

OVERVIEW OF THE CLARINDA 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 Clarinda Mental Health Institute (MHI) represents one of four state-operated MHIs, with the others being located in Cherokee, Independence, and Mount Pleasant. Clarinda MHI provides critical access to quality acute psychiatric care for Iowa's adults needing mental health treatment, and provides specialized mental health-related services, including a psychogeriatric program.

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

Clarinda 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 Clarinda 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

Clarinda MHI is licensed as a hospital under Iowa Code §135B, and the geropsychiatric program is licensed as a nursing home under Iowa Code §135B, and surveyed under 42 CFR part 483 as a Nursing Facility.

History

The cornerstone of the Clarinda Asylum for the Insane was laid on July 4th, 1885. It was the third of four State Institutions for mental illness built in Iowa. The main building was constructed on 513 acres of land just north of Clarinda, Iowa. Within two weeks of its opening on December 13th, 1888, there were 241 individuals in residence. By 1949, the population had grown to 1,551 patients. By 1952, the Institution was basically self-sufficient; growing or making everything it needed from food to furniture on its 1,060 acres.

The Modern Gothic style of the main building was built using the Kirkbride model, which was a corridor connected pavilion plan. With all the buildings connected by tunnels, it was reportedly the longest building under one roof in the world. It was designed so that natural sunlight would come into each room at some time during the day.

With the advent of psychotropic medications during the 1950's and the growing concern for appropriate care, by the year 2000 the census had decreased to 83 individuals in a facility located on 220 acres of land.

In 1980, the Clarinda Correctional Facility, a minimum security prison, opened in "Hope Hall", which was originally built in 1931 to house the infirm mentally ill. The facility's legislative mandate was to serve chemically dependent and special needs offenders. At that time, the MHI and the Clarinda Correctional Facility (CCF) became collectively known as the Clarinda Treatment Complex (CTC), the first State facility to share large numbers of staff between correctional and mental health programs. Initially shared services included administration, chaplain, dental, dietary, laboratory, laundry, medical, maintenance, pharmacy, psychiatric, psychology, X-ray, and storeroom staff.

In November of 1991, CTC became the site of the States' then-only nursing facility for the mentally ill. This Geropsychiatric program serves nursing home level residents with psychiatric components so severe that they cannot be served in traditional community nursing homes. The program has essentially remained at capacity since that time. Operational beds were originally established at 60 when the program opened, later being reduced to 35 due to budgetary constraints.

In 1992, the Clarinda Youth Corporation (CYC), a private facility for adjudicated juvenile male offenders ages 14-18 began leasing space on the campus. CYC later expanded to include females and a male shelter care program. Sharing staff/services had proven to be very cost effective, and this practice was expanded to include CYC in the areas of dietary, housekeeping, and maintenance.

In 1996, DOC offenders were moved to a new prison built on the northern side of the campus. This increased the design capacity from the original 120 to 750. This facility currently houses approximately 900 medium security inmates. In 2000, H&H Cargo, a division of the H&H Trailer Company, began what is now the largest public/private industry partnership on any correctional campus in the state. Offenders produce 70 cargo trailers per week inside the fence of the facility.

In 2004, the "Employees Lodge" was closed and renovations begun to convert it into living space for approximately 225 minimum-security offenders. These offenders work on the campus in the dietary department, the maintenance department, laundry, storeroom and the MHI housekeeping department. They may also work for governmental agencies off campus. This building was opened in early 2005.

Today

Operational Beds

During FY2009 and year-to-date in FY2010, Clarinda MHI has sustained an operating capacity of 55 beds as shown in Table 1, representing 19.2 % 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
Clarinda Operational Bed Capacity, FY2010

| Program | # of Beds | % of State MHI beds |
|-----------------------|-----------|---------------------|
| Adult | 20 | 16.7 % |
| Geropsychiatric | 35 | 100.0 % |
| MHI Total Beds | 55 | 19.16 % |

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.

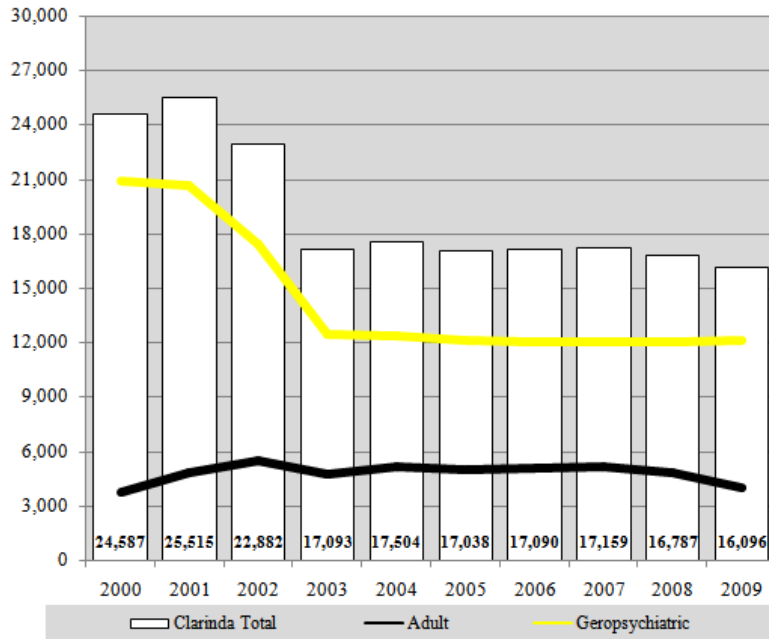
Table 2
Clarinda Operational Bed Configuration, FY2010

| Program | Open Wards | | Locked Wards | | Sex |
|-----------------------|------------|------|--------------|------|------|
| | Ward | Beds | Ward | Beds | |
| Adult | - | - | SW4 | 20 | Coed |
| Geropsychiatric | - | - | SW1 | 20 | Coed |
| | | | SW3 | 15 | Coed |
| MHI Total Beds | 0 | | 55 | | |

Patient Days

Patient days are the number of days wherein an individual resides in the Institution and receives services from the Institution. In FY2009, there were 16,096 patients days utilized at Clarinda MHI, representing a decrease of 34.5 % from FY2000 as illustrated in Chart 1.

Chart 1
Clarinda Patient Days, FY2000 – FY2009

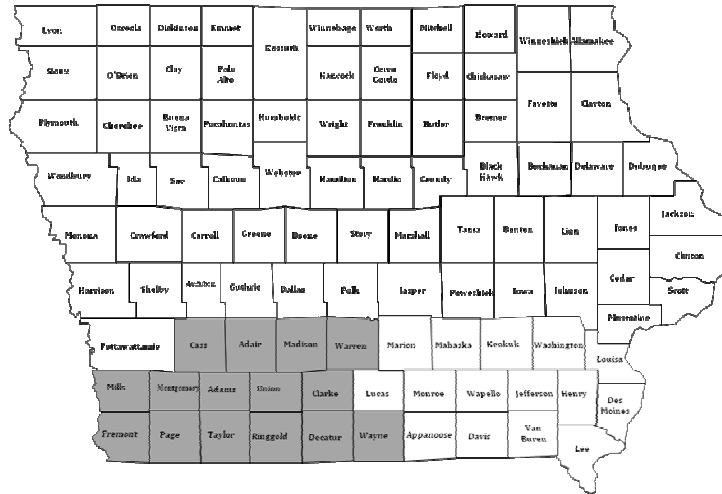


Catchment Areas

Beginning in FY1992, and through today, the State’s catchment areas for adult psychiatric services were realigned to account for the change in operational capacities at the MHIs and Clarinda’s adult catchment area is illustrated in Chart 2.

The geropsychiatric program at Clarinda accepts admissions from the entire State.

Chart 2
Clarinda Adult Catchment Areas



Buildings and Grounds

Clarinda MHI has 561,000 square feet of building space in campus buildings and structures. In addition, the campus is situated on 220 acres of land as shown in Table 3. Of these acres, 9 are farmed by the Department of Corrections.

Table 3
Clarinda 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 |
|----------|-------------|------------------------|---------------------|--|-------------------------------|
| Clarinda | 220.00 | 31.2 % | 9.00 | 561,000 | 29.8 % |

Appendix A contains a map of the Clarinda campus.

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

Leased Space

Clarinda 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

The Clarinda Mental Health Institute has a long history of interaction with the Clarinda community and Southwest Iowa. The hospital has served in the education of nursing students since 1896 and continues that tradition today. Training programs are available in many disciplines on the Campus. Additionally, the local National Guard, the Iowa State Patrol, and Statewide canine units participate in training on the hospital grounds.

The hospital continues to serve in the development of the Community in Emergency management and disaster relief programs. The Fire Department provides mutual aid to surrounding communities.

The staff of the hospital has been active in the community in many different functions; individuals have served/serving on the Clarinda Foundation Board, Clarinda Cardinal Booster Club, Volunteer Fire Departments in the area, School Board members, civic organizations, Military Honor Guards, and many other groups too numerous to mention.

The hospital has been a community resource for many functions including youth athletic programs, community theater, Glenn Miller festival, craft carnivals, road races, high school athletic events and practices, etc.

The hospital also provides educational programs for local schools, MHI tours for different groups, and various speakers on topics related to mental health.

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

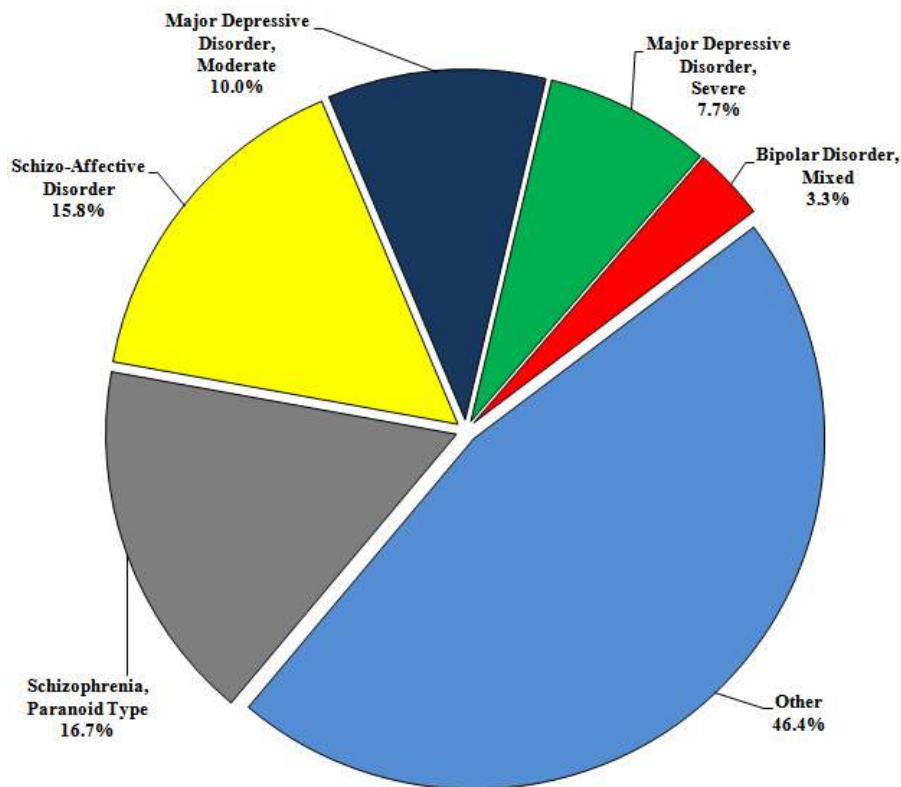
Populations Served

Diagnosis

Adult admissions to Clarinda MHI typically have one or more diagnoses that would be described as serious and chronic in nature. These include schizophrenia (paranoid type), schizoaffective disorder, major depressive disorder (moderate and severe), bipolar 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 Clarinda's adult psychiatric program in FY2009 are illustrated in Chart 3. FY2009 is similar to previous years in terms of trending.

