

Iowa Mental Health Institute (MHI) Task Force

APPROVED MINUTES

Meeting 5: October 26, 2009, 10:00 am to 5:00 pm
Administration Building, 5th Floor/Mental Health Gymnasium
Mount Pleasant Mental Health Institute
1200 East Washington Street, Mount Pleasant, 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:

Kollin J. Alfred	Treatment Services Director, Mount Pleasant MHI
Pam Alger	DHS, MDHS Children and Youth Bureau Chief
Aaron Baack	DHS Office of the Deputy Director for Field Operations
Jess Benson	Legislative Services Agency
Lauri Buckert	Budget Analyst, Mount Pleasant MHI
Mark Buschkamp	Cherokee Area Economic Development
Georgeanne Cassidy-Wescott	St. Luke's Hospital Cedar Rapids; Iowa Hospital Association
Janice Creighton	Mount Pleasant MHI/Correctional Facility
Connie Fanselow	DHS, Division of Mental Health and Disability Services
Dave Heaton	State Representative, House District 91
Charlie Higgins	Mount Pleasant Correctional Facility
Marquetta Huffman	Patient Advocate
Jennifer Jacobs	The Des Moines Register
Julie Jetter	DHS, MHDS Community Services Consultant
Carol Logan	Wapello County CPC Administrator
Linda Miller	State Representative, House District 82
Ron Mullen	Superintendent, Mount Pleasant MHI
Kelley Pennington	DHS, MDHS Adult Bureau Chief
Vicky Potter	Accounting Clerk, Mount Pleasant MHI
Karla Sandoval	Mount Pleasant MHI
Renee Schulte	State Representative, House District 37
Cathie Schreiner	Mount Pleasant MHI

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OTHER ATTENDEES (continued):

Bill Stump	Mount Pleasant Correctional Facility
Lyn Thomas	Director of Nursing, Mount Pleasant MHI
Jennifer Vitko	Wapello County
Robyn Wilson	DHS, MHDS Community Services Consultant
Kelly Yeggy	Judicial Mental Health Advocate, Polk, Jasper, and Marion Counties

WELCOME AND INTRODUCTIONS

Task Force Chair Ro Foege called the meeting to order at 10:05 a.m. He welcomed everyone to the meeting, saying that coming to the MHI was a little like coming home for him, as he did a field placement at the facility years ago when there were something like 1400 people being treated here. He noted that the campus and mental health services have seen a huge transformation since that time.

Ro commented that he appreciates the warm welcome the Task Force has received in each of the MHIs and communities they have visited, especially given the difficult and anxiety-producing atmosphere that exists. Ro acknowledged the presence of two State Legislators, Representative Dave Heaton from Mount Pleasant and Representative Renee Schulte from Cedar Rapids. Ro said he spent twelve years in the Iowa Legislature working primarily on health and human services issues and has had a long career as a social worker.

Ro commented that he has a great deal of respect for the members of the Task Force, who have shown a high level of commitment and civic duty by devoting their time and driving many miles without any compensation. Ro said they all work hard at listening to what people at each institution have to say and learning all they can.

Each of the Task Force members introduced themselves. Ro asked if there were any corrections to the minutes of the October 12, 2009 meeting; none were offered and the minutes were approved as presented.

Annette Scieszinski shared copies of an advertisement about the Task Force visit that appeared in the Ottumwa Courier and voiced concern about the accuracy of some of the content.

OVERVIEW OF MOUNT PLEASANT MHI

Superintendent Ron Mullen presented an overview of the Mount Pleasant MHI. The Mount Pleasant campus is shared by the Mental Health Institute and the correctional facility. Mount Pleasant is the central location for sex offender treatment in Iowa. Supt. Mullen said that the medium custody institution on the prison side has always been treatment oriented. He noted that a 100-bed special needs unit for women has been operating for about ten years and serves women who have difficulty functioning in the

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general population because of mental health issues; right now there are 90 women on the unit and 72 of them are on psychotropic medications. He said that unit illustrates that a unified purpose for treatment exists on campus.

Supt. Mullen indicated he has only been in his currently position a superintendent of the MHI and warden of the correctional facility for about four months, but has worked in various types of settings on the mental health world and community-based corrections. He introduced his management team, Kollin Alfred, MHI Treatment Director; Lyn Thomas, Administrator of Nursing; and Karla Sandoval, Admissions and Records Department.

HISTORY – Supt. Mullins explained that in 1851 the General Assembly decided that Iowa needed a mental health facility and decided to place it in Mount Pleasant. It took five-and-a-half years to build and accepted its first patient in March of 1861, when men were marching off to fight in the Civil War. It was then known as the “Iowa Hospital for the Insane.” Over the years, the campus changed dramatically:

- In 1862 there were about 216 patients on campus.
- In less than 10 years, overcrowding started to become a problem.
- In 1902 a “Hospital for Inebriates” opened in response to concerns about alcohol and cocaine use.
- The campus population reached its peak at somewhere between 1600 and 1800 patients in the 1940s.
- In 1936 a huge fire destroyed the central part of the original Kirkbride Building that housed the administration.
- The current administration building was built soon after.
- Another fire in the mid-1950s destroyed much of the dormitories, and the wings were rebuilt at that time.
- The building that now houses the MHI was added in the 1950s.
- In 1976 the Department of Corrections came onto campus and a facility to house medium security offenders was opened.
- By 1981 there were 500 offenders in the “20” building and only 129 MHI patients on campus, so an exchange of buildings was made between the medium security correctional unit and the hospital unit to better accommodate the relative size of the populations. That exchange is referred to the “flip-flop.”
- In 1991 the Iowa Residential Treatment Center (IRTC) was established with a capacity of 92 beds.

Supt. Mullen noted that the IRTC is currently at 50 beds, and its capacity has had a lot of fluctuation; it was even closed for a month in 2001. He said the MHI now occupies 71,625 square feet and is just a small corner of what has become largely a correctional campus. The MHI occupies Building 18, which was built in about 1902 and building 20, built in the 1950s. One building on campus, the old Academy Building, is no longer in use because of difficulties in making it ADA accessible.

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PROGRAMS AND SERVICES – Supt. Mullen outlined the three main programs of the MHI, the adult psychiatric unit, the dual diagnosis program, and the Iowa Residential Treatment Center:

Adult Psychiatric Unit

- Provides acute psychiatric care for adults
- Accredited by the Centers for Medicare and Medicaid (CMS)
- 14 beds (currently all 14 occupied)
- Currently there are two people on a waiting list
- Admitted 120 individuals to the unit during Fiscal Year 2009
- Median length of stay is 21 days
- Catchment area covers 15 counties in southeast Iowa
- 84.3% of those admitted to the adult psychiatric unit are civilly committed

Supt. Mullen noted that one person has been on the unit for 3 years because they have not been able to find an appropriate placement, but most patients stay 30 days or less. He said most admissions to the adult psychiatric unit are on an emergency basis and at times the MHI staff work with other locations to find beds for people seeking admission when their unit is full. He also noted that Mount Pleasant accepts admissions from outside their catchment area when they are referred by other MHIs who don't have an available bed. He said that they would have the capacity to add 9 beds to the adult psychiatric unit if it was determined they were needed.

