Iowa Mental Health Authority
The University of Iowa
Oakdale Campus
Oakdale, Iowa

State of Iowa Plan
for
Mental Health Services
1977/78

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THE IOWA MENTAL HEALTH AUTHORITY
DEPARTMENT OF SOCIAL SERVICES, DIVISION OF MENTAL HEALTH RESOURCES
STATE DEPARTMENT OF HEALTH, HEALTH FACILITIES DIVISION

Hereby assures the
Secretary of Health, Education, and Welfare

that joint efforts will be continued in the State of Iowa to undertake the implementation of Public Law 94-63:

1. The comprehensive mental health services provided within the State will be provided in accordance with the State plan approved under Section 314(a).
2. Funds received under grants under Section 314(d) will (a) be used to supplement and, to the extent practical, to increase the level of non-Federal funds that would other wise be made available for the purposes for which the grant funds are provided, and (b) not be used to supplant such non-Federal funds.
3. The State Mental Health Authority will:
   (a) Provide for necessary fiscal control and accounting procedures to account for the proper disbursement of funds received under grants under Section 314(d);
   (b) Regularly (at least annually), report to the Secretary (through a uniform reporting system and by prescribed categories) a description of the comprehensive mental health services provided in the State and the amount of funds obligated for the provision of each category of services;
   (c) Make required reports (as prescribed by the Secretary) and keep records with access thereto as may be found necessary to assure correctness of, and to verify, such reports.

4. The State Mental Health Authority in conjunction with the Department of Social Services/Division of Mental Health Resources within available resources and authority will:

(a) Initiate the development of a planning and implementation process which:

(1) Is designed to eliminate inappropriate placement in institutions of persons with mental health problems, to move toward the availability of appropriate noninstitutional services for such persons, and to improve the quality of their care when institutional care is appropriate;

(2) Shall include fair and equitable arrangements to protect the interests of employees affected by the motions described in (1) above, including the greatest possible degree of the preservation of employee rights and benefits and the provision of training and retraining where necessary and arrangements under which maximum efforts will be made to guarantee further employment;

(b) Prescribe and monitor State minimum standards for the maintenance and operation of mental health programs and facilities (including community mental health centers); and

(c) Provide as appropriate for assistance to courts and other public agencies and to appropriate private agencies to facilitate (1) screening by community mental health centers and other appropriate entities of residents of the State who are being considered for inpatient care in a mental health facility to determine if such care is necessary, and (2) provision of follow-up care by community mental health centers, and other appropriate entities for residents of the State who

have been discharged from mental health facilities.

Herbert L. Nelson, M.D.
Director, Iowa Mental Health
Authority

Kevin J. Burns
Commissioner
Department of Social Services

Norman L. Pawlewski
Commissioner of Public Health
State Department of Health

Administration

A. State Agency

During the past year expanded efforts between the Department of Social Services Division of Mental Health Resources and the Iowa Mental Health Authority to coordinate central staff functions have been accomplished. Regular meetings have been expanded and operational activities undertaken.

The Iowa Mental Health Authority established goals and objectives which expanded its capabilities.

1.0 to strengthen the internal staffing structure of the organization

1.1 filling the social work consultant's position

1.2 establishing and filling the psychiatric nurse consultant position

1.3 establishing and filling a psychologist position

1.4 establishing and filling two research assistant positions

2.0 to review alternatives available to the organization to expand Authority capabilities

2.1 established working relationships with the University of Iowa Computer Center for management information systems and state data system related to community mental health centers.

2.2 established working relationships with University of Iowa departments to obtain students with advanced status to meet manpower requirements of the agency

The Division of Mental Health Resources established goals and objectives which expanded its capabilities.

1.0 to strengthen the internal staffing structure of the Division

1.1 utilized special working groups of institutional staff to develop policies and procedures on particular issues; e.g. juveniles, research, aftercare

1.2 utilized Department of Social Services Divisions of Management, Planning, and Administrative Services to expand Division capabilities

2.0 to review alternatives available to the organization to expand Division capabilities

2.1 established working relationship with the University of Iowa, school of Social Work, Drake Campus for technical assistance in research design, evaluation, and revisions of mental health institute information systems

2.2 established working relations with the University of Iowa to obtain students with advanced status to augment staff and assist in special statistical studies of the mental health delivery systems.

Tables of organization are provided in Appendix A.

State level review of catchment area boundaries is a responsibility of the State Mental Health Authority and the State Health Planning and Developmental Agency. It is required that catchment area boundaries be revised periodically or at least every five years. The review will be based upon criteria specified in PL 94-63, Section 238 considerations should include:

1. Availability of appropriate outpatient, inpatient and transitional services for the residents of the catchment area.

2. Accessibility of outpatient, inpatient and transitional services to the residents of the catchment area.

3. Relationship of the catchment area's boundaries to the boundaries of other community health and social service area boundaries, particularly those of agencies offering direct health services to the public.

4. Relationship of the catchment area's boundaries to county and other political subdivision and school district boundaries.

5. Elimination or reduction to the extent possible, of barriers to access to mental health services associated with catchment area boundaries which may result from an area's

   (a) physical characteristics
   (b) residential patterns
   (c) economic and/or social groupings, and
   (d) available transportation.

At the present time no modification of the catchment areas will be undertaken. Procedures to implement the process will be addressed during the upcoming year.

B. State Advisory Council

During FY 1977 an interim State Advisory Council was appointed by the Committee on Mental Hygiene, the Board of Directors of the Iowa Mental Health Authority. This interim Council was to be appointed through June 30, 1977 in order to enable the Committee on Mental Hygiene to delineate the role of the Council in its advisory functions and that of the Committee regarding its policy functions. The membership included:

Name	Membership Category
Leona Ringgenberg Department of Health Facilities Department of Health Des Moines, Iowa 50319 Represents: Norman Pawlewski, Commissioner	State Agency
Nicholas Grunzweig, Acting Director Division of Mental Health Resources State Department of Social Services Lucas State Office Bldg. Des Moines, Iowa	Provider
Phil Hastings, M.D. 600 First National Bldg. Waterloo, Iowa 50703 Represents: Subcommittee on Psychiatric Care	Provider non-profit
Jolly Ann Davidson 600 N. 15th St. Clarinda, Iowa 51632 Represents: Board of Public Instruction	Consumer
Betty McTique 604 N. 13th St. Fort Dodge, Iowa 50501 Represents: Iowa Association for Retarded Citizens	Consumer
Peg Westerhof P.O. Box #520 Carlisle, Iowa 50047 Board Member of Polk County Mental Health Center	Consumer
John Estes 1216 Forrest Avenue Des Moines, Iowa	Consumer

While this Council was established on an interim basis, discussion was also held regarding the long term interface between the State Advisory Council and the Committee on Mental Hygiene. The Committee on Mental Hygiene appointed a sub-committee in October 1976 to work with the Iowa Mental Health Authority to make recommendations regarding the role and composition of the State Advisory Council.

During this time meetings were also held with the Governor's Office regarding issues of the State Advisory Council. The Governor's staff indicated that Governor Ray wished to establish a special task force to undertake the following activities:

1. To catalogue and analyze state and federal legislation, administrative rules and regulations, and previous studies applicable to:

   A. The delivery of mental health and related health services in the State of Iowa

   B. The interrelationship of mental health and comprehensive health planning functions

2. To provide a description and inventory of mental health services available in the State, including:

   A. An evaluation of the cost-effectiveness of existing services

   B. An identification of the gaps and duplications in existing services

3. To assess the role of existing public and private agencies comprising the mental health service network, including:

   A. The scope, extent, and resources of each provider and/or planning agency

   B. A description of the coordination activities and mechanisms existing among the agencies

4. To articulate proposals and recommendations for legislative, administrative and organizational reforms.

5. To direct, with the designated legislative body, the research conducted by an independent consultant, if such research is funded.

In order to avoid the proliferation of such bodies, the Governor's Office decided to utilize the Task Force as the State Advisory Council through June 20, 1978. By such date the work of the Task Force - State Advisory Council should be completed and long term legislative changes should be introduced and acted upon by the Iowa Legislature.

Membership of this combined body includes:

Name	Membership Category
Judy Dierenfeld Deep River, Iowa 52222 Represents Community Mental Health Centers Association	Consumer
Roger Shafer 300 University Avenue #141 West Des Moines, Iowa 50265	Direct Provider
Nicholas Grunzweig, Acting Director 7301 Twana Drive Des Moines, Iowa 53022	State Agency Provider

Name	Membership Category
Robert Brown 3005 Bowling Street S.W. Cedar Rapids, Iowa	Consumer
Phyllis Christiansen 1402 Main Street Grinnell, Iowa 50112	Consumer
Carole Harder 201 - 4th Street Keystone, Iowa 52249	Consumer
Ralph McCartney 200 Kelly Street Charles City, Iowa 50616	Consumer
Stephen Root 3111 Ashwood Drive Des Moines, Iowa 50322	Provider
Herbert L. Nelson 1400 Laura Drive Iowa City, Iowa (ex officio on State Advisory Council)	Provider

The Interim State Adisory Council during the past year has met in conjunction with the Committee on Mental Hygiene and has been involved in the following program areas:

1. The distribution of federal (314D) and state monies to community mental health center services both in the development of the guidelines for distribution as well as the decision making effecting the actual fund distribution.

2. The improvement of the standards of operation for community mental health centers and comprehensive community mental health programs, particularly, regarding the annual accreditation for each center.

3. Providing suggestions for the agency continuing education program and the utilization of a special federal grant. (Interpersonal Skills Training)

4. Providing input into the content and direction of the state data system and the implementation of internal management information systems in community mental health centers.

5. Providing input and direction into the annual review of the state mental health plan.

6. Supporting the budget of the Iowa Mental Health Authority and suggesting fund utilization by categorical area of the agency's program plan.

Meetings were called for October 13, 1976 and January 26, 1977 to discuss the aforementioned topics.

The newly appointed State Advisory Council has met monthly - April 20, 1977; May 16, 1977; June 13, 1977 - and has discussed the following:

a. The Task Force and its dual role as the State Advisory Council under Public Law 94-63 and as a broader-based study group to make recommendations to the Governor on how the mental health system in Iowa might be improved

b. Determination of goals and objectives of the state mental health system

c. Reports from providers on the Task Force on their programs including statutory authority, budget, and services

d. Review of the State Plan

The State Legislature has simultaneously undertaken a study to address many of the same issues as the Governor's Task Force. The purpose of the proposed study is to provide the Iowa House and Senate Human Resources Committees and the State Legislature in general with that information necessary for a strategic, system-wide plan for the Mental Health program in Iowa. The formal scope of the study has been defined to include:

1. an analysis of the characteristics of the service system;

2. an assessment of current and potential demand for mental health services;

3. a fiscal and administrative analysis of the mental health system; and

4. a profile of current recipients of mental health services in Iowa's 33 mental health centers and four state mental health institutes.

Most vital aspect of the study will be to profile the current recipients of mental health services in Iowa's 32 community mental health centers and four mental health institutes.

Client-specific:

-age
-race/ethnicity
-sex
-education
-employment
-income level and sources
-previous hospitalization
-diagnosis
-level of functioning
-residence
-household status
-medical problems
-other problems (alcoholism, drug abuse...)
-readmissions
-service levels and types
-commitment status
-fiscal support
-length of stay

Provider-specific:

-types and levels of service provided
-admission and discharge levels
-referral sources and destinations
-waiting lists
-discharge destinations
-service capacities
-facility and service utilization
-staffing patterns
-average daily population and average length of stay
-program management policies and procedures
-admissions and discharge policies and procedures

In addition the study is to contain a state/county administrative survey and analysis. Community mental health centers and mental health institutes will be surveyed in order to assess the status of the following mental health management and administrative system elements:

-organization (governance roles and responsibilities)
-planning procedures
-budgeting procedures
-funding stream capacity and utilization (federal, state, county, other)
-management information
-control and coordinative mechanisms (programmatic and fiscal)
-staffing
-evaluation

C. Reports

Consistent with past policies, the Iowa Mental Health Authority and the Department of Social Services will retain on file for a period of at least one year beyond participation in programs that fall under this legislation all documents, accounting records, and control related to any expenditure and will take such steps as are necessary to assure that other organizations participating in the disbursement of funds will for a period of at least two years after final payment of Federal funds maintain appropriate documents relative to these expenditures.

D. Annual Review

In accordance with guidelines contained in the Draft Guidelines for Preparation of State Plans (Draft 2/17/76), the formal review of the State Plan includes:

(a) the state agency reviewing the State Plan at least annually, and incorporating the results of the review in the annual submission of the plan;

(b) the plan receiving review by the State Advisory Council with comments from the Council included at the time of submission to the HEW Secretary;

(c) the state agency publicizing notice of the state plan or any modifications at least 30 days prior to submission to the HEW Secretary; and

(d) the state agency assuring the availability of the state plan and related documents for the purpose of examination and comment by interested persons prior to submission adn during the period they are in effect.

The annual review has substantially followed these guidelines. The state agency has undertaken an extensive public review of the state plan this year. This will further be discussed in the section on the Coordination of Health Planning.

COPY OF ADVERTISEMENT
Exhibit "A"

(R&Y-231) OFFICIAL PUBLICATION
In keeping with requirements of P.L. 94-63, this is to serve notice that the fiscal year 1978 State of Iowa Plan for Mental Health Services is presently being prepared by the Iowa Mental Health Authority and the Department of Social Services — Division of Mental Health Resources. Copies of the 1977 Plan are also available from either agency in Iowa City or in Des Moines. The Plan delineates the development of institutional and community based mental health services for the State of Iowa.

Affidavit of Publication

STATE OF IOWA }
POLK COUNTY } ss.

The undersigned, being first duly sworn, on oath states that he is the Auditing Department Manager of Des Moines Register and Tribune Company, a corporation duly organized and existing under the laws of the State of Iowa, with its principal place of business in Des Moines, Iowa, the publisher of

THE DES MOINES REGISTER (Daily)
DES MOINES TRIBUNE (Daily)
DES MOINES SUNDAY REGISTER

newspapers of general circulation printed and published in the City of Des Moines, Polk County, Iowa; and that an advertisement, a printed copy of which is hereto annexed as Exhibit "A" and made a part of this affidavit, was printed and published

in said The Des Moines Register (daily) the following dates

May 27 1977

in said Des Moines Tribune (daily) the following dates

in said Des Moines Sunday Register on

The affiant states that all of the facts set forth in the foregoing affidavit are true as he verily believes.

Jack T. Morgan

Subscribed and sworn to before me by said affiant this 27th *day of*

May, 19 77.

Donald D. Gordon

Notary Public in and for Polk County, Iowa

E. Personnel Administration

The Mental Health Authority and the Department of Social Services - Division of Mental Health Resources provides for recruitment and promotional growth on a merit basis. Each agency is under the State Merit System and a copy of the rules are summarized in the table of contents found in Appendix B.

Each agency complies with Title VI of Civil Rights Act of 1964 and has adopted an affirmative action plan which is summarized below:

1. Recruitment:

   Subject to Merit System roster and qualification requirements,

   a) identify Iowa Mental Health Authority and Department of Social Services --Division of Mental Health Resources as an Equal Opportunity Employer in advertising of position openings.

   b) provide notice of position openings to local organizations officially engaged in securing employment opportunities for minority group members and women (and to those of wider scope, should recruitment efforts be directed beyond the local area).

2. Promotion:

   a) provide current employees with information on position openings within the organization

   b) give qualified current employees equal consideration with other applicants in filling vacancies

3. Training:

   a) encourage employees to utilize educational and training opportunities to improve skills in their present position and/or qualify themselves for a higher Merit System rating or position

   b) provide a reasonable amount of "on-the-job" time for such "education-training" opportunities for every position regardless of classification

4. Reorganization

   a) Whenever the establishment of new positions or the reorganization or reallocation of current positions is contemplated, the Iowa Mental Health Authority and Department of Social Services - Division of Mental Health Resources will try to provide for lower-level positions to facilitate entry of lesser-prepared persons who could then progress to higher levels of employment.

The Iowa Mental Health Authority supports the concept that no full-time officer or employee of the agency, or any firm, organization, cooperation, or partnership which such officer or employee owns, controls, or directs shall receive funds from any applicant directly or indirectly for payment for services provided in connection with the planning, design, construction, equipping, or operation of any projects funded under the Community Mental Health Centers Act.

F. State Plan Administration Funds (Assurances)

The assurances which were signed by the Director, Iowa Mental Health Authority, Commissioner, Department of Social Services, and Commissioner of Public Health, State Department of Health for Fiscal Year 1977 remain in effect for Fiscal Year 1978.

In regard to the specifics of the assurances, the following are noted:

1. Public Health services are provided within the state according to specified laws.

2. Funds received under Section 314d have been used in a manner that has been intended to expand local funds for mental health services. Five counties were given grants of $5,000.00 each as an incentive to seek services from the community based system. Past experience has shown that such incentive funding has produced local funding from Boards of Supervisors. In addition, $21,730.00 was distributed for specific projects (which are discussed in the Goals and Objectives Section). This funding will potentially generate a local match.

3. a) Fiscal control and fund accounting procedures for use of 314d funds were found to be in order pursuant to Federal site review of 5/11/77.

   b) The annual report was submitted to Regional Office VII on December 31, 1977.

   c) All records are subject to review by the Regional Office

4. Seventy percent (70%) of 314d funds are made available for provision of services to the communities of the State.

5. a) Inappropriate institutional stay has been modified by the passage of a new commitment law in Iowa as well as by the expansion of agreements for pre-care and after-care between mental health institutes and community mental health centers. Non-institutional services through community mental health centers were expanded during the past year, to serve 2,612,903 Iowa residents compared to 2,557,915 the previous year.

   b) Employee interests in the institutions have been protected by Department of Social Services policy found in the Appendix C, as well as the right of employees to bargain collectively.

   c) Joint Commission on Accreditation of Hospitals has continued accreditation of programs at the mental health institutions and expanded standards of operation are being developed for community mental health centers.

   d) Concentration of activities related to patient care continuity have been between the mental health institutes and community mental health centers. Increased services to the judicial system is being considered as an objective for Fiscal Year 1978.

The State Mental Health Program

A. Goals and Objectives

For Fiscal Year 1977 the State of Iowa - Plan for Mental Health Services enumerated seven major long range goals:

1. The achievement of equal access and continuity to quality mental health care to rural and economically depressed areas.

2. The development of prevention and consultation programs.

3. Coordination of the health planning process.

4. The establishment of uniform methods of delivery of care.

5. The development of multi-institution systems in coordination of mental health and general health care.

6. Development of effective cost accounting systems and data systems.

7. The establishment of Utilization Review and Peer Review System.

A progress report regarding these goals is provided with goals and objectives for Fiscal Year 1978. The consistency of general goals/objectives between Fiscal Year 1977 and Fiscal Year 1978 remains essentially intact. Terminology defining Fiscal Year 1978 goals/objectives has been modified.

The Iowa Mental Health Authority has been established under the 314(d) legislation formally entitled Comprehensive Health Planning, now entitled The Special Health Revenue Sharing Act of 1975.

The major emphasis of the Iowa Mental Health Authority since its inception in 1947 has been the development of community-based mental health services. Presently such services are available to 87 counties, accounting for 94 percent of the Iowa population. A further goal of the Authority is to facilitate the expansion and increase the sophistication of presently available services.

The Department of Social Services - Division of Mental Health Resources is statutorily responsibile for the administration and supervision of the states four Mental Health Institutes at Cherokee, Clarinda, Independence and Mt. Pleasant. Chapter 217 of the Iowa Code defines the Division's responsibilities for care and treatment of the mentally ill, the administration and control of the Mental Health Institutes, and the establishment of standards of treatment, fiscal administrative and operational responsibility. The Division and the institutions are funded by a appropriation of the General Assembly to the Department of Social Services.

Accordingly the goals of the Division are designed to develop in the Mental Health Institutes the programs, facilities, clinical and administrative personnel and related capabilities necessary to maintain high quality appropriate care and services for the mentally ill, to eliminate inappropriate institutional placement, to assure appropriate alternatives to institutional care, and tc improve the quality of institutional and community based mental health services; to provide for minimum standards for the maintenance and operations of mental health programs and facilities; to facilitate pre-screening of persons being considered for inpatient care; and to provide appropriate follow-up care for persons who have been discharged from the Mental Health Institutes.

