will be more than 3000 mentally ill people in our prisons. Yet the number of people being served by the MHIs has substantially decreased. The Iowa Department of Human Services report shows that in 1940 there were over 6000 people being served by the MHIs. By 1960 that number dropped to about 4000 people. Today the total admissions to the MHIs are less than 2000, with a daily capacity of less than 300. It seems that we have shifted focus from helping people deal with mental illness to putting them in prison. Instead of identifying people early and providing a proactive approach to mental health care, we are reacting to behaviors after crimes have been committed and putting mentally people in a prison system that is equipped to punish, not treat. If we could have identified and treated half of the mentally ill people who are in our prisons today, maybe we could have saved a life, saved a family the agony of losing a loved one, and saved a community from grieving the loss of a dear friend. I hope this committee's recommendation will focus on how we might better service the mentally ill in Iowa by using the existing MHI facilities and the reduction of the overcrowded prison system.

Cheryl Gibson, President of AFSCME [American Federation of State, County, and Municipal Employees] Local 2992, and an RTW [Residential Treatment Worker] at the Clarinda MHI, commented: We have taken on many challenges and made this a diverse and viable campus. We provide quality care here. The MHI plays a large role in the community and the surrounding area. Without the MHI, the rural counties around us would have additional costs. We would not be able to serve as the placement of last resort for patients who have been turned away from providers in the community. Our State ranks in the top five for the number of elderly citizens; we cannot afford to lose our only geropsychiatric facility.

Chris Stipe, CEO, Clarinda Regional Health Center, commented: The Clarinda Regional Mental Health Center provides acute care and outpatient services to all those who make up the Clarinda Treatment Complex. We are in the early stages of building a new hospital to serve this area. Our physicians and social workers are seeing an increased need for mental health services. We need more services in southwest Iowa, not less. The geropsychiatric beds are often full when we try to refer patients. Sometimes patients can only be admitted after there has been an incident, which puts

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people at risk. The MHI, Waubonsie, and Zion have a relationship that works. The cost and inconvenience of sending people elsewhere for treatment doesn't work and doesn't make sense. Please help us meet the mental health needs of the community by keeping the Clarinda MHI open.

Jane Miller, Page County CPC Administrator and Case Management Director, commented: [Jane shared a scenario illustrating how local access to mental health treatment would be impacted by the closure of the MHI.] Last year Page County paid \$73,000 for inpatient mental health inpatient services: Eighty-three percent of that, or about \$61,400, was paid to this MHI. That amount funded 31 patient stays at a rate of \$276.31 per day. Seventeen percent, or approximately \$12,000, was spent at the county's two private hospitals. That amount funded 14 patient stays at an average cost of \$650 per day. All sheriff transport costs for Page County totaled approximately \$4400. If this complex were to close, sheriff's transportation and other costs would increase my budget by \$17,000. It's already difficult to find beds. Private hospital beds would fill up fast. Patients would have to be transported farther. Individuals in crisis need to be placed and transported quickly for everyone's safety. The increased unemployment would further burden Page County. Taking this complex out of operation would put more strain on an already overburdened system.

Elaine Armstrong, Page County Supervisor, commented: I am here representing the Page County Board of Supervisors; the other supervisors are Jim Richardson from Shenandoah and Jon Herzberg from Clarinda. Quality of life hinges on being comfortable where you are—we are comfortable here in Clarinda. We have community acceptance of the MHI and the population served here. The MHI personnel are dedicated to providing the best care. Our employment rate has nearly doubled this year and the closure of the MHI would send the rate up much further. We don't want to see providers idled when there is so much demand for their services. We have the people who are trained to provide help to the people who need it most. Please support them in continuing to do their work here.

