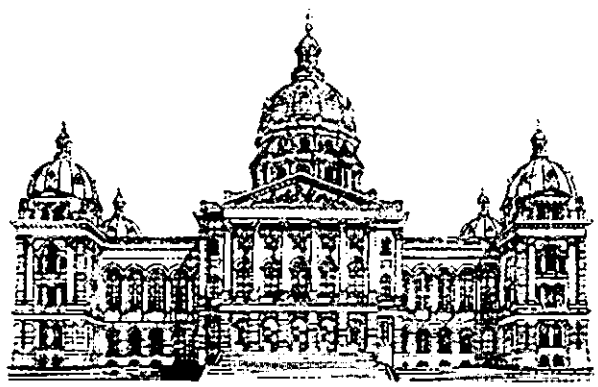
FINAL REPORT

HUMAN SERVICES RESTRUCTURING TASK FORCE



Presented to the
LEGISLATIVE COUNCIL
and the
IOWA GENERAL ASSEMBLY
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Prepared by the
LEGISLATIVE SERVICE BUREAU

Legislative Service Bureau

FINAL REPORT

Human Services Restructuring Task Force

March 1998

MEMBERS

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Senator Maggie Tinsman, Co-chairperson
Representative Hubert Houser, Co-chairperson
Senator Jerry Behn
Senator Nancy Boettger
Senator Patricia Harper
Senator Elaine Szymoniak
Representative Dan Boddicker
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Representative Brad Hansen
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AUTHORIZATION

The Legislative Council established the Human Services Restructuring Task Force with the following charge:

Build upon the efforts of the 1996 Department of Human Services (DHS) Restructuring Task Force by developing a comprehensive proposal for transferring control of human services delivery to the local level, eliminating program duplication within DHS and between DHS and other state agencies, and reducing the amount of paperwork, red tape, and bureaucracy to improve quality of services delivery and consumer satisfaction. Evaluate the adherence of DHS to the department's mission statement. In addition, the Task Force may consider other proposals for service restructuring, such as granting local authority for service delivery, using public institutions and facilities, feasibility of creating a separate agency for disability and rehabilitation services, and creating a "seamless" system for child day care assistance. The Task Force may meet monthly and may establish subcommittees which may include legislators and public members who are not members of the full Task Force. Legislators serving on a subcommittee are entitled to reimbursement for actual expenses associated with attendance at subcommittee meetings. The Task Force may hold public hearings and other meetings outside Des Moines.

1. Background.

During the 1996 Interim of the General Assembly, the Legislative Council authorized the establishment of a Department of Human Services (DHS) Restructuring Task Force based upon a directive in Senate File 2446, 1996 Iowa Acts, chapter 1213, section 25. In part the legislation charged the Task Force with reviewing the structure and function of DHS to improve services to Iowans.

The Task Force held two meetings and made an informal recommendation that the chairpersons and ranking members of the Joint Appropriations Subcommittee on Human Services meet during the legislative session to develop a work plan for consideration by the full Task Force. During the 1997 Session of the General Assembly, the Appropriations Subcommittee discussed continuation of the work of the Task Force and included language to that effect in the appropriations bill developed by that Subcommittee. The language in House File 715 included a request that the Legislative Council "...continue the task force established for the 1996 interim of the general assembly in order to develop a comprehensive proposal to accomplish all of the following:

a. Devolution of the control of service delivery to the local level.

b. Elimination of program duplication within the DHS and between the DHS and other departments including but not limited to the Iowa Department of Public Health, the Department of Education, and the Judicial Department.

c. Reduction of paperwork, red tape, and bureaucracy to improve the quality of services and deliver consumer satisfaction.

d. Evaluation of the adherence of the DHS to the Department's mission statement."

In addition, the request provided that the Task Force may address the following topics: granting local authority to deliver public services, use of public institutions and facilities, the possibility of creating an agency for disability and rehabilitation services, and development of a "seamless" system for referral of families to child day care resources and public financial assistance and collaborative programs.

Based upon the request in House File 715, the Legislative Council approved the establishment of the Task Force.

Meetings Held. The Legislative Council authorized five meetings of the Task Force. The meetings were held on September 10, October 27 and 28, November 25, and December 18, 1997. The Task Force also established two Subcommittees: the Institutions and Facilities Subcommittee and the Program Duplication and Resource Utilization Subcommittee. The two Subcommittees included legislative members in addition to the legislative and citizen members of the full Task Force. The Institutions and Facilities Subcommittee met six times as follows: September 10, September 25, October 10, October 23, November 6, and December 11, 1997. The

Program Duplication and Resource Utilization Subcommittee met three times as follows: September 10, November 4, and November 24, 1997.

Citizen Members. *The citizen members have the following backgrounds:*

Dr. James Austin, Superintendent, Sioux City Community School District;

Ms. Arlene Dayhoff, former chairperson of the Council on Human Services, Cedar Rapids;

Mr. Roger Gutmann, President, Lutheran Social Services of Iowa, Des Moines;

Ms. Julie Schmidt, Cass County Board of Supervisors, Atlantic;

Mr. Thomas Wilson, Executive Director, Family Resources, Inc., Bettendorf.

2. Task Force Meetings.

a. September 10, 1997 – First Meeting of Five.

Overview. The first meeting was held at Woodward State Hospital-School. Following a welcome by Dr. Michael Davis, introductions of members and staff, and adoption of rules, the Task Force elected Senator Maggie Tinsman and Representative Hubert Houser as Co-chairpersons for the Task Force.

Facility. Staff members of Woodward State Hospital-School conducted a tour of the facility for Task Force members.

Workplan. The Task Force reviewed a tentative workplan for the Task Force. The full workplan included a two-day meeting to review restructuring of human services, with the assistance of national experts, to be held on October 27 and 28, 1997, in Des Moines, and two later meetings to be used in developing recommendations of the Task Force for submission to the General Assembly.

Subcommittee Workplan. The two Subcommittees met separately during the first Task Force meeting. The goal of the Institutions and Facilities Subcommittee was to refine the long-term plans of the institutions administered by DHS to ensure that they meet the needs of Iowans and to ensure effective utilization of resources. Representative Houser served as chairperson of this Subcommittee. The goal of the Program Duplication and Resource Utilization Subcommittee was to review programs and services across agencies, focusing on the 0 through 5-year-old age group in order to reduce duplication and to ensure that children are prepared for school, while bringing control and delivery of services closest to the consumer. Senator Tinsman served as chairperson of this Subcommittee.

Presentations. DHS Director Charles Palmer presented an update of the DHS strategic plan, Ms. Jayne Jochem, Department of Management, presented information regarding Innovation Zones, a new statutorily authorized means for local service providers and public officials to work collaboratively to address children and family needs, and Mr. Marc Baty, DHS Regional Administrator, Linn County,

presented information regarding child welfare funding decategorization in the Cedar Rapids area.

b. October 27 and 28, 1997 – Second and Third Meetings of Five.

Overview. The members of the Task Force and its Subcommittees held a two-day planning meeting on October 27 and 28 which focused on approaches used in Iowa and in other states for improving the overall human services system and strengthening local, grassroots involvement in human services delivery. The meeting was coordinated and sponsored by the National Conference of State Legislatures (NCSL) with support from the Annie E. Casey Foundation, a national foundation dedicated to helping build better futures for children in the United States. During the planning meeting, the Task Force members discussed and were presented with many ideas, concerns, strategies, and issues associated with improving the human services system and strengthening local, grassroots involvement in human services.

Presentations. The agenda included presentations relating to developing a results-based framework for planning, budgeting, and establishing accountability; establishing results and strategies for Iowa; negotiating state and local roles in human services; and devolving human services to the local level. The format of the meeting provided for a large amount of small group and large group discussion on these points. Presenters included Susan Robison, NCSL, Denver, CO; Ira Barbell, Senior Associate, Annie E. Casey Foundation; Mark Friedman, Executive Director, Fiscal Policy Studies Institute, Baltimore, MD; Steve Renne, Deputy Director, Missouri Department of Social Services; Tim Decker, Neighborhood Development Coordinator, Local Investment Commission, Kansas City, MO; and Chuck Short, Director, Montgomery County Department of Health and Human Services, Montgomery County, MD.

Follow-Up Strategies. At the close of the two-day session, the Task Force developed follow-up strategies to be used by the Task Force in future meetings. The main points of the follow-up strategies are:

◊ **Results Focus.** Implement a results-based accountability system for human services. Organization, planning, programming, and budgeting should be determined by results developed through a grassroots process.

◊ **Pool Funding.** Pool funding by combining moneys designated for similar purposes, populations, geographical areas, types of efforts such as prevention, intervention, etc. This can be done at the state level to integrate services and can also be used as the first step in allocating moneys to local governance structures to be expended in a flexible manner as determined by those closest to the point of service delivery.

◊ **Local Governance.** Enhance local governance of human services by establishing a core governance structure for application by all communities which involves all stakeholders in some capacity.

◊ **Overcome Barriers.** Overcome barriers to an effective human services system on the federal, state, and local levels.

Results and Reaction. The Task Force co-chairpersons and members provided opportunities for Iowans to react to the follow-up strategies by holding local forums and utilizing other means to gain local input during November and December 1997, and reported local responses to the Task Force.

c. November 25, 1997 – Fourth Meeting of Five.

Task Force Members Update. Members of the Task Force who had held local forums reported the results of these to the full Task Force. Co-chairperson Tinsman provided a progress report of the Program Duplication and Resource Utilization Subcommittee to the full Task Force.

State Policy Objectives. Ms. Mary Reavely and Mr. Marv Weidner, Department of Management and staff to the Council on Human Investment, provided an overview of the development of a results-based performance management system in Iowa. The Task Force members discussed the role of the General Assembly in identifying results and the process for doing so.

Innovation Zone Panel. Members of an Innovation Zone located in western Iowa discussed the development of a local community board, selection of a focus for the Innovation Zone, identification of desired results, status of state-local communication and collaboration, and the need for institutionalizing a local governance entity.

School Representatives Panel. A panel of school superintendents and school board members from around the state provided recommendations to the Task Force regarding improving school collaboration with human services.

Task Force Discussion. The Task Force began a discussion of potential recommendations to the General Assembly. The Task Force addressed statewide desired results and also discussed models for expanding local governance structures, pooling of funding, and possible populations to focus on for expansion of decategorization funding. The Task Force decided to finalize the discussion of recommendations at its final meeting on December 18, 1997.

Program Duplication Subcommittee. During discussion, the Task Force determined that the issues remaining to be addressed by the Program Duplication and Resource Utilization Subcommittee were also issues to be addressed by the full Task Force. Therefore, the final meeting of the Subcommittee scheduled for December 2, 1997, was cancelled and the members of the Subcommittee were invited instead to participate in the discussion of the full Task Force on December 18, 1997.

d. December 18, 1997 – Fifth and Final Meeting.

Overview. The full Task Force was joined for this meeting by the members of its Subcommittees who were not also full Task Force members. The Co-chairpersons, Senator Tinsman and Representative Houser, invited Mr. Ira Barbell, Senior Associate

at the Annie E. Casey Foundation in Baltimore, MD, to assist by facilitating the process of developing recommendations. The Foundation and Mr. Barbell had previously provided for facilitation and other assistance, with the National Conference of State Legislatures, at a two-day retreat held in October. The Task Force developed overall recommendations and accepted recommendations in specific areas developed by its two Subcommittees.

Full Task Force Recommendations. The Task Force used a listing of concepts for discussion in considering the full Task Force recommendations. In addition, the full Task Force considered and modified recommendations from each of the two Subcommittees. The Task Force developed detailed recommendations. The full Task Force recommendations are attached in Appendix I.

Institutions and Facilities Subcommittee. This Subcommittee developed and the Task Force accepted more than 35 specific recommendations associated with institutions and facilities administered by DHS. The specific recommendations are intended to move the institutions further toward the role of diverse, multi-use regional resource centers for public and private providers to address a variety of public needs while filling their traditional role of providing direct services to persons with difficult-to-treat conditions. The recommendations address a variety of programs, including dual diagnosis substance abuse and mental health treatment, shared services campuses such as Clarinda and Mt. Pleasant, and opportunities for expanded uses of the campuses.

The full Task Force revised and approved the vision statement, the listing of recommendations, and other information are included in Appendix II and Appendix III.

Program Duplication and Resource Utilization Subcommittee. The full Task Force recommendations emphasized many of the recommendations submitted by this Subcommittee. The set of Subcommittee recommendations accepted by the full Task Force are attached in Appendix IV.

3. Institutions and Facilities Subcommittee Meetings.

a. September 10, 1997 - Woodward State Hospital-School - First of Six Meetings.

This Subcommittee met upon adjournment of the Task Force. Woodward staff completed their presentations, Subcommittee members identified issues, and the meeting schedule was confirmed.

Woodward. Superintendent Davis underscored the efforts made to change the role of this institution. It was noted the name "Iowa Resources for Community Support" is now being used in the institution's letterhead. He suggested that it may be appropriate to revise the budgeting system used for institutions to incorporate this changed role. Currently, the budget and staffing allocations use a time-honored approach based upon the number of beds at the institution but staffing demands relate increasingly to community programs. The staff have developed considerable

expertise and the changed role utilizes this expertise to support community-based programs for persons with disabilities. It is a role similar to that of the specialized hospitals in the general health care system. Examples of special programs for persons with developmental disabilities include programs addressing autism and sexual behavior.