In carrying out the mandates of the Iowa statutes, the Department of Social Services-Division of Mental Health Resources has established goals compatible with and supportive of the requirements of Public Law 94-63 as articulated in the seven major long range goals of the State of Iowa Plan for Mental Health Services for Fiscal Year 1977. These objectives do not necessarily represent all the objectives of the Division of Mental Health Resources, but have been selected because of their particular relevance to the current State Plan. Derivative plans and more detailed objectives are in the process of being established by those subelements involved in the operational aspect of the system.

Goal #1: ACHIEVEMENT OF EQUAL ACCESS AND CONTINUITY TO QUALITY MENTAL HEALTH CARE IN RURAL AND ECONOMICALLY DEPRESSED AREAS

To broaden the access to primary mental health care, the Iowa Mental Health Authority distributed grant-in-aid funds for Fiscal Year 1977 to extend clinical services to five counties in the State not covered by ambulatory mental health services. The four grants that provided for greater access to care were:

A. A demonstration grant to establish outreach treatment services in Mills and Fremont counties was funded to the Pottawattamie Community Mental Health Center. Funds were used to demonstrate that satellite mental health services were needed in these two counties with combined populations of 21,900. Outpatient services were provided by a psychiatric social worker two days a week to each county, and by a consulting psychiatrist one half month to each county.

B. A start up grant to cover the initial costs of establishing satellite treatment services in Sac County was awarded to West Iowa Mental Health Services. Funds were used to offset personnel costs in the delivery of clinical services to the county with an estimated (1975) population of 15,000.

C. A start up grant to cover the initial costs of establishing satellite treatment services in Taylor County was awarded to Crossroads Mental Health Services. The funds were used to offset personnel costs in the delivery of services to the county with an estimated population of 8,300.

D. A start up grant to cover the initial costs of establishing satellite treatment services in Decatur County was awarded to Rathbun Area Mental Health Center. The funds were used to offset personnel costs in the delivery of services to the county with estimated (1975) population 9,400.

For Fiscal Year 1978 the Grant-In-Aid Program will continue to be a major vehicle for achieving equal access to primary mental health care. The following grants have been funded for the upcoming year:

A. Great River Mental Health Center will receive funds to expand psychiatric services in Muscatine County. The Funds will be used to offset the costs of purchasing additional psychiatric time required by Social Security Legislation for Title XIX clients. Approximately 45 percent of the community mental health centers caseload is composed of families in poverty. The goal is to reach more persons with incomes under $5,000 to better serve the needs of the catchment area.

B. The Mental Health Center of North Iowa has been funded to investigate the practicality of providing home based parent training in a nine county rural area. Funds will be used to cover the costs of sending staff into homes to teach parents behavioral observation and training techniques. The primary goal is to assess whether such a service is financially efficient for a rural center and whether such an approach is acceptable to the community, community mental health center therapists, and the families involved.

C. Plains Area Mental Health Center has been funded for a grant to expand clinical services in Plymouth County. Funds will be used to provide additional psychiatric and psychological time to the county, particularly covering the Plymouth County Work Activity Center and the Plymouth County Care Facility. A psychiatric nurse will provide two hours of case consultation per week to each of five nursing homes in Plymouth County, and a psychologist will provide one hour of case consultation to the schools of the county per week.

D. The Mid-Eastern Community Mental Health Center will receive a grant to expand a family crisis therapy service. The need for this clinical service has arisen because center staff have often not been able to respond to families in crisis during the crisis period. Funds will be used to offset time of a psychol-- ogist to provide the service.

The Mental Health Institutes are an essential component in the continuum of Iowa's mental health services. Appropriate geographic distribution of services is critical to quality care. Maintaining continuity of care has been given high priority. For many patients the Mental Health Institute is the only resource available for certain types of treatment. Consequently each facility must continue to provide quality services and to promote program improvement at the community level.

On two occasions during the past year the Department of Social Services - Division of Mental Health Resources has taken an official position relative to the continued utilization of the State's four Mental Health Institutes to assure access to quality mental health care for all Iowans. In response to a legislative mandate of the 66th General Assembly relative to the utilization of the Mental Health Institutes, the Department officially recommended "in terms of availability and continuity of comprehensive services . . . the continued operation of the four Mental Health Institutes with a gradual change in role to that of Regional Mental Health Resource Centers each functioning as an integral part of a network of mental health services responsive to the needs of its respective quadrant."

These recommendations were reinforced by an official position statement issued in January, 1977 relative to the continued utilization of the four Mental Health Institutes. That statement defined the Department's support of the continued expansion of community programs to provide a full range of services to the mentally ill and recommended coordination of planning and program development to assure the cohesive organization of a network of mental health services responsive to the needs of the people.

The Department has also stated its intent that Clarinda Mental Health Institute be developed as a model mental health resource for the rural area of Southwest Iowa. This intent and appropriate modification to Clarinda's delivery system are reflected in both the Division's and Institution's goals and objectives for Fiscal Year 1978 which are designed to assure access toquality mental health care to the rural area of Southwest Iowa.

Goal #2: THE DEVELOPMENT OF PREVENTION AND CONSULTATION PROGRAMS

Community based consultation and education programs is a funding priority of the Grant-In-Aid Program. In Fiscal Year the following projects were funded:

A. The Iowa Association for Retarded Citizens received funds to develop an educational program entitled, "Developing Attitudes of Selected Agency Personnel to Promote the Mental Health of Individuals who are Mentally Retarded." The program was oriented toward developing more positive attitudes toward the mentally retarded and income maintenance personnel in the Department of Social Services with whom these individuals frequently interact.

B. Poweshiek County Mental Health Center received funds for two projects, both providing inservice training and consultation to teachers, and/or guidance and communication skills groups to students. One project focused on elementary school teachers and students and the other on junior high school teachers and students.

C. The West Iowa Mental Health Service received funds for a project entitled "Community Mental Health Awareness for a Rural Area." The funds were used to offset the cost of staff time to present meetings to service clubs and church groups.

D. The Des Moines Child Guidance Center received funds for two projects, both involving the Homes of Oakridge low-rent housing project. One project was to establish therapeutic discussion groups for single parents in the housing project and to maintain the community's awareness of the service. The second project was a combined consultative and educative program which focused on facilitating the development of staff skills of the housing project and establishing an Advisory Council with the goal of improving the psychological environment of children/youth in the housing project. Funds were used to make mental health services more visible, accessible, and accepted in the housing community.

E. The Plains Area Mental Health Center received funds to provide financial support to assist low income families in Positive Parenting Classes.

F. Crossroads Mental Health Services received funds to establish a community education effort in surrounding uncovered counties. Funds were used to subsidize staff for speaking engagements to service clubs, schools, business groups, church groups and professional groups. The goal was to bring about an awareness for the need for community based services in Adams, Ringgold, Decatur, and Taylor Counties.

For Fiscal Year 1978 six consultation and education proposals have been funded. Three of the projects are preventative/educational in nature, and two are special consultation projects. These grants provide for the following activities:

A. Plains Area Mental Health Center has been funded for a project to increase consultation and education services. Educational efforts will attempt to make three to six contracts with the Cherokee Board of Supervisors and the Sioux County Board of Supervisors for the purpose of discussing the delivery of mental health services in Cherokee and Sioux Counties by the Plains Area Mental Health Center. Speaking engagements to educate the populace on community mental health services will also be conducted in Sioux and Cherokee Counties. Funds will be used to offset staff costs and travel.

B. Southwest Iowa Mental Health Center has been awarded funds to provide Parent Effectiveness Training for high-risk families. Three such classes and follow-up will be offered to 60 parents.

C. The Des Moines Child Guidance Center has been funded for an extension of the low-rent Homes of Oakridge Project. Objectives for continuation of the project will include: a) developing an ongoing parent group for residents of Homes of Oakridge; b) developing a Human Services Advisory Committee for the housing project; c) supporting the development of a fully functioning social service staff within the housing project by the provision of consultation; and d) working cooperatively with the Board of Directors, management, staff and residents to develop a tennants/residents organization.

D. Poweshiek County Mental Health Center has been granted funds for a proposal entitled, "Assessing Community Mental Health Needs: Awareness of and Attitudes Toward Service Delivery," The goals of the project are to gain factual information regarding the mental health needs of the population served by the Center (i.e., residents of Poweshiek County) and to determine the residents' knowledge of the Mental Health Center and its programs.

E. The Community Mental Health Center of Scott County has been granted funds for a project entitled,"Development of an Organizational Manual for Programs Administration." The goal of the project is to enhance administrative capability to organize, finance and facilitate the delivery of mental health services. A primary objective is to develop an organizational analysis approach and organizational manual for the Community Mental Health Center of Scott County with applicability to other community mental health centers.

F. The Dubuque/Jackson County Mental Health Center has been funded to provide educative services to Delaware County on the need for county based mental health services in this county of 19,100. Funds will be used to cover staff costs of providing the informational meetings to 15 strategic citizens groups at the request of a local citizens committee; the specific goal is to establish the "grass roots" support for the establishment

of an office of the Dubuque/Jackson County Mental Health Center in Delaware County.

The Department of Social Services organization is based on the full service agency concept and as such provides the cooperative and coordinative basis for the provision of a full continuum of services to the mentally ill. The whole Department's structure provides income maintenance in social services to the citizens of Iowa which before and after hospitalization afford the supportive needs of life to prevent the need for institutionalization and enhance the individual's capability to sustain life in the community.

The Mental Health Institutes maintain active public information and education programs designed to promote better understanding of mental illness, overcome negative feelings toward the mentally ill and make known the resources available at each institution. Public information offices in each institute maintain speakers bureaus and conduct on-going public education programs. Through these channels public and community agencies are informed of the role of the Mental Health Institute in the Community, assistance is provided to counties to plan and organize their mental health resources, and appropriate mental health workshops are developed through county and community services.

Goal #3: COORDINATION OF THE HEALTH PLANNING PROCESS

During the past year the Division of Mental Health Resources has coordinated with the Iowa Mental Health Authority and the Community Mental Health Centers Association of Iowa to convene a consortium of agencies concerned with the delivery of mental health services. This consortium met initially in February and has met each month since that time. Further elaboration is provided in the section entitled Coordination of Health Planning.

Membership includes representatives of the major consumer, provider, and state agencies representing mental health interests. The purpose of the consortium is to provide comprehensive input to the Iowa State Plan for Mental Health Services which will reflect coordinated identification of state needs and resources and joint establishment of goals and objectives for mental health services in Iowa.

In conjunction with the state consortium, the Mental Health Institutes have taken the leadership in convening the Regional Mental Health Planning Groups with staffing provided by the Iowa Mental Health Authority and consultation provided jointly by the Mental Health Authority and the Division of Mental Health Resources.

Membership of the Regional Planning Groups is broadly representative of providers and consumers and includes, in addition to the agencies represented on the state consortium, representatives of the courts, the Health Systems Agencies, and local private service providers. These regional groups are in the process of identifying and assessing regional and local needs and resources, establishing regional goals and objectives, and providing input into the State Plan. The Mental Health Institutes, in addition to facilitating the organization of the regional groups, play a dynamic role in their planning activity. Each Institute is in the process of developing a five-year plan which will define goals and objectives reflecting local and regional input.

A recent conceptual model, the Balanced Service System[1], can be used as a general frame of reference for reviewing existing systems and planning new systems of mental health services, and as a plan of action for an operating system. The model is capable of being applicable to all the age and disability groups served by community mental health programs and at the same time cover all the service environments and possible facility types.

The model provides a systematic response to the mental health needs of individuals and their communities through need-determined functions aimed at increasing the capacity of consumers and others to cope with, tolerate, minimize, and eliminate mental disabilities. Services are built on the assets of consumers and are provided in the most natural and least restrictive environment possible. Consumer membership in social networks and in natural communities and groups is maintained and cultivated regardless of service provided. The model allows for indefinite membership where needed, and provides only those services necessary to maintain the maximum level of development and function. The mission of the Balanced Service System is to improve the quality of life of the mentally disabled.

There are five basic assumptions in this system:

1. A system of service that depends solely on such concepts as episode of illness, cure, and discharge is not consonant with the current state of knowledge. The major disabilities, while almost always readily stablized, continued with indefinite, perhaps permanent, impairment. These disabiities are subject to acute symptomatic flare-ups. The relatively minor disabilities take a lesser toll but also produce significant disability for many, with sometimes cyclical recurrences. Therefore, a responsive system should allow for indefinite membership while providing the least amount of service necessary to maintain the maximum level of stablization, all possible opportunities for normal life experience, and the greatest level of role performance.

2. Because of the problems associated with the transfer of learning from either the general to the specific or from one specific setting to another, a responsive system should provide services wherever possible in the exact setting in which the newly learned behavior must be applied.

3. A service system must build on the assets of its consumers and their folk-support systems by increasing their collective capacity to tolerate, cope with, and eliminate disability.

4. The types of service to be provided by the mental health system should be based on a continuing analysis of needs and be designed to correct deficiencies in outcome of the existing system. Wherever one type of service is underutilized or overutilized, a method should exist to shift resources into another indicated type of service. The service system should be dynamic, constantly seeking to rebalance itself according to outcome feedback. Many services may not need to be provided directly by the mental health system but should be obtained by coordination with other providers in the human service network.

[1]Principles for Accreditation of Community Mental Health Service Programs, Joint Commission on Accreditation of Hospitals, Chpt. II, p.1, 1976

5. New, responsive systems seldom evolve naturally from existing and established systems. The normal lag between implementation of new knowledge from research to current practice, as well as the select program interests of those who usually control program planning and development, combine to hinder any widespread spontaneous rebalancing of services and deployment of personnel. This natural pattern calls for the establishment of a general set of benchmarks to guide program planners in their implementation of an open and responsive community mental health system.

A mental health system should address itself to eight basic objectives if it is to reduce or eliminate mental disabilities and provide eight service functions to achieve the objectives:

Objectives	Functions
1. To differentiate persons in need of service from those not in need	1. Identification: Activities aimed at determining the need for, or the establishment of, service relationships between consumer and provider
2. To calm and return to a condition of equilibrium persons in acute states of crisis	2. Crisis stabilization: Activities aimed at reducing acute emotional disabilities and their physical and social manifestations in order to ensure the safety of an individual or society
3. To improve social or instrumental skills where poor social or instrumental performance is a detriment to a culturally normative life style	3. Growth: Activities aimed at enhancing intellectual, intrapersonal, interpersonal, and instrumental skills
4. To maintain skills and provide opportunities for their application for individuals with long standing problems in role performance	4. Sustenance: Activities aimed at maintaining intrapersonal, interpersonal and instrumental skills
5. To achieve continuity of service by carrying out and following critical linkages of individuals to activities of the professional and folk-support systems	5. Case management: Activities aimed at linking the service system to a consumer and coordinating the various system components
6. To reduce and utimately eradicate the incidence of mental disabilities	6. Prevention: Activities aimed at substantially reducing the probability of the occurrence of mental disabilities resulting from social,emotional, intellectual, or biological disorder
7. To maintain good physical health	7. General Health: Activities aimed at promoting or resotring physical health
8. To complement the provision of other services to ensure that consumers derive the maximum benefits possible	8. Ancillary: Activities that complement the provision of other services

Each of these service functions has specific activities:

1) Identification
   a) case finding: The active seeking of consumers or potential consumers of mental health services

   b) Screening: The initial process of contacting, assessing, planning for, and linking of service applicants. This includes crisis service for several distressed applicants

2) Crisis Stabilization Services
   a) Crisis Care: Any activity provided within a protective environment, aimed at the reduction of acute emotional disabilities and their physical and social manifestations

   b) Crisis Support: Any activity provided within a supportive environment aimed at the reduction of acute emotional disabilities and their physical and social manifestations

   c) Temporary residence: Any temporary supportive living environment aimed at providing relief during crisis or emergency situations

   d) Crisis intervention: Any natural-environment activity aimed at the reduction of acute emotional disabilities and their physical and social manifestations

   e) Temporary sponsorship: The provision of a surrogate family and its home within the natural environment

3) Growth Services
   a) Remotivational care: Activities within a protective environment, aimed at mobilizing chronically institutionalized individuals

   b) Social training: Any activity provided in a supportive environment, aimed at enhancing interpersonal skills

   c) Task and skill training: Any activity provided in a supportive environment aimed at enhancing nonemployment-related skills

   d) Vocational training: Any activity provided in a supportive environment aimed at enhancing employment-related skills

   e) Sheltered training: Any sheltered workshop activity aimed at enhancing an individual's employment-related skills

   f) Consumer education: Services of graduated and/or special instruction aimed at intellectual development and cognitive understanding

   g) Transitional residence: Any supportive residential environment providing housing and moderate interpersonal support

   h) Verbalization: All formal verbal therapies and/or any face-to-face verbal contact such as planning, coordination, support, and encouragement, taking place between provider (s) and consumer (s) in any supportive environment, and aimed at enhancing psychological and/or social fulfillment

   i) On-site training: Any activity provided in the natural environment, aimed at

increasing interpersonal and/or instrumental skills

j) On-site visit: All formal verbal therapies and/or face-to-face verbal contact such as planning, coordination, support, and encouragement, taking place between provider (s) and consumer (s) in any natural environment, and aimed at enhancing psychological and/or social fulfillment

k) On-the-job training: Any industry-based activity aimed at increasing employment related skills

l) Transitional sponsorship: The provision of a surrogate family and its home within the natural environment

4) Sustenance Services

a) Sustaining care: Activities aimed at maintaining individuals within a protective environment

b) Socialization: Provision of activities in a supportive environment, aimed at applying social skills

c) Sheltered work: Activities provided in a sheltered workshop setting for the indefinite application of vocational skills

d) Indefinite residence: Any supportive residential environment within which housing and minimal interpersonal support are provided for an undetermined time

e) Verbalization: All formal verbal therapies and/or any face-to-face verbal contact such as planning, coordination, support, and encouragement, taking place between provider (s) and consumer (s) in any supportive environment, and aimed at maintaining psychological and/or social fulfillment

f) on-site visit: All formal verbal therapies and/or any face-to-face verbal contact such as planning, coordination, support, and encouragement, taking place between provider(s) and consumer (s) in any natural environment, and aimed at maintaining psychological and/or social fulfillme

g) Subsidized work: Industrial employment in the natural environment, made available through financial contract

h) Indefinite sponsorship: The provision of a surrogate family and their home within the natural environment for an undetermined time

5) Case Management Services

a) Assessment: The process of determining an individual's current and potential strengths, weaknesses, and needs, utilizing formal and informal recurrent diagnosis and evaluation information provided by each service

b) Planning: The development of a specific service plan for each consumer, with provisions for day, evening, and night linkages to needed activities

c) Linking: The process of referring or transferring individuals to all required internal and external services and the folk-support system

d) Monitoring: The continuous evaluation of consumer progress, which leads to

reassessment and the development of new service plans, linkages, or other disposition

e) Advocacy: Interceding on behalf of an individual to assure equity. There are two forms of advocacy:

Case-specific advocacy: The process of influencing human service systems and folk-support systems to respond to individual case needs

Class-specific advocacy: The process of influencing human service syste and folk-support systems to change in response to documented deficiencies in their capacity to serve and nurture

6) Prevention Services

a) Public information: The dissemination of health information for the purpose of inculcating a sense of individual responsibility for one's own health and a sense of shared responsibility for the health of others

b) Public education: Instruction of individuals in the specific methods of avoiding functional or organic mental disabilities

c) Public consultation: Collaboration with individuals or organizations for the purpose of sharing or imparting knowledge, with the goal of reducing the incidence of mental disabilities

d) Somatic intervention: The physical treatment of somatic disorders that have mental disability as a possible manifestation

e) Ecological change: Intervention into the environment to alter conditions that caus or correlate highly with, the incidence of mental disabilities

7) General Health Services

a) Primary care: The initial health care contact, basically ambulatory in nature, with emphasis on prevention and continuity of care

b) Secondary care: Diagnostic and therapeutic services that supplement the primary care level and require special facilities

c) Tertiary Care: Complex diagnostic and therapeutic services provided by health personnel organized into highly specialized teams, generally in major medical centers and teaching hospitals

8) Ancillary Services

a) Dietary: The preparation and provision of food based on accpeted nutritional principles

b) Pharmacy: The processes of preparing, preserving, compounding, and dispensing drugs and chemicals

The service functions are undertaken in three environments:

1) protective service environments twenty four hour care that provides safeguards for individual and social well being

2) Supportive service environment less than 24 hours

3) National environment a surrounding not within the mental health system that

exists in conformity with ordinary case of community life.

