Overview of The Mount Pleasant 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 Mount Pleasant Mental Health Institute (MHI) represents one of four state-operated MHIs, with the others being located in Cherokee, Clarinda, and Independence. Mount Pleasant 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 dual diagnosis program, as well as a residential substance abuse program.

As an integral part of Iowa's mental health service delivery system, Mount Pleasant 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.

Mount Pleasant 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 Mount Pleasant 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

Mount Pleasant MHI is licensed as a hospital under Iowa Code §135B, and the substance abuse program is licensed under Iowa Code § 641, Chapters 155 and 155.18.

History

During a meeting of the Fifth General Assembly of the Iowa State Legislature in 1885, Governor George Grimes proposed that a state institution for the insane be established in southeast Iowa. On January 24th, 1855, the General Assembly appropriated $4,425 for the purchase of land. A total of 173 acres was sold to the State of Iowa by Huldah Evans, local farmer and his wife for $25 an acre.

The construction plan provided for an Elizabethan style structure built of solid cut stone. The original building housed a kitchen, bakery, dining room, and storehouse. The *Iowa Hospital for the Insane* opened its doors on March 1st, 1861, representing the first state hospital in Iowa and the second hospital in the United States to be built west of the Mississippi River.

The hospital began to fill rapidly once it officially opened. The jails, county homes, and poorhouses of Iowa sent dozens of people to Mount Pleasant. In the first three months, over 100 individuals were admitted.

By 1862, there were already 216 individuals in the hospital at a per capita cost of $3 per week. From 1868 to the early 1900's, overcrowding was a serious problem in the hospital, necessitating additional land purchases to construct buildings adequate to house and treat the growing population. By 1926, the Mount Pleasant facility had admitted more than 10,800 men and 7,800 women.

Throughout the history of the institution, its name has been changed on several occasions. It was first known as *The Iowa Hospital for the Insane*. In July 1902, the Mount Pleasant facility was also listed as *Hospital for Inebriates*. There were 282 admitted for alcohol in the first year. The average age was 44 and the patients included "…morphine and cocaine fiends…". Although the institution has been known by many names, since the 1950's it has been known as the *Mount Pleasant Mental Health Institute*.

A fire occurred on August 10th, 1936, requiring the evacuation of the entire main building, containing approximately 1,300 individuals. Citizens from the Mount Pleasant community assisted facility personnel by holding hands to form a large circle and create a corral to help contain evacuated individuals. With the exception of a single female, all evacuated individuals were accounted for.

In October of 1949, an Alcoholics Anonymous unit for "…inebriates…" was established at the Mount Pleasant facility.

In 1956, the hospital owned 1,400 acres, of which approximately 800 were tillable. By 1967, the first acreage parcel of 116 acres was sold to the city of Mount Pleasant. By 1974, the farm was no longer operated after a large portion of the land was sold.

In August 1967, the facility established the first Planned Parenthood program in the world for individuals receiving treatment. In December of 1967, the hospital first achieved accreditation through The Joint Commission on Accreditation of Hospitals. The hospital was reaccredited again in 1970 for a two-year period. Budget difficulties forced the hospital to allow the accreditation to lapse. Despite not being currently accredited, all Mount Pleasant MHI personnel are trained-in and adhere to The Joint Commission's National Patient Safety Goals.

In 1973, an alcoholic ward was established at the Mental Health Institute.

In 1976, the Department of Corrections (DOC) established a temporary 144-bed medium security unit in the 20 building, to help ease prison overcrowding.

In 1981, an exchange of buildings was made between the hospital and the DOC's medium security unit so that the prison capacity could increase to 550. This was dubbed the "Flip-Flop".

The MHI continued to maintain an adult psychiatric program and an adult substance abuse program when it moved to the 20 building in 1981. The psychiatric beds were reduced to 129 beds, comprised of 81 adult psychiatric, 24 geropsychiatric, and 24 substance abuse beds.

In 1982, the Iowa Corrections Training Academy was established on the MHI campus. The Training Academy was relocated to Des Moines in 1998. This is the only building that still remains vacant today.

In 1991, the geropsychiatric program was closed and the acute psychiatric bed capacity was gradually reduced to its present-day total of 14 beds.

In 1991, the Iowa Residential Treatment Center (IRTC) was established and had a bed capacity of 92. Between 1992 & 1995, IRTC beds were reduced to as low as 62. By 1998 the beds were reduced to 50 and further decreased to 30 in 2001. However, in 2006, the IRTC program increased from 30 to 50 beds and remains housed on the third floor of the 20 building. This increase was in response to the growing need for substance abuse treatment.

In 1998, the dual diagnosis program was established providing 15 beds to serve all 99 counties of the State of Iowa. The dual diagnosis program treats adults with both a mental illness and substance abuse diagnosis and is funded through a net budgeting process.

Throughout its 149 years of existence, Iowa's first Mental Health Institute has provided treatment to children, adolescents, adults, and geriatric patients. The Mount Pleasant Mental Health Institute has remained multifaceted with programming and service delivery. The MHI's mission of providing efficient quality care to Iowans remains its top priority.

Today

Operational Beds

During FY2009 and year-to-date in FY2010, Mount Pleasant MHI has sustained an operating capacity of 79 beds as shown in Table 1, representing 27.5 % 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
Mount Pleasant Operational Bed Capacity, FY2010

Program	# of Beds	% of State MHI beds
Adult Psychiatric	14	**11.7 %**
Dual Diagnosis	15	**100.0 %**
Substance Abuse	50	**100.0 %**
MHI Total Beds	**79**	**27.53 %**

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
Mount Pleasant Operational Bed Configuration, FY2010

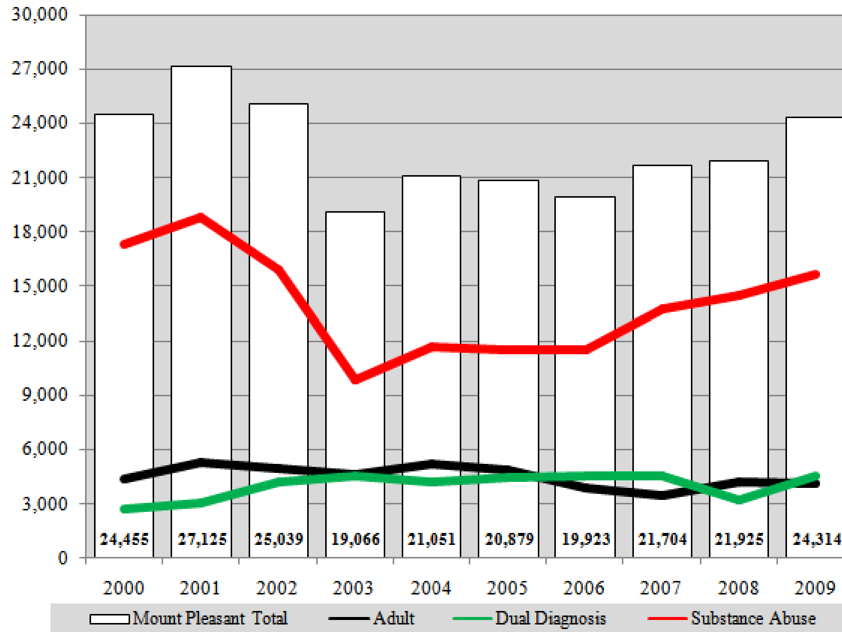
Program	Open Wards		Locked Wards		Sex
	Ward	Beds	Ward	Beds	
Adult Psychiatric *	-	-	2 North	**14**	Coed
Dual Diagnosis *	2 West	**15**	-	-	Coed
Substance Abuse	3 North	**22**	-	-	Coed
	3 West	**28**			Male
MHI Total Beds	**65**		**14**		

* Note that the adult psychiatric and dual diagnosis programs are intermixed on the 2 North and 2 West wards. 2 North is the locked ward, and 2 West is an unlocked ward. Individuals in either program are placed on the ward most appropriate for their treatment.

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 24,314 patients days utilized at Mount Pleasant MHI, representing a decrease of 0.6 % from FY2000 as illustrated in Chart 1.

Chart 1
Mount Pleasant Patient Days, FY2000 – FY2009



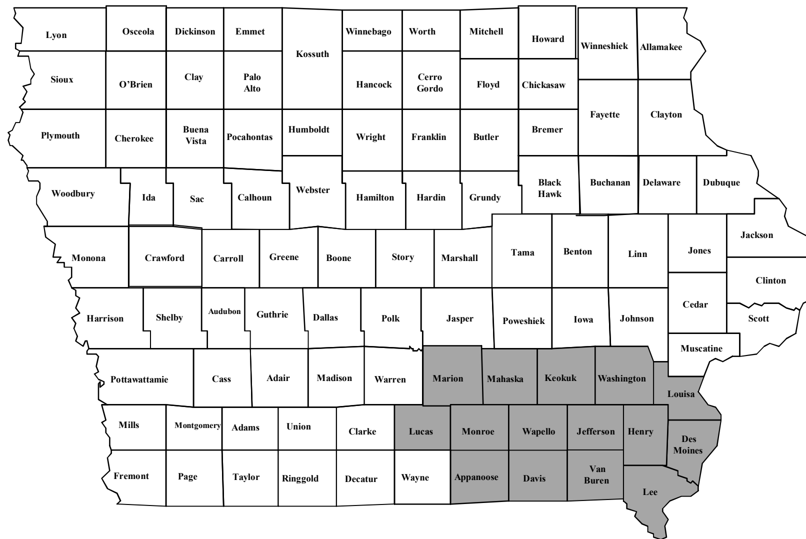
Catchment Areas

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 Mount Pleasant's adult psychiatric catchment area is illustrated in Chart 2.

The dual diagnosis and substance abuse programs at Mount Pleasant accept admissions from all 99 counties of the State of Iowa.

Chart 2

Mount Pleasant Adult Catchment Areas



Buildings and Grounds

Mount Pleasant MHI has 71,625 square feet of building space in campus buildings and structures as shown in Table 3. The Mount Pleasant campus is considered a Department of Corrections campus, therefore the acreage is not considered to be operated by the Department of Human Services.

Table 3

Mount Pleasant 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
Mount Pleasant *	n/a	n/a	n/a	71,625	3.8 %

* Mount Pleasant only utilizes eight (8) structures on campus.

Appendix A contains a map of the Mount Pleasant campus.

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

Additional Occupied Space

Mount Pleasant MHI currently leases space to other agencies/entities as noted in Appendix C.

Training & Community Involvement

The Mount Pleasant MHI collaborates with the Henry County Emergency Management and Disaster Preparedness Council to provide local training exercises and facility preparation in conjunction with Homeland Security. On April 29th, 2009, an all-county disaster drill was conducted on the campus which involved Henry County Ambulance Service, the Iowa State Patrol, the Henry County Sheriff's Department, the Henry County Health Center, the Department of Corrections, and the Mental Health Institute.

The Mount Pleasant MHI coordinates and partners with many community agencies, organizations, and educational institutions. The hospital also provides a setting for internships and clinical experiences for a variety of disciplines. This facility has become Southeast Iowa's preferred training site for clinical training of students in nursing, social work, substance abuse counseling, recreational therapy, and psychology. The educational institutions partnering with MHI include the University of Iowa, Saint Ambrose University, Southeastern Community College, Indian Hills Community College, and Iowa Wesleyan College. This partnership serves more than 100 students on an annual basis.

Community and organizational involvement includes such organizations as Moms and Dads off Meth, the Christian Motorcycle Association, the Youthful Offender Program, and the Domestic Violence Shelter. Since 2005, Mount Pleasant MHI has joined with the Henry County Substance Abuse Coalition to sponsor the "Vigil for Lost Promise". This program provides a community opportunity to participate in an event remembering those who have lost their lives from substance abuse and celebrating those trying to restructure their lives through sobriety and recovery.

Mount Pleasant MHI is a continuing education site for Magellan roundtables. This program is used by MHI and community providers to gain knowledge and insight into case management. Additionally, various pharmaceutical companies utilize the facility to provide mental health specific in-services for professionals from this campus as well as other health care providers from the community.

