

REPORTS OF THE
MENTAL HEALTH AND JUVENILE INSTITUTIONS STUDY COMMITTEE
AND
NURSING HOME SUBCOMMITTEE OF THE
STANDING COMMITTEES ON SOCIAL SERVICES

Submitted to the Members of the
Second Session of the Sixty-fourth General Assembly
Meeting in the year 1972

Progress Report

MENTAL HEALTH AND JUVENILE INSTITUTIONS STUDY COMMITTEE

December 15, 1971

In appropriating for operations of the Department of Social Services for the 1971-73 biennium, the first session of the Sixty-fourth General Assembly allocated \$25,000 to the Legislative Council for "a study regarding the present and future roles and adequacy of the mental health institutes and the existing institutions for juveniles under the Department of Social Services, and to project future expansion, consolidation, or closing of these facilities." (1) Accordingly, the Council established the Mental Health and Juvenile Institutions Study Committee, with Senators Earl Bass of Malvern, James W. Griffin of Council Bluffs, Charles P. Miller of Burlington and George F. Milligan of Des Moines, and Representatives A. June Franklin of Des Moines, Edgar H. Holden of Davenport, Joan Lipsky of Cedar Rapids and Delmont Moffitt of Mystic as members. Representative Holden was elected Chairman, and Senator Bass Vice Chairman, of the Study Committee. Senator Milligan was subsequently forced by the press of other responsibilities to leave the Study Committee, and was succeeded by Senator Marvin W. Smith of Paullina.

Study Committee Procedure

As of the submission of this progress report, the Study Committee has held a total of ten meetings, three of them two-day meetings. The September 2 organizational meeting and two subsequent meetings on September 22 and October 4, all held in Des Moines, were used to acquire as much background information as possible about the institutions to be studied. It was decided to limit the scope of the study to the four state mental health institutes and the Annie Wittenmyer (Davenport) and Toledo Juvenile Homes, although other institutions operated by the Department of Social Services could arguably be considered juvenile institutions. (2)

It was decided to obtain basic information on the six institutions, their current programs, and factors affecting the present demand for their services, before undertaking tours of the institutions. In addition to obtaining information from Department of Social Services personnel, the Study Committee arranged to meet with a number of other persons believed to have knowledge or experience which would be valuable to the Committee.

For viewpoints regarding present and probable future utilization of the state mental health institutes, it was decided to invite county officers from a populous county with an established and functioning community mental health program, a less populous county utilizing both a community mental health program and a state mental health institute, and another less populous county relying entirely upon a state mental health institute to

meet its mental health care needs, to meet with the Study Committee. Pursuant to this decision, a member of the board of supervisors and the court clerk from Scott County, and a member of the board of supervisors and the auditor from Buena Vista County, met with the Study Committee on September 22. The chairman of the Mills County Board of Supervisors met with Committee members on October 4.

In addition, the Study Committee asked Mr. Dale Ball of Omaha (formerly of Council Bluffs), to meet with Committee members on September 22. Mr. Ball served in 1969 on the Governor's Economy Committee, and headed the group which recommended that one of the four state mental health institutes be closed.

Two district court judges with considerable experience as juvenile court judges, the Honorable R. Kent Martin of Atlantic and the Honorable David Halbach of Clinton, were invited to the September 22 meeting to share with Study Committee members their views regarding utilization and function of the state juvenile homes. In addition, the October 4 meeting was attended by Mr. Merwin Crow of Des Moines, administrator of Orchard Place, a private children's psychiatric facility. Mr. Crow has served as Chairman of the Annie Wittenmyer-State Juvenile Home (i.e., Toledo) Review Committee, an ad hoc group of which Judge Halbach is also a member which was asked by the Department of Social Services to evaluate the need for and the services being rendered by the Annie Wittenmyer and Toledo homes.