Issues. The following issues and purposes were identified by members: need to review existing facilities and programs, presence of persons with mental illness or a developmental disability in the prison system, presence of elder persons with chronic health care needs in the prison system, and importance of appropriately utilizing the public investment in the human services institutions and staff. In addition, the Subcommittee plans to review budgeting methodology and the effects of Iowa's noncompetition law on institutional activities.

b. September 25, 1997 - Cherokee Mental Health Institute - Second of Six Meetings.

Cherokee MHI. Following a tour of the facility, Superintendent Tom Deiker and other staff discussed the downsizing of the MHI over a five-year period; the alternative uses of the facility which include inpatient substance abuse treatment, juvenile detention, and juvenile residential treatment; ongoing discussions with the DOC to provide programs for corrections populations with special needs; provision of an array of psychiatric services to the population in the 45-county catchment area of the MHI; and the positive results of shorter patient stays.

Managed Care. The Subcommittee discussed the DHS request for proposals (RFP) for a vendor to provide managed care of adult mental health and substance abuse services under the Medicaid program. Currently, the RFP includes application of managed care to child welfare services. The Subcommittee discussed concerns with the current draft of the RFP including the exclusion of adult mental health services at the MHI from a managed care contract; concerns of members of the General Assembly with the RFP, especially those related to inclusion of child welfare services; the possible negative effect of a managed care contract on the decategorization program; provider concerns; and the use of an outcomes-based strategy as opposed to the medical insurance model utilized under Medicaid.

Central Point of Coordination (CPC). A three-person panel presented information regarding the use of CPCs in managing county funding of mental health and developmental disability services. The panel and the members discussed the positive efforts of the Cherokee MHI in coordinating services with the CPCs; the problems associated with substance abuse services at an MHI only being provided at the Mount Pleasant facility; the proposals for expanding dual diagnosis treatment of mental illness and substance abuse; provider costs; out-of-state placements; and the current managed care RFP.

c. October 10, 1997 - Glenwood State Hospital-School and Clarinda Treatment Center - Third of Six Meetings.

Overview. The Subcommittee toured and reviewed programs at Glenwood State Hospital-School (SHS) and Clarinda Treatment Center. The review included both state-operated programs and programs operated by other entities in buildings on the campuses.

Glenwood Tour. The large buildings which previously housed persons with mental retardation are now either used to house programs or services to consumers or are leased to outside groups. The tour included the up-to-16-bed home settings located in a development on the grounds. Consumers reside in these home settings and leave during the day to participate in work, school, or other activities. More than 20 entities are using renovated state buildings or buildings constructed on the grounds. The entities include the local school district, area education agency, human services cluster offices, and a brain injury services provider.

Glenwood Presentations. Representatives of various groups utilizing the facilities or services addressed the Subcommittee.

◊ **Correctional Programs.** In discussion with the representative of the Glenwood advisory board, it was noted there has been discussion of developing additional partnerships with correctional programs located at human services institutions. The representative opined that correctional programs would not be compatible with the other community uses developed at the Glenwood campus.

◊ **Human Services.** Many human services programs for the DHS cluster of Mills, Montgomery, and Cass counties are officed at Glenwood. Several presenters commented on the program improvements and cooperation resulting from the various programs being located together.

◊ **Education Programs.** The school superintendent, principal of the middle school, and other representatives of educational programs located at Glenwood related their satisfaction with the arrangement. It was suggested that the enhanced level of interaction between the children of the community and the children residing at the SHS has been beneficial for all.

◊ **Mills County Attorney.** The county attorney expressed concern that the lack of treatment alternatives for persons with mental illness can result in these persons committing a crime or entering a crisis resulting in an involuntary civil commitment. She also commented on the need for long-term care options for persons with a disability.

◊ **Parents.** Several parents from Council Bluffs and other locales near Glenwood were present to express frustration with the process in effect for approval to place a family member at Glenwood. Subcommittee members felt time should be set aside in the future to hear parent concerns.

Clarinda Tour. Senator Jeff Angelo introduced Mr. Mark Lund, superintendent of the treatment complex. The primary programs administered by the Clarinda Mental Health Institute are a 20-bed acute psychiatric in-patient care program and a 63-bed long-term nursing care program providing psychogeriatric services for persons with mental illness. The other major programs are the Clarinda Correctional Facility which houses nearly 1,000 inmates in a new facility opened in 1996 and the Clarinda Academy, a private youth program with 239 beds for adjudicated juveniles. All of these programs were reviewed during the tour.

Correctional Facility. The tour of the correctional facility focused upon the special needs unit. Of the nearly 1,000 inmates, approximately 200 have been identified as having a special need such as mental retardation, a mental disorder, a personality disorder, or are determined to be socially ill-suited to integration with the general prison population. The majority of such individuals are housed in the special needs unit.

Comments. There was discussion of the need in the state for programs to serve persons with Alzheimer's syndrome who have developed a pattern of physical outbursts. It was noted that turnover among the MHI staff has been very low and that the low rate contributes to a high quality of care. Recently, the Council on Human Services recommended adding beds to the psychogeriatric program.

d. October 23, 1997 - Independence Mental Health Institute and Toledo Juvenile Home - Fourth of Six Meetings.

Overview. The Subcommittee toured and reviewed programs at the Independence Mental Health Institute (MHI) and Toledo Juvenile Home. The review included state-operated programs and programs operated by other entities on the campuses.

Independence Tour. Tour stops included both open and locked wards for treatment of up to 128 adults with serious mental illness, a program, for up to 20 adjudicated delinquent boys, operated in leased space by Four Oaks of Cedar Rapids, an adolescent psychiatry unit for up to 20 males and females in a locked ward, and the Cromwell children's unit for up to 33 children ages 7 through 14.

Independence Presentations.

◊ **Historical Changes.** Superintendent Dr. Bhasker Dave provided an overview of significant changes at the MHI. At the time mental health treatment made a transition from warehousing patients during the 1940s, the MHI housed approximately 1,800 persons. In the 1960s, effective drug treatments became available and there was a move toward community mental health centers resulting in a reduction of the average daily population to approximately 300. In 1991, the DHS reorganized the MHIs and the average daily population was 250. In the past five years, additional medications have become available, allowing more patients to live outside an institution so that the average population became 170. During the past 10 years, however, the total annual admissions

have still averaged approximately 1,000 due to continuing reduction in the length of stay. Most patients have been in multiple placements, are more difficult to treat, and many present multiple mental health, physical illness, and substance abuse problems, and are subject to some sort of management or court review in addition to clinical referral. Because managed care tends to restrict approval for the acute level of care, a need for a subacute level of care has been identified, particularly for children who need more time to deal with a serious problem. In the current spectrum of services, this level would be between psychiatric medical institutions for children (PMIC) and acute care.

◊ **Corrections Program.** Buchanan County Attorney Al Vander Haart, who is also a member of the Board of Corrections, noted the growth in need for prison space. He suggested there are possibilities for corrections programs which may be compatible with MHI resources. Discussion has included the creation of a 100-bed unit for females with chemical dependency or other special needs. Consideration has also been given to establishing two 150-bed transitional units to prepare males who are ready for community corrections placement or for return of inmates on work release who violate a proposed "zero tolerance" policy for alcohol or drug usage.

◊ **Sexual Predator Program.** In response to questions from Subcommittee members, it was noted that representatives of the Departments of Human Services, Justice, and Corrections are discussing the implications for reenactment of a sexual predator law. The constitutionality of a Kansas law providing for long-term incarceration and mental health treatment of identified sexual predators was recently upheld by the U.S. Supreme Court.

◊ **Medicaid Approvals.** Subcommittee members had a number of questions concerning the period of time children are certified for treatment under the Medicaid program. It was noted that if a child is no longer certified for treatment but an alternative placement is not identified for the child, the child may remain at MHI and the county is billed for the cost. Mr. Harold Templeman of DHS explained a review process was recently implemented for these types of cases to determine who is the appropriate payor for service: managed care contractor, county, or state.

◊ **Local Officials.** A number of local officials, including local legislators, were present, as well as the Independence mayor, public safety officials, and economic development officials.

Toledo Tour. Superintendent Robert Eppler provided an overview of the programs and facilities. Toledo serves up to 92 children ages 12 through 17 years, up to 30 of whom are females adjudicated as having committed a delinquent act and the remainder males and females adjudicated as children in need of assistance (CINA). Toledo facilities toured included the school building operated year-round by DHS, locked and open residential areas, and special program areas such as one in which

toddlers with special needs from the surrounding communities are assisted by students placed at Toledo.

School Presentation. School Principal Mike Sawyer provided an overview of the education program. Typical students are two to three grade levels behind their age level, and the school works with the students to catch up on educational programs. Most students have been in five to seven out-of-home placements prior to Toledo. The school is increasing its vocational emphasis and works with local businesses to provide students with work experience.

Capital Improvements. Plans call for renovation in fiscal year 1997-1998 of a locked cottage to provide residential facilities for delinquent girls. The cottages or residential facilities typically house 12 to 24 youths each with a partitioned dormitory sleeping area, eating area, and common area.

Other Programs. A day treatment program designed to eliminate the need for out-of-home placement of delinquent youths rents space on the Toledo campus. A program administrator and a participating youth made a presentation to the Subcommittee.

e. November 6, 1997 - Mount Pleasant - Fifth of Six Meetings.

Overview. The Subcommittee toured and reviewed programs at Mt. Pleasant Treatment Center. The Treatment Center is a shared campus consisting of a state MHI and a correctional facility. Agenda items included tours, an overview of the pilot dual diagnosis program which combines mental health and substance abuse treatment, and presentations by the directors of the Departments of Human Services and Corrections.

MHI Tour. The MHI has a 20-bed adult psychiatric unit serving 15 counties in southeastern Iowa. Of the 20-bed unit, six beds are designated for the dual diagnosis pilot project. In addition, there is a 60-bed substance abuse treatment program serving adults from throughout the state. The tour included an MHI building area which is not currently in use for programs. The facilities include an Iowa Communications Network (ICN) connection and computers used for training staff in the development of a paperless record system.

Correctional Facility Tour. The correctional facility is housed in buildings originally constructed for use by the MHI. These buildings have been secured and converted to use as a medium security prison. The designed capacity is for 528 inmates and the facility operates with approximately 900 to 1,000 inmates. The facility has specialized programs for substance abuse and sex offenders. The tour included a building used by a private business employing inmates in the manufacturing and processing of steel for parts.

Substance Abuse Program. In discussion it was noted that a great proportion of patients have a history of using methamphetamine drugs and that many of the behaviors from those drugs are similar to psychoses. Members observed that the

geographic location of the MHI causes transportation expenses and difficulties for persons who reside in other areas of the state.

Corrections/Human Services Discussions. Mr. Walter "Kip" Kautzky, Director, DOC, and Mr. Palmer, Director, DHS, related recent discussions as to possibilities for corrections use of buildings and other resources administered by DHS. It was noted that a recent federal court ruling requires DOC to address special needs inmates. Mr. Kautzky said that one of the possibilities under review is to establish at Mt. Pleasant a 100-bed correctional unit for women with special needs. He suggested that the proximity of the University of Iowa Hospitals and Clinics to Mt. Pleasant is viewed as very beneficial.

Dual Diagnosis Program. A committee has been meeting in response to legislation providing for submission of a proposal for establishing an ongoing program in place of the current pilot project. Budget projections have been predicated on a 24-bed unit with a statewide catchment area. This program would be targeted to adults although there was interest among members in creating a similar program for children. One of the challenges is establishing the amount to be charged because current charges for mental health and for substance abuse treatment are significantly different.

f. December 11, 1997 - Farm Bureau Corporate Headquarters, West Des Moines - Sixth and Final Meeting.

State Training School. Superintendent Steve Huston described the Training School which is located near Eldora, Iowa, and provides programs for delinquent boys. Member discussion focused on the need for after-care programming as only a small number of youths continue to receive services upon turning age 18. Follow-up services for younger youths are provided by DHS and the juvenile court. It was noted that the number of young children (ages 12 and 13) placed at the school has been very few in recent years.

Service System Panel. A panel addressed the role of the state institutions in the service systems for the various problems treated by the institutions. Panel members included Ms. Linda Hinton, Iowa Association of Rehabilitation and Residential Facilities, Ms. Margaret Stout, Alliance for the Mentally Ill of Iowa, and Mr. Rik Shannon, Governor's Developmental Disabilities Council. Concerns raised by this panel include the following:

◊ Iowa's state institutions continue to be very necessary because of the low rate of investment in community-based programs.

◊ State institutions operate with higher salaries and have fewer constraints than those experienced by community-based programs.

◊ State institutions can play an important role in support of community-based programs but resources to pay for this support do not currently exist in the programs or with counties.

◊ It may be appropriate to close two MHIs and shift the savings to community-based services.

◊ Lengths of stay at state MHIs continue to be longer than for community-based services.

◊ There is interest in the concept of parity of mental health needs with insurance coverage of physical conditions.

◊ Recent treatment approaches emphasize the importance of the service recipient exercising choices concerning what services are appropriate.

Institution Admissions Policy. This panel consisted of Mr. Templeman of DHS, Ms. Joy Higgins and Ms. Geneva Brumgardt, who are parents of children with mental retardation, and Mr. Merv Roth and Mr. Curt Sytsma of Iowa Protection and Advocacy Services, Inc. (P & A). This panel briefly touched on MHI admissions but primarily focused on admission policy at the State Hospital-Schools (SHS). The existence of a federal consent decree resulting from a lawsuit brought by P & A, known as the "Conner decree" has a special effect on these admissions. The parents expressed dissatisfaction with the effects of the decree in making placement at an SHS very difficult to obtain. The DHS representative noted the consent decree solidified a long-standing policy of discouraging SHS placement when another placement is appropriate. The P & A representatives noted their efforts have focused upon enhancing the use of community placements rather than seeking outright closure of the SHSs as has been done by advocates in other states.