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

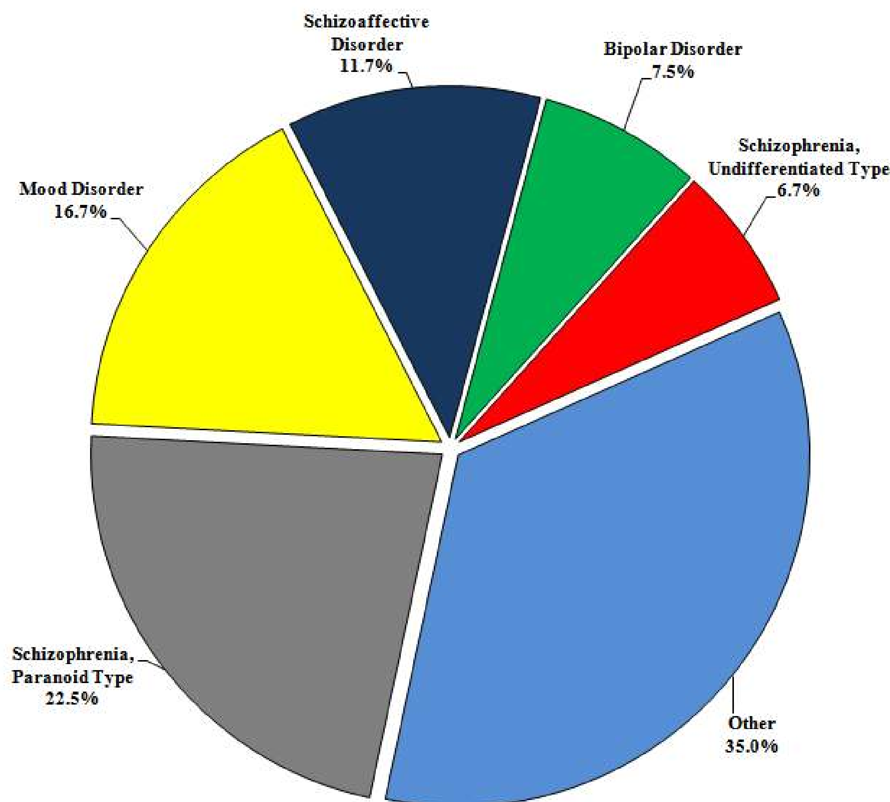
Populations Served

Diagnosis

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

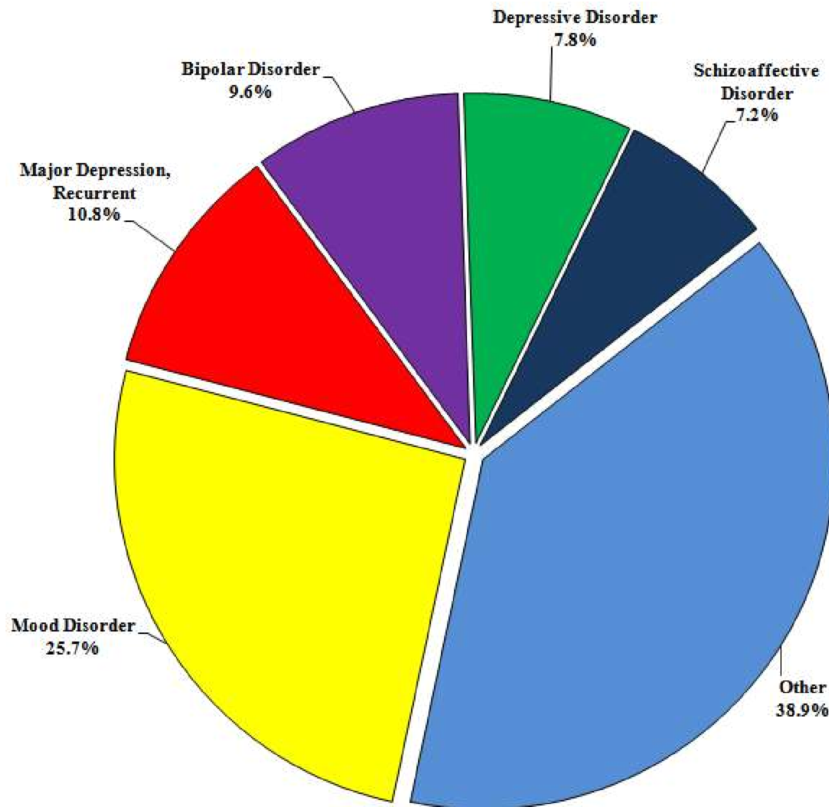
Chart 3
Mount Pleasant Principal Diagnosis at Time of Admission, Adult Psychiatric, FY2009



Dual diagnosis admissions to Mount Pleasant MHI typically have diagnoses such as mood disorder, major depression, bipolar disorder, depressive disorder, schizoaffective disorder, and others. In addition to these mental health diagnoses, individuals admitted to the dual diagnosis program must also have a specified substance abuse diagnosis.

Principal diagnoses of individuals admitted to Mount Pleasant's dual diagnosis program in FY2009 are illustrated in Chart 4. FY2009 is similar to previous years in terms of trending.

Chart 4
Mount Pleasant Principal Diagnosis at Time of Admission, Dual Diagnosis, FY2009

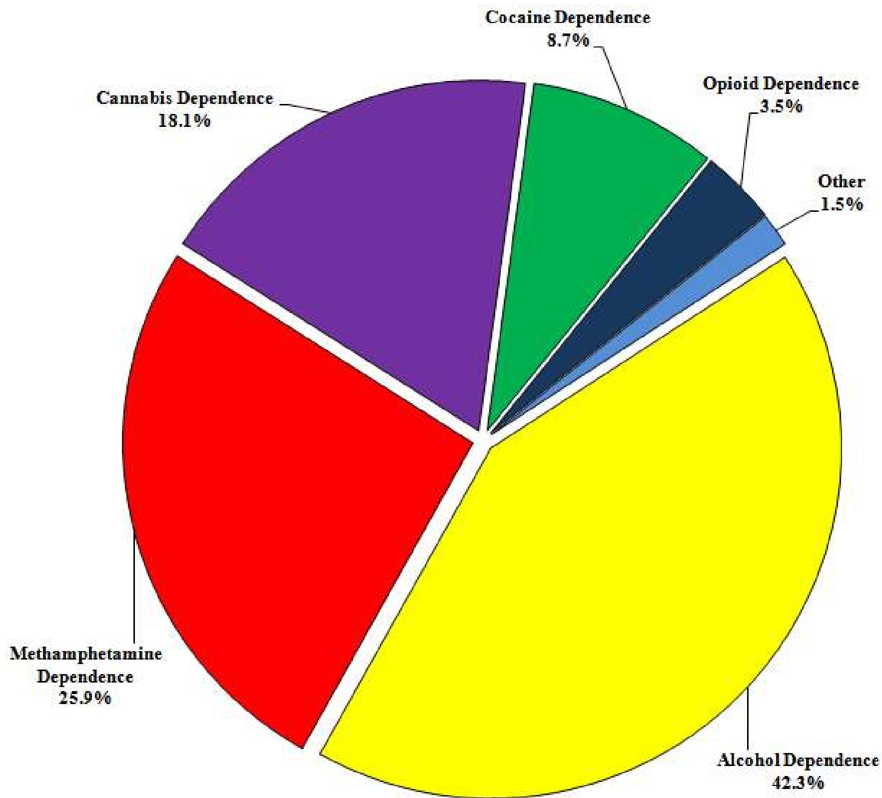


Substance Abuse admissions to Mount Pleasant MHI typically have diagnoses such as alcohol dependence, methamphetamine dependence, cannabis dependence, cocaine dependence, opioid dependence, and others.

Principal diagnoses of individuals admitted to Mount Pleasant's substance abuse program in FY2009 are illustrated in Chart 5. FY2009 is similar to previous years in terms of trending.

Chart 5

Mount Pleasant Principal Diagnosis at Time of Admission, Substance Abuse, FY2009



Commitment Type

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

Table 4
Mount Pleasant Involuntary Commitments by Program, FY2009

Program	Mount Pleasant
Adult Psychiatric	84.3 %
Dual Diagnosis	71.1 %
Substance Abuse	84.3 %
MHI Overall	**81.5 %**

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 to the adult psychiatric and dual diagnosis programs in FY2009, 51.6 % of the referrals made came from other institutions, as illustrated in Charts 6 and 7. Of the total admissions to the substance abuse program in FY2009, 62.5 % of the referrals made came from a jail or correctional facility, as illustrated in Chart 8.

Chart 6
Mount Pleasant Adult Referral Sources, FY2009

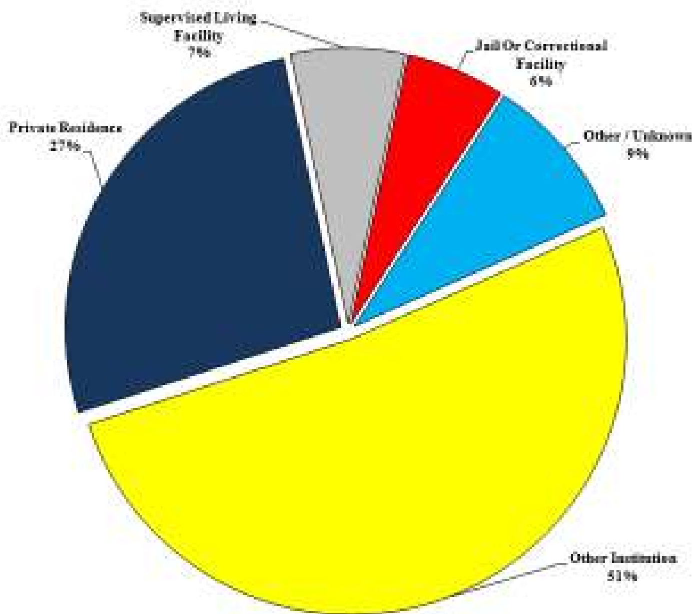


Chart 7
Mount Pleasant Dual Diagnosis Referral Sources, FY2009

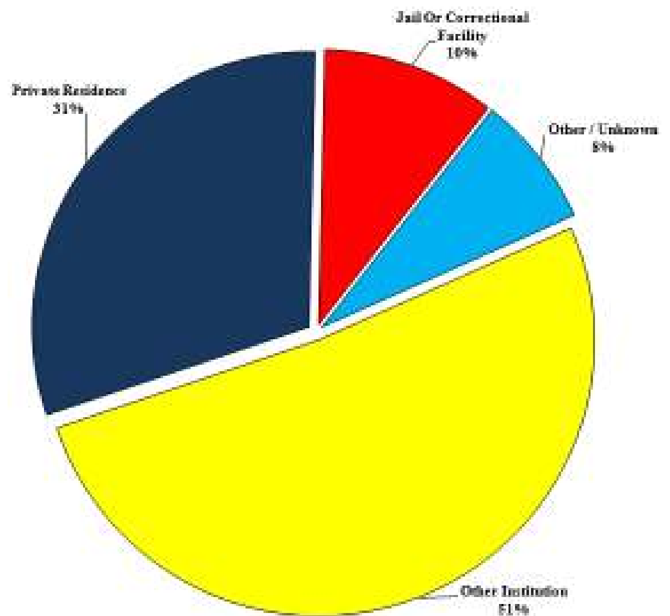
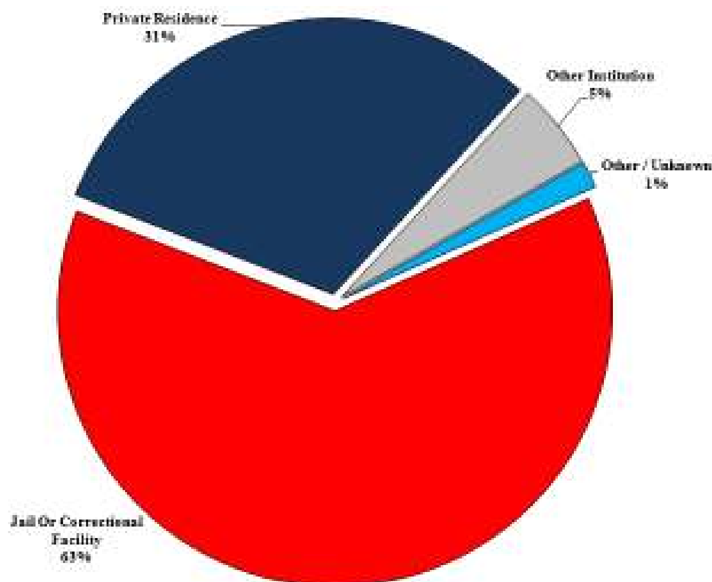


Chart 8
Mount Pleasant Substance Abuse Referral Sources, FY2009



Key Demographics of Individuals Served in FY2009

Adult Psychiatric

Of the FY2009 adult psychiatric admissions, males accounted for 58.3 % and this percentage has decreased 3.7 % since FY2000 as illustrated in Chart 9. In FY2009, 84.3 % of individuals were involuntarily admitted, and this percentage has increased 16.7 % since FY2000 as illustrated in Chart 10.

Chart 9
Mount Pleasant Adult Admissions, by Sex

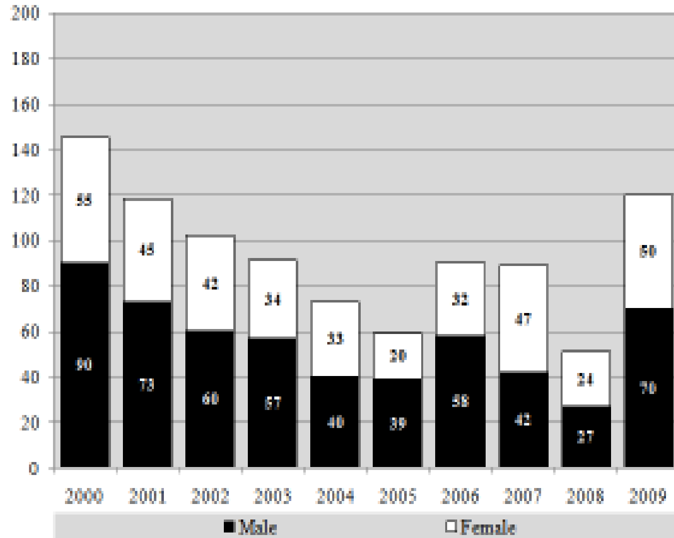
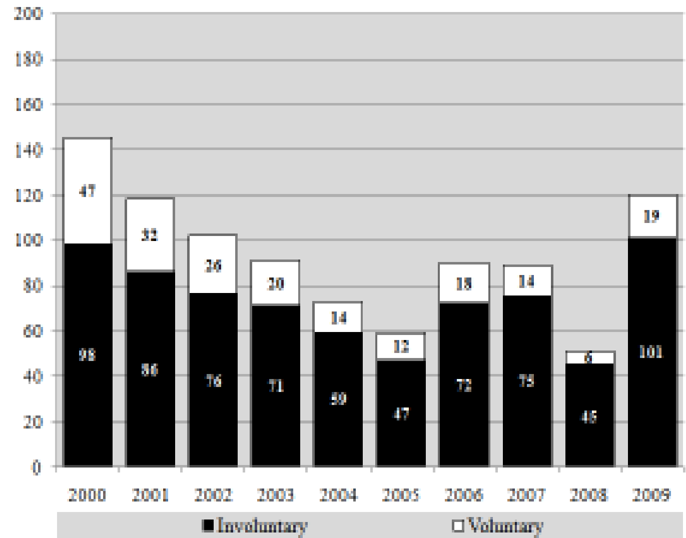


Chart 10
Mount Pleasant Adult Admissions, by Legal Status



The average age at time of admission was 39 years in FY2009, with adult psychiatric admissions ranging in age from 18 to 68 years of age as illustrated in Chart 11. In FY2009, 93.3 % of adults admitted to the adult psychiatric program were white, non-Hispanic as illustrated in Chart 12.