Following its three initial meetings at the State House, the Study Committee held a series of meetings in which the six institutions with which it is primarily concerned, and certain related facilities and programs, were visited. The dates and places of these meetings were:

- October 14-15 - Scott County Community Mental Health Program,
Davenport
Iowa Annie Wittenmyer Home
Mount Pleasant Mental Health Institute
- October 26-27 - Iowa Juvenile Home, Toledo
Black Hawk County Juvenile probation program
Waterloo
Independence Mental Health Institute
- November 2- 3 - Clarinda Mental Health Institute(3)
Cherokee Mental Health Institute
- November 11 - Iowa Mental Health Authority and
Psychopathic Hospital, Iowa City

The Study Committee's eighth meeting, held in Des Moines on November 18, was to some extent a follow-up on the visits to institutions. During the morning session, Committee members met with representatives of four separate Polk County mental health facili-

ties, one of which is an outpatient clinic operated by the Clarinda Mental Health Institute. That afternoon, the Study Committee discussed the six institutions it has visited with Commissioner of Social Services James Gillman and several of his Department's administrators. In response to an invitation received at the November 18 meeting, Committee members on November 29 visited the Broadlawns Polk County Hospital Psychiatric Service, and that afternoon again met with Commissioner Gillman who presented suggestions regarding the future roles of the six institutions under study.

As this report is written, the Study Committee's tenth meeting is scheduled for December 14, the day before this report is to be presented to the Legislative Council. Therefore, it is possible that recommendations or other specific statements agreed upon at that meeting may not be reflected by this report.

Extension of Time for Completion of Study

It is anticipated that a motion will be offered at the December 14 meeting that the Study Committee seek a one-year extension of the time for completion of its work. Section two of Senate File 565 presently requires that the Study Committee make its final report to the second session of the Sixty-fourth General Assembly in 1972. If an extension is granted, it would presumably be necessary to amend this section, both with respect to the time for submission of the final report and to extend for at least six months the \$25,000 appropriation for the study. As only about \$6,500 of this amount has actually been spent, it does not appear necessary to ask for additional funds.

Comments on Study Committee's Findings and Conclusions to Date

While the Mental Health and Juvenile Institutions Study Committee had formulated no recommendations at the time it was necessary to begin writing this report, it is possible to indicate at least some tentative conclusions drawn from the information obtained thus far. A brief discussion of some of the more significant facts and ideas presented to the Study Committee may also be of interest to legislators generally.

Present and Future Roles of the State Mental Health Institutes

It is recognized that when the establishment of the Study Committee was authorized it was assumed by many legislators, and no doubt by many other persons, that the study would lead to the closing of at least one of the four present state mental health institutes at Cherokee, Clarinda, Independence and Mount Pleasant. Therefore, the Study Committee members feel it should be stated forthrightly at this point that they do not now anticipate presenting such a recommendation.

The foregoing statement does not mean that the Study Committee members are satisfied in all respects with the present operation of each of the mental health institutes. It appears, however, that these institutions are accomplishing a great deal that is very worthwhile, and have the potential to meet some important needs of the state for additional kinds of services in the near future.

The primary purpose of the mental health institutes today is to prevent mental disorders from disabling people, and all four are now fully accredited by the Joint Commission on Accreditation of Hospitals. However the institutes also engage to varying degrees in a considerable variety of educational programs. In addition to conducting in-service training programs for their own staffs, all are approved by the National League of Nursing for the training of nursing students in psychiatric nursing, and by the Association for Clinical Pastoral Education, Inc., for pastoral counseling. Through affiliations with various educational institutions, the mental health institutes participate in the training of a variety of professional and paraprofessional persons, ranging up to senior ward clerkships for medical students at the Independence Institute where senior staff physicians hold nonsalaried appointments to the faculty of the University of Iowa College of Medicine. The Cherokee and Independence Institutes each have approved three-year psychiatric residency programs for graduate physicians.

Study Committee members would be less than candid were they not to report their impressions, as laymen, that the overall programs of each of the four mental health institutes exhibit varying degrees of quality. It is urged that every effort be made to utilize the strengths of some institutes so as to help other institutes overcome existing weaknesses, particularly in those areas in which it is necessary that essentially similar services be provided to the patients of each institute. In more specialized areas it may not be necessary for all four institutes to attempt to maintain the same services. Serious consideration should be given, both by the Department of Social Services and the General Assembly, to the proposition that the four mental health institutes may best serve the state in the years ahead by becoming less alike in terms of programs and services offered.

The factors most commonly referred to in connection with suggestions that one or more of the mental health institutes be closed are:

1. Significant and continuing reduction in average daily patient population of the institutes, and the associated rise in average daily cost of operation on a per-patient basis.
2. The seemingly high employee-to-patient ratio at the mental health institutes.