Dual Diagnosis Program

- Provides treatment for adults with mental illness and substance abuse issues
- Accredited by the Centers for Medicare and Medicaid (CMS)
- 15 beds (currently 14 occupied with one admission expected from the waiting list)
- Currently there are 6 people on a waiting list
- Admitted 169 people during Fiscal Year 2009
- Median length of stay is about 30 days
- Catchment area covers all 99 counties (there is not a parallel program at any of the other MHIs)
- 71.1% of those admitted to the dual diagnosis program are civilly committed

Supt. Mullen said that they would have the capacity to add 12 beds to the dual diagnosis program if it was determined they were needed.

Iowa Residential Treatment Center (IRTC)

- Provides substance abuse treatment
- Licensed by the Iowa Department of Public Health
- 50 beds (48 currently filled)
- Currently there are 34 people on a waiting list

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- Median length of stay is about 28 days
- Catchment area covers all 99 counties
- 84.3% of those admitted to the substance abuse program are civilly committed

Supt. Mullen noted that, like the other MHIs, they have been impacted by downsizing and the movement to develop comprehensive mental health services in the community. He noted that the lack of sub-acute care beds in the community results in difficulty discharging patients from the MHI as soon as they are stabilized and ready to leave. He said it is a particular problem with patients who have had occasional aggressive incidents or a history of escape because community providers are often unwilling to take them on. He noted that recently they had transported a woman to a placement in Oklahoma because they were unable to find a suitable one for her in Iowa. He said that over the last several years over 600 sub-acute beds have been lost in the southeast quadrant of the State. That number includes county homes and other residential care facilities.

Supt. Mullen said the adult psychiatric unit operates very much like the adult psychiatric units at the other MHIs. He said they try to follow best practices in everything they do. The set up individualized treatment programs based on the person's needs. He said in the dual diagnosis unit the purpose is to work with people who have both substance abuse and mental health issues. The people in the dual diagnosis program usually cannot get beds in substance abuse treatment programs, often because they are on mental health medications.

The dual diagnosis program is co-ed. It is an intensive program, with participants involved in treatment programming 51 hours a week, working on managing both their mental health and substance abuse issues. He said they run a therapeutic community, which means patients are responsible to and for each other, and they manage a ward government. Both the dual diagnosis and the IRTC programs are open. There are seasoned veterans who act as mentors for others. There is also a dual focus on after care.

The IRTC program is also co-ed. Participants are involved in treatment programming 53 to 54 hours a week. It is a 28-day program and is considered a 3.5 level of care program because of the intensity and number of hours of programming. As participant's needs decrease throughout the course of the treatment program, they work down to a lesser level of intensity. Motivational enhancements and interview techniques are used to help people recognize that they have a problem and are ready to actively engage in treatment, which makes the programming more effective and meaningful for them. Supt. Mullen said that not all participants graduate; some finish the 28 days without meeting the criteria for graduation.

Maggie Tinsman asked where those who don't graduate go after treatment. Supt. Mullen responded that it depends where they came from when they entered the program. He said they may go back to jail; if they were admitted for treatment pre-

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sentencing, their successful completion of the program may impact their sentence. He said some also go back to their families.

Chris Louscher asked what percentage successfully graduate from the program. Kollin Alfred responded that it is about 80 to 85 percent. Dan Homan asked how long they were tracked after completing the program. Kollin responded that they make follow-up contacts at 30 days and 6 months, but often they are difficult to track because many are transient. He noted that the readmission rate after 30 days is very low.

Dan Homan commented that the readmission rate could be low because individuals didn't have insurance to return or because they were not given a second chance at treatment. Dan asked if it is a twelve-step program. Supt. Mullen responded that the program uses a cognitive-based, behavioral model and is not a twelve-step program, although they support the AA [Alcoholics Anonymous] and NA [Narcotics Anonymous] concept and it is available as an adjunct to the treatment program. Supt. Mullen said that when people leave the program and go back to the community they face some huge risk factors including companions, family members, and where they live, and they are encouraged to use twelve-step programs or other available resources to help them avoid using again.

The table on page 27 of the Overview document shows that 63.6% of IRTC participants are discharged to jail. Supt. Mullen explained that is because Employee and Family Resources Center in Polk County runs a jail program. They send people here from jail and when they are released they go back to jail, but if they are successful in treatment it usually impacts what will ultimately happen to them. For many, they will be released from jail in a matter of days.

Chris Krause said she had heard some criticism for the relationship with Polk County because others felt their utilization of the program was so high that others cannot get in. Supt. Mullen responded that they do send a large number of people to Mount Pleasant for treatment, but they do not receive any priority; applicants from Polk County and other sources go on and off the waiting list on a first-come, first-served basis. Kollin Alfred clarified that if someone needs readmission and a bed is not immediately available, they are placed on a waiting list; those who are de-toxing and need an immediate bed are prioritized.

Deb Schildroth referred to charts 6 and 7 on page 14 of the Overview document and asked what was included in the category "other institutions." Lyn Thomas responded that represented mostly community based hospitals. She also clarified that the category "supervised living facility" in chart 6 included county care facilities, and other similar residential settings.

Ro Foege asked what experience the substance abuse treatment program was having with treatment for methamphetamine use. Supt. Mullen responded that they did see a significant amount of meth use, but it has clearly decreased along with the decrease in meth labs since legislation restricted access to pseudoephedrine. Kollin Alfred pointed

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out that the chart on page 12, admissions by diagnosis, shows that 25.9% of admissions are due to methamphetamine dependence.

Ro asked if 28 days is a sufficient amount of time to treat methamphetamine dependence. Kollin clarified that the IRTC program actually has a variable length of stay based on individual clinical need, so people may stay longer than 28 days to complete their treatment. People are treated according to the medical model of addiction using cognitive behavioral modification techniques and also have adjunct supports including weekly open meetings of Alcoholics Anonymous and Narcotics Anonymous groups. He said the Christian Motorcycle Association also comes in once a month as a spiritual support system for the clients.

BUDGET AND PERSONNEL – Supt. Mullen said the MHI currently employs 98 full time equivalent (FTE) personnel and shares 13 FTEs with the Department of Corrections. He noted that the sharing of personal by DHS and DOC is a cost savings to the MHI money, as is the availability of inmate labor.

Supt. Mullen referred to page 34 of the Overview document and noted that the table showing the breakdown of the budget was not accurate. He said the estimated Fiscal Year 2010 revenue from General Fund appropriations is actually \$1,795,522. That includes \$222,694 in federal stimulus money. He said the amounts for the dual diagnosis program (\$675,000 and \$510,000) are correct, and the MHI total should be \$8,977,751. He said that another \$5,752,587 comes from Iowa Cares money, which is Medicaid.

Aaron Baack clarified that what was designated “Iowa Cares” money in the past is now considered General Fund money, so that amount should be added to the basic appropriation of \$1,795,522 to reflect the total General Fund appropriation. Aaron said he would make all the corrections, provide a breakdown and clarification, and send out the revised copy information.

Supt. Mullen said, there is a long, proud history of service on this campus. He said he is proud of how the facility is run. He noted that the MHI has recently applied to SAMHSA [Substance Abuse and Mental Health Services Administration] for recognition because of their reduction in the use of restraint and seclusion. He said he is concerned about the lack of sub-acute care beds and the impact that has on the MHI’s ability to move people back out into the community. He said he is also concerned about how mental health issues are being addressed in the corrections population. About 41% of the prison population has mental health issues and 26.5% are considered to have serious mental illness. The rate of serious mental illness for females in the correctional system is almost 48%. It is very concerning.