Staff Presentations. Ms. Margaret Buckton, Legislative Fiscal Bureau, described the pilot project implementing "net budgeting" at Glenwood SHS. This approach to appropriations and operations is intended to encourage more creativity and greater efficiency at an institution. Mr. John Pollak, Legislative Service Bureau, described the Iowa Noncompetition by Government Law. The Subcommittee had previously noted this statute may discourage implementation of new programs by state institutions.

Excess Space-Corrections Uses. Mr. Palmer, Director of DHS and Mr. Kautzky, Director of DOC, met with the Subcommittee for a second time. A listing of vacant space at DHS institutions which indicated the state of readiness for other uses was distributed. It was suggested that unusable buildings should be demolished. Mr. Kautzky reiterated previously discussed interest in developing a 100-bed program for female inmates with special needs at the Mt. Pleasant campus. He provided written information projecting inmate growth, relative costs for renovation at Clarinda and Mt. Pleasant, and responded to questions. Other needs mentioned include additional special needs beds at Oakdale and Fort Madison, and two 150-bed units for placement of offenders just prior to release for parole.

Recommendations. Subcommittee members reviewed a draft list of 34 recommendations compiled by Chairperson Houser from the various discussions

among Subcommittee members and from presenters. The draft included a statement of principles for changing the state institutions and the Subcommittee requested preparation of a vision statement reflecting member views on changing the focus of the institutions. Specific recommendations include endorsement of developing the correctional program for females at Mt. Pleasant, reshaping admissions policies at all institutions, expansion of efforts to open DHS institutions' campuses to additional regional uses, applying budgeting changes, and many more. Members made changes and deletions of the draft and requested a redraft be prepared as soon as possible for members. The redrafted document was submitted for consideration by the full Task Force the following week on December 18.

4. Program Duplication and Resource Utilization Subcommittee Meetings.

a. September 10, 1997 - Woodward State Hospital-School - First of Three Meetings.

Program Duplication Subcommittee. The Program Duplication and Resource Utilization Subcommittee discussed the goals of the Subcommittee, received information from Ms. Buckton, Legislative Fiscal Bureau, regarding possible means of evaluating programs for duplication, received information from DHS Director Palmer regarding agency director review of programs and services, and scheduled future meetings.

b. November 4, 1997 - Second of Three Meetings.

Overview. The agenda focused on state policy objectives and interagency coordination between DHS, the Iowa Department of Public Health, and the Department of Education. The Subcommittee also was presented with information regarding the State Children's Health Insurance Program, a federal initiative recently made available to the states.

Budgeting for Results. Ms. Reavely and Mr. Weidner, Department of Management, presented information regarding the state's effort to utilize a performance-based management system and state agency efforts to link state-identified policy objectives with budgeting known as "budgeting for results." They discussed the process used to develop state policy objectives for use by state departments in planning and budgeting, the Governor's state policy objectives which are those objectives prioritized by the Governor, the implementation schedule for budgeting for results, and the way in which all of the elements of the system align with one another.

Interagency Planning. Mr. Palmer, Director, DHS; Mr. Chris Atchison, Director, Iowa Department of Public Health; and Mr. Ted Stilwill, Director, Department of Education, presented information in a panel format regarding interagency planning, programming, and budgeting. The directors discussed the various collaborative efforts that the agencies have undertaken to identify priorities in building strong families in Iowa; noted that each department is charged with providing specific

enduring functions to the state as a whole and at times these must be weighed against issues and needs that arise based upon popular opinion; discussed the strategies of system redesign, community capacity building, early childhood development, and use of information technology in addressing the critical issues affecting families; discussed specific partnerships developed between the agencies; and provided historical examples of collaboration. Director Atchison also discussed the work of a group reviewing the various home visit programs and a proposal to coordinate these efforts at the local level.

Children's Health Insurance Program. Mr. Don Herman, Administrator, Division of Medical Services, DHS, discussed the State Children's Health Insurance Program (SCHIP) which is an initiative established in the federal Balanced Budget Act of 1997 which added a new Title XXI to the Social Security Act to provide health care coverage to certain uninsured, low-income children. Federal funding is provided in exchange for a state match. Mr. Herman reviewed the general requirements of the program, discussed the working of the SCHIP Work Group and the SCHIP Task Force, and noted that actions include presenting recommendations to the Governor, the Governor's presenting a proposal to the General Assembly, submitting a state plan to the federal government by July 1, 1998, and implementing the program by October 1, 1998.

c. **November 24, 1997 - Third and Final Meeting.**

Early Childhood. The Subcommittee received information regarding the report of the Governor's Commission on Educational Excellence for the 21st Century and early childhood education programs from representatives of the Department of Education.

Criminal and Juvenile Justice Planning. The Subcommittee received information from Mr. Dick Moore, Administrator, Division of Criminal and Juvenile Justice Planning, regarding what Iowa should do for children ages 0 through 5 and their families to prevent entry into the juvenile justice or criminal justice systems.

Optimal Development in Children. Dr. Edward Schor, Iowa Department of Public Health, presented information regarding the needs of children in achieving optimal brain and other development in the early years. Dr. Schor focused on brain development and the need for stimulation to achieve optimal development.

Evaluation and Auditing of Human Services Programs. Representative Wayne Ford presented proposals for improving evaluation of human services programs, primarily those established through grants. Mr. Warren Jenkins, Office of the Auditor of State, provided additional information in this regard, recommending the use of preaward surveys and the use of current statutory or administrative code language, such as that relating to Iowa Code chapter 28E, which would provide for consistent auditing of programs.

Recommendations. The Subcommittee reviewed a listing of recommendations and agreed to adopt the following as a mission statement for children ages 0 through 5 in the state:

> *"A child of Iowa should possess a healthy body; be part of a loving family and a caring community, beyond the family, that listens, emotionally supports, teaches, and advocates for the child; live in a safe home; have a self-sufficient family; and be ready to learn by receiving strong brain stimulation through early education."*

Final Meeting. The Subcommittee agreed to review additional proposed recommendations at its final meeting. During the meeting of the full Human Services Restructuring Task Force on Tuesday, November 25, 1997, the members of the Subcommittee present determined that the issues remaining for the Subcommittee to address should also be addressed by the full Task Force. Therefore, the Subcommittee meeting scheduled for Tuesday, December 2, 1997, was cancelled, and the Subcommittee members were invited to attend the full Task Force meeting on December 18, 1997, to share their knowledge and to discuss these issues.

Recommendations. Many of the concepts contained in the Subcommittee's recommendations were incorporated into the full Task Force's recommendations. A copy of the Subcommittee's recommendations, as amended and approved by the full Task Force is attached as Appendix IV.

5. Materials Distributed and Filed With the Legislative Service Bureau - Full Task Force.

a. September 10 Meeting.

(1) Iowa Department of Human Services Strategic Plan, distributed by DHS Director, Mr. Charles Palmer.

(2) A handout summarizing Innovation Zone enabling legislation, operation, and roster of communities, distributed by Ms. Jayne Jochem.

(3) A handout regarding the Linn County decategorization project, distributed by Mr. Marc Baty.

(4) A packet of information summarizing Iowa Resources for Community Support, distributed by Ms. Ann Thoreson-Aller.

(5) Information binder regarding institutions administered by DHS, distributed by DHS.

b. October 27 and 28 Meeting.

(1) Materials from Fiscal Policy Studies Institute:

◊ Choosing a Common Language.

◊ Results-Based Decision-Making and Budgeting Accountability.

◊ Trading Outcome Accountability for Fund Flexibility.

◊ Program Performance Accountability Within an Outcomes Framework.

◊ Moving Toward Results: An Emerging Approach to Community Accountability for Child and Family Well-Being.

(2) Missouri's Caring Communities.

(3) Local Investment Commission of Kansas City.

(4) Reinventing Human Services: Issues and Challenges for State Legislatures.

c. November 25 Meeting.

(1) Iowa State Government's Enterprise Strategic Plan, provided by the Department of Management.

(2) Documents relating to programs in Maryland including the Montgomery County Program.

(3) Iowa statutes relating to budgeting for results and Innovation Zones.

d. December 18 Meeting.

(1) Minutes of November 25, 1997, meeting.

(2) Materials on results-based accountability provided by Mr. Marc Baty, Linn County.

(3) Memo from Mr. Marc Baty providing a proposal for community-oriented governing.

(4) A brochure entitled, Early Childhood Education and Parent Partnerships: An Investment for Iowa, prepared by the Early Childhood Community Coalition and distributed by Dr. James Austin.

(5) An analysis of state actions on behavioral health parity prepared by the Health Tracking Service of the National Conference of State Legislatures and distributed by the Legislative Service Bureau in response to a Subcommittee request.

(6) A summary of the public forums held in Cedar Rapids and Iowa City on December 8 and 9, 1997, prepared and distributed by Representative Ro Foege.

(7) A summary of the southwest Iowa public forums held in Council Bluffs and Red Oak on December 12, 1997, by Representative Hubert Houser, Representative Brad Hansen, Senator Nancy Boettger, and Ms. Julie Schmidt, submitted by Ms. Schmidt.

(8) A letter addressed to Representative Houser and members of the Institutions Subcommittee of the Task Force from Mr. Merv Roth and Mr. Curt Sytsma of Iowa Protection and Advocacy, suggesting legislators hold a public forum and schedule visits to community-based residential and vocational programs for persons with disabilities.

(9) Human Services Restructuring Task Force Concepts for Discussion, prepared by Mr. Brad Trow, House Republican Research Staff, and Ms. Suzanne Johnson, Senate Republican Research Staff.

(10) Recommendations of the Program Duplication and Resource Utilization Subcommittee.

(11) A vision statement and draft recommendations of the Institutions and Facilities Subcommittee and other proposed institutions recommendations.

6. Materials Distributed and Filed With the Legislative Service Bureau - Institutions and Facilities Subcommittee.

a. September 10 Meeting.

◊ Notebook containing background information concerning mission, financing, capital plans, and other information concerning each DHS institution compiled and distributed by the Legislative Service Bureau.

b. September 25 Meeting.

(1) A table supplying revenue, employment, usage, and cost information for the Cherokee MHI from FY 1992-1998, distributed by MHI Superintendent Tom Deiker.

(2) A chart comparing the cost per episode vs. per diem cost from FY 1992-1998, distributed by MHI Superintendent Tom Deiker.

(3) A description of the duties of the Central Point of Coordination Administrator, distributed by Ms. Robyn Wilson, State-County Assistance Team.

(4) A report on DHS Institutions prepared by the Auditor of State, and distributed by Mr. Brad Trow, House Republican Research Staff.

(5) A description of the Northwest Iowa Youth Emergency Services Center, a multicounty juvenile detention center, distributed on the tour by the center.

c. October 10 Meeting.

(1) A packet of materials assembled by the Glenwood State Hospital-School.

(2) A videotape produced by the Glenwood State Hospital-School.

(3) A general description and map of the Clarinda Treatment Complex.

(4) Statistics and a brochure concerning the psychogeriatric program at Clarinda MHI.

(5) A brochure concerning the Clarinda Correctional Facility.

(6) A packet of materials concerning the Clarinda Academy Program.

(7) A copy of the federal Developmental Disabilities Assistance and Bill of Rights Act Amendments of 1993 distributed by Ms. Sybil Finken.

d. October 23 Meeting.

(1) An overview of Independence MHI prepared by Dr. Bhasker Dave, Superintendent.

(2) A history of Independence MHI, general overview, and brochure.

(3) A memorandum prepared by Mr. Timothy Fox, Buchanan County Economic Development Commission.

(4) An orientation brochure for parents and for students placed at the Iowa Juvenile Home at Toledo.

(5) A description of the Iowa Juvenile Home Education Department.

(6) A description of the Toddler Program provided at the Iowa Juvenile Home.

(7) A newsletter from the Iowa Juvenile Home.

e. November 6 Meeting.

(1) Informational brochures for the Mt. Pleasant Correctional Facility, the Center for Psychiatric Care at the MHI, the Iowa Residential Treatment Center at the MHI, and the MHI.

(2) The Mt. Pleasant MHI Mission Statement.

(3) Handouts on the average daily census and the total number of clients served at the MHI over several years.

(4) A map outlining the counties served by the Iowa Residential Treatment Center (IRTC) and the Center for Psychiatric Care.

(5) A handout on dual diagnosis programming a the MHI and an outline of staff psychologist Ms. Sarah Tandy's dual diagnosis presentation at the meeting of the Subcommittee.

(6) A description of and statistics on the sexual offender treatment program at the correctional facility.

f. December 11 Meeting.

(1) Eldora State Training School FY97 Annual Report.

(2) Iowa Association of Rehabilitation and Residential Facilities handout.

(3) Alliance for the Mentally Ill (AMI) of Iowa memorandum.

(4) Governor's Developmental Disabilities Council handout.

(5) Iowa Protection & Advocacy Services handout.

(6) Net-State Budgeting handout from Ms. Margaret Buckton, Legislative Fiscal Bureau.

(7) Iowa Noncompetition Law memorandum from Mr. John Pollak, Legislative Service Bureau.

(8) Draft of Reengineering of Prerelease Procedures Project Proposal.