Chart 11
Mount Pleasant Adult Admissions, by Age

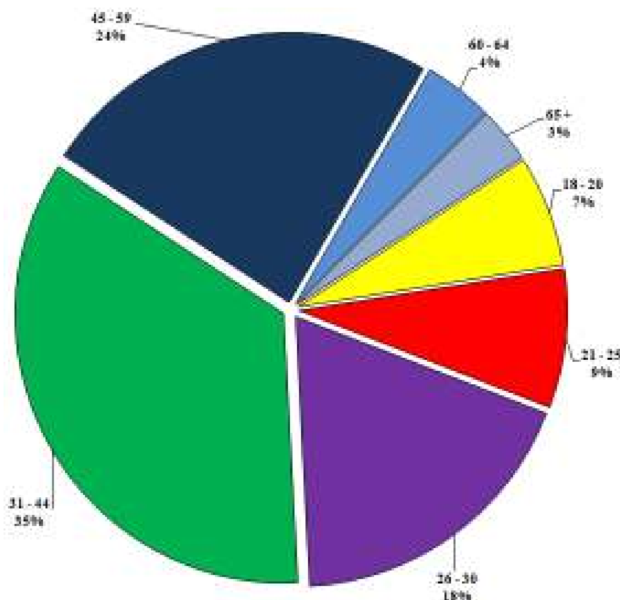
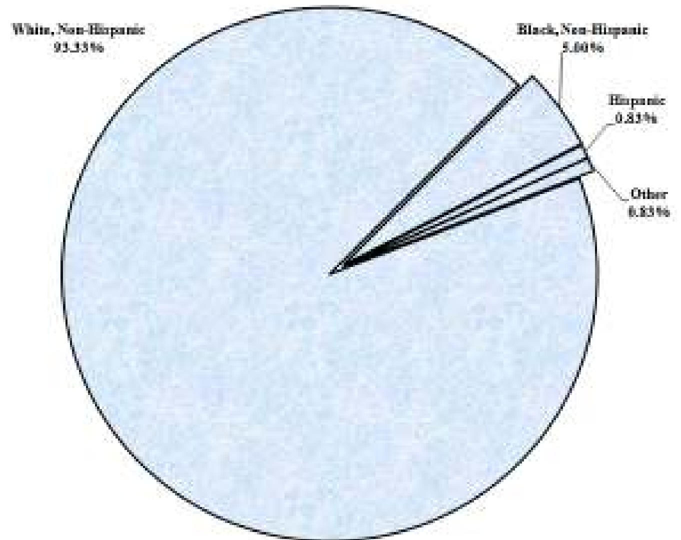


Chart 12
Mount Pleasant Adult Admissions, by Ethnicity



Dual Diagnosis

Of the FY2009 dual diagnosis admissions, males accounted for 58.1 % and this percentage has decreased 10.3 % since FY2000 as illustrated in Chart 13. In FY2009, 71.1 % of individuals were involuntarily admitted, and this percentage has remained consistent as illustrated in Chart 14.

Chart 13
Mount Pleasant Dual Diagnosis Admissions, by Sex

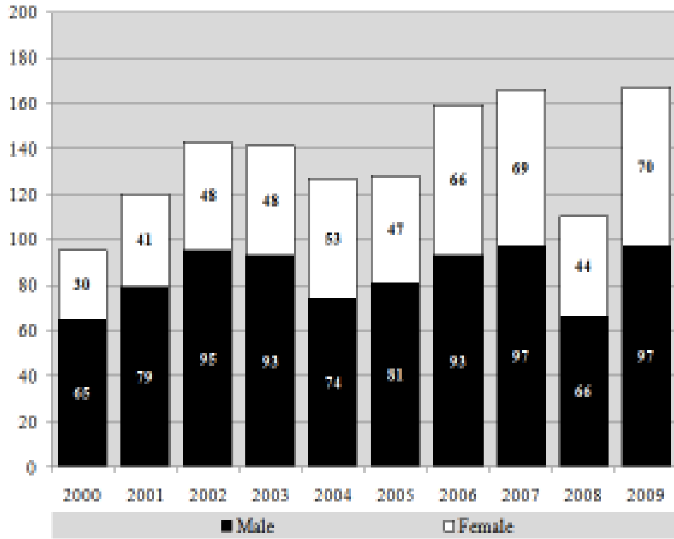
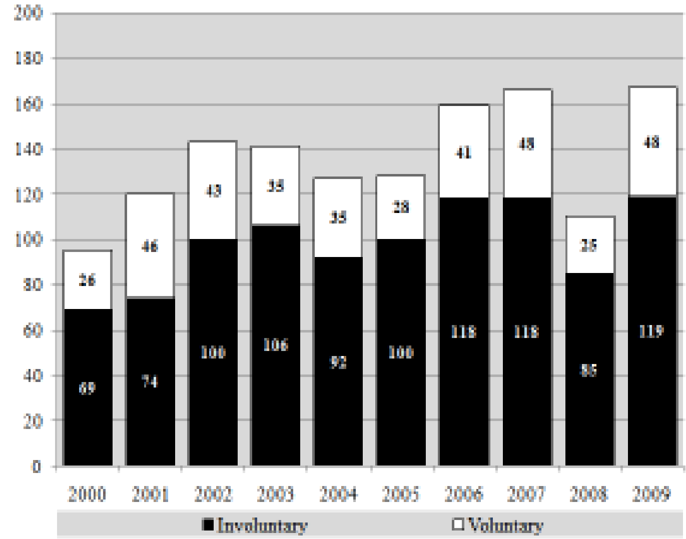


Chart 14
Mount Pleasant Dual Diagnosis Admissions, by Legal Status



The average age at time of admission was 36 years in FY2009, with dual diagnosis admissions ranging in age from 18 to 61 years of age as illustrated in Chart 15. In FY2009, 96.4 % of individuals admitted to the dual diagnosis program were white, non-Hispanic as illustrated in Chart 16.

Chart 15
Mount Pleasant Dual Diagnosis Admissions, by Age

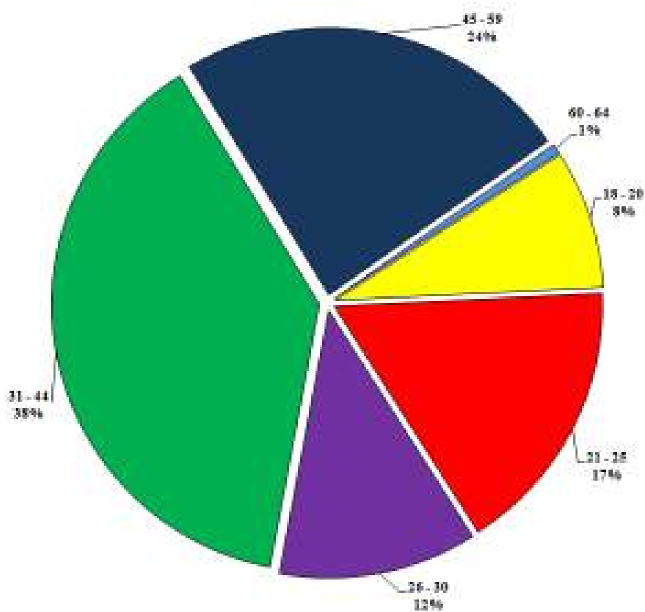
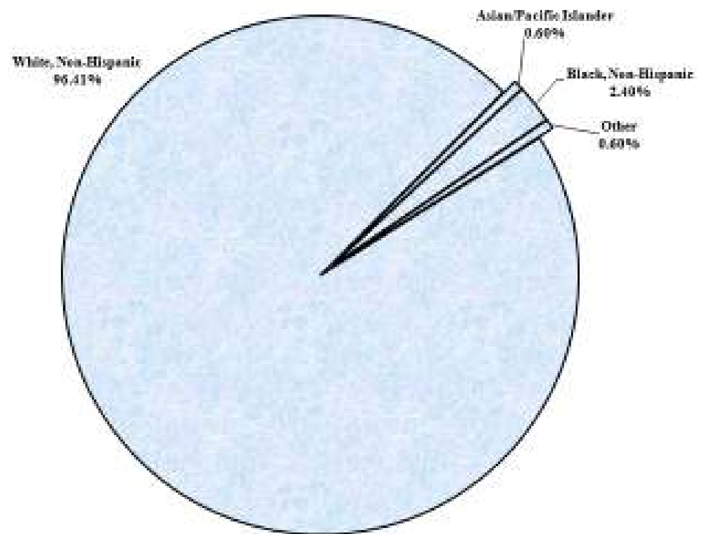


Chart 16
Mount Pleasant Dual Diagnosis Admissions, by Ethnicity



<u>Substance Abuse</u>

Of the FY2009 substance abuse admissions, males accounted for 80.5 % and females for 19.5 %; this percentage has remained consistent as illustrated in Chart 17. In FY2009, 84.3 % of individuals were involuntarily admitted, and this percentage has increased 7.1 % since FY2000 as illustrated in Chart 18.

Chart 17
Mt. Pleasant Substance Abuse Admissions, by Sex

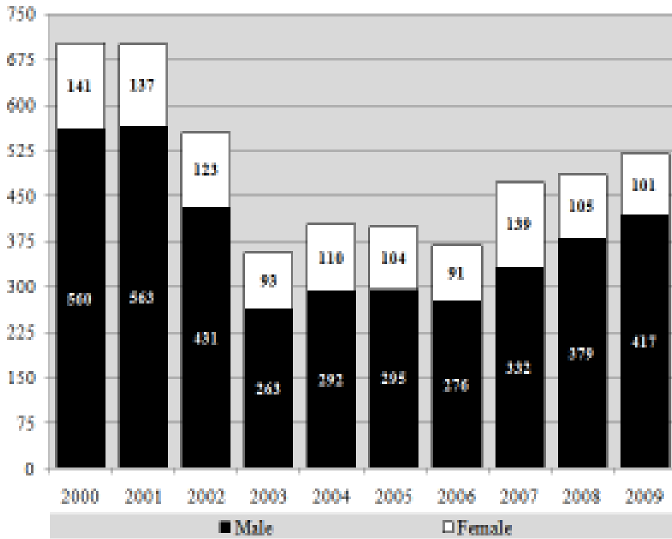
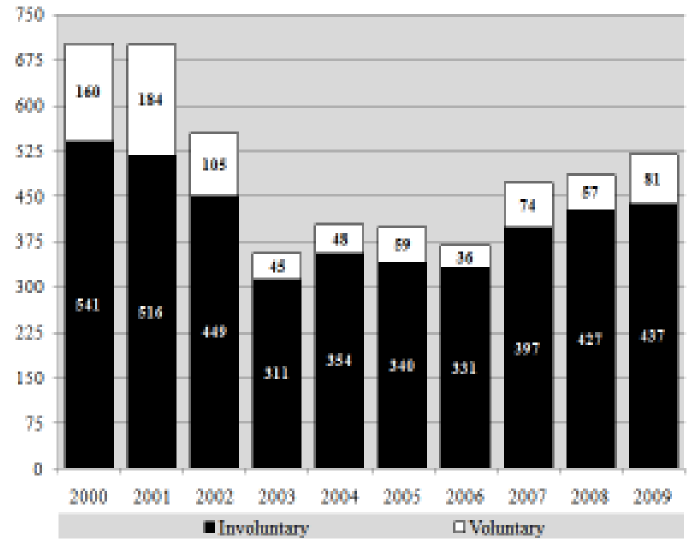


Chart 18
Mt. Pleasant Substance Abuse Admissions, by Legal Status



The average age at time of admission was 31 years in FY2009, with substance abuse admissions ranging in age from 18 to 68 years of age as illustrated in Chart 19. In FY2009, 81.1 % of individuals admitted to the substance abuse program were white, non-Hispanic as illustrated in Chart 20.