As a model that has been promulgated for public review just during the last year, the Iowa Mental Health Authority and the Department of Social Services - Division of Mental Health Resources are reviewing the applicability of this systems model in furthering the goals and objectives of Iowa's mental health system

Goal #4: THE ESTABLISHMENT OF UNIFORM METHODS OF DELIVERY OF CARE

The Iowa Mental Health Authority has had a substantial commitment to the concept of consistency of education and the development of uniform approaches for the delivery of mental health services. The three areas which have seen the major thrust of these efforts are:

1. Continuing Education Programs

2. Accreditation and Standards

3. Interpersonal Skills Training Project

Thru continuing education, the Iowa Mental Health Authority has developed a Joint Continuing Education Committee with the Community Mental Health Centers Association of Iowa. This committee is effectively carrying out long range planning for continuing education in the State of Iowa through the development of formal policy guidelines for the implementation of continuing education activities and the development of individual community mental health centers and joint consortiums of community mental health centers to co-sponsor with the Iowa Mental Health Authority a broad range of programs.

The Iowa Mental Health Authority and the Continuing Education Committees have accomplished the following:

A. Sponsored and supported the four quarterly meetings of the Community Mental Health Centers Association. These meetings are presented to the executive directors, staffs, and board presidents of the community mental health centers. This past year the meetings concentrated on the use of the community mental health centers as a care facility, its role in mental retardation and child abuse, and the development of public relations techniques.

B. Provided opportunities for members of the Authority to attend and participate in National and State meetings and seminars designed to increase the level of competency of the Authority staff. In particular, the Authority sent participants to a training program sponsored by the Applied Statistical Training Institute on the topic of statistical information systems for community mental health Centers. Authority staff also attended seiminars of the Joint Commission on Accreditation of Hospitals regarding the new standards for community mental health service programs.

C. Sponsored a workshop for mental health center executive director which served to improve their management skills.

D. Sponsored a seminar on the topic of aging, its psychiatric aspects and its relationships to mental illness.

E. Sponsored a symposium for board directors of community mental health centers concentrating on national, state, and local perspectives.

The Interpersonal Skills Training Project offers a cohesive and coordinated continuing program for professional and non-professional helpers in Iowa. It has based its programs upon the application of research findings and which indicate that effective interpersonal processes share a common once of conditions or "interpersonal skills" conducive to constructive human experiences. The project is being funded through a three-year grant from the National Institute of Mental Health Continuing Education Branch.

During its first year of program operation fourteen selected professional mental health practitioners were trained as "associate trainers" of interpersonal skills while participating in a one week training institute. In turn, this cadre of associate trainers collaborated in delivering a sequency of three day workshops offered to various target populations including community mental health center staff, community representative, mental health workers, paraprofessionals, and key staff of agencies collaborating in treatment of community mental health center clients. Each associate trainer participated in at least two workshops under the close supervision of the program coordinator. In the latter seven months of Fiscal Year 1977 the Project conducted 13 three-day workshops for 284 participants providing 5,652 training contact hours. The Project utilized the skills of the 14 trainers for over 800 associate trainer service hours.

The success of the program has led to the addition of 12 associate trainers at a training institute in June, 1977, for the remaining two years of the grant. Workshops are already scheduled in Fiscal Year 1978 for psychiatric nurses, community corrections sepcialists, and inner-urban alcoholism peer counselors.

A discussion regarding standards and accreditation of community mental health centers is presented under the section entitled such.

In the past year the Division has maintained its high level of care delivery in the Mental Health Institutes as evident by standards and evaluations. Details of the delivery of treatment are covered in Section D, Public Hospitals.

At the Division level a progressive policy was developed relative to inductive therapy. The policy is essentially prohibitive in concept. It does, however, provide for controlled procedures in exceptional cases when such a treatment modality may be critical to the well being of the patient. It provides further for input external to the Department and establishes the control above the level of the institution. The full statement is included in the appendix.

Also developed at the Division level was an initial draft of a Division/Mental Health Institute Research Policy which emphasize applied research to enhance delivery of direct care services to the client. The policy forms a Division level Research Coordinating and Policy Committee, directs certain institutional requirements, human rights standards, confidentiality, assurances aspects, and appropriate review processes external to the researcher and above the institutional level. Each institution will have a specifically identified research committee

Standards of operation for the Mental Health Institutes are defined by the appropriate accreditng and licensing agencies. During Fiscal Year 1977 accreditation by the Joint Commission on Accreditation of Hospitals was achieved by the Mental Health Institutes for their program; all four maintained Health Department licensure; psychiatric residency programs at Cherokee and Independence maintained certification; and medicare due process provider certification was maintained. The Division initiated the development of information and data forms related to programs of the Mental Health Institutes for use in management, planning and information, and completed a pilot survey and evaluation of patient satisfaction preliminary to a statewide evaluation of all four hospitals.

Goal #5: THE DEVELOPMENT OF MULTI-INSTITUTION SYSTEMS IN COORDINATION OF MENTAL HEALTH AND GENERAL HEALTH CARE

The improved working relationship and documentation thereof between mental health institutes and community mental health centers has continued during the past year. The development of prescreening and after care responsibilities on the part of each agnecy have been formalized, have been implemented, and will be reviewed by the state agency during the coming months. Further discussion of this point will be undertaken in other appropriate sections.

Site reviews at Iowa's four comprehensive mental health centers have focused on monitoring the type and scope of mental health services provided by each center in accordance with the Mental Health Centers Act, 1973, Title II, Public Law 88-164, and subpart C - "Grants for Construction of Community Mental Health Centers." While these site visits have generally covered both a review of clinical programs and administrative procedures, it is the latter that has been examined most closely as it relates to the continuity of patient care. The Iowa Mental Health believes that clear working relationships between and among affiliate service providers and effective management promotes the matching of client needs to the most helpful type of center service. Of particular interest is the ease of flow of patients between hospital and ambulatory services.

The outcomes of these visits have concentrated on improving organizational arrangements for the delivery of health care through the following:

1. Suggesting Board by-laws and orientation manuals be updated, particularly, in view of Public Law 94-63.

2. Recommending that tables of organization be more clearly spelled out with roles, responsibilities, and duties of various directors clearly identified.

3. Developing operational plans for each operating unit regarding their consistency in meeting overall organizational goals and objectives.

4. Identifying the need for centers to improve needs assessment approaches to better match center program planning with actual needed community services;

5. Recommending that clear working relationships be maintained, or developed if needed, regarding cooperative agreements among affiliates, particularly, with regard to the coordination of inpatient and outpatient services;

6. Reviewing efforts to develop constructive planning arrangements among all mental health delivery groups within the community;

7. Reviewing center services with respect to minimal service provisions under Public Law 88-164 (constructions grants) and further funding under Public Law 94-63.

Service programs in the Mental Health Institutes focus on coordination with community services at the community mental health centers, alcohol treatment centers, and drug abuse programs. Community staff is encouraged to establish and maintain contact with patients during hospitalization. To reinforce coordinative relationships of long standing, the Mental Health Institutes and the Community Mental Health Centers have formalized their relationship by a written agreement which assures coordination of information and referral procedures and the exchange of case data information.

The Mental Health Institutes host regualr working and information meetings with the Community Mental Health Centers and Alcohol and Drug Service programs. The Mental Health Institutes also provide consultation to community agencies including public health nurses, schools, probation and parole officers, courts, hospitals, county care facilities, nursing homes and other public and private service agencies. Regular quadrant meetings are held at the Mental Health Institutes with county officials such as Board of Supervisors, courts , county care facility administrators, county auditors, county treasurers, etc.

In the past year the Division of Mental Health Resources has completed two visits to each of Iowa's 71 county care facilities and compiled a comprehensive consolidated report on their operation. Department staff has developed and implemented a county care facility bookkeeping system for keeping accounts of resident funds. This system has been approved the State Auditor and the Health Department. The Department conducted an administration training program on resident's records and the bookkeeping process in six areas of the State.

Under the guidance of Division staff, county care facility administrators expanded their resident activity programs with the result that th enumber of full-time activity staff has increased from 47 to 96 in the past year. The Division staff has slo coordinated with the office of Developmental Disabilities in the organization of a three-week staff training project for county care facility administrators attended by 47 staff and residents.

Goal #6: DEVELOPMENT OF COST ACCOUNTING SYSTEMS AND DATA SYSTEMS

Early in fiscal year 1976 the Iowa Mental Health Authority formed an information task force consisting of six executive directors of the Iowa Community Mental Health Centers to study the development of a community mental health information system program to be carriedout over the next year.

The first stage is the development of an information resourse/data base regarding the delivery of services by community mental health centers. Extensive data will be collected at individual community mental health centers with the entire state-wide data base being located at the Iowa Mental Health Authority. The expertise of the Health Services Research Center and the Institute of Urban and Regional Research of the University of Iowa will be drawn on to make optional use of this data resource. With the exception of final revision of the data collection forms and refinement of the computer software for analysis the design of this data system is complete. The system is currently being tested at two centers. It is expected that within several months a small number of centers will begin data collections. Over time the number of centers participating in the information collection network will be increased

The second major phase of the development of information systems for the deliverly of community mental health is a commitment to existing individual centers in the development and implementation of extensive internal management information systems. This will allow the centers to monitor administrative, financial, clinical and quality assurance functions. Agreements have been reached with the Community Mental Health Centers in Scott County and Polk County to enter into a consultation relationship in the development of internal management information systems for the centers. Additionally, the Authority is negotiating with the Community Mental Health Center of Black Hawk/Grundy County. The Iowa Mental Health Authority information team has been working with the staff of the Community Mental Health Center of Scott County since January 1, 1977. This intent of the Scott County Project is to create a generalized system which can be efficiently translated into the needs of the various other community mental health centers in Iowa which require the sophistication of a computerized information systems.

The third stage of the Iowa Mental Health Authority information system and project is the translation of an extensive simulation model of a community mental health center which was developed by Dr. Richard Gallaher and Dr. Charles H. Hallenbeck at the University of Kansas. The Iowa Mental Health Authority is currently engaged in a close collaboration with the University of Iowa Computer Center in the translation and implementation of this program. It appears that the Iowa Mental Health Authority will shortly acquire the necessary software components to begin to test rund this training device on the University Computer System. The Iowa Mental Health Authority intends to use this simulation model as a training program in the development and use of information systems at community mental health centers.

For Fiscal Year 1977, the Division of Mental Health Resources implemented separate billing for alcoholism programs. The Mental Health Institutes in conjunction with the Administrative Services Division of the Department of Social Services developed procedures to implement program billing for all treatment programs effective July 1, 1977 and established Administrative procedures rules for identification of direct program services in such programs.

Goal #7: ESTABLISHMENT OF UTILIZATION REVIEW AND PEER REVIEW SYSTEMS

Effective program review in the delivery of mental health services is also a function of organizations such as Professional Standards Review Organizations. One of the state agency's goals is to review psychiatric care in general hospital psychiatric units by using criteria of PSRO. During the past year this was accomplished in the community mental health center programs in which general hospitals were affiliated.

PSRO is an evaluation system specifically designed to address issues that have emerged with regard to the utilization of hospital services over the past fifteen years. The organization is composed of groups of physicians and technical assistants who monitor the quality of Health care in specified geographic regions. As related to mental health, PSRO is concerned with quality assurance and utilization of psychiatric in-patient services. The PSRO has estabished guidelines and procedures for hospitals to evaluate the necessity for hospital admission and the necessity of continued stay for each patient, and a retro-spective review of the quality of care. The mechanism a hospital uses for the evaluation of its clinical services is to establish a peer review system within its admission and treatment operations.

In Iowa the PSRO system has been recommended as a clinical review system through the Iowa Psychiatric Society. A detailed outline of inpatient psychiatric criteria has been adopted and distributed as guidelines for the assurance of quality care. These criteria have been adopted for child psychiatry and adult inpatient services by diagnostic category. Within each diagnostic category the following areas are

to be included in the utilization review:

1. Justification for Admission: This criteria specifically delineates for each diagnostic category the elements justifying admission under the diagnosis.

2. Length of Stay/Continued Stay Review: This defines criteria for the initial length of stay by diagnosis and/or the reasons a continuation of stay is deemed necessary.

3. Validation of Diagnosis and Reasons for Admission: Under this criteria, the hospital must review psycho-social finding to validate initial diagnosis, and must document the reasons admission is necessary; criteria are specifically defined for each diagnostic category.

4. CriticalDiagnostic and Therapeutic Services: Under this criteria, treatment plan, treatment goals, therapeutic modalities, and laboratory assessments must be delineated and documented; a specific component includes notation of prescribed medication(s).

5. Discharge Status: This criteria includes the extent of achievement of treatment goals and the specific follow-up treatment plan estabished.

6. Complications: This criteria requires specification of primary disease and treatment-specific complications, and any non-specific indicators of complications to treatment services rendered.

These criteria have been developed to provide statewide guidelines for the care of the psychiatric patient with the understanding they may be modified at the local level to allow individuality for each area and institution in order to provide the highest quality of care.

A review of medical audits of inpatient services is a major element of site reviews at community mental health center programs. The purpose of the medical audit is to assure quality inpatient care as well as the extent to which follow-up psychiatric care for discharged patients has been planned and accounted for. Audits are generally performed on specified clinical topics for specified periods of time and include an extensive review of the following components: a) admission data (diagnosis; demographic data) justifying the need for treatment; b) specific treatments reveived including medication, psychotherapy, and rehabilitative services; c) adequacy and detail of case notes; and d) discharge status and notation of plans for follow-up outpatient treatment service. The Iowa Mental Health Authority is particularly concerned with noting plans for follow-up psychiatric treatment and takes steps to correct deficiencies in this area when found during community mental health center site reviews.

Another strategy the Iowa Mental Health Authority is implementing as a program review component is utilizing a state wide data base system to determine if target populations are being served by the mental health system in Iowa. This evaluation procedure has two components: 1) the gathering of monthly community mental health center services. 2) the comparing of existing utilization rates with data gathered on specific risk populations in community mental health center catchment areas.

Using the data base currently being developed, the Iowa Mental Health Authority will be able to identify specific populations "at risk" that are in need of mental health services. Comparing existing utilization rates with defined risk populations will rpovide an index of the efficiency of community mental health center's efforts to reach target populations. The Iowa Mental Health Authority will provide the information from the statewide data base to community mental health centers.

Problem Identification

During the last several months the Iowa Mental Health Authority and Department of Social Services - Division of Mental Health Resources have conducted state-wide forums related specifically to pinpointing key issues in the health delivery system. A great deal of discussion was held regarding the strengths and weaknesses of the present system, particularly, as they relate to the public sector. The items that were most consistently determined to be problematic were the following:

I. AVAILABILITY OF SERVICES

A. Need for outpatient clinical services through community based facilities in all 99 counties of Iowa.

B. Need for expansion of prevention services by defining what prevention is, developing a knowledge base which leads to prevention activities, and training a cadre of providers in prevention capabilities particularly concentrating on early childhood training, parent education, and geriatric populations.

C. Need for special programs for children and the aged

D. Need for improved system for handling child abuse

E. Need for respite care in most communities for children and families

F. Need for group homes, residential facilities, and halfway houses, especially for children and adolescents

G. Need for alcohol programs for youth

H. Need for continued training for professionals

I. Need for local level involvement in State planning

J. Need for more psychiatric ally oriented nursing homes

II. ACCESSIBILITY

A. Need for more information in most communities concerning the availability of services

B. Need for a central screening program so that multiple services to the same individual may be better coordinated

C. Need for decentralized ambulatory services on a community level

III. CONTINUITY

A. Need for greater emphasis upon providing and identifying advocates for involuntarily committed clients

B. Need to improve relationships with courts

C. Need for more adequate follow-up for adults with more adequate termination planning

D. Need for improved planning with vocational rehabilitation

E. Need to improve linkages with drug services and alcohol services

IV. ACCEPTABILITY

A. Need to improve staff competencies with geriatric patients.

B. Need for better training of nursing home personnel regarding psychiatric problems

V. QUALITY

A. Need to improve data collection about the system to determine program effectives

B. Need to define manpower availability, training, and distribution

VI. COST

A. Need to develop a systematic approach to funding for prevention programs

B. Need to seek cost effective ways of handling the chronic patients without hospitalization

C. Need to determine new sources of funding for community programs

D. Need to determine the care costs on systematic basis

These statewide problem issues have been translated by the Iowa Mental Health Authority and Department of Social Services - Division of Mental Health Resources into the goals and objectives of the State Plan for Fiscal Year 1978. IN some instances, discrete statements are made which focus in on specific goals/objectives of the different agencies, but where such discrete statements are not made, the goals/objectives are mutually shared.

The Iowa Mental Health Authority with its responsibilities regarding community based services will be concentrating on the development of prevention services in the community mental health center's and will under take an indepth review process with the Community Mental Health Center Long Range Planning Committee to define the exact types of programs that should be undertaken in the centers. Furthermore, another program strategy will be the development of transitional residential facilities through the Community Support Projectof the National Institute of Mental Health. An indepth discussion of this project is included in the section on "Alternatives to Hospitalization".

A. Treatment Services

Goal #1: To provide all residents of Iowa access to quality community based mental health services

Objectives:

1. Expand coverage of counties providing outpatient mental health services through a community mental health center from 87 to 90 by 7/1/78.

2. Complete expansion of emergency services at all 32 community mental health centers by 7/1/78.

3. Complete a review of the National Institute of Mental Health Community Support Program as an alternative to hospitalization for the chronically ill by 10/1/77; determine types of organizational arrangements needed to seek funding under the program by 12/1/77; establish priority areas for program implementation by 3/1/78; seek funding by 3/1/78.

4. Undertake need assessment in Service Area XIV to determine need for establishing a comprehensive community mental health program by 12/1/77; determine organizational arrangements for such programs by 1/1/78; seek funding for such program by 3/1/78.

5. Determine which comprehensive community mental health centers will be expanding from five service elements to twelve service elements by 11/1/77; provide technical assistance as needed; implement programs as needed.

Goal #2: To provide all residents of Iowa quality institutional mental health services, while initiating within the availability of resources an expansion of the Mental Health Institute roles to that of Regional Resource Centers providing specialized general and specific mental health services as determined by the identified needs of the communities in their catchment area.

Objectives:

1. Continue to review the treatment programs provided at the Mental Health Institutes in terms of meeting theneeds of the citizens of each quadrant and the effective organization of programs now established. Specific review to be made:

All institutions:	Aftercare programs and procedures
	Transitional Programs
	Implementation of MHI and CMHC Service Agreement
	Adolescent Program Structure
Clarinda:	Adolescent Group Home
	Development of a Children's Unit
	Extended Alcoholism Care Unit

2. Collect and analyze data and prepare a report on the impact of the appropriation bill intent statement relative to treatment for adolescents and the limitations specified relative to the 20 day limitation for guiest status evaluation, limitation of placement under the Code and the constraints of commitment for others.

3. Develop an analysis, procedure, and report to meet the intent statement in the Department of Social Services' Fiscal Year 1978 appropriation bill as related to Clarinda MHI in modifying Clarinda's focus to emphasize two goals:

   A. Provide comprehensive inpatient mental health care for a residential population of approximately 200, reflecting an estimated decreasedinpatient population

   B. Promote the development of community based services through mental health centers in Southwest Iowa

4. Develop a cost estimate to the Joint Budget Subcommittee on Social Services by January 15, 1978 on any necessary changes in funding to implement the new goals.

Goal #3: To provide initiative and technical consultation to county care facilities' programs of social services that will meet the individual needs of the residents and provide appropriate follow-up care and subsequent discharge from the institution.

Objectives:

1. Develop at each MHI a program to provide periodic in-service training for staff personnel at the county care facilities on all aspects of care pertaining to referrals from the Mental Health Institute.

2. Provide initiative and technical consultation to county care facilities to develop and implement formal patient care policies to assure quality care to the residents and technical assistance to staff in administration and operations of their facilities.

3. Seek certification by the Health Department of the initial psychiatric aide training program for county care facilities' staff and facilitate extension of the program to area community colleges as an approved cirriculum element.

B. Non-Clinical Services

Goal #1: To expand prevention service program components of community mental health centers as a means of reducing the probability of mental disabilities

Objectives:

1. Expand community mental health centers capabilities of public consultation with the judicial system by determining types of programs needed by 10/1/77; provide technical assistance in developing grant requests by 11/1/77; providing program funding by 5/1/77.

