

OVERVIEW OF THE INDEPENDENCE MENTAL HEALTH INSTITUTE



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Prepared by the Iowa Department of Human Services
Office of the Deputy Director for Field Operations

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Introduction

The Independence Mental Health Institute (MHI) represents one of four state-operated MHIs, with the others being located in Cherokee, Clarinda, and Mount Pleasant. Independence MHI provides critical access to quality acute psychiatric care for Iowa's adults and children needing mental health treatment, and provides specialized mental health-related services, including a Psychiatric Medical Institution for Children (PMIC).

As an integral part of Iowa's mental health service delivery system, Independence MHI provides services to individuals who are unable to receive necessary evaluation or treatment services in the community. MHI's treatment services and programs provide a safe, therapeutic environment for stabilization, allowing individuals to return home as soon as possible.

Independence MHI's purpose is to operate as a regional mental health institute providing:

- Person-centered treatment, training, care, habilitation and support services for individuals with mental illness or a substance abuse problem that support the individual's treatment plan; and
- Facilities, services and other support to the communities located in the region being served by a mental health institute so as to maximize the usefulness of the mental health institutes while minimizing overall costs.

The Iowa Code establishes the purpose, location, general operating requirements, admission requirements, payment responsibilities, and other regulations for the Independence MHI and its sister institutions.

Key chapters include:

- Official Designation and Purpose is outlined in Chapter 226
- Oversight is outlined in Chapter 218
- Hospitalizations and Admissions (Voluntary and Involuntary) are outlined in Chapter 125, Chapter 229, Chapter 812, and Chapter 901
- Payment responsibility is outlined in Chapter 230 and Chapter 331

Independence MHI is licensed as a hospital under Iowa Code §135B, and is also accredited by The Joint Commission (formerly known as the Joint Commission on the Accreditation of Healthcare Organizations).

History

Independence Mental Health Institute is operated by the Iowa Department of Human Services (DHS) and has provided hospital-level care to mentally ill individuals continuously since it opened on May 1st, 1873.

For the first seven decades of its existence, Independence MHI, like many hospitals of that era, was a custodial facility, with individuals being hospitalized and staying for long periods of time. Many spent the greater part of their lives at the Institute.

Progress began shortly after the end of World War II. The really big assist came in 1957, when an enlightened legislature placed emphasis on recruiting qualified professional personnel, in lieu

of stressing more “brick and mortar”. This emphasis, combined with the advent of psychiatric medications in the late 1950’s, led to creating an active treatment program. As individuals’ symptoms and behaviors improved with the help of these new medications, they were able to successfully leave the hospital and reside in community residential facilities. Because of this, the Institute’s population decreased from 1,800 individuals in 1946 to around 300 by 1970.

Further significant changes occurred at the Institute because of the state’s budget shortfalls during the last two recessions. In 1990-1991, the budget cuts led to closure of the Institute’s psychogeriatric program and its substance abuse program. Since 1991, the Institute has served adults in the adult psychiatric program from 28 counties in northeast Iowa and children and adolescents from 43 counties in eastern Iowa.

The recession of 2002-2003 led to an overall 38.3 % reduction in the operational beds throughout the State, with a 44 % decrease at the Institute. Since 2002, the Institute has operated 65 acute care beds and 30 PMIC beds. Independence offers complete inpatient services for all diagnostic categories for children, adolescents, and adults. The hospital admits individuals seven days a week with a physician being available on the campus at all times. Currently, 58 % of the Institute’s population is under eighteen (18) years of age.

Clinical programs at the Institute during the past two decades have focused on improving and enhancing services for mentally ill children and adolescents. A locked ward for juveniles was created in 1989, to improve the care of minors who required observation in a secure setting because of concern of harm to self or others.

In the 1990’s, the acute care beds were often occupied with children who had reached maximum hospitalization benefits, but were not yet acceptable for a community-based residential program. This then created a backlog for admission to the acute care wards. This problem was solved with considerable assistance from a knowledgeable legislator who envisioned creation of a Psychiatric Medical Institution for Children (PMIC) program operated by the state at Independence MHI, so that MHI could provide a fuller continuum of care for these needy children. This program opened in 1998 as a step-down program for children and adolescents from the acute care wards at Independence MHI and Cherokee MHI, and from Iowa Juvenile Home at Toledo, who have been refused by community-based PMICs.

The Institute is able to serve these individuals at a PMIC level because of the availability of rapid transfer to acute care wards when a child on the PMIC Unit becomes a danger to self or others. Such transfers from the PMIC Unit to the acute care wards were for many years considered intramural transfers. However, a new medical record electronic system adopted by the state in 2007 does not permit such transfers between two distinct levels of care (i.e., acute care and PMIC level). This has led to an artificial increase in admissions and discharges (with its accompanying issues related to Global Assessment of Functioning (GAF) scores and readmission rates).

The therapeutic effort throughout the hospital is a comprehensive one, ranging from the use of medication to psychotherapy to various types of activity-therapies. In fact, the total hospital environment is utilized and it is intended that there be a variety of interpersonal transactions of a potentially therapeutic nature. Each person has an individual treatment plan which focuses on one's problems and also takes into account one's assets. The major aspects of the plan include

physical, psychological, educational/vocational, and social/cultural, thus making it very inclusive. Each individual has a number of rights and privileges, which safeguard one's personal dignity and respect one's cultural, psychosocial, and spiritual values. Staff members are, in fact, seen as advocates and are charged with seeing to it that these rights and privileges are protected. One of these rights, for example, speaks to the individual taking part in formulating his or her treatment plan, together with staff members, and this is encouraged.

The Institute has several programs aimed at combating stigma associated with mental illness:

- A well-organized public tour program operated by the Institute with approximately 2,000 individuals touring the campus each year.
- A Speaker's Bureau which makes the Institute staff available to community facilities and community civic organizations for subjects related to various mental illnesses and the treatments for these illnesses.
- The campus is regularly utilized by school children from the Independence School District for sports activities, speech and drama club practices and by citizens from Independence for walking, bicycling, and other physical activities on our grounds.
- A family-education program which helps families understand the illness of their family member and encourages their active participation in the treatment and rehabilitation process.

In addition, the Institute has a long-standing tradition of being a teaching hospital. From 1960 to 1984, the Institute offered a three-year Psychiatry Residency Program accredited by the American Medical Association for physicians specializing in psychiatry. In the 1970's, the Institute provided clinical clerkship in psychiatry for medical students from University of Iowa College of Medicine, with several Institute psychiatrists having adjunct faculty appointments in the Department of Psychiatry at the College of Medicine. In that era, the Institute also had clinical pastoral education for Catholic and Protestant clergy. In the 1970's and 1980's, senior dental students from College of Dentistry in Iowa City and dental assistant students received practical experience in our Dental Department. From 1970 to 1991, the Institute had a robust one-year accredited training program for substance abuse counselors, which ended when the Institute's Substance Abuse Program was closed in 1991.

Currently, clinical training programs in several disciplines are available. Clinical rotations in psychiatry are available for medical students, physician assistant students, and student nurses. Training programs are also available for students in other disciplines (psychology, social work, dental hygienist, medical records technician, etc.).

Independence MHI is fully accredited by The Joint Commission, with the last survey occurring in January 2007. The Institute is also certified by the Centers for Medicare and Medicaid Services for participation in the Medicare program, with the last survey occurring in October 2007.

The focus during hospitalization today is to rapidly treat individuals' acute symptoms so that they can be promptly returned to their local community for appropriate aftercare. Half of the individuals admitted are discharged in 37 days or less. Only 20 out of 321 individuals discharged from the three acute service programs during Fiscal Year (FY) 2009 had stayed longer than six months.

Individuals served by the Institute are some of the most difficult to treat, having had multiple treatment failures in community treatment programs. The Institute is the “provider of last resort” and a safety net for seriously mentally ill individuals who cannot be served in the local community either because of their symptoms or because they are uninsured.

Today

Operational Beds

During FY2009 and year-to-date in FY2010, Independence MHI has sustained an operating capacity of 95 beds as shown in Table 1, representing 33.1 % of the total operational MHI beds in the State. This level has been sustained despite a 1.5 % across the board budget reduction, and an additional 2.0 % reduction in operating budgets in FY2009, as well as an additional 4.8 % and 6.5 % reduction in FY2010.

Table 1
Independence Operational Bed Capacity, FY2010

Program	# of Beds	% of State MHI beds
Adult	40	33.3 %
Child	15	71.4 %
Adolescent	10	62.5 %
PMIC	30	100.0 %
MHI Total Beds	95	33.10 %

It is important to note how the beds are configured between open and locked wards as shown in Table 2. The use of open or locked wards is based on need and physical plant.

Table 2
Independence Operational Bed Configuration, FY2010

Program	Open Wards		Locked Wards		Sex
	Ward	Beds	Ward	Beds	
Adult	-	-	Ward R	25	Male
			Ward 21	15	Female
Child	CCU	15	-	-	Coed
Adolescent	-	-	Ward T	10	Coed
PMIC	PMIC	30	-	-	Coed
MHI Total Beds	45		50		

Buildings and Grounds

Independence MHI has 615,034 square feet of building space in campus buildings and structures. In addition, the campus is situated on 276.6 acres of land as shown in Table 3. Of these acres, 70.4 are farmed by the Department of Corrections.

Table 3
Independence Acreage and Square Footage, FY2010

Facility	Total Acres	% of State MHI Acreage	Acres Farmed by DOC	Square Footage of Buildings and Structures	% of State MHI Square Footage
Independence	276.60	39.2 %	70.40	615,034	32.6 %

Appendix A contains a map of the Independence campus.

Appendix B contains a detailed table of the square footage and current status of the various buildings on campus.

Leased Space

Independence MHI currently leases space to other agencies/entities as noted in Appendix C. Note that the MHI's generated income from leases includes the entire value of the lease, inclusive of rent charges and provision of services.

Training & Community Involvement

Independence MHI has a long-standing tradition of being a teaching hospital. Clinical training programs in several disciplines are available. Clinical rotations in psychiatry are available for medical students, physician assistant students, and student nurses. Training programs are also available for students in other disciplines (psychology, social work, dental hygienists, medical records technician, etc.).

Independence MHI offers periodic educational conferences to mental health providers and educators across the state. During the past ten years, 24 conferences have been held on topics covering a variety of mental health issues; providing education (as well as continuing education credits) to 1,344 participants.

The Institute staff are actively involved with their home community of Independence. Two employees are members of the Chamber of Commerce Ambassadors and one was the President of the Chamber of Commerce in the recent past. Currently, two employees are on the seven-member Independence City Council, with one of them serving as Mayor Pro-Tem. Two employees are on the five-member Independence Community School Board, with one serving as the Vice President of the Board. Two staff members are on the Independence Light, Power and Telecommunications Cable Television Programming Committee, with one serving as the Chair. Students from the Independence Community School District participate in numerous athletic activities on the campus.

The Institute has several community programs aimed at combating stigma associated with mental illness. There is a well-organized Speakers Bureau which makes the Institute staff available to community facilities and community civic organizations for subjects related to various mental illnesses.

A well-organized tour program is very popular with numerous school and civic organizations in northeast Iowa. Approximately 2,000 individuals tour the campus each year through this program.

The Institute is an integral part of the Buchanan County Emergency Management Program. The Institute's Volunteer Fire Department interacts with other nearby fire departments and the facility offers training site for numerous fire training exercises conducted for the benefit of the local fire departments. The Institute is a key component of the disaster exercise required by Federal Emergency Management Agency (FEMA) authorities for the Duane Arnold Energy Center at Palo, Iowa's only nuclear power plant.

The Institute has 276.97 employees. 203 of these employees reside in Buchanan County, with 150 residing in the city of Independence. Employees also reside in seven surrounding counties. In addition, approximately 20 individuals provide services as consultants, vendors, or intermittent employees. The payroll for MHI employees amounted to over \$19 million for FY2009. Thus, there is a marked impact on the local community because of Institute employees.

Appendix D contains a detailed listing of the various ways in which Independence MHI provides training for, and interacts with, the local community.

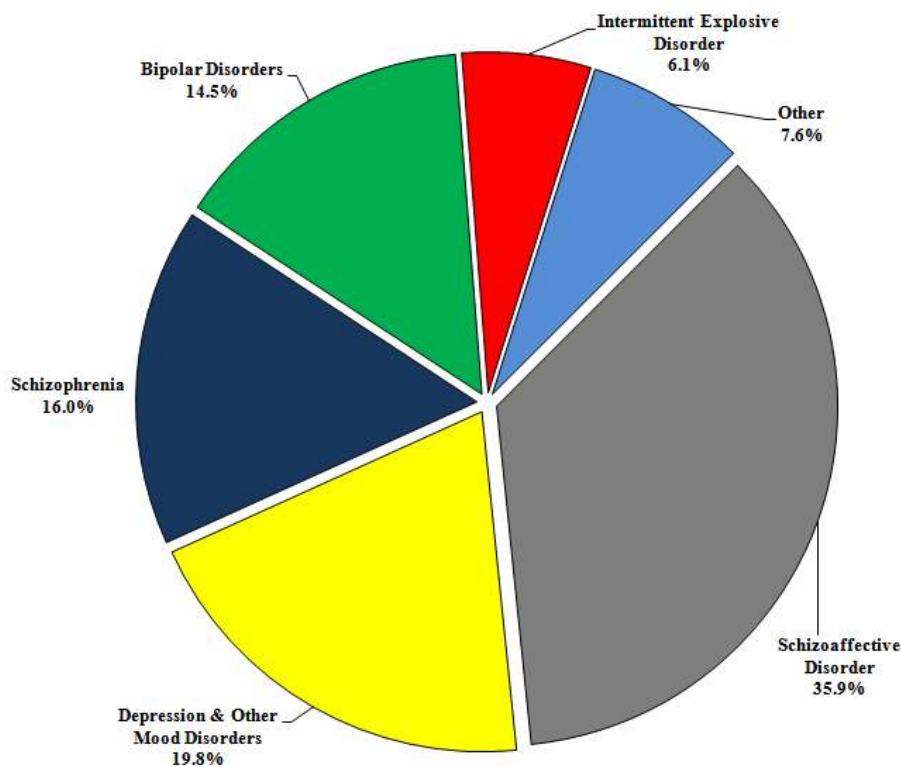
Populations Served

Diagnosis

Adult admissions to Independence MHI typically have one or more diagnoses that would be described as serious and chronic in nature. These include schizoaffective disorder, depression and other mood disorders, schizophrenia, bipolar disorders, intermittent explosive disorder, and others. Many of these individuals have co-occurring mental illness and substance abuse and a small percentage have a dual mental illness/mental retardation diagnosis.

Principal diagnoses of individuals admitted to Independence's adult psychiatric program in FY2009 are illustrated in Chart 3. FY2009 is similar to previous years in terms of trending.

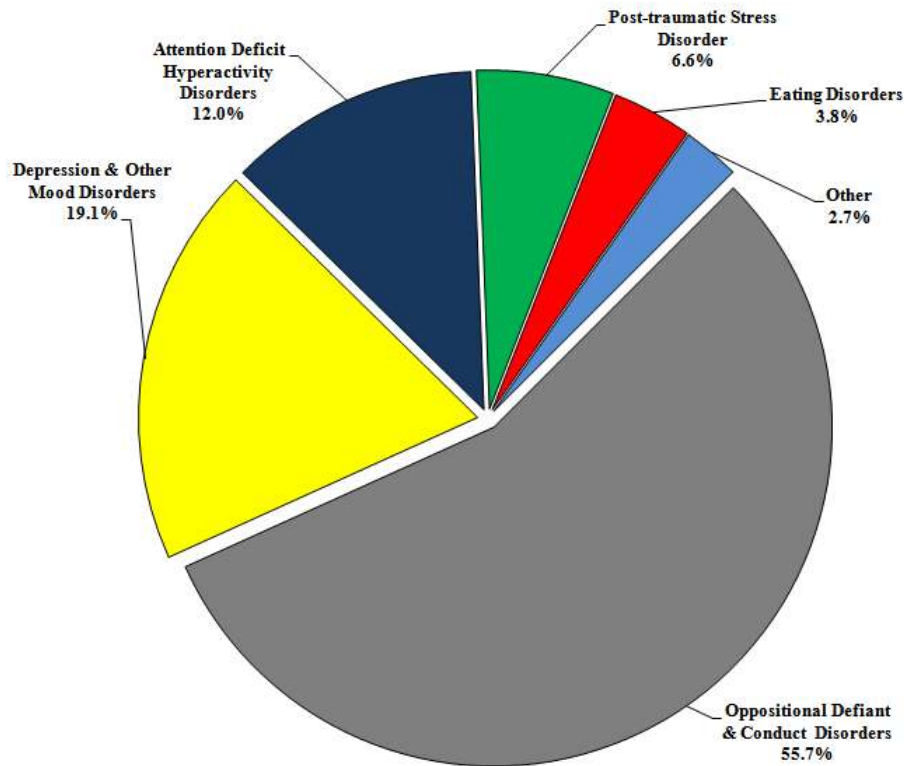
Chart 3
Independence Principal Diagnosis at Time of Admission, Adult Psychiatric, FY2009



Child and adolescent admissions to Independence MHI typically have diagnoses such as oppositional defiant and conduct disorders, depression and other mood disorders, attention deficit and hyperactivity disorders, post-traumatic stress disorder, eating disorders, and others.

Principal diagnoses of individuals admitted to Independence’s child and adolescent psychiatric program in FY2009 are illustrated in Chart 4. FY2009 is similar to previous years in terms of trending.