3. Unused space in and inadequacies of the physical plants of the institutes.

Patient Population and Daily Cost

The decline in average daily patient population at the four Iowa mental health institutes which has occurred over the past twenty-five years, and particularly in the past decade, was discussed at some length in the report of the 1967-68 legislative State Mental Health Institutions Study Committee.(4) The explanation of the reasons for and the effects of this decline given in that report remain pertinent. Essentially, the mental health institutes are treating a much greater number of individual patients who, on the average, remain as inpatients of the institutes for shorter periods of time than was formerly the case, so that while annual admission totals are far higher than they used to be, average daily patient populations are far lower. Noting that during the 1960's "much progress has been made in reducing losses from mental illness," the 1969 Governor's Economy Committee stated in its report that "Iowa has been a national leader in this regard."(5)

Because the per diem cost billed to counties by the mental health institutes is determined essentially by dividing the cost of operating each institute into the number of patients at the institute,(6) the decline in average daily population has brought with it higher per diem charges per individual. That is, because fewer patients are at mental health institutes on any given day, each patient must be assigned a higher proportion of the cost of heat, lights and other ongoing administrative and support services, as well as a proportionate share of the cost of the more intensive treatment provided at the institutes in recent years.

The foregoing are fairly well-known facts. What is apparently not so well understood--and was not understood by all Study Committee members when this study began--is that the drop in the average length of an individual patient's stay at an Iowa mental health institute has tended to match the increase in daily cost enough to hold the total cost of an average patient's stay constant in a decade marked by considerable inflation. Appendix I, a table prepared by the Independence Mental Health Institute, shows that for that institute the cost of an average length stay actually was less in 1970 than in 1960. That is, a patient in 1970 who stayed at the institute for a period of time equal to the average stay of all patients there in that year, 68 days, would have incurred charges of \$2,044, compared to a charge of \$2,557 for an average stay of 413 days at the much lower per diem costs in effect in 1960.

Employee-Patient Ratio

The most recent data available to the Study Committee indicates that the total number of employees of each of the four state mental health institutes, and the 1971 average daily patient population of each of the institutes, are as follows:

| | | |
|----------------|-----------------|---------------------------|
| Cherokee | - 421 employees | - avg. daily pt. pop. 277 |
| Clarinda | - 363 employees | - avg. daily pt. pop. 290 |
| Independence | - 432 employees | - avg. daily pt. pop. 309 |
| Mount Pleasant | - 345 employees | - avg. daily pt. pop. 200 |

When these two sets of figures are compared, it must be kept in mind that an inpatient is at a mental health institute twenty-four hours a day, but no one employee is on duty throughout that period. A substantial number of positions at each institute must be staffed around the clock, seven days a week. Each working day, of course, includes three eight-hour shifts. While data provided by the four institutes vary slightly, total allowable time off (vacation, weekends or comparable days off, other holidays, and sick leave) averages around 130 days per employee per year, or slightly over one-third of the total number of days in a year. Thus, at least four employees are required to cover any one position twenty-four hours per day, seven days per week, the year around.

Appendix II, another table prepared by the Independence Institute, shows the distribution of its total employee force at a given time, and the actual number of professional and nursing personnel available to treat patients at that time. (NOTE: Figures cited two paragraphs preceding this paragraph are more recent than those used in the table appearing as Appendix II.)

The statements in the foregoing paragraphs are also true, in general, of the Annie Wittenmyer and Toledo Juvenile Homes. As of mid-November, 1971, the Annie Wittenmyer Home reported having 160 employees, and the State Juvenile Home at Toledo reported 122.

Mental Health Institute Physical Plants

In recommending the closing of one of the mental health institutes, the Governor's Economy Committee stated that although some of the physical plant facilities are very old, they seem to be well maintained. However, in view of changes in treatment concepts, many are functionally inadequate for current usage.(7)

When he met with the Study Committee, Mr. Ball--who led the Governor's Economy Committee study team which visited the four mental health institutes--also indicated some concern about the location of the institutes. He commented that the locations appear to reflect the attitude of an earlier era that the seriously mentally ill were best put out of sight and forgotten, for the most part.

The physical plants of the four mental health institutes were discussed fairly thoroughly in the report of the 1967-68 study committee, and the only significant change which has occurred since then is the completion of the new building housing what is now known as the Cromwell Children's Unit at the Independence Institute.

It would be difficult to argue that, if the state were today contemplating the construction of one or more new mental health institutes, the buildings would be designed or the locations selected as they were when the existing institutes were established. However it appears that it has been possible to adapt and utilize these buildings fairly satisfactorily to house the relatively short-term intensive mental health care provided by the institutes today, and it should also be possible to adapt them to house other kinds of programs for which there are genuine needs.