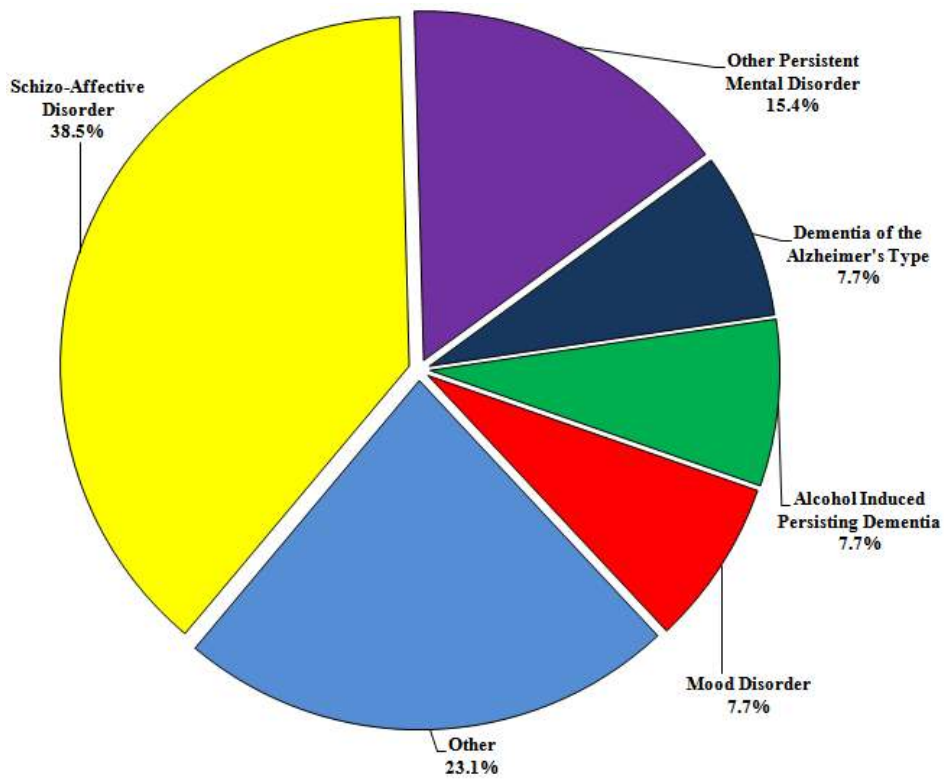
Chart 3
Clarinda Principal Diagnosis at Time of Admission, Adult Psychiatric, FY2009



Geropsychiatric admissions to Clarinda MHI typically have diagnoses such as schizoaffective disorder, dementia (Alzheimer's type), alcohol-induced persisting dementia, mood disorders, other persistent mental disorders, and others.

Principal diagnoses of individuals admitted to Clarinda's geropsychiatric program in FY2009 are illustrated in Chart 4. FY2009 is similar to previous years in terms of trending.

Chart 4
Clarinda Principal Diagnosis at Time of Admission, Geropsychiatric, FY2009



Commitment Type

The majority of the individuals admitted to Clarinda 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
Clarinda Involuntary Commitments by Program, FY2009

| Program | Clarinda |
|--------------------|-----------------|
| Adult | 57.4 % |
| Geropsychiatric | 61.5 % |
| MHI Overall | 57.6 % |

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 adult psychiatric admissions in FY2009, 38.0 % of the referrals made to the adult psychiatric program came from family members/relatives of the individual, as illustrated in Chart 5. Also in FY2009, 61.5 % of the referrals made to the geropsychiatric program came from nursing homes, as illustrated in Chart 6.

Chart 5
Clarinda Adult Referral Sources, FY2009

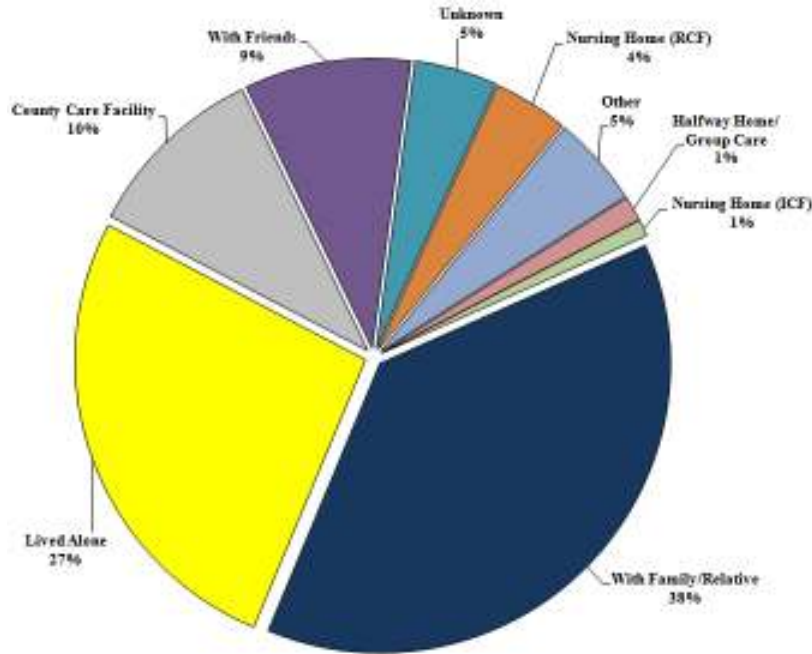
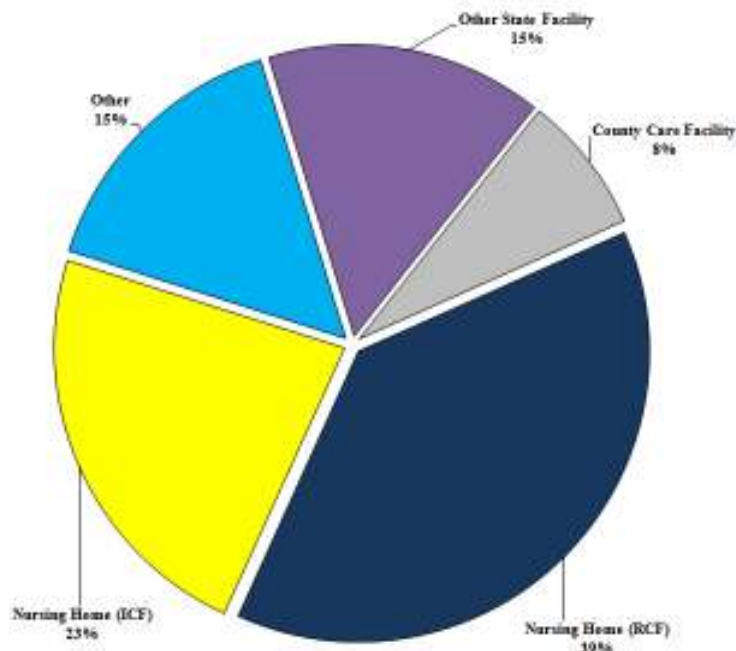


Chart 6
Clarinda Geropsychiatric Referral Sources, FY2009



Key Demographics of Individuals Served in FY2009

Adult Psychiatric

Of the FY2009 adult psychiatric admissions, males accounted for 59.7 % and females for 40.3 %; this percentage has remained relatively consistent as illustrated in Chart 7. In FY2009, 57.4 % of individuals were involuntarily admitted, and this percentage has also remained relatively consistent since FY2000 as illustrated in Chart 8.

Chart 7
Clarinda Adult Admissions, by Sex

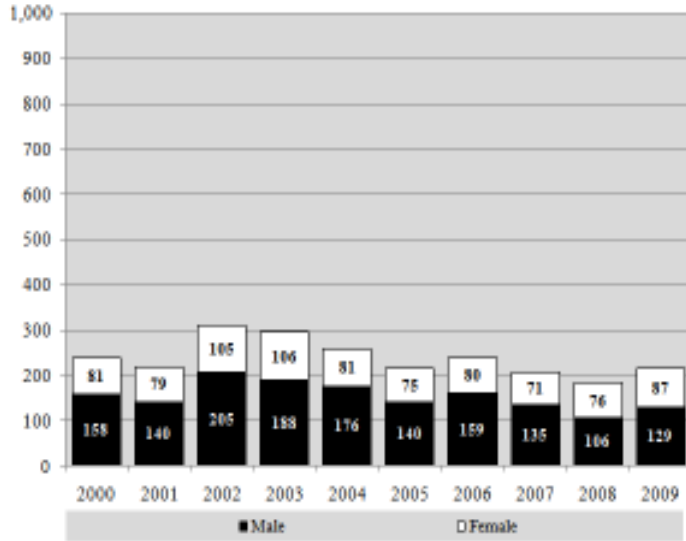
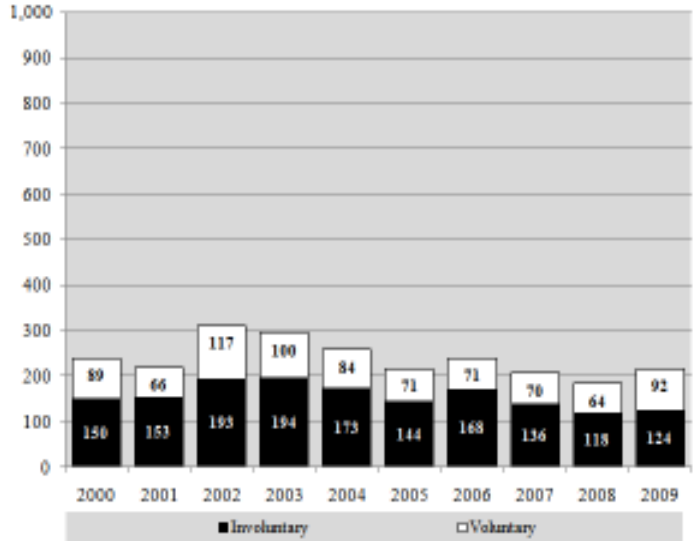


Chart 8
Clarinda Adult Admissions, by Legal Status



The average age at time of admission was 39.8 years in FY2009, with adult psychiatric admissions ranging in age from 18 to 76 years of age as illustrated in Chart 9. In FY2009, 96.8 % of adults admitted were white, non-Hispanic as illustrated in Chart 10.

Chart 9
Clarinda Adult Admissions, by Age

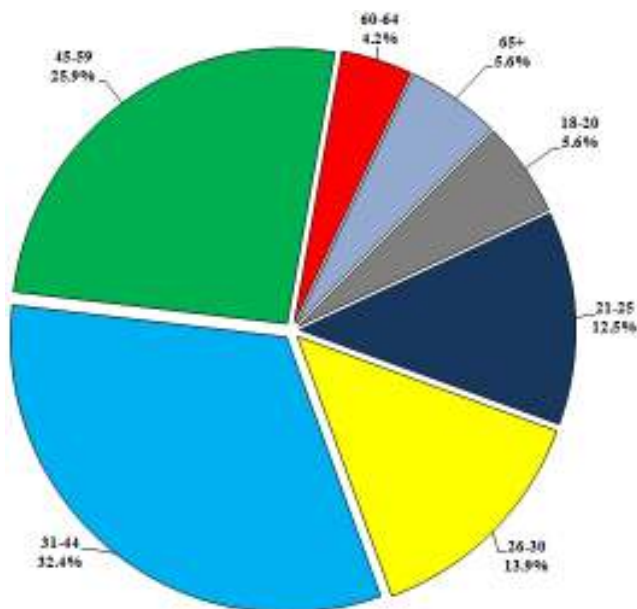
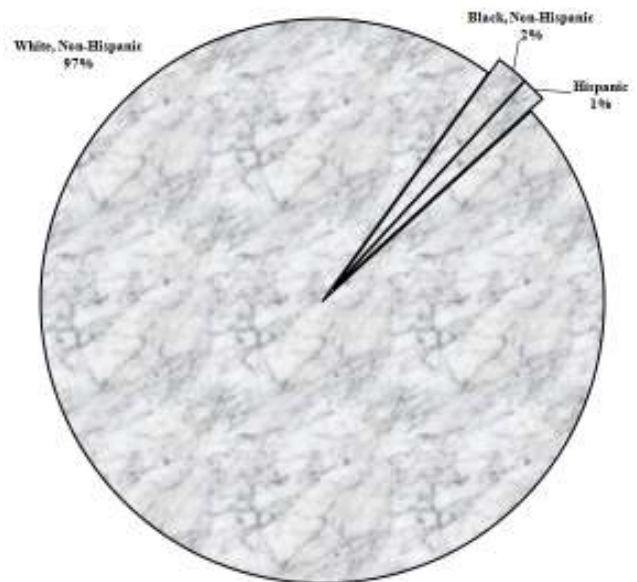


Chart 10
Clarinda Adult Admissions, by Ethnicity



Geropsychiatric

Of the FY2009 geropsychiatric admissions, males accounted for 69.2 % and females for 30.8 %; this percentage has fluctuated as illustrated in Chart 11. In FY2009, 61.5 % of individuals were involuntarily admitted, and this percentage has also fluctuated since FY2000 as illustrated in Chart 12.