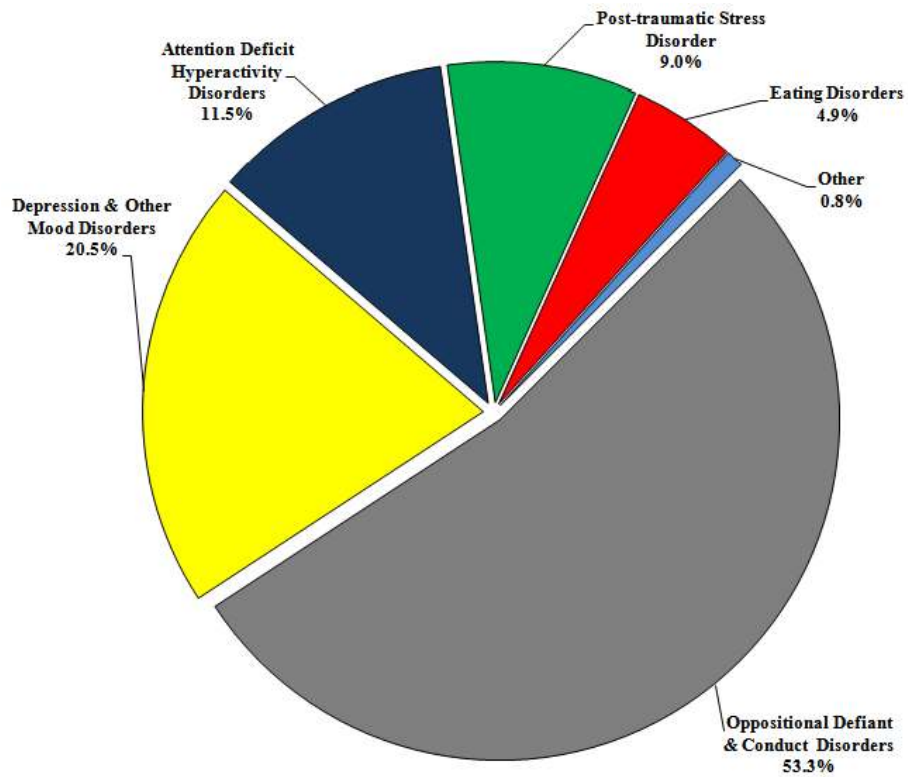
Chart 4
Independence Principal Diagnosis at Time of Admission, Child & Adolescent Psychiatric, FY2009



PMIC admissions to Independence MHI typically have diagnoses such as oppositional defiant and conduct disorders, depression and other mood disorders, attention deficit and hyperactivity disorders, post-traumatic stress disorder, eating disorders, and others.

Principal diagnoses of individuals admitted to Independence’s PMIC program in FY2009 are illustrated in Chart 5. FY2009 is similar to previous years in terms of trending.

Chart 5
Independence Principal Diagnosis at Time of Admission, PMIC, FY2009



Commitment Type

The majority of the individuals admitted to Independence MHI are involuntarily committed by the court because of their danger to self or others. The percentage of individuals involuntarily committed is noted in Table 4.

Table 4
Independence Involuntary Commitments by Program, FY2009

Program	Independence
Adult	84.7 %
Child	61.2 %
Adolescent	87.9 %
PMIC	85.2 %
MHI Overall	82.1 %

Additional admissions include court orders to complete an evaluation of individuals who have committed a crime to determine competency to stand trial (Iowa Code §812). Such evaluations are also performed by the Department of Corrections at the Iowa Medical & Classification Center. Community providers may perform an evaluation if the court determines an individual does not pose a threat to public peace or safety and is eligible for pre-trial release. Also, the Court may order to an MHI an individual who has been found to be not guilty by reason of insanity (Iowa Rule of Criminal Procedure 2.22).

Referral Sources

Of the total admissions in FY2009, 38.3 % of the referrals made to Independence MHI came from family members/relatives of the individual, with specific program breakdowns shown in Charts 6 through 9.

Chart 6

Independence Adult Referral Sources, FY2009

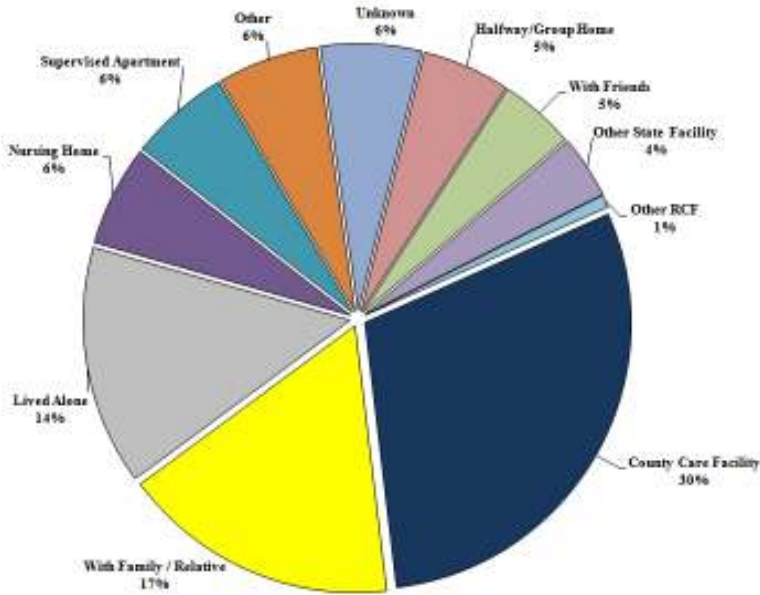


Chart 7

Independence Child Referral Sources, FY2009

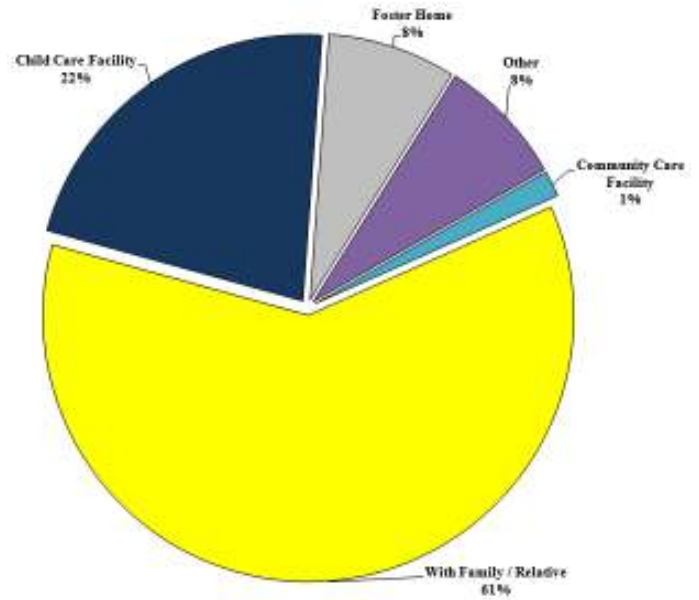


Chart 8

Independence Adolescent Referral Sources, FY2009

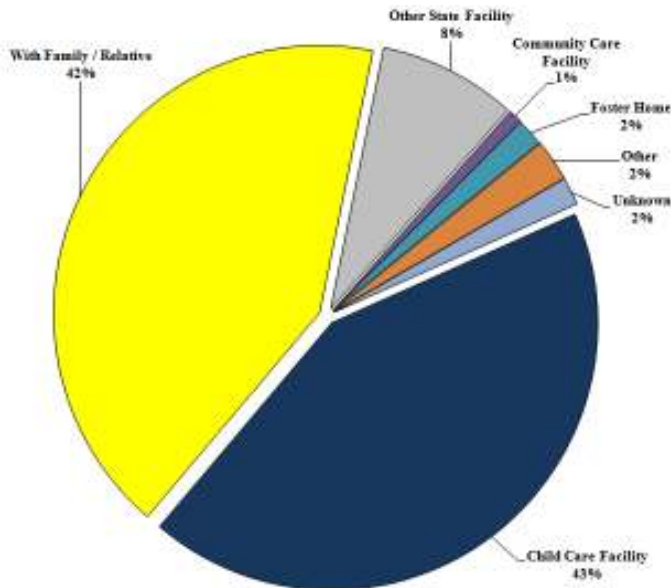
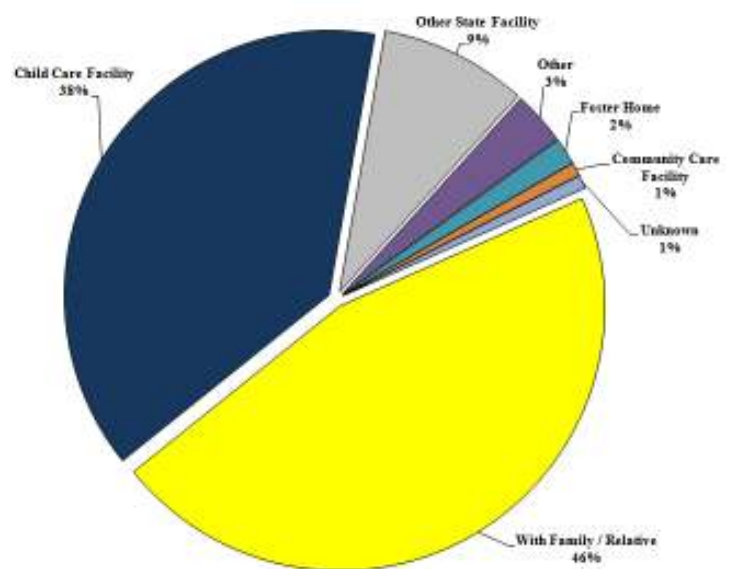


Chart 9

Independence PMIC Referral Sources, FY2009



Key Demographics of Individuals Served in FY2009

Adult Psychiatric

Of the FY2009 adult psychiatric admissions, males accounted for 64.9 % and females for 35.1 %; this percentage has remained relatively consistent as shown in Chart 10. In FY2009, 84.7 % of individuals were involuntarily admitted, and this percentage has increased 10.6 % since FY2000 as shown in Chart 11.

Chart 10

Independence Adult Admissions, by Sex

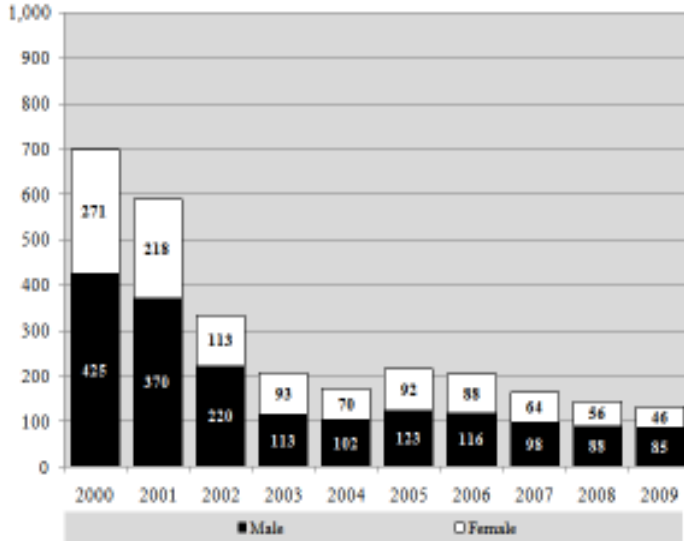
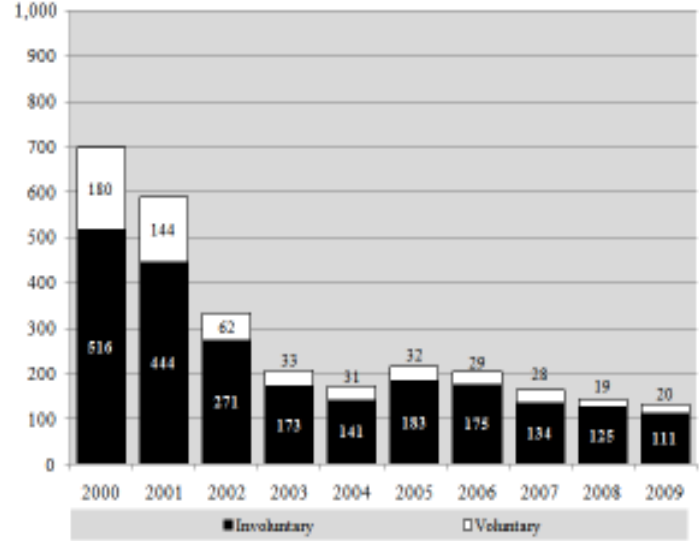


Chart 11

Independence Adult Admissions, by Legal Status



The average age at time of admission was 37.5 years in FY2009, with adult psychiatric admissions ranging in age from 18 to 69 years of age as shown in Chart 12. In FY2009, 86.3 % of adults admitted were white, non-Hispanic as shown in Chart 13.

Chart 12

Independence Adult Admissions, by Age

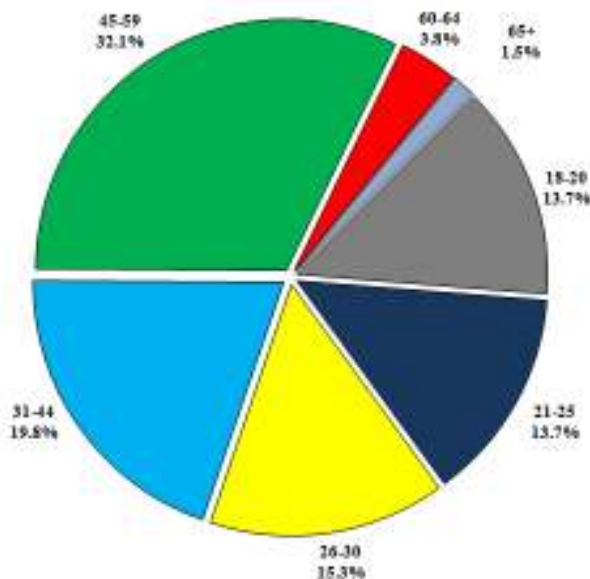
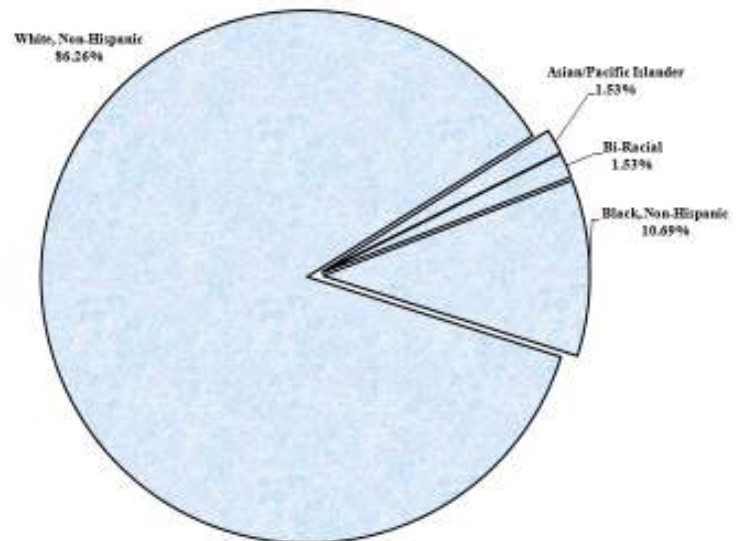


Chart 13

Independence Adult Admissions, by Ethnicity



Child Psychiatric

Of the FY2009 child psychiatric admissions, males accounted for 59.7 % and females for 40.3 %; this percentage has remained relatively consistent as shown in Chart 14. In FY2009, 61.2 % of individuals were involuntarily admitted, and this percentage has decreased 29.2 % since FY2000 as noted in Chart 15.

Chart 14

Independence Child Admissions, by Sex

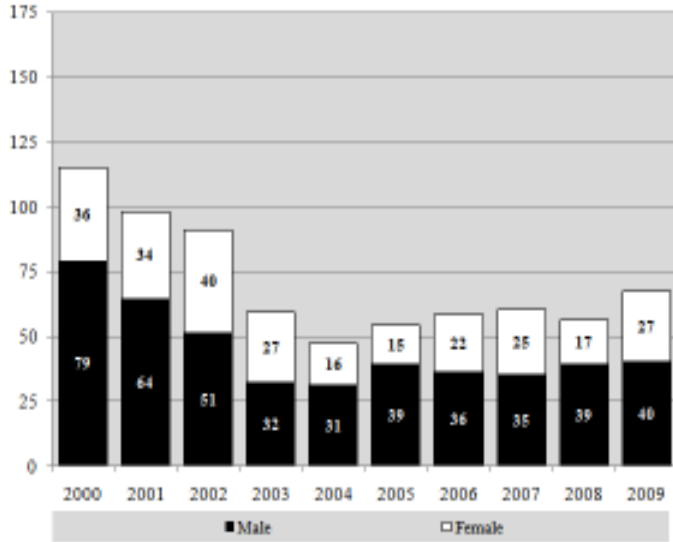
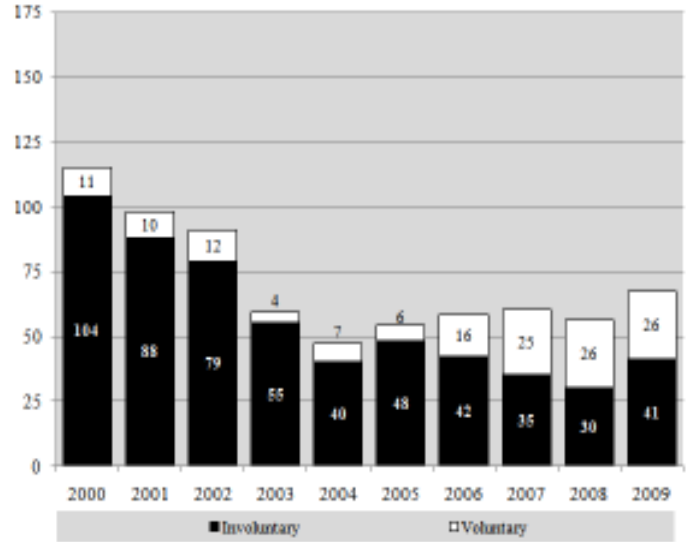


Chart 15

Independence Child Admissions, by Legal Status



The average age at time of admission was 12.5 years in FY2009, with child psychiatric admissions ranging in age from 7 to 15 years of age as shown in Chart 16. In FY2009, 87.5 % of children admitted were white, non-Hispanic as shown in Chart 17.