Mr. Ball told the Study Committee it could not expect to convert the facilities of any of the existing mental health institutes to a different use, and save money in the process. This statement is no doubt true insofar as it contemplates an actual reduction in total state expenditures, but where there is legitimate need for a program which can reasonably be housed in the facilities of one of the mental health institutes, this may be the least costly alternative. The Study Committee does not believe, however, that programs should be sought out for the purpose of filling available space.

One possible use of some available space at the mental health institutes (among a number suggested by Commissioner of Social Services James Gillman) in which the Study Committee has been interested in the development of short-term juvenile detention facilities. The juvenile court judges who met with the Study Committee--particularly Judge Martin from southwest Iowa--expressed frustration about where to place juveniles who need some security pending court action, and the related problem of where to place young people who the court feels require detention but should not have a sentence to a correctional institution such as Edlora, Mitchellville or Anamosa on their records. Use of facilities at the mental health institutes for the latter purpose would apparently not be in accord with the intent of the suggestion made by Commissioner Gillman, and therefore if such a recommendation is to be made it requires further consideration and definition.

Present Role of the Juvenile Homes

Until the middle 1960's, both the Iowa Annie Wittenmyer Home at Davenport and the Iowa State Juvenile Home at Toledo were serving basically dependent and neglected children, many of whom could have been better served by appropriate community services received while living with their own families or by foster family care. The Annie Wittenmyer Home at that time presented largely the classic pattern of the orphanage, while the State Juvenile Home was run primarily as a boarding school with the resident young people going home for summer vacation.

Due to major efforts to increase use of foster family care in Iowa, the population of both homes has been greatly reduced. Both now seek to provide more specialized treatment and care for young persons with problems which make them, at least for a time, not appropriate candidates for foster family placement.

The Department of Social Services states that:

The present program at the Iowa Annie Wittenmyer Home is geared to serve as a residential treatment center for children between the ages of eight and eighteen who have poor impulse control, a poor self-concept, educational retardation due to lack of motivation or low I.Q. and some cerebral dysfunctioning. These children have generally presented serious behavior problems in the local community, including running away, stealing, continuous disruption of the classroom, and continuous disruption of the home or foster home. They are academically retarded two to three years, being poor achievers in school. These children have generally blown both home and school.

.....

The State Juvenile Home serves adolescent age youth--13 to 18--who have poor impulse control which has resulted in unacceptable behavior in the community, such as running away, stealing, fighting, and sexual acting out. Many of the youth now being committed have been found dependent, neglected, and delinquent by the juvenile court. Educationally, the youth are retarded two to three years, but their I.Q. will fit the normal curve found in any school. While many commit delinquent acts, they have not presented a long pattern of delinquent behavior. In short, they have been excluded from school for lack of motivation and poor behavior, their parents have been unable to cope with their behavior, and the community does not have the resources to adequately deal with the problem.

Both homes' programs are oriented toward returning the young person to the community. The Department has indicated that these institutions should actually be thought of not as homes, but as short-term intensive treatment centers similar to hospitals, to which a young person may be brought for appropriate treatment and then returned to the community.

At the time of the Study Committee's visit on October 14, the Annie Wittenmyer Home reported a rated capacity of 107 and an actual resident population of 98. The median length of stay at the Home in each of the past three years has been four months. In addition, the Home does provide some detention shelter care--primarily for the area of the state most adjacent to it--on an essentially very short-term basis, although ranging up to 60 days or more in a few cases. The Toledo Home has had an average population of 101, with a median length of stay of seven months, during 1971.

Study Committee members have briefly explored with Department of Social Services personnel the possibility that the groups served by the Annie Wittenmyer and Toledo Homes are not sufficiently different to justify maintaining both institutions. The Department officials and the Homes' administrators believe that the differences are significant; the resident youngsters at Annie

Wittenmyer average somewhat younger, and their school difficulties are in most cases due to some actual brain dysfunction as well as to poor environment, which is the factor primarily affecting residents of the Toledo Home. (The latter distinction is the main reason for the far greater use of medication at Annie Wittenmyer than at Toledo.) Concern was also expressed about the effect of significantly increasing the resident population of such institutions, in terms of their function as short-term intensive care facilities.

If the program now housed at the Annie Wittenmyer Home is to be maintained, early consideration should be given to the future physical plant for this program. The existing Annie Wittenmyer Home physical plant is considerably larger than is needed for the program presently being carried on there, and a number of the buildings (some of which date back to the Civil War era) are now empty.