Supt. Mullen clarified that the MHI does not provide service to mentally ill prisoners at the correctional facility. Maggie Tinsman asked why that is. Supt. Mullen responded that both operations are lean and the MHI does not have the personnel to provide mental health services to the prison. Lyn Thomas said the staff members network and

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share training, and engage in informal collaboration, so that correctional staff can ask questions and seek consultation from MHI staff and counselors that helps them manage the prisoners with mental illness or substance abuse issues.

Maggie Tinsman asked if the MHI had the expertise to serve the prison population provided they had the staff to do so. Lyn Thomas responded that mental health personnel have very specific training and corrections personnel have very specific training, but they also have very different perspectives. She said that at the MHI people are patients and clients, not offenders, and they are treated accordingly with compassion and dignity. Supt. Mullen said there is a different culture in each institution and they would need different approaches.

Dan Homan said that the figures show the prison currently has 930 inmates and 91 in the women's unit, which is well over capacity. He commented that there ought to be facilities other than prisons that deal directly with mental health offenders. Supt. Mullen said that the MHI staff knows how to handle the mental health issues, but at the high intensity of mental health the costs for staff and supervision are high. He also noted the dorm environment of the MHI is not equipped to handle serious offenders.

In closing, Supt. Mullen said: MHI services are really needed in all four corners of the State. People need to be close to their support systems to be successful. I really support maintaining those services in all four corners of the State in some form.

TASK FORCE QUESTIONS AND DISCUSSION

Annette Scieszinski asked Supt. Mullen what his vision would be for the institution and how the resources here could be optimized. Supt. Mullen responded that he would like to see the dual diagnosis program expanded. He said it is a specialty area that is needed and would help the State. He said he could also see a need for expanding the residential program for substance abuse treatment, noting that there are currently 34 people on a waiting list, and that the adult psychiatric program could be expanded as well. Annette asked what critics would say about the MHI. Supt. Mullen responded that they would probably say that they tried to get someone admitted and we didn't have a bed available. He added that when the MHI beds are full they seek out referrals to help find available beds elsewhere; there are 23 beds in general medical hospitals in the southeastern corner of the State and he said they use those when they can.

Maggie Tinsman asked what goes into the \$704 per diem cost for the dual diagnosis and adult psychiatric programs. Supt. Mullen responded that a large part of the cost is for staff. Those programs have a high staff to patient ratio, at times running virtually one to one. Aaron Baack added that the calculation of the per diem rate is complicated. He also noted that at the next meeting Task Force members will see a more complete breakdown of the costs for the acute adult psychiatric program, which is the standard program throughout the MHIs. He noted that drug costs and labor costs tend to trend upward and that per diems are affected when new contracts are entered into, among other factors. More information will be made available on the per diem rates.

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Annette Scieszinski asked if there were psychiatrists on staff. Supt. Mullen responded that the MHI has one full time psychiatrist, Dr. Carpenter, but he is under contract, not on staff. He explained that the MHI has had difficulty finding a psychiatrist who wants to work as an FTE on staff. He said it is more expensive to have the psychiatrist on contract, but it is more attractive to the psychiatrist. Dr. Carpenter also has a private practice in addition to his work at the MHI. Maggie Tinsman asked if information could be provided to the Task Force on contract staff. Aaron Baack responded that it will be supplied.

Christine Krause asked what the difference is between staff designated as nurse clinicians and those designated as nurse practitioners. Lyn Thomas responded that nurse clinicians are registered nurses and nurse practitioners have additional training.

Ro Foege thanked Supt. Mullen and the MHI staff for the presentation and information they shared.

FUTURE MEETINGS

Ro Foege announced that the next meeting of the Task Force is scheduled for November 9, 2009 at the Urbandale Public Library. He said he is concerned about how the Task Force will synthesize all the information that has been gathered and come to a recommendation in a short time frame. He said he has gotten some suggestions from the Task Force members and has asked that Sally Titus be place on the November 9 agenda to help answer questions about the facilities, and Dr. Michael Flaum be invited to present, noting that Dr. Flaum has already made a report to the Legislative restructuring task force.

Ro also indicated he has talked to Bill Gardam about getting a facilitator to help pull the information together. He said he would like to have a discussion about universal principles and values, find what the members agree on, what they disagree on, and look at how they want to make recommendations for services, including:

- What is the whole array of services?
- What is the balance between beds and community-based services?
- What is the role of the MHIs?
- What is the role of private hospitals?
- What is the role of community providers?

Ro indicated he would appreciate any input from the other Task Force members on pulling it all together. Neil Broderick said the Task Force should be cautious about expanding beyond its charge, and suggested starting with an agreement on the limits of what they are doing. Ro said the basic focus is on the beds at the MHIs, but it is very difficult to talk about beds without talking about the other factors that impact them in the mental health system. He said he welcomes ideas on how to keep focused.

Maggie Tinsman said she believes it is necessary to look at the MHIs as part of the mental health system. She also said she would like to hear about what some of the

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other states that are similar to Iowa have done, and would like to look at how the mental health systems can help corrections. Dan Homan noted that the Task Force's charge talks about reporting on the economic impact and impact to the system of one MHI were to close. Ro said it is important to go back to the charge to the Task Force in House File 811, but also to make recommendations as the Task Force sees fit.

The meeting was adjourned for lunch at 12:10 p.m.

FACILITY TOUR – Task Force members and other interested guests toured the facility and grounds from 1:00 p.m. to 3:00 p.m.

PUBLIC COMMENT INTRODUCTION

The Task Force meeting reconvened in the Mental Health Gymnasium to hear public comment at 3:00 p.m. An estimated 515 people were in attendance. Chair Ro Foege greeted everyone on behalf of the Task Force and said they were happy to be in Mount Pleasant. He noted that the Task Force members were appointed by the Governor and are not receiving any compensation for their service. They are doing this because they want to make sure the mental health services that Iowans need are available when they need them and where they need them. He said: Our task is to look at the impact on patient care, on employees and families, and on the communities if one of the MHIs were to close. The turnout today is a great testament to the community support for this MHI. Government is run by those who show up—thank you for showing up today.

The members of the Task Force introduced themselves, and Ro recognized the State Legislators who were present: Representative Renee Schulte of Cedar Rapids, Representative Linda Miller of Davenport, Representative Dave Heaton of Mount Pleasant, Representative Curt Hanson of Fairfield, Representative Jerry Kearns of Keokuk, and Senator Gene Fraise of Fort Madison.

PUBLIC COMMENT

Kiley Miller, Executive Vice-President of the Mount Pleasant Chamber Alliance, commented: Thank you to all the people who turned out today and the nearly 100 people who submitted letters of support. I am proud to be from Henry County—we have been through a lot, but we are diligent and just a touch stubborn, so I think we are going to be all right. But we also need to be realistic about the potential negative impact of the shutdown of this facility. I'm going to limit my comments to jobs as they relate to families and our community. There are currently 98 full time employees at this facility and a couple dozen more that are shared with the correctional facility next door. Of that workforce, 88 people live right here in Henry County; 23 live in Lee County, and 17 live in Des Moines County. These three counties have lost an estimated 5400 manufacturing jobs since 2001. I don't know how many more jobs were lost because of those layoffs—how many restaurants shut down, how many families affected, but I know the numbers are stark and staggering. Losing another 98 jobs would be a devastating blow to this community and would make our recovery even more difficult.