Chart 16

Independence Child Admissions, by Age

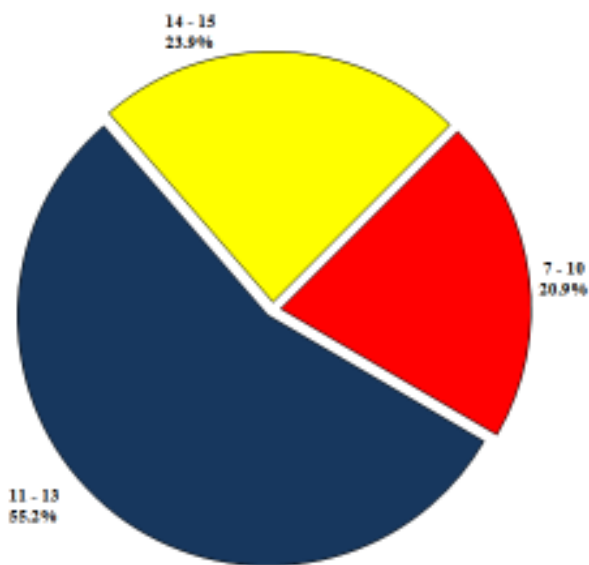
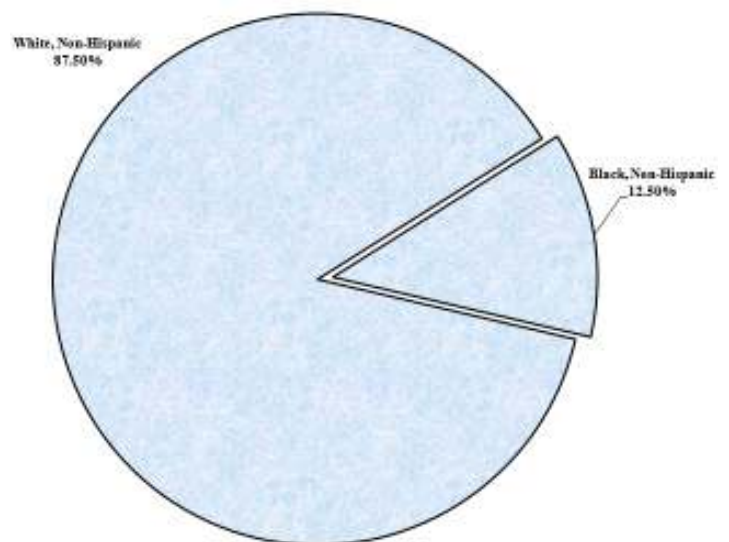


Chart 17

Independence Child Admissions, by Ethnicity



Adolescent Psychiatric

Of the FY2009 adolescent psychiatric admissions, males accounted for 52.6 % and females for 47.4 %; this percentage has remained relatively consistent as shown in Chart 18. In FY2009, 87.9 % of individuals were involuntarily admitted, and this percentage has decreased 5.9 % since FY2000 as noted in Chart 19.

Chart 18

Independence Adolescent Admissions, by Sex

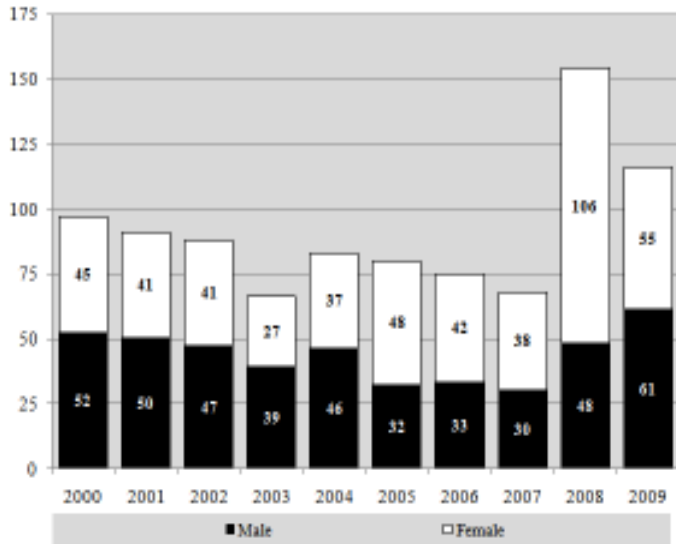
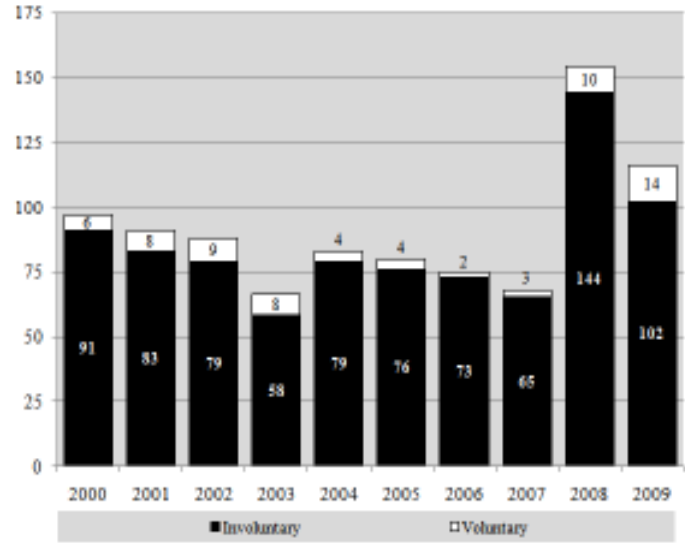


Chart 19

Independence Adolescent Admissions, by Legal Status



The average age at time of admission was 15.1 years in FY2009, with adolescent psychiatric admissions ranging in age from 11 to 17 years of age as shown in Chart 20. In FY2009, 80.7 % of adolescents admitted were white, non-Hispanic as shown in Chart 21.

Chart 20

Independence Adolescent Admissions, by Age

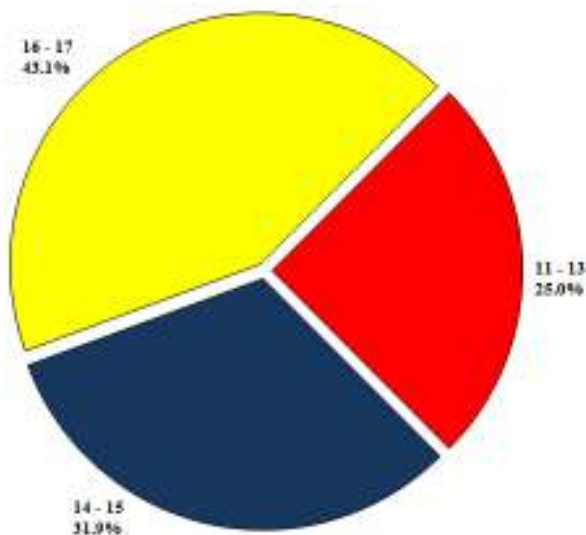
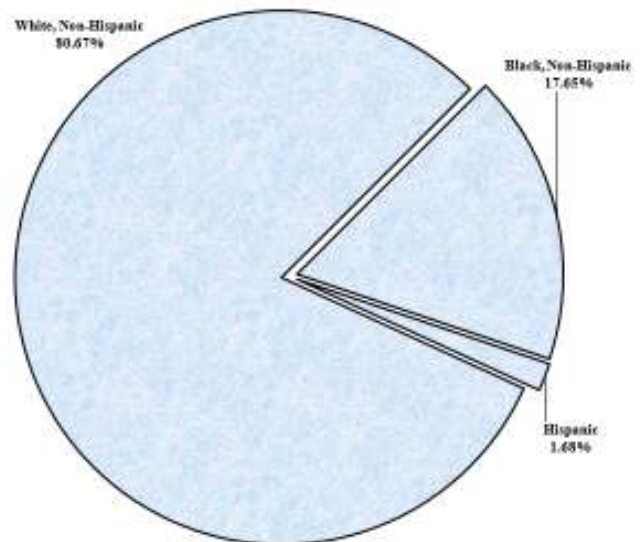


Chart 21

Independence Adolescent Admissions, by Ethnicity



PMIC

Of the FY2009 PMIC admissions, males accounted for 54.9 % and females for 45.1 %; this percentage has remained relatively consistent as shown in Chart 22. In FY2009, 85.2 % of individuals were involuntarily admitted, and this percentage has decreased 13.8 % since FY2000 as noted in Chart 23.

Chart 22
Independence PMIC Admissions, by Sex

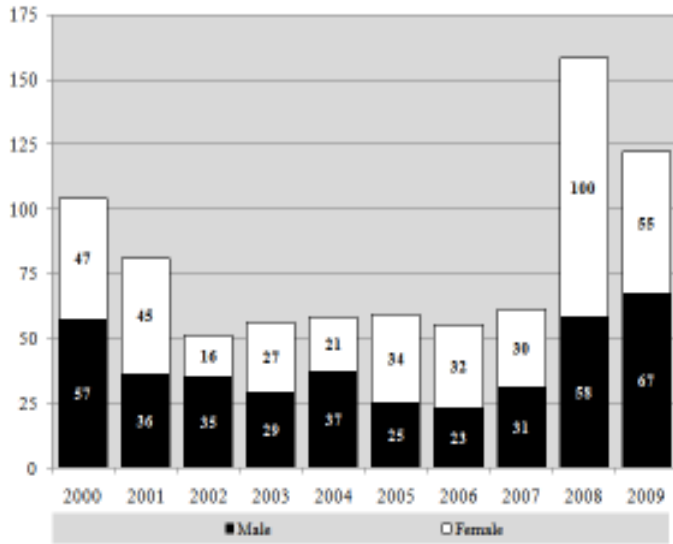
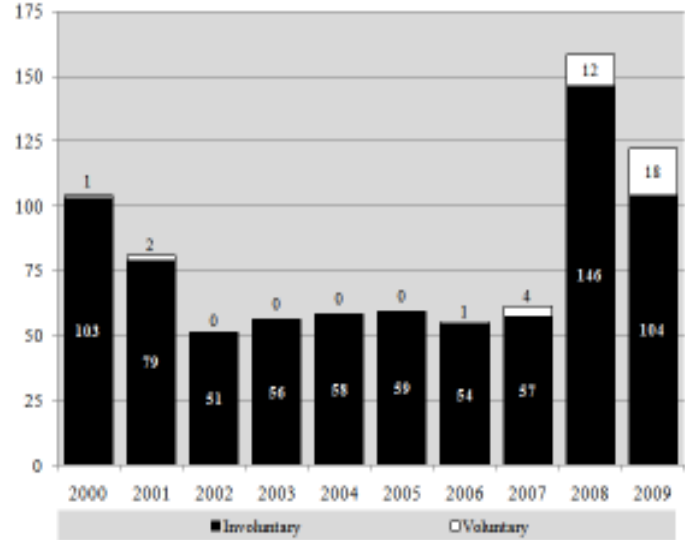


Chart 23
Independence PMIC Admissions, by Legal Status



The average age at time of admission was 14.4 years in FY2009, with PMIC admissions ranging in age from 9 to 17 years of age as shown in Chart 24. In FY2009, 80.3 % of individuals admitted to the PMIC program were white, non-Hispanic as shown in Chart 25.

Chart 24
Independence PMIC Admissions, by Age

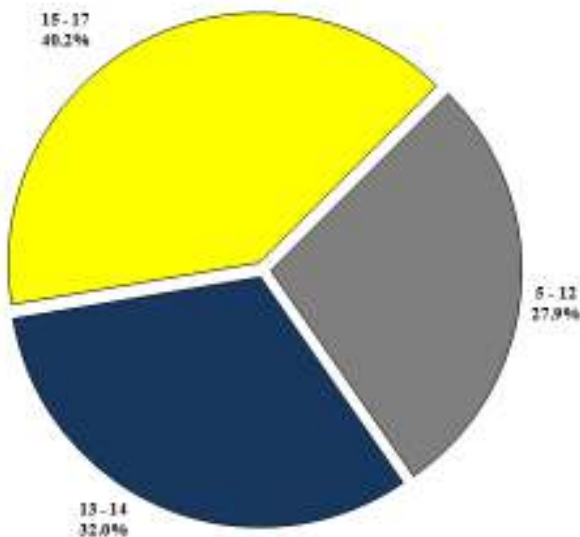
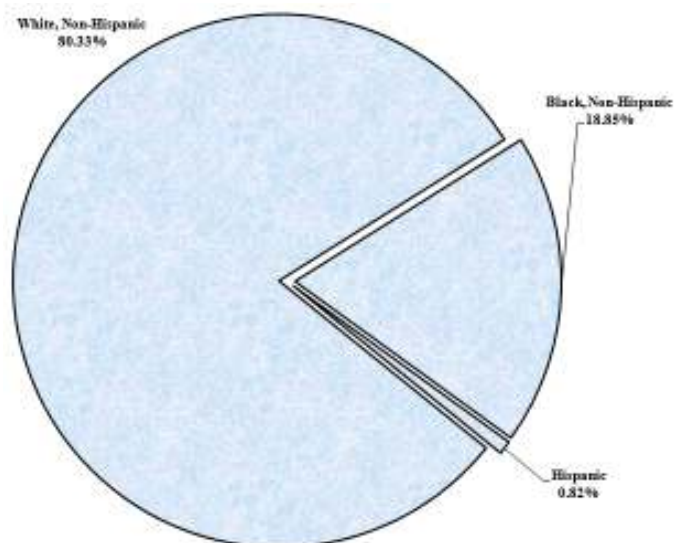


Chart 25
Independence PMIC Admissions, by Ethnicity

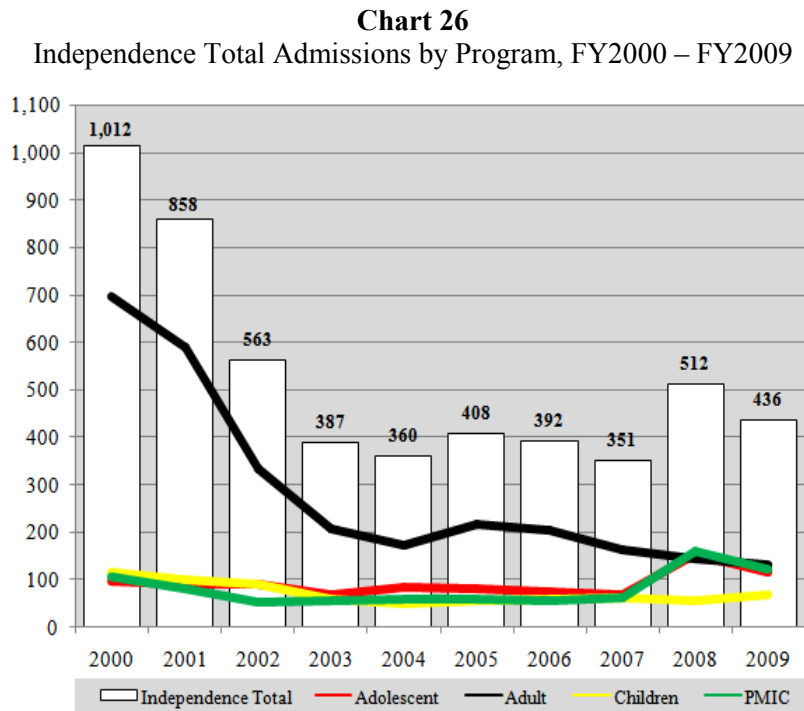


Admission Trends

Typically, Independence MHI admissions come from counties within its individual catchment area. However, the MHI does admit from counties outside its catchment area when there is a bed shortage in the originating MHI’s catchment area. Use of the adult psychiatric and child and adolescent beds are directly related to the availability of alternative community-based treatment options.

In FY2009, the Independence MHI performed one (1) court-ordered evaluation for an individual to determine competency to stand trial.

There has been a 56.9 % decrease in admissions (from 1,012 to 436) during the past ten years as illustrated in Chart 26. The decrease in admissions is largely attributed to the corresponding 44 % decrease in operational capacity that occurred at Independence MHI in 2002-2003.



It should be noted that the majority of the increase in the adolescent psychiatric and PMIC programs is attributable to a change in the way the Department records admissions. Specifically, the MHI’s adolescent program often transfers individuals no longer needing acute psychiatric treatment to their PMIC unit. Beginning in FY2008, the Department now calculates these transfers out of the program as discharges and admissions to the adolescent or PMIC programs, respectively.

Individual program admissions have increased/decreased as noted in Table 5:

Table 5
Independence Change in Admissions, by Program, FY2000 – FY2009

Program	Increase / Decrease
Adult	(81.2 %)
Child	(41.7 %)
Adolescent	19.6 %
PMIC	17.3 %
MHI Overall	(56.9 %)

Appendix E identifies the counties of admission to the Independence MHI programs, listed both by utilization rates per 100,000 (based on 2005 estimated census data) and number of admissions.

