



Mental Health Institute Facility Realignment

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Iowa's MH Service System

- Iowa's mental health (MH) system consists of a variety of providers and services that comprise the array of service need.
- The array of services supports individuals so they experience recovery and live safe, healthy, successful lives in their homes and communities.
- Services are funded by General Fund, Federal Medicaid and County property tax.
- The IHWP covers more than 115,000; 9,200 of which receive behavioral care services on a monthly basis.

The Array of Mental Health Services Iowa Needs

Core Services

- Effective individual, group and family therapies
- Case management and care coordination (Integrated Health Home)
- Co-occurring mental health and substance abuse treatment
- Employment
- Supported Community Living
- Peer and Family Support

Core Plus Services

- Intensive outpatient services
- Assertive Community Treatment (ACT)
- Jail diversion and reentry services
- Intensive Crisis intervention and stabilization

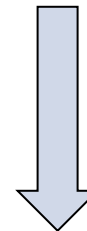
Core Services

- Hospital and residential care

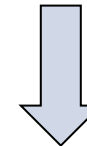
Moderate Conditions



Severe Conditions



Acute Conditions



New and Ongoing MH Service Development

- The range of outpatient treatment and residential settings, and the development of Core Plus services will directly address key gaps that impact the use of inpatient psychiatric care and lengths of stay.
- These include:
 - Comprehensive Facility and Community Based Crisis Services
 - Jail Diversion Services
- 50 crisis beds are in place at 9 community sites with 10 more sites being developed.
- 24 counties have jail diversion in place with 8 more being developed.

What is available today?

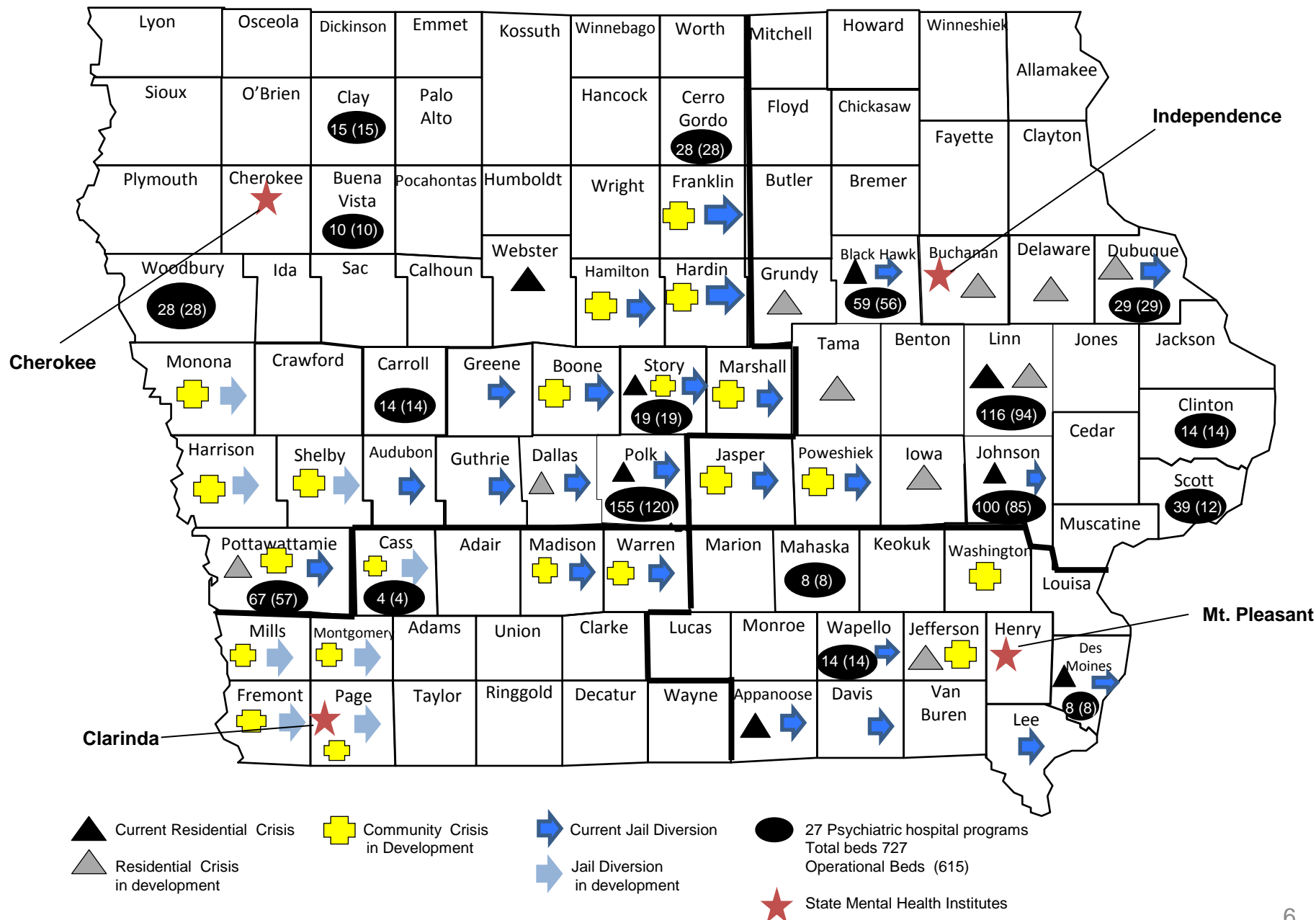
This table shows the programs currently in place or being developed in the current Mental Health Institutes (MHI) catchment areas.