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We are working hard as a community to recruit and increase jobs in health care. We have an award-winning local hospital here in Mount Pleasant, a growing regional hospital in West Burlington, a research institution in Iowa City, and the State's original Mental Health Institute right here in Mount Pleasant. Closing this facility could not only take away jobs now but future jobs we are working to attract. On behalf of the people of Mount Pleasant and southeast Iowa, our communities, and our families, please keep this facility open. We want it here and we need it here.

John Freeland, Mayor of the City of Mount Pleasant, commented: It's a pleasure to welcome you to Mount Pleasant—we like to call it the Heritage City. It is the home of Iowa Wesleyan College, many distinguished people, historic events, the Old Threshers' Reunion, and the home of the historic Mental Health Institute. I have been following the previous hearings and I appreciate what has been said—especially that each facility is unique and that any closure would have an economic impact. Our facility was opened in 1861, a few months before the first shots of the Civil War were fired at Fort Sumter. The citizens of Mount Pleasant have worked and volunteered their time to help the patients at the MHI over all these years. In 1960 the MHI served 1018 patients. Today the MHI has 79 patient beds. The MHI has 102 full time employees, about 50 contract employees, and about 13 more employees who share their time between the MHI and the prison. The loss of MHI jobs would have a widespread impact on the quality of life in this part of the State. The unemployment rate in southeast Iowa could rise to over 10 percent, and, of course, the patients and families will bear the sacrifice if the MHI were to close.

Kent White, Henry County Board of Supervisors, commented: There are currently four facilities in each quadrant of the State that provide the benefit of location, but there are just not enough beds. From a county point of view, it would be a great burden on Sheriff's departments to pick up and deliver mental health patients longer distances to more remote locations. It costs more money and it takes time away from other duties. I hope good old Iowa common sense will play a role in your decision making.

Sarah Kaufman, Henry County Central Point of Coordination Administrator, commented: In a June 28, 2009 Des Moines Register article it was noted that there are 644 psychiatric hospital beds available in the State. If there was not a psychiatrist shortage, we would have 89 more. In a July 12, 2009 Des Moines Register article it was reported that 83 of Iowa's 99 counties are designated shortage areas for mental health professionals. Iowa and the Iowa Department of Human Services have been the providers of institutional mental health services to fill the gaps in community-based services. MHIs serve the hardest to serve patients. Iowa must continue to operate all four MHIs where they are located. We do not have the community capacity to absorb the loss of services if beds are closed or moved. Basic services provided at the MHIs are core services that counties are mandated by law to fund. The MHIs currently operate at full capacity. It does not make sense logistically or financially to close or move beds. I ask the Task Force to recommend no action on closing at this time.

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Steven Brimhall, Marketing President of US Bank in Mount Pleasant and a President of the Mount Pleasant Area Development Commission, commented: In this economy, jobs are everything and the possible loss of 98 jobs sends chills down my spine. The number one concern in southeast Iowa is jobs. Mount Pleasant has been hit hard. We work with businesses every day to stay in town and we work to recruit new businesses. The loss of the MHI jobs would reverberate through the community. If these jobs are found to be necessary—and I believe they are—then why shouldn't they stay here? The Legislature should ensure that ALL of Iowa is prospering, not just parts of the State. I hope your decision will be to leave these jobs here. They are vital to the community and all of southeast Iowa.

Dr. John Roderer, Superintendent of the Mount Pleasant Community School District, commented: Speaking on behalf of the school district and the entire educational community in this region, I want to talk about the impact closure would have on the Mount Pleasant school district. We have experienced major job losses in our area and many of the businesses remaining have reduced hours. This downsizing has been devastating to our enrollment. From 2007 to 2009 we lost about 100 students, which has resulted in the loss of \$570,000 in revenue. This year we have experienced an almost 10% cut in State aid which has amounted to almost a million dollars. In the past two years the number of students eligible for free and reduced price meals has increased from 28% to 42%. We now have almost 900 children in our district receiving free and reduced meals. Closing the MHI would continue this downward spiral of employment and further erode the health of our community. There are about 88 different families employed at the MHI facility from Henry County and at least 26 of those families have children in the Mount Pleasant school district. These families contribute their time, treasure, and talent, to our school district and others in the area.

I would like to share with you a note I received from a parent and employee. It says: My son has been a patient at the MHI until he was recently moved to a residential care facility. I was overwhelmed by the quality of care he received at the MHI and how it helped stabilize this mental illness. Our family has been on a rollercoaster ride for the past seven years to get him the help he needed. The MHI employees worked wonders with him and were very supportive of the family. I strongly urge you not to close the Mount Pleasant facility and to support our efforts to continue to improve the quality of life for the citizens of this area.

Robert Miller, CEO of the Henry County Health Center in Mount Pleasant and President of the Iowa Hospital Licensing Board, commented: I want to address the impact of closure on the local health care delivery system. In the two months of August and September of 2008 we had 4 patients come to our emergency room needing psychiatric treatment. For the same two months of 2009 that number grew to 13. Those are real people who are part of the growing need for psychiatric services. It is already difficult to find a receiving facility for these people to get treatment. Coming to the MHI is how many of them get healthy. We need to be able to free up community beds by moving people on to the MHIs for longer term treatment. The need for psychiatric services is

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growing and is being compounded by unemployment and economic crisis. Please consider maintaining the MHI in its current location.

Janet Fife-LaFrenz, Lee County Board of Supervisors, commented: This MHI is unique because it offers three components of treatment—adult psychiatric, dual diagnosis, and substance abuse. Co-occurring disorders and substance abuse are serious issues in this state and this is the only MHI credentialed to manage this population. SAMHSA, the Substance Abuse and Mental Health Administration, looks favorably on programs that treat the whole person, not just a diagnosis. Creativity and exploring a new paradigm may provide a potential for increasing federal dollars via the dual program as well as pooling dollars between the DHS, county mental health, and the Department of Public Health. Please consider:

- What would be the loss to the tax base?
- How much greater would be the cost to the county budgets?
- What would be the relocation impact financially, politically, and psychologically to the region?

Please give due consideration to both the taxpayer and the customer in your decision.

Joe Beams, a Lieutenant at the Mount Pleasant Correctional Facility, a member for 16 years of the Mount Pleasant City Council, a mayoral candidate, and President of the MHI Credit Union, commented: The MHI is vital to this region for the services, revenue and employment it provides. The impact of more job loss to this area will impact city operations, schools, and the remaining businesses, and would further devastate our communities, our families, and our children. The MHI Credit Union has 65 members who are employed at the facility. They have over \$315,000 in loans from our \$1 million credit union—that's over 25% of the net worth. The closing of this facility would have a jeopardizing effect on the loans that are still there. I hope you consider keeping this facility open. We have two major 4-lane highways that allow easy access to Des Moines, Iowa City, and Interstate 80. We have the much-needed substance abuse and co-occurring disorder treatment programs. We have a great potential to provide more services in a more efficient manor to more people than any other facility. We want to be part of the solution. Please keep this facility open.

Steven Siegel, Chair of the Wapello County Board of Supervisors in Ottumwa, and a staff representative for AFSCME Iowa Council 61, commented: We have very few alternative options for inpatient psychiatric treatment in this part of Iowa. There are only 17 other psychiatric beds south of Interstate 80 and east of Interstate 35. The mental health unit at the Ottumwa Regional Health Center closed for good this summer after struggling to stay open for the past three years. Potential placements for substance abuse treatment are not much better. The MHI provides excellent services in both these areas. If the MHI were to close there would be no comparable positions for highly trained and competent staff in this part of the State. Please keep all four MHIs open. They provide excellent services and are increasingly the only service options available.