Chart 11

Clarinda Geropsychiatric Admissions, by Sex

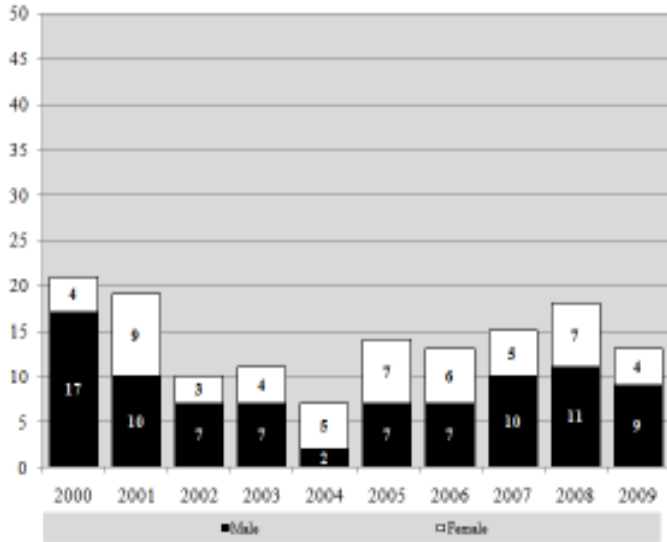
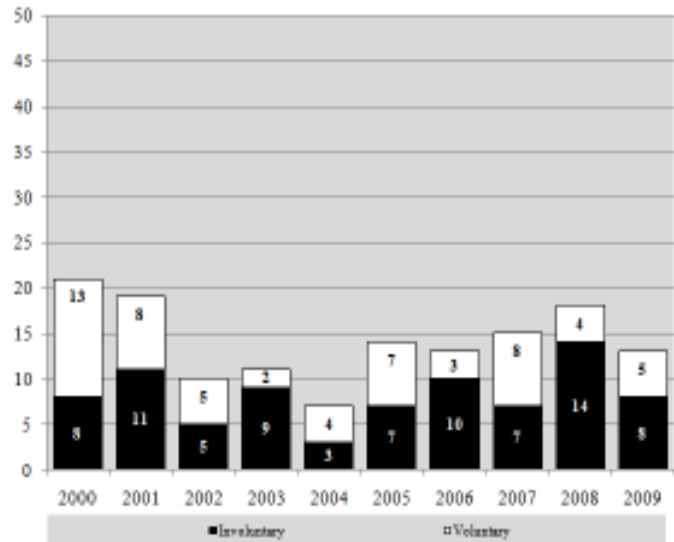


Chart 12

Clarinda Geropsychiatric Admissions, by Legal Status



The average age at time of admission was 67.2 years in FY2009, with geropsychiatric admissions ranging in age from 55 to 83 years of age as illustrated in Chart 13. In FY2009, 100 % of individuals admitted were white, non-Hispanic as illustrated in Chart 14.

Chart 13

Clarinda Geropsychiatric Admissions, by Age

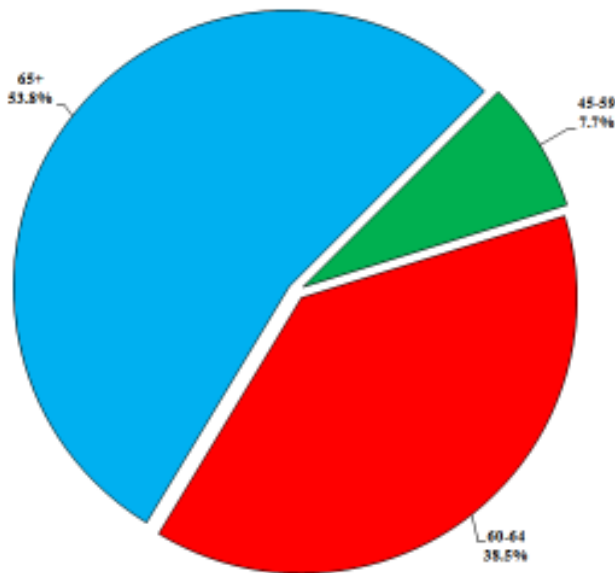


Chart 14

Clarinda Geropsychiatric Admissions, by Ethnicity

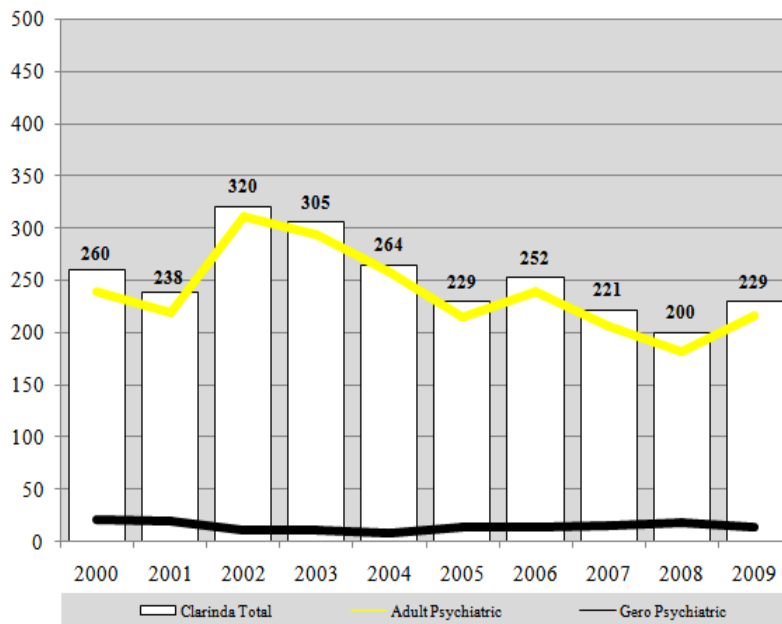


Admission Trends

Typically, Clarinda 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 geropsychiatric beds are directly related to the availability of alternative community-based treatment options.

There has been an 11.9 % decrease in admissions (from 260 to 229) during the past ten years as illustrated in Chart 15.

Chart 15
Clarinda Total Admissions by Program, FY2000 – FY2009



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

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

| Program | Increase / Decrease |
|--------------------|---------------------|
| Adult | (9.6 %) |
| Geropsychiatric | (38.1 %) |
| MHI Overall | (11.9 %) |

Appendix E identifies the counties of admission to the Clarinda 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 Clarinda MHI admissions will stay fairly constant; however this is largely dependent on local capacity to continue to serve individuals with challenging and complex issues.

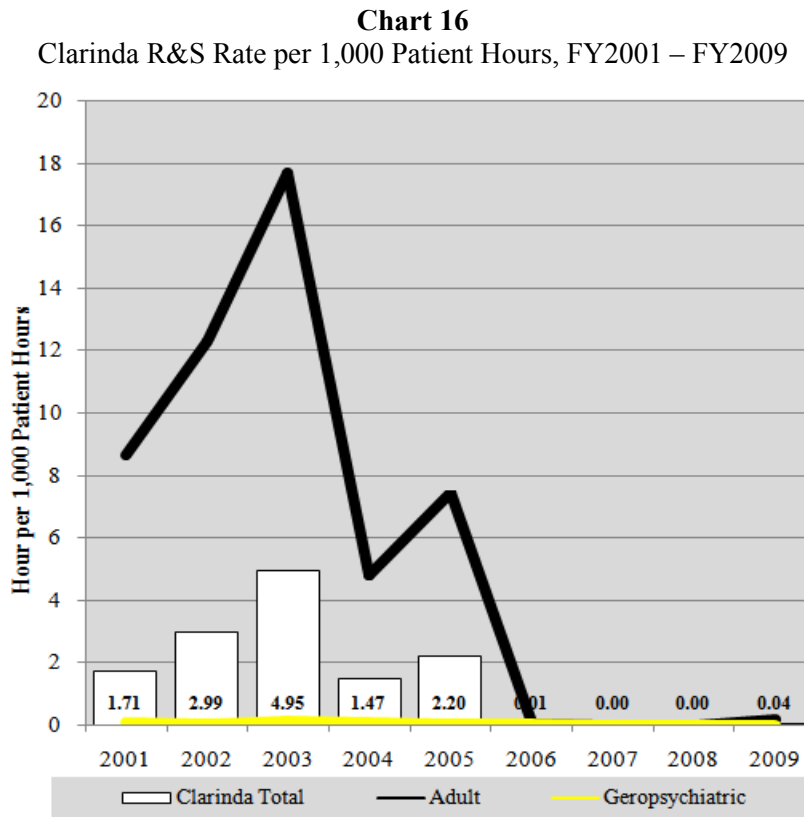
Restraint & Seclusion Reductions

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 Clarinda 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 Clarinda MHI was 0.04, representing an overall decrease in restraint and seclusion rate of use of 97.7% since FY2001 as illustrated in Chart 16.



In the last four fiscal years, four individuals required the use of restraint, utilizing a total of 4.40 hours. During that same time period, six individuals required the use of seclusion, utilizing a total of 16.75 hours

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 Clarinda’s adult psychiatric program has increased 12.5 %, from 16 days in FY2000 to 18 days in FY2009 as illustrated in Chart 17. During that same reporting period, the median length of service has remained essentially unchanged as illustrated in Chart 18.

Chart 17

ALOS – Clarinda Adult, FY2000 – FY2009

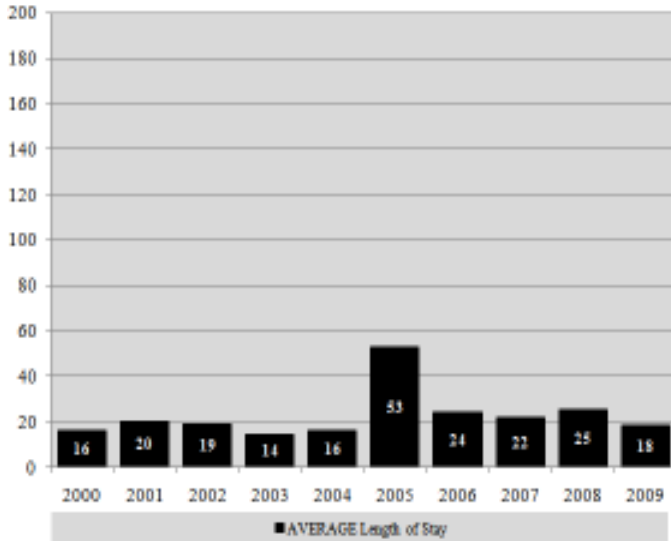
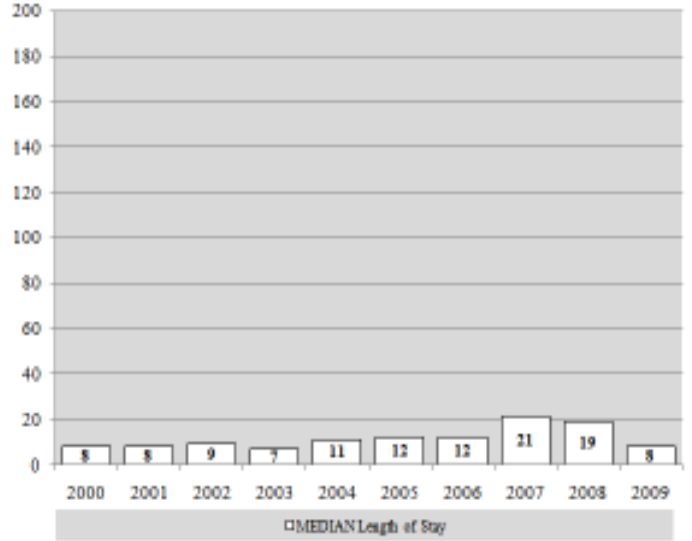


Chart 18

MLOS – Clarinda 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 19 and 20.