For FY2010, it is estimated that Independence MHI admissions will stay fairly constant; however this is largely dependent on local capacity to continue to serve individuals with challenging and complex issues.

Restraint & Seclusion Reductions

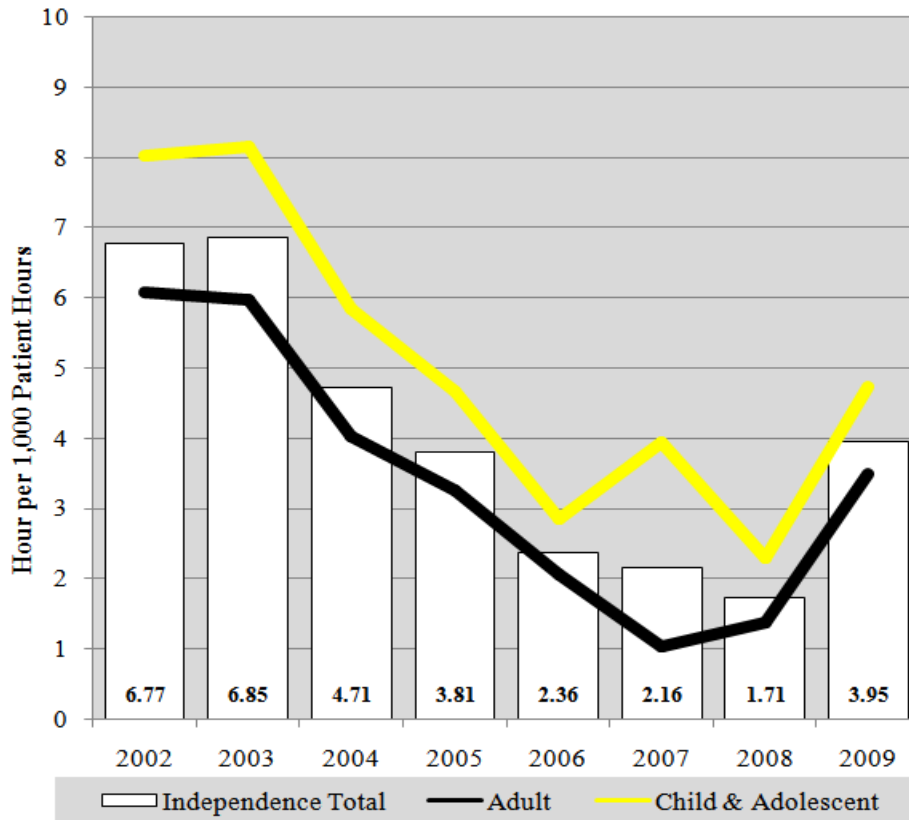
The State of Iowa is committed to ensuring the safety and dignity of those served at its state-operated facilities, and to this end, the DHS has worked closely with Independence MHI to identify and implement today’s standards of practice that are reflective of this commitment to eliminate the use of restraint and seclusion (R&S).

By utilizing a standard calculation, it is possible to demonstrate how the commitment to restraint and seclusion elimination has resulted in lower instances of this emergency intervention. The R&S Rate per 1,000 Patient Hours measures the use of restraint and seclusion against a standard measure to correct for fluctuations in number of individuals being served at any given time.

The DHS monitors the R&S Rate per 1,000 Patient Hours for each program within the MHI by dividing the total number of hours of restraint and seclusion utilized in a given reporting period by the total number of inpatient hours (divided by 1,000) during that same reporting period.

In FY2009, the R&S Rate per 1,000 Patient Hours for the Independence MHI was 3.95, representing an overall decrease in restraint and seclusion rate of use of 41.6 % since FY2002 as illustrated in Chart 27.

Chart 27
Independence R&S Rate per 1,000 Patient Hours, FY2002 – FY2009



Lengths of Service

The length of service or stay within a program is a key measure for understanding some of the trends involving the type of individual served and the availability of step-down services or lower levels of care. Length of service is affected by the acuity of the individual and the availability of an appropriate discharge placement.

The average length of service (ALOS) is increased when discharge cannot occur because an appropriate level of care cannot be located. A single extended length of service for an individual can impact the average length of service, as noted in Table 6's illustrative example. Therefore, the median length of service (MLOS) is provided to illustrate a value that excludes the outliers on either end of the length of service spectrum. The median length of service represents the middle value when arranging the lengths of service from shortest to longest.

Table 6
Example Average vs. Median Length of Service Comparison

Individual	Length of Stay (days)
A	3
B	8
C	15
D	31
E	146
AVERAGE	41
MEDIAN	15

Key impacts on the length of service include the individual's acuity level, commitment status, and personal resources and supports, and the capacity and availability of community based services.

Adult Psychiatric

In the past ten years, the average length of service for individuals served in Independence’s adult psychiatric program has increased 163.6 %, from 44 days in FY2000 to 116 days in FY2009 as illustrated in Chart 28. During that same reporting period, the median length of service has increased 228.6 %, from 14 days in FY2000 to 46 days in FY2009 as illustrated in Chart 29.

Chart 28

ALOS – Independence Adult, FY2000 – FY2009

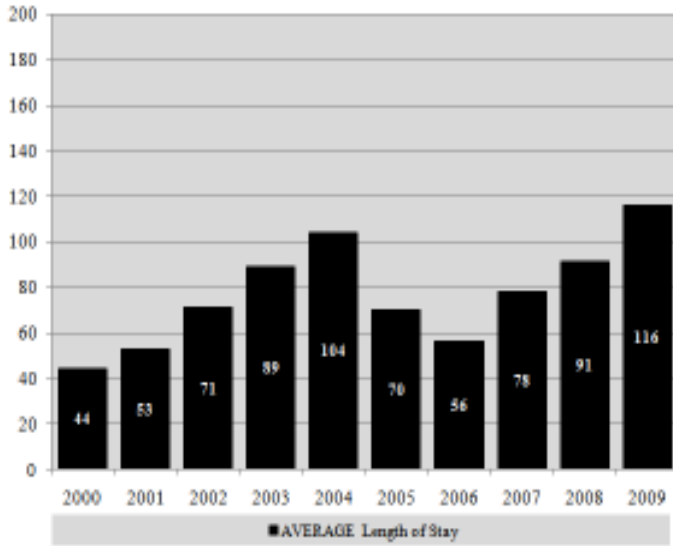
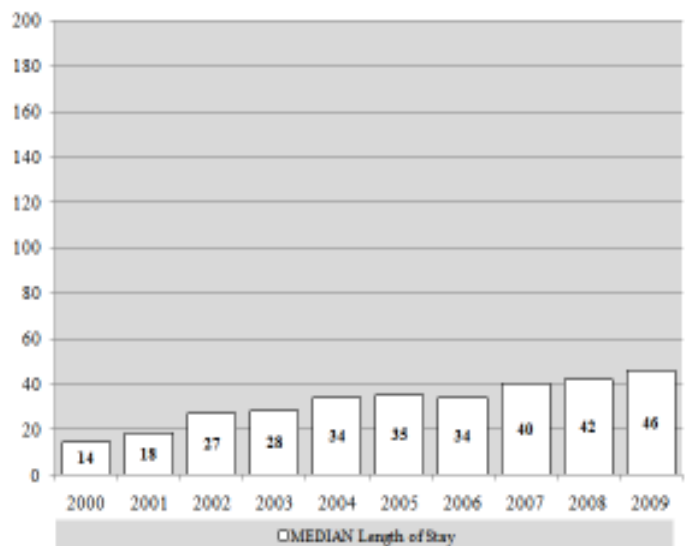


Chart 29

MLOS – Independence Adult, FY2000 – FY2009



In FY2009, the average length of service and median length of service for individuals discharged from the adult psychiatric program, by ethnicity, are illustrated in Charts 30 and 31.

Chart 30

ALOS – Independence Adult, by Ethnicity, FY2009

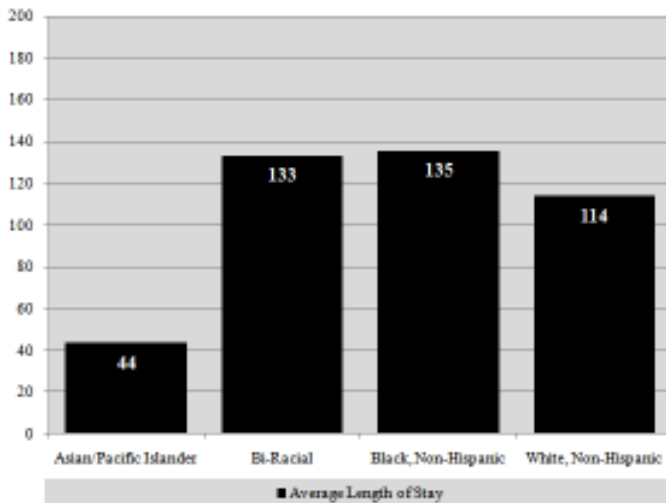
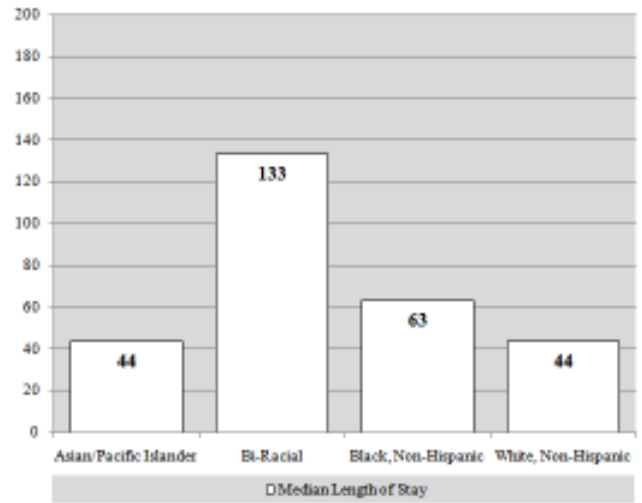


Chart 31

MLOS – Independence Adult, by Ethnicity, FY2009



Child Psychiatric

In the past ten years, the average length of service for individuals served in the child psychiatric program has decreased 27.8 %, from 79 days in FY2000 to 57 days in FY2009 as illustrated in Chart 32. During that same reporting period, the median length of service for individuals served in the child psychiatric program has decreased 26.7 %, from 60 days in FY2000 to 44 days in FY2009 as illustrated in Chart 33.

Chart 32

ALOS – Independence Child, FY2000 – FY2009

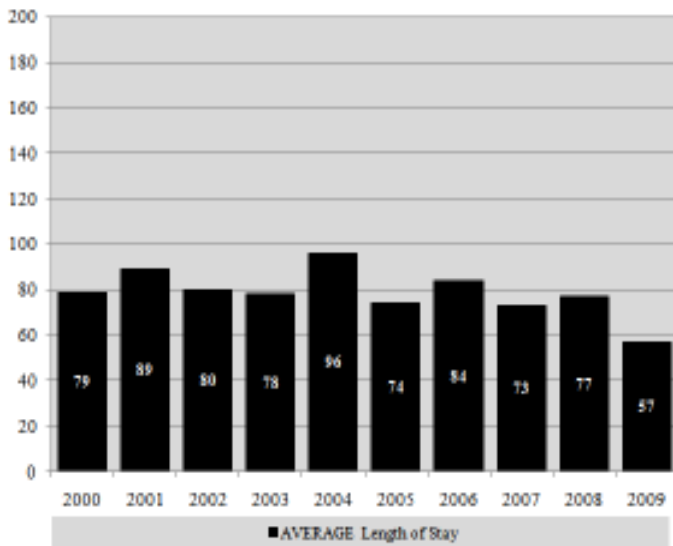
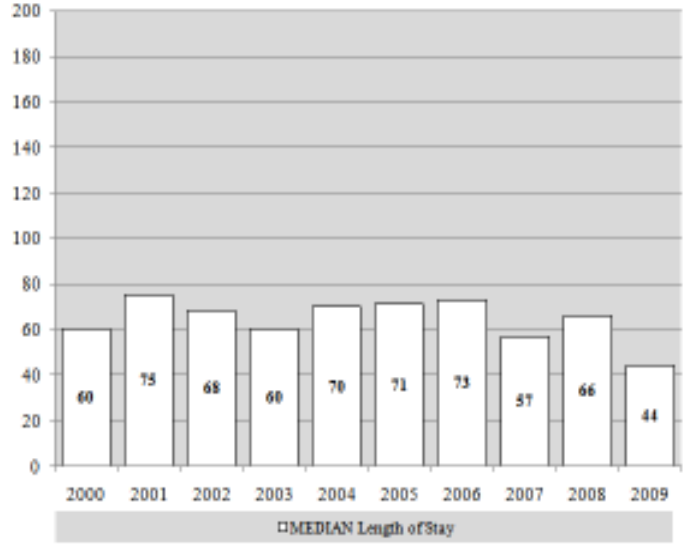


Chart 33

MLOS – Independence Child, FY2000 – FY2009



In FY2009, the average length of service and median length of service for individuals discharged from the child psychiatric program, by ethnicity, are illustrated in Charts 34 and 35.

Chart 34

ALOS – Independence Child, by Ethnicity, FY2009

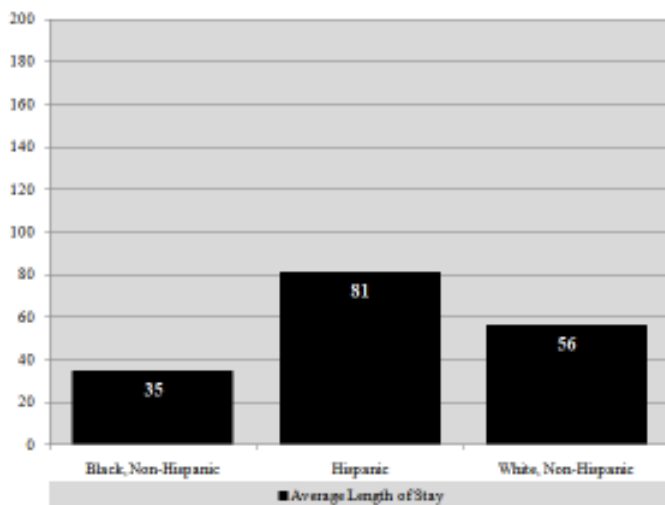
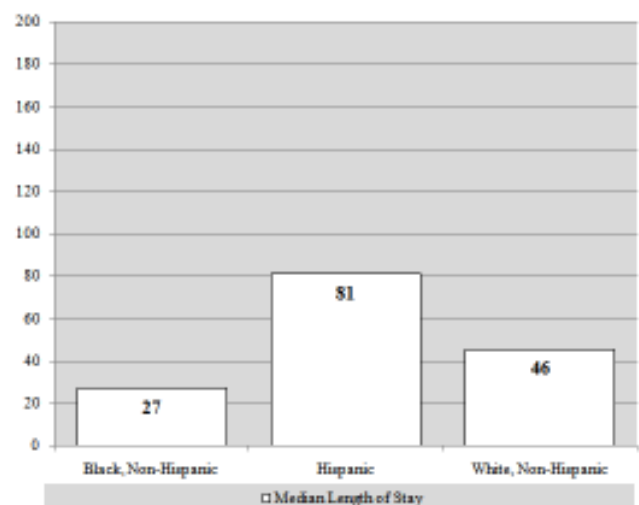


Chart 35

MLOS – Independence Child, by Ethnicity, FY2009



Adolescent Psychiatric

In the past ten years, the average length of service for individuals served in the adolescent psychiatric program has decreased 28.3 %, from 46 days in FY2000 to 33 days in FY2009 as illustrated in Chart 36. During that same reporting period, the median length of service for individuals served in the adolescent psychiatric program decreased 4.0 %, from 25 days in FY2000 to 24 days in FY2009 as illustrated in Chart 37.

Chart 36

ALOS – Independence Adolescent, FY2000 – FY2009

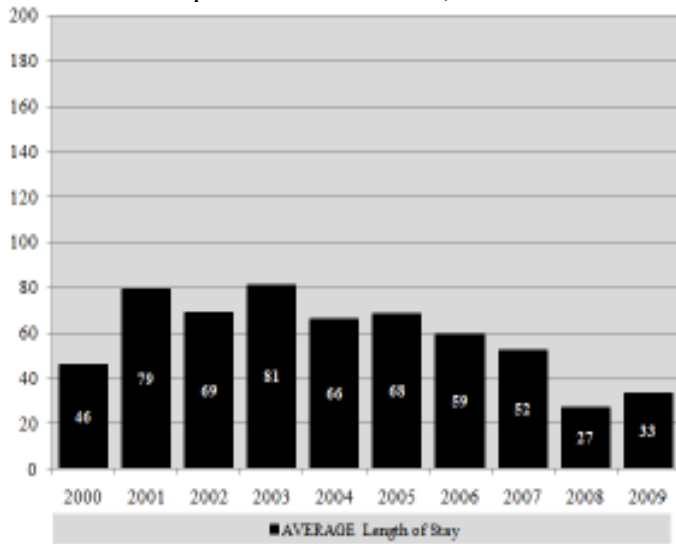
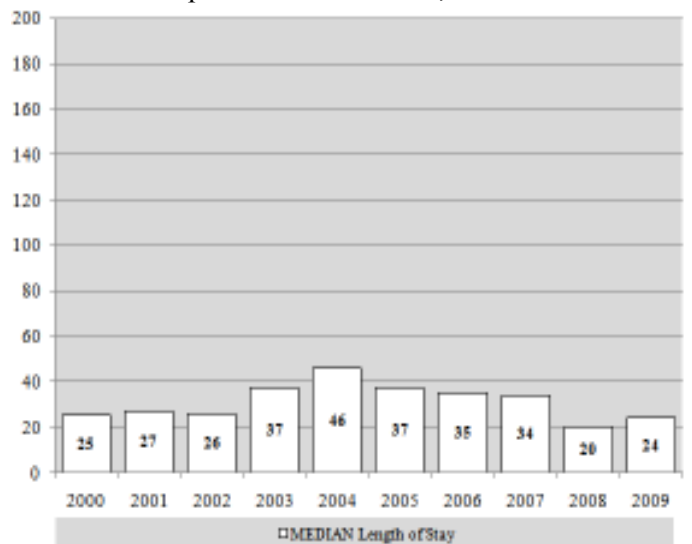


Chart 37

MLOS – Independence Adolescent, FY2000 – FY2009



In FY2009, the average length of service and median length of service for individuals discharged from the adolescent psychiatric program, by ethnicity, are illustrated in Charts 38 and 39.