	Inpatient* beds: Licensed (Operational)	Existing Residential Crisis - Facilities (Beds)	Counties with Residential Crisis in Development	Existing Jail diversion	Counties with Jail Diversion in Development	Counties with Community Crisis Services in Development
Cherokee	334 (291)	4 (27)	2	12	3	10
Clarinda	4 (4)**	0	0	2	5	7
Independence	357 (290)	3 (3)	7	5	0	2
Mt. Pleasant	30 (30)	2 (10)	1	5	0	2

* Inpatient beds exclude MHI beds.

**Pottawattamie County has 67(57) Inpatient Beds.

ARRAY OF CORE PLUS AND INPATIENT MENTAL HEALTH SERVICES



MHI Adult Psychiatric Services in the Past

- The original purpose of Cherokee, Clarinda, Independence and Mt. Pleasant was to provide a home for persons with mental illness. These facilities were established between 1861 and 1902. The goal was to provide a safe environment. In the mid-1900's each facility served up to 1,700 persons.
- In 1963, the Community Mental Health Center Act was passed to focus on creating outpatient alternatives to inpatient care. During this time there was a major emphasis on deinstitutionalization. Also during this time the development and use of psychotropic drugs had a major impact on enabling persons to live within the community. The number of MHI beds was further reduced.
- In 1991, following the farm crisis, the MHI program configuration was altered to its present form today with adult inpatient psychiatric at all 4 locations; child inpatient in Cherokee and Independence; gero-psychiatric services at Clarinda and substance abuse services at Mt. Pleasant.
- The 88 adult psychiatric beds today reflects reduced demands for service based on community program development as well as available resources.

Psychiatric Services Today

Facility	Adult Psychiatric			
	Budgeted Beds	ADC YTD ¹	Percent Beds Filled	CY 2013 Per Diem
Cherokee	24	21	88%	\$1,010
Clarinda	15	6	40%	\$857
Independence (IMHI)	40	33	83%	\$1,345 ²
Mt. Pleasant	9	8	89%	\$714
Total MHI	88	68		

1. Average Daily Census (ADC) Year to Date (YTD) is for CY14.

2. Calendar Year 14 (CY) estimate is \$1,062.

Broadlawns Medicaid per diem is \$1,151

University of Iowa Health Clinic Medicaid per diem is \$902

Cherokee and Independence also provide psychiatric treatment for children:

- Cherokee - 12 beds
- Independence - 20 beds

Psychiatric Services Today

Adult psychiatric per diems as well as the annual cost of a bed is a function of the following:

- Co-location and shared costs (less expensive when sharing a campus with Department of Corrections than not)
- The allocation of costs between programs in a facility (costs in psychiatric are allocated to Civil Commitment Unit for Sexual Offenders, substance abuse or gero-psychiatric services)
- Ratio of staff to patients
- Number and type of patients (impacts number and types of staff)
- Numbers and types of staff (clinical medical staff cost more than other staff)
- Physical plant and grounds (impacts utilities, support costs maintenance staff)

Adult Psychiatric Services Realignment

The following result in the need to realign services:

- Difficulties in recruiting clinical staff
- Low utilization of Mt. Pleasant and Clarinda adult psychiatric programs
- Outdated wards and poor configuration
- High cost of beds

Key facts about Mt. Pleasant Adult Psychiatric Services

- Admitted 7 individuals in calendar year 2014 (see Appendix 1)
- ADC 8 out of 9 beds. Annual bed cost = \$260,610
- Catchment area has 30 inpatient beds
- MHDS regions have 2 community crisis programs, 2 residential crisis programs, 1 residential crisis program in development and 5 jail diversion programs.
- Drive distances to IMHI range from 96 from Washington County to 147 miles from Lee county.
- Currently there is no psychiatrist on staff. There is a full time advanced registered nurse practitioner. Weekends and holidays are covered with physicians from other DHS facilities or through physician contractors.

Key facts about Clarinda Adult Psychiatric Services

- Admitted 143 individuals in calendar year 2014. (see Appendix 1)
- ADC 6 out of 15 beds. Annual bed cost = \$312,805
- Catchment area has 71 (67) inpatient beds including Pottawattamie County
- MHDS regions have 7 community crisis programs in development; no residential crisis programs, 2 jail diversion programs and 5 jail diversion in development
- Drive distances to Cherokee Mental Health Institute range from 115 from Cass county to 250 miles from Wayne county.
- Currently there is one psychiatrist on staff who is planning to retire. Evenings and weekends are covered with 2 contract advanced registered nurses practitioners, 1 psychiatrist and 3 psychiatric residents.

Proposed Plan for Adult Psychiatric Services Realignment

- Expand IMHI capacity up to 30 adult beds
- Discontinue adult psychiatric services at Mt. Pleasant and Clarinda starting February 2nd. (Utilize Cherokee Mental Health Institute for Clarinda and Independence Mental Health Institute for Mt. Pleasant)
- Establish a way to assist mental health professionals seeking inpatient psychiatric beds.
- Develop potential strategies with the University of Iowa
- Meet with MHDS Regional Administrators to discuss continued development of core plus services and other coordinative issues.