Agencies Involved in Delivery of Mental Health Services in Iowa

Iowa's achievements in the field of mental health have, by all accounts, received national recognition and any criticism of the state's programs in this area should take that into account. Nevertheless, the Study Committee is concerned, as was the 1967-68 study committee, about the continuing division of authority in the field of mental health in Iowa.

The Department of Social Services' Bureau of Mental Health Services is responsible for operation of the four state mental health institutes. The Department also operates, through its Bureau of Adult Corrections, the Oakdale Security Medical Facility, which provides many mental health services to patients who must be held in a secure setting. However some other state agencies outside the Department have programs which overlap or are closely related to those being carried on by the mental health institutes. These include, for example, the Commission on Alcoholism and the Drug Abuse Authority.

Another state operated mental hospital is the Board of Regents' responsibility. This is Psychopathic Hospital, a part of the University Hospitals complex at Iowa City, which is strongly education oriented and has a much smaller patient capacity than any of the state mental health institutes.

Psychopathic Hospital has since 1947 been designated as the Iowa Mental Health Authority for the purpose of participation in federal funds available under U. S. Public Law 49-487. Section 230.24 of the Code of Iowa authorizes a county or group of counties to establish a community mental health center "in conjunction with the Iowa Mental Health Authority," and to levy an additional half mill above the basic county fund for mental health to provide psychiatric examination and treatment "in each county where they have facilities available for such treatment, and any county not having

such facilities may contract through its board of supervisors with any other county, which has (such) facilities for . . . the use thereof." The Mental Health Authority takes the position that this section requires any county which levies the extra half-mill to use that money toward operation of a center meeting the Mental Health Authority's standards.

At present, there are a total of 26 recognized community mental health centers in Iowa, serving approximately two-thirds of the state's counties. Originally almost entirely outpatient facilities, some of these centers now are able to provide local inpatient care through psychiatric facilities in some 17 general hospitals throughout the state, as well as in certain other types of facilities such as county homes.

During the same period of time that the community mental health centers have been developing, the mental health institutes have placed much emphasis on outpatient services. The Clarinda Institute has for some years operated an outpatient clinic in Des Moines for its own returnees, which it appears may well have contributed to the fact that Polk County was the last populous area in the state to develop its own local mental health center. However, the county has for many years been served by the Des Moines Child Guidance Center and the Broadlawns Polk County Hospital Psychiatric Service, both of which are continuing in operation along with the Clarinda Institute's outpatient clinic and the new community mental health center.

Study Committee members are inclined to feel that closer coordination between the mental health institutes and the community mental health centers than is likely to be achieved under the present organizational pattern will be needed in the future. It is obvious, however, that there will be considerable resistance to any merger proposal. One possible solution which might have some merit is combining the responsibilities of the present Iowa Mental Health Authority and the Department of Social Services' Bureau of Mental Health Services in the present Department of Health, since mental illness is increasingly being recognized as in fact a sickness.

Concluding Comments and Recommendations

The foregoing progress report is necessarily abbreviated, and does not touch on all of the Mental Health and Juvenile Institutions Study Committee's major concerns. For instance, there is no discussion of the role of county homes in Iowa's overall mental health care structure.

Also, due to the necessity of preparing the main body of this report prior to the Study Committee's last meeting on December 14, it was not possible to include in the preceding portions of the report any specific references to actions taken by the Study Committee on that date. A brief summary of the Study Committee's actions at that meeting follows.

Extension of Time

The anticipated motion for an extension of time for completion of the study was offered and passed. The motion is "that the Legislative Council be requested to extend the time for submission of the Mental Health and Juvenile Institutions Study Committee's final report by one year, in order to permit development of proposals for coordination of all state agencies concerned with mental health efforts, with special emphasis on relationship of institutions to inpatient and outpatient care, and development of a comprehensive juvenile program offering alternatives for juvenile care through state legislation". The motion is set forth in full because its wording, indicating in a very general way the directions in which the Study Committee intends to move if a continuation of the study is authorized, is considered significant.

The Study Committee on December 14 considered a suggestion, included in a communication received by Chairman Holden on the preceding day from the Community Mental Health Centers Association of Iowa, that the four state mental health institutes be reconstituted as regional mental health centers responsible to boards of directors drawn from the respective regions served. This pattern of operation apparently would correspond broadly to that of the present community mental health centers. While a great deal more study should be given to any such proposal before it is made the basis for a draft bill or recommended to the General Assembly, the Study Committee does intend to give the proposal thorough consideration in the months ahead.