Chart 38

ALOS – Independence Adolescent, by Ethnicity, FY2009

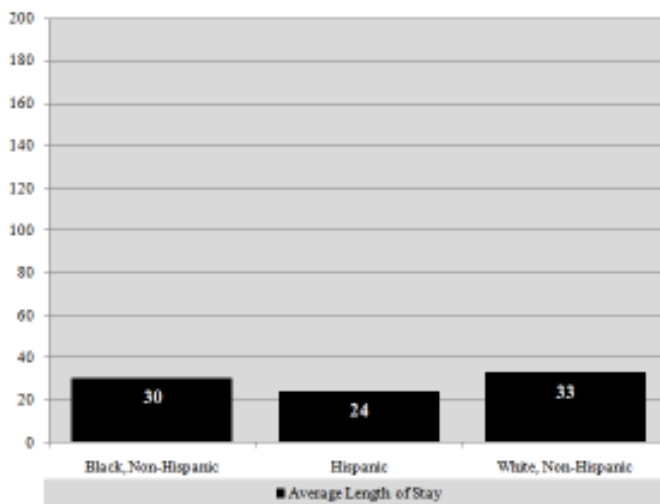
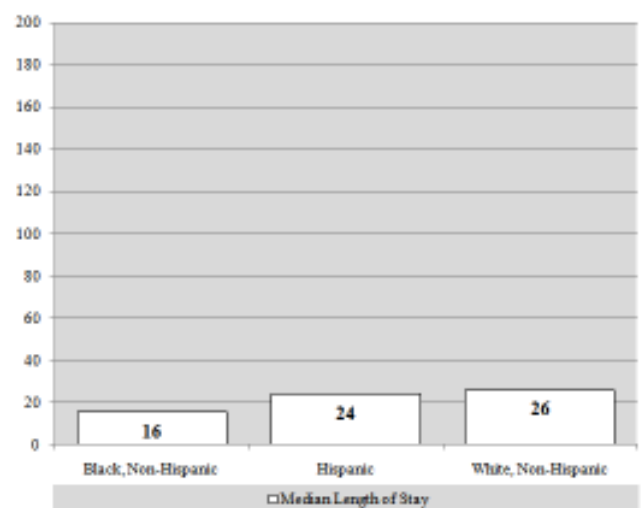


Chart 39

MLOS – Independence Adolescent, by Ethnicity, FY2009



PMIC

In the past ten years, the average length of service for individuals served in the PMIC program has decreased 42.6 %, from 108 days in FY2000 to 62 days in FY2009 as illustrated in Chart 40. During that same reporting period, the median length of service for individuals served in the adolescent psychiatric program decreased 37.7 %, from 69 days in FY2000 to 43 days in FY2009 as illustrated in Chart 41.

Chart 40

ALOS – Independence PMIC, FY2000 – FY2009

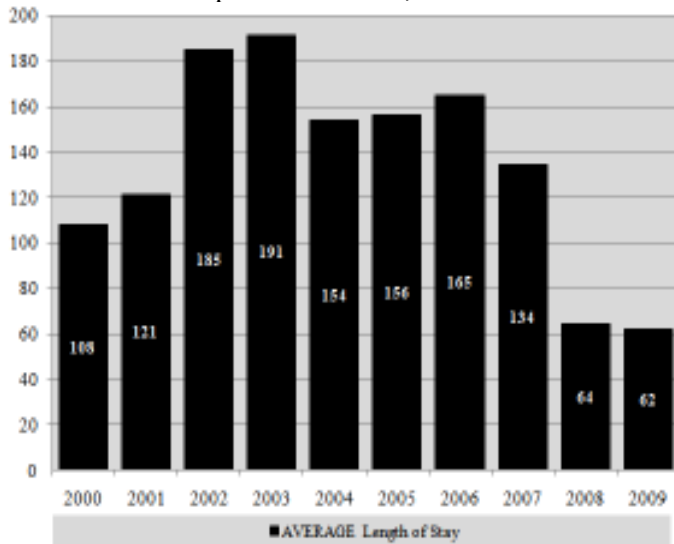
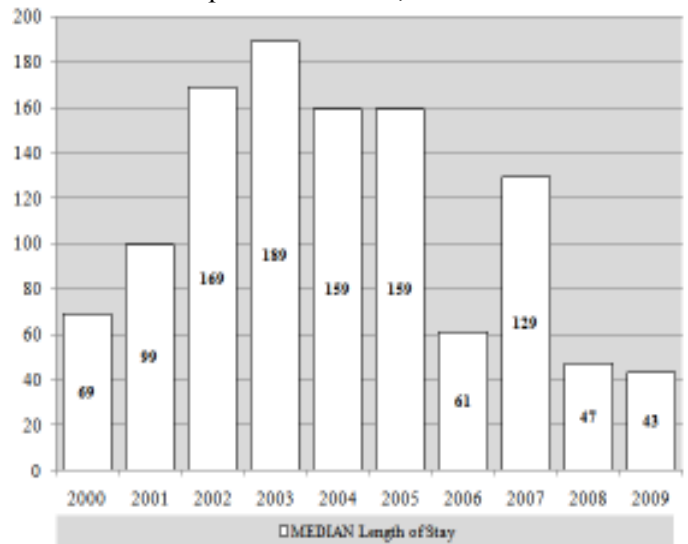


Chart 41

MLOS – Independence PMIC, FY2000 – FY2009



In FY2009, the average length of service and median length of service for individuals discharged from the PMIC program, by ethnicity, are illustrated in Charts 42 and 43.

Chart 42

ALOS – Independence PMIC, by Ethnicity, FY2009

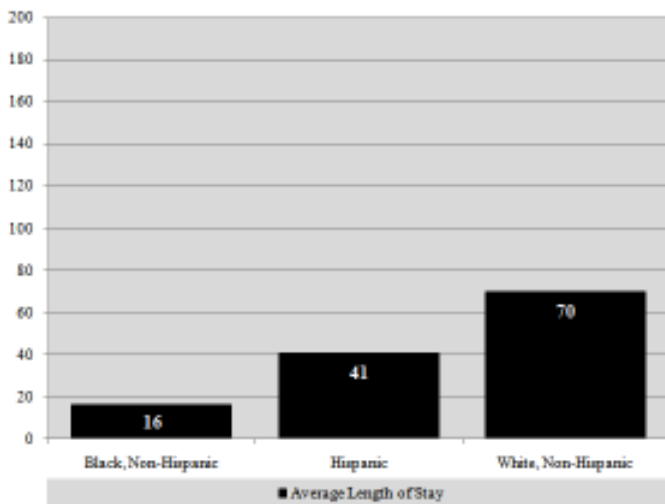
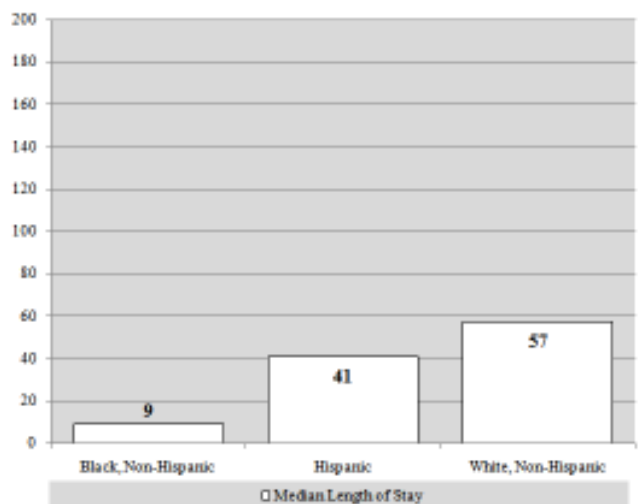


Chart 43

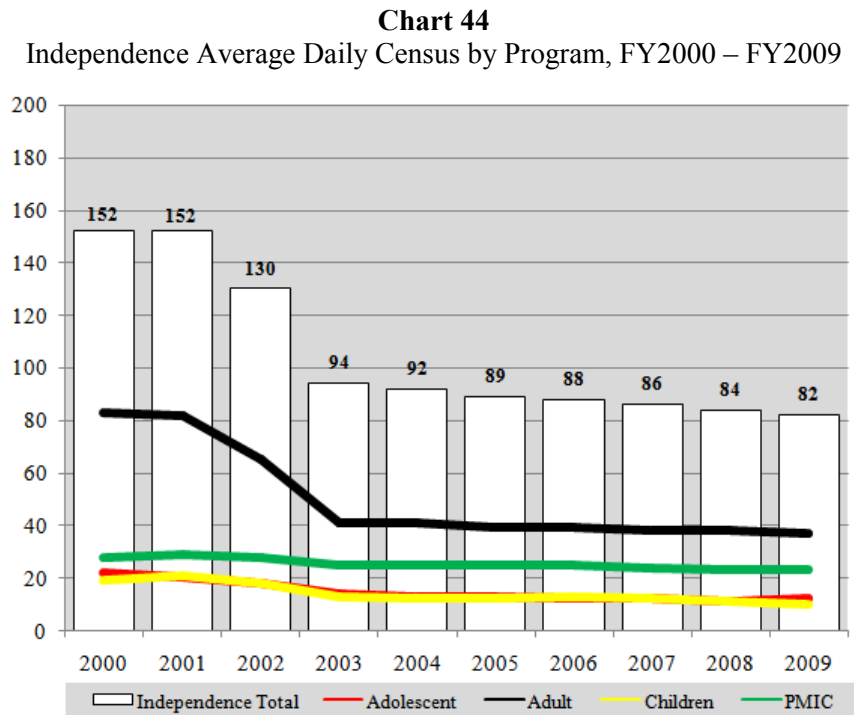
MLOS – Independence PMIC, by Ethnicity, FY2009



Average Daily Census

The average daily census within a program is another key measure for understanding some of the trends involving both the type of individual served, and the availability of step-down services. Average daily census is the average number of individuals within the institute over a specific period of time.

In the past ten years, Independence’s overall average daily census has decreased 46.1%, from 152 in FY2000 to 82 in FY2009 as illustrated in Chart 44. The decrease in the average daily census is largely attributed to the corresponding 44 % decrease in operational capacity that occurred at Independence MHI in 2002-2003.



Individual program average daily censuses have increased/decreased as noted in Table 7:

Table 7
Independence Change in Average Daily Census, by Program, FY2000 – FY2009

Program	Increase / Decrease
Adult	(55.4 %)
Child	(47.4 %)
Adolescent	(45.5 %)
PMIC	(17.9 %)
MHI Overall	(46.1 %)

Discharge Trends

When individuals enter a treatment program at an MHI, the planning for their successful discharge begins that same day. Effective discharge planning is critical to minimizing rehospitalization, as well as ensuring the necessary supports are in place when the individual is ready to leave.

Adult Psychiatric

In FY2009, individuals served by the Independence adult psychiatric program were discharged to the following locations as noted in Table 8.

Table 8
Independence Adult Psychiatric Discharge Locations, FY2009

Discharge Location	% of Individuals
County Care Facility	43.0 %
Other (<i>Live with Friend, Other State Institution, etc.</i>)	16.2 %
Lives with Relatives / Family	14.1 %
Supervised Apartment / Boarding Home	11.1 %
Halfway House / Group Care	8.9 %
Live Alone	6.7 %

Child Psychiatric

In FY2009, individuals served by the Independence child psychiatric program were discharged to the following locations as noted in Table 9.

Table 9
Independence Child Psychiatric Discharge Locations, FY2009

Discharge Location	% of Individuals
Other State Institution *	48.6 %
Lives with Relatives / Family	25.0 %
Halfway House / Group Care	19.1 %
Foster Home	4.4 %
Child Care Facility	2.9 %

* 97 % of children discharged to another State Institution were discharged to Independence's PMIC program.

Adolescent Psychiatric

In FY2009, individuals served by the Independence adolescent psychiatric program were discharged to the following locations as noted in Table 10.

Table 10
Independence Adolescent Psychiatric Discharge Locations, FY2009

Discharge Location	% of Individuals
Other State Institution *	79.8 %
Lives with Relatives / Family	7.6 %
Halfway House / Group Care	7.6 %
Foster Home	2.5 %
Other (<i>Child Care Facility, etc.</i>)	2.5 %

* 95 % of adolescents discharged to another State Institution were discharged to Independence’s PMIC program.

PMIC

In FY2009, individuals served by the Independence PMIC program were discharged to the following locations as noted in Table 11.

Table 11
Independence PMIC Discharge Locations, FY2009

Discharge Location	% of Individuals
Other State Institution *	59.6 %
Lives with Relatives / Family	33.6 %
Halfway House / Group Care	3.4 %
Foster Home	1.7 %
Other (<i>Child Care Facility, etc.</i>)	1.7 %

* 99 % of individuals discharged to another State Institution were discharged to Independence’s child or adolescent programs.

Treatment Services Provided

Independence MHI provides diagnostic evaluations and both sub-acute and acute-care treatment services based on the medical model. Evaluations are conducted primarily by psychiatrists, and treatment services are provided via a multidisciplinary team comprised of clinicians such as psychiatrists, psychologists, social workers, nurses, activity specialists, residential treatment workers, etc. The treatment modalities include psychotropic medication, counseling and discharge planning, psychiatric rehabilitation classes, leisure skills development and recreational activities.

The therapeutic effort is a comprehensive one, ranging from the use of medication to psychotherapy to the action-oriented therapies, such as recreational therapy, music therapy and creative arts. Each individual admitted to the Independence MHI has an individual treatment

plan which focuses on his or her individual issues and also takes into account his or her individual assets. The major aspects of the plan include physical, psychological, educational/vocational, and social/cultural concerns. Each individual has a number of rights and privileges, which safeguard one’s personal dignity and respect one’s cultural, psychosocial, and spiritual values.

Outcomes Measurement

The DHS recognizes the need for regular feedback on outcomes to help the MHIs improve their service delivery. Outcome measurement is a process by which the DHS can help meet these needs.

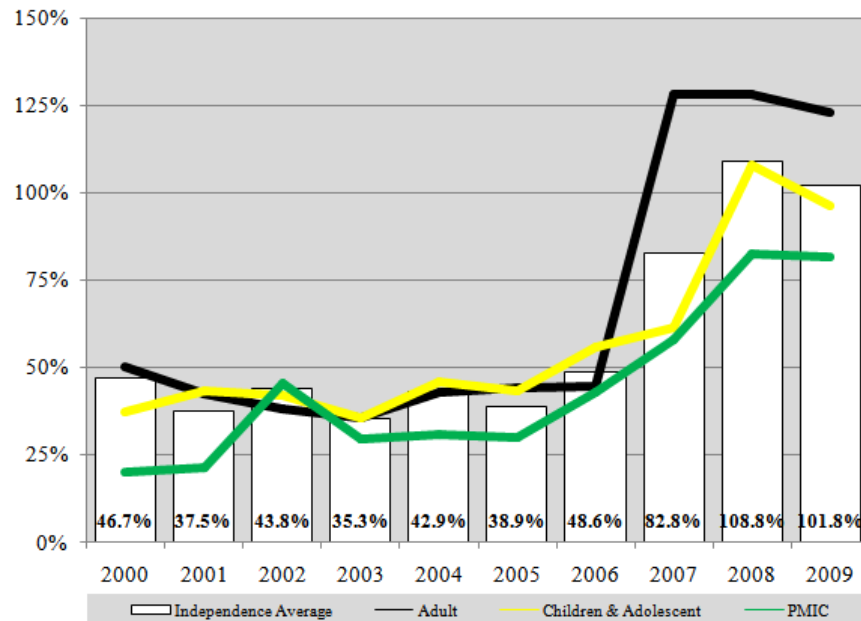
Global Assessment of Functioning

The Global Assessment of Function (GAF) tool is used for reporting a clinician's judgment of an individual's overall level of functioning and carrying out activities of daily living. This information is useful in developing individualized treatment plans and in measuring the treatment’s impact. The GAF scale is a 100-point scale that measures an individual’s overall level of psychological, social, and occupational functioning on a hypothetical continuum.

A GAF score is obtained on each individual at the time of admission, and again at the time of discharge from the program.

In FY2009, individuals discharged from the Independence MHI improved an average of 101.8 % on the GAF assessment as illustrated in Chart 45.