Chart 19
Mount Pleasant Substance Abuse Admissions, by Age

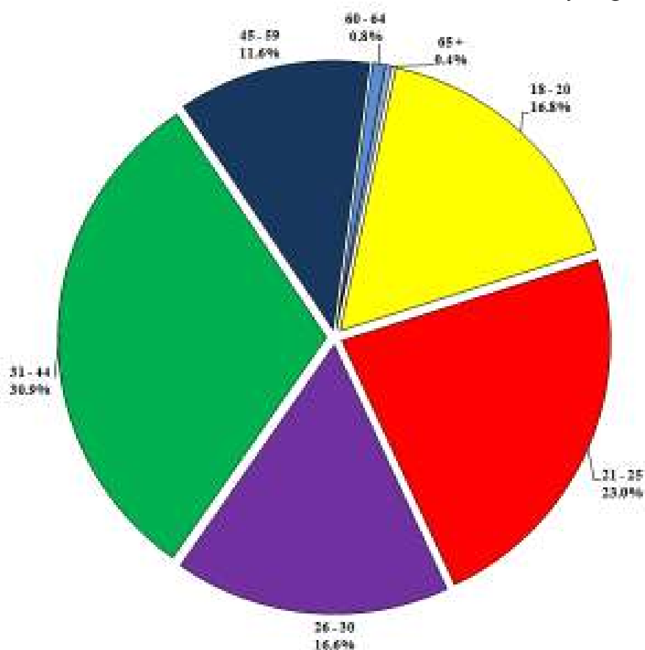
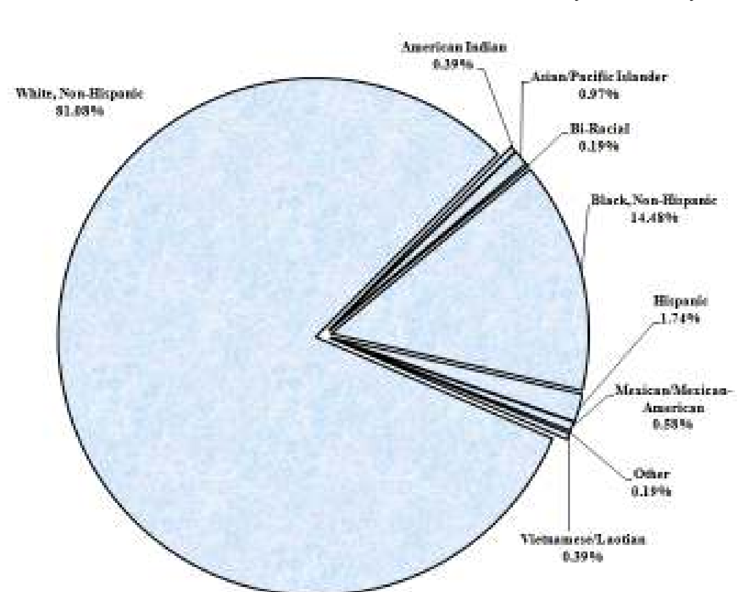


Chart 20
Mount Pleasant Substance Abuse Admissions, by Ethnicity



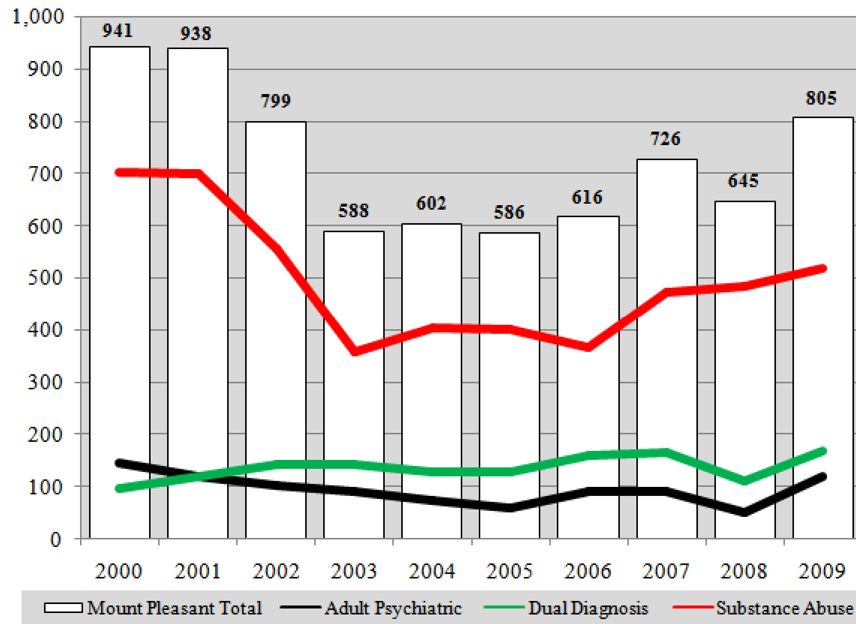
Admission Trends

Typically, Mount Pleasant MHI adult psychiatric 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. Dual diagnosis and substance abuse program admissions come from all 99 counties of the State of Iowa.

Use of the adult psychiatric, dual diagnosis, and substance abuse beds are directly related to the availability of alternative community-based treatment options.

There has been a 14.5 % decrease in admissions (from 941 to 805) during the past ten years as illustrated in Chart 21.

Chart 21
Mount Pleasant Total Admissions by Program, FY2000 – FY2009



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

Table 5
Mount Pleasant Change in Admissions, by Program, FY2000 – FY2009

Program	Increase / Decrease
Adult Psychiatric	(17.2 %)
Dual Diagnosis	75.8 %
Substance Abuse	(26.1 %)
MHI Overall	**(14.5%)**

Appendix E identifies the counties of admission to the Mount Pleasant 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 Mount Pleasant 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 Mount Pleasant 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.

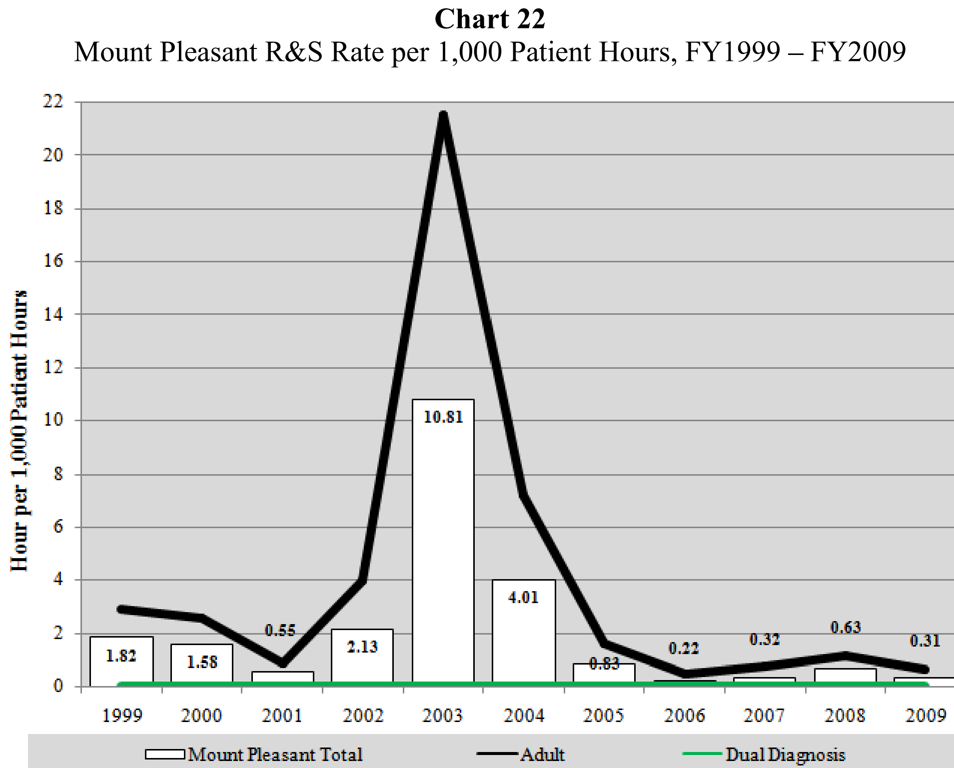
In FY2001, the Mount Pleasant MHI eliminated the use of seclusion throughout the facility.

In FY2009, the R&S Rate per 1,000 Patient Hours for the Mount Pleasant MHI was 0.31, representing an overall decrease in restraint and seclusion rate of use of 82.8% since FY1999 as illustrated in Chart 22.

The substance abuse program does not utilize restraint or seclusion.

Chart 22

Mount Pleasant R&S Rate per 1,000 Patient Hours, FY1999 – 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 Mount Pleasant's adult psychiatric program has increased 25.3 %, from 30 days in FY2000 to 38 days in FY2009 as illustrated in Chart 23. During that same reporting period, the median length of service has decreased 24.4 %, from 28 days in FY2000 to 21 days in FY2009 as illustrated in Chart 24.

Chart 23
ALOS – Mount Pleasant Adult, FY2000 – FY2009

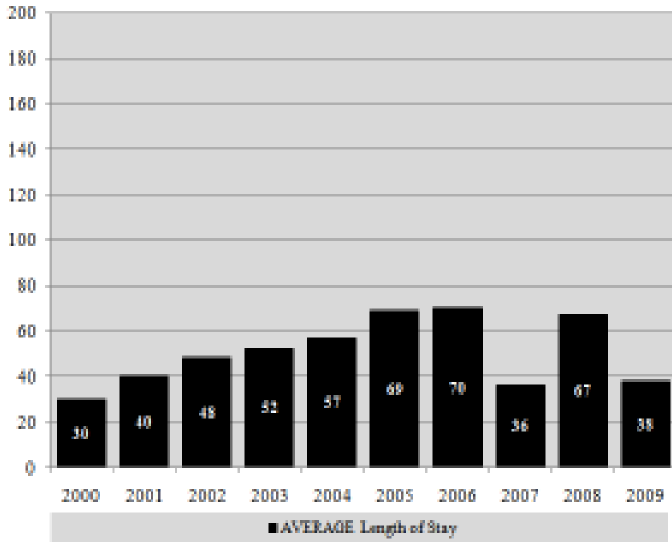
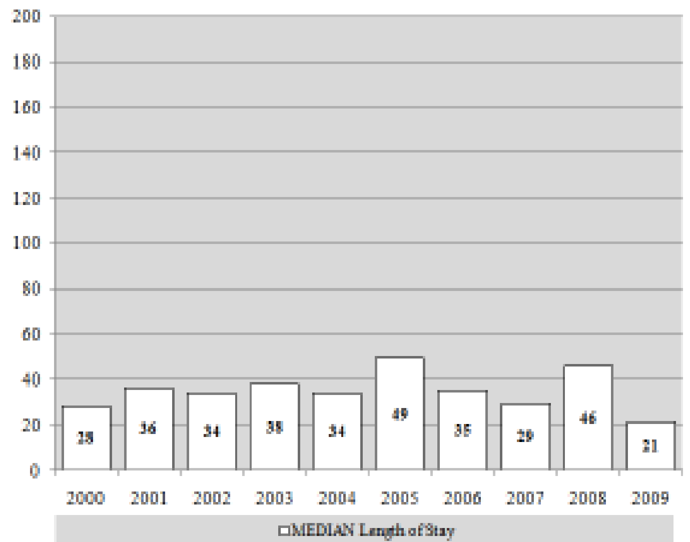


Chart 24
MLOS – Mount Pleasant Adult, FY2000 – FY2009



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 25 and 26.

Chart 25
ALOS – Mount Pleasant Adult, by Ethnicity, FY2009

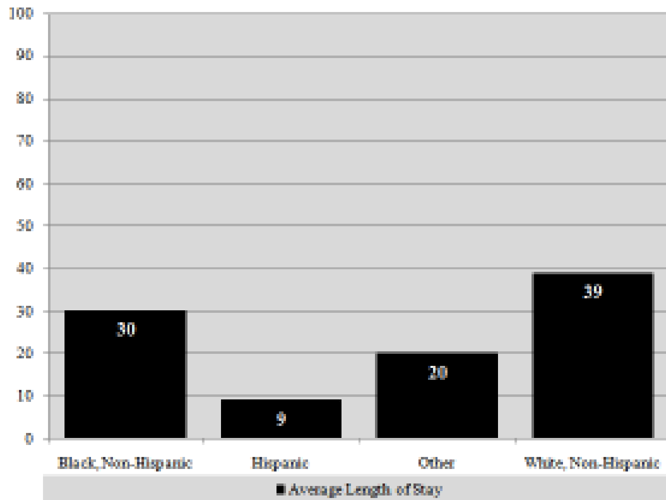
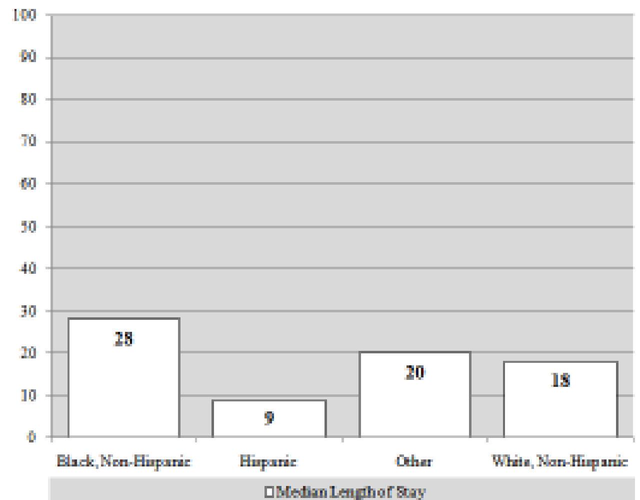


Chart 26
MLOS – Mount Pleasant Adult, by Ethnicity, FY2009



Dual Diagnosis

In the past ten years, the average length of service and median length of service for individuals served in Mount Pleasant's dual diagnosis program has remained essentially unchanged as illustrated in Charts 27 and 28.