2. Determine with Community Mental Health Centers Association Long Range Planning Committee types of other prevention programs to be developed by 10/1/77; seek general state appropriation for such funding by 2/1/78; provide support through existing special grant program by 5/1/78.

Goal #2: To provide expanded public information and consultation services by the Mental Health Institutes in coordination with the Department of Social Service District and County offices and related service agencies directed toward expanded prevention service components.

Objectives:

1. Develop a community education program directed toward the client-oriented agencies and focused on the augmentation of those supportive needs of life which reduce stress, prevent the need for hospitalization, and enhance the individual's capability to sustain life in the community.

C. Health Planning and Consultation

Goal #1: To continue the broadly based mental health planning approach established in Fiscal Year 1977 in structuring Iowa's mental health system.

Objectives:

1. Determine the quality of information received from the planning cycle of Fiscal Year 1977 and translate information into action strategies by 9/1/77

2. Determine the utility in implementing the Balanced Service System as a model for health planning in Iowa by 10/1/77.

3. Establish improved planning capabilities with newly created Department of Drug and Alcohol State Agency by 1/1/78.

4. Expand linkages with three Health Systems Agencies and State Health Planning and Development Agency to improve state mental health planning by 1/1/78.

5. Revise and update current MHI long range plans to be consistent with the Division objectives, incorporating particular institutional objectives and correlating with on-going regional planning efforts, to provide a common base for input to Public Law 94-63 State Mental Health Plan.

6. Refine the process of Mental Health Institute's quadrant planning and related mental health service agencies in community elements

7. Develop an integrated data base between mental health institute's and community mental health centers to provide comprehensive data for mental health planning in Iowa.

8. Develop at each Mental Health Institute a broadly based mental health institute advisory group with the purpose of seeking input on needs, service gaps, etc., as well as providing a communications process between quadrant consituents.

D. Standards of Operation

Goal #1: To expand existing and establish new components of statewide operational standards for community mental health centers and comprehensive community mental health programs.

Objectives:

1. To expand 1977 accreditation information document by 7/15/77.

2. To promulgate new standards by 11/1/77.

3. To undertake expanded site review program by 12/1/77.

4. To establish organizational analysis procedure for community mental health center review by 12/1/77.

5. To establish model policy and procedural manual for community mental health centers by 7/1/78.

Goal #2: To improve skills of mental health system personnel through continuing education symposia.

Objectives:

1. Determine content and provide four symposia during Fiscal Year 1978 for:

   A) Executive Directors

   B) Board of Directors members

   C) Clinical Staff

   D) Clerical Staff

Goal #3: To improve helping skills of professional and non professional helpers in social service system

Objectives:

1. Provide 35 interpersonal skills workshops by 7/1/78

2. Improve training skills of the 24 present trainers by 7/1/78

3. Provide programs by 7/1/78 for staff of the following organizations:

   A) Community mental health centers

B) Mental Health Institues

C) Alcohol and Drug Treatment Centers

D) Corrections

E) Social Service Agencies

F) Schools

Goal #4: To seek or maintain highest standards of maintenance and operation in the delivery of services to the mentally ill in the four Mental Health Institutes

Objectives:

1. Seek or maintain Joint Commission on Accreditation of Hospitals according to the following schedule:

MHI	Adult and Hospital	Special Program Children and Adolescent	Special Program Alcohol
Cherokee	By Oct '78	By Oct. '77	By Feb. '78
Clarinda	By Jan.'78		
Independence	FY '78	FY '78	FY 78
Mt. Pleasant	FY '78	FY '78	FY 78*

*Survey scheduled June, 1977

2. Seek licensure of the Chemical Dependency Program as required under newly passedCode requirements.

3. Maintain certification of the MHI as a medicare due process provider.

4. Maintain Health Department licensure for FY78

5. Maintain accreditation of the Residency Programs at Cherokee and Independence MHI's.

6. Improve the environment of the MHI's in order to assure safety for patients by meeting required Life Safety Code, and SI standards. Improve the physical aspects of the facility to enhance patient care and patient image.

E. Improved coordination among mental health providers

Goal #1: To continue to imrpove the coordination of organizations regarding patient care

Objectives:

1. To review operational effectivness of Mental Health Institutes and community mental health center agreements by 11/1/77.

2. To review operational effectivness of agreements among components of community mental health programs by 7/1/78

Goal #2: To plan and initiate implementation of administrative and programmatic modification as necessary to effectively establish the Mental Health Institutes as an integral part of a regional human services delivery system which will provide comprehensive mental health services and other services collateral to and relative to mental health.

Objectives:

1. Develop agreements between the MHI and the treatment elements of the Chemical Dependency Agency regarding referral, treatment and aftercare.

2. Develop a process of coordination between MHI's with Department of Social Services' District Administrators and local Department of Social Services' offices that will provide access for collateral and related human and income services for mentally ill persons needing such services to enhance their deinstitutionalization.

3. Continue and improve coordination functions of the MHI's by developing a plan of regularized coordination activities that will enhance operations with various public and private community elements such as county officials, courts, residential facilities providers, community mental health centers, Chemical Dependency providers, planning bodies, and other service providers, etc.

4. Develop agreements between the MHI's and selected counties (CMHC) to accomplish the yearly MHI psychiatric examinations required by the Code of Iowa for mentally ill persons in county care facilities.

F. Data systems and financial systems

Goal #1: To continue development of statewide data system to obtain health care information

Objectives:

1. Complete design of data system entry and exit information components for MHI's and community mental health centers by 10/1/77.

2. Complete implementation of state data system for 32 mental health centers by 7/1/78.

3. Complete implementation of internal management information systems at three community mental health centers by 7/1/78.

4. Complete translation of simulation model training programs for community mental health centers by 12/1/77.

5. Begin systematic analysis of community mental health centers and MHI patient information data by 9/1/77.

6. Collect, analyze facts and prepare a report of the impact of FY '78 budget impacts on the treatment, administrative and support operations of each MHI for the period July 1, 1977 through January 15, 1978; with an addendum to cover the period January 15, 1978 through June 30, 1978 for use in Departmental budget preparation, presentation and legislative and Comptroller involvement.

7. Continue review of possible plans for funding of nonresident or state cases for community placement on services. Endeavor to project cost with allocation to

community services or disbursement by district offices.

8. Assess the applicability of Title XIX Medicaid for Mental Health Institute clients who are under 22 and over 65; and if financially and administratively feasible develop and seek to adopt it under the optional part of the Department Title XIX program.

9. Implement in coordination with Administrative Services Division of Department of Social Services the program billings concept as required by the Iowa Code. Review by the end of FY '78 the direct medical services items identified in Administrative Procedures Rules as to necessity for change.

G. Program Evaluation Systems

Goal #1: To develop within the community mental health center system capabilities that assess utilization of services

Objectives:

1. Utilize statewide data system to determine if target populations are being served by 7/1/78.

2. Utilize statewide data system to determine if risk populations are being serviced by 7/1/78.

3. Determine the applicability of implementing patient satisfaction survey in community mental health centers by 3/1/78.

Goal #2: To review and evaluate MHI treatment programs in terms of appropriateness, adequacy and quality in meeting the needs of the citizens of each quadrant.

Objectives:

1. Develop and implement an enhanced capability for collecting administrative and operational data related to the perfromance of each MHI in the delivery of treatment, administrative and support services.

2. Develop and implement a process that collects and collates data information relative to the major treatment programs of each institution. Such process will be interrelated to the separate program billing concept now under development and scheduled for implenentation July 1, 1977.

3. Conduct specific program review in all institutions of:

   A. Aftercare Programs and Procedures
   B. Transitional Programs
   C. Adolescent Program Structure
   D. Implementation of Mental Health Services Agreement with the community mental health centers.
   E. Establishment of written Service Agreement with Alcohol and Drug Treatment Centers.

4. Conduct review at Clarinda MHI of:

   A. Adolescent Group Home for Girls
   B. The extended Alcoholism Care Unit

5. Conduct a statewide evaluation of patient satisfaction of MHI services.

6. Develop a performance audit system according to JCAH standards of "quality of professional services to measure service quality by means of continuous evaluation." Each MHI will develop and have in progress two performance audits.

Goal #3: To determine the extent of implementation of evaluative mechanisms established by organizations such as Professional Standards Review Organizations (PSRO) for psychiatric units of all general hospitals.

Objectives:

1. Determine statewide use of PSRO in psychiatric units of all general hospitals by 1/1/78.

2. Obtain profile of implementation of medical audit system in psychiatric units of all general hospitals by 1/1/78.

B. Prescreening

In the continuum of care it is recognized that a full array of services is required from outpatient to inpatient including transitional services. It is also recognized that the patient may be in any one level of these services and may move to another in a variety of steps. The prescreening process is designed and intended to determine which service is best suited to the particular patient at a particular time. A strong prescreening and referral service provides the basis for appropriate application of service to the patient's needs. This can be accomplished from both a legislative and program approach.

Iowa's new Commitment Law provides due process for the individual and specific procedures for evaluating the appropriateness of the patient's hospitalization in a mental health institute or the psychiatric unit of a general hospital, placement in an involuntary outpatient status, or placement in any other alternative facility. The law provides that all voluntary patients receive an evaluation at the hospital. If admitted, the voluntary patient is free to leave on request unless the hospital initiates judicial action. All involuntary patients receive a preliminary hearing and evaluation by one or more physicians including a physician of their personal choice if they so desire. If the individual is admitted, the Commitment Law provides for subsequent reviews and continuing reports to be made by the chief medical officer of the hospital at 30, 60, and 90 days intervals stating the condition of the patient and indicating when possible the length of further hospitalization anticipated. If the individual is placed in an alternative facility, the same periodic reports must be filed by the medical director of that facility.

The law also provides for the involuntary patient to be represented by an attorney as long as necessary. When an attorney is no longer needed, the court will appoint an advocate who will represent the interests of the patient in any matter related to hospitalization or treatment. Through this process of reporting, the court and the patient's attorney or advocate are continually informed on an on-going basis as to the condition of the patient and the appropriateness of his placement in a hospital or alternative facility.

The law also provides for evaluation at least twice a year of all patients transfer from the mental health institute to a county care facility.

The impact of Iowa's new Commitment Law is evident in the reduction of involuntary hospitalizations by an estimated 9 percent. However, it should be noted that no comparable reduction occured in patient admissions, and that resident population has been maintained at previous levels, thus indicating an increase in voluntary admissions. In fact, on an overall basis patient admissions at the menta health institutes have increased consistently each year over the past 4 years.

In addition to the implementation of Iowa's new Commitment Law, in the past year the Division, the Iowa Mental Health Authority, and the Community Mental Health Centers Association mutually developed an agreement which delineates the responsibilities of the mental health centers and the mental health institutes relative to prescreening and aftercare. Under the terms of this document, the mental healt centers agree to provide prescreening and evaluation services to the court where such services are available for individuals being considered for involuntary hospitalization. They will also provide outpatient services when appropriate to the patient's needs. When a patient is to be referred to the mental health instit the mental health center will discuss with the patient the reason for recommending hospitalization and what may be expected from the mental health institute experier and, with the patient's written permission, release information from his or her

center records to the mental health institute. The center will contact the mental health institute and make arrangements for the patient's arrival. The mental health center also assumes the general responsibility for assuring availability of the patient's records to authorizedmental health institute, and to assure complete and free flow of information about the patient subject to the patient's written permission.

The mental health institute agrees to notify the center of the arrival of a referred patient or a person not previously known to the cetner, with the person's consent. The mental health institute will also notify the center if a referred patient is not admitted and proposed alternative recommendations. The mental health institute will request information, when necessary with the patient's consent, on a patient previously seen at the center. The agreement to provide such services is noted in Appendix D .

The functions of the Iowa Mental Health Authority and the Department of Social Services -- Division of Mental Health Resources to facilitate the continued improvement of a prescreening system in the State of Iowa may be provided through the following administrative support:

1. To develop policy and standards, after consultation with service providers and interested citizens, for the provision of screening services.

2. To facilitate the coordination of screening service procedures between community and institutional services.

3. To provide technical assistance to community programs for implementation of statewide public education efforts concerning pre-admission screening policies and procedures.

4. To review the delivery and impact of screening services.

C. Alternatives to Hospitalization

A major new emphasis during the forthcoming year by the Iowa Mental Health Authority and the Department of Social Services - Division of Mental Health Resources will be the extensive investigation to participate in the Community Support Program in conjunction with the National Institute of Mental Health.

Community Support Program Assumptions

Considerable consensus has emerged about certain fundamental principles and propositions on which the Community Support Program proposal is based. Among these are the following:

--"Deinstitutionalization" should not be thought of as a goal in itself. Simply moving clients from one setting to another is no guarantee that their life situation or functional capacities will improve.

--If deinstitutionalization is to benefit chronically disabled psychiatric clients, it is necessary to provide multiple community services over an extended period of time. The broad network of services they require has been conceptualized in the recent NIMH conference series as a "comprehensive community support system."

--Such systems, as here defined extend beyond the boundaries of responsibility of the mental health system per se. Many other agencies must also be involved. Particularly important are "mainstream" agencies such as public health, medical assistance, social services, income maintenance, transportation, employment, housing, and vocational rehabilitation.

--During a time of systems transition, it is appropriate for the mental health system to assure a leadership role in helping other agencies begin to provide the services to which mentally disabled persons are entitled as citizens or as handicapped individuals.

--Many of the funding, role clarification and coordination issues affecting the chronically disabled must be tackled at the State level. In fact, under Title I of Public Law 94-63, it is specified that State mental health plans should be designed to "assure availability of appropriate non-institutional services for people with mental health problems."

--At present, many State mental health agencies lack the incentives, resources and/or capacity to perform this leadership role.

--Without improved leadership and interagency collaboration around this issue at Federal and State levels, little substantial progress can be expected at the local level. Chronically disabled persons will continue to be shuffled from one agency to another in a haphazard non-system in which available resources are inappropriately used and human needs go unmet.

Community Support Program Goals

The primary goal of the Community Support Program is to stimulate development of comprehensive community support systems designed to sustain adults with chronically disabling mental health problems in the least restrictive setting appropriate to their needs. Sub-goals include the following:

1. To provide a focal point at the Federal level for inter-agency, intergovernmental efforts to improve delivery of mental health and community support services for this client group.

2. To encourage and enable State mental health agencies to provide leadership, program development assistance and backup support as necessary to help mainstream agencies work effectively with the chronically disabled population.

3. To promote continuity of services for the chronically disabled through improving linkages between hospitals, community mental health programs and mainstream community agencies.

4. To support manpower development and training programs to develop and upgrade community support services.

5. To promote appropriate placement of chronically disabled individuals, and to provide support for community-based psychosocial rehabilitation and support services at the local level.

Definition

A comprehensive community support system is defined as: a network of responsible people and coordinated resources committed to the goal of assisting members of a vulnerable population to meet their needs and to function as normally as possible in the community. An optimal system must have the following characteristics:

--The population(s) at risk must be identified.

--The needs of the population must be known.

--There must be legislative, financial and administrative arrangements which guarantee that appropriate forms of assistance are available to meet these needs.

Population at Risk

The concept of a community support system can be adapted to the needs of a variety of vulnerable client groups. Among those with community support needs similar to those of the chronically disabled psychiatric client are the following: mentally disabled children; mentally impaired elderly persons with significant physical disabilities; adults whose primary disability results from alcohol, drug abuse, or mental retardation. Although these groups may benefit indirectly from community support projects, at least during an initial pilot phase, the Community Support Program will focus solely on non-dangerous, ambulatory adults whose psychiatric disabilities are serious and persistent.

Basic and Special Needs of the Population

Like the general population, chronically disabled adults need food, clothing, shelter, medical and other health services, transportation, education, recreation and income maintenance. Also, like every other person, chronically disabled adults need a personal support system consisting of other people who care about them as unique individuals.

In addition, this population has a number of special needs, for which an organized network of services is required. A comprehensive community support system as conceptualized for the purposes of this program must be designed to assure that all of these basic and special needs are met. It should be emphasized, however, that meeting these needs is first the responsibility of the individual client and those who are closest to him or her. When the client and his or her personal support system encounters difficulty in coping, it is the responsibility of the organized service system to:

--Assess the nature and extent of unmet needs;

--Seek ways of assisting the client and significant other to meet the needs;

--To the extent necessary, fulfill some needs and functions for a period of time until the client and the natural support system can be enabled to assume or resume responsibility.

Components of a Comprehensive Support System

The arrangements and organizational patterns for meeting the needs of the chronically disabled population will vary depending on the characteristics and resources available in a particular State and locality. Whatever the organizational arrangement, an optimal community support system for this particular population should be designed to assure availability of the following system components and services:

1. Mental Health Services. There should be a full range of mental health services available, including but not limited to diagnostic evaluation, 24-hour intensive crisis stabilization services either in hospital or in a community-based setting, prescription and periodic review and regulation of medication, emergency services, and community based psychiatric and psychological services.

2. Psychosocial Rehabilitation Services. There should be community-based psychosocial rehabilitation services which include but are not limited to the following:

--Training or re-training of clients in community living skills such as grooming, budgeting, shopping, housekeeping, etc.

--Opportunities for clients to assume and adjust to normal social roles, such as worker, club member, resident, etc.

--A wide spectrum of special living arrangements, offering varying degrees of supervision, assistance and support, and linked with necessary mental health, social rehabilitation and other such services.

--Recreational and social opportunities.

--Vocational evaluation, training and placement services.

3. Long-Term Community Support and Maintenance Services. For those clients who have reached their highest level of functioning and for those who because of their age or the nature of their illness are inevitably declining in ability to function, there should be services available to sustain functional capacities or to reduce the rate of deterioration. These services include the same basic elements as psychosocial rehabilitation services, listed above, and in addition, provide the following:

--A spectrum of long-term supportive living arrangements.

--Opportunities for long-term sheltered employment.

--Other full or part time daily activities for persons who may not be capable of competitive employment but who need opportunities to participate in community life and to function as a member of a supportive group.

4. Community Integration and Acceptance Strategies. As clients move to less restrictive setting, there should be planned and sustained effort to help the community accept, integrate and relate appropriately to chronically mentally disabled person. Approaches to this include, but are not limited to the following:

--Systematic planning for dispersal of clients, to avoid over-saturating certain neighborhoods or communities.

--Family or social systems counseling services.

--Emergency backup services to family, friends, landlords, employers.

--Opportunities for concerned community members to participate in program planning, to volunteer their services or resources, to provide jobs and housing, and to see clients functioning in normal social roles.

--Community education.

--Training, consultation, and backup services to community agencies who share responsibility for providing services to people with psychiatric problems.

5. Protection of Client Rights. There should be clearly defined mechanisms to protect client rights, both in and outside of mental health facilities.

6. Planning, Coordination, Case Management, and Continuity of Care. The following conditions are necessary to constitute an effective system of care for the chronically disabled:

--At the State level, there must be an interagency collaborative effort to develop administrative, financial and other arrangements to assure availability and accessibility to the population of relevant high quality services.

--At the community level, there must be a clearly defined case management system to identify and reach out to the population; to assess their service needs, to plan for delivery of services in the least restrictive setting practicable, to link clients with appropriate services, and to follow-along to assure that services are delivered and plans are updated as required.

--At the client level, services should be organized to promote continuity of supportive relationships. As far as case-management is concerned, this means that there should be one person or team responsible for establishing and remaining in contact with the chronically disabled individual on a continuing basis, regardless of how many agencies get involved. The total number of clients assigned to this person or team should be small enough so that each client is regarded and treated as a unique individual, and so that a supportive, caring relationship is possible.

--Finally, all services should be organized to help clients become or remain part of a network of caring relationships, i.e., a personal support system. In this way, clients can develop capacities for mutual and self-help. At the same time, unnecessary dependency on the organized service system can be reduced.

At the present time, in the Southwest quadrant, Clarinda Mental Health Institute is in the process of implementing a community group home for adolescent girls which is funded by a Hospital Improvement Program Grant. This program will become operational in July 1977 and will provide a transitional residence for ten teenage girls to assist in their adjustment to more independent living in the community. No other comparable resource is available in the Clarinda catchment area.

Strongly supportive of all alternatives to inpatient care is the program developed by Clarinda for Department of Social Services county and district service workers designed to develop awareness of symptoms of mental illness, to learn procedures for helping persons in need receive help, and to assist in the development of support and collateral services in the community.