Mt. Pleasant Substance Abuse Services

Mt. Pleasant has

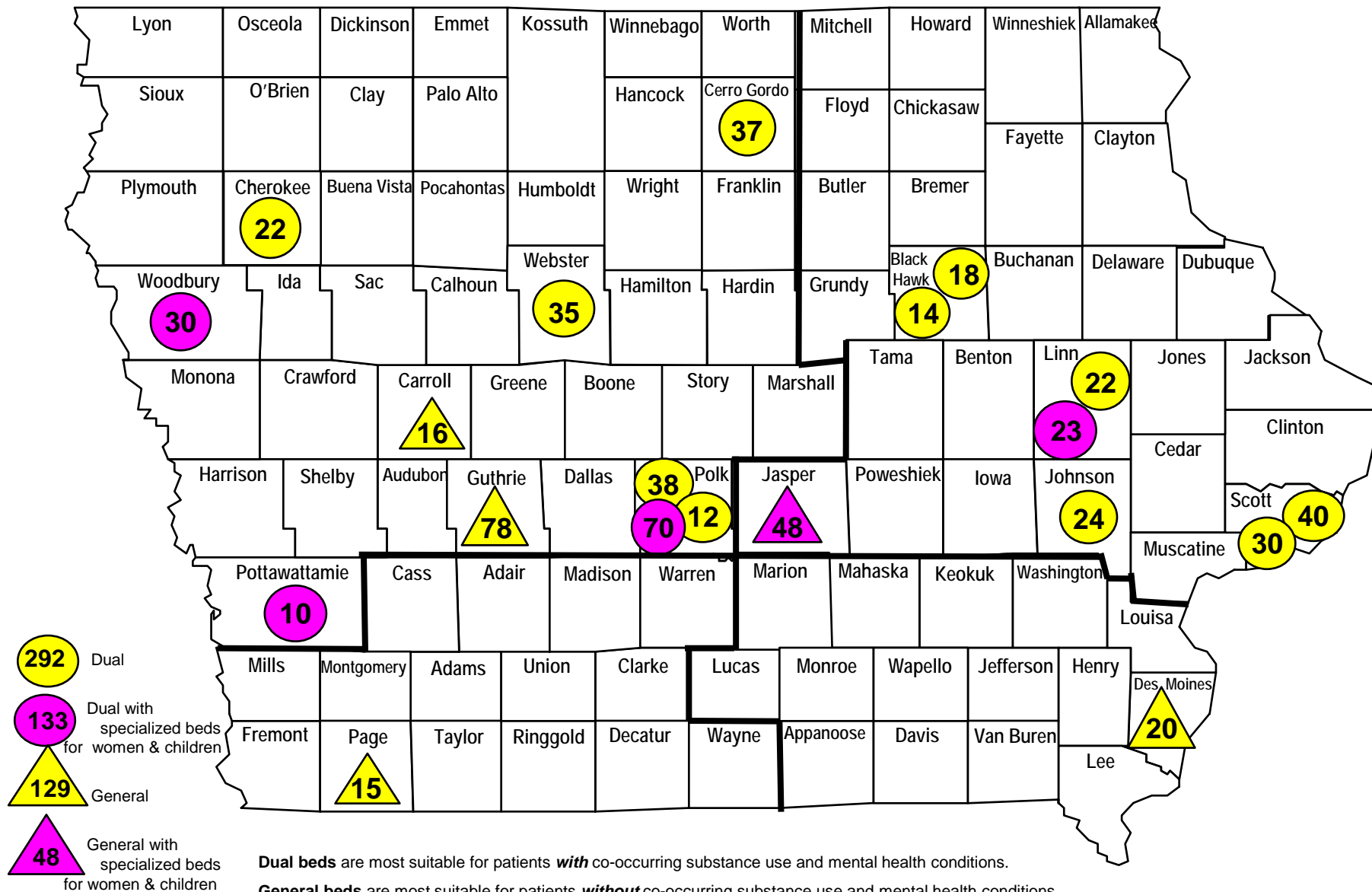
- A 19 bed Dual Diagnosis program that serves individuals with co-occurring psychiatric and substance abuse disorders.
- A 50 bed, 30 day residential substance abuse treatment program.

	Budgeted Beds	CY 2014 ADC	Percent of Beds Filled	CY 2013 Per Diem
Dual Diagnosis	19	12	63%	\$714
Substance abuse	50	32	64%	\$241

What substance abuse services are available today

- Like community-based mental health services, community-based substance abuse services are designed to meet a range of needs.
- There are 602 substance abuse residential treatment beds (181 beds are for women and children)
 - There are 425 are dual substance abuse treatment beds (133 for women and children) Dual beds are best equipped to serve individuals who also have a mental illness.
 - There are 177 are general substance abuse treatment beds (48 for women and children).
- There are 73 outpatient treatment programs.
- These programs are licensed by the Iowa Department of Public Health.
- Detoxification services are offered in any hospital and in 7 additional programs.

Substance Abuse Residential Treatment Services



Dual beds are most suitable for patients **with** co-occurring substance use and mental health conditions.