(9) DHS Institutions Available Space Table.

(10) DOC Special Needs Study Preliminary Findings Presentation.

(11) DOC handout on relative cost for renovation at Clarinda and Mt. Pleasant.

(12) DOC projections for actual and estimated inmate population and capacity.

(13) Draft recommendations prepared at the request of Chairperson Houser by Mr. Brad Trow, House Republican Research Staff.

7. **Materials Distributed and Filed With the Legislative Service Bureau – Program Duplication and Resource Utilization Subcommittee.**

a. **September 10 Meeting.**

◊ Background information prepared by Ms. Patty Funaro, Legislative Service Bureau.

b. **November 4 Meeting.**

(1) Council on Human Investment document and "Iowa's Foundation for Strategic Planning" document, provided by the Department of Management.

(2) State of Iowa Budgeting for Results Handbook, provided by the Department of Management.

(3) "State Government Is One Enterprise," provided by the panel of state agency directors.

(4) Enterprise Planning Work Group document, provided by the panel of directors.

(5) "Collaboration Efforts of State Agencies," provided by the panel of directors.

(6) State Child Health Insurance Program documents, provided by Mr. Don Herman, Department of Human Services.

(7) Iowa Programs for Children matrix, developed by the Legislative Fiscal Bureau.

(8) Evaluation Proposal Considerations document, developed by the Legislative Fiscal Bureau.

(9) 1990 Population Distribution of Persons 5 Years of Age and Under, developed by the Legislative Fiscal Bureau.

(10) Iowa Review of Family Assets document, provided by the Iowa Department of Public Health relating to family support programs.

(11) Background information packet, provided by the Legislative Service Bureau.

c. November 24 Meeting.

(1) "The Governor's Commission on Educational Excellence for the 21st Century" report, September 1997.

(2) State Policy Objectives, from the State of Iowa Budgeting for Results Handbook.

(3) The "Iowa Department of Public Health FY 1999-2000 Budget Request" document.

(4) The "Iowa Department of Human Services Budgeting for Results State FY 1999" document.

(5) "The First Years Last Forever" documents.

(6) Iowa Legislative Fiscal Bureau issue review, "The Healthy Opportunities for Parents to Experience Success (HOPES) Program."

(7) "Evaluation, Audit and Review of DHS Services and Programs" document, provided by DHS.

(8) Recommendations letter from Mr. Warren G. Jenkins, Office of the Auditor of State, and the report of the investigation of the 3rd Judicial District.

(9) "The Walbridge Caring Communities Program" (MO) document, distributed by the Legislative Service Bureau.

(10) "School-Based Health Centers," National Council of State Legislators LegisBrief.

(11) Child Development Coordinating Council fact sheet.

(12) "Iowa Kindergarten Program Models" document, distributed by the Department of Education.

(13) Detailed listing of Department of Education Programs, provided by the Department of Education.

(14) "Family-Based Crime Prevention by Ecological Context" document, provided by Mr. Dick Moore, Division of Criminal and Juvenile Justice Planning of the Department of Human Rights.

(15) "40 Developmental Assets" document, provided by Mr. Dick Moore.

(16) "Overview of Comprehensive Strategy," provided by Mr. Dick Moore.

(17) "Risk Factors for Juvenile Crime Model," provided by Mr. Dick Moore.

8. Recommendation Appendices.

◊ Appendix I: Human Services Restructuring Task Force Recommendations.

◊ Appendix II: Vision Statement and Recommendations Concerning DHS Institutions and Facilities.

◊ Appendix III: Background Information Concerning DHS Institutions.

◊ Appendix IV: Recommendations of the Program Duplication and Resource Utilization Subcommittee.

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Appendix I

Human Services Restructuring Task Force Recommendations

Human Services Restructuring Task Force Recommendations

Overview. In developing the recommendations of the full Task Force to the General Assembly, the Task Force utilized the four follow-up strategies developed during the two-day planning meeting of the Task Force held in October 1997. These strategies are:

1. Utilizing a results-based framework for human services which emphasizes accountability and flexibility.
2. Pooling funding and resources.
3. Enhancing local governance.
4. Eliminating barriers.

The recommendations for which consensus was received are:

A. Results-Based Framework.

1. **Council on Human Investment Policy Objectives.** The General Assembly should identify in the 1998 legislative session desired public policy results or broad outcomes by endorsing the state policy objectives established by the Council on Human Investment (CHI). During the 1998 legislative session, at the earliest opportunity, the General Assembly should review the CHI state policy objectives to identify gaps in or changes to these objectives. The review may include the use of technical assistance provided by a national source. The review might be performed by joint appropriations subcommittees, combined appropriations subcommittees, or a broader group of legislators. Following endorsement of the initial set of state policy objectives, the General Assembly should begin working on the other components of a results focus by identifying progress indicators and by employing professionals to establish program performance measures, with these other components in place for the state by the year 2000.
2. **Results-Based Budgeting.** The state budgeting process should move toward an interdepartmental, results-based system rather than using the current program-based or departmental-based system. Given the existing system in which the majority party political caucuses develop budget targets and appropriations subcommittees work with these targets, the system could be redirected in an incremental fashion. Perhaps a new appropriations subcommittee or a group of legislators from various subcommittees which forms across departmental lines could recommend certain funding amounts for common desired outcomes. An initial step might be to review the results identified by executive branch agencies in the "budgeting for results" system and then expand upon these results through legislative action. Additionally, in the future, each caucus could be informed of progress made in the budgeting for results process,

including any changes in the baseline for a particular performance measure. This could encourage the caucus to set priorities based upon desired results rather than based upon specific programs within certain departments.

B. **Pooling Funding and Resources.**

1. **Legislative Budgeting.** The legislative appropriations process should include a process for broader communications between representatives of the various education, health and human rights, and human services related appropriations subcommittees, and possibly standing committees. The process should move toward an interdepartmental, results-based system.
2. **Multiyear Grant Funding.** Funding should be committed to local community efforts for multiple years and should be provided in such a way as to eliminate the constant time commitment for grant writing and attendance of meetings to ensure funding.
3. **Pooling for Results.** In the pooling of funding, local governance entities must inventory the current funding streams and decide which streams could be pooled. Funds should be pooled based upon desired results. Funding for different populations must be considered in determining which funds to pool.
4. **Funding Mix.** Funding should be a mixture of federal, state, local, and other funding. The steps in the process include expanding the local governance entity, bringing more money to the table from various sources, and providing for expending moneys and providing services at the local level.
5. **Decision Makers Bring Resources.** Those with decision-making power should all bring resources, not solely financial, to the table so that they have a stake in achieving the results. The members of the local governance entity should not just expend funds, but should develop the community plan, and bring resources to the table.

C. **Enhancing Local Governance.**

1. **Three Levels of Local Governance.** Each community is at a different stage of building capacity to provide local governance and necessary resources. If a community is not ready to provide local authority and collaboration, the community's effort might fail. Therefore, varying stages of local governance should be made available. The existing levels of decategorization programs and innovation zones should be retained as the first two levels of local governance. An additional third level, which provides for a broadening of local governance, should be established.
2. **Pilot Projects.** The new third level should be implemented through the use of various types of pilot projects to be able to measure success and to learn lessons before these projects are expanded statewide. The pilot projects should incorporate the following:

a) Options for pilot projects could include the extension of decategorization through the pooling of funds of other funding streams, or the development of projects which would focus on a particular sector of the population, such as the population of children 0 through 5 years of age.

b) The third level would include establishing a state and local partnership through creation of a plan by the local governance entity. A new pilot program could begin by determining at what funding is currently expended for a particular result, from all sources. Then the local entity would evaluate the current local situation, identify desired results and the programs and services necessary to meet community needs and desired results, and redesign programs and services to meet these needs and attain the desired results.

c) According to community forums held by the members of the Task Force and the Task Force's review of state-level groups, many of the same people are involved in the myriad of existing state collaborative efforts and local governance entities. At the local level, a broader local governance entity should exist to encompass all of these. Some have described this approach as a "collaboration of collaboratives." The plan would be developed through an integrated, local planning process.

3. **State Board.** A state board could provide for technical assistance, evaluation, and acceptance of plans, for evaluation of achievement of results, and for compilation of lessons learned from these pilot projects to assist additional communities in developing local governance.
4. **Appropriate Names.** The name of the local governance entity should reflect its work. The names and terminology currently used for local governance are not readily understood by the public. Consideration should be given to renaming "decategorization" and "innovation zones."
5. **Local Governance Structure and Membership.** The local governance entity should be made accountable to those public and private bodies which provide funding to achieve the desired, identified results. An executive board might be appointed as the accountable, decision-making entity as a subgroup of the larger local governance board. The local community should select the specific members and chairpersons of the governance entity, but the General Assembly should authorize the creation of the local governance entity and should provide parameters for the entity. The leaders of the community should be allowed to emerge. The local entity should decide how the local system should function as a policymaking and fiscal entity to achieve the desired results. The local governance structure should report results to the state board or to the General Assembly. One incentive for forming a local governance entity could be that the local governance entity retains any savings to reinvest in the community. Incentives should also be provided for innovative approaches which should be given adequate time to succeed before they are labeled as failures. Other necessary considerations:

a) All members of the community should be involved, including businesses and the private sector. However, the private sector should not be considered to be a bottomless financial supporter. The private sector is just one of the sources which should be included in supporting the local governance entity and plan.

b) The state and the local governance entity should develop a partnership. Legislation should prescribe broad parameters for local governance and its membership, but the individual membership would be selected locally and additional members could be included. The entity should be based upon earlier successes by the community. The parameters should reflect that the local community should engage different partners to work on local problems and that populations that do not usually have power, such as consumers, should be included.

c) The governing entity is not just about expending funds, but is about engaging the community in meeting its own needs. The local governance entity should be a mixture of elected and appointed members.

d) One option for funding a state/local partnership is for local communities, with state assistance, to determine current funding in reaching a desired goal and the state, and other funding sources, providing that amount of money for a multiyear period to the local community to provide the programs and services necessary to reach the desired result.

6. **State Role.**

a) The role of the state is one of defining and providing for core services, providing administrative support, providing technical assistance, and providing for evaluation of local efforts. Core services are those services to which every Iowan has a right. The core services should be defined by the three branches of government. The local community then builds on these core services with those additional services which are specific to the local community. The local community must decide how to supplement services to achieve the desired results. The state can also develop the long-term plans for the state, as a whole, and for local communities so that efforts are not duplicated.

b) A state board should be established to review the new local governance entities, to measure success, and to compile lessons learned from each level of local governance. This board could also provide technical assistance.

7. **Staffing.** An analysis of human services staffing should be performed and should take into consideration the new role of staff as governance and provision of services are moved to the local community level.

D. *Overcoming Barriers.*

1. **State Agencies.** Coordination and collaboration between departments should be enhanced and both the legislative and executive branches

should be involved in these efforts. The progress made between the departments, to date, should be built upon and enhanced.

2. **State Board.** At the state level, collaborative efforts should be combined. Collaborative boards, commissions, and other entities which include the same memberships should be combined and should then address the broader spectrum of issues or programs. The existing state boards which oversee local governance efforts relative to education, public health, and human services, such as decategorization and innovation zones, should be encompassed, to the greatest extent possible, by a broader state board as described above. Duties of the new state board could include the following:
   a) The new board would provide technical and administrative assistance, coordination, and other assistance to local governance entities.
   b) The new board would also measure the success of local communities in achieving desired results and would be the entity to whom local governance entities would be accountable.
   c) The existing state boards which have other functions would continue to provide those other functions and the human services-related functions, relative to local governance, could be redirected to the new board.
   d) The role of the state should include eliminating barriers for local communities. Each community is at a different level in building capacity.
3. **Local Entities.** As described above, at the local level, existing collaboration efforts should be combined and a new governance entity formed which encompasses all of the interests and which will then address the more comprehensive set of needs of the community.
4. **Special Federal Relationship.** A dialogue with the federal government should be initiated to establish a special relationship with the federal government to enable the state to pool funding streams, to overcome barriers of laws, regulations and other federal requirements, to encourage development of innovative programs, and to implement state initiatives. The effort should be coordinated through the Iowa Congressional delegation.
5. **Administrative Rules.** Existing administrative rules, which create barriers for local governance entities and which limit the collaboration between departments, should be identified and addressed to eliminate these barriers. The new state board, individual departments, or other appropriate entities should be directed to analyze the federal and state rules for these barriers and to advocate for necessary modifications.
6. **Information Technology.** A system wide computer interface should be developed to provide connectivity between departments at the state level, between the public and private sectors, between the state and local communities, and between local communities. The state central information technology (IT) unit should be directed to move ahead with

developing this system. The General Assembly should direct the IT unit or the Legislative Oversight Committee to review the current system and to report any barriers to developing this system and to develop a long-range plan to implement such a system. The system should be research-linked and data-linked in a results-based system so that there will be accountability for achieving results.

Appendix II

Vision Statement and Recommendations Concerning DHS Institutions and Facilities

VISION STATEMENT FOR DHS INSTITUTIONS

Background. The Department of Human Services (DHS) institutions have provided important services to the people of Iowa for many decades. They are located in diverse geographic locations throughout the state, have significant physical facilities, and employ talented, dedicated staff providing services to Iowa's families.

Changes in treatment approaches over time have reduced the degree of need for placement of great numbers of people at individual institutions. Nevertheless, every region of the state will continue to have some individuals with needs which can be best met by a DHS institution. Although excess capacity exists at some of the institutions, the investment in the physical facilities has already been made, and the capacity should be redeployed for addressing different public needs. In addition, as community-based services expand, an institution's staff resources should be refocused accordingly to support the community-based services located in the region surrounding the institution.