Cherokee Mental Health Institute plans an extensive program to stimulate communities in the development of alternative living arrangements in the community, while Mt. Pleasant proposes to study the feasibility of establishing a transitional apartment unit on the grounds of the MHI to assist in the adjustment of patients back to community living. These projects are discussed more fully in Section D, Public Mental Hospitals.

D. Public Mental Hospitals

The Division of Mental Health Resources is one of three operational Divisions of the Department of Social Services and is statutorily responsible for the provision of care, treatment and support for the mentally ill and the administration and supervision of the Mental Health Institutes at Cherokee, Clarinda, Independence and Mt. Pleasant. The Mental Health Institutes are intensive psychiatric care hospitals accredited by the Joint Commission on Accreditation of Hospitals and licensed by the State Department of Health.

The Mental Health Institutes are an integral part of a continuum of psychiatric services to the people of Iowa and provide services not available in the communities. Programs are characterized by the concept of early treatment close to home, short stay in the hospital, quick conversion to outpatient status and return to normal community functioning. The Mental Health Institutes serve as a back-up to the communities treating patients who require long-term hospitalization or commitment, those unable to afford private care, or those needing a more restrictive, controlled type of setting. Clinical services include:

1. Adult Psychiatry: Comprehensive care and treatment including individual psychotherapy, group therapy, psychiatric counseling, pastoral counseling, psychotropic drugs, EST, milieu therapy and partial hospitalization.

2. Children Services: Psychiatric treatment for the emotionally ill child and his family with a goal to helping the child return to the community and make a satisfactory adjustment to home, community, school and life.

3. Adolescent Services: Treatment designed to aid the individual in developing a more positive relationship with family, school and community through a sense of responsibility engendered with the use of behavior modification techniques.

4. Chemical Dependency Programs: Programs designed to structure and implement an inpatient and outpatient treatment plan which will effectively motivate the chemically dependent client to more capably cope with his feelings while abstaining from the use of drugs or alcohol.

5. Geriatric Services: Treatment for patients 65 years of age or older, directed toward enhancing the individual's self-esteem and effecting return to the community if possible or care in a nursing home or County Care Facility if other resources are not available.

6. Medical Services: An integral part of a comprehensive treatment program embracing a wide range of procedures including preadmission evaluation, evaluation and treatment of patients who have never been hospitalized, follow-up/aftercare for patients who have completed in-hospital treatment, individual, group and family therapy, assertive training, vocational counseling and other appropriate treatment modalities necessary to maintain the pateint in the communit

7. Diagnosis and Evaluation: Assessment including physical, social and emotional functioning, as well as early life experiences, educational and vocational training, marriage and family relationships, etc. to be used in formulating an individualized treatment plan based on the needs of the patient.

8. Professional Training Programs: Cherokee and Independence have accredited three year residency training programs in psychiatry. All four Mental Health Institutes provide training in nursing, social work, pastoral counseling dentistry, pharmacy and other professional fields related to mental health. Special education programs for hospitalized school age children are maintained in all four institutions through hospital/community effort.

According to the Sixteen Indices published by the Joint Information Service of the American Psychiatric Association and the National Association of Mental Health (1974), Iowa's public mental hospitals rank as follows:

Second (2nd) in professional hours a week per 100 residents

Third (3rd) in physician hours a week per 100 residents

Third (3rd) in Social Work hours a week per 100 residents

Fourth (4th) in Registered Nurse hours a week per 100 residents

Seventh (7th) in full-time equivalent personnel hours a week per 100 residents

Eighth (8th) in psychologist hours a week per 100 residents

Ninth (9th) in population per public mental hospital patient

Tenth (10th) in daily maintenance expenditure per patient

Each Mental Health Institute maintains a strong working relationship with the communities within their catchment area. Service programs coordinate with community services at the community mental health centers and Alcohol Treatment Centers and Drug Abuse Programs. Community staff is encouraged to establish and maintain contact with patients during hospitalization. An integral part of the individualized program is discharge planning which involves not only hospital personnel but also representatives from the community mental health centers, County Department of Social Services, private psychiatrists, or other community agencies as appropriate and as requested by the patient.

The Mental Health Institutes have historically established a working procedure with the community mental health centers. During the past year this working arrangement was formalized by a written agreement developed by the Iowa Mental Health Authority, the Division of Mental Health Resources, and the Community Mental Health Centers Association of Iowa. This agreement assures coordination of information and referral procedures and the exchange of case data information. The Mental Health Institutes host regular working and informational meetings with the community mental health centers and Alcohol and Drug Service Programs. It is anticipated that in the coming fiscal year agreements will be drawn between the alcohol and drug treatment programs similar to the Mental Health Services Agreement.

The Mental Health Institutes provide consultation to community agencies including public health nurses, schools, probation and parole officers, courts, hospitals, county care facilities, nursing homes and other public and private service agencies. Regular quadrant meetings are held at each Mental Health Institute with county officials such as Boards of Supervisors, Clerks of Court, County Care Facility Administrators, County Auditors, County Treasurers, etc.

Through the years the mental health institutes has provided a wide variety of services to the court. These services have been primarily in evaluation, diagnosis and treatment for individuals referred by the courts. However, a significant amount of assistance has also been provided in education and consultation services including workshops for Judges, County Attorneys and law enforcement officers. Probation Officers work closely with hospital teams and receive consultation on individual patients.

The Department of Social Services strongly supports the continued expansion of community programs. However, mental health services necessarily must be coordinated to assure the development of an integrated mental health delivery system in which community and institutional services are part of a single mental health plan defining common goals and objectives, responsive to local needs, and achieving maximum utilization of resources.

The Department recognized that changes will occur in the mental health arena in the future that will have impact on institutional services. Adjustments are expected for the advent of community services and for changes to develop quality services not currently available. However, it is reasonable and realistic to expect the mental health institutes to continue to serve a critical core of severely disturbed persons needing intensive inpatient care not available in the community. It is also expected that concurrently the mental health institutes will modify programs to provide specialized services to special groups.

In response to this trend, during the past year the mental health institutes have taken a dynamic position relative to planning for mental health services in their quadrant. The mental health institutes have convened the regional coordinating groups and have played a leadership role in their planning activities. In addition each mental health institute is in the process of developing a five-year institutional plan which will define goals and objectives reflecting local and regional input and responsive to the identified needs of their quadrant.

As the regional planning groups refine their needs assessment for each quadrant. MHI goals and objectives will adjust to the requirements of their service areas. Some changes are reflected in the current year's operation, others are projected for the next year's goals and objectives. These do not represent the operations or goals of the institutes in their entirety but are cited here because of their particular relevance to the guidelines of this State Plan in respect to living conditions, treatment resources, social and recreational stimulation, follow-up care and inter-agency coordination in planning and the continuity of services.

CHEROKEE

Cherokee Mental Health Institute is responsible for the provision of mental health services to residents of the Northwest quadrant of Iowa. This 31 county area is predominately rural in character, covers 18,792 square miles, and has a population of 750,000. There are five cities in this area with over 25,000 population, the two largest being Sioux City with 90,000 and Ames with 40,000. Economically the people are primarily lower middle class; and in the larger towns there are border line economic as well as upper middle class groups. The majority of admissions come from urban centers.

Cherokee has a capability of 400 beds and averages a daily census of 234 patients. Average length of stay is 40 days. In the last fiscal year there was a total of 1,464 admissions.

Treatment within the hospital includes the traditional psychiatric modalities, i.e. individual, group marital and family therapy, occupational and recreational therapy, specialized physical and referral for diagnosis and treatment. In addition there are specialized treatment programs for children, adolescents and the chemically dependent. Vocational rehabilitation personnel are available for vocational planning and for homemakers services as well as work activity programs. Special arrangements can be made for partial hospitalization in the form of day care, night care, or other suitable variations. A pilot study and evaluation of patient satisfaction was conducted and showed a high level of patient satisfaction in all service areas.

Cherokee has been the leader in the organization of the Northwest Regional Mental Health Planning Group. MHI staff have convened monthly meetings of consumer representatives and representatives of direct service providers and related agencies such as the HSA's. Meetings have been held monthly of the steering committee and the full group. Mental Health needs and resource identification are in process.

During Fiscal Year 1977 Cherokee developed and submitted a Hospital Improvement Program Grant for an aftercare program which was approved but not funded due to funding restrictions at the Federal level. This application is under reconsideration currently and funding is essential to several important proposed program changes.

Among Cherokee's objectives for FY 78, the following are particularly relevant to the goals of this State Plan:

Improved discharged planning including availability of a current file of after-care resources and improved initiation of follow-up care will be possible with the funding of the approved grant. Whether or not the HIP Grant is funded, the collection of current resources will begin in July, 1977. By July, 1979, the improved follow-up care will be initiated with or without Federal funding.

In order to increase the number of half-way facilities, in the coming year hospital personnel involved in discharge planning will meet with personnel from communities large enough to support a half-way house to acquaint them with the needs of the discharged patients who are yet able to assume complete responsibility for their own welfare and to assess the feasibility of developing a half-way facility in those communities.

Weekend and after hour activity, will be augmented, beginning in July, by mini-courses offered Saturdays and two evenings a week in addition to already established programs. Activity therapy personnel as well as other personnel and volunteers from the community will be utilized. A quarter-way house will be established within the hospital to meet the needs of patients who are able to assume increased responsibilities for their own care. One ward will be converted where patients who are preparing for release from the hospital can take advantage of opportunities similar to those encountered in the community such as more intensive training in homemaking and/or independent living, taking care of their own medication, doing their own housekeeping, increased recreational opportunities and reorientation to resources available within the community.

A "relatives group" will be organized for relatives of geriatric patients who will meet with staff members of the treatment team to discuss ways of training problems which have developed before, during or following geriatric patients' hospitalization.

CLARINDA

Clarinda Mental Health Institute is a 315bed psychiatric facility serving the 27 counties of Southwest Iowa with a population base of 692,000. Clarinda had 649 admissions in the past year with an average resident level of 250. . A sharp

increase occurredin the second half of the fiscal year with the average admission level increasing from 610 to 649 . Cause for this increase has not been identified to date.

Clarinda's catchment area is predominately rural and economically depressed with two population centers at Council Bluffs and Des Moines. Polk County plans to open a mental health facility in Des Moines in FY 79 which is expected to have some effect on Clarinda. However, Polk County patients at Clarinda make up less than 30 percent of the total resident population the majority of whom are in acute psychiatric care and the geriatric unit requiring long-term care. Since Polk County anticipates opening a 50 bed long-term unit, it can be expected that Clarinda's institutional support will continue to be needed by the Southwest quadrant.

The Department recognizes that there will be a gradual adjustment in Clarinda's programs in accord with the onset of the Polk County's mental health program and Clarinda's planning reflects this factor. However, Clarinda Mental Health Institute represents the sole source of mental health services to many of the people in Southw Iowa and it is expected that Clarinda will continue to provide mental health service as needed. The Department proposes that Clarinda become a model rural mental health resource center continuing to serve a critical core of severely disturbed patients as well as providing specialized services to special groups such as children, adolescents and the elderly. Clarinda's institutional goals reflect this intent.

In the past year Clarinda has initiated a new activity and exercise program which includes complete active and/or passive range of motion exercises once daily. All patients are grouped with appropriate exercises for each unit. The initial testing done by nursing and activity staff and patient evaluations at the end of the first and second months indicate these programs are a beneficial part of the quality of patient care and add to the patients' general mental and physical well being. Patient reports from the evening and night shifts indicate better patient attitudes and quieter and calmer patients due to a consistent involvement and stimulus they had not had before.

MHI staff involves the patient in community activity frequently. When facilities on campus are made available to the residents of the community the patients participate actively or as observers. Activities such as bowling, swimming, fairs, camping, picnicing, skating etc. are initiated by mental health institute personnel. Community agencies, schools, hospitals and various businesses provide work sites for MHI residents. In the past year 70 clients participated and 50 were placed in part-time jobs as a direct result of their participation.

In the past year Clarinda has introduced an innovative program of community educati directed to client-related agencies and personnel in the community. The program was structured with the Department of Social Services' district staff, adult and child service workers, homemakers and others. The primary purpose was orientati to mental health, i.e. symptoms of mental illness, procedures for directing people to the helping resources, side effects of medication, introduction to the new commitment law, etc. This program reflects Clarinda's goal to expand as a community resource for education and training to staff of residential care facilities, county care facilities and nursing homes in the areas of activity therapy, nursing, and diet therapy.

Special residential treatment for patients diagnosed as chronic deteroriated alcoholics is planned at Clarinda by January, 1978. An intensive community education program will be carried on throughout the planning and early stages of this program beginning in October, 1977.

Clarinda proposes to demonstrate the need for locally based mental health services by providing to counties, upon their written request, the services of a traveling team of mental health professionals. The Mental Health Institute staff will promote county affiliation with community mental health centers by keeping in contact with centers who might be willing to serve the contracting county and by working with the county to show ways they might be able to more fully serve their citizens by affiliating with the center. Traveling services will also be made available upon request to any community mental health center that wishes to purchase specific professional services from the mental health institute.

In the implementation of a Federal Hospital Improvement Program grant, in July, 1977, Clarinda will open a group home for six to eight adolescent girls which will assist in their transition from hospitalization to independent living in the community.

INDEPENDENCE

The Mental Health Institute at Independence is the definitive mental health treatment center for a 20 county area of Northeastern Iowa covering a population of approximately 750,000 people. The Independence catchment area represents both urban and rural communities with a high percentage of urban and industrial areas. Independence has a bed capacity of 401, 1792 admissions in Fiscal Year 1977 and an average resident level of 286 . Mediam length of stay is 50 .

Independence maintains a strong liaison with various community agencies including the mental health centers of the quadrant, University Hospital's medical and dental college, the Veteran's Hospital in Iowa City, social agencies, churches, schools, county Department of Social Services, nursing homes, county homes, Goodwill industry, community psychiatric units and local physicians.

Independence MHI encompasses the basic ingredients of what is considered to be a comprehensive mental health center not only offering quality services to the general adult psychiatric population but developing expertise in the fields of geriatrics, children and adolescents, alcoholism and drug abuse. They serve a key role as an educational resource to the community with many facets relating to mental health in further training of professionals and para-professionals.

Independence has a three-year approved psychiatric residency training program and other affiliations and accreditation for training including the National League of Nursing for the affiliate nursing program and affiliation with the University of Iowa in clinical clerkships in psychiatry for medical students.

In the past year Independence has initiated a program to improve the living environment of the institution. A primary concern is to make the physical facility more home-like by replacing out-moded furniture in all the wards of the hospital including drapes and curtains, pictures etc. Patient dining rooms are also being updated with new furniture.

A primary goal of Independence for the next year is focused on prevention: To continue to expand and strengthen liaison with community agencies with the utlimate goal to aid in the early detection of individuals at risk.

Independence will also undertake to intensify liaison with significant community agencies to assure an ongoing viable aftercare plan for each patient: This MHI has a somewhat unique system of exchanging staff with two of the large mental health centers. On a weekly basis senior psychiatric residents work in the mental health centers in Cedar Rapids and Decorah. The psychiatric

residents then work with the patients that are returned to the community and are being followed by those particular mental health centers. As a reciprocal measure the Director of Social Services in one area and the public health nurse in the other visit the hospital on a weekly basis to make preparation for aftercare at the community mental health center of those patients of that particular catchment area.

Independence's Chemical Dependency Unit has a definitive counselor training program which is now in its 13th year. Trainees spend a year in clinical residency and upon completion of the program are much in demand as counselors either in an institutional setting or in the community.

In the next year a stated goal of Independence Mental Health Institute is to shorten hospitalization for alcohol treatment with intensification of treatment. This will include increasing the number of student counselors in training, improving criteria for the determination of treatment effectiveness, consideration of earlier release, and utilization of the new transitional counseling program in an attempt to reduce readmission.

Independence MHI initiated the regional planning process by organizing and convening the first Regional Mental Health Coordinating Group in February, 1977. Working Task Force meetings have been held monthly and a directory of regional mental health resources is in preparation.

MT. PLEASANT

Mt. Pleasant Mental Health Institute is fully accredited by the Joint Commission on Accreditation of Hospitals and is responsible for providing intensive psychiatric treatment to 27 Southeast counties in the state with a population base of 697,000. Mt. Pleasant has a capacity of 270 beds, an average admission rate for Fiscal Year 1977 of 990, and an average resident level of 221. A medium security facility opened on the campus in 1976 has had no apparent negative affects on admissions.

Within the next five years it is anticipated Mt. Pleasant Mental Health Institute will provide a more intensive and wider array of psychiatric services to the persons of Southeastern Iowa, actively contribute to the current knowledge base of treating the mentally ill through a research unit which will play a strong role in preventive treatment, will work in close harmony with community mental health centers, county care facilities, nursing homes, chemically dependent agencies and other public and private agencies while remaining available to provide short-term intensive residential care with emphasis on early return to the community and a professional aftercare program.

In the past year, Mt. Pleasant has effected a number of changes focussed on improving the environment for the patients including new color schemes, draperies, wall decorations, planters, lighting, air conditioning, new furniture and landscape improvements. Notably among these is the establishment of an Environment Committee to study the hospital environment and make recommendations to the Superintendent and Business Manager relative to improving the patient's surroundings. Redecoration and refurbishing of the Children's Unit have been completed through the cooperative efforts of the hospital auxillary, the Art Department of Iowa Wesleyan College and the hospital staff. Tower School has been completely redecorated and refurnished providing a more comfortable and conducive environment for education. The Geriatric Unit is in the process of being relocated from the top floor to the ground level with the Unit being redecorated and refurbished. Implementation of new programs will encourage

geriatric patients to become involved to a greater extent socially.

An activity center for patients was completed allowing a relatively large number of patients to become involved in a variety of activities which required a minimum of staff supervision thereby greatly expanding the capacity of the hospital to provide recreational and activity services to a larger number of patients.

The high quality of services has been maintained and goals and objectives for the next year reinforce the role of Mt. Pleasant in the delivery of comprehensive mental health services to Southeast Iowa. Mt. Pleasant has played a key role in the organization and convening of the Southeast Regional Mental Health Planning Group. Meetings have been held under the auspices of the Mental Health Institute with staffing provided by the Mental Health Authority and consultation by the Mental Health Authority and the Division of Mental Health Resources. A survey of mental health service resources is currently underway.

E. Follow-Up Care

The term follow-up care means the wide range of clinical and support services provided to clients released from Mental Health Institutes. Follow-up care is an essential service designed to assure appropriate community support for those clients no longer in need of the treatment services provided by the Institutes.

It is the plan of the Iowa Mental Health Authority and the Department of Social Services - Division of Mental Health Resources that appropriate community service agencies have the obligation to facilitate the adjustment of clients and residents of state institutions to community living and placement.

a) Mental Health Institutes and Community Mental Health Centers staff shall develop an appropriate aftercare program for clients prior to a client's release from a state institution. The staff shall assess all appropriate aftercare alternatives for a particular client and select the alternative most appropriate to meet the client's needs. The agreed-upon aftercare program shall be implemented by the designated service agency.

b) A variety of aftercare alternatives shall be available for and provided to formerly released clients or residents of state institutions. Alternatives shall include:

1) The development of transitional living arrangements where appropriate facilities do not exist;

2) Clinical services, which shall include re-examination of medication status and physical side effects from medication, to clients living in nursing homes, boarding facilities, or independently;

a) Clinical services shall include an active out-reach program so that clients needing and/or requesting services will receive these services.

3) Screening by social services and rehabilitative services of all formerly released clients and follow-up services when indicated;

4) Consultation and education services to staff of facilities and agencies, such as nursing homes, boarding homes and adult foster homes, providing care to formerly released clients;

5) Development of programs which assist the formerly institutionalized individual in becoming accustomed to and a part of the community.

The Iowa Mental Health Authority and Department of Social Services-Division of Mental Health Resources will facilitate the delivery of follow-up care services by providing the following administrative support services: 1) developing standards after consultation with mental health programs and other interested citizens, for the provision of follow-up care; 2) when necessary, facilitating the coordination of follow-up care service procedures between community programs and Mental Health Institutes; 3) providing technical assistance to community programs for implementatic of statewide public education efforts concerning follow-up care services.