General beds are most suitable for patients **without** co-occurring substance use and mental health conditions.

Beds for women & children provide specialized treatment and ancillary services for women and their children.

602 TOTAL

Realignment of Substance Abuse Services at Mt. Pleasant

The following result in the need to realign services:

- Difficulties in recruiting clinical staff
- Low utilization which continues to trend down for both the Dual Diagnosis program and the residential treatment program
- Availability of appropriate alternatives
- High cost of beds

Key facts about the Mt. Pleasant Substance abuse programs

Dual Services

- The majority of admitted individuals had stabilized mental illnesses but needed substance abuse treatment. Best practice would not have these individuals served in an inpatient setting.
- In this statewide program, there were 149 admissions in calendar year 2014 with the most coming from Linn, Dubuque and Lee counties.
(see Appendix 2)
- The ADC was 12 and is dropping. This program is net budgeted. There must be an ADC of 14 to achieve the necessary revenue to operate the program.
- The per diem cost is \$714 in comparison to \$131 to \$136 for comparable community-based services.
- IDPH indicates that there is adequate community capacity to meet these needs.

Key facts about the Mt. Pleasant Substance abuse program

Residential treatment services:

- In this statewide program, there were admissions in calendar year 2014 with single greatest number of admissions from Polk county however Polk counties admission rates have decreased 40% in the past calendar year. (see Appendix 3)
- The ADC has dropped 20% over the past 3 years.
- The ALOS is 30 days versus 22 days in the community.
- The per diem cost is \$241 in comparison to \$131 - \$136 for comparable community based services.
- IDPH has shared that there is adequate community capacity to meet these needs.

Proposed Plan for Realignment of Substance Abuse Services at Mt. Pleasant

- Cease admissions to the Dual Diagnosis program on February 2nd.
- Cease admissions to the 30 day residential program May 1st.
- The Iowa Department of Public Health has designated staff that will assist individuals seeking beds to either type of service and will provide referral information.
- Coordinate with community providers to review potential needs.

Gero-psychiatric Services at Clarinda

Clarinda has provided gero-psychiatric services that provide services to individuals with psychiatric conditions that also require nursing level of care.

	Budgeted Beds	Census	Percent of Beds Filled	Per Diem
Gero-psychiatric	20	17	90%	\$742

What Nursing Facility Beds are Available Today?

- There are 429 nursing facilities in the state with approximately 29,955 beds.
- There are 109 beds in nursing facilities for people with mental illness (NF/PMI). The services in these facilities are designed to meet specialized needs of individuals with mental illness.

Realignment of Gero-psychiatric Services at Clarinda

The following result in the need to realign services:

- Due to the difficulty in recruiting clinical staff
- Low utilization
- Outdated wards and poor configuration
- High cost of beds