Chart 27
ALOS – Mount Pleasant Dual Diagnosis, FY2000–FY2009

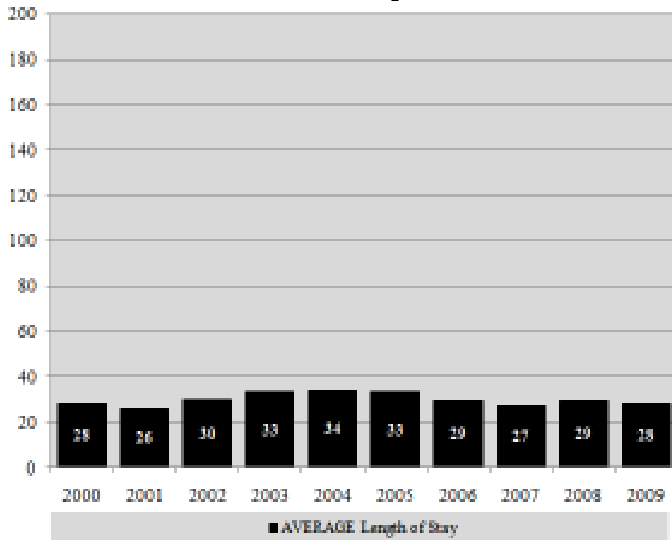
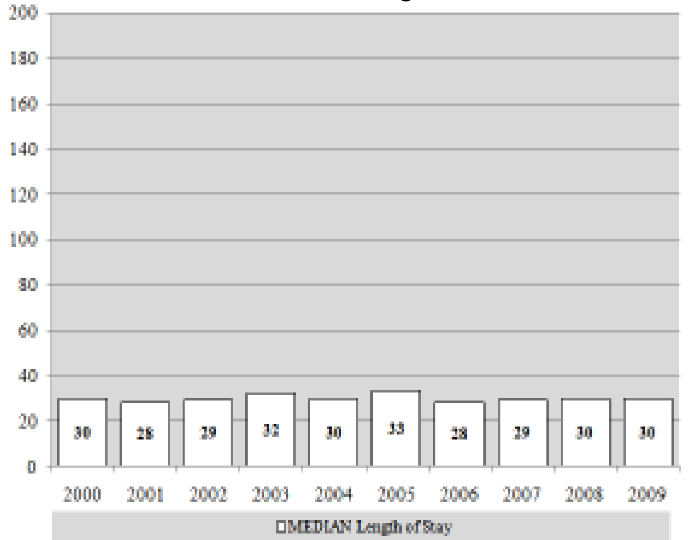


Chart 28
MLOS – Mount Pleasant Dual Diagnosis, FY2000–FY2009



In FY2009, the average length of service and median length of service for individuals discharged from the dual diagnosis program, by ethnicity, are illustrated in Charts 29 and 30.

Chart 29
ALOS – Mount Pleasant Dual Diagnosis
by Ethnicity, FY2009

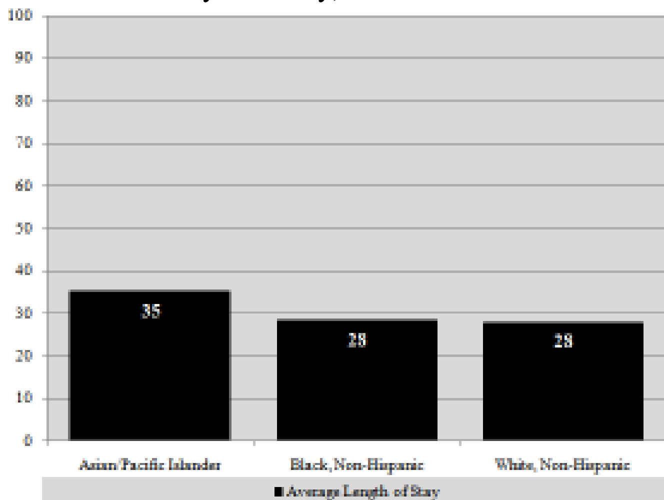
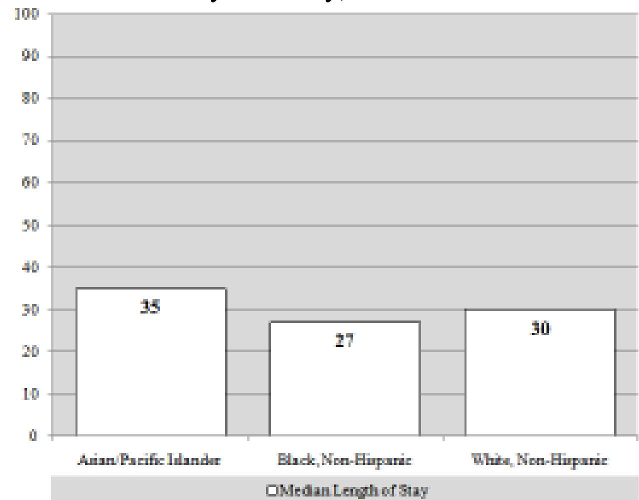


Chart 30
MLOS – Mount Pleasant Dual Diagnosis,
by Ethnicity, FY2009



Substance Abuse

In the past ten years, the average length of service and median length of service for individuals served in Mount Pleasant's substance abuse program has remained essentially unchanged as illustrated in Charts 31 and 32.

Chart 31
ALOS – Mt. Pleasant Substance Abuse, FY2000–FY2009

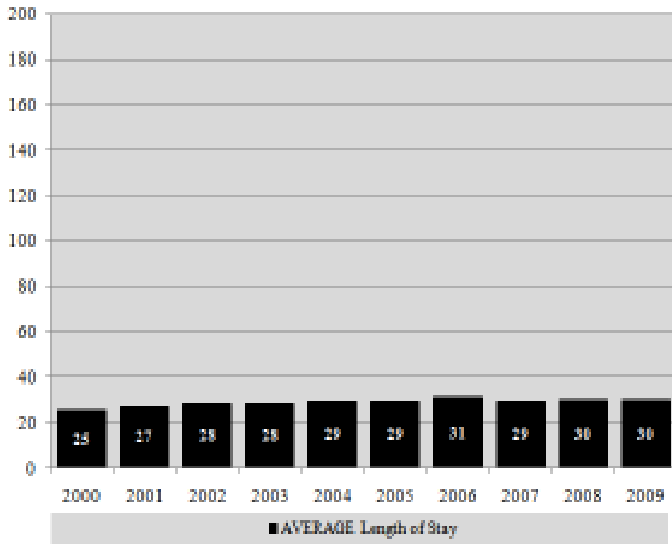
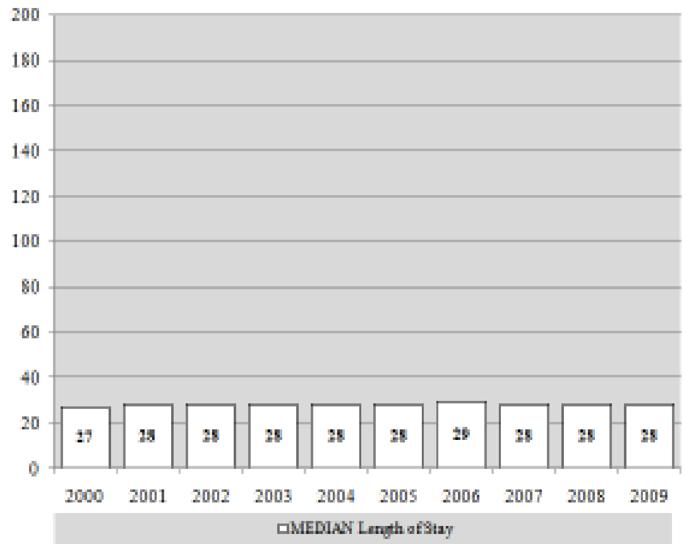


Chart 32
MLOS – Mt. Pleasant Substance Abuse, FY2000–FY2009



In FY2009, the average length of service and median length of service for individuals discharged from the substance abuse program, by ethnicity, are illustrated in Charts 33 and 34.

Chart 33
ALOS – Mount Pleasant Substance Abuse, by Ethnicity, FY2009

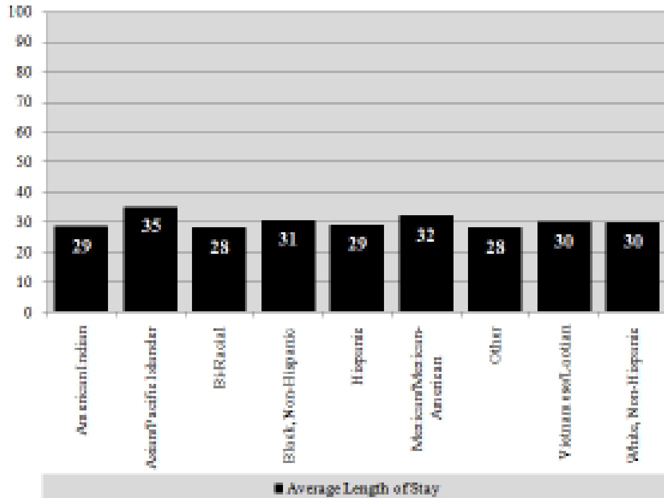
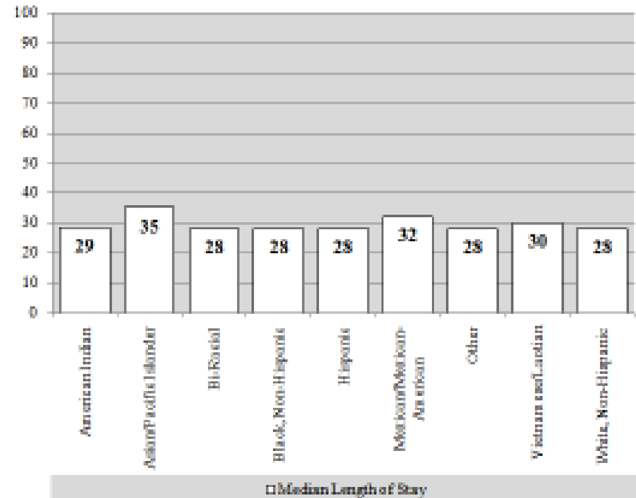


Chart 34
MLOS – Mount Pleasant Substance Abuse, by Ethnicity, FY2009

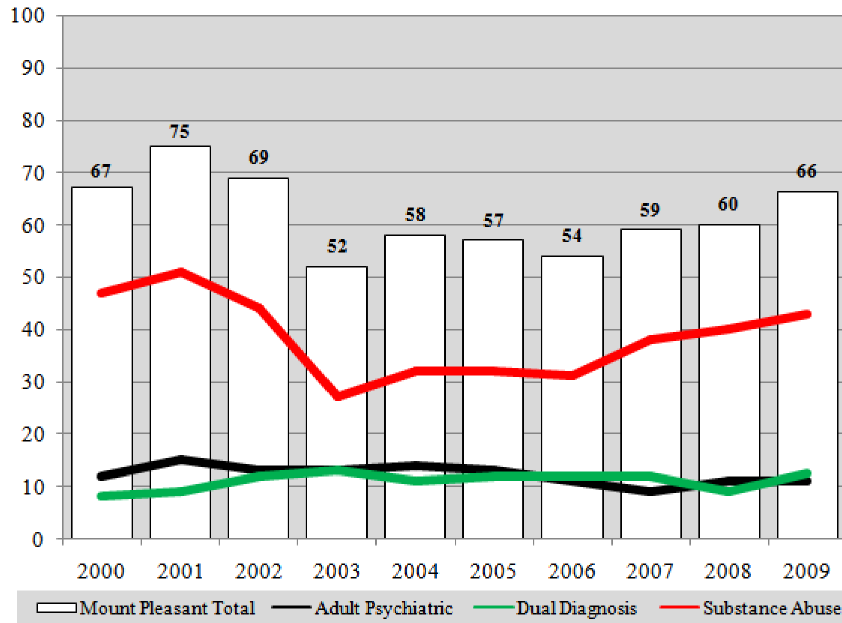


Average Daily Census

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, Mount Pleasant's overall average daily census has decreased 0.9 %, from 67 in FY2000 to 66 in FY2009 as illustrated in Chart 35.

Chart 35
Mount Pleasant Average Daily Census by Program, FY2000 – FY2009



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

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

Program	Increase / Decrease
Adult Psychiatric	(8.3 %)
Dual Diagnosis	54.1 %
Substance Abuse	(9.0 %)
MHI Overall	**(0.9 %)**

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 Mount Pleasant adult psychiatric program were discharged to the following locations as shown in Table 8.

Table 8
Mount Pleasant Adult Psychiatric Discharge Locations, FY2009

Discharge Location	% of Individuals
Lives with Relatives / Family	27.5 %
Other Residential Care Facility	27.5 %
Other (*Supervised Apartment, Other State Institution, etc.)*	21.7 %
Live Alone	16.7 %
Live with Friend	3.3 %
Nursing Home	3.3 %

Dual Diagnosis

In FY2009, individuals served by the Mount Pleasant dual diagnosis program were discharged to the following locations as shown in Table 9.

Table 9
Mount Pleasant Dual Diagnosis Discharge Locations, FY2009

Discharge Location	% of Individuals
Lives with Relatives / Family	34.0 %
Live Alone	25.8 %
Halfway House / Group Care	11.3 %
Live with Friend	8.2 %
Other Residential Care Facility	6.9 %
Other (*Supervised Apartment, Other State Institution, etc.*)	13.8 %

Substance Abuse

In FY2009, individuals served by the Mount Pleasant substance abuse program were discharged to the following locations as shown in Table 10.

Table 10
Mount Pleasant Substance Abuse Discharge Locations, FY2009

Discharge Location	% of Individuals
Jail	63.6 %
Live Alone	19.7 %
Halfway House / Group Care	9.4 %
Live with Relative / Family	4.9 %
Live with Friend	1.8 %
Other (*Supervised Apartment, Other State Institution, etc.)*	0.6 %

Treatment Services Provided

Mount Pleasant MHI provides diagnostic evaluations and acute care treatment services based on the medical model. Diagnostic evaluations are conducted primarily by psychiatrists for the psychiatric unit and drug abuse counselors for the substance abuse unit. Treatment services are provided via a multidisciplinary team comprised of clinicians such as a psychiatrist, nurse practitioner, psychologist, social worker, drug abuse counselor, nurse, activity specialist, residential treatment worker, etc. The treatment modalities include psychotropic medication, behavioral and substance abuse counseling, psychiatric/substance abuse rehabilitation classes, leisure skills development, recreational activities, and discharge planning.

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 Mount Pleasant 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.