The role designation of the state's Mental Health Institutes as providers of highly specialized and/or backup services not economically feasible or available within the community is applicable to the provision of follow-up services. Mental Health Institute staff may provide highly specialized follow-up services and/or routine follow-up services when such services are not available at the community level. Mental Health Institutes may also be direct providers of follow-up care when it has been decided that termination of a therapeutic relationship between a Mental Health Institute staff person and patient would be significantly detrimental to that patient's continued recovery. However, follow-up care provided by Mental Health Institute staff should be limited and only under special circumstances.

The Community Mental Health Centers will coordinate the implementation of follow-up care plans and case management systems and will serve as the primary providers of follow-up care services. The provision of follow-up care services shall be consistent with the following:

1. Community Referral Mechanisms: Mental Health Institutes will contact as needed designated mental health centers when a client is ready for pre-discharge planning.

2. Pre-discharge planning shall be provided for clients leaving a Mental Health Institute. Mental Health Institute staff, Community Mental Health Center staff, and the client shall be involved in developing the follow-up care plan to be implemented after the release of the client from the Mental Health Institute. If distance prohibits community mental health agency staff involvement in case conferences held at Mental Health Institutes, collaborative pre-discharge planning may take place through telephone calls or correspondence. Community Mental Health Centers are also encouraged to have at least one contact with the patient, by phone or in person, prior to the patient's release.

   Early pre-discharge planning is essential. If necessary, pre-discharge planning should be initiated at the time of the client's admission to the state facility.

3. Written Follow-up Care Plan: The process of pre-discharge planning shall lead to the development of a written follow-up care plan. This plan shall become part of the client's clinical record kept at the Mental Health Institute and as needed, the appropriate Community Mental Health Center. The written plan may also be provided to nursing homes, county care facilities, or other boarding facilities if the proper release of information has been obtained.

   The follow-up care plan must minimally identify: post-hospital treatment needs; treatment goals; treatment methods for implementing goals; date for first review of client progress; name of primary therapist or case manager.

4. Case Management System: The case management system for implementing the follow-up care plan shall minimally include two formal case reviews of client progress. The first review shall be held within one month of the client's release from the Mental Health Institute. Facility staff from both the Mental Health Institute and the designated Community Mental Health Center shall participate in a joint meeting, collaborative efforts may take place through correspondence or telephone calls. A second review, which may be a final review for those clients not needing continued follow-up

care services, shall be held within two months of the client's release from the Mental Health Institute. This review must minimally include Community Mental Health Center staff responsible for implementing the follow-up care plan. Mental Health Institute staff should be encouraged to participate if it is believed that continued inter-facility joint planning would benefit the patient.

Case reviews needed beyond the second required review shall occur at reasonable time intervals.

Each case review should be preceeded by a minimum of one aftercare visit with the client.

Results of case reviews and any new treatment plans shall be documented in the client's clinical record kept at the designated Community Mental Health Center and when appropriate, at the nursing or boarding facilities.

5. Transfer of Client Records: Community Mental Health Centers assigned responsibility for a patient's follow-up care program shall have ready access to that patient's clinical record. At this time a signed release of information by the patient or patient's quardian is still necessary and must be completed prior to release of any clinical record information.

6. Record Keeping: Desiggated Community Mental Health Centers and Mental Health Institutes shall maintain any required reports which will aid in the monitoring of follow-up care services.

7. Right to Refuse Services: The requirements above are designated to enhance the continuity of care and not intended to infringe on the rights of former hopsital patients to reject services and protect their privacy unless such treatment has been ordered by a court.

Agreements similar in content area are in the process of being drawn between each Mental Health Institute and the alochol and drug treatment centers in their service areas.

The Mental Health Institutes and Community Mental Health Centers meet quarterly at each hospital at which time general procedures and specific issues relative to patient care and planning are discussed. Similar meeting are held with alcohol and drug treatment staff.

Each Mental Health Institute provides outpatient services for patients for wh a Community Mental Health Center or comparable services are not available. Mental Health Institute staff examines and evaluates at least once a year all patients transferred from their facility to the county care facility in their catchment area.

Cherokee Mental Health Institute submitted a HIP grant for an Aftercare Progra which was approved but not funded. Independence Mental Health Institute maintains a transitional counselor program in conjunction with their Alcohol Treatment Unit which provides support and consultation for discharged patients. These programs and other Mental Health Institute aftercare programs are discussed in more detail in Section D, Public Mental Hospitals.

F. Manpower

The current status mental health manpower in the Community Mental Health Centers and Mental Health Institutes of Iowa is the following:

Community Mental Health Centers

Position	N (1976)	Salary (1974)
Psychiatrist	65	36,192
Psychologist	63	16,572
Social Worker	104	14,357
Psychiatric Nurse	17	8,845
Other	62	9,953

Mental Health Institutes **

Position	Cherokee	Clarinda	Independence	Mt. Pleasant	Total
Physicians	23	11	25	10	69
Psychologists	6	3	7	6	22
Social Workers	13	14	11	9	47
Nurses	28	14	21	27	90
*Other Professionals	27	23	57	49	156
Mental Health Workers	179	133	190	109	611

*Includes chaplains, teachers, dieticians, activity therapists, etc. at B.A. degree or above

**Support staff is not includes in this table.

The State of Iowa has three major state universities: The University of Iowa at Iowa City which has a large and extensive medical school; the Iowa State University at Ames; and, the University of Northern Iowa at Cedar Falls. In addition, Iowa also has a large private university in Des Moines - Drake University and numerous small private colleges. Virtually all these institutions have programs which prepare individuals for professional and/or paraprofessional mental health delivery positions. In addition, the State University system in Iowa has large and active continuing education branch. Such programs provide substantial career development opportunities for professional personnel.

The Mental Health Institutes at Cherokee and Independence have accredited three year residency programs in psychiatry. Many of the psychiatrists trained here remain on the staff at the institution, some join mental health centers in Iowa while others go into private practice or to University Hospitals. In-service training programs contribute to the enrichment of the total hospital operation. This is true in patient care, in other staff members who are brought in contact with the residents in psychiatry, in the educational opportunities made possible by the training program, and certainly in the higher level quality of professional staff attracted by a teaching hospital.

Cherokee, Independence, and Mt. Pleasant have psychiatric nursing affiliations. As a result of these affiliations, the student assists the community in understanding mental health and mental illness, the role of the hospital and functions as a psychiatric facility. The students' experience in training at the institution creates an interest in and recruitment to psychiatric nursing positions in Iowa.

Health care facilities throughout the state utilize the nursing education staff at the respective institutions as the result of communication to these programs.

Undergraduate students from various colleges throughout Iowa spend an average of ten weeks in their senior year gaining practical experience in their major field in psychiatric study. These include social work, occupational and recreational therapy, and education. Not only have the students benefited personally by their experience, but these programs have provided the constant source of recruitment, not only for the Mental Health Institutes but for other agencies in the state.

Each Mental Health Institute has over a period of years developed professional, paraprofessional, and nonprofessional staff, by training within the confines of the institution, and often by recruiting from other sources within and outside the state. These employees represent all the usual elements of mental health experts to comprise the clinical team and all elements of supporting staff to afford the clinical team the means and the atmosphere to do their job. The patient' welfare always comes first and towards this end the largest single employee group is the mental health worker, the group that gives direct contact, care and attentior to the patient 24 hours a day, working under direct supervision of the clinical tean

Since Iowa has, in effect, "deinstitutionalized" its state hospitals, a reductior of staff at the Mental Health Institutes is not anticipated. However, policies have been established to govern contingency situations as follows:

1. Iowa State Merit Commission Rules, Chapter 11.1, Section III, "Reduction in Force-Layoff" protects employees rights and benefits.

2. Iowa Department of Social Services "Personnel Provisions in Institutional Closings", December 12, 1973, establishes policies and procedures relative to training, retraining, and assurance of maximum efforts to guarantee employment. The full text of this document is attached. (Appendix C)

The Iowa Mental Health Authority is presently surveying the community mental health centers to determine the following:

1. Primary service identification
2. Credential review
3. Volunteer utilization
4. Staff development
5. Training programs for students

This information may be utilized in determining what type of personnel may be needed in centers during the next several years.

The Office of Planning and Programming developed the Iowa Health Manpower Plan of 1975. This indepth study focused on improving health care delivery to the people of Iowa by supporting a prioritized health manpower plan that promotes the identification of area health needs and seeks to integrate resources to meet those needs. It is the intention of the Iowa Mental Health Authority to work with the Office of Planning and Programming to expand into the area of mental health manpower the analogous approach that was undertaken to prioritize general health manpower needs.

G. Standards and Accreditation

Two public laws have defined the role of the Iowa Mental Health Authority in establishing standards for provision of mental health services in community mental health centers:

1) Public Law 94-63 of the United States, "The Special Health Revenue Sharing Act of 1975,"

> "The State Mental Health Authority will prescribe minimum standards for the maintenance and operation of mental health programs and facilities, including community mental health centers. The standards shall be objective requirements, limitations, or prohibitions systematically applied under similar conditions and which shall be operationally definable in that their impact is identifiable or observable or measurable.
>
> Such standards may provide for whatever range of services and levels of performance as the State may in its discretion prescribe, but must at least include criteria governing the following:
>
> (a) the effective functioning of those essential elements of services described in the Act, including mechanisms for assuring responsiveness to community needs, including the availability of services for persons unable to pay, and continuity of care in coordination with available providers of services;
>
> (b) policy direction, organization, administration, and staffing of programs;
>
> (c) the clinical record and administrative statistics system;
>
> (d) evaluation of patient care and program management, including evaluation of provisions for assurance of appropriate medical care;
>
> (e) environmental support of programs including their accessibility to the community, space utilization, and safety; and
>
> (f) the protection of the rights of patients and their human dignity,"

2) Code of Iowa, Chapter 230A

> "The Iowa Mental Health Authority, with approval of the Committee on Mental Hygiene and subject to the provisions of Chapter Seventeen A(17A) of the Code, shall formulate and adopt and may from time to time revise standards for community mental health centers and comprehensive community mental health programs, with the overall objective of ensuring that each center and each affiliate providing services under contract with a center furnishes high quality mental health services within a framework of accountability to the community it serves. The standards shall be in substantial conformity with those of the Psychiatric Committee of the Joint Commission on Accreditation of Hospitals and other recognized national standards for evaluation of psychiatric facilities unless in the judgment of the Iowa Mental Health Authority, with approval of the Committee on Mental Hygiene, there are sound reasons for departing from such standards."

The first set of Standards for Accreditation of CMHCs in Iowa was developed by the Iowa Mental Health Authority in 1974. The principles which guided the development of those standards are as follows:

1. The primary purpose of standards is to insure quality mental health services for all citizens seeking services from agencies accredited under these standards.

2. The standards should build upon and not destroy the principles of local initiative responsibility and control, and the maximum utilization of existing local professional services and resources which have been the cornerstone of the community mental health center program in the State of Iowa.

3. Standards should not coerce centers into a uniform mold, but should take cognizance of the need for some statewide uniformity while continuing, whenever possible, to encourage local flexibility, autonomy, and innovation.

4. Standards should clearly and precisely specify the idea and should allow for different levels of compliance with this ideal, applying the standards on an individualized basis so that realistic limiting factors such as size and stage of development would be taken into account.

5. Standards should be clearly and operationally defined, facilitating accurate and reliable evaluation of programs to determine degree of compliance.

6. Standards will not be considered rigid concepts, but as periodically open to modification and improvement based on experience with their application.

7. The responsibility for improving sub-standard programs is shared by both the local boards and the Iowa Mental Health Authority. The mediation of deficient programs would thus be carried out by local organizations with state support, within the available resources of both.

During 1974-1975, community mental health centers began to utilize the standards as a tool for their operational guidance and the Iowa Mental Health Authority began to make plans for evaluating the effectiveness of the standards. With the announcement of JCAH's plans to develop principles for accreditation of communit mental health service programs, the Committee on Mental Hygiene and the Iowa Mental Health Authority decided to defer any futher planning activities until JCAH's principles were available for inspection. However, the schedule of receiving JCAH's standards in July 1975 was indefinitely deferred. Therefore, early in 1976, the Iowa Mental Health Authority renewed its efforts to evaluate Iowa's 1974 Standards and community mental health center's utilization of the standards. In the latter part of 1976, the Iowa Mental Health Authority began to formalize plans for the evaluation process with the identification of necessary resources and with the creation of a mechanism for allowing consumer/provider input into the process. Two task forces, composed of Board members, community mental health center directors and community mental health center staff, were created to assist the Iowa Mental Health Authority in this process. An Administrative Task Force was charged with the responsibility of examining issues relevant to community mental health center organization and management and a Service Program Task Force was charged with the responsibility of examining issues relevant to service delivery.

Initial activities of the task forces focused on philosophical issues relevant to the organization and delivery of mental health services in Iowa and on operational procedures to review and evaluate mental health service delivery. Resources were identified that could be utilized by the task forces to begin the assessment phase

of evaluation. The resources included JCAH's Principles for Accreditation of Community Mental Health Service Programs, other states' standards, Iowa's 1974 Standards, Code of Iowa Chapter 230A, PL 94-63, and specific information on Iowa's community mental health centers' resources, needs, etc.

As information was gathered from these resources, several needs became apparent. First, there was a need to develop standards for community mental health centers in Iowa that would be operationally definable, concise, and yet sufficiently comprehensive to address the issues of service, delivery, evaluation, organization, administration, staffing, patient's rights, community involvement, and informational systems. Second, there was a need to combine the two task forces into one Standards and Accreditation Task Force to allow for expanded sharing of information and responsibilities.

At the first meeting of the combined task force in March, 1977, activities focused on review and discussion of the first section of the Standards: Establishment of Community Mental Health Centers. In April, the meeting focused primarily on the second section: Governance. In May, the task force finalized and recommended adoption of the first and second sections. Subsequently, draft copies of those sections were sent to Board Presidents and Executive Directors for their review and comments, along with a questionnaire. During the June meeting this input was reviewed and used to complete the revision of the aforementioned sections.

Work has begun on the Administration section and the format will follow previously established routine.

At the present time, the Principles for Accreditation of Community Mental Health Centers in Iowa consists of three sections:

1. Establishment - deals with procedures for the establishment of a community mental health center as either a form of county government or as a non-profit organization. The reference for determining these procedures is the Code of Iowa, Chapters 504, 504A, 230, and/or 230A.

2. Governance - describes the policy-making functions of the governing body of a community mental health center. Specific issues dealt with in this section are by-laws; insuring input from special interest groups; community, and community mental health center staff; continuing education; contractual agreements; coordination of services; financial resources; safety and security of staff, consumers and physical resources; the appropriatness of the community mental health center facility for its functions; the appointment of the Chief Administrative Officer.

3. Administration - deals with the role and responsibilities of a Chief Administrative Officer with regard to a program plan and an administrative plan. Specific issues relating to the Program Plan focus on effective and efficient service delivery to the community. The Administrative Plan deals with community mental health center management issues, specifically, the community mental health center organizational structure; community mental health center employee policies; community mental health center volunteer and student policies; and, the implementation of Board-established policies on insuring input, contracts, affiliations, agreements, financial resources, safety and security.

Establishment, Governance, and Administration sections demonstrate compliance with P.L. 94-63 which mandates the inclusion of the following:

1. The effective functioning of those essential elements of services described in the Act, including mechanisms for assuring responsiveness to community needs, including availability of services for persons unable to pay, and continuity of care in coordination with available providers of services;

2. policy direction, organization, administration and staffing of programs

Services is presently being developed by the Iowa Mental Health Authority staff with the assistance of the Standards Task Force. This section will include principles which demonstrate compliance with P.L. 94-63 which mandates the inclusion of criteria governing the following:

1. the clinical record and administrative statistics system;

2. evaluation of patient care and program management, including evaluation of provisions for assurance of appropriate medical care;

3. environmental support of programs including their accessibility to the community space utilization, and safety; and

4. the protection of the rights of patients and their human dignity.

The target for completion of the Services section is September 1, 1977.

A concurrent activity by the Iowa Mental Health Authority staff has been the development of a document for accreditation of community mental health centers for FY 1977-78. The document is an information gathering tool designed to facilitate the assessment of community mental health centers and to facilitate Iowa Mental Health Authority decision making about accreditation and standards for community mental health centers. This document will also serve as a valuable resource for investigations of the delivery of mental health services in Iowa. Its contents are the following:

1. Site Information. This section of the document requests information regarding counties covered by the program and its satellite offices, office hours, and a listing of each staff member and hours per day provided by staff members.

2. Governance. This section requests information regarding the type and nature of the governing body of the community mental health center, the working relationship of the Board of Directors or Advisory Board to the center, and a specific listing of the Board members. In addition, information on the mechanisms by which the governing body involves the community in planning, development, ongoing operations, and evaluation are also requested.

3. Administration. This section requests information on the community mental health center Director's academic degrees and licenses and specific mental health training and preparation; the number of hours the community mental health center Director devotes to community mental health center duties; a listing of affiliate agencies; and, the community mental health center Director's authority and responsibility to these agencies.

4. Services. This section contains five service areas: Emergency, Outpatient, Inpatient, Partial Care, and Consultation/Education Services. The accreditation document lists in this definitions of services as well as definitions of specific activities within each service for the community mental health center to use as a baseline in describing its own services. For each service area the accreditation document requests information on: a) the community mental health centers definition of the service and the specific working details and goals of operation; b) the hours the service is available; and c) the diagnostic and demographic data of the clients using the service in FY 1976-77. Additional information is requested for the consultation/education service and includes the type of consultation, and the recipients of the consultation.

5. Additional Services. This section requests information on any additional direct or indirect services the community mental health center may provide to the community. Areas that can be listed as additional direct services include services for the mental health of children, or the elderly, services to the courts, provision of transitional half-way house services, follow-up care for discharged patients, and services for drug abuse and alcohol dependency. Areas that can be included as indirect services include the following: a) community planning and development; b) preventative services for at-risk groups; c) trainin and d) research.

6. Staff/Volunteers. This section of the document requests information on the structure of professional responsibility/staff credentials and whether the community mental health center has a written personnel policy and procedures manual.

7. Clinical Records. This section requests information on the community mental health center's policies/procedures to protect the confidentiality of clinical records, and the detail components of the clinical record.

8. Continuity of Care. This section dichotomizes intra-agency and inter-agency levels of continuity of care. At the intra-agency level, information is requested in a matrix of "referred/received" service components as to the number of persons receiving service from more than one community mental health center service element. Regarding inter-agency continuity of care, the document requests information on the procedures that have been established with other service providers for jointly meeting the needs of the catchment area, and specifically, the extent to which the community mental health center provided at least one hour of service to other catchment area agencies in FY 1976-77.

9. Accessibility. This section covers the availability of community mental health center services to clients: a) the time required for one-way travel to the community mental health center; b) the extent to which outreach services exist; c) special provisions for serving persons with physical handicaps; d) the extent and procedures by which the community mental health center uses third party payers to help clients who are unable to pay; e) the extent to which waiting lists might deter clients receiving services; and f) the extent and methods the community mental health center uses to make the center's services visible.

10. Fiscal Management. This section requests detailed information on expenditures for FY 1976-77 and sources of income for FY 1976-77. In addition, three other management components are covered: a) the extent and nature of contributions the community mental health center receives at no charge; b) the potential need for expanded services and future funding; and c) the details of the community mental health center's fiscal practices.

Upon receipt and review of the information, the Iowa Mental Health Authority will determine a schedule for site reviews of community mental health centers with the major intent of consulting and preparing community mental health centers for accreditation in FY 1978-79 utilizing new Principles for Accreditation.

The final phase of standards development will focus on the process of adopting the Principles for Accreditation by the Iowa Adminstrative Rules Review Committee as required by Chapter 17A Code of Iowa.

H. Coordination of Health Planning

During the past year two major activities took place in Iowa which have led to improved coordination of health planning:

1) Expanded public involvement in the development of the state mental health plan.

2) Expanded capabilities of health planning agencies.

The Department of Social Services - Division of Mental Health Resources in conjunction with the Iowa Mental Health Authority and the Community Mental Health Centers Association of Iowa has convened a consortium of agencies concerned with the delivery of mental health services. This consortium met initially on February 2, 1977 and monthly since. The purpose of this consortium is to provide comprehensive input to the Iowa State Plan for Mental Health required by Public Law 94-63. Requested to attend these meetings have been representatives of the Drug Abuse Authority, the Division of Alcoholism, State Health Planning and Development Agency, Iowa Nurses Association, Iowa Medical Society, Iowa Psychological Association, the Department of Public Instruction, the Commission on Aging, the Association of County Care Facility Administration, Iowa State Association of Counties, State Department of Health, Mental Health Association of Iowa, and others representing mental health interests.