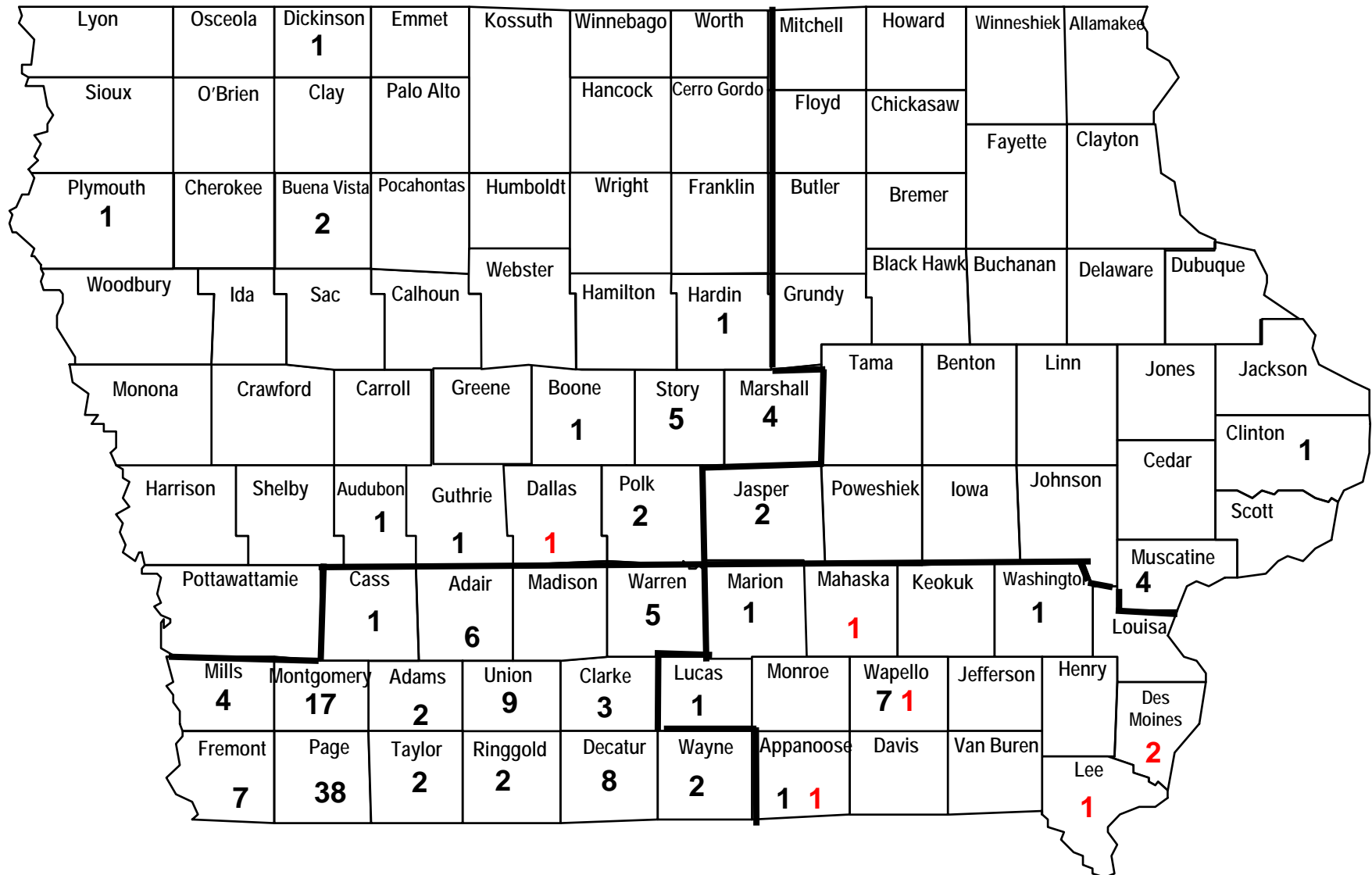
Facts about Clarinda Gero-psychiatric program

- There have been no admissions to the gero-psychiatric program for several months.
- The per diem cost is \$742 versus the \$179 - \$245 cost of the NF/PMI facilities.

Proposed Plan for Realignment of Gero-psychiatric Services at Clarinda

- Patient transfers will occur no later than June 20th.
- The Department will utilize the established interagency Facility in Crisis Team which is an established group that assists nursing facilities who go out of operations find beds for their patients. In addition the Department will coordinate with Iowa Health Care Association and Leading Age.
- DHS will be working with providers to find solutions to meet these individuals' needs.