Vision. Department of Human Services (DHS) institutions provide a vital "safety net" of services to Iowa families and communities. While the institutions were originally established as single purpose facilities, in the future they will evolve into diversified, multi-use resource centers with a mixture of public and private providers.

Reduced demand for some services has changed the role of some DHS institutions. As reduction in demand for traditional services of a DHS institution creates excess capacity in the buildings, land, and other resources of the institution, those resources should continue to be redeployed to meet the public needs of the region surrounding the institution. To this end, the institution's staff should be encouraged to work even more closely with local governments, school districts, other state agencies, and private providers of services to invite uses and fill service gaps compatible with the institution's physical resources. Public services appropriate for inclusion on an institution's campus may include health, education, corrections, and other public services in addition to human services.

Many DHS institutions have classic buildings, and it is hoped that future construction and renovation will be designed to be compatible with the existing structures.

The quantity of persons receiving an institution's traditional services for an extended period becomes fewer as these persons are served in community-based settings. In response, the institution's staff are experienced with seeing perhaps as many different persons for shorter stays who exhibit more

difficult, chronic problems. This experience should be utilized to develop and support community-based services. Possibilities include providing training, education, and consultation to community-based service providers and brief targeted treatment to their clients.

As these efforts proceed, it is hoped the public will come to view DHS institutions as regional resource centers where many public services are located in conjunction with the important services these institutions have traditionally provided.

Human Services Restructuring Task Force
Institutions and Facilities Subcommittee
RECOMMENDATIONS
(as approved by the Task Force on December 18, 1997)

Introduction

The state of Iowa has had a strong tradition of providing services to those persons with mental health problems or mental retardation and to troubled youths. Many of the services are provided through the Department of Human Services' institutions. These facilities have undergone a major transformation in the way they deliver services to their clients. The perception that the facilities continue to warehouse patients is unfounded, as Iowa's state institutions have undergone radical changes and are now leaders in their fields of service.

In travelling to the various facilities, it is quite evident that the people and programs at these institutions are among the strengths of the Department of Human Services. While the need for the level of care provided by these facilities has diminished over the years, these facilities are still a key element in the continuum of care. In many cases, those being cared for by the institutions are individuals who no other provider will serve or is able to serve. Maintaining these facilities to provide this "safety net" is very important to providing the best services to Iowans. Yet improvements can be made to the system so that Iowa's institutions are ready to meet the challenges of the twenty-first century.

This Task Force recognizes that in making changes, several guiding principles must be adhered to. They are:

- **Actions must be taken in a manner which does not lessen the care given to clients.**
- **Programs must be results-based and cost effective.**
- **Programs and facilities need to be able to adjust with the changes in demand for services, to the extent funding is available.**
- **Programs and facilities at the institutions are part of the continuum of care for mental health, mental retardation, and juvenile services.**
- **Changes must not be implemented in a manner which results in increased cost to counties or otherwise increases property taxes.**

A. General

1. The state should act to change the public mindset that DHS institutions are big, old, warehouse-style places that are falling apart and provide poor quality care. Instead, the state should emphasize the high quality

care provided at a relatively reasonable cost. The buildings have been well-maintained and are located in a manner to serve as regional resource centers. Many people being served would not have other options for services. Examples of quality care, such as the psychiatric care provided at Cherokee and the Independence Cromwell unit, can be found in each institution.

2. To reflect the changes in services and attitudes, the Legislature should adopt a new name for the state institutions. Any new name should reflect the change in the way these facilities serve Iowans. One possibility would be "Community and Residential Resource Centers."

3. The Legislature should amend the mission statements of the institutions to reflect the intent of the Legislature that these facilities serve as regional resource centers, while continuing to specialize in certain statewide programs.

4. The Legislature should undertake a rewrite of the Iowa Code chapters related to these facilities. The rewrite should focus on reflecting the modern practices of the services provided. This process should involve representatives of the institutions, clients, and advocacy groups. The group should complete its work for presentation during the 1999 legislative session.

5. The Legislature should rewrite the admissions policies for the institutions. This would modernize Iowa's admissions practices, while providing a more consistent and flexible admissions process.

6. The Legislature should request the Department of Human Services and the Attorney General's Office work with Iowa Protection and Advocacy Services, Inc., concerning modification of the Conner consent decree to accommodate the wishes of the patient's family and to allow greater involvement of the local institutions in determining when an admission is appropriate.

7. The Legislature should enact legislation amending the current admissions policies to permit the admissions of patients needing specialized mental health or mental retardation treatment and assessment without previous in-patient placement. This would be similar to the actions taken last year by the Legislature in changing the admissions requirements for the State Training School.

8. The Legislature should implement a policy that would allow the institutions to serve as a training resource for community facility staff, university medical students, and other professional training programs.

9. The subcommittee heard repeatedly about extreme growth in difficult-to-treat addictions to drugs such as methamphetamines. Will this growth increase the need for additional treatment options? Legislators should be informed of the statistics concerning drug-affected infants, toddlers, school children, and adolescents. Policymakers should be aware of options for early intervention to prevent the need for long-term interventions, prison stays, and other heavy costs to individuals and society.

10. Policymakers should commence discussions with other state institutions, such as the School for the Blind at Vinton, to determine whether these institutions could also be enhanced by the colocation of compatible programs.

B. Programs - ***Mental Health Institutes***

11. The Legislature should implement policy so that, when appropriate, the usage of the facilities and services at the Mental Health Institutes is maximized, helping to minimize the cost to Iowans.

12. The Legislature should implement the dual diagnosis program and locate a 24-bed unit at the Mount Pleasant Mental Health Institute. The Legislature should direct the Department of Human Services and the Department of Public Health to explore ways to expand this type of treatment to other parts of the state, either through private providers or a unit located at a state facility.

13. The Legislature should consider permitting other facilities to offer specialized treatment currently offered at just one institution. The treatment could be provided by a private provider or other cost-effective approach. Examples of this include dual diagnosis and psychogeriatric services.

14. The Legislature should authorize the Department of Corrections to open a 100-bed facility for female inmates at the Mt. Pleasant MHI. This facility would be for those inmates with special needs.

15. Currently, more than 400 inmates are serving life sentences in correctional facilities. In the future, this will lead to greater numbers of inmates with geriatric conditions. The Legislature should authorize the Department of Corrections to hold geriatric patients at MHIs or other appropriate state institutions with unused space.

16. The Legislature should permit the Mental Health Institutes to provide direct services or to lease out available space to private providers of residential care facility services, children's services, and other services for which there is an inadequate supply or an inadequate level of services. Other community needs, such as low-income housing, may be appropriate for development on unused land.

17. Some MHIs do not have much of their operation committed to providing MHI services. DHS should be asked to propose criteria for use in determining when size is reduced to the point the quality of a program becomes impaired and the public cost becomes too high. At this point, consideration should be given to merging the program with other institutions, community hospitals, or other community-based providers.

C. Programs - ***State Hospital-Schools***

18. The Legislature should authorize the Glenwood SHS and the Woodward SHS to expand their respite care services programs. This is in recognition of the fact that these services provide better treatment conditions for patients at less expense to the state.

19. If demand exists, the Legislature should authorize the State Hospital-Schools to increase their Time-Limited Assessment programs. These services allow trained professionals to determine the needs of an individual and design a care strategy that best serves them.

20. If demand exists, the Legislature should authorize the State Hospital-Schools and other DHS institutions to establish special units to serve patients under an agreement with Nebraska, Illinois, or other states bordering Iowa. To this end, DHS should be authorized to begin discussions with bordering states for each state to utilize facilities and programs in the other states. Any actual arrangement should be cost-neutral to Iowa.

D. Programs - ***State Training School and State Juvenile Home***

21. The Legislature should request that the State Training School, in conjunction with the school's local Area Education Agency, develop a program for students who are appropriate to interact with young children and to provide other practical means for learning about parenting.

22. The Legislature should consider the possibility of separating delinquent girls from child in need of assistance (CINA) placements, which is currently the practice at the Iowa Juvenile Home. Possibilities for

accomplishing this objective include creation of a separate facility at another DHS institution or creation of small regional centers.

23. The Legislature should consider creating additional alternatives for those juveniles who, for various reasons, cannot return to their communities or to their families.

24. The Legislature should provide additional FTEs to the State Training School and to the State Juvenile Home to alleviate the staffing concerns and overtime needs at these facilities. Also, additional funding should be provided for training of current and future employees of these facilities as necessary for these employees to deal with increasingly difficult children.

E. Financial Issues

25. The Legislature should consider moving the remaining state institutions to the net budgeting process being tested at Glenwood SHS, with Independence going forward in FY 1998-1999. The remaining institutions could implement net budgeting in FY 1999-2000, after running a paper net budgeting trial in FY 1998-1999.

26. The Legislature should enact legislation to allow all or a percentage of the portion of Medicaid payments for infrastructure maintenance to be given to the facilities, instead of being deposited in the General Fund.

27. The Legislature should authorize the State Hospital-Schools to "unbundle" the cost of pharmaceuticals and other costs, in order for Medicaid billings for these institutions to be equivalent to that used by other ICFMRs.

28. The Legislature should review school funding policy associated with children placed at state institutions and other out-of-home placements.

29. The Legislature should review the noncompetition by government law to determine whether additional exceptions are appropriate in order for DHS institutions to achieve a new vision and a revised mission.

30. The Legislature should consider requiring state facilities to purchase needed products that are competitively priced and are currently being produced by the clients at the State Hospital-Schools and at other public and private sheltered workshops and programs employing persons with disabilities.

31. With the additional program options given to the states for Medicaid, Iowa needs to explore the possibilities of changing its Medicaid program

to better meet the needs of Iowans. As part of the budget process, the Legislature should request a report from the Department of Human Services and from counties on what potential changes could be made and how they would benefit Iowans.

32. The Legislature should study the University of Iowa's Hospitals and Clinics' role in providing health care through the "state papers" program to inmates and in the mental health and mental retardation service system.

F. Infrastructure Issues

33. The Legislature should instruct the Department of Human Services to work with the Department of Corrections to create a treatment program for inmates with mental retardation problems who are sexual offenders. This program could be modeled after the program at the Woodward SHS. The General Assembly should be provided information concerning outcomes of the program at Woodward SHS.

34. Because of the unique topography and historical significance of the land surrounding the Glenwood SHS, the Legislature should transfer management of this land from the control of the Department of Corrections to the Glenwood SHS.

35. The Legislature should appropriate funds for the various facilities to remove those structures that are no longer usable. The labor for the removal could be provided by prison labor. DHS should sell what can be salvaged from these buildings.

36. The Legislature should request a report from the Department of Human Services on the infrastructure needs of the facilities and a prioritization of these needs for each facility.

37. The Legislature should authorize DHS institutions to permit construction of new buildings on their campuses by other parties for the purpose of housing various nonstate functions that fit with the role of the campus. Current policies requiring payment or leasing at fair market value should be continued. Examples of possible facilities include nursing homes for low-income seniors and low-income housing for the medically needy.

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Appendix III

Background Information Concerning DHS Institutions

Institutions Historical Census

Fiscal Year	Cherokee Census	Cherokee Out-patient Cases	Cherokee Avg Daily Cost	Cherokee $ Per Diem	Cherokee Per Diem $ Cap	Clarinda Census	Clarinda Avg Daily Cost	Clarinda $ Per Diem	Clarinda Per Diem $ Cap	Independence Census	Independence Avg Daily Cost	Independence $ Per Diem	Independence Per Diem $ Cap	Mt Pleasant Census	Mt Pleasant Avg Daily Cost	Mt Pleasant $ Per Diem	Mt Pleasant Per Diem $ Cap	MHI Total Inpatient Census
1987	173					87				171				130				561
1988	155					76				176				130				537
1989	149					79				164				131				523
1990	138			145	123	63		161	165	169		181	155	128		123	121	498
1991	125			172	129	60		197	173	170		180	162	122		141	127	477
1992	153		262	195	137	68	260	220	183	186	241	223	172	85	214	162	135	492
1993	124		334	203	141	68	238	254	189	176	282	250	178	82	169	228	139	450
1994	116	207	343	255	145	67	252	292	195	172	283	266	183	74	175	506	143	429
1995	98	247	418	334	149	68	244	301	200	171	285	330	188	76	170	403	147	413
1996	80	288	496	306	150	69	247	280	206	153	322	303	193	70	191	367	151	372
1997	71	200	525	395	157	71	255	335	211	138	312	341	198	66	203	365	155	345
Capacity	110					83				181				80				

Fiscal Year	Woodward Census	Woodward Avg Daily Cost	Woodward $ Per Diem	Woodward Per Diem $ Cap	Glenwood Census	Glenwood Avg Daily Cost	Glenwood $ Per Diem	Glenwood Per Diem $ Cap	Toledo Census	Toledo Avg Daily Cost	Eldora Census	Eldora Avg Daily Cost
1987	465				648							
1988	451				611							
1989	440				603							
1990	411		183	184	575		137	159				
1991	395		202	193	551		178	167				
1992	379	224	230	205	516	207	203	177	92	140	171	131
1993	340	259	251	211	488	213	228	182	92	151	174	139
1994	327	266	261	217	452	224	231	188	92	150	185	130
1995	290	293	286	224	429	232	240	193	91	152	192	127
1996	277	297	314	229	410	246	250	198	92	156	192	129
1997	279	282	329	235	400	249	261	203	92	136	184	161
Capacity	266				373				92		185	