Chart 45
Independence Percentage Improvement in GAF Scores
from Admission to Discharge, FY2002 – FY2009



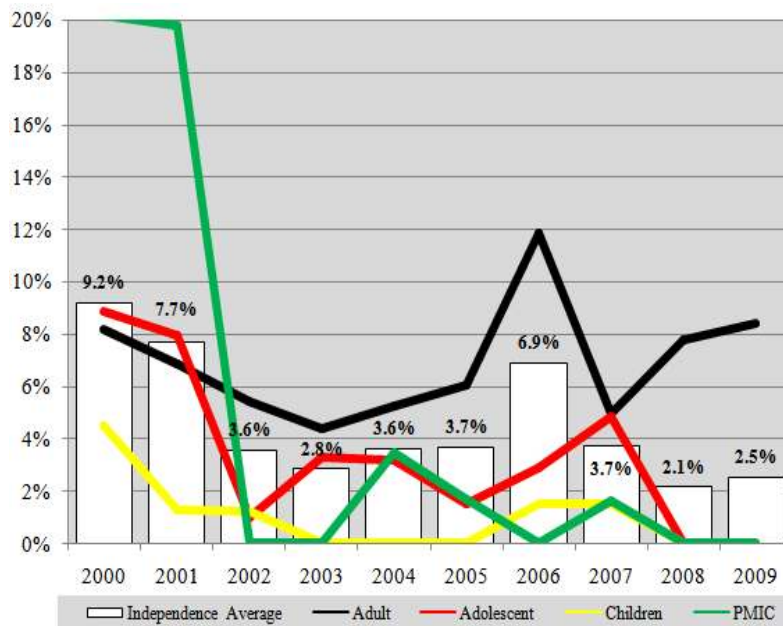
Rehospitalization

Another outcome measurement that may be used to evaluate the effectiveness of treatment interventions is the rate at which individuals are readmitted to an MHI following their discharge. The DHS monitors the readmission rate to the MHI, or rehospitalization rate, for individuals up to thirty (30) days post-discharge.

Similar to the factors that may affect lengths of stay, rehospitalization rates may be affected by an individual’s acuity level, commitment status, personal resources and supports, and the capacity and availability of community based services.

In FY2009, 2.5 % of individuals discharged from the Independence MHI were rehospitalized at the MHI within thirty (30) days of discharge as shown in Chart 46, representing a 6.7 % decrease from FY2000 to FY2009.

Chart 46
Independence Percentage of Rehospitalization within 30 Days of Discharge, FY2000 – FY2009



Individual program rehospitalization rates have increased/decreased as noted in Table 12.

Table 12
Independence Change in Percentage of Rehospitalization within 30 Days of Discharge, by Program, FY2000 – FY2009

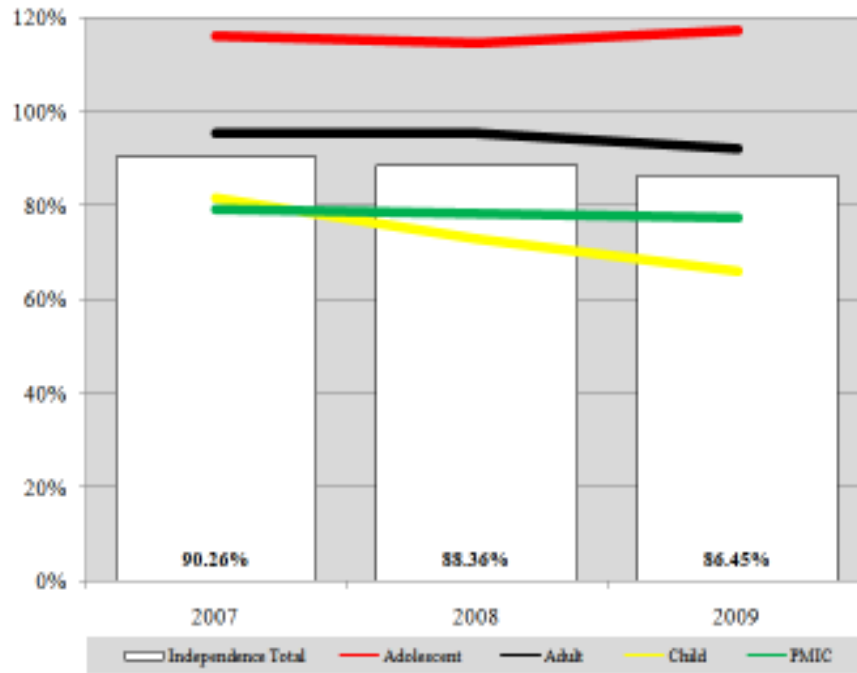
Program	Increase / Decrease
Adult	0.2 %
Child	(4.5 %)
Adolescent	(8.9 %)
PMIC	(20.2 %)
MHI Overall	(6.7 %)

Occupancy Rate

Another outcome measurement that may be used to demonstrate the utilization of an MHI is the rate at which the operational beds are occupied. The DHS monitors the occupancy rate for each program within the MHI by dividing the total number of bed days available in a given reporting period by the total number of inpatient days of care during that same reporting period.

In FY2009, 86.45 % of the total available bed days were occupied by an individual as shown in Chart 47.

Chart 47
Independence Occupancy Rate, FY2007 – FY2009



The Adolescent unit is a locked ward which also serves individuals from the open Children’s unit and the open PMIC program, when any individual in either of these two programs require close observation to prevent harm to self or others. In such instances, individuals are temporarily transferred to the locked Adolescent unit which at times increases its census above its operational capacity. Staffing on the unit is adjusted based on number of individuals on that ward.

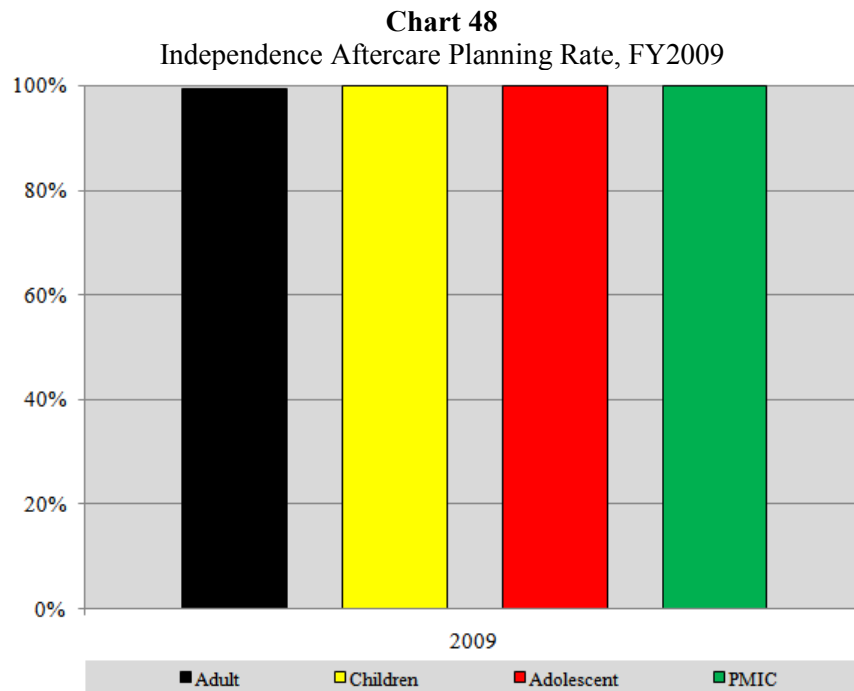
The occupancy rate of the Adolescent unit in Chart 47 is higher than its capacity. However, the combined occupancy of the locked Adolescent unit and the open Children’s unit is slightly below the combined operational capacity of these two wards. Average daily census of the two wards together for FY2009 was 22, while the combined operational capacity was 25.

Aftercare & Discharge Planning

Following discharge from the Independence MHI, follow-up appointments, or aftercare, is crucial in improving the individual's likelihood of success in the community. A critical component of effective discharge planning is ensuring that follow-up appointments are set to assist the individual in their continued recovery.

The DHS monitors the aftercare planning rate for each program within the MHI by dividing the total number of individuals discharged in a given reporting period by the total number of individuals discharged with an aftercare plan in place during that same reporting period.

In FY2009, 99.8 % of the total individuals discharged from the Independence MHI were discharged with an aftercare plan in place as shown in Chart 48. The single instance of an adult individual being discharged without an aftercare plan in place occurred when the individual was discharged directly from a court appearance after the commitment was dropped by the judge during an appeal hearing.

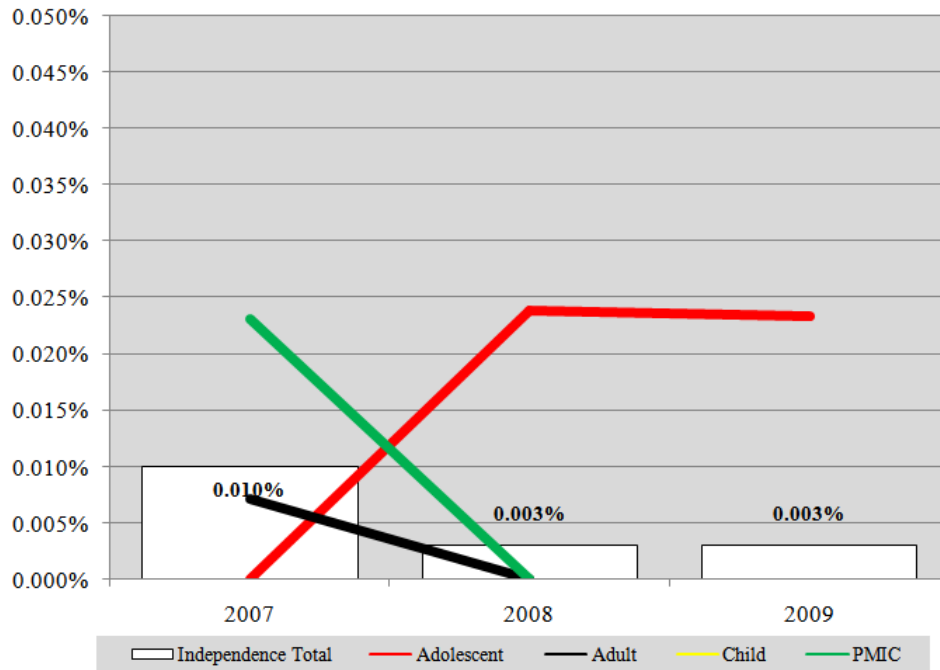


Elopement Rate

Another outcome measurement that is monitored is the rate of elopement within a facility and program. An elopement occurs when an individual's location is unknown by staff responsible for oversight of the individual. The DHS monitors the elopement rate for each program within the MHI by dividing the total number of elopements in a given reporting period by the total number of inpatient days of care during that same reporting period.

In FY2009, the Independence MHI had a facility elopement rate of 0.003 % as shown in Chart 49.

Chart 49
Independence Elopement Rate, FY2007 – FY2009



Human Resources

In FY2010, Independence MHI’s funded level of staff includes 276.97 Full Time Equivalents (FTEs) and 6.76 temporary and contract staff to provide services to individuals twenty-four hours per day, seven days per week (Table 13). Each staff person provides essential support either by providing direct service to individuals in the institute, or administrative and other types of critical support services to maintain the facility.

Appendix F includes a high-level table of organization for the Independence MHI.

Table 13
Independence FTE & Temporary/Contract Personnel, by Category, FY2010

Program	Independence		%
	FTE	Temp & Contract	
Direct Care	136.37	1.88	48.73 %
Professional Treatment	33.40	-	11.77 %
Medical Staff	4.00	1.30	1.87 %
Education / Vocational	16.00	0.75	5.90 %
Administration / Support	87.20	2.83	31.73 %
MHI Total	283.73		

Direct care staff = 48.73 % (138.25)

These staff include Resident Treatment Workers, Registered Nurses, Resident Treatment Technicians, Licensed Practical Nurses, Youth Service Workers, and other direct care positions. Direct care staff assist in providing the range of program and support services identified in the person’s individualized treatment plan, and they are responsible for assuring that basic needs are met.

Professional Treatment staff = 11.77 % (33.40)

These staff include Activity Specialists, Social Workers, Nurse Supervisors, Psychologists, Medical Technologists, Dentists, and other professional treatment positions.

Medical staff = 1.87 % (5.30)

These staff include Physicians and Physician Assistants.

Educational staff = 5.90 % (16.75)

These staff include Educational Administrators, Educators, and Educational Aides.

Administrative and Support staff = 31.73 % (90.03)

These staff include Maintenance Repairers, Word Processors, Custodial Workers, Clerks, Food Service Workers, Secretaries, and other administrative and support positions.

Appendix G includes a per-position summary for Independence MHI.

Finances

FY2010 Budget

The Independence FY2010 MHI estimated budget is \$ 22,595,160, as shown in Table 14:

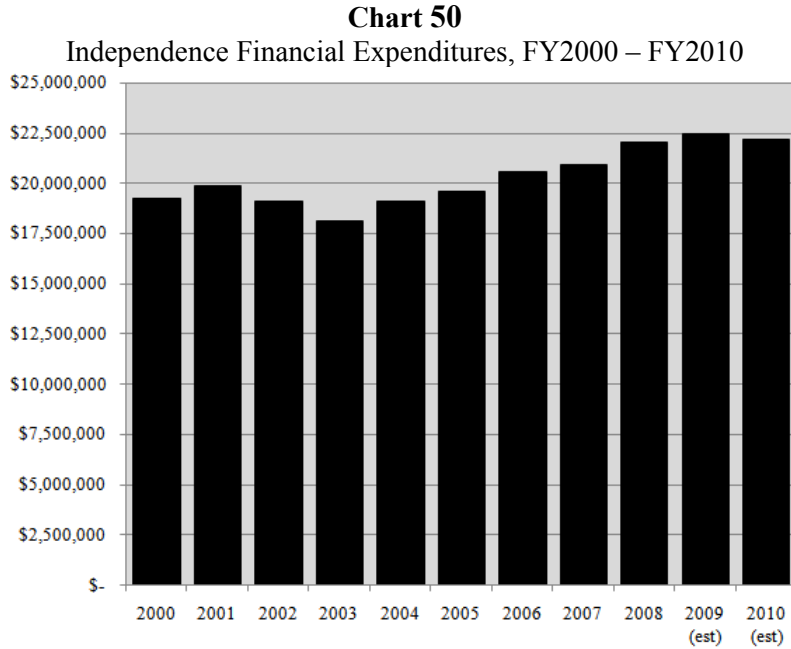
Table 14
Independence Estimated Budget, FY2010

Source of Revenue	Estimated FY2010 Revenue
General Fund appropriations	\$ 19,727,260 *
PMIC Federal reimbursements	\$ 988,422
Department of Education, IDEA, & Teacher Bonus revenues	\$ 923,704
Routine Maintenance revenues	\$ 399,420
Student Fees & Miscellaneous revenues	\$ 226,554
Rental, lease, & 28E Agreement revenues	\$ 214,800
USDA Meal reimbursement	\$ 75,000
3 rd Party PMIC reimbursements	\$ 40,000
MHI Total	\$ 22,595,160

* This figure includes \$ 1,177,799 in Human Service Reinvestment Transfer funds (American Recovery and Reinvestment Act of 2009 (ARRA) Federal Stimulus) which helped offset major reductions in services.

Eighty five percent (85 %) of the Independence MHI budget is utilized for salaries and fifteen percent (15 %) for support. The support budget covers key items like medications, food, utilities, etc. In the past five years, Independence MHI has experienced a 24.2 % increase in medication costs. Routine maintenance, infrastructure funds, and IAC Chapter 34 education funds are appropriated separately.

Between FY2000 – FY2008, Independence MHI expenditures increased by 14.8 % as illustrated in Chart 50. The increased costs are primarily due to increased costs of salaries and benefits and some inflation.



Cost per Day

The Independence MHI FY2010 cost per day is noted in Table 15.

Table 15
Independence Per Diem Costs*, FY2008 – FY2010

Facility	Program	FY2008		FY2009		FY2010		
		Actual Per Diem Cost	Capped County Rate	Actual Per Diem Cost	Capped County Rate	Actual Per Diem Cost	Capped County Rate	County Payment
Independence	Adult	\$ 582.14	\$ 252.10	\$ 628.11	\$ 259.66	\$ 703.02	\$ 259.66	\$ 207.73
	Child	\$ 828.11	n/a	\$ 993.34	n/a	\$ 927.30	n/a	n/a
	Adolescent	\$ 931.77	n/a	\$ 971.34	n/a	\$ 792.65	n/a	n/a
	PMIC	\$ 377.72	n/a	\$ 437.01	n/a	\$ 458.30	n/a	n/a

* The capped County rates for the Mental Health Institutes do not reflect the actual cost of care, but rather the capped rate per Iowa Code. The county actually pays a percentage of this rate based on the program (Adult Psychiatric = 80%, Children or Adolescent Psychiatric or PMIC = 0%).

Financing

The Independence MHI receives an upfront appropriation from the General Fund for its operations. The General Fund will be reimbursed a portion of this amount from other revenue sources.

In addition, when funds are available, Independence receives funding for routine and major maintenance from the Department of Administrative Services (DAS). The amount of routine maintenance is based on the total funding received by DAS and prorated across twelve state agencies. Major Maintenance is allocated by the State Vertical Infrastructure Advisory (VIAC) Committee. Additionally, Independence receives IAC Chapter 34, Individuals with Disabilities Education Act (IDEA), and other education funding from the Department of Education.

Independence MHI bills all relevant revenue sources such as Medicaid, Medicare, private insurance, counties, etc. Iowa Code specifies that counties pay 80 % for adult programs (§230.20), and County billings are reduced by other third party payments as applicable. All payments received except the state portion of Medicaid program payments are deposited into the General Fund.

The PMIC program operates under the net budgeting concept where the state appropriation is adjusted as revenues attributable to the program are retained to cover expenses. The PMIC program returns the capped per diem state share of Medicaid (28.66 %) to the Medicaid appropriation and retains the federal share (71.34 %) per current Federal Medical Assistance Percentage (FMAP) rates per Iowa Code §226.9B.