Chart 19

ALOS – Clarinda Adult, by Ethnicity, FY2009

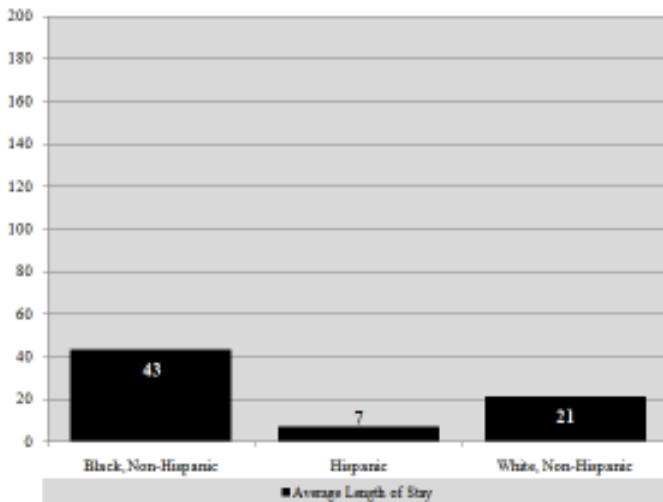
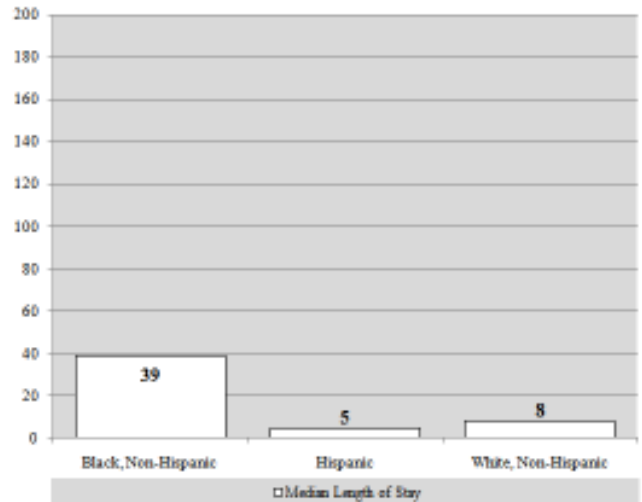


Chart 20

MLOS – Clarinda Adult, by Ethnicity, FY2009



Geropsychiatric

In the past ten years, the average length of service for individuals served in the geropsychiatric program has decreased 41.1 %, from 1,152 days in FY2000 to 678 days in FY2009 as illustrated in Chart 21. During that same reporting period, the median length of service for individuals served in the geropsychiatric program has decreased 88.9 %, from 975 days in FY2000 to 108 days in FY2009 as illustrated in Chart 22.

Chart 21

ALOS – Clarinda Geropsychiatric, FY2000 – FY2009

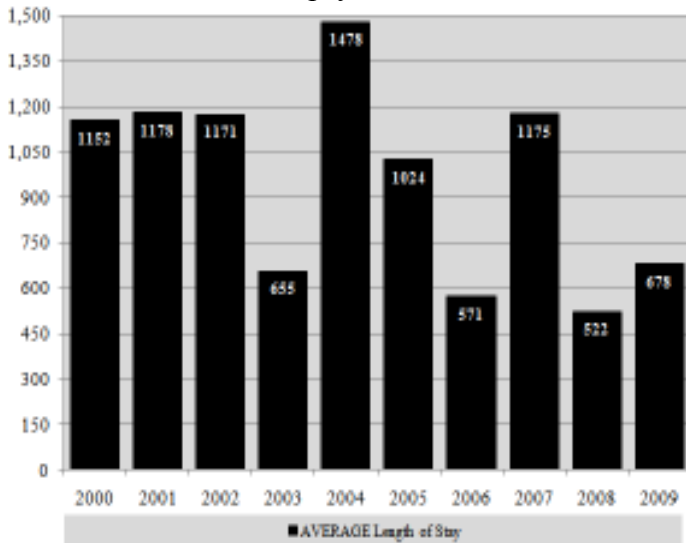
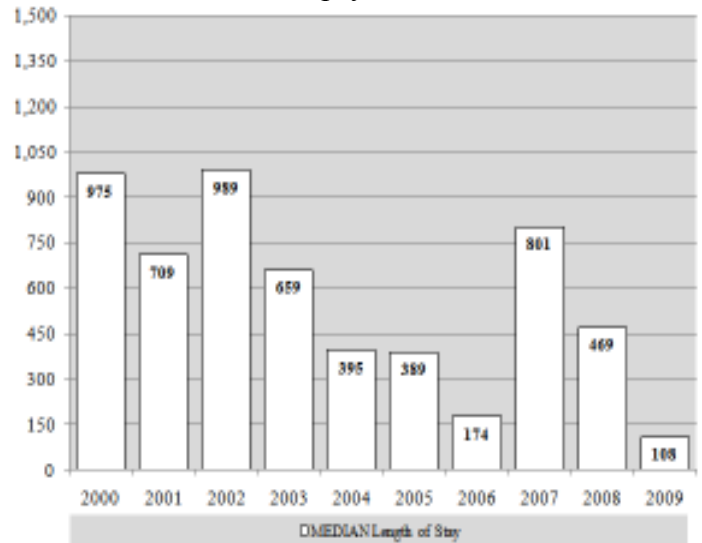


Chart 22

MLOS – Clarinda Geropsychiatric, FY2000 – FY2009



In FY2009, the average length of service and median length of service for individuals discharged from the geropsychiatric program, by ethnicity, are illustrated in Charts 23 and 24.

Chart 23

ALOS – Clarinda Geropsychiatric, by Ethnicity, FY2009

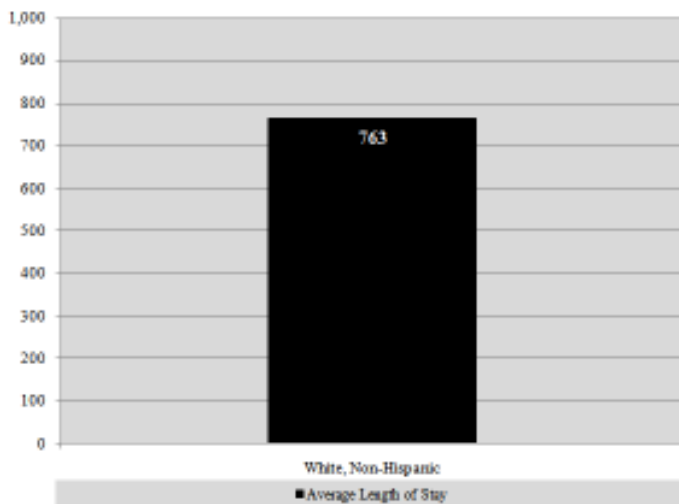


Chart 24

MLOS – Clarinda Geropsychiatric, by Ethnicity, FY2009

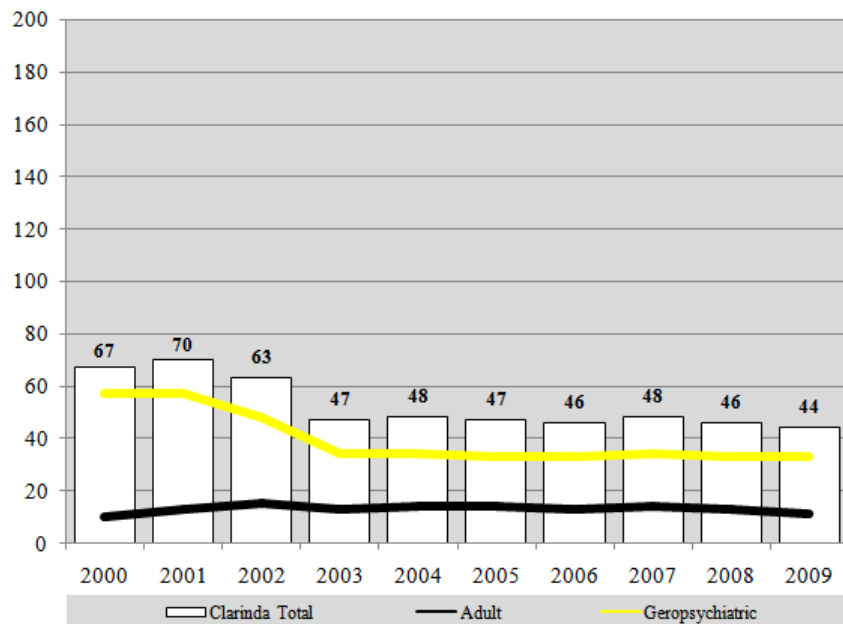


Average Daily Census

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, Clarinda’s overall average daily census has decreased 34.3%, from 67 in FY2000 to 44 in FY2009 as illustrated in Chart 25. The decrease in the average daily census is largely attributed to the corresponding 38.3 % decrease in operational capacity that occurred in 2002-2003.

Chart 25
Clarinda Average Daily Census by Program, FY2000 – FY2009



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

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

| Program | Increase / Decrease |
|--------------------|---------------------|
| Adult | 10.0 % |
| Geropsychiatric | (42.1 %) |
| MHI Overall | (34.3 %) |

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 Clarinda adult psychiatric program were discharged to the following locations as noted in Table 8.

Table 8
Clarinda Adult Psychiatric Discharge Locations, FY2009

| Discharge Location | % of Individuals |
|--|------------------|
| Lives with Relatives / Family | 31.9 % |
| Live Alone | 20.5 % |
| County Care Facility | 15.2 % |
| Live with Friend | 11.0 % |
| Other (<i>Supervised Apartment, Other State Institution, etc.</i>) | 15.2 % |
| Other Residential Care Facility | 6.2 % |

Geropsychiatric

In FY2009, individuals served by the Clarinda geropsychiatric program were discharged to the following locations as noted in Table 9.

Table 9
Clarinda Geropsychiatric Discharge Locations, FY2009

| Discharge Location | % of Individuals |
|---|------------------|
| Other * | 71.4 % |
| Nursing Home – Intensive Care Facility | 14.3 % |
| Nursing Home – Skilled Nursing Facility | 7.1 % |
| Other State Institution | 7.1 % |

* Of the 14 discharges from the geropsychiatric program in FY2009, 10 were as a result of death, either while at the Clarinda MHI, or while on temporary medical transfer to a medical hospital.