Rich Anderson, State Representative, House District 97, commented: I am happy to see so much community support here today. As an attorney I have represented criminal defendants, people with mental illness, and juvenile delinquents. I am a member of the board of directors of the Clarinda Academy and I am also here today as a State Legislator. I am impressed with the quality of this facility, its infrastructure, its programs, and its staff. I want to ask other Legislators to keep this discussion at a high level and think about creative solutions. I want to offer an acrostic to illustrate what I have been thinking about—Mission Excel:

- E - enhance Essential services
- X - fiX mental health services
- C - Cut waste
- E - increase Efficiency
- L - Leadership

[He shared a handout with Task Force members.] The mission of the MHI is to care for, protect, and renew people. Some of the people at this facility are the most needy. We

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have an important task. Our mission is to help excel in these areas of providing services. The services this campus provides are essential services: The MHI provides inpatient care for people with mental illness; the prison protects our communities and rehabilitates offenders; the juvenile academy renews young lives. We need to fix mental health services—that is broader than the scope of your charge, but it needs to be done. We need to cut waste. The budget crisis Iowa faces is real. We knew a cut would come, and as policy makers, we have to respond to it. I was born and raised here in southwest Iowa and there are some German Lutheran farmers down here who have infected us with some really good things—a strong work ethic and a real tight fiscal perspective on life. We need to look for government waste at all levels, identify it, and cut it without eliminating essential services. What we do here on this campus is essential services. We know that at home, when spending outpaces income, there is no peace. We need to respond and the way we respond is the next letter in my acronym—we need to improve efficiency. This campus is unique in the symbiotic balance we have seen between the MHI, the prison, and Clarinda Academy. They share services and if any piece of that is taken away it jeopardizes the whole. When I look at page 3 of the Overview document and see that by 1952 this institution was self-sufficient, I wonder if we have made progress. We need to look at how to maximize and enhance mental health services. We should be spending our money in hospitals, not prisons. Finally, we need strong leadership. The Clarinda MHI is showing leadership in the work they do. You have heard that mental health services are critical to the State of Iowa. Let's enhance the MHI facility here and allow it to help us in our mission to excel.

Gordon Kokenge, Mayor of the City of Clarinda, commented: I appreciate you all being here today. In July I went to Des Moines and spoke to the State Council on Human Services about what we do at this facility and the potpourri of services we have here. When we started to work on a new prison for this facility, our goal was to make this a very viable facility using the economy of scale, sharing kitchen and laundry services, and reducing the staff to resident ratio overall. All four MHIs really need your help. We need to develop a theme, and to me it should be “people first.” Over the last ten years of so we have built four-lane highways, new buildings, and trails—it's about time we start appropriating money for people. The people who are served here can't go lobby for what they need. We need to speak on their behalf. Maybe we need to stop some bells and whistles in Iowa because of the economic hard times, but we still need to invest in people.

Betty Bowsby, Court Appointed Mental Health Advocate, commented: I work with people who are committed involuntarily for mental health treatment to hospitals, mental health facilities, and residential care facilities. I am a member of the judicial advocates for the mentally ill. We do not recommend the closure of an MHI. It would be a hardship to families. It means so much to patients to have family visits and it is important for families to be involved in the treatment plan. I have visited many hospitals. The people here at the Clarinda MHI are doing a good job. Going farther for treatment means more costs for sheriff's departments and more deputies being out of service for longer. We have had to transport people from Clarke County as far away as Cedar Rapids. It really makes a difference to individuals and families.

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Ann Davison, Registered Nurse, Clarinda MHI Adult Psychiatric Unit, commented: I have been a psychiatric nurse for 26 years. I started my career here in 1983, and then moved to the Kansas City area for more than 15 years, I returned here because the manner in which we work with consumers here drew me. We treat people with respect, with kindness, and with human dignity. Our ultimate goal is to assist every patient in reaching their potential and returning to society. The line that separates the mentally ill from the rest of us is very thin. We do our work with pride, dedication, and respect. We make a difference in our patients' lives. One parent told us that since her son has been at Clarinda, she is able to sleep nights, can have meaningful conversations with him, and she has hope that he will again be able to live successfully in the community. Who will provide these critical services to the most difficult patients if we are not here?

Alan Schenk, area business man and farmer from Clarinda, commented: I want you to consider what happens to the folks when they leave here, when they become well. The communities around here accept them. We have grown up with them. I have hired people who have been treated here and young men who have come out of Clarinda Academy and they have been good employees and members of the community.