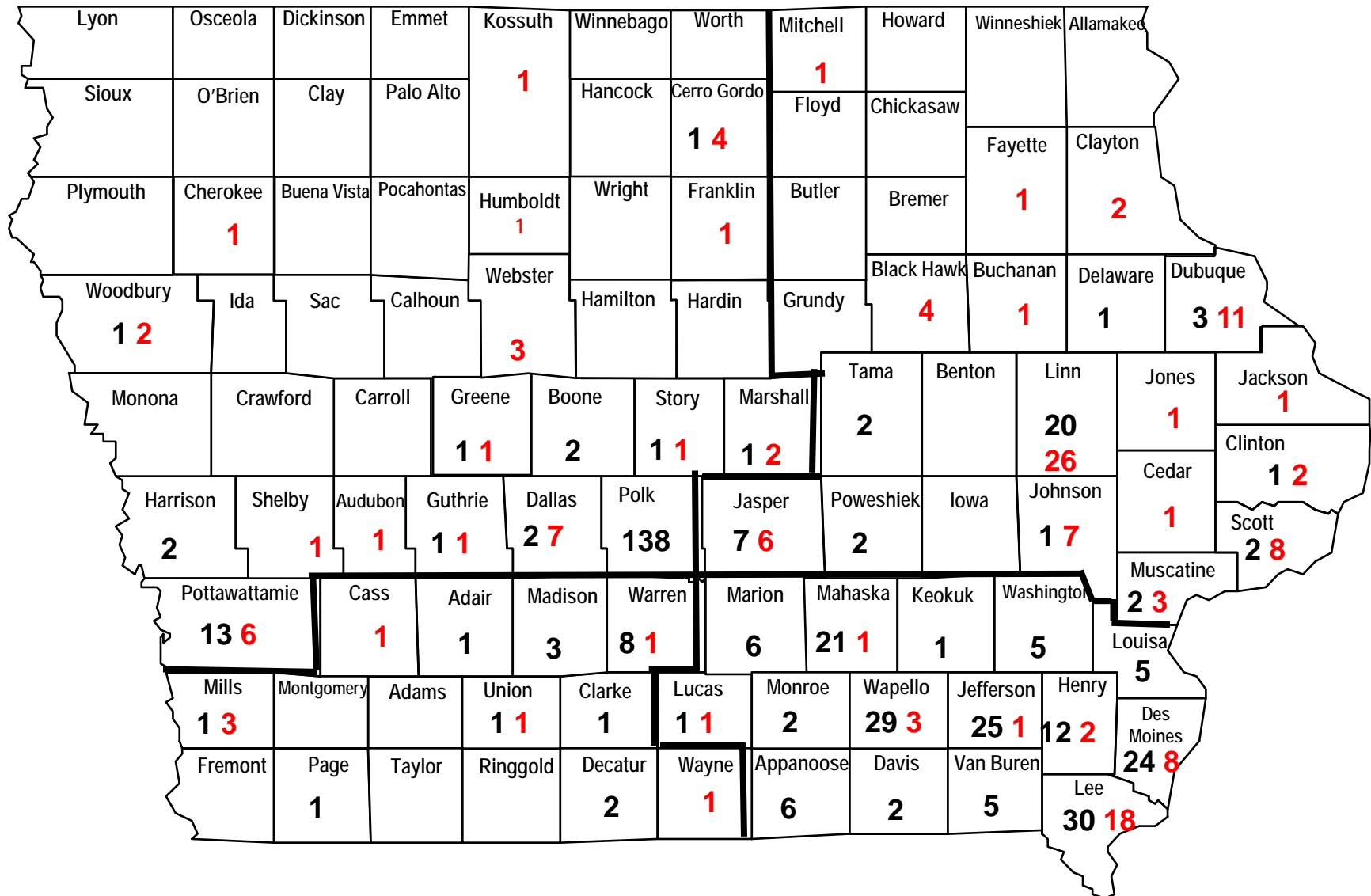
Appendix 1 - Clarinda and Mt. Pleasant Psychiatric Admissions - CY 2014