Treatment Services Provided

Clarinda MHI provides diagnostic evaluations 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 Clarinda 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

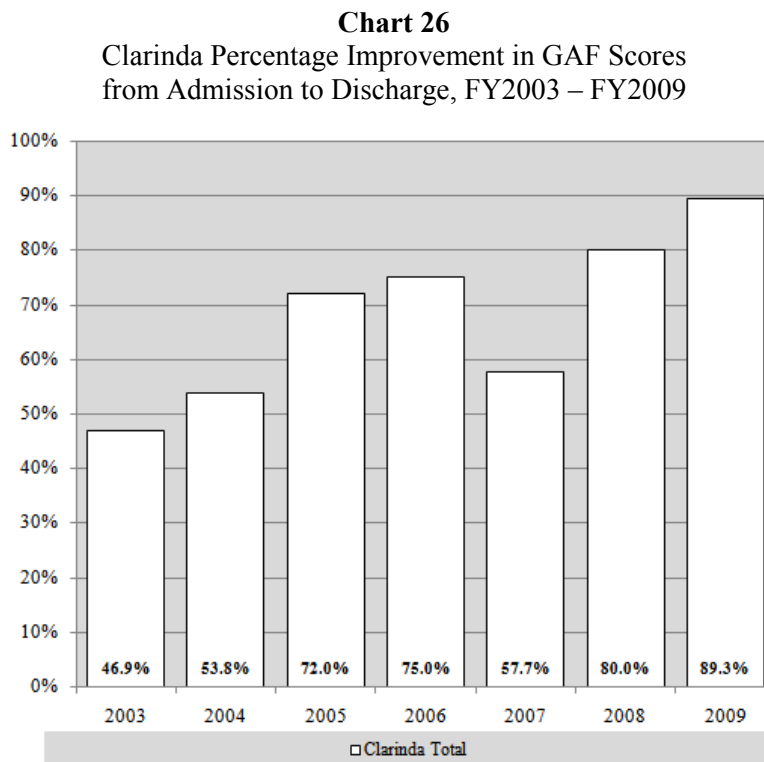
The DHS recognizes the need for regular feedback on outcomes to help the MHIs improve their service delivery. Outcome measurement is a process by which the DHS can help meet these needs.

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 Clarinda MHI adult psychiatric program improved an average of 89.3 % on the GAF assessment as illustrated in Chart 26.



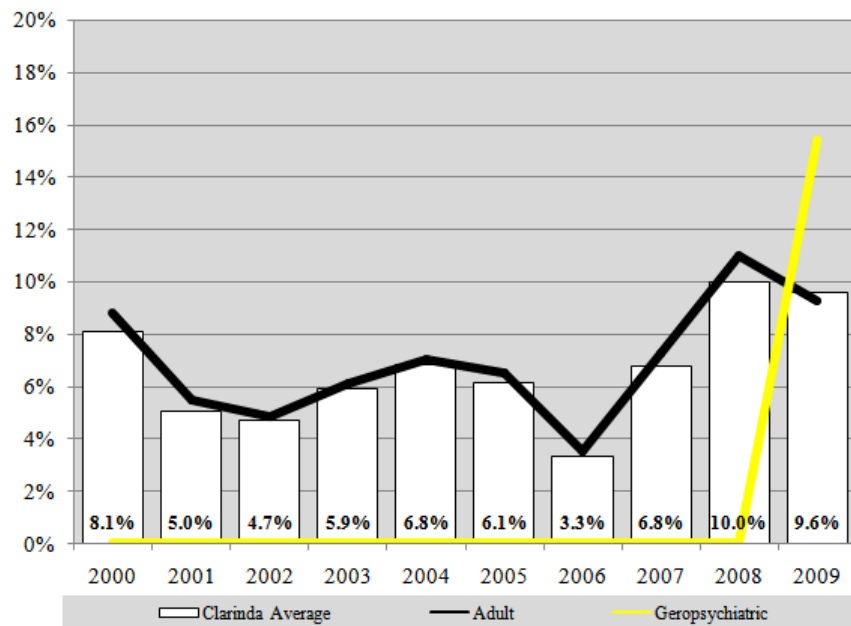
Rehospitalization

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, 9.6 % of individuals discharged from the Clarinda MHI were rehospitalized at the MHI within thirty (30) days of discharge as illustrated in Chart 27, representing a 1.5 % increase from FY2000 to FY2009.

Chart 27
Clarinda Percentage of Rehospitalization within 30 Days of Discharge, FY2000 – FY2009



Individual program rehospitalization rates have increased/decreased as noted in Table 10.

Table 10
Clarinda Change in Percentage of Rehospitalization within 30 Days of Discharge, by Program, FY2000 – FY2009

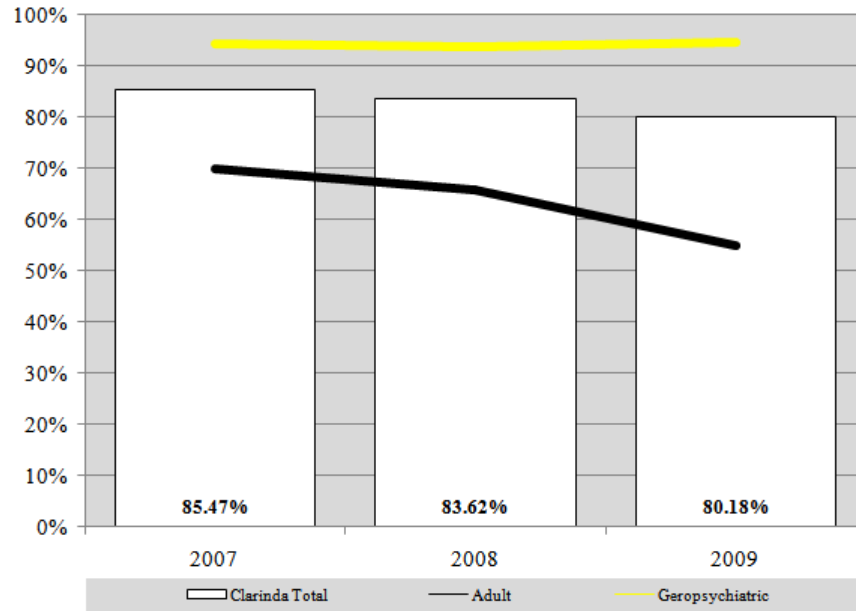
| Program | Increase / Decrease |
|--------------------|---------------------|
| Adult | 0.52 % |
| Geropsychiatric | 15.4 % |
| MHI Overall | 1.5 % |

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, 80.18 % of the total available bed days were occupied by an individual as illustrated in Chart 28.

Chart 28
Clarinda Occupancy Rate, FY2007 – FY2009

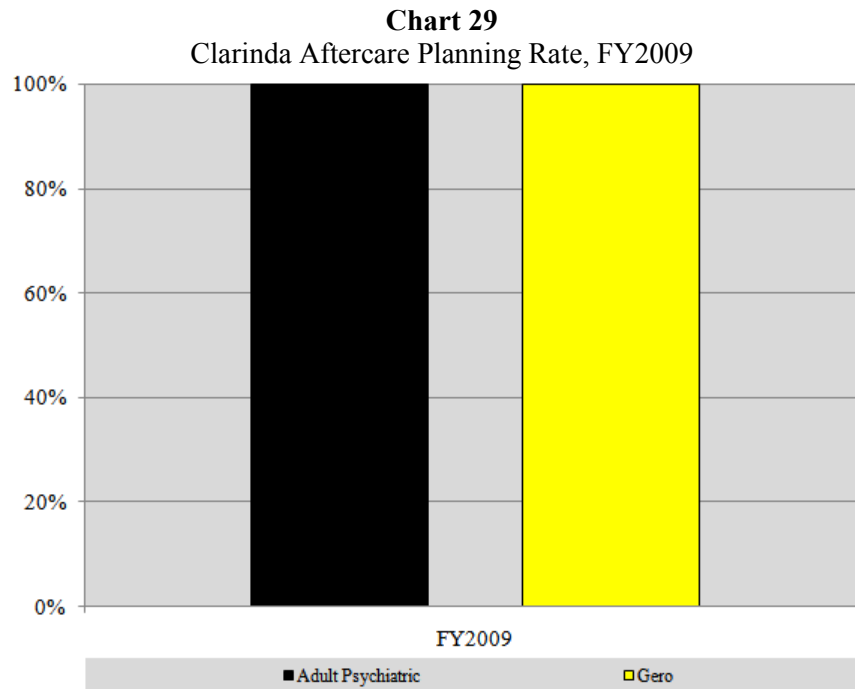


Aftercare & Discharge Planning

Following discharge from the Clarinda 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, 100.0 % of the total individuals discharged from the Clarinda MHI were discharged with an aftercare plan in place as illustrated in Chart 29.

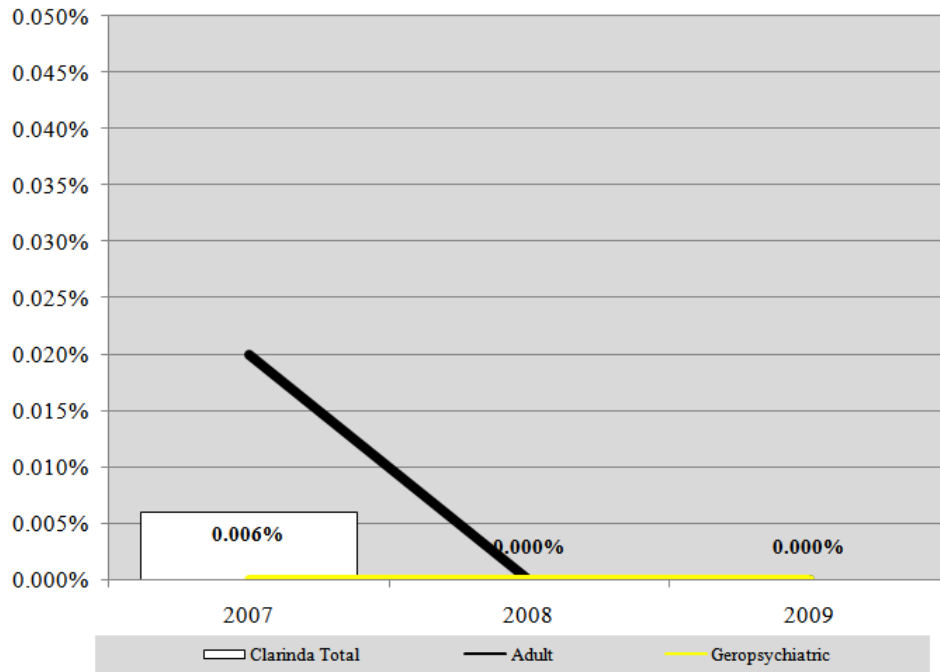


Elopement Rate

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 Clarinda MHI had a facility elopement rate of 0.000 % as illustrated in Chart 30.

Chart 30
Clarinda Elopement Rate, FY2007 – FY2009



Human Resources

In FY2010, Clarinda MHI’s funded level of staff includes 103.60 Full Time Equivalents (FTEs) and 2.88 temporary and contract staff to provide services to individuals twenty-four hours per day, seven days per week as shown in Table 11.

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. 15.50 FTEs are shared via a cost allocation process with the Department of Corrections.

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

Table 11
Clarinda FTE & Temporary/Contract Personnel, by Category, FY2010

| Program | Clarinda | | % |
|--------------------------|---------------|-----------------|---------|
| | FTE | Temp & Contract | |
| Direct Care | 57.20 | 1.20 | 54.85 % |
| Professional Treatment | 17.60 | 0.55 | 17.05 % |
| Medical Staff | 2.00 | 1.13 | 2.94 % |
| Education / Vocational | 0.00 | - | 0.00 % |
| Administration / Support | 26.80 | - | 25.17 % |
| MHI Total | 106.48 | | |

Direct care staff = 54.85 % (58.40)

These staff include Resident Treatment Workers, Registered Nurses, and Licensed Practical Nurses. 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 = 17.05 % (18.15)

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

Medical staff = 2.94 % (3.13)

These staff include Physicians and Physician Supervisors.