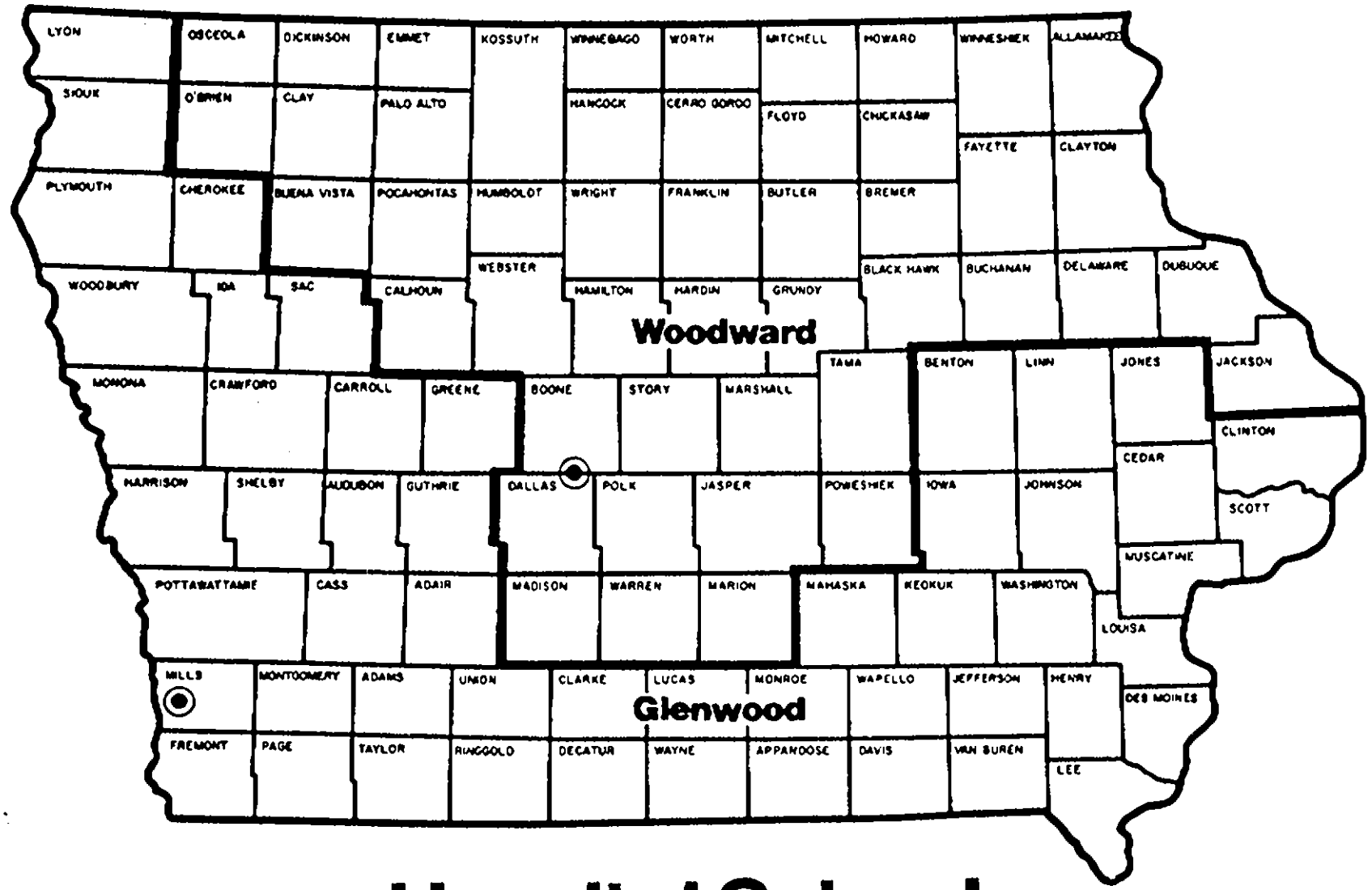
Prepared by Legislative Fiscal Bureau

Institutional Sources Of Revenue
Fiscal Year 1996

Institution	Federal	%	State	%	County	%	Other	%	Total
Toledo	0	0%	3,526,320	68%	1444116	28%	236,396	5%	5,206,832
Eldora	0		8,517,130	94%	0		588,394	6%	9,105,524
									0
Total Juvenile	0		12,043,450	84%	1,444,116	10%	824,790	6%	14,312,356
Cherokee									
Institution Expend	1,553,297		10,114,451		2,531,567		253,059		14,452,374
Other State			171,648						171,648
Total	1,553,297	11%	10,286,099	70%	2,531,567	17%	253,059	2%	14,624,022
Clarinda									
Institution Expend	699,915		2,204,511		3,058,033		101,282		6,063,741
Other State			106,296						106,296
Total	699,915	11%	2,310,807	26%	3,058,033	50%	101,282	2%	6,170,037
Independence									
Institution Expend	2,002,437		10,158,796		5,479,226		321,080		17,961,539
Other State			188,098						188,098
Total	2,002,437	11%	10,346,894	57%	5,479,226	30%	321,080	2%	18,149,637
Mt. Pleasant									
Institution Expend	683,674		3,228,848		888,829		74,481		4,875,832
Other State			62,617						62,617
Total	683,674	14%	3,291,465	67%	888,829	18%	74,481	1%	4,938,449
MHI Total	4,939,323	11%	26,235,265	60%	11,957,655	27%	749,902	2%	43,882,145
Glenwood									
Institution Expend	23,677,999		2,210,196		9,039,012		1,764,688		36,691,895
Other State			1,364,597						1,364,597
Total	23,677,999	62%	3,574,793	9%	9,039,012	24%	1,764,688	5%	38,056,492
Woodward									
Institution Expend	19,495,330		262,887		8,415,548		1,667,326		29,841,091
Other State		0%	799,046						799,046
Total	19,495,330	64%	1,061,933	3%	8,415,548	27%	1,667,326	5%	30,640,137
SHS Total	43,173,329	63%	4,636,726	7%	17,454,560	25%	3,432,014	5%	68,696,629

Human Services FTE History
FY 1987 through FY 1997

	A	B	C	D	E	F	G	H	I	J	K	L	M
1													Percent
2		Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Change FY 1987 to
3	BUDGET UNIT	FY1987	FY1988	FY1989	FY1990	FY1991	FY1992	FY1993	FY1994	FY1995	FY1996	FY1997	FY 1997
4	Cherokee Canteen Fund	2.16	2.34	2.27	1.89	1.79	1.70	1.63	1.46	0.04	0.00	0.00	-100.00%
5	Cherokee MHI	384.88	381.84	372.39	365.58	368.87	359.15	325.29	314.96	311.82	287.43	250.90	-34.81%
6	Clarinda MHI	191.42	195.41	185.26	186.08	185.75	148.77	131.73	136.84	138.95	128.21	128.04	-33.11%
7	Clarinda Retired Senior Volunteer Program	0.15	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-100.00%
8	Eldora Training School	182.12	182.52	212.78	222.76	224.88	203.73	197.59	194.30	196.52	197.05	190.64	4.68%
9	Eldora Canteen Fund	0.57	0.57	0.56	0.57	0.53	0.54	0.52	0.57	0.57	0.61	0.59	3.51%
10	Glenwood Canteen Fund	4.27	4.77	4.42	3.92	3.00	3.00	3.00	3.00	3.00	3.00	2.97	-30.44%
11	Glenwood Foster Grandparents Program	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
12	Glenwood SHS	1186.84	1222.50	1151.97	1169.82	1158.41	1074.65	952.93	897.92	871.70	839.86	786.60	-33.72%
13	Glenwood Retired Senior Volunteer Program	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
14	Independence Canteen Fund	2.94	2.83	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-100.00%
15	Independence MHI	379.77	384.95	384.62	408.12	412.60	405.15	397.91	391.22	377.60	369.58	349.10	-8.08%
16	Independence Alcoholic-Voc Rehab	1.82	2.73	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-100.00%
17	Independence E.S.E.A. Title I	2.00	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-100.00%
18	Mt. Pleasant MHI	196.39	193.70	186.77	188.55	200.54	134.67	87.72	86.12	88.69	90.39	86.73	-55.84%
19	Mt. Pleasant Canteen Fund	1.62	1.35	1.35	1.35	1.37	0.69	1.05	0.70	0.70	0.70	0.70	-56.79%
20	Toledo Juvenile Home	109.19	109.34	119.28	126.35	125.73	120.95	114.74	115.85	114.41	113.04	112.92	3.42%
21	Toledo Title I	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
22	Woodward Foster Grandparents Program	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
23	Woodward SHS	962.78	1018.01	954.32	952.70	922.00	843.67	795.19	773.89	745.04	686.01	621.45	-35.45%
24	Woodward Title I Project	1.78	1.24	0.12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-100.00%
25	Woodward-Warehouse Revolving Fund	6.36	6.63	6.76	6.75	5.61	5.94	6.08	6.19	6.00	6.06	6.21	-2.36%
26	Total	3,617.06	3,712.74	3,582.87	3,634.44	3,611.08	3,302.61	3,015.38	2,923.02	2,855.04	2,721.94	2,536.85	-29.86%



Hospital Schools Areas

Glenwood State Hospital-School

Purpose: The Glenwood State Hospital-School provides diagnostic evaluation, treatment, training, care, and habilitation, and support to persons with mental retardation and serves as a resource center to communities.

Program Service Components:

- ICF/MR residential services
  - Habilitation services
  - Vocational training/leisure services
  - Medical treatment services
  - Sexual abuse treatment and evaluation
- Evaluation services
  - Diagnostic and evaluation clinic
  - Time limited assessments
- Specialized services
  - Assistive technology
  - Respite care
  - Foster Grandparent and Senior Companion programs
  - Feeding and swallowing team
  - Home and Community Based Waiver services
- Campus also houses additional regional and local area services

Glenwood State Hospital-School	
Legal Base:	Iowa Code Chapters 217, 218, 222, 225C and 249A; 441 IAC 28 and 30
Funding Source:	The Hospital-School is funded through a net state appropriation supplemented with revenues from billings to counties, the federal share of Medicaid, client participation funds, and revenues from goods and services sold to on-campus tenants and other non-profit agencies. Respite and waiver services are self-funded through billings to counties and Medicaid.
Eligibility/Client Profile:	Services are provided to any person based on service need as defined in Iowa Code Chapter 222 when less restrictive community services are not available. All voluntary admissions must be approved by the county Central Point of Coordination.
Data:	See the following charts and graphs for relevant information.
State Role:	DHS operates the Hospital-School.

Glenwood State Hospital School

FISCAL YEAR	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998
Average Daily Census	648	611	603	575	551	516	488	453	429	409	400	
Admissions	29	43	23	33	24	10	23	26	30	21	40	
Placements	84	47	47	54	51	50	53	57	48	43	42	
Per Diems												
Medicaid Eligible												
Actual				$53.50	$61.93	$66.36	$79.85	$78.08	$81.80	$87.87	$95.36	$96.33
Cap				$62.13	$65.00	$68.97	$71.11	$73.17	$75.37	$77.33	$79.26	$81.55
Nod-Medicaid												
Actual				$136.60	$178.46	$203.36	$228.28	$231.02	$240.22	$249.60	$260.90	$271.95
Cap				$159.41	$166.80	$176.90	$182.46	$187.75	$193.38	$198.41	$203.37	$209.25

Woodward State Hospital-School

Purpose: The Woodward State Hospital-School provides diagnostic evaluation, treatment, training, care, habilitation, and support to persons with mental retardation and serves as a resource center to communities.