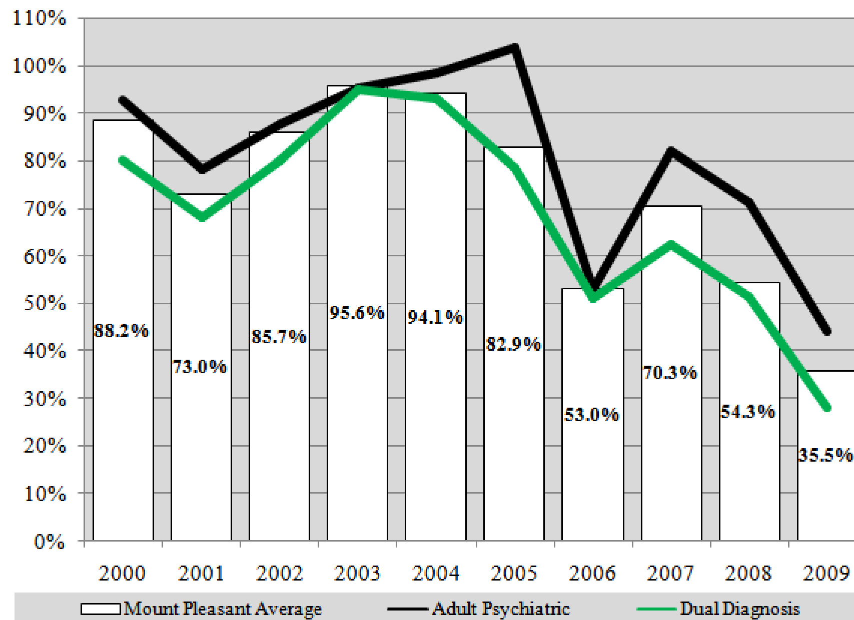
Global Assessment of Functioning

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 Mount Pleasant MHI improved an average of 35.5 % on the GAF assessment as illustrated in Chart 36.

Chart 36
Mount Pleasant Percentage Improvement in GAF Scores
from Admission to Discharge, FY2000 – FY2009



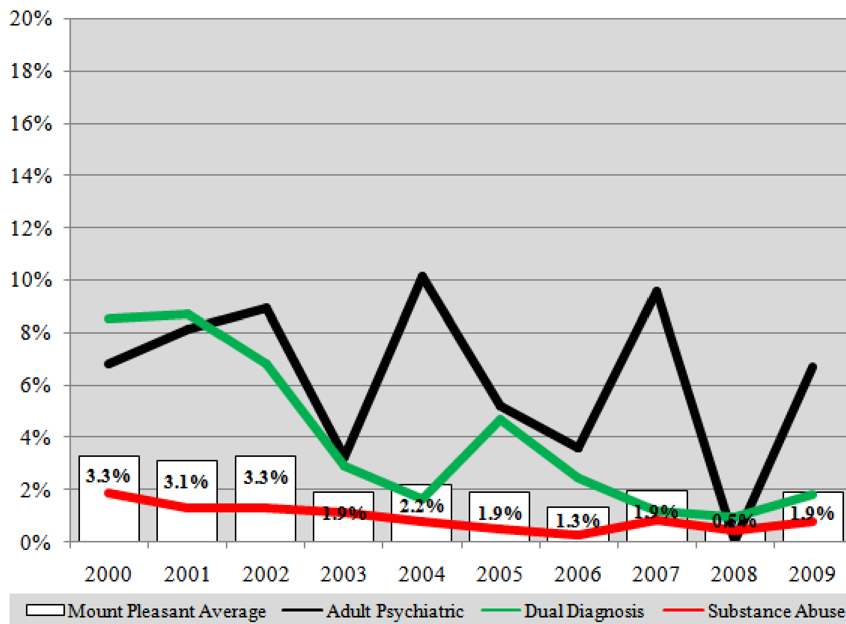
Rehospitalization

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, 1.9 % of individuals discharged from the Mount Pleasant MHI were rehospitalized at the MHI within thirty (30) days of discharge as illustrated in Chart 37, representing a 1.4 % decrease from FY2000 to FY2009.

Chart 37
Mount Pleasant Percentage of Rehospitalization within 30 Days of Discharge, FY2000 – FY2009



Individual program rehospitalization rates have increased/decreased as shown in Table 11.

Table 11
Mount Pleasant Change in Percentage of Rehospitalization within 30 Days of Discharge, by Program, FY2000 – FY2009

Program	Increase / Decrease
Adult Psychiatric	(0.1 %)
Dual Diagnosis	(6.7 %)
Substance Abuse	(1.1 %)
MHI Overall	**(1.4 %)**

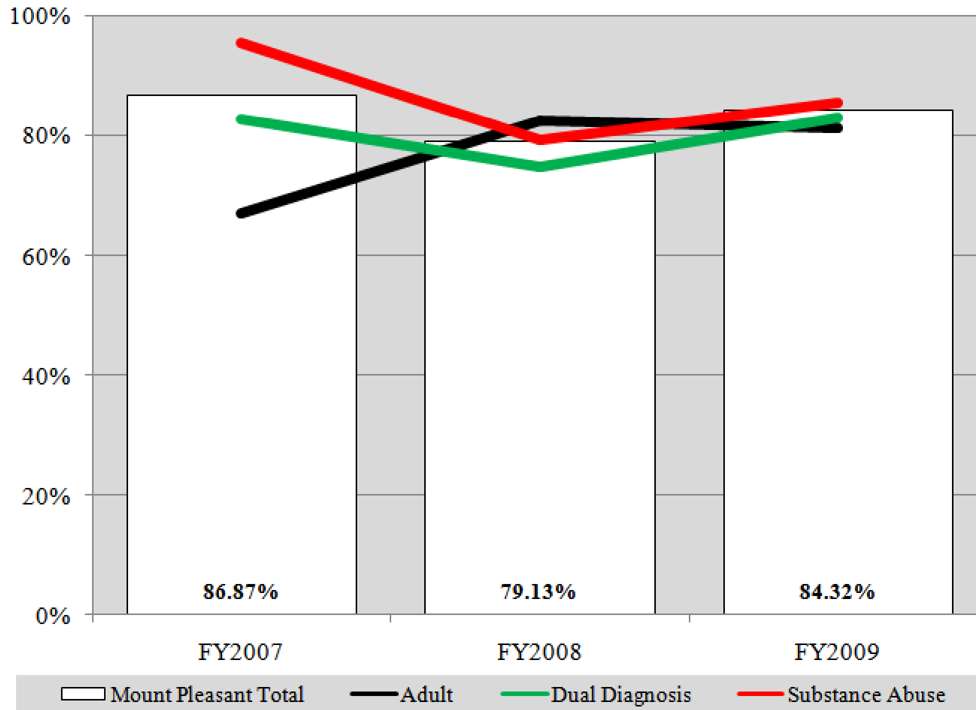
Occupancy Rate

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, 84.32 % of the total available bed days were occupied by an individual as illustrated in Chart 38.

Chart 38

Mount Pleasant Occupancy Rate, FY2007 – FY2009



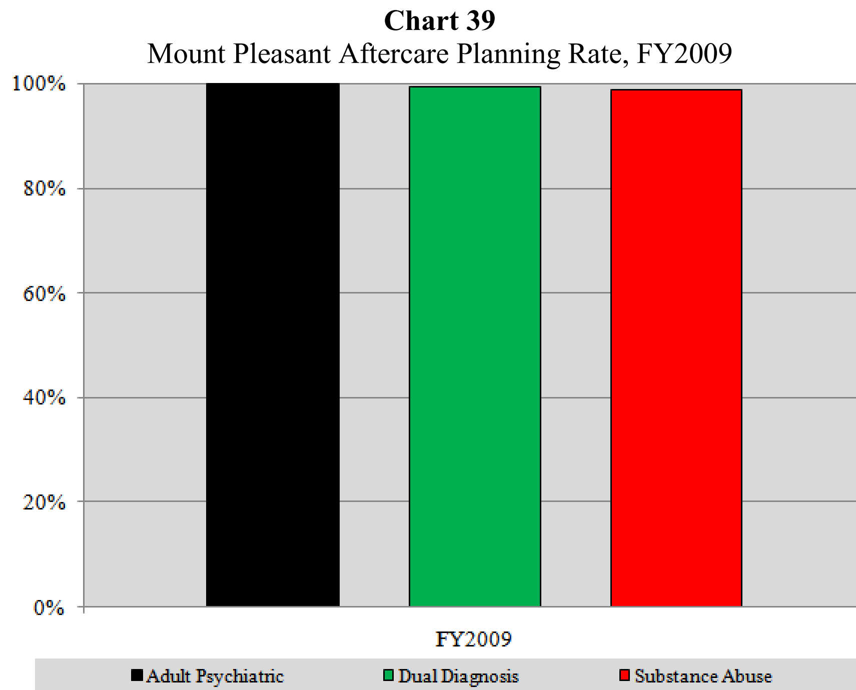
Aftercare & Discharge Planning

Following discharge from the Mount Pleasant 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, 99.1 % of the total individuals discharged from the Mount Pleasant MHI were discharged with an aftercare plan in place as illustrated in Chart 39.

Chart 39
Mount Pleasant Aftercare Planning Rate, FY2009

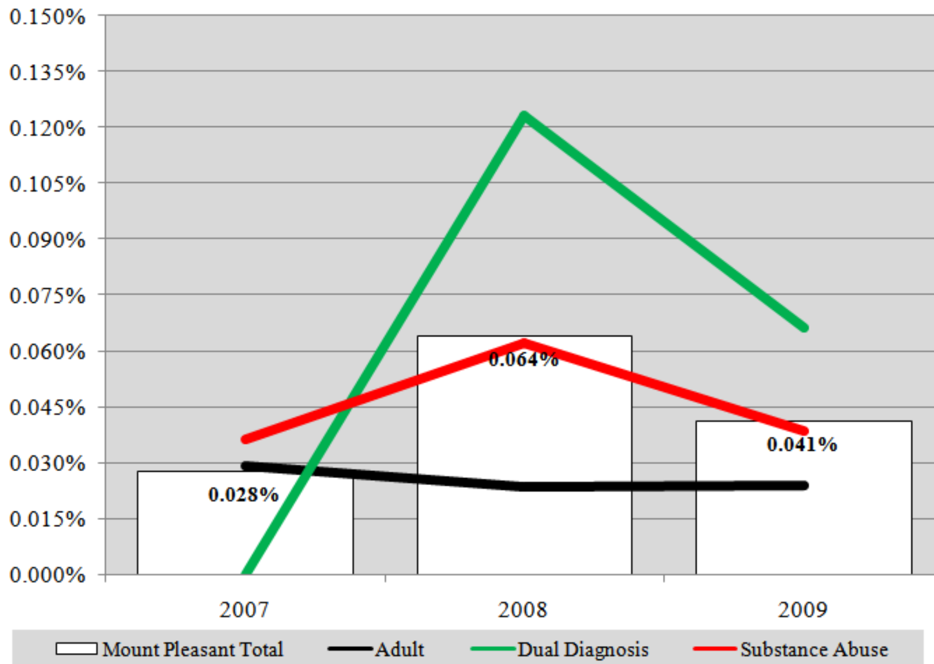


Elopement Rate

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 Mount Pleasant MHI had a facility elopement rate of 0.041 % as illustrated in Chart 40.

Chart 40
Mount Pleasant Elopement Rate, FY2007 – FY2009



Human Resources

In FY2010, Mount Pleasant MHI's funded level of staff includes 111.04 Full Time Equivalents (FTEs) and 1.20 temporary and contract staff to provide services to individuals twenty-four hours per day, seven days per week as shown in Table 12.

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. 15.44 FTEs of the total FTEs for the facility are cost-allocated with the Department of Corrections.

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

Table 12
Mount Pleasant FTE & Temporary/Contract Personnel, by Category, FY2010

Program	Mount Pleasant		%
	FTE	Temp & Contract	
Direct Care	58.00	-	51.67 %
Professional Treatment	25.60	0.20	22.99 %
Medical Staff	2.00	1.00	2.67 %
Education / Vocational	-	-	-
Administration / Support	25.44	-	22.67 %
MHI Total	**112.24**		

Direct care staff = 51.67 % (58.00)
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 = 22.99 % (25.80)
These staff include Activity Specialists, Drug Abuse Counselors, Social Workers, Nurse Supervisors, Psychologists, and other professional treatment positions.

Medical staff = 2.67 % (3.00)
These staff include Physicians and Nurse Practitioners.

Administrative and Support staff = 22.67 % (25.44)
These staff include Correctional Food Service Coordinators, Correctional Trades Leaders, Typists Advanced, Accounting Clerks, Word Processors, and other administrative and support positions.

Appendix G includes a per-position summary for Mount Pleasant MHI.