Don Brantz, from Mills County, commented: I ask you to be fair. Our children's unit was closed and now children have to go all the way to Cherokee. I can show you where there are a lot of people with mental illness and substance abuse problems in Council Bluffs. We need all four MHIs. Taxpayers will pay for these people one way or the other. Clarinda has gotten kicked a few times, but has always kept a positive attitude.

Dr. Gregory Keller, Acute Team Staff Psychiatrist, Clarinda MHI, commented: I want to speak from my personal experience on behalf of the State's mental health institutes in general. I started here two years ago as an on-call staff person. I was young and coming here on call I didn't know what to expect or how I would fit in. We are the only facility that gets people on commitment from other facilities and people who need longer term care. We hold these people a little bit longer, we take care of them, and we find them the placement they need. We deal with the community a lot. I don't know how it works elsewhere, but I feel vital here. I feel supported by the community. It's a job and a duty to provide these services. We are the only mental health provider in about 70 miles. I feel that my role in the transition from hospital to step-down to community is critical, yet I'm just one small cog in the wheel. We serve a critical role. Having any of the institutions shut down would be a huge detriment. I hope you consider working on how we can streamline the services we have, not on cutting them back.

Heidi Grimes, local resident, commented: My family has been economically impacted by the down-turn in the economy. My husband was laid off by Eaton Corporation last November and has been fortunate enough to find part time employment here at the MHI. My husband and I are also both part time students in the associate degree nursing program at Iowa Western Community College. We have six children who attend school in Clarinda. We have both benefited as students from coming out here for practicum hours to get training and first-hand experience. It's one thing to sit in a

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classroom and learn from a text book, and it's something else to actually experience the staff and patient interaction. Mental health is where we are going to be impacted most during this economic down-turn. It makes no sense to try and cut mental health services now. I think we need to look other places to make cuts. Maybe the State could buy fewer cars for State workers this year. Don't take away the opportunity for students to interact with patients and professionals and learn from them.

Jim Durdin, Social Worker, Acute Care Psychiatric Unit, Clarinda MHI, commented: Twelve years ago my daughter ended up in Cherokee. At the time I was unemployed and could not visit her. The distance was difficult for me and her—having services close by does matter. Parents call us after discharge and we try to help them get connected with mental health centers. They thank us for the care we have given their family members.

Robert Keefer, Pastor, Westminster Presbyterian Church, Clarinda, commented: I'd like to talk about the historic place of this institution and its current importance to the community. Just yesterday on National Public Radio there was a story about the increasing need for behavioral health services in rural areas. The need is increasing and services are decreasing. I make pastoral calls here and I am willing to travel the distances necessary to do that, but not everyone can. The availability of a person's own pastor and religious community is significant to recovery.

Mary Morse-Bolton, Administrator and Owner of Manor of Malvern and Kevington Lane, commented: Manor of Malvern is a 51-bed skilled nursing facility, Kevington Lane is a 21-bed residential care facility, and we serve about 30 people out in the community. My mom worked here when I was growing up and I think about the impact this facility has had on the community for many years. We take people discharged from the Clarinda MHI and the transition is very smooth. It helps us to know that if during that first 14-day adjustment period, we can bring people back here if we need to. We've had many people be successful because of that. We have four right now that are living in the community and are looking at living independently in apartments with services coming in to support them. There are always ways to be creative and find ways to cut in other places. Of my 51 patients, I have 45 with psychiatric diagnoses because nobody wants psychiatric patients in long term care. One of my residents from Kevington is actually working at my nursing home part time. He has passed his written CNA [Certified Nursing Assistant] and is waiting to take his skills test. If we don't have Clarinda to depend on, I don't know what we will do. Mental health is not the place to cut—without this facility we could be in a mess in our communities.

Brent Drew, Office Manager at Kevington Lane, commented: I do face-to-face admissions here at the MHI. Every time I come here Dr. Keller is outstanding at sitting down with me and going over the medications for the patient and why they have been chosen. This is important because we try not to make any medication changes in the first 30 days. They choose the most cost effective medications so that we can start working with them and helping them budget to pay for their medications and costs can be kept down for the patients and the county or others who help fund their medications.

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For us it is a great connection with another facility. I feel we have a great relationship with the MHI.