Patrick Jackson, County Attorney, Des Moines County, commented: I know the staff here to be concerned, caring, and compassionate treatment providers. From October 19,

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2008 through October 19, 2009, there were 121 mental health committal hearings, 72 substance abuse committal hearings, and 98 dual substance abuse and mental health committal hearings in Des Moines County. That's 300 individuals a year from one county. In fiscal year 2009 Des Moines County spent over \$18,000 for psychiatric services here at the MHI and an additional \$37,000 for dual committals. When our area regional hospital, where respondents are evaluated in committal cases, recently built a new facility it reduced its mental health beds partially because of the services provided at the Mount Pleasant MHI. The regional hospital gets people stabilized and evaluates them, but is not equipped to provide the long term treatment that many people need. We depend on the MHI for that longer term treatment. It is the only true inpatient mental health and dual diagnosis treatment facility available to the people in this area—there are no other realistic options. They stabilize people and get them returned to their homes and communities. If they closed it would only leave 17 beds in this quadrant of the State. Mental health and substance abuse issues are almost always a factor in crimes on our communities. How many more lowans will be harmed, abused, or killed if we don't provide the facilities to counsel, treat, and control these individuals?

Steve Burgmeier, Jefferson County Board of Supervisors Chair, commented: Jefferson County is a small county of about 16,000 people. Last year we had 84 commitments and many of those were placed at Mount Pleasant. Closing the Mount Pleasant MHI would mean longer waits for treatment and more expense for counties. The people of Jefferson County and the surrounding counties will suffer.

Dr. Martin Carpenter, Physician, Board Certified Psychiatrist, and Medical Director at the Mount Pleasant MHI, commented: I like working here. It's a good place to work and I wouldn't make the one hour drive each way every day if it weren't. The staff here provide the efficient environment I need to practice medicine. I value greatly the social workers who work hard on finding placements for people who are difficult to place anywhere. The nursing staff, the counselors, the RTWs all do a really excellent job. We are supportive to one another in working with an exhausting bunch of people.

I would like to read a letter from Dr. Christopher Okiishi, a child psychiatrist who has done a lot of work here in southeast Iowa. Dr. Okiishi writes: I am a third generation Iowa mental health professional. My grandparents came to Iowa in the 1960s to work at the Cherokee MHI and my mother is a therapist. They taught me that this is a visionary state where we seek the best care for all our citizens and where our leaders took the responsibility to care for the mentally ill in a compassionate and intelligent way. I have watched the capacity of our mental health system diminish over time. I had hopes that our leadership would recognize that a major investment is necessary to get back on track. I am sure you understand the merits of providing compassionate, appropriate, and abundant mental health services. I hope as you travel the state you will remember that the distances remain great and the burdens of travel are large. The facts are that a patient's risk of relapse is dramatically improved if their family is involved in their treatment, and that the single biggest reason for failure to keep appointments at a mental health facility is the lack of up-front cash for gas money to make the trip. Please tell the leadership of our state that your errand is impossible. We cannot afford to lose a

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mental health facility or MHI in the state. Please invest in our future. Continue our Iowa tradition of excellence and compassion. Keep our MHIs open and active.

Susan Klopfer, a professional writer, commented: I have been a professional writer for 40 years working on issues including mental health, mental health services, community mental health, and civil rights. Because of what I do for a living I'm very good at crunching data. Looking at the data, there are some good reasons this MHI should stay open. It provides services more efficiently than any other MHI. Mount Pleasant serves the greatest number of patients with the second fewest number of staff. They serve over 300 more than the next closest MHI. If this MHI were to close, costs would be shifted to the counties. A better way to save money for Iowa taxpayers would be to reduce the number of people sent to prison by utilizing community corrections more and making better decisions about who goes to prison. Iowa is the 3rd worst state in the country for its rate of incarceration for black citizens. If you compare the rate of incarceration of black citizens to white citizens, Iowa is the worst state in the nation—with a rate of 13.5 to 1. I would suggest widespread training on cultural competence and reviewing and modifying sentencing guidelines would reduce prison populations in Iowa and would save real money.

Dan Fell, Director of the Eighth Judicial District Department of Correctional Services, commented: My department provides probation and parole services for over 3000 offenders in the 14 counties of southeast Iowa. I am glad to hear that the focus is to determine if services are needed—from my point of view they definitely are needed. There is a direct correlation between unchecked mental illness and criminal behavior. The services provided here at the MHI are needed and necessary. While bed space can be transferred or reworked, our most precious resource is our staff, and replicating the care, passion, and training of this experienced staff will be a much more difficult thing to do.

Dr. Harbans Deol, Director of Medical Services for the Mount Pleasant Correctional Facility, commented: First, I have worked as a private physician in southeastern Iowa. We have always taken for granted that the MHI is a resource we can call on and it has been a valuable resource—we shudder at the thought of it closing. Second, I have also worked with psychiatric and dual diagnosis patients here at the MHI. The patients who come here are really hoping that they can improve their behavior and often this is the only avenue they have to redeem themselves. Third, I want to talk about corrections and what happens to people when they don't get services. We see high numbers of people with mental health and substance abuse issues. The problem is compounded in that people who do not have facilities like this to go to for treatment will be forced to go to the Department of Corrections. What do we do when people in need of mental health services go back to the community and services are not available? Patients who don't have money and don't have resources will stop taking medications and the cycle continues. I hope you will choose to continue the services here at the MHI.

Dr. Barbara Brown, Physician and Board Certified Psychiatrist, commented: Patients who are transferred from hospitals to the MHI are transported by county law

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enforcement personnel. The farther they have to travel, the longer deputies are diverted from their duties and the more costs of transportation rise. There aren't enough psychiatrists in Iowa as it is; doing inpatient work is difficult and demanding; it is hard to recruit psychiatrists to do that work. If there are less MHIs more stress will be placed on the hospitals that still have psychiatric units. It will become even more difficult to attract psychiatrists and we will lose the few psychiatrists we have to other states where they are better supported. Don't take away the resources that patients and doctors need.

Linda Rouse, Appanoose County Board of Supervisors, commented: In the 1990s I served on the State Mental Health Commission. When I was a child, my mother was diagnosed with acute schizophrenia. With excellent psychiatric care and strong family support she was able to recover from the one episode of schizophrenia and lived to be 87 with no other acute incidents. Mental illness has been stigmatized. Individuals who need care are blamed and often criminalized. Serious mental illness requires more than counseling. The only place we have found consistent services for psychiatric evaluation, medication management, and continued monitoring is this facility. With the added stresses of the current economic situation and unemployment this facility is even more important. Please don't take this irreplaceable component of our continuum of care away from us.

Jesse Hornback, Keokuk County Central Point of Coordination Administrator, commented: Closing Mount Pleasant of any one of the MHIs would make a critical situation a disaster. Finding a critical care mental health bed in Iowa is almost impossible. Please don't close any MHIs.