Clarinda Admissions - 143

Mt. Pleasant Admissions - 7

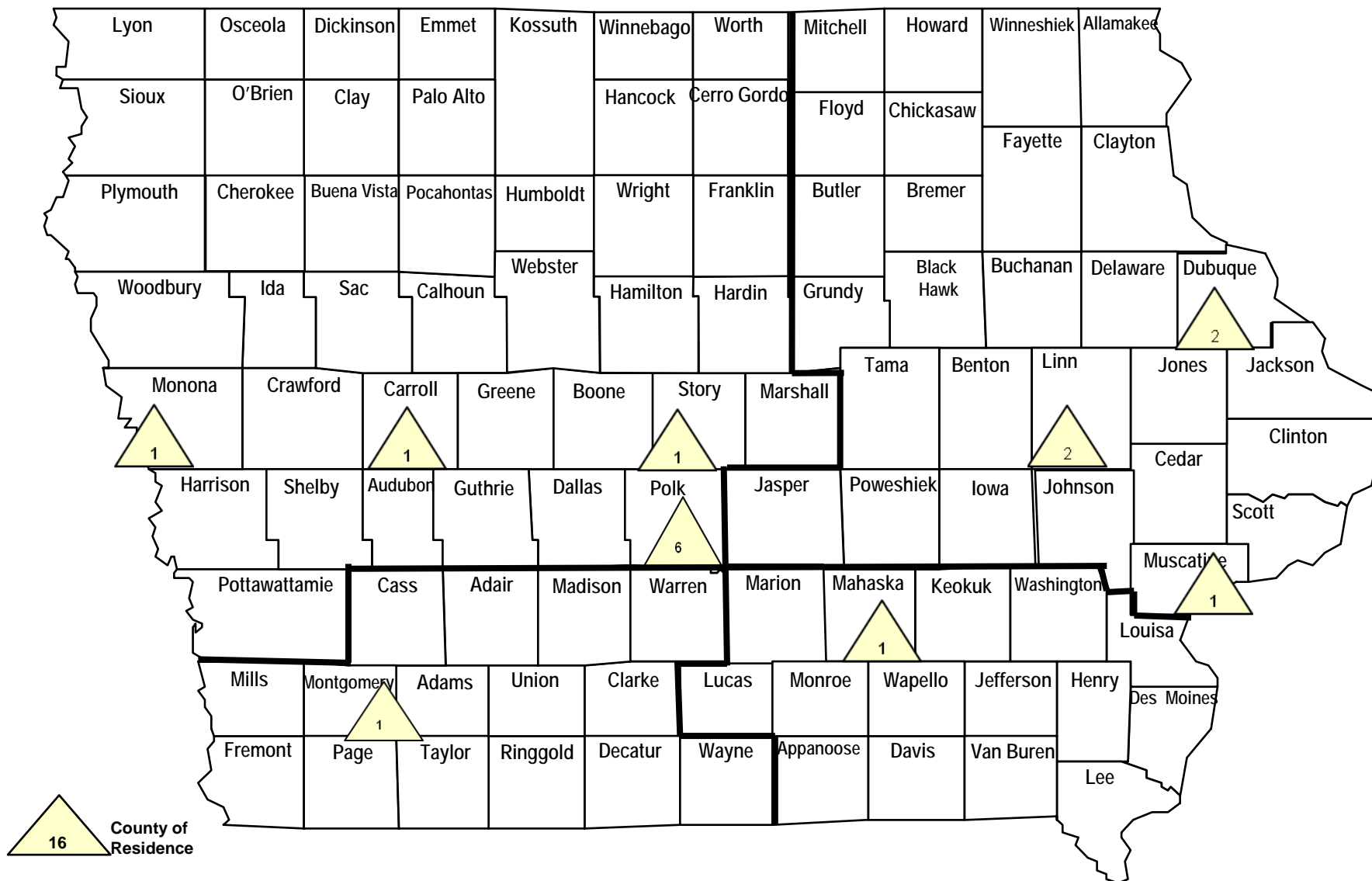
Appendix 2 – Mt. Pleasant Mental Health Institute Substance Abuse and Dual Diagnosis Program Admissions - CY 2014



Dual Admissions – 149 Substance Abuse Admissions – 420

Appendix 3 - CLARINDA GERO-PSYCHAITRIC PROGRAM

COUNTY OF RESIDENCE of EXISTING PATIENTS



1
17 State Case
Total Residents