Revenue Sources

If FY2010 projections hold true, up-front revenue sources are noted in Chart 51:

Chart 51
Independence Up-Front Revenue Sources, FY2010 Projected

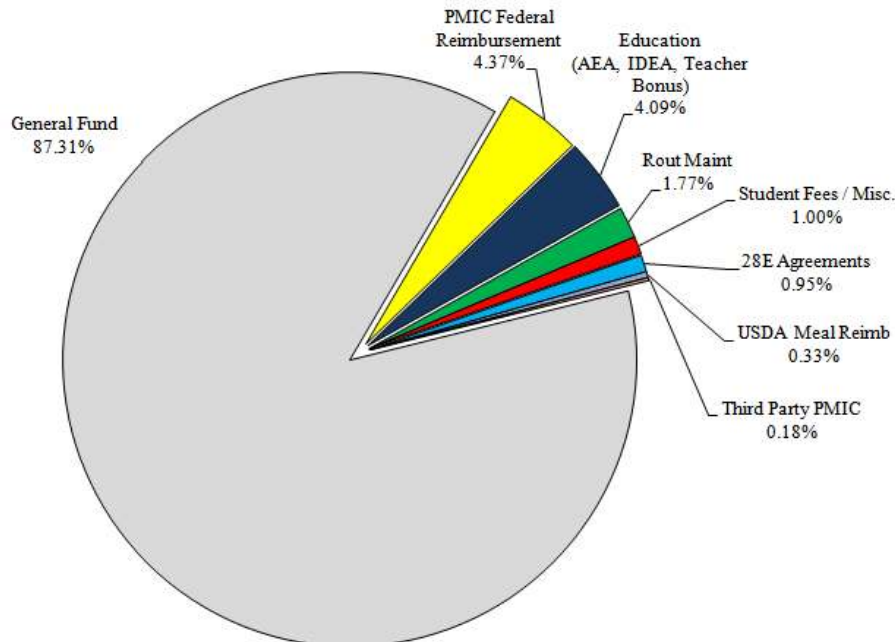
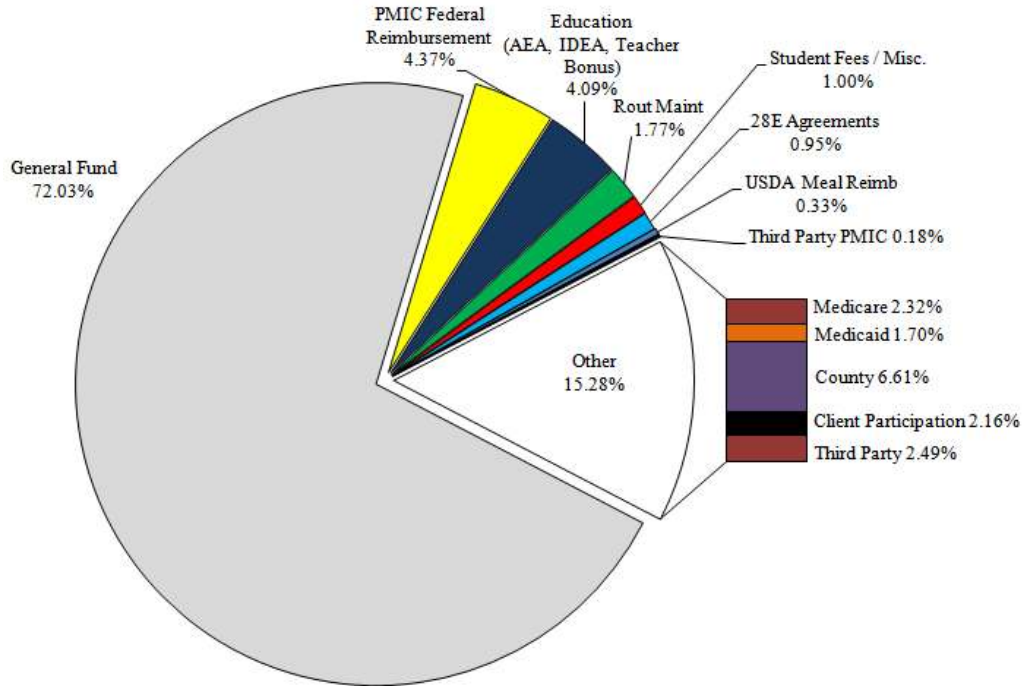
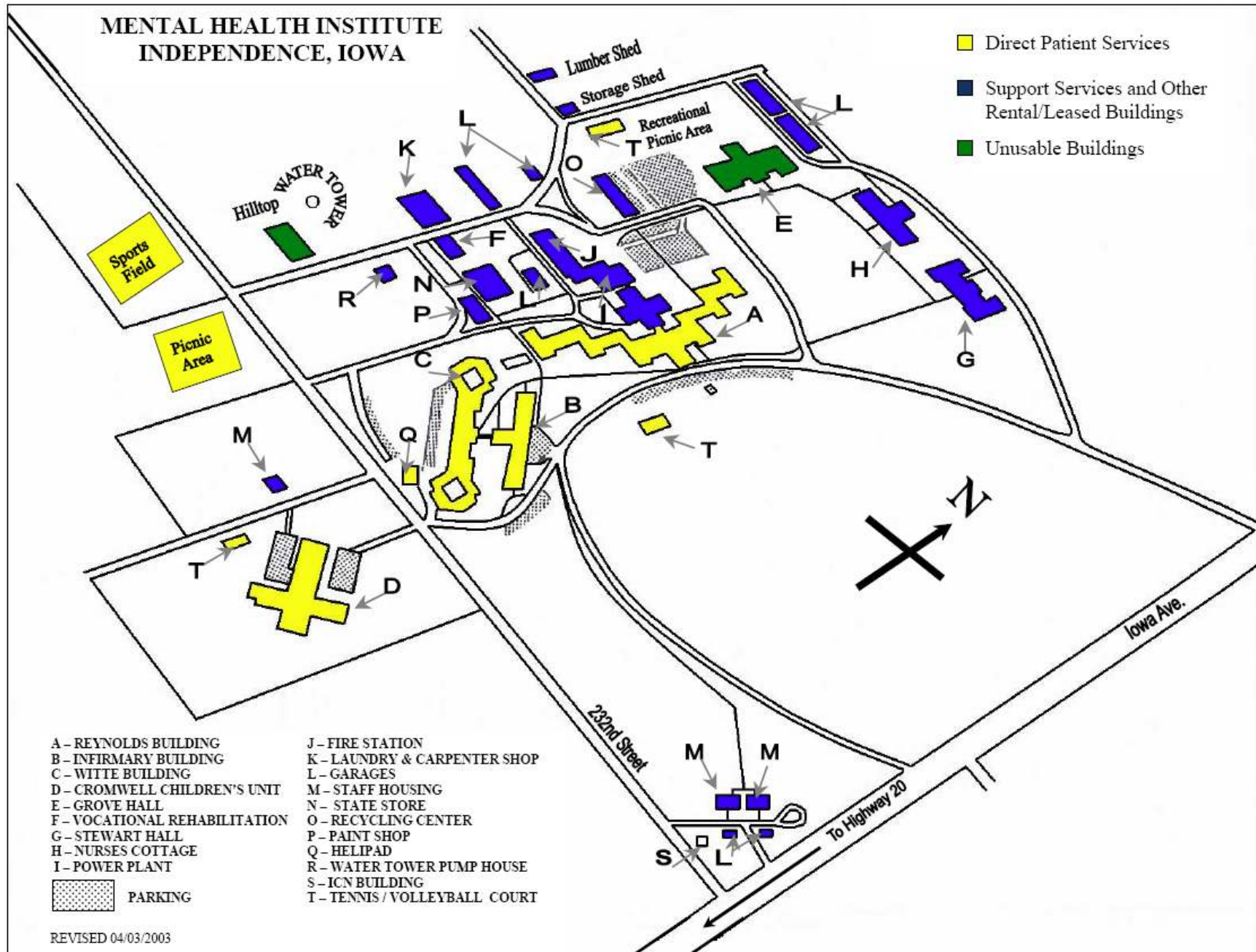


Chart 37 notes the actual funding sources utilized, once all billable entities are considered. At year end, \$ 3,451,812 is projected to be returned to the General Fund, reducing the actual impact by 15.3 %.

Chart 52
Independence Year-End Revenue Sources, FY2010 Projected



Appendix A – Independence MHI Campus Map



Appendix B – Independence MHI Physical Plant & Infrastructure

Building	Floor	Wing or Ward	Use	Square Feet	% Occupied Utilized	Capacity, if not occupied	Could be vacated?	Remodel Required
Barn - Hog (Wood)			Storage	3,600	100 %			
Barn - Hog (Metal)			Storage	2,300	100 %			
Barn - Horse			Storage	9,800	100 %			
Barn - Milking			Storage	2,250	100 %			
Blacksmith Shop / Wagon Shed			Storage	3,700	100 %			
Cromwell Children's Unit			Children treatment, school & ward	37,731	100 %			
		C4		3,854	unoccupied	7	N/A	Needs to be updated, i.e. have carpet and ceiling replaced, etc.
		C3			unoccupied	8	N/A	None, can move in any time
Cromwell Machine Shed			Storage	800	100 %			
Duplex (#1 & #2)			Staff housing	2,080	100 %			
Duplex (#3 & #4)			Staff housing	2,080	unoccupied			
Garages			Vehicle storage	2,064	100 %			
			Rental stalls for storage	5,600	100 %			
			Rental stalls for storage	1,216	100 %			
Garages - Employees			Rental Storage	5,900	100 %			
Garage - Superintendent			Vehicle storage	400	100 %			
Grove Hall			To Be Demolished	22,000	unusable			
Hilltop			To Be Demolished	14,868	unusable			
Industrial (Old Carpenter Shop)			Storage	4,050	100 %			
Infirmary	Basement		Marking room, pharmacy, admissions	13,448	100 %			
	1		Dental, recreation	13,448	100 %			
	2		Adolescent school, laboratory	13,448	100 %			
Laundry/Carpenter Shop			Laundry / Carpenter Shop	9,350	100 %			
Lumber Shed			Lumber storage	4,500	100 %			
Nurses Cottage			Staff rental housing / storage	6,017	100 %			
			Staff rental housing / storage	6,017	100 %			
			Staff rental housing / storage	6,017	100 %			
Paint Shop			Painting / varnishing	1,800	100 %			

Appendix B – Independence MHI Physical Plant & Infrastructure (cont.)

Building	Floor	Wing or Ward	Use	Square Feet	% Occupied Utilized	Capacity, if not occupied	Could be vacated?	Remodel Required
Storage Shed			Storage	3,200	100 %			
Power plant (Generator Room)			Electricity production / distribution	2,450	100 %			
Power plant (Boiler Room)			Steam production	4,100	100 %			
Fire Station / Grounds Shop			Fire Station / Grounds Shop	4,375	100 %			
Reynolds	Basement (South)		Mechanical / shops / storage / corridors	17,703	100 %			
	1 (South)	A	Offices, chapel	5,771	100 %			
	1 (South)	B	Vacant, renovating	6,611	renovating	20-24	N/A	Needs significant plaster and paint work, install flooring, reinstall communications and fire alarm systems, plumbing fixtures and countertops, 6 low flow water closets, new light fixtures, complete ceiling in Ward C dorm rooms, install AC unit for south hall of Ward C, suspended ceiling in Ward C, equipment
	1 (South)	C	Vacant, renovating	5,321	renovating			
	2 (South)	D	4 Oaks rental space	5,771	100 %			
	2 (South)	E	4 Oaks rental space	6,611	100 %			
	2 (South)	F	4 Oaks rental space	5,321	100 %			
	3 (South)	G	4 Oaks rental space	5,771	100 %			
	3 (South)	H	4 Oaks rental space	6,611	100 %			
	3 (South)	J	Vacant	5,321	unoccupied			
	Attic (South)		Vacant (Unusable)	17,703	unoccupied			
	Basement (North)		Mechanical / shops / storage / corridors	17,315	100 %			
	1 (North)	1	Offices, chapel	5,771	100 %			
	1 (North)	2	Red Cross shelter as needed	6,223	unoccupied	20-24	N/A	Needs new carpeting, paint and plaster repair in rooms, low flow water closets (9), partition work in restrooms, install nurse call alarm box, install suspended ceilings and new light fixtures, modify sprinkler heads, equipment
	1 (North)	3		5,321	unoccupied			
	2 (North)	4	Offices	5,771	100 %			
	2 (North)	5	unoccupied	6,223	unoccupied	20-24	N/A	Needs carpet cleaning, inspecting phone and alarm systems and equipment
	2 (North)	6	unoccupied	5,321	unoccupied			
3 (North)	7	Museum	5,771	100 %				
3 (North)	8	Storage	6,223	100 %				

Appendix B – Independence MHI Physical Plant & Infrastructure (cont.)

Building	Floor	Wing or Ward	Use	Square Feet	% Occupied Utilized	Capacity, if not occupied	Could be vacated?	Remodel Required
Reynolds	3 (North)	9	Storage	5,321	100 %			
	Attic (North)		Vacant (Unusable)	17,315	unoccupied			
	Basement (Center/East)		Mechanical / shops / storage / corridors	6,139	100 %			
	1 (Center/East)	Administrative	Administrative offices	6,139	100 %			
	2 (Center/East)		Superintendent's Apartment	6,139	100 %			
	3 (Center/East)		Classrooms / Conference Rooms	6,139	100 %			
	4 (Center/East)		Storage	6,139	100 %			
	Attic (Center/East)		Storage	6,139	100 %			
	Basement	W. Addition	Dietary / Dining	14,069	100 %			
1	W. Addition	Recreation Room / Offices / Medical Records	13,050	100 %				
Root Cellar			Abandoned	4,800	unoccupied			
State Store			Supply storage	17,672	100 %			
Stewart Hall	Basement		Staff / Student Nurse housing	8,332	100 %			
	1		Staff / Student Nurse housing	8,332	100 %			
	2		Staff / Student Nurse housing	8,332	100 %			
Vocational Rehabilitation			Vocational Rehabilitation	3,840	100 %			
Witte	Common areas		Common areas	11,748	100 %			
	1 (South)	R	Adult male psychiatric ward	17,388	100 %			
	2 (South)	S	Vacant	17,388	renovating	20-25	N/A	Needs asbestos abatement, re-install HVAC, rewire communications and fire alarms and install suspended ceilings
	3 (South)	T	Adolescent co-ed psychiatric ward	17,388	100 %	20	N/A	Currently has 10 beds, can increase to 20 beds. None, can move in any time
	1 (North)	20	Day programming	17,388	100 %			
	2 (North)	21	Adult female psychiatric ward	17,388	100 %			
	3 (North)	22		Psychiatric Medical Institute for Children	17,388	100 %		

Appendix C – Independence MHI FY2009 Leases

Lessee	Brief Description	Time on Campus	Square Footage Utilized	Income Generated (FY2009)					
				Rent	Laundry	Maintenance	Dietary	Other	Total
Iowa Vocational Rehabilitation Services Office	Provides vocational rehabilitation services to patients of the Institution as needed and clients from Buchanan and Fayette counties.	1970 – present	3,840					\$ 864.00	\$ 864.00
MHI Employees Credit Union Office	Credit Union providing banking services to the employees of the Institution as well as the employees' families and former employees and their families.	1974 – present	463					\$ 675.00	\$ 675.00
Department of the Blind Canteen operations	Canteen provides meals and vending items to employees, patients and their families.	1995 – present	3,080	\$ 900.00					\$ 900.00
Four Oaks, Inc.	Four Oaks operates several programs for juveniles, including residential treatment programs, outpatient services, and school programs.	1997 – present	34,229	\$ 78,042.12	\$ 4,026.48	\$ 9,004.40	\$ 157,860.45	\$ 7,010.26	\$ 255,943.71
DHS Targeted Case Management Offices	Local Social Workers and staff from the Service Area utilize office space.	2004 – present	540	\$ 1,080.00				\$ 1,024.75	\$ 2,104.75
Area Substance Abuse Council – Heart of Iowa	ASAC required relocation after their headquarters were flooded in the Cedar Rapids floods of 2008. Programs targeted pregnant women and mothers with small children who required substance abuse counseling and treatment.	<1 year	14,600	\$ 5,327.60	\$ 664.05		\$ 12,971.57	\$ 280.42	\$ 19,243.64
			56,752	\$ 85,349.72	\$ 4,690.53	\$ 9,004.40	\$ 170,832.02	\$ 9,854.43	\$ 279,731.10

Appendix D – Independence MHI Training & Community Involvement

Education & Training

- **Medical Students** – Third and fourth year medical students from Des Moines University, College of Osteopathic Medicine and Surgery participate in four-week clinical rotation in psychiatry. Dr. Dave, Superintendent, is an Adjunct Professor of Psychiatry at the College of Osteopathic Medicine and Surgery.
- **Physician Assistant Students** – The Institute offers a similar rotation in clinical psychiatry to Physician Assistant students from Des Moines University, College of Osteopathic Medicine and Surgery.
- **Nursing Students** – Nursing students from Hawkeye Community College in Waterloo and Northeast Iowa Community College in Calmar participate in a four-week clinical rotation in psychiatry. They also receive didactic lectures in psychiatry while at the Institute.
- **Social Work Students** – The Institute provides training and student practicums for social work students, both at Bachelor's level and at Master's level. The practicum is usually 470 hours long. Students come from social work programs at Luther College, Decorah, Mt. Mercy College, Cedar Rapids, Wartburg College, Waverly, University of Northern Iowa, Cedar Falls and University of Iowa, Iowa City. Students from overseas (e.g., England) have also participated.
- **Psychology Students** – Clinical practicums are provided for both graduate and undergraduate students from the University of Northern Iowa, Cedar Falls.
- **Health Information Management Students** – The Institute offers practicums to both first year and second year students. The practicums are 130 to 240 hours long. Students come from Kirkwood Community College, Cedar Rapids, Northeast Iowa Community College, Peosta, Northeast Iowa Community College, Calmar and Indian Hills Community College, Ottumwa.
- **Activities Therapy Students** – Practicum training in the area of recreational therapy is provided. The practicums last a full semester and students come from University of Northern Iowa, Cedar Falls and University of Iowa, Iowa City.
- **Student Teachers** – Master's level teachers participate in student teaching programs during the summer months. Students come from Upper Iowa University, Fayette. In recent past, students from Drake University in Des Moines, University of Northern Iowa in Cedar Falls and University of Iowa, Iowa City have also participated.
- **Dental Hygiene Students** – The Dental Hygiene students come to the Institute for clinical experience. Students come from Hawkeye Community College in Waterloo. In addition, the Institute's dentist provides supervision to the Dental Hygiene students at the college campus in Waterloo.