The State Consortium has been actively engaged in the coordination of planning for mental health services in Iowa. Meetings have dealt heavily with the issue of developing the State Plan for mental health services that encompasses a balanced service system on a regional and catchment area basis. The mental health institutes, as facilitators have convened regional mental health coordinating groups in each of the four quadrants of the State. Consultation is provided jointly by the Division of Mental Health Resources and the Mental Health Authority. Membership is broadly representative of providers and consumers of mental health services and includes representatives of the agencies participating in the State Consortium. The purpose of these groups is to identify and assess regional needs and resources, establish regional goals and objectives, and provide input in to the State Plan.

The outcome of the initial quadrant meetings has been productive in identifying a number of issues regarding the strengths and limitations of the existing mental health delivery system in Iowa. Beyond specific quadrant needs, related to quality of service and treatment coordination, three patterns of need run throughout the issues identified at these meetings: continued efforts at the coordination of local, regional, and state mental health services is needed to improve the continuity of patient care; preventive programs and approaches should be a priority in a community based system of service delivery; and, transitional treatment services and half-way houses should be a funding priority to further integrate existing mental health services into the community based approach to treatment.

The Iowa Mental Health Authority and Department of Social Services - Division of Mental Health Resources have used the identification of these need areas in their decision making process regarding the long range goals and objectives of the State Mental Health Plan. Objectives regarding preventive programs and the establishment of transitional treatment facilities are outlined in the Goals and Objectives section of this document.

In addition, the quadrant meetings have led to the identification of strength areas in Iowa's mental health system. While each quadrant has its own unique strength areas, the following are generally noted: 1) in all of the quadrants, very few of the counties are uncovered by community based mental health services; 2) quadrant mental health delivery overall is much more comprehensive than it was even five years ago; and 3) in all areas of the state the "grass roots support" for community based mental health programs exists through citizen participation as well as county based funding.

Public Law 93-641 which established the State Health Coordinating Council (SHCC), the State Health Planning and Development Agency (SHPDA), and Health Systems Agencies (HSA) has begun to be fully implemented in Iowa. The SHCC has the responsibility to review anually and to approve or to disapprove any State Plan and any application (an any revision of a State Plan or application) to be submitted to the U.S. Department of Health, Education and Welfare as a condition to the receipt of any funds under allotments made to States under the Public Health Service Act, the Community Mental Health Centers Act, and the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970. If the SHCC disapproves such a State Plan or application, the U.S. Department of Health, Education and Welfare may not make federal funds available under the State Plan or application until, upon special request of the Governor, a review of the Council's decision has been made by the Department. At the present time, the SHCC is composed of 29 members who have been appointed by the Governor of the State and representation must be an appropriate balance of consumer and provider interest

The State Health Planning and Development Agency (SHPDA) has been designated and is required under Public Law 93-641 to identify Iowa's overall health needs and priorities. It is necessary to identify such priorities in order to develop a long-range plan (State Health Plan) which will be aimed towards the establishment of a healthful environment and a health services delivery system assuring quality health services accessible in a manner providing for continuity of care and reasonable cost. As part of the State Health Plan, the IMHA has been requested by the SHPDA to provide advice and assistance in the health planning process, particularly, as it relates to mental health regarding the following areas:

1. National Health Priorities identified in Public Law 93-641;

2. State Health Priorities as identified by the State Health Planning and Development Agency;

3. Health-Related Goals of Departments and Agencies of Iowa State Government; and

4. Determing Objectives in Health Program Planning and in Health-Related Program Planning.

The role of the SHPDA as it relates to mental health planning specifically includes the following provisions:

1) coordination and reconciliation of statewide health planning and mental health planning activities, both governmental and non-governmental;

2) achievement of specific coordination and integration between the statewide health plans and mental health plans of both official (governmental) and

private or voluntary health agencies having statewide mandates for health services or health programs;

3) development of a State Health Plan which reflects the interests and concerns of not only Iowa's three Health Systems Agencies as expressed in their individual Health Systems Plans, but also those of statewide voluntary, non-profit, and official state agencies.

Under these provisions the SHPDA is responsible for insuring that the State's Mental Health Plan be in accord with the requirements of Public Law 94-63 and be consistent with the provisions of the State Health Plan as required by Public Law 93-641.

In addition, the SHPDA has the responsibility under Public Law 94-63 to periodically review, in consultation with the State Mental Health Authority, the catchment areas of the community mental health centers located in the state:

1) To insure that the sizes of such areas are such that the services provided through the centers (including their satellites) serving the area are available and accessible to the residents of the areas;

2) To insure that the boundaries of such areas conform, to the extent practicable, with relevant boundaries of political subdivision, school districts, and Federal and State health and social service programs; and

3) To insure that the boundaries of such areas eliminate, to the extent possible, barriers to access to the services of the centers serving the areas, including barriers resulting from an area's physical characteristics, its residential patterns, its economic and social groupings, and available transportation

Procedures to implement this process are presently being discussed between the IMHA and SHPDA.

One of the major goals of the state mental health agency (expressed in the Goals/Objectives section) is to amalgamate the mental health sections of the HSA's with that of the State Plan for Mental Health Services which covers all 99 counties of Iowa. This may be accomplished by coordinating more closely the public process of information gathering regarding mental health needs and the staffing arrangements to translate appropriate data into continued program development.

The Iowa Health Systems Agency, which covers ninety counties in Iowa, has developed its draft health systems plan goals and objectives, long-range recommended actions, and research requirements for the area. Among fourteen health systems goals delineated by the Iowa HSA, one of the goals, diagnosis and treatment services, addresses the issues of mental health services. Two specific objectives under this goal are established:

1. By 1982, establish five community mental health centers in the area which offer a comprehensive range of treatment services to the elderly. The benefits will be that the elderly will receive mental health services geared to their specific needs. The recommended action includes designing a plan of action with the Commission on Aging, Area Agencies on Aging, Community Mental Health Centers, Iowa Mental Health Authority and other appropriate agencies to secure increased funding for community mental health centers. This will assist in the expansion of a comprehensive range of services forthe elderly by providing at least one comprehensive community mental health center in each of the HSA's five subareas. Another item is to examine the availability of continuing education in aging for community mental health center staff.

2. By 1982, identify in the health services area, linkages between all community mental health programs and all primary care physician practices or health centers in which family practice physician extenders (particularly Iowa educate are practicing. The benefit will be that more individuals will receive appropr early intervention training for emotional problems. Two long range recommended actions are: a) increased shared training and continuing education experience for family practitioners, physician extenders, and community mental health personnel using primarily existing resources; b) encouraging family practice physicians to develop specific procedures for the transfer of records among providers of health care.

A third objective falls under the planning guidelines of Habilitation and Rehabilitation Services and states:

a) By 1982, coordinate the continuing education in the health service area for professionals and non-professionals in the field of aging. The benefits of meeting this objective are the upgrading of skills, familiarity with new techniques, and the development and sensitivity to the specified needs and concerns of the elderly. The long range recommendation to conduc a study on the availability of continuing education in aging for professior and non-professionals who work with the elderly in this health service area

The Illowa Health Systems Agency provides comprehensive health planning to three counties in Illinois (Henry, Mercer, and Rock Island) and to two counties in Iowa (Muscatine and Scott). All five of these counties in the Illowa area are within the catchment area of a comprehensive community mental health center.

The Illowa HSA has reviewed in its Health Systems Plan existing mental health services, desired mental health services, and problem areas to be addressed. Six major characteristics have been discussed and compared in terms of the existing system vs. the desired system of mental health service delivery. Statements indicate:

1) Availability - There does not appear to be a need to establish any new organizations or facilities to increase availability of services. However, consideration should be given to alternatives in the present array of services and agencies to more efficiently utilize diminishing financial resources and to establish priority service needs.

2) Accessibility - Probably the most significant access problem is distance. It is not financially feasible to locate a mental health center in every town or even in every county. On the other hand, if an individual in need of assistance does not have access to transportation - public or private - she/he also does not have access to treatment. One means of alleviating the problem somewhat is the installation of toll free telephone service within each catchment area, or develop or expand outreach serivces.

3) Continuity - In an ideal situation responsibility for ensuring continuity of care would be vested in one agency, perhaps an information and referral agency or district offices of state social service agencies. They would provide follow-along services for an individual so she/he would not get lost or miss a connection in the treatment and referral process. At the present time, continuity of care is only as good as inadequate financing resulting in a limited manpower and lack of coordination among all service agencies allows it to be. This is a particularly difficult problem in the case of state social service agencies which have mandates services to perform, including ensuring continuity of care, but which have had to

cut back on staff due to lack of funds. Developing and implementing a service addressed specifically to this problem would be costly and would require a great deal of planning. However, after it is put into place, operating costs should decrease significantly.

4) Acceptability - At the present time, different types of services seem to be more acceptable than others. Community-based services with a minimum of long-term institutionalization constitute a trend of fairly recent origin. A significantly greater percentage of funds goes to institutional services than to community-based services. Until there is some equalization in allocation of resources, efforts to build a complete network of community-based services will be frustrated.

5) Quality - Currently the best method that health planners have of assessing quality of care in any health system is to determine levels of licensure and certification of both programs and manpower. Another factor influencing quality of care that reflects a discrepancy between the existing and desired system is that of available, qualified mental health manpower. Educational and licensure requirements for both professional and para-professional mental health manpower are changing rapidly and must be analyzed to determine their impact on quality of care.

6) Cost - Cost and financing have been identified as primary problems in service delivery. For instance, currently the lack of local inpatient and partial hospitalization programs for adolescents is perceived to be a gap in services. Another area of concern that has been identified is that patients are being relegated to a two class system of care and treatment depending on whether they are private pay or public aid patients. Even though outpatient programs do provide services regardless of ability to pay, it has been noted that there are intrinsic differences particularly in the partial hospitalization and inpatient programs available. This could reflect on the services for which public aid will reimburse, as well as a difference in services available in private or public institutions.

Three major goal statements have been made by the Illowa Health Systems Agency relating to diagnosis and treatment in the mental health services. These are 1) Mental health services should be coordinated to ensure accessibility to a comprehensive scope of service for all persons in need of services regardless of economic status or geographic location; 2) Adequate number of appropriately skilled mental health manpower should be available to meet areawide needs; 3) Local service and planning review agencies should work with state level authorities to develop uniform and consistent guidelines under which mental health programs are to be developed and operated.

The Illowa Health Systems Agency has also formulated a list of problem statements each of which it places into one or more of the following categories:

1) Services Integration - This category lists 10 problem areas relating both to coordination and perceived gaps in service delivery. These problem areas address the issues of accessiblity, police jurisdictional policies, the consumers need, the special needs of the elderly population, adolescents, and former mental health patients, and the education of the general public.

2) Manpower and training - The two problem areas in this category relate to the shortage of manpower in several health-related professions and the lack of Spanish speaking mental health professionals.

3) Facilities - These problem statements relate to institutional needs including increasing costs of operating large state hospital complexes and the lack of residential facilities for persons with developmental disabilities or behaviora adjustment problems.

4) Public education - These problem areas relate to educating the public in good nutrition, adequate prenatal care, and genetic testing and counseling, and the cost of these types of programs.

The Health Planning Council of the Midlands (HPCM) provides comprehensive health planning for Dodge, Washington, Douglas and Sarpy Counties in Nebraska, and Harrisc Shelby, Pottawatamie, Mills, Montgomery, Fremont and Page Counties in Iowa. As identified by the HPCM Alcohol, Drug Abuse and Mental Health Task Force, the Midlands' most critical mental health planning problem is that there are no comprehensive community mental health centers (defined as providing 12 elements of service) areas. Of the six catchment areas, only two are served by community mental health centers. The other four have limited services available but not the full range of services deemed desirable for the population. The underlying cause of this problem stems from a variety of sources but all related to a lack of adequate funding and stable funding mechanisms.

The objective, therefore, of the HPCM is to have fully operational community mental health centers serving all catchment areas by 1981. Two alternative methods of gaining adequate funding that the HPCM Task Force has considered are:

1) Reallocation of state funds from institutions to community programs. With a phasing out of state institutions as primary care resources, state funds available for the operation of mental health programs would be transferred to the local level. State funds would then be available to provide a stable funding base for community mental health centers as they do now for state institutions. Achieving this alternative would require working for appropriate state legislation that establishes a central funding mechanism and a planned phase out of state institutions and a concurrent development of community menta health centers. Constraints that would have to be overcome would be opposition from state legislators, state hospital personnel, small communities and other interests that would fear the adverse economic impact of closing down a state institution.

2) Increase third party reimbursement to community mental health centers by mandat coverage of mental health care. Limitations on benefits for the purpose of controlling costs should not be different in their application to mental health from other types of health care. Achieving this alternative would require working for legislation to mandate coverage for mental health care. In additic it would require working with the insurance industry to show that mental health care coverage is feasible and not economically prohibitive. Considerable resistance from the insurance industry would be expected.

The Task Force considers both alternatives - increased state support and third part coverage to be of equal merit and necessity. However, the HPCM Task Force also feels that it is incumbent upon local mental health programs to demonstrate their management and treatment competencies and capabilities and to communicate their results to decision-makers and to the community at large in order to mobilize support for community based services.

The information gathered through the aforementioned processes are presently being reviewed by the state agency with the intent of undertaking a mental health planning process in FY 1978 that will bring closer together the activities of these agencies to develop a more consistent State Plan for Mental Health Services by FY 1979. This can be accomplished by the following:

1) Sharing in more detail planning activities between the HSA's and State Mental Health Agency.

2) Sharing in more detail staff of the HSA's and State Mental Health Agency.

The Catchment Area Mental Health Program

A. Catchment Areas

B. Inventory of Existing Facilities

C. Survey of Needs

D. Priorities for Centers

E. Program for Community Mental Health Centers

Iowa legislation which establishes community mental health programs dichotomizes between community mental health centers and comprehensive community mental health programs and permits wide latitude of service development by the non-profit corporations which govern the operations.

A community mental health center established or operating as authorized by section 230A.1 may offer to residents of the county or counties it serves any or all of the following services:

1. Diagnostic and treatment services for persons suffering from mental illness, mental retardation, emotional disorders, other debilitating psychiatric conditions and alcoholism or drug addiction or dependency; provided, however, that an individual whose primary illness is diagnosed as being an alcoholic shall be referred to a facility defined in chapter 125 if such a facility exists in the county where the community mental health center is located. The services may be provided, as indicated by the needs of the person served, on: a. An outpatient basis, or b. a partial hospitalization basis, or c. an inpatient basis.

2. Aftercare and, where indicated, rehabilitative services for persons who have received services under subsection 1, or have been treated by a state mental health institute or other psychiatric facility, and upon request of a state mental health institute or other psychiatric facility, prehospitalization services to persons seeking, awaiting, or being considered for admission or commitment to such facility.

3. Emergency mental health services, which shall be continuously available on a twenty-four hour a day basis.

4. Collaborative and co-operative programs and services with public health and other groups for prevention of mental illness, emotional disorders and other debilitating psychiatric conditions.

5. Informational and educational services to the general public and professional groups.

6. Consultative services to schools, courts and health and welfare agencies.

7. In-service training, research and evaluation.

A community mental health center established or operating as authorized by section 230A.1 or which a county of group of counties has agreed to establish or support pursuant to that section, may with approval of the board or boards of supervisors of the county or counties supporting or establishing the center, undertake to provide a comprehensive community mental health program for the county or counties. A center providing a comprehensive community mental health program shall, at a minimum, make available to residents of the county or counties it serves all the services described in section 230A.2 sub-section 1, including paragraphs "a," "b" and "c," and sub-sections 3, 5 and 6.

The comprehensive community mental health programs are analagous to the federally funded concept of community mental health centers. At the present time there are five such programs which are profiled on Table A.

Discussions have been undertaken with the Community Mental Health Center of Scott County and the Polk County Mental Health Center to review expansion capabilities under P.L. 94-63 from five elements of service to twelve elements of service. Decisions on this will be forthcoming during the next year.

The center at Scott has expanded its capabilities during the past year by receiving a Consultation and Education grant.

CMHC of Scott C & E Grant

The Community Mental Health Center of Scott County received federal funds in fiscal year 1977 to provide consultation and education programs to its catchment area. Mental health problems were identified in the catchment area by comparing existing service utilization data with national and state incidence and census data, resulting in the identification of need areas in which mental health services could be improved.

Some of the problem areas identified required additional efforts at increasing the utilization of direct services and were approached from that stance. Not all of the needs could be met through direct services however, and this lead the CMHC of Scott County to further develop consultation and education programs which could better meet the goal of improving the mental health delivery system.

The CMHC of Scott County developed its framework for Consultation and Education Programs to include three general aims: Coordination of Services; expansion and improvement of community resources, and the modification of community support systems. The following is a brief description of each of these areas as formulated by the Consultation and Education staff:

Coordination: Increased coordination of services among caregiving agencies in the community, including the mental health center, is directed towards a combination of early case finding and improving the referral process, by helping consultees and those who are recepients of educational programs to develop both greater awareness of needs for treatment and greater discrimination in making referrals. Such efforts can also serve to improve continuity of care by easing the transition from one service facility to another. This would ideally result in a reduction of duplication of effort, while at the same time increasing the coverage of identifiable problems with services which are effective in dealing with those problems.

Expansion and Improvement of Community Resources: Through joint discussion of problems and needs, sharing of expectations and ideas, consultation can lead to the development of new programs and services to meet unmet needs in the community. Such programs may serve any of the three preventative goals depending upon the needs identified, and the direction in which community resources are expanded. To the extent, however, that consultation efforts can be successfully directed at staff development and inservice training to improve the skills of community care-givers, the resources of the total community care-giving system are also increased.

Modification of Community Support Systems: Research studies indicate that among persons who admit they have some sort of mental health difficulty, less than twenty percent will seek out a mental health professional. Instead, many of

these people will turn to natural care-givers in their everyday environment (e.g., attorney; family doctor; minister). By improving the interpersonal and support-giving qualities of this naturally occurring care-giving network, in the environment which is proximate to individuals at risk in the population, the chances of individuals at risk using these human resources and resolving everyday problems is increased. Consultation efforts directed toward improving the knowledge and awareness of such natural care-givers around issues of primary human social support could accomplish a primary preventative purpose.

A tabular profile (Table B) is also presented on each community mental health center as well as a narrative statement about each. Service utilization is found in Appendix F.

Southwest Iowa has long been recognized as an area in need of human services expansion. The IMHA has undertaken a joint venture with local citizens to assess this area's mental health needs for the purpose of developing a locally supported plan to meet the identified needs. The primary impetus for this effort has come from the Board of Directors of the Crossroads Mental Health Center (Creston).

At a meeting of the Crossroads Board on 6/13/77, the Board passed two significant resolutions. The first resolution was to submit a grant proposal to the Mental Health Authority to fund a mental health needs assessment in southwest Iowa. The second resolution was to approach the Southern Iowa Council of Governments to request its cosponsorship of the needs assessment. The possibility of submitting an Operations Grant proposal for development of a comprehensive community mental health center was also discussed.

The work on the grant proposal to the IMHA is proceeding. Local agencies such as the Area Education Agency are also being contacted for their support in this venture. The proposal will be submitted to the Committee on Mental Hygiene at its July 14th meeting. If accepted, the proposal will be funded shortly thereafter. It is the intent of the Crossroads staff to complete the mental health needs assessment in sufficient time to allow application for an Operations Grant in March 1978.

As a poverty designation area 90% federal funding would be available to undertake such a comprehensive system.