Lisa Kongable, Nursing Professor at Iowa Wesleyan College, Psychiatric Nurse Practitioner at Henry County Mental Health Center, and Psychiatric Staff Nurse at the University of Iowa Hospitals and Clinics, commented: In my three professional domains I have developed a very special professional relationship with Mount Pleasant Mental Health Institute. At the University of Iowa Hospitals and Clinics we regularly place patients here at the MHI for extended psychiatric treatment, dual diagnosis treatment, or substance abuse treatment. As a nurse practitioner at the Henry County Mental Health Center I look to the MHIs as the first call for inpatient care beds. The MHI is a great service clinically. As an educator, I see the value of the MHI to nursing professionals and students at Iowa Wesleyan. We need more mental health services not less—we need dual diagnosis, substance abuse, and acute care treatment. The nursing students in the psychiatric course attend clinicals here. Without the Mount Pleasant MHI, I am uncertain how psychiatric nursing requirements would be met. It could further impact the shortage of psychiatric nurses in Iowa. Some of my nursing students are here today during their fall break to support the MHI. The clinical and educational resource it provides is greatly needed in our community.

Dr. Cindy Walljasper, Clinical Psychologist, commented: I am a private practitioner here in the community. We have a tremendous need for more, not less, services. The MHI provides critical services that are longer term than psychiatric hospital units provide.

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They fill a needed gap. Research tells us that people who are not treated end up unemployed or underemployed and often in the judicial system. We should pay for treatment rather than incarceration. Forcing people to drive to other regions of the State is difficult for families, yet family support is so important to patients. The training undergraduates receive at the MHI builds on their classroom knowledge in a way they can't get otherwise. As a family member of someone who received services here, I know they are top-notch and desperately needed.

Lori Vick, Registered Nurse, Iowa Wesleyan College, commented: For undergraduates this is a unique environment because it has dual diagnosis and substance abuse treatment programs along with an acute psychiatric care unit. I have brought students here as a clinical instructor and I have seen them grow from the experience. We have people coming here for internships, clinicals, and service learning projects. I also had a family member who received services here years ago and I know we really can't afford to have people going long distances to receive the services they need.

Brittney Ledbetter, a former practicum student in the IRTC, commented: I was here for about 8 months and had a chance to really get to know staff members. To say I learned a lot is an understatement. Each counselor here works toward the same goal—to serve their clients. I believe change comes to those who want it and are willing to work hard for it. I have seen remarkable changes made by the clients here. I had such a good experience that I have arranged to do my social work practicum here in January.

Sandy Krell-Andre, Coordinator of the Chemical Dependency Counseling Training Program at Southeastern Iowa Community College, commented: Iowa has always been a state that cared about social justice, education, and services to people. Historically cutting mental health beds leads to an increase in homelessness and incarceration that costs more than treatment. For every dollar spent on chemical dependency treatment taxpayers will save between seven and twenty dollars. The problem is that that substance abuse program and the dual diagnosis programs here are the only ones in the State. When we cut treatment beds for chemical dependency, the number of people with chemical dependency issues in our prisons rise. Incarceration costs three to five times as much as chemical dependency treatment. Untreated addiction can cost as much as twenty times more than chemical dependency treatment. If you cut these programs, in a year you would be spending more money than the cuts would save. Our program requires 40 hours a week for 4 months. Those are all volunteer hours the student is providing to the MHI. At the same time the MHI is providing high quality professional supervision and training to them. I came back to Iowa because I believe Iowa cares about its residents. Closing any MHI—especially this one—would not be caring. It would be grossly unethical and unjust.

Bob and Vicki Wilson, area residents and retired MHI employees, commented: We represent five generations of family members who have worked here at the MHI and whose families have depended on the income, starting with my grandfather who drove a horse-drawn coal wagon. I worked here for 33 years. My daughter and nephew currently work here and their families depend on salary and benefits provided by this

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institution. I have also had family members who received treatment here for addiction and depression. This MHI has never failed to meet the needs of those in the surrounding community. It has offered care and career opportunities. It has saved productive lives that otherwise may have been lost. The programs here are worthwhile and successful. Please allow this unique facility to continue to provide employment, careers, education, and therapeutic treatment that are greatly needed.

Jason Dunn, Polk County Public Defender's Office, commented: I want you to be aware of the broad reach this institution has across Iowa. It impacts my clients in a very positive way. We routinely send people from Polk County here for some of the best substance abuse treatment the state can provide and it makes a huge difference to us. Keep in mind that the presence of this facility reaches not just this corner of the state, but all across Iowa. We need to keep it.

Gabi Twohey, Substance Abuse Counselor at the Polk County Jail, commented: At any given time we have 15 people here at the Mount Pleasant MHI for treatment. The services here have been absolutely excellent. The counselors are excellent. Our judges have been wise to send people here. It would be a tragedy to close this MHI.

Kira Bankson, Employee and Family Resource of Polk County, commented: We currently have two full time substance abuse counselors in the Polk County Jail and one full time staff member on the Polk County Drug Court. Treatment services would not be possible if we didn't have the Iowa Residential Treatment Center. The clients who come to our door have nowhere else to go—if they couldn't come here they would go to prison instead.

Jennifer Lehman, Henry County Substance Abuse Coalition, commented: The MHI involved in the community. We have several members of our coalition who are on staff here at the MHI. They have been actively involved. Several MHI representatives participated in developing our strategic plan. We wouldn't want to try and do our work without them.

Jason Fiedler, from Mount Pleasant, commented: I am the president of a group called DADs—Dads Against Drugs. We focus on substance abuse and family issues. We help in getting men back into the community and having others to talk to. We go to schools and churches and talk about substance abuse issues. The impact of this place is like a trickle-down effect. Ten years ago I was fighting for my life, for my family; I was fighting addiction. I came here under court order and I got help. The people who need these services won't come here and tell you they need help, but they do. I don't want people to judge me because of my background. I don't want people to know, but if I don't talk about it, others won't know there is help out there. I've gotten to know the people who work here—they are my friends and neighbors.

Melissa Fiedler, from Mount Pleasant, commented: I co-facilitate the MOM's group here in town—Moms Off Meth. I'm concerned about the future. If we don't have this program, where do people go to get help? How do we break the cycle and keep it from

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being passed to the next generation and keeps getting bigger? The substance abuse program here is amazing and Iowa needs it.

Angela Davis, King House, Adult Substance Abuse Counseling, commented: I manage the King House facility in Clinton, Iowa. We act as a baseball glove for the MHI—they send people to us. The MHI provides wraparound services for in the dual diagnosis program. They don't just get one tool—they get a bunch of them. The dual diagnosis folks often don't know structure, don't know coping skills before they come to treatment; they need inpatient care. If they are on out-patient treatment, they don't show up. They need to develop the skills here so they can move on to out-patient treatment—otherwise we are sending them into nothingness. Other facilities are closing. Out of all the folks who experience mental health difficulties, only about 8% receive treatment. My second concern is the loss of this gifted staff. Closing this facility would be a disservice to this community. I challenge you to put a price on the years of skill and knowledge that will be lost if this MHI closes.

Nick Kerr, of Mount Pleasant, commented: I was born and raised here in Mount Pleasant. By the time I graduated from high school I was an all State athlete and had all the advantage in the world. I came back home after being kicked out of two colleges and I was going nowhere. Within three years I was using methamphetamine on a daily basis. I dropped out of the community and was living in the back seat of my car. In March Of 2004 I arrived here as a patient. My world had come to a screeching halt. With the help of the treatment I got here I was able to put my life back together. Since my treatment I have founded and ran two Narcotics Anonymous meetings here in town, I have received two bachelor's degrees—in history and psychology, and I was a professional athlete for two years. Now I am working as an outpatient substance abuse counselor. I still try to give back to the community. My story is one of hundreds that have come out of this place. There will be thousands more people in the future who will need the opportunity to make the changes I did because of the treatment I received here.