Combining County Fund for Mental Health and State Institution Fund

The Study Committee recommends to the second session of the Sixty-fourth General Assembly the enactment of Senate File 185 or its companion, House File 321, providing for combining the present county fund for mental health (sec. 230.24) and county state institution fund (444.12). This bill is very similar to House File 8 and Senate File 8 of the previous General Assembly, which was recommended by the 1967-68 State Mental Health Institutions Study Committee. The Study Committee's report noted that:

"Since both the state institutions fund and the county fund for mental health are raised by property taxation, and the unlimited-levy state institutions fund may be drawn upon for support of mentally ill and mentally retarded patients in local facilities when the one mill levy for the county fund for mental health is depleted, it is believed adoption . . . would simplify county bookkeeping."

More importantly, the Study Committee believes enactment of the pending legislation, which was somewhat revised in an attempt to overcome some of the objections to House File 8 of 1969-

70, would give counties greater flexibility in determining how to provide the mental health care services needed by their residents. Incidentally, the bill provides for a more orderly wording of present section 444.12, which has become a rather confusing and lengthy hodgepodge as amendments have been added through the years.

It should be noted that Senator Bass does not support the foregoing recommendation. All other Study Committee members were present and voted for it.

Other Actions

The Study Committee made no other formal recommendations at the December 14 meeting. It did, however, take the following actions:

1. The Legislative Service Bureau was requested to revise pending companion bills Senate File 142 and House File 284 so as to bring this legislation more in accord with the original concept on which House Files 7 and 8 of 1969-70 were based, namely partial state support for costs incurred by counties in providing needed mental health care and services, with increased options available to county boards of supervisors as to where these services are obtained. This draft legislation, when completed, will be brought before the Study Committee for review and consideration, with the possibility that a recommendation could be forthcoming during the 1972 legislative session.

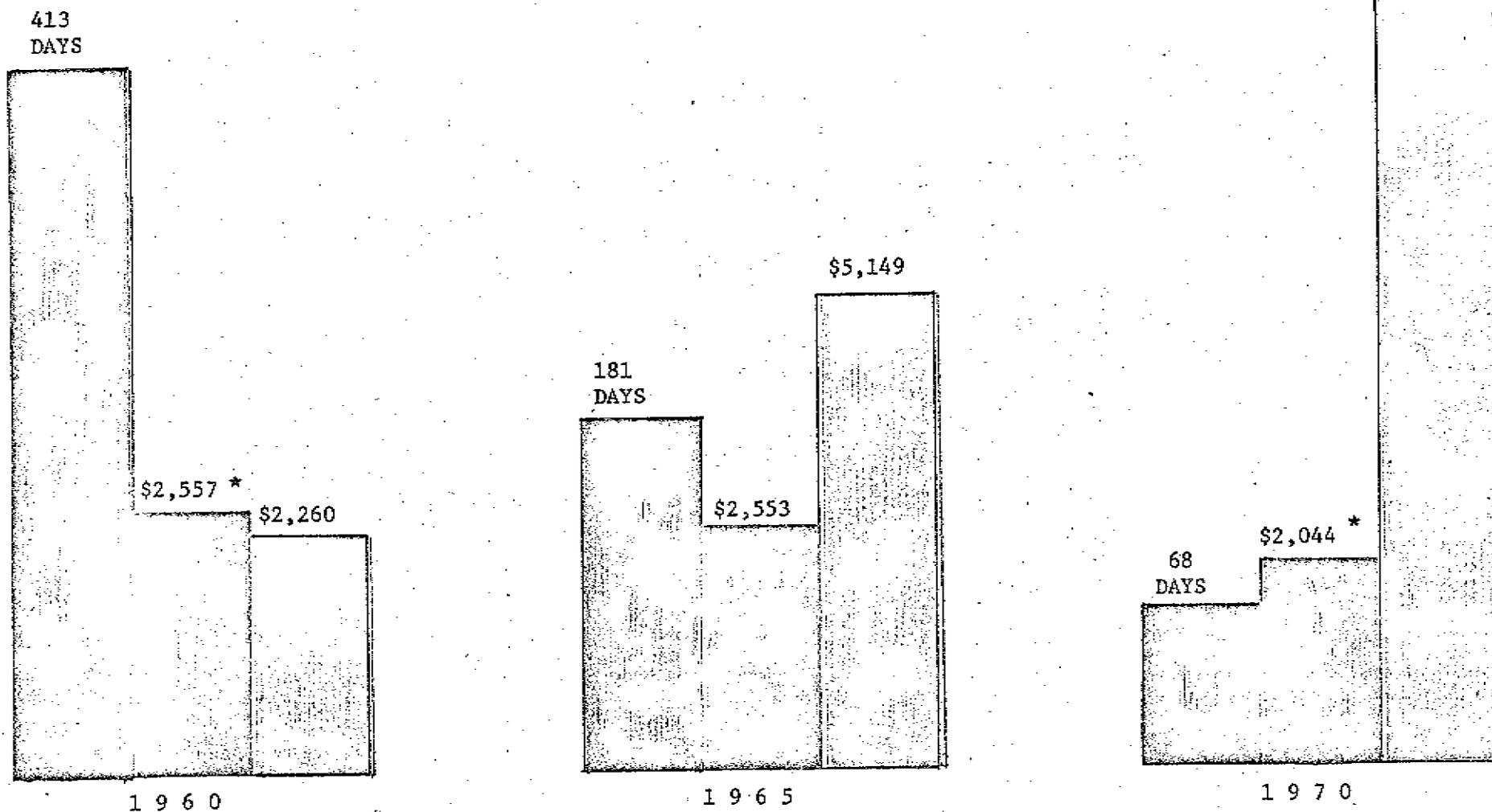
2. The Service Bureau was also requested to begin drafting legislation which would implement the suggestion by Commissioner of Social Services Gillman (referred to on page 7 of this report) that short-term juvenile detention facilities be developed which would be housed within the existing physical plants of the four state mental health institutes. It is hoped that this legislation can also be ready for consideration by the Study Committee before the adjournment of the Sixty-fourth General Assembly.