Finances

FY2010 Budget

The Mount Pleasant FY2010 MHI estimated budget is $ 13,172,480 as shown in Table 13:

Table 13
Mount Pleasant Estimated Budget, FY2010

Source of Revenue	Estimated FY2010 Revenue
General Fund appropriations	$ 11,950,562 *
Dual Diagnosis	$ 675,000
Dual Diagnosis (Federal)	$ 510,000
Routine Maintenance revenues	$ 27,918
Rental and other	$ 9,000
MHI Total	**$ 13,172,480**

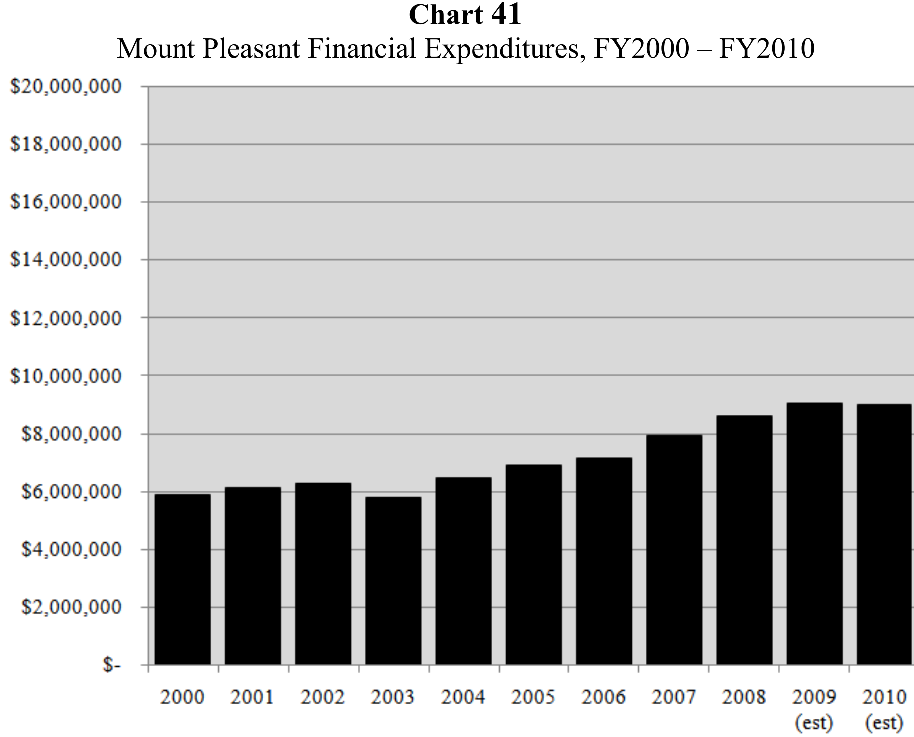
* This figure includes $ 222,694 in Human Service Reinvestment Transfer funds (American Recovery and Reinvestment Act of 2009 (ARRA) Federal Stimulus) which helped offset major reductions in services.

Eighty three percent (83 %) of the Mount Pleasant 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, Mount Pleasant MHI has experienced a 23.1 % increase in medication costs. Routine maintenance and infrastructure funds are appropriated separately.

Between FY2000 – FY2008, Mount Pleasant MHI expenditures increased by 46.0 % as illustrated in Chart 41. The increased costs are primarily due to additional substance abuse beds added to the facility, as well as the increased costs of salaries and benefits and some inflation.

Chart 41

Mount Pleasant Financial Expenditures, FY2000 – FY2010



<u>Cost per Day</u>

The Mount Pleasant MHI FY2010 cost per day is shown in Table 14.

Table 14

Mount Pleasant 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
Mt Pleasant	Adult	$ 566.26	$ 196.89	$ 654.51	$ 202.80	$ 704.80	$ 202.80	$ 162.24
	Substance Abuse	$ 211.70	$ 142.23	$ 217.02	$ 146.50	$ 212.76	$ 146.50	$ 36.63
	Dual Diagnosis	$ 566.26	$ 509.10	$ 654.51	$ 524.37	$ 704.80	$ 524.37	$ 352.40

* 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%, Substance Abuse = 25%, Children, Adolescent, or PMIC programs = 0%). For Dual Diagnosis, the county pays 50% of the actual per diem cost.

Financing

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

Mount Pleasant 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, with the exception of the dual diagnosis program.

The dual diagnosis program operates under the net budgeting concept where the program relies on the state appropriation and retained revenues attributable to the program. The dual diagnosis program retains both state and federal shares of all federal revenues received per Iowa Code § 226.9C (1).

Revenue Sources

If FY2010 projections hold true, up-front revenue sources are illustrated in Chart 42:

Chart 42
Mount Pleasant Up-Front Revenue Sources, FY2010 Projected

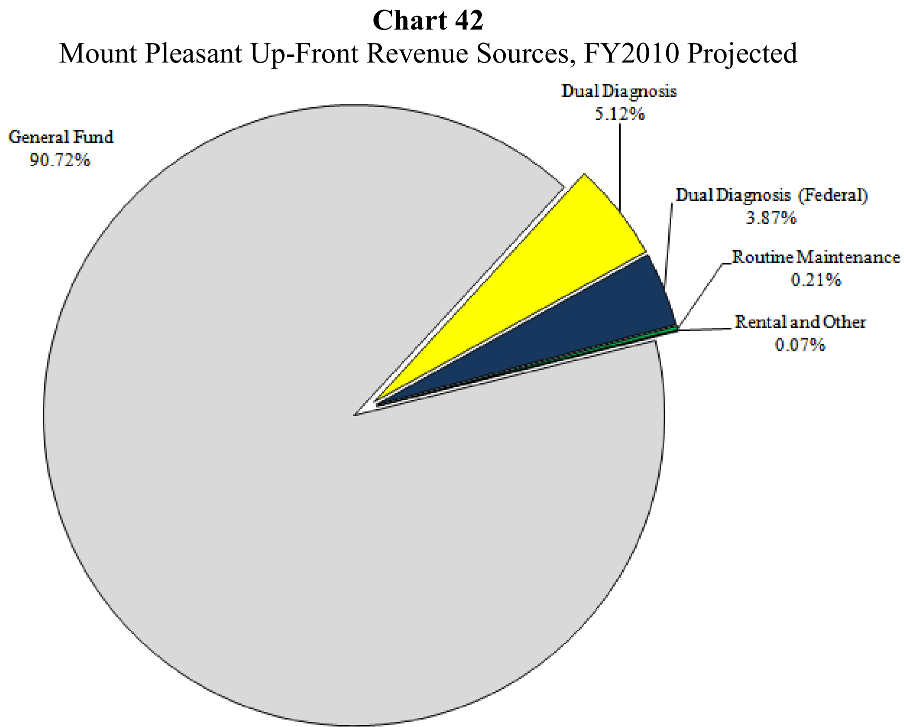
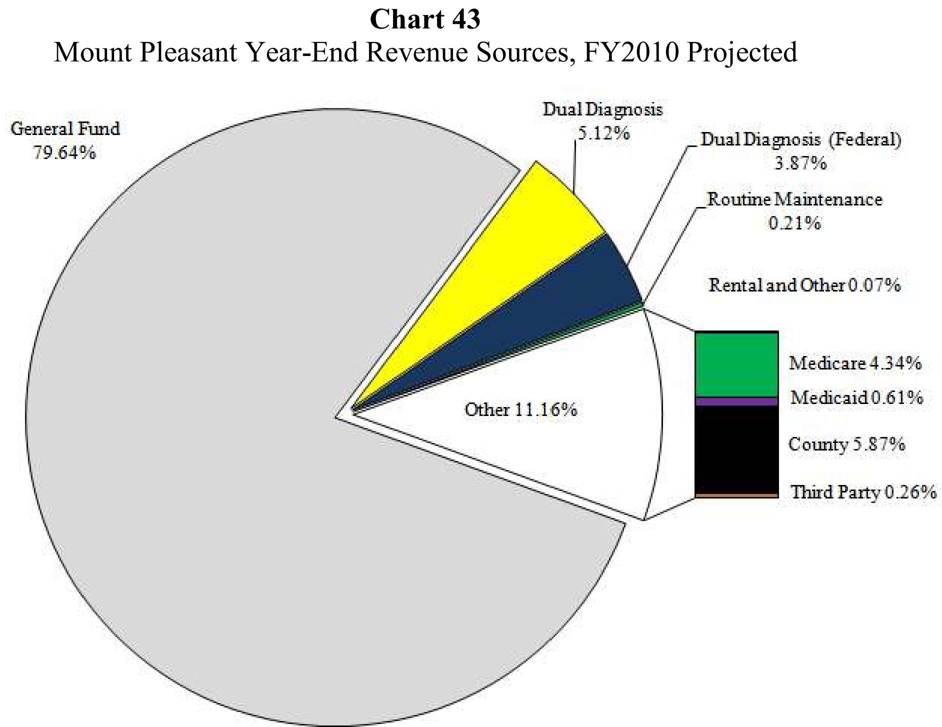
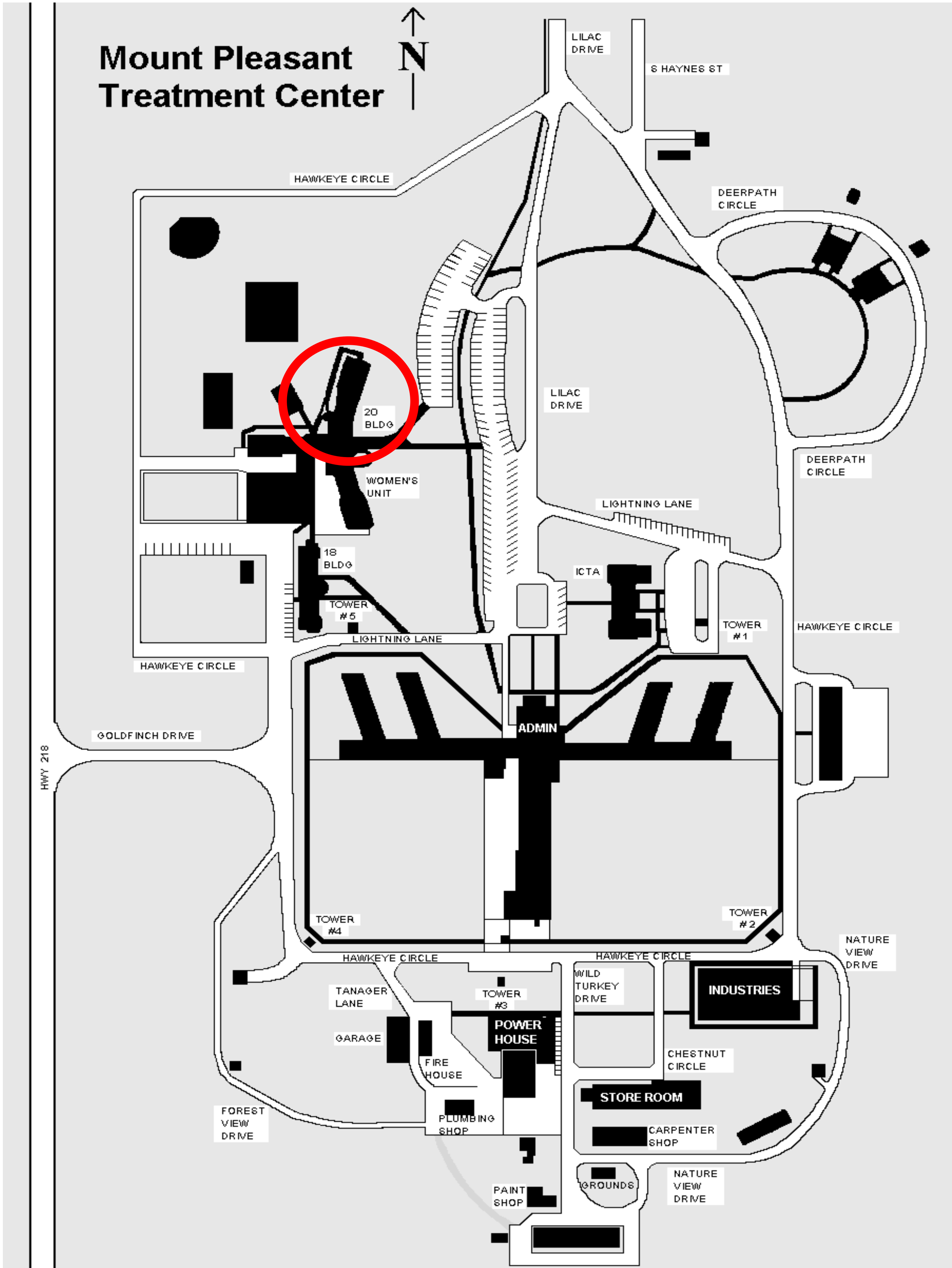


Chart 43 illustrates the actual funding sources utilized, once all billable entities are considered. At year end, $ 1,460,444 is projected to be returned to the General Fund, reducing the actual impact by 11.2 %.

