



MINUTES

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Inmate Geriatric and Psychiatric Patients Study Committee

September 28, 2011

MEMBERS PRESENT:

Senator Tom Hancock, Co-chairperson
Senator Gene Fraise
Senator Jack Hatch

Representative Gary Worthan, Co-chairperson
Representative Richard Anderson
Representative Chris Hagenow
Representative Lisa Heddens
Representative Todd E. Taylor

MEETING IN BRIEF

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- I. Procedural Business
- II. Background
- III. Department of Human Services (DHS)
- IV. Department of Corrections
- V. University of Iowa — Dr. Judith Crossett
- VI. Board of Parole (ICN)
- VII. Next Steps
- VIII. Material Filed With the Legislative Services Agency



Inmate Geriatric and Psychiatric Patients Study Committee

I. Procedural Business

Call to Order. Temporary Co-chairperson Worthan called the first meeting of the Inmate Geriatric and Psychiatric Patients Study Committee to order at 12:45 p.m. on September 28, 2011, in the Oakdale Room of the Iowa Medical and Classification Center (IMCC) in Coralville, Iowa.

Election of Permanent Co-chairpersons. Members of the Committee unanimously elected temporary Co-chairpersons Hancock and Worthan as permanent Co-chairpersons.

Next Meeting. The next meeting of the Committee will be on Wednesday, November 30, at 10:00 a.m. at the Department of Corrections (DOC) board room, Jessie Parker Building, Des Moines, Iowa.

Adjournment. The meeting adjourned at 3:25 p.m.

II. Background

The Legislative Council established the Inmate Geriatric and Psychiatric Patients Study Committee to examine treatment and placement options for inmate geriatric and psychiatric patients who are under the care, custody, and control of the state, or for patients who are otherwise housed at the Iowa Medical and Classification Center at Oakdale or other correctional facilities for geriatric or psychiatric treatment. The Committee is comprised of five Senators and five Representatives. The Committee is authorized to meet for two meeting days.

III. Department of Human Services (DHS)

Mr. Charles Palmer, Director of the DHS, thanked Mr. John Baldwin, Director of the DOC, for supporting the interaction between the DHS and the DOC in exploring treatment and placement options for inmate geriatric and psychiatric patients who are under the care and custody of the state. He also noted the current work of the various DHS workgroups making recommendations to the General Assembly for redesign of the mental health and disability system in Iowa, and in particular, the discussions of the Judicial Branch-DHS workgroup relating to jail diversion programs for offenders with mental health issues.

Ms. Jennifer Harbison, DHS legislative liaison, provided information to the committee about transfers that have occurred between certain Mental Health Institutes (MHIs) including Cherokee, Independence, and Clarinda, all operated by DHS, and the IMCC, operated by the DOC.

She also provided information about the Civil Commitment Unit for Sexual Offenders (CCUSO) at the Cherokee MHI, operated by DHS. CCUSO provides a secure (24/7), long-term, and highly structured setting to treat sexually violent predators who have served their prison terms, but who have been found likely by the court to commit further violent sexual offenses. Director Palmer stated that the patients at CCUSO tend to stay in the program as very few complete the treatment; only 12 patients have been dismissed from the program since it began approximately 13 years ago. There are currently 84 patients in the program. The length of commitment for each patient is dependent upon completion of certain criteria for advancement through five treatment phases. Many patients in the program are aging (approximately 24 percent are 56 or older) and have some form of dementia.



In response to a question by Co-chairperson Worthan about funding and the role of Medicaid, Director Palmer suggested that if some of the patients and inmates qualified for and were placed on Medicaid, then Medicaid would pay 60 percent of the costs of the care. This will often depend upon the diagnosis the person has. He stated that some of this population may be able to be served in the community and agreed it is important to examine less expensive alternatives and to draw on some of the funding sources that may be available through federal health care reform. He also noted how difficult it is to secure psychiatric beds and suggested exploring the establishment of a centralized tracking system for psychiatric beds in order for local sheriffs or any other agencies to more quickly determine where these empty beds are located around the state.

Co-chairperson Hancock commented that public safety and security related to the placement of geriatric inmates and psychiatric patients are primary concerns for the Committee.

Co-chairperson Worthan asked if it was a good idea to parole or place geriatric inmates in noncorrectional facilities. Director Palmer responded that inmates who pose a threat should not be transferred to noncorrectional facilities.

IV. Department of Corrections

Dr. Harbans Deol, Medical Services Director of the DOC, presented an overview of the state prison system and the medical needs of inmates under the custody of the DOC. State prison facilities include Fort Dodge, North Central, Clarinda, Newton, and Mt. Pleasant Correctional Facilities, Anamosa and the Iowa State Penitentiaries, the Iowa Correctional Institute for Women, and the IMCC. The IMCC serves as the reception center for all offenders who are sentenced to serve a prison sentence in Iowa. Each offender entering the reception center at IMCC receives a medical screen, mental health screen, and dental screen. The IMCC houses the nation's only licensed, inpatient mental health unit (the forensic psychiatric hospital) within a state prison system. The forensic psychiatric hospital has a separate hospital license. The mental health facilities, courts, and the correctional system of the state utilize the forensic hospital as a source for psychiatric evaluation and treatment even though the forensic hospital is located inside the walls of the IMCC.

Dr. Deol also presented information about the age and health conditions of the prison population. The lifestyle decisions of many inmates prior to entering the correctional system requires the DOC to initiate geriatric services on inmates as young as 50 years old which greatly increases medical and pharmaceutical costs. Out of 8,700 inmates, approximately 1,250 inmates under the age of 54 and 478 inmates over the age of 54 have more than one chronic disease. He also presented mental health disease management statistics by sex, DOC facility (all DOC facilities house ill offenders with mental illness), custody level, and level of care. Approximately 3 percent of the DOC population is classified as having severe mental illness and 21 inmates have been diagnosed as having some stage of dementia.