Fred Seay, Substance Abuse Counselor, Mount Pleasant MHI, commented: I have been in law enforcement, I have been a fireman, I have been an EMT, and now I am a drug abuse counselor. I have been a counselor for 18 years. Out of all the helping jobs I have had I feel that being a counselor is the most rewarding. We help the individuals and their families. The Iowa Residential Treatment Center has become more involved in the legal system, as we have come to realize that drug and alcohol abusers are going to continue to be involved in the system until their addiction and mental health issues are addressed. We get many thank yous from the people we have helped and their families. It's a hard job, but when clients leave our facility most have new hope, the desire for a sober life, and the will to address day to day living. We need the jobs and our society needs us.

Darren Brown, an area resident, commented: I am a recovering alcoholic and addict. I was a career criminal. My life was an absolute mess. I was sent to this institution for my first chance at treatment. I was here for 58 days. Those 58 days were a foundation

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for the rest of my life. Afterward I went back to court and was sentenced to 10 years because of my history. I went across the street and did another 60 day program, but then I got paroled—I couldn't believe it. God met me here in these walls. This is hallowed ground for me. When I came here I was dead. I had no hope for my life. My family had given up on me. Much like the story of Lazarus, these people and this program "unloosed" me and gave me a new life.

Rev. Sue Ann Cabbage, Mount Union Wesley Methodist Churches, commented: I am speaking not for the churches, but on my own behalf. On the two-lane blacktops and gravel roads of Iowa I am seeing vandalism, breaking and entering, and drug use are up. You need to be frightened. We have had a bad crop year here in southeast Iowa. Jobs have been lost in our towns. People are frightened; they are depressed. Now they are facing another possible loss of a program that we need more than ever before as the economy spirals downward. We need to subsidize programs that were once here, like out-patient treatment. I came here to Iowa and buried my first suicide. If you take these things away people are going to die. Get in your cars and travel the gravel roads of Iowa—you'll see.

Ken Mobily, Professor, Department of Integrated Therapy, University of Iowa, commented: I am responsible for running the recreational therapy program within that department. About 5 years ago we started a partnership with the MHI here that has grown and prospered. Recreational therapy started after World War I, when volunteers worked with veterans who had shell shock. From there volunteers became employees at veteran's hospitals and that was the beginning of recreational therapy. The MHI provides a unique laboratory for our students to work in. First, students come here and volunteer and job shadow, using the staff as role models. Second, they are responsible for developing a "Survivor" challenge each semester—identifying and planning events that contribute to teambuilding, communication, and cooperation. The lessons are obvious—that the skills learned work much better than competition and criminal approaches to behavior. The third aspect of our partnership is internships. We are proud that our certification rate is 92% and we believe that is due to the real life role models they work with here.

Teresa Keenan, Admissions Coordinator at the Abbe Center for Community Care, commented: We are a residential facility located in Linn County. We have been impacted by the downsizing of the MHIs over the years. We work to be a vital part of the continuum of care—that's what we need to continue to promote. We can supplement what is offered here, but we can't replace it. There are fewer and fewer mental health beds but clients still need services and they knock on any door they can. Individuals are moved from county to county—not based on their needs, but on where there is an open bed—that is really a disservice to them. Since this is happening every day already, I am more than concerned about the potential closure of one of our MHIs. The people of Iowa need them all.

Nancy Ireland, a parent and Mount Pleasant Correctional Facility employee, commented: I have a daughter who went through the dual diagnosis program here. It

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has been 6 years now and she would not be alive today if she hadn't gotten the help she needed here. We tried others places. They were not able to help her. Out-patient treatment could not help her. This was the one that worked.

Kenten Cole, Correctional Officer and President of the AFSCME local at the Mount Pleasant Correctional Facility, commented: We are charged with dealing with people who make mistakes. The DHS is charged with dealing with people who have an illness. They didn't make a choice to have that illness. We've seen in the past when mental health facilities are closed we get more people get sent to the prison side. I've been a correctional officer for over 30 years and we have a lot of people in our facility who didn't choose to have the mental illness they have. It would be devastating to more people with mental illness to close this MHI.

Dave Heaton, State Representative, House District 91, Mount Pleasant, commented: Thank you for coming here today. I want to commend you for visiting all four facilities and giving our communities the opportunity to tell you how important they are to us. Our forefathers had the foresight to create a network of facilities where people could go when they had no other place to go. Their wisdom has allowed Iowans to receive care close to home and close to their families. This institution has been in operation since the year Abraham Lincoln was sworn in as President. For all those years people who have had no where else to go have been coming here. Over the last 148 years, mental health treatment has changed a lot, but the need for places like the Mount Pleasant MHI remain. There are people in Iowa that view these places as relics of the past whose mission have long been passed by modern medicine and society, but it is clear to me that places like the this are needed more than ever. Schizophrenia and related diseases have as high a morbidity rate as our chronic diseases. We can't find enough psychiatrists in our state. We pay psychiatrists about one-third of the amount they make in private practice—we have to do something about that.

There are 8400 prisoners in Iowa, about 32% have mental illness conditions, and most are not in prison for life—they will be returning to our communities and they will need treatment. Over the last decade hospital after hospital had closed or downsized their psychiatric beds. We need transitional care. Finding a bed for a patient in crisis can be difficult and almost impossible. If it were not for our MHIs, we would not have access to psychiatrists in many of our communities. We are proud of this facility. This is not some secluded place to hide those that society has left behind—this is a place where Iowans come to rebuild their lives and return to the community. We are proud of the people who work here; they are committed to help people get better and return to their communities so they can live their lives. Each of the MHIs is one of four legs on a stool that supports mental health services in Iowa; removing one leg will weaken the other three. We need all four MHIs. We join with the other MHIs in asking you to maintain this level of care. This is southeast Iowa's MHI and we need it to continue providing high quality care into the future.

Jim Brock, President, AFSCME Local 29, Mount Pleasant MHI, commented: I have been involved in the mental health and substance abuse fields for more than 30 years.

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The people here are very dedicated. I feel it would be a travesty to shut down this MHI or any other in the State. I want to present the Task Force with petitions circulated by AFSCME members around the local area. We have collected more than 900 signatures in support of keeping the MHI open.

Doug Billingsley, ADDS Gambling Treatment Services, commented: I was treated here at the dual diagnosis program in 2001. What would we lose if you closed this place down? Lives. I wouldn't be here if it wasn't for that program. Finally through the efforts of the people here I recognized that I was hurting people. After treatment here I got my four year degree. Now I am a national certified gambling counselor, I am the gambling treatment supervisor for Alcohol and Drug Dependency Services in Davenport. I wouldn't have been able to do any of that if I hadn't been here; I would be dead, and I might have taken some people with me—that's a very scary thought. I owe the folks here a lot. When I first heard about this Task Force I was angry, then I became scared. I come here twice a month and talk about cross addiction, and I say, "I did it—you can do it too." The people here helped me find fun in recovery. I love walking in here and having the opportunity to help other people. These folks know what they are doing.

John Klopfenstein, Department of Corrections, commented: I work for the Department of Corrections. I started working with the MHI before I graduated from high school. I watched the downsizing happen. The toughest thing I've ever done in 30 years of working for the State of Iowa is taking a load of geriatric patients and leaving them when the geriatric program here was closed. I see former clients from the MHI coming into corrections. We shouldn't be downsizing mental health in Iowa—we should be upsizing it. I hope you will look at adding services in mental health, not taking them away.