Administrative and Support staff = 25.17 % (26.80)

These staff include Custodial Workers, Secretaries, Correctional Trades Leaders, Typists Advanced, Accounting Clerks, and other administrative and support positions.

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

Finances

FY2010 Budget

The Clarinda FY2010 MHI estimated budget is \$ 9,257,657, as shown in Table 12:

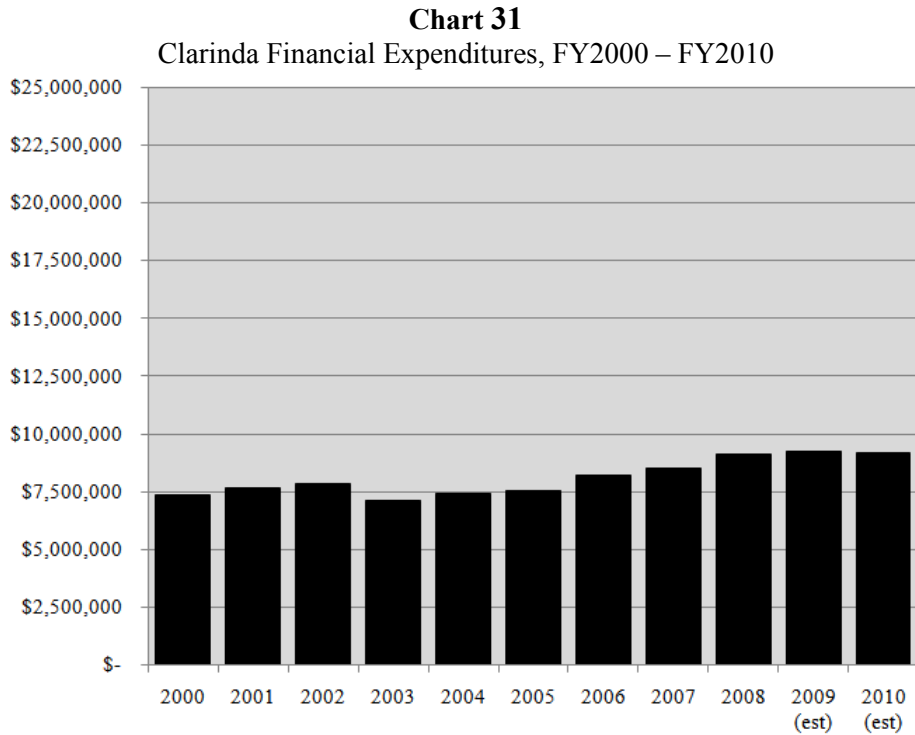
Table 12
Clarinda Estimated Budget, FY2010

| Source of Revenue | Estimated FY2010 Revenue |
|---|--------------------------|
| General Fund appropriations | \$ 9,008,896 * |
| Routine Maintenance revenues | \$ 214,761 |
| Rental, lease, & 28E Agreement revenues | \$ 32,000 |
| Other | \$ 2,000 |
| MHI Total | \$ 9,257,657 |

* This figure includes \$ 804,256 in Human Service Reinvestment Transfer funds (American Recovery and Reinvestment Act of 2009 (ARRA) Federal Stimulus) which helped offset major reductions in services.

Eighty three percent (83 %) of the Clarinda MHI budget is utilized for salaries and seventeen percent (17 %) for support. The support budget covers key items like medications, food, utilities, etc. In the past five years, Clarinda MHI has experienced a 28.6 % increase in medication costs. Routine maintenance and infrastructure funds are appropriated separately.

Between FY2000 – FY2008, Clarinda MHI expenditures increased by 24.1 % as illustrated in Chart 31. The increased costs are primarily due to increased costs of salaries and benefits and some inflation.



Cost per Day

The Clarinda MHI FY2010 cost per day is noted in Table 13.

Table 13
Clarinda 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 |
| Clarinda | Adult | \$ 501.45 | \$ 268.30 | \$ 627.26 | \$ 276.35 | \$ 652.32 | \$ 276.35 | \$ 221.08 |
| | Geropsychiatric | \$ 417.69 | \$ 275.74 | \$ 462.71 | \$ 284.01 | \$ 465.82 | \$ 284.01 | \$ 227.21 |

* 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 & Geropsychiatric = 80%).

Financing

The Clarinda 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, Clarinda 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, Clarinda receives IAC Chapter 34, Individuals with Disabilities Education Act (IDEA), and other education funding from the Department of Education.

Clarinda 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.

Revenue Sources

If FY2010 projections hold true, up-front revenue sources are illustrated in Chart 32:

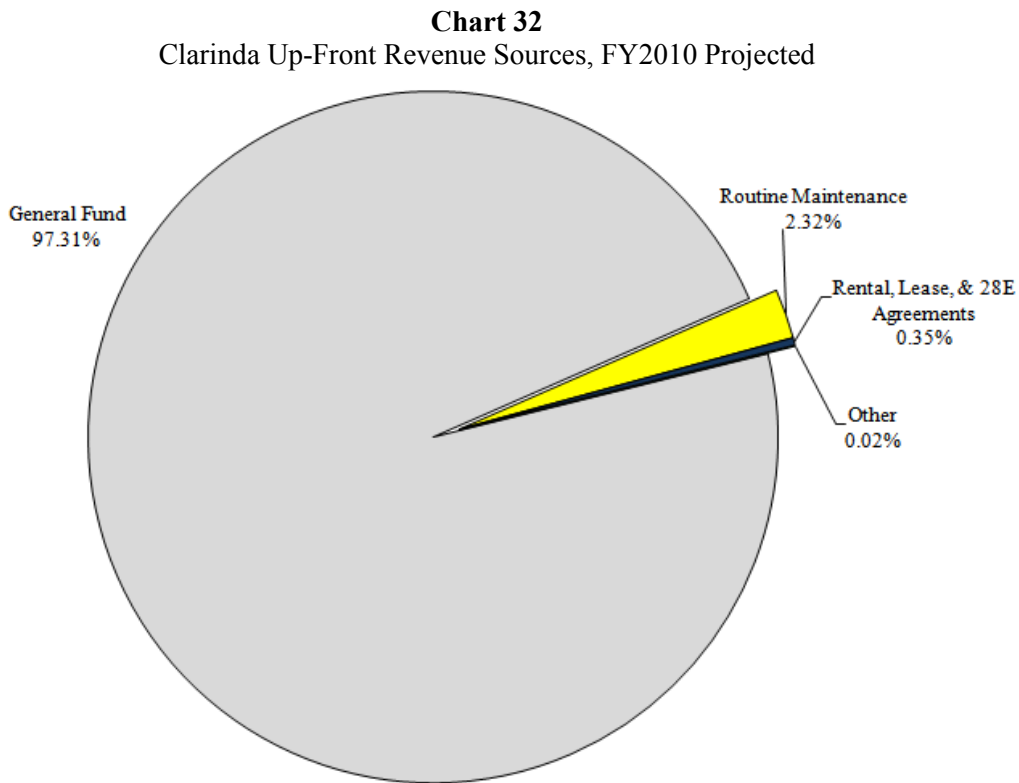
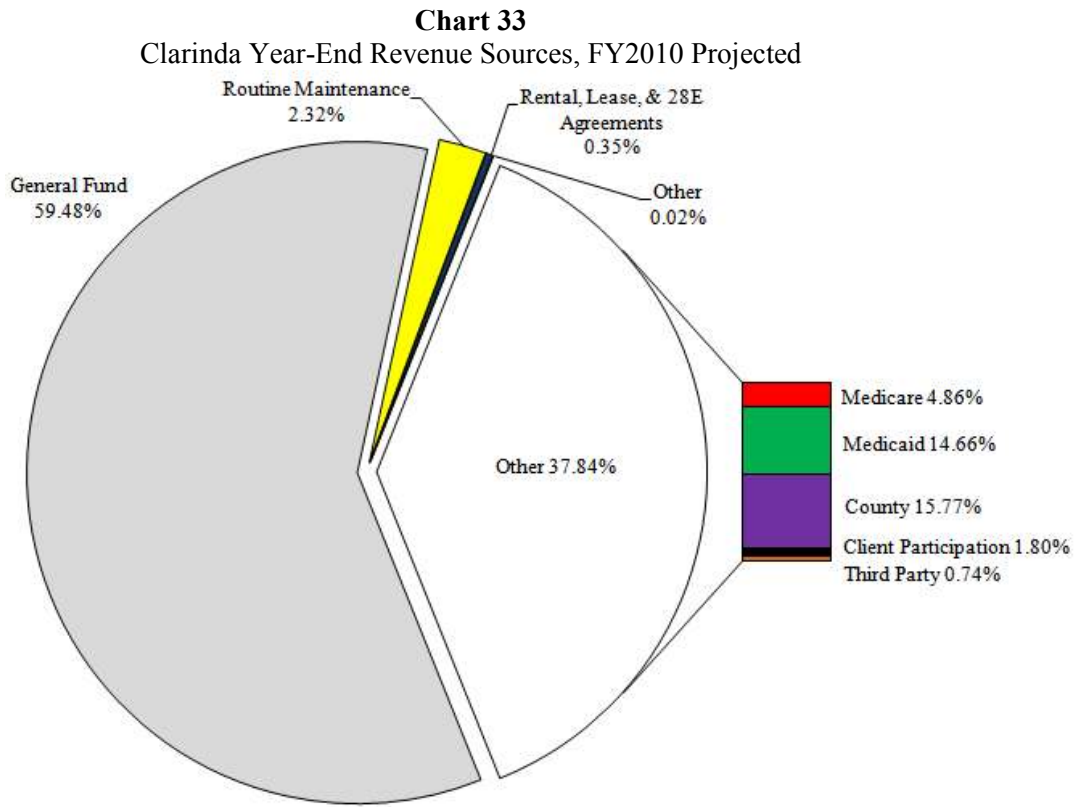
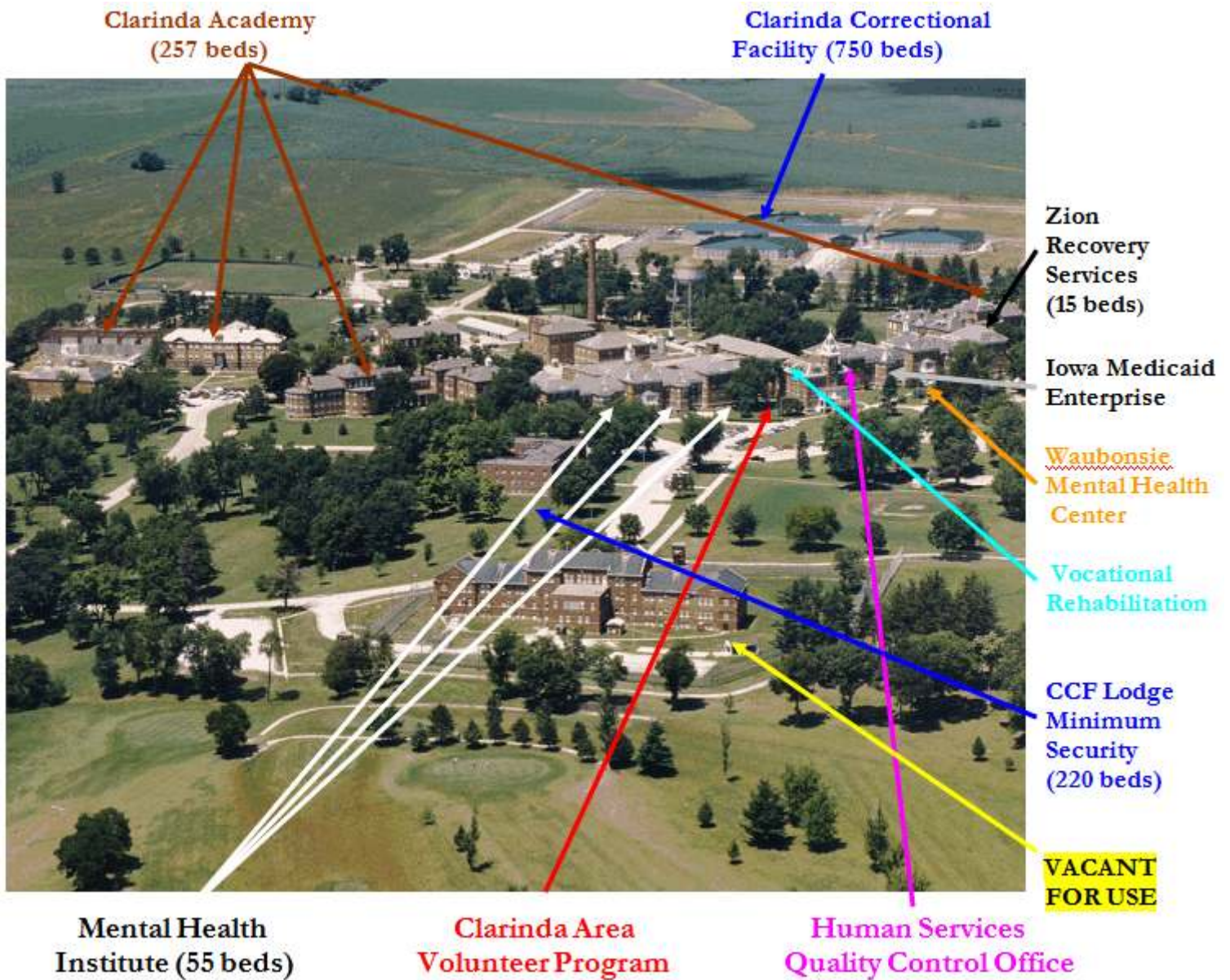


