

Governor's MHI Task Force – Recommendations

Facility Closure

1. No state facilities should be closed, at this time.
2. Decisions that affect the future of the facilities must be made in the context of the whole mental health service system, the people it serves, public safety, total costs, and best practices.
Forensic Evaluation and Treatment
3. Collaborative efforts and communications should be expanded between the Iowa Departments of Human Services, Public Health, Corrections and Education, the Judicial Branch, and other stakeholders to improve access to treatment and outcomes for those who are at risk of entering or have already entered the criminal or juvenile-justice systems. Suggestions include the following.
 - a. Uniform screening and assessment instruments to identify persons with mental illness and substance-use disorders should be developed and used statewide.
 - b. Provision of mental-health services to patients in jails and prison.
 - c. Cross training for personnel in areas of mental-health, substance-use, and other co-occurring disorders.
 - d. Expansion of jail-diversion programs and services to route individuals with serious mental illness and co-occurring mental-health and substance-use disorders away from jail.
 - e. A study of the forensic population in Iowa to quantify the changing need for services as well as current availability of services.

Continuum of Care

4. The recommendations of the DHS Mental Health Acute Care Task Force are supported and adopted as MHI Task Force recommendations, including the following:
 - a. Develop regional community-based mental–health and crisis intervention services as a first-line safety net for children, youth and adults, including Crisis Stabilization Centers, Crisis Resource Centers and Mobile Crisis Stabilization Teams and Services.
 - b. Subacute services should be developed to allow for timely transition of patients who no longer need psychiatric inpatient-hospitalization services, to less intensive and less restrictive treatment centers.
 - c. Expand capacity in Iowa's local hospital emergency rooms to provide appropriate psychiatric screening.
 - d. Expand the role of community mental-health centers to function as Community Access Centers that provide core safety-net services in designated geographic areas on a 24/7 basis.

Resource Utilization

5. The purpose and role of the MHIs as acute-care providers, as stated in Iowa Code 226.1, should be reviewed and updated in keeping with changes in technology, treatment approaches, and services now available in Iowa.
6. The MHIs should expand capacity to share professional and clinical expertise with other community-based providers through professional training, case consultation, and other support. Areas of expertise identified include gero-psychiatric care, cooccurring disorder and substance-use treatment, and mental illness.
7. Creative and collaborative opportunities and incentives should be explored with and by all universities, colleges and other public and private-sector providers, and DHS, to include the following.
 - a. Physician, Physician Assistant, Advanced Registered Nurse Practitioner, psychology, nursing, counseling, social work and other professional training programs, including potential utilization of medical and dental residents to rotate through all 4 MHIs, in addition to already existing programs.
 - b. State-sponsored or other types of scholarships to recruit professionals in the areas of mental illness and co-occurring disorders. Scholarship recipients could repay a scholarship by working in Iowa where professionals are needed.
8. DHS should be encouraged to continue to focus on cost-containment strategies such as joint purchasing and shared staff when feasible, and should implement a coordinated, consistent business management of the MHI facilities, as well as continue current public/private partnerships.
9. Explore opportunities to gain eligibility for Medicaid reimbursement for adult inpatient services at the MHIs which is currently prohibited under a federal policy known as the IMD Exclusion (IMD refers to institution for mental disease).

DHS MHI Consolidation Report – Executive Summary

The Department's recommendation for closure and consolidation is based on an analysis of the existing programs, persons served, physical plant costs, expenses and renovation/infrastructure costs for relocation, and review of the draft report from the MHI Task Force. Further detail surrounding the analysis used to drive the recommendation is found under the Recommendations section, beginning on page 12 of this report.

In response to the legislative requirement to recommend closure and consolidation of an MHI, the Department recommends the closure of the Mount Pleasant Mental Health Institute with consolidation of its programs and operational beds at the Independence Mental Health Institute. With this recommendation, Independence MHI will add beds to accommodate the 15 adult psychiatric beds, 14 dual diagnosis beds, and 50 substance abuse treatment beds now located at the Mount Pleasant MHI. This relocation will take an estimated six months from the time statutory authority and corresponding appropriations are received.

There are two scenarios which impact costs. Scenario one assumes closure of Mount Pleasant in FY2011 with net general fund savings of \$ 529,233. For this same scenario, in FY2012 the net general fund savings from FY2010 is \$ 1,748,777. Scenario two assumes consolidation and corresponding administrative transfer of employees to Independence. For this scenario the estimated net general fund impact of the recommendation in FY2011 ranges from a cost of \$ 414,795 to a cost of \$ 2,617,527 depending on which financial model and corresponding assumptions are utilized. In FY2012 the net general fund savings from FY2010 in scenario two is also \$1,748,777.

Public Work LLC – Reorganize and consolidate some mental health institutes

The Iowa Department of Human Services operates four Mental Health Institutes (MHIs) located in Cherokee, Clarinda, Independence, and Mount Pleasant. These facilities provide specialized mental health care services as well as critical access to quality acute psychiatric care for Iowa's adults and children needing mental health treatment. The specialized services include substance abuse treatment, dual diagnosis treatment for persons with mental illness and substance addiction, psychiatric medical institution for children (PMIC), and long-term psychiatric care for the elderly (gero-psychiatric). Initially these MHIs operated as duplicate regional resource centers. However, in FY 1992, gero-psychiatric services were consolidated into a single program at Clarinda and substance abuse services to a single program at Mount Pleasant. Similarly, adult psychiatric services and child and adolescent psychiatric services were realigned to account for the change in operational capacities at the MHIs.

Based on the underlying principles that residents can be served better in the community and that closing old, high-cost institutions should be done, DHS can: move Clarinda adult psychiatric units to Cherokee, Mt. Pleasant adult and dual diagnosis to Independence, Cherokee child and adolescent units to Independence, Clarinda geropsychiatric to nursing facilities, and substance abuse treatment to community providers.

Reorganizing these services will allow DHS to close the Cherokee child and adolescent units, the Clarinda adult psychiatric and gero-psychiatric units, the Mt. Pleasant adult and dual diagnosis psychiatric units, and the Mt. Pleasant substance abuse treatment units.

Because funds will be needed to develop appropriate alternative or community placements, the savings in the first year will be \$1.9 million; it is expected to be \$5.4 million annually thereafter. This will result in a savings of \$26,785,950 over a five-year period.