Program Service Components:

- ICF/MR residential services
  - Habilitation services
  - Vocational training/leisure services
  - Medical treatment services
  - Adaptive Pro-social Performance Learning Environment program for persons with mental retardation who have documented histories of unacceptable behavior of a sexual nature or who are survivors of sexual abuse
  - Autism services
- Evaluation services
  - Diagnostic and evaluation clinic
  - Time limited assessments
- Specialized services
  - Assistive technology
  - Respite care
  - Foster Grandparent program
  - Feeding and swallowing team
  - Home and Community Based Waiver services
  - Treatment/Education of Autistic and related Communication for Children with Handicaps (TEACCH) training
- Campus also houses additional regional and local area services

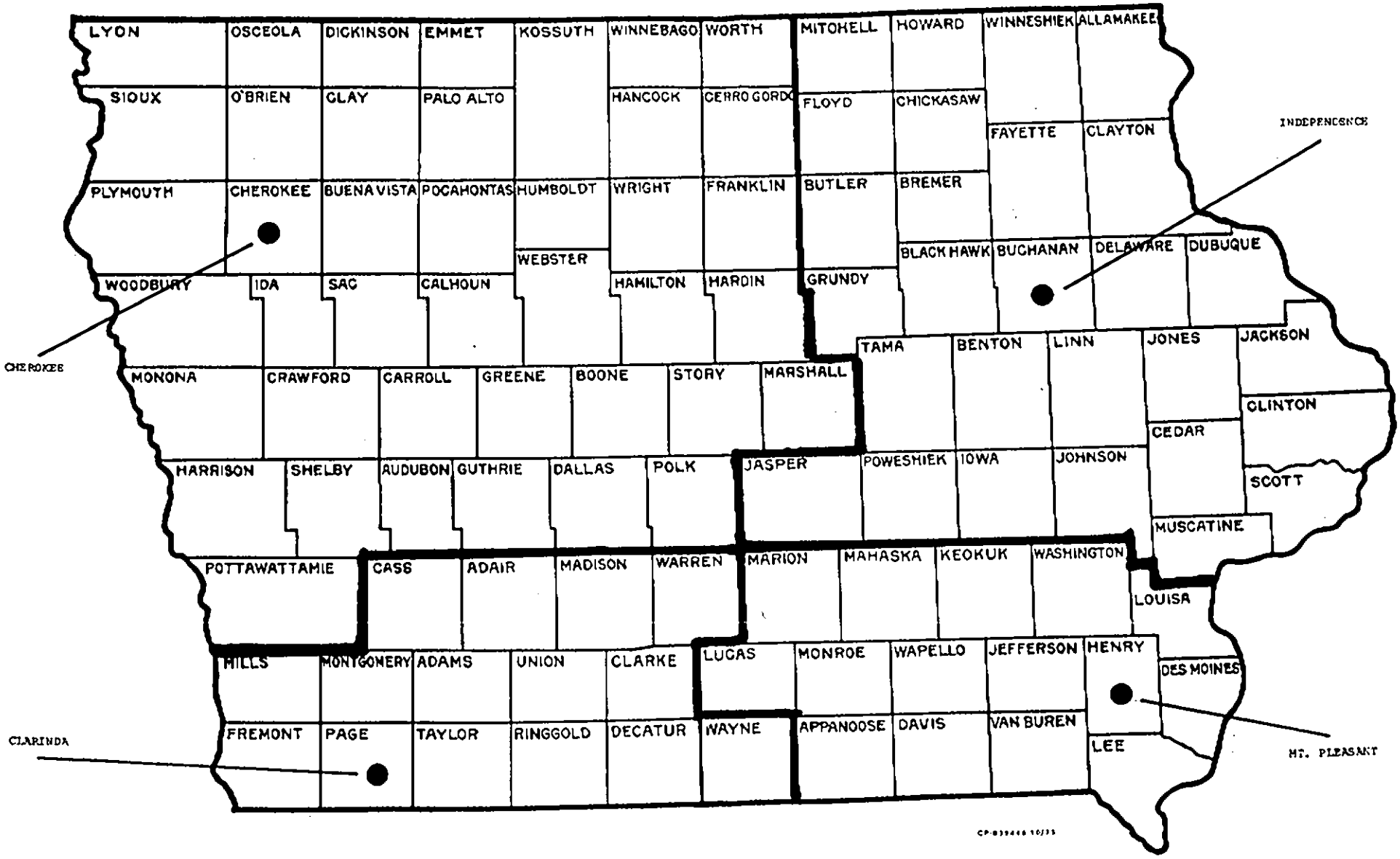
Woodward State Hospital-School	
Legal Base:	Iowa Code Chapters 217, 218, 222, 225C and 249A; 441 IAC 28 and 30
Funding Source:	The Hospital-School is funded by a 100% up-front State appropriation reimbursed through billings to counties, Medicaid, residents, and revenues from goods and services sold to on-campus tenants and other non-profit agencies. Respite and waiver services are self-funded through billings to counties and Medicaid.
Eligibility/Client Profile:	Services are provided to any person based on service need as defined in Iowa Code Chapter 222 when less restrictive community services are not available. All voluntary admissions must be approved by the county Central Point of Coordination.
Data:	See the following charts and graphs for relevant information.
State Role:	DHS operates the Hospital-School.

Information Provided by DHS

Woodward State Hospital School

FISCAL YEAR	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	
Average Daily Census	465	451	440	411	395	379	355	331	290	278	279	
Admissions	30	27	26	37	34	25	24	25	23	29	32	
Placements	50	24	64	53	44	54	42	65	63	27	31	
Per Diems												
Medicaid Eligible												
Actual				$65.56	$66.07	$80.43	$83.03	$95.96	$103.92	$119.84	$120.12	$96.09
Cap				$75.22	$78.70	$83.50	$86.09	$88.58	$91.24	$93.96	$95.95	$98.72
Nod-Medicaid												
Actual				$183.13	$202.27	$230.01	$250.79	$261.14	$285.64	$313.77	$329.25	$304.14
Cap				$184.28	$192.81	$204.57	$210.91	$217.03	$223.54	$229.35	$235.08	$241.87

IOWA MENTAL HEALTH INSTITUTES



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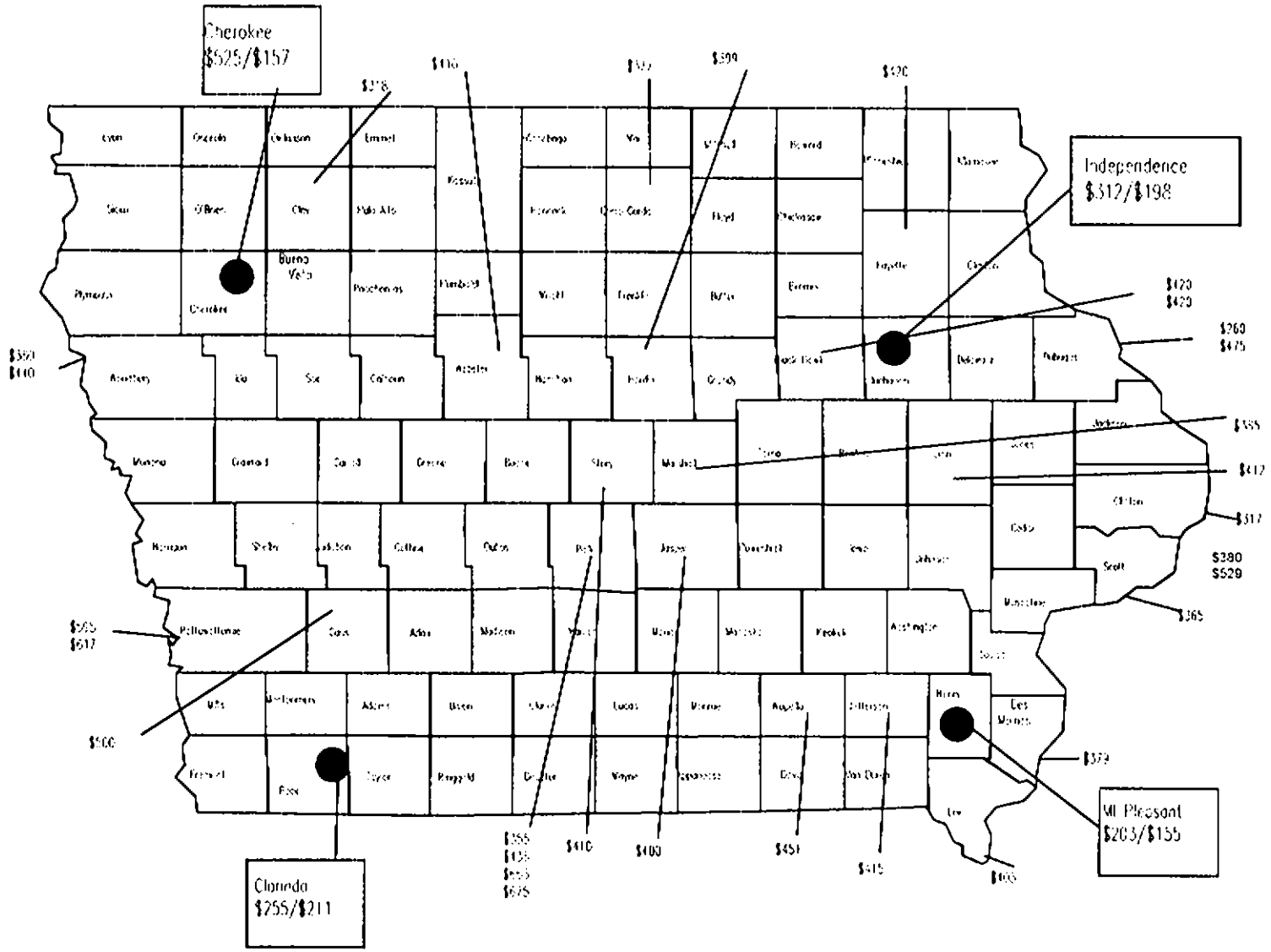
FY 1997 Cost Comparisons

Residential Psychiatric Hospital Per Diems and State Mental Health Institutes



MHI costs: average daily cost/capped per diem.

Psychiatric Residential Hospital cost as reported to DPH - does not include physician charges.

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Cherokee Mental Health Institute

Purpose: The Cherokee Mental Health Institute provides inpatient and outpatient psychiatric treatment for adults, adolescents and children through a psychiatric rehabilitation program of counseling and skill training.

Program Service Components:

- Acute psychiatric inpatient
- Outpatient services: psychiatric diagnosis, medication management, individual therapy, family therapy
- Regional mental health transportation
- Mobile crisis program
- Pastoral care
- Campus also houses additional regional and local area services

Cherokee Mental Health Institute	
Legal Base:	Iowa Code Chapters 217, 225C, 229, 230, and 812; 441 IAC 28; Section 21.8, Rules of Criminal Procedure
Funding Source:	The Mental Health Institute is funded by a 100% up-front State appropriation reimbursed through billings to counties, the Mental Health Access Plan (MHAP), Medicare, private health insurance and revenues from goods and services sold to on-campus tenants and other non-profit agencies.
Eligibility/Client Profile:	Services are provided to any person in need of mental health treatment regardless of ability to pay. All voluntary admissions funded in part or in whole by a county must be approved by the county Central Point of Coordination (CPC). Involuntary admissions are made only if the mental health institute has been designated by the county CPC for admission.
Data:	See the following charts and graphs for relevant information.
State Role:	DHS operates the Mental Health Institute.

Information provided by DHS

Cherokee Mental Health Institute

FISCAL YEAR	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998
Admissions												
Adult Psychiatric	762	689	771	725	716	850	771	892	912	765	745	
Children	44	45	42	41	47	27	32	44	52	36	30	
Adolescent	96	63	91	63	64	49	59	81	139	127	103	
Total	902	797	904	829	827	926	862	1017	1103	928	878	
Average Daily Census												
Adult Psychiatric	138	117	110	104	96	119	99	89	76	64	61	
Children	14	18	17	15	11	9	9	10	9	4	3	
Adolescent	21	20	22	19	18	15	15	17	13	12	8	
Total	173	155	149	138	125	143	123	116	98	80	72	
Average Length of Stay												
Adult Psychiatric	55	120	46	53	120	47	47	45	34	34	26	
Children	109	126	112	146	126	105	143	90	56	40	50	
Adolescent	87	120	114	108	120	105	112	79	38	39	57	
Per Diems												
Adult Psychiatric												
Actual				$144.78	$172.04	$195.45	$202.84	$255.46	$334.31	$305.57	$394.75	$417.95
Cap				$122.99	$128.68	$136.53	$140.76	$144.84	$149.19	$153.07	$156.90	$161.43
Adolescent/child												
Actual				$179.35	$195.90	$258.53	$378.01	$438.96	$393.80	$399.13	$552.91	$427.49
Cap				$180.14	$188.48	$199.98	$206.18	$212.16	$218.52	$224.20	$229.81	$236.45

Clarinda Mental Health Institute

Purpose: The Clarinda Mental Health Institute provides short term inpatient psychiatric treatment for adult persons with mental illness and long term care for persons needing psychogeriatric services not available in the community.

Program Service Components:

- Acute adult psychiatric inpatient care
- Long term nursing care for adult patients with chronic psychiatric or behavioral problems
- Campus includes an adult medium security correctional facility
- Campus also houses additional regional and local area services

Clarinda Mental Health Institute	
Legal Base:	Iowa Code Chapters 217, 225C, 229, 230, and 812; 441 IAC 28; Section 21.8, Rules of Criminal Procedure
Funding Source:	The Mental Health Institute is funded by a 100% up-front State appropriation reimbursed through billings to counties, the Mental Health Access Plan (MHAP), Medicare, private health insurance and revenues from goods and services sold to on-campus tenants.
Eligibility/Client Profile:	Services are provided to any person in need of mental health treatment regardless of ability to pay. All voluntary admissions funded in part or in whole by a county must be approved by the county Central Point of Coordination (CPC). Involuntary admissions are made only if the mental health institute has been designated by the county CPC for admission.
Data:	See the following charts and graphs for relevant information.
State Role:	DHS operates the Mental Health Institute.

Information provided by DHS

Clarinda Mental Health Institute

FISCAL YEAR	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998
Admissions												
Adult Psychiatric	418	358	374	264	288	193	176	157	183	187	177	
Psychogeriatric						77	19	28	12	14	15	
Total	418	358	374	264	288	270	195	185	195	201	192	
Average Daily Census												
Adult Psychiatric	74	64	67	63	60	26	16	13	15	12	15	
Psychogeriatric	13	12	12			34	52	54	53	57	56	
Total	87	76	79	63	60	60	68	67	68	69	71	
Average Length of Stay												
Adult Psychiatric	57	100	78	79	100	136	31	32	28	24	27	
Psychogeriatric	535	104	116			75	354	401	417	721	1100	
Per Diems												
Adult Psychiatric												
Actual				$161.21	$196.52	$219.91	$253.73	$291.51	$301.42	$279.90	$334.72	$300.35
Cap				$165.27	$172.93	$183.47	$189.16	$194.65	$200.49	$205.70	$210.84	216.93
Psychogeriatric												
Actual				$183.85		$160.38	$160.38	$195.85	$232.96	$232.56	$220.93	$215.33
Cap				$179.19			$196.02	$201.71	$207.76	$213.16	$218.49	$224.80

Independence Mental Health Institute

Purpose: The Independence Mental Health Institute provides comprehensive, inpatient psychiatric treatment for adults, adolescents, and children.