Chart 33 illustrates the actual funding sources utilized, once all billable entities are considered. At year end, \$ 3,502,781 is projected to be returned to the General Fund, reducing the actual impact by 38.2%.



Appendix A – Clarinda MHI Campus Map



Appendix B – Clarinda MHI Physical Plant & Infrastructure

| Building | Wing or Ward | Use | Square Feet | % Occupied Utilized | Capacity, if not occupied | Could be vacated? | Remodel Required |
|---------------|------------------------|---|-------------|---------------------|---------------------------|-------------------|------------------|
| Main Building | Lower Corridor | Storage (Med Records) | 6,500 | 100% | | | |
| | 1 st | Offices | 6,500 | 100% | | | |
| | 2 nd | Business Office | 6,500 | 100% | | | |
| | 3 rd | Apartments | 6,500 | 100% | | | |
| | Attic | Attic | 6,500 | 100% | | | |
| | SW1 Lower Corridor | Offices & Storage | 10,000 | 100% | | | |
| | SW1 | Patient Ward | 10,000 | 100% | | | |
| | SW2 Lower Corridor | Lab, Offices, & Storage | 10,000 | 100% | | | |
| | SW2 | Patient Ward (BACKUP) | 10,000 | Unoccupied | 20 | Yes | |
| | SW3 | Patient Ward | 10,000 | 100% | | | |
| | SW4 | Patient Ward | 10,000 | 100% | | | |
| | SW5 Lower Corridor | Storage | 10,000 | 100% | | | |
| | SW5 | Clarinda Academy Dorm | 10,000 | 100% | | | |
| | SW6 | Clarinda Academy Dorm | 10,000 | 100% | | | |
| | SW7 Lower Corridor | Clarinda Academy Storage | 10,000 | 100% | | | |
| | SW7 | Clarinda Academy Dorm | 10,000 | 100% | | | |
| | SW8 | Clarinda Academy Dorm | 10,000 | 100% | | | |
| | SW9 | Clarinda Academy Dorm | 10,000 | 100% | | | |
| | SW12 | Attic & HVAC Storage | 10,000 | 100% | | | |
| | NE1/NE2 Lower Corridor | Library, Patient Activity, & Storage | 20,000 | 100% | | | |
| | NE1 | Waubonsie, Activities, & Offices | 10,000 | 100% | | | |
| | NE2 | Chapel, ICN, Training, Storage, Waubonsie | 10,000 | 100% | | | |
| | NE3 | Zion | 10,000 | 100% | | | |
| | NE4 | Vacant (Zion Expansion?) | 10,000 | Unoccupied | 20 | Yes | |
| | NE5 Lower Corridor | Storage | 10,000 | 100% | | | |
| | NE5 | Clarinda Academy Dorm | 10,000 | 100% | | | |
| | NE6 | Clarinda Academy Dorm | 10,000 | 100% | | | |
| | NE7 Lower Corridor | Clarinda Academy Storage | 10,000 | 100% | | | |
| | NE7 | Clarinda Academy Dorm | 10,000 | 100% | | | |
| | NE8 | MHI Museum | 10,000 | 100% | | | |

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

| Building | Wing or Ward | Use | Square Feet | % Occupied Utilized | Capacity, if not occupied | Could be vacated? | Remodel Required |
|-----------------------|-------------------|-----------------------------------|-------------|---------------------|---------------------------|-------------------|------------------|
| Main Building | NE9 | Clarinda Academy Dorm | 10,000 | 100% | | | |
| | NE12 | Attic | 10,000 | 100% | | | |
| | Auditorium | Patient Activities | 13,600 | 100% | | | |
| | Patient Lounge | Patient Activities | 13,600 | 100% | | | |
| | General Kitchen | Food Prep | 24,000 | 100% | | | |
| | Cafeteria | Food Serving | 20,500 | 100% | | | |
| | Matron / Freezers | Matron / Food Storage | 12,900 | 100% | | | |
| | Storeroom | Food & Supplies | 16,000 | 100% | | | |
| | Bakery | Maintenance Electric Shop Storage | 6,000 | 100% | | | |
| | Hayloft | Patient Activities | 6,000 | 100% | | | |
| | Engine Room | Engine Room | 15,000 | 33% | | | |
| | Power House | Power House | 16,000 | 100% | | | |
| | Fire Station | Fire Station | 1,500 | 100% | | | |
| Laundry | Laundry / Linen | Laundry / Linen | 12,000 | 100% | | | |
| Carpenter Shop | Carpenter | Carpenter | 11,000 | 100% | | | |
| Paint Shop | Paint Shop | Paint Shop | 2,200 | 100% | | | |
| Green House | Green House | Unoccupied | 600 | 100% | | | |
| Brick Barn | Brick Barn | Vehicles & Equipment | 16,000 | 100% | | | |
| Sheds | Sheds | Equipment Storage | 7,500 | 100% | | | |
| Recreation Area | Recreation Area | Recreation | 800 | 100% | | | |
| Duplexes 1, 2, 3, & 4 | DUPLEX | Housing (doctors) | 6,600 | 100% | | | |
| Duplex Garages | | Housing (doctors) | 1,000 | 100% | | | |
| South View | | Clarinda Academy School | 34,500 | 100% | | | |
| Cottage A | | Housing (Unoccupied) | 1,000 | Unoccupied | Condemned | | |
| Mechanics Shop | | Vehicle Maintenance & Storage | 2,000 | 100% | | | |
| Garages | | Equipment Storage | 5,200 | 100% | | | |
| Scale House | | Clarinda Academy Shop & Storage | 1,000 | 100% | | | |
| Water Treatment | | Water Treatment | 2,000 | 100% | | | |

Appendix C – Clarinda MHI FY2009 Leases

| Lessee | Brief Description | Time on Campus | Square Ft. Utilized | Income Generated (FY2009) | | | | | |
|--|---|----------------|---------------------|---------------------------|-------------|-------------|-------------|-------------|---------------------|
| | | | | Rent | Laundry | Maintenance | Dietary | Other | Total |
| Iowa Vocational Rehabilitation Services Office | Provides vocational rehabilitation services to individuals at the MHI, offenders of the Clarinda Correctional Facility and clients from Page, Fremont, and Montgomery counties. | 1968 – present | 687 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Retired Senior Volunteer Program | Provides volunteer assistance for 20 non-profit sites in Clarinda and the surrounding area including the MHI and the Clarinda Academy. | 1981 – present | 150 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Waubonsie Mental Health Center | Provides Outpatient Community Mental Health Services for residents of Page, Fremont, and Montgomery counties. | 1982 – present | 5,000 | \$ 6,805.80 | \$ - | \$ - | \$ - | \$ - | \$ 6,805.80 |
| DHS Division of Support Services, Bureau of Program Evaluation | Food Stamp Quality Control office space | 2000 – present | 150 | \$ 1,080.00 | \$ - | \$ - | \$ - | \$ - | \$ 1,080.00 |
| Iowa State University DHS, Bureau of Long Term Care | Office space for Iowa State University and Department of Human services, Bureau of Long Term Care. | 2007 – present | 96 | \$ 1,545.00 | \$ - | \$ - | \$ - | \$ - | \$ 1,545.00 |
| Zion Recovery Services | Delivery of services for chemical dependency and related problems to Adair, Cass, Dallas, Fremont, Montgomery, and Page counties. | 2007 – present | 9,600 | \$ 12,360.00 | \$ - | \$ - | \$ - | \$ - | \$ 12,360.00 |
| | | | 15,683 | \$ 21,790.80 | \$ - | \$ - | \$ - | \$ - | \$ 21,790.80 |

Appendix D – Clarinda MHI Training & Community Involvement

Education & Training

- **Nursing Students** – Clarinda Mental Health Institute provides a clinical rotation site for Iowa Western Community College Licensed Practical Nurse and Registered Nurse students. Southwestern Community College also uses the Adult Psychiatric unit for their Creston and Red Oak-based RN students.
- **Physicians Assistant Students** – The Mental Health Institute provides a clinical rotation site for University of Nebraska Medical Center for Physician Assistant Students.
- **Psychology Students** – The Mental Health Institute provides Psychiatric Internships/Practicum for Psychology students from Northwest Missouri State,
- **Paramedic/Emergency Medical Technician Students** – The Mental Health Institute provides a clinical site for Paramedic/Emergency Medical Technician students from Southwestern Community College in Creston.
- **Advanced Registered Nurse Practitioner Students** – The Mental Health Institute provides a clinical site for Advanced Registered Nurse Practitioner students
- **Geropsychiatric Fellowship** – The Mental Health Institute provides a clinical site for the University of Iowa College of Medicine for their Geropsychiatric Fellowship
- **Activity Therapies** – Students from Northwest Missouri State and Central Missouri State serve their practicums at the mental health.
- **Information Technology** – University of Northern Iowa Interns.
- Job shadowing in conjunction with Clarinda High School occurs annually.
- Provide Training for the Community:
 - Local and regional Law Enforcement Officers
 - Local Residential Care Facility - Terrace View RCF
 - Several Area RCF's - Taylor Ridge and Kevington Lane
 - Clarinda Regional Health Center (Hospital)

Disaster Planning / Emergency Management

- Community Shelter for disasters, listed as an emergency housing site.
- Fire Department provides mutual aid to local communities' part of Fire/Emergency Medical Technician Mutual aid agreement which includes all fire departments and all Emergency Medical System service in Page County. Mutual Aid evacuation agreement with local hospital and nursing homes to provide short-term housing should any of these facilities needs to evacuate.
- Iowa National Guard utilizes campus for training.
- Hurricane Katrina relief, sending clothing and linens for victims.
- Participate annually in the Emergency Management county wide drill (Fire, Emergency Management System, Hospitals, Law Enforcement (local, county, state), city officials and Department of Public Health.
- MHI conducted a mock “Violence in the Workplace Drill” which involved the Clarinda Police Department, the Page County Sheriff's Department, and the Iowa State Highway Patrol officers along with a local hospital and Emergency Medical Technicians.
- Listed with Page County as an emergency housing center.
- MHI Fire Volunteer Department with over 12 staff members.
- Training: Iowa Fire Institute trained; send 2-4 members annually to Fire Schools.
- Currently working on Fire Fighter I training as mandated by the state.
- Participate in training with the Clarinda Fire Department.
- Trained in mandatory National Incident Management System (NIMS).