Disaster Planning / Emergency Management

- **Disaster Assistance** – The Institute has assisted the City of Independence and surrounding communities over the years in numerous ways:
 - **Bomb Threat** – January 2002, a local business had a bomb threat and 172 of their employees were transported to campus the auditorium and kitchen to keep them warm due to the cold January night temperatures.
 - **Floods:**
 - May 1999 (22.35 ft.) – MHI assisted with storm watch, American Red Cross Shelter, prepared 20,893 meals in fifteen days, and the MHI Fire Department provided assistance with washing down streets.
 - July 1999 (18.80 ft.) – MHI assisted with storm watch and standby for fire protection and meals.

Appendix D – Independence MHI Training & Community Involvement (cont.)

- May 2004 (18.00 ft.) – MHI assisted with storm watch and standby for fire protection and meals.
- April 2008 (17.07 ft.) – MHI assisted with storm watch and standby for fire protection and meals.
- June 2008 (18.86 ft.) – MHI assisted with storm watch and standby for fire protection and meals.
- Ice Storm & Blizzard:
 - Shelter – The American Red Cross established a shelter on campus during two weekend storms in February and March of 2007. The shelter provided meals and sleeping quarters for eleven displaced Buchanan County residents.
- Shelter – In addition to providing shelter for flood and ice storm victims, the Institute has provided shelter for other disaster-related events:
 - Area Substance Abuse Council (ASAC) – ASAC was forced to evaluate from the June 2008 flooding in Cedar Rapids. The substance abuse program for women with children and pregnant women was relocated to campus for two months while their facilities were repaired.
 - Disaster Volunteers – Various groups have stayed overnight while providing disaster assistance to communities in Buchanan County:
 - Fall 1999 – a group provided flood disaster assessment and counseling.
 - Fall 2004 – a group provided flood disaster assessment and counseling.
 - Fall 2008 – a group provided flood disaster assessment and counseling.
 - Summer 2009 – Four different groups provided disaster repair services and counseling.
 - Four Oaks – Additional teenagers were brought to the Four Oaks program at MHI during the June 2008 flooding.
- **Emergency Management:**
 - Buchanan County Emergency Management Commission – MHI is a member of the commission, and the MHI representative is the Commission Secretary.
 - Emergency Operating Center (EOC) – The Safety Officer and Business Manager participate in the EOC during disasters.
- **Fire:**
 - MHI Fire Department – The MHI Fire Department has 14 members and a 1,250 gallons per minute pumper fire truck. The Institute has had a fire department since at least 1899.
 - Mutual Aid – Provide fire assistance upon request with the City of Independence and other county fire departments.
 - Parade – The MHI Fire Department participates annually in the July 4th and Homecoming parades.
 - Training – MHI has been the training site for numerous fire training exercises over the years:
 - Fire School – Held various forms of fire schools on campus sponsored by Buchanan County Fire Association or Quad County Fire Association. Many trailers and tanks have been part of these schools:
 - Flash Over Trailer – Trailer to simulate flash over explosions.
 - Hilltop – On campus Self Contained Breathing Apparatus (SCBA) maze.
 - Liquid Propane (LP) Tanks – Trailer to simulate LP tank fires.
 - Live Fire Trailer – Trailer to simulate live fire training.
 - SCBA Trailer – Trailer used to simulate a smoky maze atmosphere.

Appendix D – Independence MHI Training & Community Involvement (cont.)

- **Law Enforcement:**
 - Iowa State Patrol (ISP) – ISP officials have utilized the campus green space and available buildings to conduct various forms of training including statewide training events.
- **Nuclear Power Plant** – The Duane Arnold Energy Center (DAEC), Palo, Iowa, is Iowa's only nuclear power plant
 - Host County - Buchanan County, Independence and MHI provide radiological monitoring, decontamination, registration, and shelter for areas around the DAEC in the event of an accident.
 - FEMA - This program is evaluated every six years by the Federal Emergency Management Agency (FEMA) and been in existence since the early 1980's.
 - Inspection – October 2008, FEMA conducted an inspection on campus and the program received praise and no citations.
- **Weather School:**
 - Data – Annual storm-spotting data has been kept since 1998 and shared with local emergency response personnel and the National Weather Service.
 - Storm Spotters – MHI Fire & Security perform storm spotting along with other County Fire Departments. The Institute is high ground, center of the county, and five stories above the ground with a bird's eye view
 - Tornadoes – Seven tornadoes have been observed from the fifth floor tower over the years along with numerous wall clouds and cloud rotation.
 - Weather School - Annual weather school training, conducted by the Quad Cities National Weather Service, is held on campus. Attendees include dispatch, fire, medical, and law enforcement personnel from in and around Buchanan County.

Community Involvement

- **Auditorium** – The Institute's auditorium is frequently used for presentations and/or training by:
 - Groups – Local groups, state agencies and schools.
 - Church services – The auditorium or small chapels are used for Sunday church services for individuals.
- **Community Involvement** – Staff are involved in numerous municipal and civic organizations within the City of Independence:
 - Chamber of Commerce – Two staff members are members of the Chamber of Commerce Ambassadors and one was the President of Chamber of Commerce in the past.
 - City Council – Two employees are on the seven-member Independence City Council (one Mayor Pro Tem).
 - School Board – Two employees are on the five-member school board (one Vice President).
 - Programming Committee – Two staff members are on the Independence Light, Power & Telecommunications cable television programming committee (one Chair).
 - Youth Sports – Numerous staff have coached youth sports in the city and other local communities over the years.
- **Fairs** – Individuals in treatment participate in the following fairs with various activities and pumpkins:
 - Buchanan County Fair
 - Waterloo Cattle Congress
 - Iowa State Fair

Appendix D – Independence MHI Training & Community Involvement (cont.)

- **Fireworks** – For over eighty years, until 2004, the Institute set-off fireworks on campus for 5,000 to 10,000 people.
- **Gardens** – Staff and area Master Gardeners have provided time and energy to enhance the campus with flower gardens.
- **Hosts:**
 - ICN Conferences
 - Citizens Advisory Board meetings
 - American Red Cross meetings
- **Recreation** – The following athletic activities occur regularly on campus:
 - Cross Country – One to two middle and high school cross country meets are held on campus each year. The Institute has hosted Invitational, Conference and District (sub-state) meets.
 - Golf – Driving and miniature courses.
 - Nature & Exercise Trail
 - Soccer – Two fields on campus for fall and spring leagues for middle school age children (Cedar Valley Soccer Association) to high schools teams (Boys Jr. Varsity and Varsity).
 - Tennis Courts
- **RAGBRAI** – July 2007, over two hundred bicyclists and support staff stayed overnight on campus.
- **Speakers Bureau** – Provide staff speakers for a wide variety of topics from clinical to weather.
- **Tours** – MHI annually provides tours of the buildings, campus and programs to 2,000 visitors.

Appendix E – Independence MHI FY2009 Admissions by County

Independence Adult Psychiatric

Ranked by Utilization Rate per 100,000		Ranked by # of Admissions	
Fayette	89.21	Black Hawk	21
Delaware	38.83	Fayette	19
Benton	22.22	Linn	17
Other	21.98	Delaware	7
Buchanan	19.03	Benton	6
Black Hawk	16.68	Clinton	6
Clayton	16.36	Dubuque	6
Jones	14.63	Scott	6
Floyd	12.16	Buchanan	4
Clinton	12.07	Other	3
Howard	10.31	Clayton	3
Mahaska	8.94	Jones	3
Linn	8.55	Jasper	3
Jasper	7.96	Dallas	3
Chickasaw	7.96	Johnson	3
Butler	6.63	Floyd	2
Dubuque	6.55	Mahaska	2
Mills	6.54	Howard	1
Iowa	6.23	Chickasaw	1
Page	6.15	Butler	1
Dallas	5.80	Mills	1
Poweshiek	5.28	Iowa	1
Buena Vista	4.96	Page	1
Jackson	4.92	Poweshiek	1
Bremer	4.22	Buena Vista	1
Scott	3.73	Jackson	1
Wapello	2.78	Bremer	1
Webster	2.56	Wapello	1
Johnson	2.56	Webster	1
Des Moines	2.45	Des Moines	1
Muscatine	2.34	Muscatine	1
Cerro Gordo	2.24	Cerro Gordo	1
Pottawattamie	1.11	Pottawattamie	1
Polk	0.25	Polk	1

Appendix E – Independence MHI FY2009 Admissions by County (cont.)

Independence Child Psychiatric

Ranked by Utilization Rate per 100,000		Ranked by # of Admissions	
Buchanan	47.58	Linn	14
Wapello	13.90	Buchanan	10
Delaware	11.10	Dubuque	7
Fayette	9.39	Black Hawk	6
Bremer	8.45	Scott	5
Lee	8.17	Wapello	5
Chickasaw	7.96	Lee	3
Dubuque	7.64	Muscatine	3
Linn	7.04	Bremer	2
Muscatine	7.02	Delaware	2
Page	6.15	Fayette	2
Jackson	4.92	Benton	1
Black Hawk	4.77	Chickasaw	1
Benton	3.70	Des Moines	1
Scott	3.11	Jackson	1
Jasper	2.65	Jasper	1
Webster	2.56	Page	1
Des Moines	2.45	Story	1
Story	1.25	Webster	1

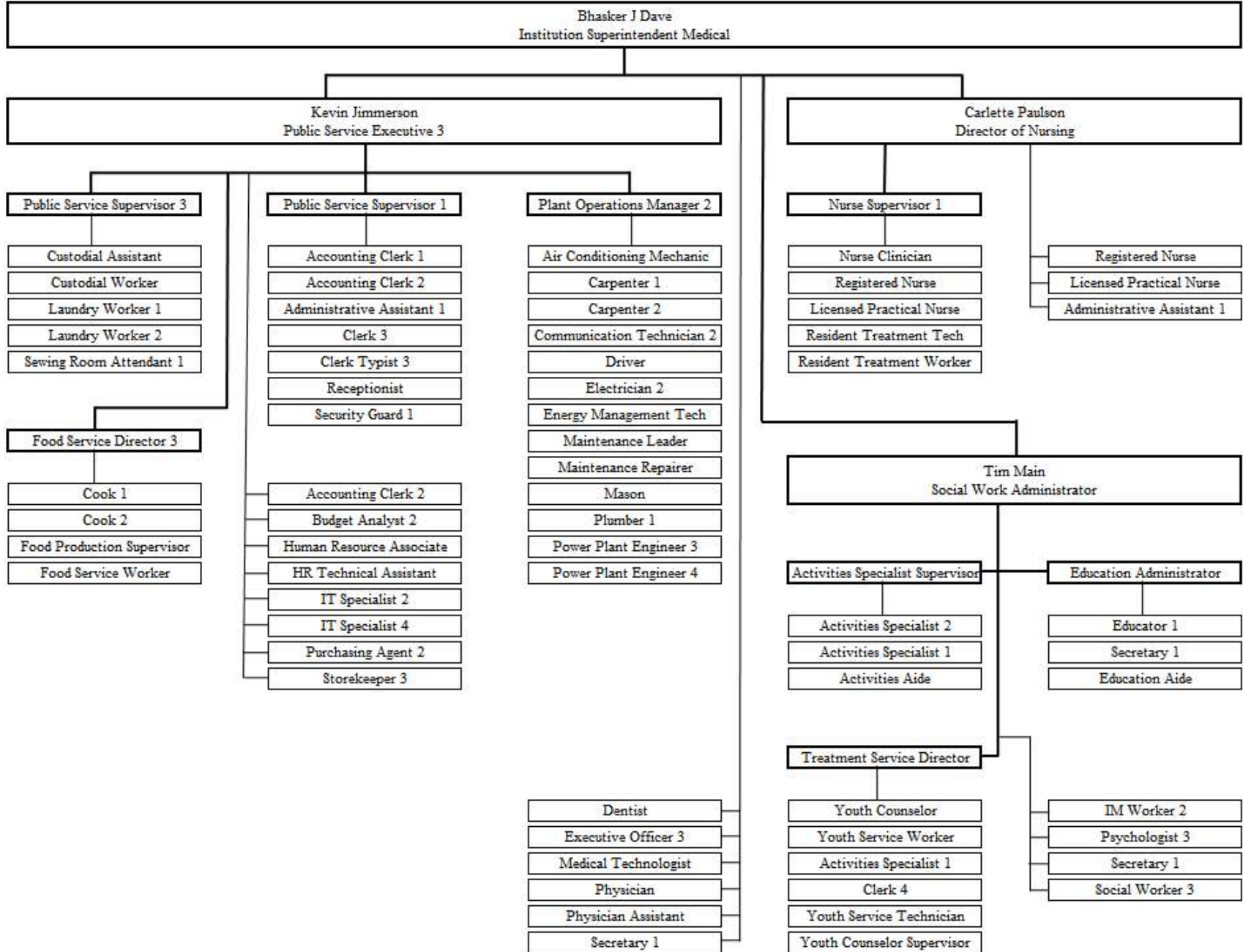
Independence Adolescent Psychiatric

Ranked by Utilization Rate per 100,000		Ranked by # of Admissions	
Buchanan	328.27	Buchanan	69
Wapello	25.02	Linn	11
Chickasaw	7.96	Wapello	9
Butler	6.63	Scott	4
Jefferson	6.26	Johnson	2
Tama	5.58	Marshall	2
Linn	5.53	Benton	1
Cedar	5.48	Black Hawk	1
Marshall	5.07	Bremer	1
Henry	4.94	Butler	1
Washington	4.66	Cedar	1
Bremer	4.22	Cerro Gordo	1
Benton	3.70	Chickasaw	1
Marion	3.03	Dallas	1
Lee	2.72	Des Moines	1
Scott	2.48	Dubuque	1
Des Moines	2.45	Henry	1
Muscatine	2.34	Jefferson	1
Cerro Gordo	2.24	Lee	1
Dallas	1.93	Marion	1
Johnson	1.71	Muscatine	1
Story	1.25	Polk	1
Dubuque	1.09	Story	1
Black Hawk	0.79	Tama	1
Polk	0.25	Washington	1

Independence PMIC

Ranked by Utilization Rate per 100,000		Ranked by # of Admissions	
Buchanan	575.67	Buchanan	121
Cherokee	8.17	Cherokee	1

Appendix F – Independence MHI Table of Organization



Appendix G – Independence MHI Summary by Position/Title

Position / Title	Count
Accounting Clerk 1	1
Accounting Clerk 2	3
Activities Aide	1
Activities Specialist 1	8
Activities Specialist 2	3
Activities Specialist 2, Supervisor	1
Administrative Assistant 1	2
Air Conditioning Mechanic	1
Budget Analyst 2	1
Carpenter 1	3
Carpenter 2	1
Clerk 3	3
Clerk 4	1
Clerk Typist 3	1
Communication Technician 2	1
Cook 1	2
Cook 2	2
Custodial Assistant	1
Custodial Worker	11
Dentist	1
Director Of Nursing	1
Driver	2
Education Administrator	1
Education Aide	6
Educator 1	11
Electrician 2	1
Energy Management Technician	1
Executive Officer 3	1
Food Production Supervisor	1
Food Service Director 3	1
Food Service Worker	12
Human Resource Associate	1
Human Resource Technical Assistant	1
Income Maintenance Worker 2	1
Information Technology Specialist 2	2
Information Technology Specialist 4	1
Institution Superintendent Medical	1

Position / Title	Count
Laundry Worker 1	3
Laundry Worker 2	1
Licensed Practical Nurse	12
Maintenance Leader	1
Maintenance Repairer	2
Mason	1
Medical Technologist	2
Nurse	1
Nurse Clinician	1
Nurse Supervisor 1	6
Physician	3
Physician Assistant	1
Plant Operations Manager 2	1
Plumber 1	1
Power Plant Engineer 3	4
Power Plant Engineer 4	1
Psychologist 3	1
Public Service Executive 3	1
Public Service Supervisor 1	1
Public Service Supervisor 3	1
Purchasing Agent	1
Receptionist	3
Resident Treatment Technician	8
Resident Treatment Worker	70
Registered Nurse	26
Secretary 1	3
Secretary 2	1
Security Guard 1	1
Sewing Room Attendant 1	1
Social Work Administrator	1
Social Worker 3	6
Storekeeper 3	1
Treatment Services Director	1
Youth Counselor	4
Youth Counselor Supervisor	2
Youth Service Worker	10