Greg Wood, area resident, commented: I worked here at the MHI nine years ago and my wife works here now. I am the guardian of my grandmother who is in a nursing home. We have gone through three different nursing homes. She doesn't meet the criteria, but we would like to have her here at a five-star facility, not at a two-and-a-half-star facility. The people here have passion.

Shelly Barton, Food Service Director, Clarinda MHI, commented: The staff here knows how to treat people that other nursing homes can't handle. They take them in and love them as a family. I hope we can continue to provide that great level of care.

Kathy Beam, Page County Mental Health Advocate and CTC Advisory Board Member, commented: Families need to be close by for people in long term care. The elderly can't handle being uprooted and sent somewhere else. This is home for them. I have never known a staff to be so friendly and helpful. I am worried that the elderly population here would not have any place to go if the MHI closed. Many come here because they have been forced out elsewhere.

Becky Smith, Administrator of a residential care facility in Clarinda, commented: We are promising mental health clients choices and options that will allow them to be integrated into the community. I think closing the MHI would be breaking that promise. I couldn't ask for anything better than the relationship we have with the MHI. I think we should look at other ways to cut costs and try to keep all the MHIs open in their communities. When our staff has questions, we can come to the MHI staff for answers and they are very helpful in sharing what they did to support people.

Carol Shipley, Registered Nurse, Clarinda Regional Hospital Corporation, Clarinda, commented: These patients become our family. As the years have gone by it has gotten harder and harder to place the folks who come here. Homeless populations are getting larger and many are people with mental illness who have no place to go. Without these facilities, that number will continue to grow. It is our responsibility to take care of the people who need it.

Penny Lilly, instructor at Iowa Western Community College, commented: I have been impressed by the care clients receive here. Many students put this down as their first clinical site and tell us that they enjoy their experience here. Students who have trained here have graduated and gone into the psychiatric field. Our students have an understanding of psychiatric patients because they have worked with them. The staff here is excited to teach students—to help, show, and tell. It is a very positive clinical site for us.

A local resident and business owner commented: My father works here at the MHI, in the correctional facility. I also had a relative who used the services here. I think he spent less than 60 days here and now he's fine. Closing this facility would devastate

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my business. It makes me sick to think about all the people who can't get medical insurance. I ask for your consideration.

Tara Keller, Psychologist, Clarinda MHI, commented: I feel that the State asking you to come here and decide which MHI to close is like going into a home and asking you to choose which family members you don't want to keep. I think we are doing a good job and we want to keep doing it.

Superintendent Mark Lund concluded the public remarks, commenting: We are so glad we had such a great show of support today. We are proud of what we do here and happy to give so many people an opportunity to come out and say what they think.

Ro Foege said: "Government is run by those who show up." I thank you all for showing up and participating today. It is a great testimonial to the community support for this facility. I jotted down a few of the things I've heard here today:

- This MHI is a vital part of southwest Iowa and the community of Clarinda.
- This community is a caring, loving, and accepting place.
- This MHI is a model of private and public partnerships.
- This MHI has a world-class model geropsychiatric unit.
- This MHI provides training for people going into the helping and caring professions.
- This MHI has quality services and quality staff.
- Don't pull out the safety net the MHI provides.
- We need more, not less mental health services.

On behalf of the Task Force, Ro thanked Superintendent Lund, the MHI staff, and the community, and said the Task Force would be carrying home a "big load" of information from what they saw and heard today. Ro thanked the members of the Task Force for their perseverance and dedication.

The meeting was adjourned at 5:20 p.m.

NEXT MEETING -- The next meeting of the MHI Task Force will be at 10:00 a.m. on October 26, 2009 at the Mount Pleasant MHI, located at 1200 East Washington Street in Mount Pleasant. From 10:00 a.m. to 12:00 p.m. the Task Force will meet on the 5th Floor of the Administration Building. From 1:00 p.m. to 3:00 p.m. the Task Force members are scheduled to tour the facility. Public comment is scheduled for 3:00 pm to 5:00 pm in the Mental Health Gymnasium on the campus.

Minutes respectfully submitted by Connie B. Fanselow.