Chart 43
Mount Pleasant Year-End Revenue Sources, FY2010 Projected



Appendix A – Mount Pleasant MHI Campus Map



Appendix B – Mount Pleasant MHI Physical Plant & Infrastructure

Building	Wing or Ward	Use	Square Feet	% Occupied Utilized	Capacity, if not occupied	Could be vacated?
Building 20 – 1st Floor	North & West wings	Administration (staff offices, medical records, library, etc.)	9,889	100%		n/a
Building 20 – Basement	West wing	Kitchen / Dining / Dish Room / Mechanical	5,000	100%		n/a
Building 20 – 2nd Floor	North & West wings	Adult Psychiatric & Dual Diagnosis patient wards	9,889	100%		n/a
Building 20 – 3rd Floor	North & West wings	Substance Abuse patient wards	9,889	100%		n/a
Building 18	1st, 2nd, and 3rd floors	Staff Offices, Treatment Rooms, Conference, Training Facility	19,052	100%		n/a
Duplex	n/a	Living Facility for nurse practitioner or chaplain	3,500	100%		n/a
Recreation Building	n/a	Gym, Recreational, HVAC Room, Canteen	7,820	100%		n/a
Shelter House	n/a	Picnic, Recreation, Outdoor Class Area	2,176	100%		n/a
House 1102	n/a	Previous rental	1,560	vacant		n/a
House 1104	n/a	Rental property	1,150	100%		n/a
House #3	n/a	On-call Physicians	1,700	100%		n/a

Appendix C – Mount Pleasant 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 rehabitational services to individuals needing assitance	1993 – present	233	$ -	$ -	$ -	$ -	$ -	$ -
DHS Quality Assurance	DHS staff doing quality reviews of DHS cases	1993 – present	109	$ -	$ -	$ -	$ -	$ -	$ -
			342	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**

Appendix D – Mount Pleasant MHI Training & Community Involvement

Education & Training

- Provide training sites for:
  - Registered Nurse Clinical Programs
  - Drug Abuse Counselor Practicum Internships
  - Social Work Student and Masters Program Internships
  - Psychology Student Programs including PHD Programs
  - Recreational Therapy Internships
- Provide training in the Community for:
  - For area high schools regarding substance abuse and mental health
  - Drug Abuse Counselors, Social Workers, Psychologists and Activity Therapists provide onsite presentations for area schools and colleges
  - Educational services regarding addiction and its effects on families to the Lee County "Family and Friends" organization
  - Cultural Diversity presentations to substance abuse constituents in Lee County
  - Anger Management presentations for various county affiliates
- Share training and programming information with Resident Treatment Facilities, Residential Facilities and other State Mental Health Institutes

Disaster Planning / Emergency Management

- Henry County emergency housing center
- Participate in:
  - Henry County Fire Department training
  - County-wide emergency drill
  - Department of Corrections pandemic preparedness plan
  - Henry County Disaster Plan
  - Henry County Emergency Management Code RED Notification System
- Local Disaster Center
  - Provide expanded bed capacity for the Henry County Health Center in case of partial or total destruction of its facility
  - Provide protection, care and treatment for Henry County residents prior to, during or following a disaster
  - The city of Mt Pleasant has the ability to access the water supply maintained on the campus on the Mental Health Institute in an emergency
  - The facility can also activate a campus water treatment system if necessary

Community Involvement

- Provide community recycle drop off site
- During the 2008 flood housing was provided to employees and extended families
- Participation in:
  - Governors Conference – provide substance abuse presentation and sponsored informational table
  - State Wide Cultural Diversity Coalition
  - Plans currently underway with historical society for the Mt. Pleasant Mental Health Institute's Sesquicentennial celebration
  - Youthful Offender Program (18-22) in Des Moines County
  - Henry County Substance Abuse Coalition

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

- Community Resources Providing Services:
  - Domestic Violence and Sexual Assault Center – Counseling Services
  - Gambling Education provided by ADDS
  - Recovering individuals from the community sharing insight into addiction
  - Iowa State Patrol provides monthly DUI program
  - Iowa State Patrol calibrates our breathalyzers
- Provide meeting/training site(s) for:
  - Magellan Roundtable Presentation/Discussion on Mental Health Topics
  - DAS training
  - Mississippi Valley Regional Blood Center for employees to donate blood
  - Local ministers conduct church services for patients/clients
  - Alcoholics Anonymous and Narcotics Anonymous meetings which involve patient/clients and the public.
- The Weaverland Mennonite Church group of 80 singers performs musical programs for patients/clients
- DAS Annual Food Drive
- Veterans of Foreign War provide donations for holiday meals for patients/clients
- Muscatine County American Legion Auxiliary donates and provides an annual dinner for patient/client veterans
- Purchase locally, i.e., Christmas gifts for individuals from monies donated
- Local discount and grocery stores provide various forms of patient/client activity support
- Host:
  - ICN conferences for DHS, DOC and outside community agencies
  - Citizens Advisory Board
- Provide staff to speak at engagements in the community including
- Drug Abuse Counselors facilitate the establishment of AA/NA meetings
- Campus grounds are used by:
  - The public uses the grounds as a driving range
  - Provide tours of the grounds and facility to the public and several schools
  - Law Enforcement – Canine Unit Trials
  - Provided housing for RAGBRAI participants
  - Employee sponsored Easter Egg Hunt for campus families
  - Local DHS Quality Assurance Office
  - Local Vocational Rehabilitation Office

Appendix E – Mount Pleasant MHI FY2009 Admissions by County

Mount Pleasant Adult Psychiatric

Ranked by Utilization Rate per 100,000		Ranked by # of Admissions	
Wapello	83.41	Wapello	30
Van Buren	64.22	Des Moines	14
Jefferson	50.09	Henry	9
Davis	46.19	Jefferson	8
Henry	44.45	Mahaska	8
Lucas	41.36	Marion	8
Mahaska	35.77	Lee	7
Des Moines	34.31	Van Buren	5
Wayne	30.30	Davis	4
Marion	24.25	Lucas	4
Adams	23.45	Other	4
Appanoose	21.95	Appanoose	3
Lee	19.07	Cerro Gordo	3
Other	-	Wayne	2
Page	12.31	Page	2
Cerro Gordo	6.72	Adams	1
Iowa	6.23	Iowa	1
Poweshiek	5.28	Poweshiek	1
Washington	4.66	Washington	1
Webster	2.56	Webster	1
Marshall	2.54	Marshall	1
Pottawattamie	1.11	Pottawattamie	1
Johnson	0.85	Johnson	1
Scott	0.62	Scott	1

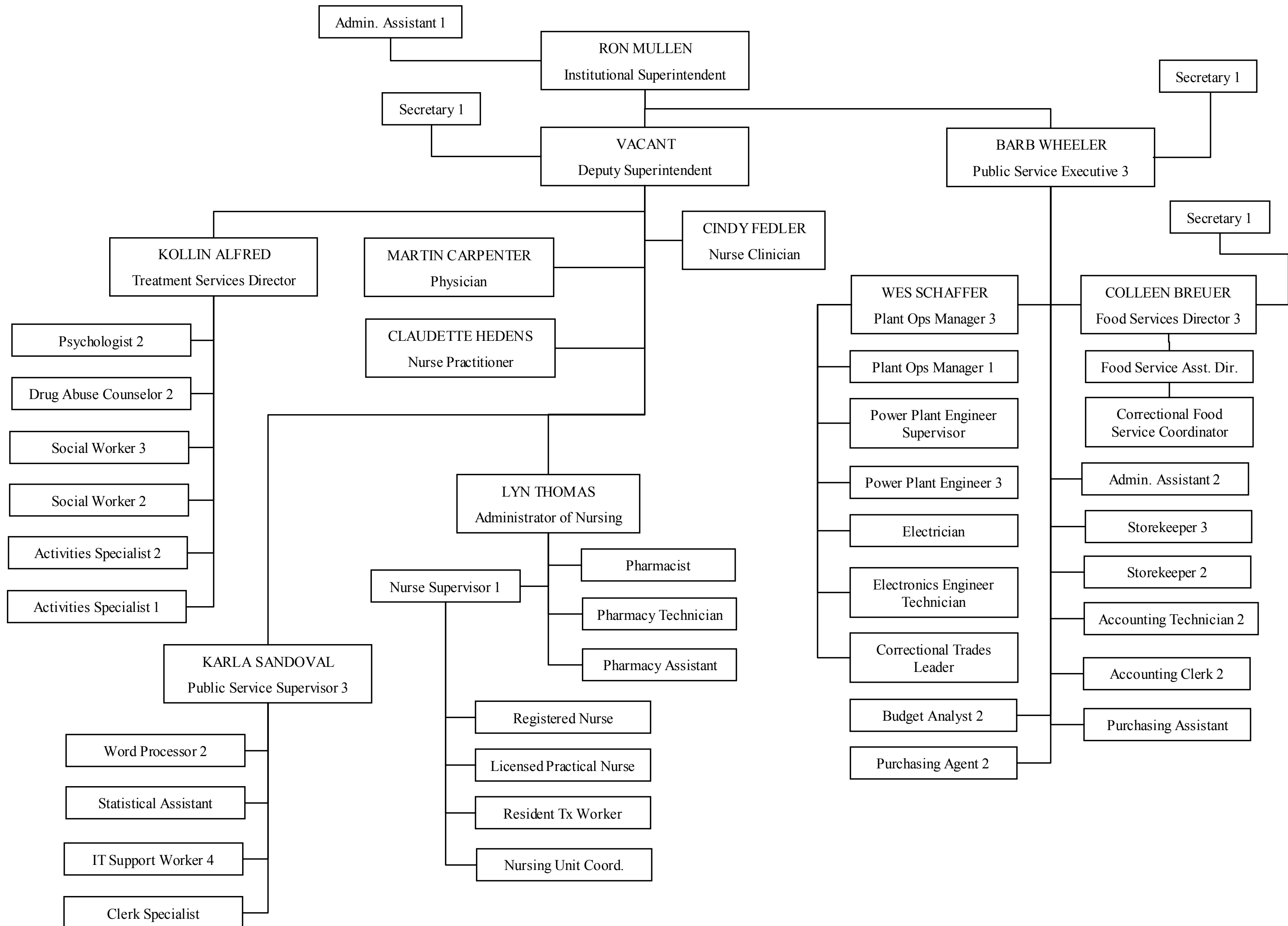
Mount Pleasant Dual Diagnosis

Ranked by Utilization Rate per 100,000		Ranked by # of Admissions	
Lee	49.04	Linn	23
Des Moines	49.01	Des Moines	20
Wayne	30.30	Lee	18
Henry	24.70	Dubuque	15
Wapello	22.24	Wapello	8
Appanoose	21.95	Johnson	7
Marion	21.22	Marion	7
Jefferson	18.78	Clinton	6
Dubuque	16.37	Henry	5
Van Buren	12.84	Scott	5
Clinton	12.07	Other	5
Linn	11.56	Dallas	4
Monona	10.50	Appanoose	3
Lucas	10.34	Black Hawk	3
Jones	9.75	Jefferson	3
Carroll	9.51	Polk	3
Mahaska	8.94	Pottawattamie	3
Hancock	8.48	Woodbury	3
Louisa	8.44	Carroll	2
Dallas	7.73	Jasper	2
Mills	6.54	Jones	2
Dickinson	5.99	Mahaska	2
Johnson	5.98	Wayne	2
Jasper	5.31	Buena Vista	1
Poweshiek	5.28	Cerro Gordo	1
Buena Vista	4.96	Dickinson	1
Washington	4.66	Hancock	1
Plymouth	4.01	Louisa	1
Pottawattamie	3.34	Lucas	1
Scott	3.11	Mills	1
Sioux	3.10	Monona	1
Woodbury	2.92	Plymouth	1
Webster	2.56	Poweshiek	1
Black Hawk	2.38	Sioux	1
Warren	2.33	Story	1
Cerro Gordo	2.24	Van Buren	1
Story	1.25	Warren	1
Polk	0.75	Washington	1
Other	-	Webster	1

Mount Pleasant Substance Abuse

Ranked by Utilization Rate per 100,000		Ranked by # of Admissions	
Wapello	102.88	Polk	269
Lee	92.63	Wapello	37
Polk	67.08	Lee	34
Monroe	63.82	Linn	24
Mahaska	58.13	Des Moines	17
Des Moines	41.66	Mahaska	13
Marion	39.41	Marion	13
Guthrie	34.64	Clinton	12
Wayne	30.30	Pottawattamie	12
Keokuk	26.89	Johnson	9
Van Buren	25.69	Other	7
Jefferson	25.04	Jasper	6
Henry	24.70	Henry	5
Clinton	24.14	Monroe	5
Appanoose	21.95	Woodbury	5
Mills	19.63	Guthrie	4
Jasper	15.93	Jefferson	4
Pottawattamie	13.37	Appanoose	3
Madison	13.19	Dallas	3
Linn	12.07	Keokuk	3
Davis	11.55	Mills	3
Lucas	10.34	Story	3
Washington	9.32	Warren	3
Louisa	8.44	Madison	2
Shelby	7.92	Van Buren	2
Johnson	7.69	Washington	2
Cass	7.03	Wayne	2
Warren	6.98	Benton	1
Clay	5.92	Black Hawk	1
Dallas	5.80	Boone	1
Hardin	5.55	Buchanan	1
Delaware	5.55	Cass	1
Poweshiek	5.28	Clay	1
Jones	4.88	Davis	1
Woodbury	4.87	Delaware	1
Buchanan	4.76	Dubuque	1
Boone	3.76	Hardin	1
Story	3.75	Jones	1
Benton	3.70	Louisa	1
Dubuque	1.09	Lucas	1
Black Hawk	0.79	Poweshiek	1
Scott	0.62	Scott	1
Other	-	Shelby	1

Appendix F – Mount Pleasant MHI Table of Organization



Appendix G – Mount Pleasant MHI Summary by Position/Title

Position / Title	Count
Accounting Clerk 2	1.20
Accounting Technician 2	0.40
Activities Specialist 1	4.00
Activities Specialist 2	1.00
Administrative Assistant 1	0.40
Administrative Assistant 2	0.40
Administrator of Nursing	1.00
Budget Analyst 2	0.40
Clerk Specialist	1.00
Correctional Food Service Coordin.	5.20
Correctional Trades Leader	2.44
Deputy Superintendent	1.00
Drug Abuse Counselor 2	7.00
Electrician	0.16
Electronics Engineer Technician	0.16
Food Service Assistant Director	0.40
Food Services Director 3	0.40
Info. Technology Support Worker 4	1.00
Institutional Superintendent	0.40
Licensed Practical Nurse	3.00
Nurse Clinician	1.00
Nurse Practitioner	1.00
Nurse Supervisor 1	3.00
Nursing Unit Coordinator	2.00
Pharmacist	0.40
Pharmacy Technician	0.20
Physician Supervisor	1.00
Plant Operations Manager 1	0.16
Plant Operations Manager 3	0.16
Power Plant Engineer 3	0.64
Power Plant Engineer Supervisor	0.16
Psychologist 2	2.00
Public Service Executive 3	0.40
Public Service Supervisor 3	1.00
Purchasing Agent 2	0.40
Purchasing Assistant	0.40

Position / Title	Count
Registered Nurse	12.00
Resident Treatment Worker	43.00
Secretary 1	1.80
Social Worker 2	2.00
Social Worker 3	1.00
Statistical Assistant	1.00
Storekeeper 2	0.80
Storekeeper 3	0.56
Treatment Services Director	1.00
Word Processor 2	3.00