Program Service Components:

- Acute psychiatric inpatient treatment including psychiatric and medical diagnostic evaluations; medication and psychotherapeutic modalities; patient and family education; forensic evaluations
- Clinical training programs for twelve disciplines
- Campus also houses additional regional and local area services

Independence Mental Health Institute	
Legal Base:	Iowa Code Chapters 217, 225C, 229, 230, and 812; 441 IAC 28; Section 21.8, Rules of Criminal Procedure
Funding Source:	The mental health institute is funded by a 100% up-front State appropriation reimbursed through billings to counties, the Mental Health Access Plan (MHAP), Medicare, private health insurance and revenues from goods and services sold to on-campus tenants.
Eligibility/Client Profile:	Services are provided to any person in need of mental health treatment regardless of ability to pay. All voluntary admissions funded in part or in whole by a county must be approved by the county Central Point of Coordination (CPC). Involuntary admissions are made only if the mental health institute has been designated by the county CPC for admission.
Data:	See the following charts and graphs for relevant information.
State Role:	DHS operates the Mental Health Institute.

Information provided by DHS

Independence Mental Health Institute

FISCAL YEAR	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998
Admissions												
Adult Psychiatric	790	685	708	788	723	773	806	912	921	827	784	
Children	103	111	98	38	6	0	0	0	0	0	1	
Adolescent	126	143	129	233	215	203	205	200	206	225	201	
Total	1019	939	935	1059	944	976	1011	1112	1127	1052	986	
Average Daily Census												
Adult Psychiatric	123	119	114	112	112	121	125	115	119	106	97	
Children	32	41	37	36	33	31	31	33	31	26	25	
Adolescent	16	16	13	21	25	19	20	23	21	21	16	
Total	171	176	164	169	170	171	176	171	171	153	138	
Average Length of Stay												
Adult Psychiatric	56	71	46	51	71	86	56	45	42	45	49	
Children	163	150	138	127	150	125	127	118	119	109	103	
Adolescent	61	56	58	40	52	63	63	79	66	52	49	
Per Diems												
Adult Psychiatric												
Actual				$181.34	$180.45	$222.62	$250.48	$266.40	$330.22	$302.94	$341.46	$369.22
Cap				$155.30	$162.49	$172.40	$177.75	$182.90	$188.39	$193.29	$198.12	$203.85
Adolescent												
Actual				$152.63	$183.40	$218.65	$199.69	$238.00	$231.87	$224.23	$257.09	$273.21
Cap				$134.52	$140.75	$149.33	$153.96	$158.43	$163.18	$167.42	$171.61	176.57
Children												
Actual				$155.96	$155.58	$138.11	$224.37	$227.74	$280.60	$218.98	$299.65	$317.59
Cap				$139.84	$146.32	$155.24	$160.06	$164.70	$169.64	$174.05	$178.40	$183.56

Mt. Pleasant Mental Health Institute

Purpose: The Mount Pleasant Mental Health Institute provides short term inpatient psychiatric treatment for adult persons with mental illness and residential treatment for adult substance abusers.

Program Service Components:

- Acute psychiatric inpatient
- Treatment for adult substance abusers
- Pilot project for adults with a dual diagnosis of mental illness and substance abuse
- Campus includes an adult medium security correctional facility

Mt. Pleasant Mental Health Institute	
Legal Base:	Iowa Code Chapters 125, 217, 225C, 229, 230, and 812; 441 IAC 28; Section 21.8, Rules of Criminal Procedure
Funding Source:	The Mental Health Institute is funded by a 100% up-front State appropriation reimbursed through billings to counties, the Mental Health Access Plan (MHAP), Medicare, private health insurance, community correctional services, and revenues from goods and services sold to on-campus tenants.
Eligibility/Client Profile:	Services are provided to any person in need of mental health treatment regardless of ability to pay. All voluntary admissions funded in part or in whole by a county must be approved by the county Central Point of Coordination (CPC). Involuntary admissions are made only if the mental health institute has been designated by the county CPC for admission.
Data:	See the following charts and graphs for relevant information.
State Role:	DHS operates the Mental Health Institute.

Information provided by DHS

Mt. Pleasant Mental Health Institute

FISCAL YEAR	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998
Admissions												
Adult Psychiatric	408	421	503	527	537	295	259	260	307	254	202	
Substance Abuse	304	343	345	310	286	587	940	798	868	742	750	
Total	712	764	848	837	823	882	1199	1058	1175	996	952	
Average Daily Census												
Adult Psychiatric	110	109	109	106	101	40	16	17	17	18	18	
Substance Abuse	20	21	22	22	21	38	66	57	59	52	48	
Total	130	130	131	128	122	78	82	74	76	70	66	
Average Length of Stay												
Adult Psychiatric	73	69	102	80	69	143	23	23	21	26	32	
Substance Abuse	24	24	22	23	24	24	25	26	25	26	24	
Per Diems												
Adult Psychiatric												
Actual				$123.12	$141.41	$162.34	$227.77	$506.12	$403.48	$367.03	$365.37	$332.41
Cap				$121.29	$126.91	$134.65	$138.82	$142.85	$147.14	$150.97	$154.74	$159.21
Substance Abuse												
Actual				$96.11	$90.03	$112.11	$118.55	$94.65	$118.79	$109.06	$117.53	$129.87
Cap				$89.58	$93.73	$99.45	$102.53	$105.50	$108.66	$111.52	$114.31	$115.02

State Training School, Eldora

Purpose: The State Training School is designed to provide institutional care to children adjudicated by the courts as delinquent in order to increase community safety and to re-direct negative behaviors and reinforce positive behaviors.

Program Service Components:

- Individual, group and family counseling
- Substance abuse treatment
- Education and vocational training
- Health care services

State Training School, Eldora	
Legal Base:	Iowa Code Chapter 218; 441 IAC 103
Funding Source:	State funds
Eligibility/Client Profile:	• Males aged 12 - 17 years • Adjudicated delinquent • Must be in need of restrictive setting due to behavior
Data:	See following charts and graphs for relevant information.
State Role:	• DHS operates the institution, and provides individual, group and family counseling • DHS contracts with private providers for medical, psychiatric and dental care • Area Education District provides special education services

Juvenile Institutions

Iowa Juvenile Home, Toledo

Purpose: The Iowa Juvenile Home is designed to provide institutional care to children adjudicated by the courts as delinquent or Child in Need of Assistance (CINA), in order to increase community safety and to re-direct negative behaviors and reinforce positive behaviors.

Program Service Components:

- Individual, group and family counseling
- Substance abuse treatment
- Education and vocational training
- Health care services

Iowa Juvenile Home, Toledo	
Legal Base:	Iowa Code Chapter 218; 441 IAC 101
Funding Source:	• State funds for delinquents • State and county funds for CINA
Eligibility/Client Profile:	• Children aged 12 - 17 years • Children must need a restrictive environment due to behavior • Females adjudicated delinquent • Males and females adjudicated CINA
Data:	See following charts and graphs for relevant information.
State Role:	• DHS operates the institution, and provides individual, group and family counseling • DHS contracts with private providers for medical, psychiatric and dental care • Area Education District provides special education services

Appendix IV

Recommendations of the Program Duplication and Resource Utilization Subcommittee

RECOMMENDATIONS OF THE PROGRAM DUPLICATION AND RESOURCE UTILIZATION SUBCOMMITTEE

The Program Duplication and Resource Utilization Subcommittee held three meetings during the 1997 Interim. The meetings focused on systemwide interagency cooperation and collaboration, the needs of children ages 0 through 5 and their families, and specific programs and services.

Through Subcommittee discussions, the Subcommittee determined that the basis for any change in the human services system should begin with the establishment of systemwide objectives. The Subcommittee also determined that program duplication and resource utilization can be addressed in ways other than by focusing on individual program overlap.

The following is a listing of recommendations for actions to be taken to achieve a reduction in or elimination of program duplication and to improve utilization of resources:

1. Take legislative action to endorse/develop objectives for the entire human services system.

A. During the 1998 legislative session, direct the interdisciplinary appropriations subcommittee (referred to in recommendation 3), to review and monitor the human services related state policy objectives developed through the Council on Human Investment (CHI). The subcommittee should make recommendations regarding state policy objectives to be endorsed by the General Assembly for FY 1999.

B. During the 1998 legislative session, the General Assembly should take action to provide direction regarding the state policy objectives. A resolution should be drafted which endorses human services related state policy objectives for FY 1999, and which authorizes the interdisciplinary appropriations subcommittee to perform an ongoing review of the objectives during the legislative interim for use in FY 2000.

C. During the 1998 legislative interim, the interdisciplinary appropriations subcommittee already stated in paragraph A should review the data compiled by CHI, and should use focus groups, local forums, or other grass roots processes, as necessary, to establish and prioritize human services related objectives for recommendation to the General Assembly and for use in the next fiscal year.

2. Enact legislation to establish a human services system interdisciplinary team.

A. The team should include the directors of each human services related department (human services, public health, and education), representatives of other departments and branches of government to

act as resources to the team, representatives of local governance entities, and others.

B. Duties of the team would include:

(1) Developing an interdisciplinary budget based upon the established state policy objectives which are common to all of these disciplines. The interdisciplinary budget could be developed incrementally with the initial focus being on the 0 through 5-year-old age group.

(2) *Developing a plan for a systemwide computer interface.* The plan would include a date certain by which time the system would be fully implemented.

◊ The system would provide a centralized, interdisciplinary, integrated information management system to be used to maintain the inventory of all human services related programs and to provide for intake, assessment, referral, case management, and monitoring of consumers in the system. The system would be used at both the state and local levels.

(3) Inventorying existing programs and services, on an ongoing basis, at the state, local, public, and private levels to determine gaps and duplication. This process can be used to coordinate programs and services through information sharing at the state and local levels.

(4) Providing periodic reports and ongoing input to the interdisciplinary appropriations subcommittee and to the General Assembly as a whole.

(5) Integrating/consolidating programs and services and funding streams with common objectives, across disciplines.

(6) Combining/integrating/eliminating the myriad of councils, committees, boards, and other entities which oversee programs and services within or across departments. Instead of the identical members/interests serving on several of these entities, these identical members/interests would serve on one, comprehensive entity with responsibility over the variety of programs/services.

(7) Additional duties as directed by the General Assembly.

3. Establish an interdisciplinary appropriations subcommittee.

The subcommittee would be comprised of the chairpersons and ranking members of the human services, health and human rights, and education appropriations subcommittees (the three appropriations subcommittees).

A. The chairpersons of each of the three appropriations subcommittees would act, on a rotating basis, as the chairperson of the interdisciplinary subcommittee.

B. Additional members of each of the three appropriations subcommittees would be selected by the chairpersons to serve on the interdisciplinary subcommittee. Representatives of other appropriations subcommittees could be involved.

C. The subcommittee would act as a vehicle to educate legislators, across disciplines, about programs, services and needs of consumers.

D. The subcommittee would make recommendations to the three appropriations subcommittees regarding integration of programs and the pooling/blending of funding.

E. The subcommittee would provide ongoing review of human services related state policy objectives and would make recommendations for prioritization of objectives in the development of human services related budgets.

4. Take actions to improve accountability and evaluation.

A. Require DHS to enforce existing monitoring procedures to ensure that DHS receives the required information to comply with existing DHS administrative rules and to ensure that information is received by other appropriate persons to fulfill requirements of existing administrative rules.

B. Establish, through legislation or rules, an auditing and evaluation process that is consistent across programs which receive state funding, whether the program is carried out by a public, private, nonprofit, or for profit entity. Include established time frames for evaluations/audits in all contracts which involve state funding. The time frame should be established at the time the contract is entered and should be tied to specific, measurable results.

C. Require third-party evaluations of programs to validate results.

D. Limit the terms of service of members of commissions, boards, and other decision making entities which award contracts which involve state funds.

5. Take actions for improvements which are specific to the population of children ages 0 through 5 and their families.

A. Encourage expansion of programs which provide support to families prior to the birth of a child and following the birth of a child. Provide a process for integration of the variety of state and local family support programs.

B. Direct the human services interdisciplinary team to:

(1) Develop a plan and present the plan to the General Assembly for the 1998 Session to integrate the existing programs and funding streams for children 0 through 5 years of age and their families. The plan for integration would include early Head Start, Head Start, early childhood programs, preschool programs, and family support programs such as HOPES.

(2) Following the development of the plan for integration of the programs under (1), develop a plan to provide these programs statewide through coordination/integration of federal, state, and local programs and funding streams.

6. **Develop a "site-based" or geographic area-based service system.**

Establish a pilot project in a rural and an urban area to provide a single site or a network of sites in each local governance area for common intake, assessment, referral, case management, tracking, and provision of services for the continuum of needs presented. The pilots could be developed in existing innovation zones or decategorization areas.

(1) The pilot could be based on the caring communities program in Missouri (neighborhood-based, integrated services linked to schools) or on another model. A school or another physical location, such as a family resource center, library, hospital, human services office or other location, or a network of these physical locations, could act as the "hub" for the system.

(2) A locally selected multidisciplinary team could provide coordination and daily management of the site/network.

(3) The pilot could be implemented incrementally by initially coordinating programs and services for children 0 through 5 and their families and then being expanded to other populations.