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

Community Involvement

- Auditorium – the Institute’s auditorium is frequently used for presentations and/or training.
- Provide education and tours to local schools
- RAGBRAI host, main campground for the community
- Space for community events: Glenn Miller Festival, Clarinda Craft Carnival, Clarinda High School Cross Country Meets,
- Donating clothing to the community Center
- Participation in Clarinda Holiday Parade
- Department of Administrative Services annual food drive
- Provide employee picnics and dinners annually in recognition of outstanding service.
- Community Theater uses Auditorium.
- Community Theater uses equipment for Productions
- Miniature Golf course open to the public
- Elementary Schools utilize playground area for recreational programming.
- Provide speakers for groups and educational events.
- Citizen’s Advisory Board involvement since 1969.
- Lutheran Gift Day presenting gifts to the patients for the past 61 years.
- Local Square Dance lessons held in the Auditorium by the local organization.
- Clarinda High School government class raises funds for patients with no funding each year.
- Softball diamond used by community groups and schools.
- Clarinda Academy community service site.
- Church Services: Local visits by the Catholic Priest. Staff Chaplain serves community churches and involved with the local ministerial organization.
- Gardens: Mental Health Institute Staff and Clarinda Academy students have provided time and energy to maintain the facilities and flower gardens
- Grandma’s House 10 Kilometer Run
- Clarinda-for-a-Day site in conjunction with the community.
- Many staff involved in community organizations: Clarinda Foundation Board, American Legion Color Guard, civic organizations, Clarinda High School Booster Club, etc.
- A number of personnel are members of the Iowa Crisis Response Team (ICRT) out of the Attorney General’s Office, responding to local, state, national and international disasters. Some staff in the process of training for membership on the Department of Human Services Iowa Disaster Behavioral Health Response Team.
- Hosts:
 - Annual Retired Senior Volunteer dinner
 - Iowa Communications Network conferences.
 - Department of Administrative Services training.
- Recreation:
 - Miniature golf course open to the public.
 - Exercise Trail.
- Tours: The Mental Health Institute provides tours of the Museum to Public/Groups.
 - The Mental Health Institute provides tours of the facility to local schools, organizations, and individuals each year.

Appendix E – Clarinda MHI FY2009 Admissions by County

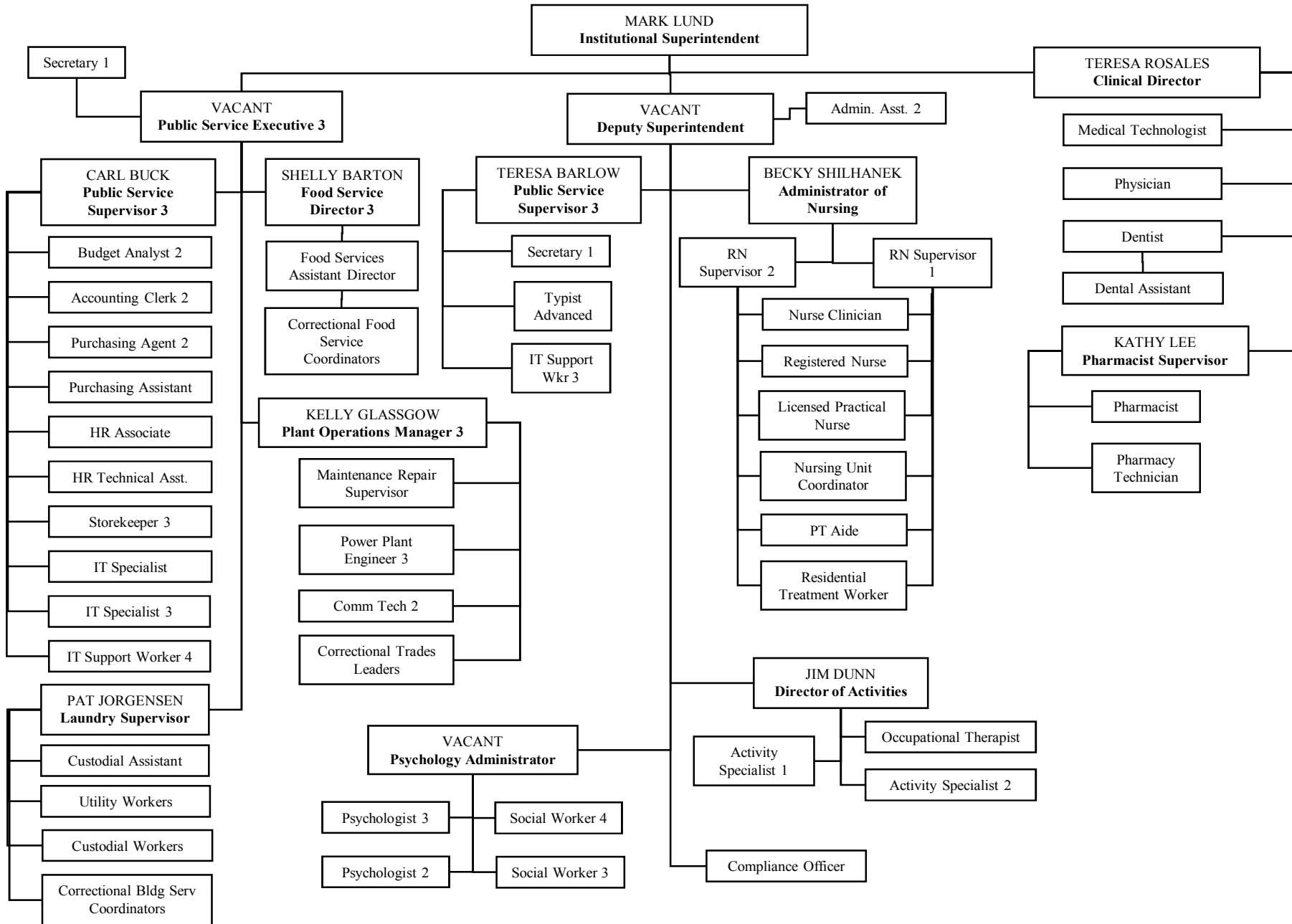
Clarinda Adult Psychiatric

| Ranked by Utilization Rate per 100,000 | | Ranked by # of Admissions | |
|--|--------|---------------------------|----|
| Page | 430.69 | Page | 70 |
| Adams | 211.07 | Montgomery | 15 |
| Wayne | 151.49 | Pottawattamie | 15 |
| Montgomery | 132.59 | Polk | 11 |
| Fremont | 90.22 | Wayne | 10 |
| Union | 83.53 | Union | 10 |
| Taylor | 75.60 | Adams | 9 |
| Decatur | 58.11 | Fremont | 7 |
| Lucas | 51.70 | Dallas | 7 |
| Madison | 26.39 | Taylor | 5 |
| Mills | 26.17 | Decatur | 5 |
| Clarke | 21.83 | Lucas | 5 |
| Ringgold | 18.96 | Story | 5 |
| Jefferson | 18.78 | Madison | 4 |
| Pottawattamie | 16.72 | Mills | 4 |
| Buena Vista | 14.89 | Wapello | 4 |
| Appanoose | 14.63 | Jefferson | 3 |
| Dallas | 13.52 | Buena Vista | 3 |
| Wapello | 11.12 | Warren | 3 |
| Palo Alto | 10.31 | Clarke | 2 |
| Guthrie | 8.66 | Appanoose | 2 |
| Shelby | 7.92 | Jasper | 2 |
| Cass | 7.03 | Ringgold | 1 |
| Warren | 6.98 | Palo Alto | 1 |
| Story | 6.25 | Guthrie | 1 |
| Clay | 5.92 | Shelby | 1 |
| Jasper | 5.31 | Cass | 1 |
| Henry | 4.94 | Clay | 1 |
| Carroll | 4.75 | Henry | 1 |
| Washington | 4.66 | Carroll | 1 |
| Boone | 3.76 | Washington | 1 |
| Marion | 3.03 | Boone | 1 |
| Polk | 2.74 | Marion | 1 |
| Webster | 2.56 | Webster | 1 |
| Marshall | 2.54 | Marshall | 1 |
| Cerro Gordo | 2.24 | Cerro Gordo | 1 |
| Johnson | 0.85 | Johnson | 1 |

Clarinda Geropsychiatric

| Ranked by Utilization Rate per 100,000 | | Ranked by # of Admissions | |
|--|-------|---------------------------|---|
| Page | 12.31 | Marshall | 2 |
| Montgomery | 8.84 | Page | 2 |
| Union | 8.35 | Other | 1 |
| Marshall | 5.07 | Black Hawk | 1 |
| Henry | 4.94 | Henry | 1 |
| Washington | 4.66 | Johnson | 1 |
| Marion | 3.03 | Marion | 1 |
| Woodbury | 0.97 | Montgomery | 1 |
| Johnson | 0.85 | Union | 1 |
| Black Hawk | 0.79 | Washington | 1 |
| Other | - | Woodbury | 1 |

Appendix F – Clarinda MHI Table of Organization



Appendix G – Clarinda MHI Summary by Position/Title

| Position / Title | Count |
|--|-------|
| Accounting Clerk 2 | 1.50 |
| Activities Specialist 1 | 1.35 |
| Activities Specialist 2 | 1.00 |
| Administrative Assistant 2 | 0.65 |
| Administrator of Nursing | 1.00 |
| Budget Analyst 2 | 0.25 |
| Communications Technician 3 | 0.25 |
| Compliance Officer 2 | 1.00 |
| Correctional Building Services Coordinator | 0.60 |
| Correctional Food Service Coordinator | 1.20 |
| Correctional Trades Leader | 2.75 |
| Custodial Assistant | 1.00 |
| Custodial Worker | 5.00 |
| Dental Assistant | 0.10 |
| Dentist | 0.10 |
| Deputy Superintendent | 1.00 |
| Director of Activities | 1.00 |
| Food Services Assistant Director | 0.20 |
| Food Services Director | 0.10 |
| Human Resources Associate | 0.25 |
| Human Resources Technical Assistant | 0.25 |
| Info Tech Specialist 3 | 0.50 |
| Info Tech Specialist 4 | 0.50 |
| Info Tech Support Worker 3 | 1.00 |
| Info Tech Support Worker 4 | 0.50 |
| Institutional Superintendent | 0.25 |
| Laundry Supervisor | 0.45 |
| Licensed Practical Nurse | 18.30 |
| Maintenance Repairs Supervisor | 0.25 |

| Position / Title | Count |
|-----------------------------|-------|
| Medical Technologist | 0.40 |
| Nurse Clinician | 1.00 |
| Nurse Supervisor 1 | 2.00 |
| Nurse Supervisor 2 | 3.00 |
| Nursing Unit Coordinator | 1.00 |
| Occupational Therapist | 1.00 |
| Pharmacist | 0.55 |
| Pharmacy Supervisor | 0.35 |
| Pharmacy Technician | 0.35 |
| Physical Therapy Aide | 1.00 |
| Physician | 2.00 |
| Physician Supervisor | 1.00 |
| Plant Operations Manager | 0.25 |
| Power Plant Engineer 3 | 0.80 |
| Psychologist 2 | 1.00 |
| Psychologist 3 | 0.20 |
| Psychology Administrator | 1.00 |
| Public Service Executive 3 | 0.25 |
| Public Service Supervisor 3 | 1.25 |
| Purchasing Agent | 0.25 |
| Purchasing Assistant | 0.25 |
| Registered Nurse | 13.00 |
| Resident Treatment Worker | 29.30 |
| Secretary 1 | 1.85 |
| Social Worker 3 | 2.20 |
| Social Worker 4 | 1.00 |
| Storekeeper | 0.30 |
| Typist Advanced | 1.00 |