Senator Hatch questioned Dr. Deol about whether inmates with mental health issues who are released from prison receive any continuing mental health care from local mental health community providers. Dr. Deol acknowledged they should receive such transitional care but when an inmate is not released to a community-based correctional facility, the inmate receives a 30-day supply of medication and returns to their community—many end up in shelters or homeless.



Inmate Geriatric and Psychiatric Patients Study Committee

Senator Fraise suggested that a centralized unit for all geriatric and psychiatric mental health offenders should be established, and further suggested establishing a nursing home facility.

Director Baldwin emphasized that most private nursing homes do not accept inmates with a criminal background. However, he did suggest that some private nursing homes may consider inmates be placed at their facility if 10 to 20 geriatric inmates were allowed to be placed at the facility and if they qualified for Medicaid.

Mr. Joel Wulf, Iowa Department on Aging, suggested that Iowa's Aging Network through the Iowa Department on Aging could assist the DOC in the placement of geriatric inmates.

Director Baldwin noted that a related study of treatment options for geriatric and psychiatric patients under DOC custody by the DOC, DHS, Department of Inspections and Appeals, Department of Public Health, and the Board of Parole will be submitted to the Study Committee by November 15, 2011, which should provide the Committee with more information and options to consider at the Committee's next meeting.

V. University of Iowa — Dr. Judith Crossett

Dr. Judith Crossett, a University of Iowa Health Care Geriatric Psychiatrist and Director of the Geriatric Fellowship Program at the University of Iowa and Medical Director of the Free Mental Health Clinic in Iowa City, spoke about psychiatric treatment and placement of geriatric and psychiatric inmates.

She stated the incidence of mental illness is higher in the geriatric inmate population and that an inmate is considered to be geriatric at a much younger age than the general population (50 years of age). She noted community mental health centers are great resources for people with mental illness and could be utilized by inmates or other patients. The Free Mental Health Clinic is a student-run biweekly clinic that provides easier access to mental health care for people who have mental health issues and limited resources. However, she emphasized the right facility may never exist for some people with mental illness.

She noted that some of the challenges the state may face when placing geriatric or psychiatric inmates in nursing facilities include finding the appropriate decision-maker for the person and the fact that it is more difficult to place younger patients in nursing facilities because of the many risks associated with younger patients. She currently provides on-site outreach psychiatric services to 20 nursing facilities as a part of the Senior Behavioral Outreach Program through the University of Iowa and feels these services work very well and she would like to see more outreach programs such as these.

She would also like to see more nurse practitioners on site at nursing facilities working with geriatric residents and a second facility similar to the Clarinda MHI (the only current MHI serving geriatric psychiatric patients, located in Southwest Iowa) located in Central or Eastern Iowa.

VI. Board of Parole (ICN)

Ms. Elizabeth Robinson, Chairperson of the Board of Parole, stated that the board is open to working with the Committee in exploring the possibility of medical parole which is currently not an option in Iowa. Most elderly or ill inmates are serving mandatory minimum terms and are not



eligible to be considered for early release, but may be eligible to be released through the commutation of sentence process. She emphasized that the board is always very concerned about public safety.

Doris Kelley, a member of the Board of Parole and former state representative, added that the board is also concerned about equal protection issues (such as basing decisions on the age of an offender) and other constitutional issues if a form of medical parole is instituted. The costs of medical care once a geriatric or psychiatric inmate is paroled should also be a consideration.

Co-chairperson Hancock commented it is his understanding the Board of Parole will be working actively with this Committee in advising the Committee with its expertise.

Co-chairperson Worthan commented that the intent is not to release these patients to the general public but to establish a facility that is economically feasible to relieve the pressure on the IMCC.

Representative Taylor commented about the equal protection concerns and requested information about how other states handle this issue.

VII. Next Steps

Committee members reexamined the scope and charge of the Committee.

Senator Fraise commented it is his understanding that the Committee should be recommending placement options for inmate geriatric and psychiatric patients who are currently in DOC custody with the goal of placing this population in a nursing home type of facility to enhance treatment options but not to release them into the general public. Committee members also discussed whether release and parole options are within the scope of the Committee's work.

Senator Hatch reiterated that much of this Committee's work dovetails with the Mental Health and Disabilities Services Study Committee that will be making recommendations to the General Assembly regarding publicly supported mental health and disability services. Representative Hagenow agreed the work of the Committee dovetails with the work of the Mental Health and Disabilities Services Study but emphasized the Committee should focus on geriatric inmates and psychiatric patients under the care, custody, and control of the state.

Committee members agreed to continue the discussion after the related study by the departments of Corrections, Human Services, Inspections and Appeals, and Public Health required by 2011 Iowa Acts, S.F. 510, is submitted to the Committee.

VIII. Material Filed With the Legislative Services Agency

The following materials listed were distributed at or in connection with the meeting and are filed with the Legislative Services Agency. The materials may be accessed from the "Committee Documents" link on the Committee's Internet Website at:

<http://www.legis.iowa.gov/Schedules/committeeDocs.aspx?GA=84&CID=542>

1. Meeting Notice.
2. Revised Tentative Agenda.
3. Charge of the Committee.
4. Meeting Memo.



Inmate Geriatric and Psychiatric Patients Study Committee

5. Medical Release Survey.
6. Chronically Disabled Policies.
7. Vera Summary.
8. DOC Answers.
9. SAMHSA Report.
10. Dr. Deol, D.O., PhD, Presentation.
11. Dr. Crossett, MD, PhD, Handouts.
12. DHS Handouts.

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