3. The Service Bureau was asked to thoroughly research the entire question of the effect upon the citizenship and other rights of an individual when he becomes an inpatient of a mental health institution, and when, how, and to what extent these rights are restored to individuals when they leave such institutions.

- (1) Sec. 2, Senate File 565 (Chapter 65, Acts of the Sixty-fourth General Assembly, First Session).
- (2) The six institutions selected correspond to those at which capital improvements are prohibited during the current biennium by sec. 3 of Senate File 543 (Chapter 66, Acts of the Sixty-fourth General Assembly, First Session).
- (3) A very brief stop was also made late on November 2 at the Glenwood State Hospital-School for the Mentally Retarded, primarily for the purpose of learning more about a suggestion by its superintendent regarding future development of certain physical facilities there.
- (4) Copies of the report may be obtained from the Legislative Service Bureau. Two members of the current Study Committee--Senator Miller and Representative Lipsky--served on the 1967-68 Study Committee.
- (5) Governor's Economy Committee, Survey and Recommendations; Iowa State Government, p. 67.
- (6) For an explanation of how per diem costs are computed, see pages 10-12, minutes of the Study Committee's November 18, 1971, meeting.
- (7) Governor's Economy Committee, op.cit., p. 67

MENTAL HEALTH INSTITUTE - INDEPENDENCE

RELATION OF ANNUAL COST TO LENGTH OF STAY COST



-  AVERAGE LENGTH OF STAY
-  COST PER STAY
-  COST PER YEAR

***EXPLANATION:** This chart portrays the fact that the cost per stay has actually decreased in the last 10 years, because of shorter stay \$2,557 per stay - 1960; \$2,044 per stay - 1970. (Inflationary factor not added).

MENTAL HEALTH INSTITUTE - INDEPENDENCE

RATIO OF EMPLOYEES TO PATIENTS

EXPLANATION: Factors as depicted must be taken into consideration, when considering the ratio: Actual professional and nursing staff to patient ratio gives the true picture as stated below.

444 EMPLOYEES

| |
|--|
| |
| 21 TO COVER WEEKENDS ON A 7 DAY WORK WEEK |
| 130 ON EVENING AND NIGHT SHIFT |
| |
| |
| 129 PROFESSIONAL STAFF AND NURSING PERSONNEL |

331 PATIENTS

| |
|--|
| |
|--|

TREATMENT RATIO: 129 STAFF TO 331 PATIENTS

1 EMPLOYEE FOR EACH 2½ PATIENTS