Russ Hutchinson, owner of the Mediapolis Care Facility, commented: We need to add mental health beds. I see it first-hand. I am there every single day. I take people to hospitals, to psychiatric appointments, medical appointments. When people get to a crisis point we can't handle them, local hospitals can't handle them. The dilemma is that when you need a bed you have to have one. When the MHIs are full and have a waiting list of 20 or 30 people there are no beds—that's not fair to the client with mental illness. Imagine going to the hospital and having the doctor tell you need something done, but you'll have to just go home because they don't have a bed for you. When people who need treatment don't get it, they end up getting aggressive or assaultive and spending the night in jail because there is no other bed for them—that's not treatment. Local hospitals don't want to admit a chronically mentally ill person because they don't want to be stuck with them. We need the MHIs.

Mark Richardson, President and CEO of Great River Medical Center in Burlington and current Chair of the Iowa Hospital Association, commented: I agree with the comments that more beds are needed and all four MHIs are needed. We have 8 psychiatric beds. We are not prepared to keep people for chronic care because then acute care patients have no place to go. It is getting to be a crisis situation. There are less than 20 acute care programs left in the State of Iowa. We subsidize our acute care unit with over a half million dollars a year. Other hospitals have had to decide whether to close their

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acute care unit or face the possibility of closing their hospital because of the high costs. Sending clients from Burlington to Ames is not cost effective and there is no support for those patients in Ames. The reality is that the entire mental health system is going to crash if a solution is not found.

Dr. Francis Sanchez, Medical Director of Great River Medical Center and practicing Psychiatrist, commented: I work in an acute care setting of 80 beds. We recognize that the MHI is a critical piece in the continuity of care. There are inpatient services and outpatient services and nothing in between—that void is being filled by the MHIs. We need to address the revolving door of recidivism. The impact on individuals cannot be over-emphasized. The process of recovery takes time. We cannot solve mental health problems in 5 to 7 days. The MHIs allows allow people to have the time they need to recover. Someone who does not who does not get proper mental health care is likely to be affected by violence, crime, and homelessness. Families need to be able to visit people in treatment and provide support. We need to think about the quality of care. NAMI has rated Iowa with a “D”—I think if we close an MHI we are going to fail—and we are going to fail people. We know that treatment works. People come back and tell us that it really made an impact in their lives. The MHIs play an essential role in an integrated mental health care system.

Sue McDaniel, Director of Nursing at Highland Place, Hillcrest Family Services, commented: Highland Place is both a PMI and RCF level of care facility for adults with chronic mental illness. We generally serve about 40 clients at a time. About a year ago we lost the mental health unit at Ottumwa Regional Health Center. The referrals we get are harder and harder for us to handle. We get 12 to 15 people a week who need a psychiatric bed, but sometimes we can only take one. We struggle to get clients into the hospital when it’s needed. It took us five days to find a bed for an unstable patient, even with a judge ready to sign the commitment order. If you see a reason to move programs, why not add a step-down program? People who are habitual elopers jeopardize our licenses with the Iowa Department of Inspections and Appeals—they keep asking us why we take them back. We are taking a risk with our license to help them rather than turn them out into the streets. We need the MHIs. We need Mount Pleasant. We need a solution that will benefit all.

Jerry Kearns, State Representative, House District 92, commented: I served for 18 years on the Lee County Board of Supervisors. I am concerned about the potential loss of employment and economic impact on southeast Iowa. This location is particularly important because of the already high rate of unemployment I’d like you to examine the facets and attitudes of the Mount Pleasant MHI, including the geographic location and the unique specialized services they provide. This institution has served well and served long. I would be open to listening on the floor of the House to alternatives that would keep them all of the MHIs open.

Gene Fraise, State Senator from Fort Madison, commented: When you look at this campus—and corrections is part of it—all of the campus is being utilized. There are no

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wasted buildings. I hope you will take that into consideration. This is a good operation, with good people.

Diana Burden, Registered Nurse and area resident, commented: I am a family member of a person with mental illness. I am a real mom and a real nurse who has worked in several facilities. I'm the nurse who has to go to your family members and say "we're working on finding a bed." I have had to pull extra staff to protect me, to protect others, and to keep everyone safe because there was not an appropriate bed for a person who needed it. This is about people and this state needs to have some compassion about people with mental illness. Someday it might be you.

Wendy Eland, Mount Pleasant MHI employee, commented: I came here from Oregon. I have worked here for about 4 years as an RTW [Residential Treatment Worker]. I had to bring my brother here from California and have him court committed for treatment here. Before that he would go to the hospital for 7 to 10 days and then would be discharge for outpatient treatment, but wouldn't go and would end up in the hospital again. He came here and went to the dual diagnosis treatment program. He spent two months at the MHI and is now back in California and is doing well. This facility is an important part of getting people back in the community.

Donald Young, Henry County Heritage Trust, commented: Mount Pleasant benefited from this facility before the first patient was ever admitted, and the community of Mount Pleasant has also given back to the institution. Over the years Mount Pleasant MHI and its employees have been a very important part of this community.

Dave Helman, Mount Pleasant Chamber of Commerce and retired federal prison warden, commented: I have experience in corrections and mental health. When we have a prolonged economic downturn the need for mental health services increases. This is a bad time to be cutting mental health services in Iowa. Here in southeast Iowa we know we have high unemployment, people losing their homes, and there is a lot of unpredictability. This is not the time to close an MHI.

An area resident, commented: I am a community member and a recovering alcoholic and addict. I have been sober for some years now. The interplay between the MHI and the community has really helped support my recovery and made an important impact on me. The Vigil for Lost Promise is held once a year on the Square. It is for persons who have died from chemical dependency or family members who have died because of driving drunk or other dangerous behavior. The MHI hosts open NA and AA meetings here twice a week and the public is welcome to attend. The recovery radiates out from here and comes back—it is a wonderful circle reinforcing recovery. There are pregnant women who come here for treatment—that's a 2 for 1 deal. There are so many parents of very young children who need treatment and come here so they can go back home and be good parents to their kids. There is a complicated and delicate interplay between mental illness and substance abuse. We need more places where both can be diagnosed and treated at the same time. This is an especially bad time to be losing services.

Iowa Mental Health Institute (MHI) Task Force

Connie Baker, former MHI employee, commented: I worked 33 years here in nursing. It is so rewarding to listen to all the support here today. I used every bit of my education as a psychiatric nurse every day on the job. I think we have about 85 people upstairs who have not had a chance to speak today. Please remember them. We do not need to close any MHIs.

Vicki, an area resident, commented: My family has over 100 years in working with mental health. I think they chose the wrong people to be on this Task Force because I think you are going to find a way to keep them all the MHIs open.

Chair Ro Foege thanked the crowd and said: We heard a lot here today. Here are some of the highlights of what I heard you say –

- We need more mental health services, not less
- The Mount Pleasant Treatment Complex is very important to all of southeast Iowa
- This is a unique environment with the only substance abuse and dual diagnosis treatment programs in Iowa
- This is an important training site
- This community has a pool of exceptional caregivers
- You have quality and caring staff

I also heard people talk about providing services not just for today but for the future. We have the task of being good, insightful ancestors and planning well for the future.

Thank you to Superintendent Mullen and the facility staff for your warm welcome and hospitality. Thank you to the patients, community, and Task Force members. The next meeting will be in Urbandale on November 9.

The meeting was adjourned at 6:35 p.m.

Minutes respectfully submitted by Connie B. Fanselow.