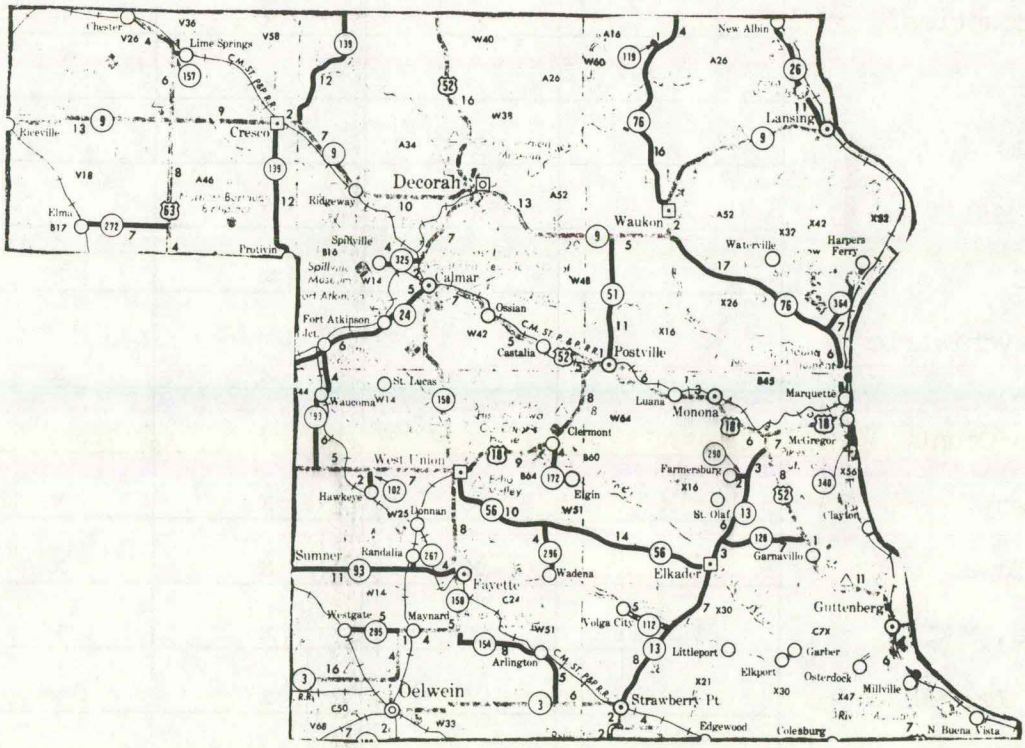
Table A

COMPREHENSIVE COMMUNITY MENTAL HEALTH PROGRAMS

	Outpatient	Emergency	Consultation & Education	Inpatient	Partial Hospitalization
Service Area IX-B					
Community Mental Health Center of Scott County	x	x	x		x
Mercy Hospital		x		x	
Mississippi Bend Agency					x
Pine Knoll Health Care Facility	Adult Residential Treatment				
Service Area XI-B and XI-C					
Polk County Mental Health Center	x	x	x		
Des Moines Child Guidance Center	x	x	x		x
Broadlawns Hospital		x		x	x
Orchard Place	Child and Adolescent Residential Treatment				
Service Area VIII					
Dubuque/Jackson Mental Health Center	x	x	x		
Mercy Hospital		x		x	x
Service Area III					
Northwest Iowa Mental Health Center	x	x	x		
Spencer Municipal Hospital				x	x
Service Area XIII-A					
River Bluffs Mental Health Center	x	x	x		
Mercy Hospital		x		x	x

COMMUNITY MENTAL HEALTH CENTERS

SERVICES Name of Center	Outpatient	Emergency	Consultation & Education	Inpatient	Partial Hospitalization
Benton County MHC	x	x	x		
Black/HawkGrundy MHC	x	x	x	x	
Cedar Valley MHC	x		x		
Central Ia. MHC	x	x	x	x	x
CMHC of Henry, Louisa & Jefferson Counties	x	x	x		
Crossroads MHS	x	x	x		x
Great River MHC	x	x	x		
Jasper County MHC	x	x	x		
Lee County MHC	x	x	x	x	x
Linn County Psychiatric Clinic	x	x	x	x	x
MHC of Clinton County	x	x	x		x
MHC of Mid-Iowa	x	x	x	x	
MHC of North Iowa	x	x	x	x	
Mid-Eastern Ia. MHC	x	x	x	x	
North Central Ia. MHC	x	x	x	x	
Northeast Ia. MHC	x	x	x		
Plains Area MHC	x		x		
Poweshiek County MHC	x	x	x		
Rathbun Area MHC	x	x	x		
Siouxland MHC	x	x	x	x	x
South Central MHC	x	x	x		
Southeastern Ia. MHC	x	x	x		
Southern Ia. MHC	x	x	x		
Southwest Ia. MHC	x	x	x	x	
West Central MHC	x	x	x		x
West Iowa MHS	x	x	x		



CATCHMENT AREA I

CATCHMENT AREA I

Area One consists of five counties located in the northeast corner of the state. Three counties border the State of Minnesota on the north while the Mississippi River separates the eastern side of the area from Wisconsin. The population center for this agricultural area is Decorah.

The projected 1980 population for this area is 97,210. The population age breakdown for 1970 was 33,651 under 18 years of age, 9,259 between 18 and 24, 17,898 between 25 and 44 years, 20,603 between 45 and 64 years, and 14,120 65 years and older. The average annual birthrate for the preceding three year period is 13.1 per 1000 population.

The per capita income in Area One in 1973 was $4762; this is the lowest for the twenty-three catchment areas. Fourteen percent of the white families in Area One have an income less than $3000 annually. The average unemployment rate for these four counties for 1975 was 6.4 percent. The percentage rate of families living in sound houses with plumbing is 89.14 percent for white families. 76.92 percent for black families.

The median average of school years completed for the population of Area One is 11.98 years for whites, 7.72 years for blacks compared to the state median averages of 12.2 and 10.9 years, respectively. These averages are the lowest of twenty-three catchment areas. The categorical assistance programs in Area One for June, 1976, provided financial assistance for 3348 persons. This assistance is categorized as follows: 1195 old age assistance, 1792 aid to the dependent families and children, 24 aid to the blind, and 337 aid to the disabled.

Psychological services are available in all the school systems in these four counties. Schools report a dropout rate of 1.47 percent for 1975.

Forty-one percent of the projected population is under 19 years of age. This must be evaluated when determining types of programs since the child and adolescent requires special mental health services.

This area is served by six general hospitals and 28 licensed nursing and

custodial homes. The Winneshiek County Physical therapy Center in Decorah provides a valuable community service.

The average infant mortality rate in Area One for the three years 1973-1975 was 11.1 as compared to a state infant mortality rate of 14.5 per 1000 live births for the same period.

This area is without the services of an organized Public Health Center. All four of the counties have appointed health officers and all four counties have Boards of Health who meet regularly. Two of these counties provide public health nursing services.

The Northeast Iowa Mental Health Center is located in Decorah. The center served 1119 cases with a professional staff numbering 5.5. Comprehensive mental health services should evolve around this established program.

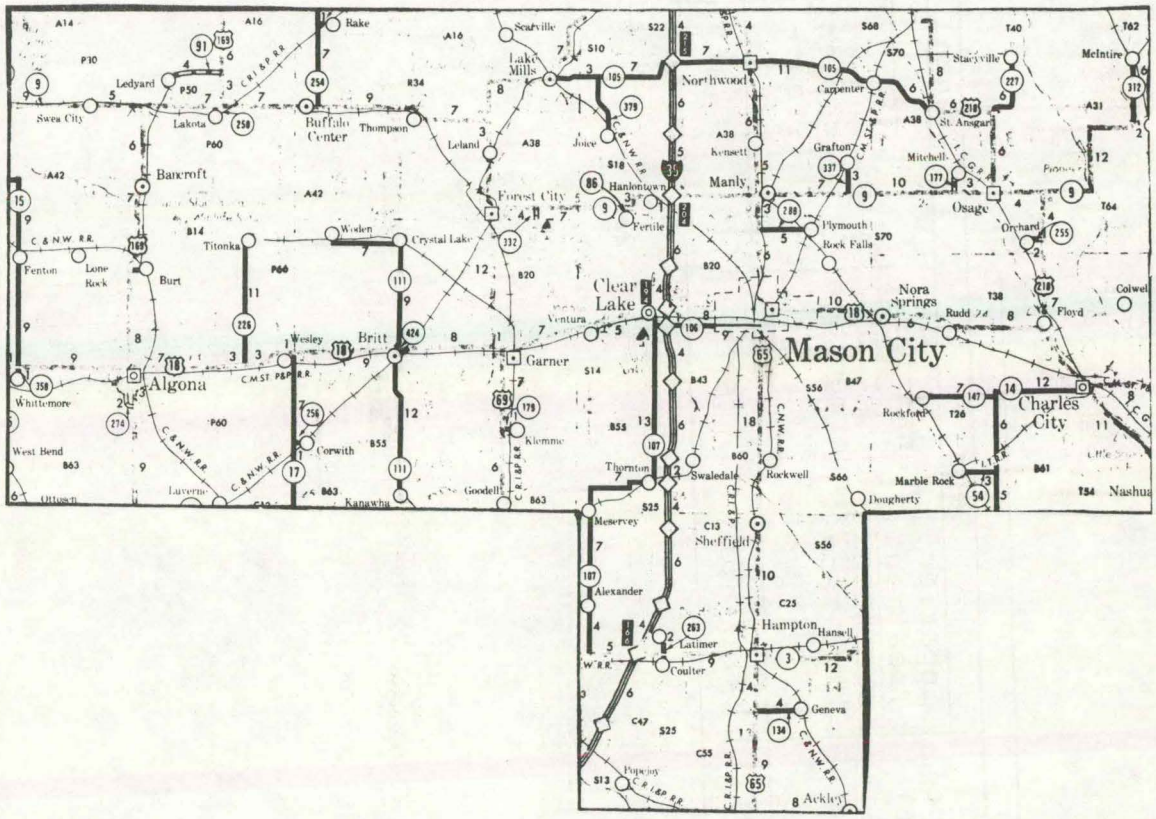
Plans are underway for the establishment of an area vocational technical school at Calmar in Winneshiek County. A century old private college in Decorah serves 1600 students. Upper Iowa University with 1000 students is in Fayette. Faculty members can oftentimes be used as resource people as well as providers of direct care for comprehensive health programs.

Although data such as low per capita income, low percentage of families living in sound housing including plumbing, and the states lowest median average for number of school years completed proves nothing in itself, these facts cannot be overlooked when planning any health, education, or welfare programs which depend essentially on the tax dollar as well as the contributed dollar for support.

One month in 1968 showed that over 2.5% of the population received financial assistance from four of the programs administered by the state. This is slightly less than the 2.9% state average receiving funds.

atchment Area Name _____

ame & Address of Resource	Ownership of Facility	Type of Facility	Beds				Mental Health Personnel Weekly Hours					
			Inpatient Treatment		Transitional or Intermediate	Total	Facility Based					
			Acute	Long Term			In-patient Treat-ment	Out-patient Treat-ment	Partial Treat-ment	Emerg. Treat-ment	Trans. Inter-mediate Care	P: a P: t.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(
Northeast Iowa Mental Health Center, Decorah Iowa; Satellite offices in: Elkader, Cresco, Waukon	Private non-profit	4				220						
Catchment area total						220						



CATCHMENT AREA II

CATCHMENT AREA II

Area Two consists of eight counties located in north central Iowa. Four of these counties border the State of Minnesota on the north. The Central City in this planning area is Mason City in Cerro Gordo County. Although this area is essentially agricultural, there is manufacturing in both Mason City and Charles City with employment rolls in excess of 3500 people.

The projected 1980 population for this area is 154,391. The population age breakdown in 1970 was 52,599 under 18 years of age, 13,125 between 19 and 24, 31,847 between 25 and 44 years, 34,369 between the ages of 45 and 64, and 21,555 age 65 and over. The average annual birthrate for the preceding three year period is 12.9 per 1000 population.

The per capita income in 1973 in Area Two was $6186. Nine percent of the white families and twenty-five percent of black families in Area Two have an income less than $3000 annually. The average unemployment rate in these counties in 1975 was 5.5%. The percentage of families living in sound housing which includes plumbing is 93.91% for white families and 86.91% for black families.

The median average number of school years completed for the population of Area Two is 12.21 years for white, 10.22 years for blacks. This if near the state median average of 12.2 and 10.9 years, respectively. The categorical assistance programs in Area Two for June, 1976, provided financial assistance for 4694 persons. These programs are categorized as follows: 1419 receive old age assistance, 3533 aid to dependent families and children, 47 persons receive aid to the blind, and 706 receive aid to the disabled.

Psychological services are available in all the school systems in these counties

Forty percent of the projected population is under 19 years of age. This segment of the population must be included in the plan for comprehensive mental health services.

This area has numerous generic health and welfare services. Some of these

include eight general hospitals and sixty-two licensed nursing and custodial homes. St. Joseph Mercy Hospital in Mason City provides in-patient psychiatric services. This community is fortunate to have the services of the Mental Health Center of North Iowa which is also is located in Mason City.

There is an Easter Seal Center and Workshop in Mason City. This center is sponsored by the Cerro Gordo County Society for Crippled Children and Adults. This catchment area also has a Council of Social Agencies, and Agency offering counseling and adoption services to unmarried parents and serveral supervised recreational programs.

A state-operated rehabilitation evaluation and training center, the Cedar Valley Rehabilitation Center, is located in Charles City in Floyd County.

These eight counties received a total of 52 days of general field clinic services from State Services for Crippled Children. Accomdations for clinic personnel should be included in the comprehensive health and welfare planning activities.

This area is without the services of an organized Public Health Center. Four of these counties have appointed health officers; four counties have Boards of Health which meet regularly; and five of these counties have public health nursing services. The average infant mortality rate for the three years 1973-1975 was 13.5, compared to the state average rate of 14.5 per 1000 live births for the same period.

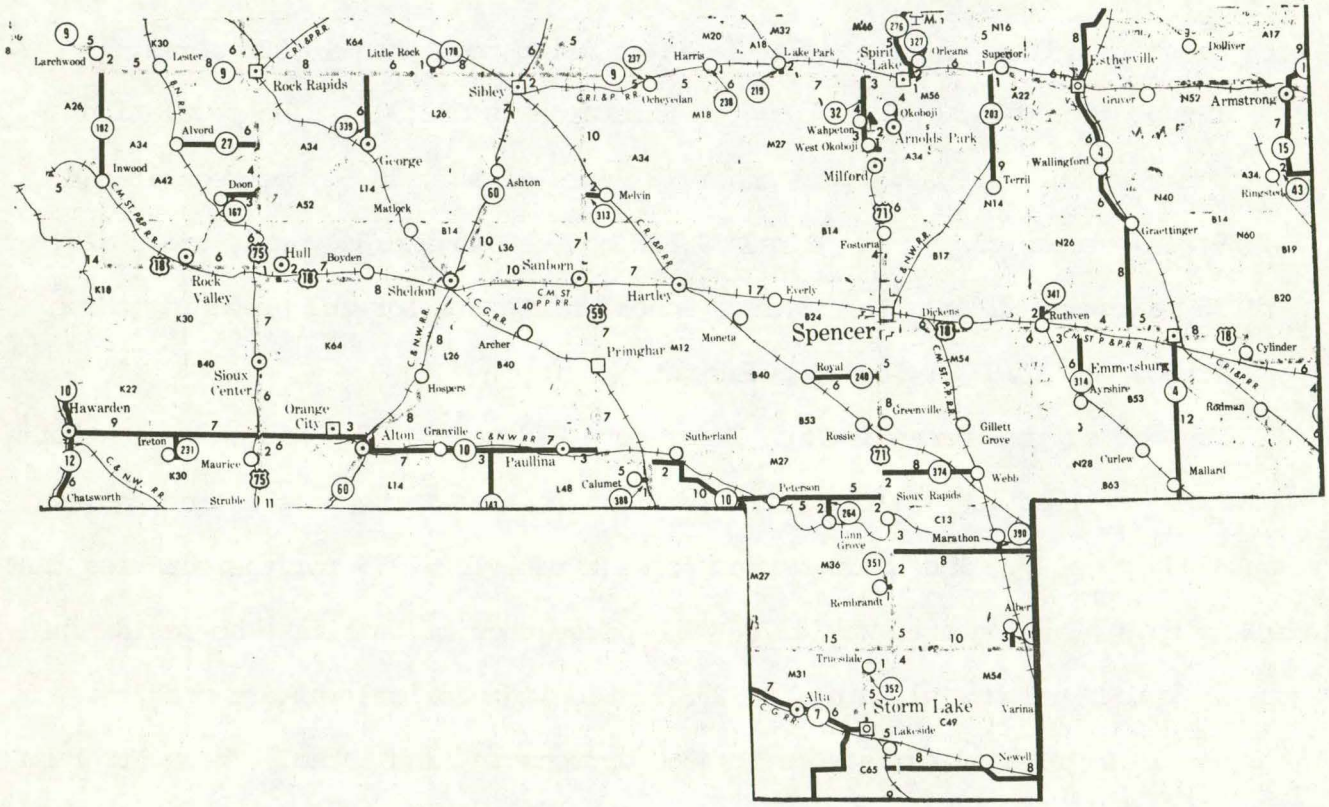
The Mental Health Center of North Iowa serves the counties in this catchment area. North Iowa Mental Health Clinic has a professional staff of fourteen and served a total of 1299 cases in fiscal year 1975.

Mason City established the first community junior college in Iowa (1918) as part of the public school system. Mason City is the center of the merged area schools and the site for the vocational technical area school. There is a private college at Forest City in Winnebago County. Faculty members can often times

be used as resource people as well as providers of direct care in comprehensive health and welfare programs.

tchment Area Name II

me & Address of Resource	Ownership of Facility	Type of Facility	Beds				Mental Health Personnel Weekly Hours					
			Inpatient Treatment		Transitional or Intermediate	Total	Facility Based					Pri ate Pra tic
			Acute	Long Term			In-patient Treat-ment	Out-patient Treat-ment	Partial Treat-ment	Emerg. Treat-ment	Trans. Inter-mediate Care	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13
St. Joseph Mercy Hospital Mason City	private non-profit	2	24									
Mental Health Center of North Iowa Mason City	private non-profit	4				440						
Gerard of Iowa Mason City	private	3										
Psychiatrist(3)					25							
ATCHMENT AREA TOTAL												



CATCHMENT AREA III

CATCHMENT AREA III

Area Three consists of nine counties located in northwestern Iowa. Three of these counties border the State of Minnesota on the north, and two border South Dakota and Nebraska on the west. The economy of this area is essentially agricultural. The population center for Area Three is Spencer in Clay County. Area Three encompasses the "Iowa Great Lakes" region -- where a summer population clusters around three glacial lakes totaling more than 10,000 acres.

The projected 1980 population for this area is 152,917. The population age breakdown in 1970 was 51,698 under 18 years of age, 16,517 between 18 and 24, 29,215 between 25 and 44 years, 30,525 between 45 and 64 years, and 20,291 were 65 years and older. The average annual birthrate for the preceding three year period was 13.8 per 1000 population.

The per capita income in Area Three for 1973 was $5827. Eleven percent of the white families and all the black families in Area Three have an income less than $3000 anually. The average unemployment rate for 1975 for the counties that make up this planning area was 4.7%. The percentage of families who reside in housing which includes plumbing is 93.87%. The categorical welfare programs in June, 1976 provided assistance to 4360 persons in Area Three. These programs broken down are as follows: Old Age Assistance 1263, Aid to Dependent Families and Children 2446, Aid to the Blind 36, and Aid to the Disabled 615.

The median average number of school years completed by the population in Area Three is 12.13 years for whites. This is near the State's average of 12.2 years. Psychological Services are available in the public school systems within these seven counties. Schools report a dropout rate of 1.35% for 1975. 40% of the projected population is under 19 years of age. This is an essential population group to include when planning comprehensive mental health services. Sheldon in O'Brien County is the site for the merged area school systems. There is a private college with an enrollment in excess of 1000 students at Storm Lake in Buena Vista County. There are also two junior colleges located in Emmet and Palo Alto Counties.

Faculty members can often times be used as resource people as well as part-time providers of direct care in comprehensive health and welfare programs.

There are numerous generic health and welfare services available to the residents of this planning area. The Northwest Iowa Mental Health Center is located in Spencer. Comprehensive mental health receives sercices from 11 general hospitals and 40 licensed nursing and custodial homes.

These seven counties received a total of 62 days of general field clinic services from State Services for Crippled Children. Accomdations for clinic personnel should be included in the community-based comprehensive health and welfare planning activities.

This area is without the services of an organized Public Health Center. One of these seven counties has an appointed Health Officer; four of these counties have Boards of Health which meet regularly; and three counties have public health nursing services.

The infant mortality rate for this seven county are for the three years 1973-1975 was 17.4 compared to the state average of 14.5 per 1000 live births for the same period.

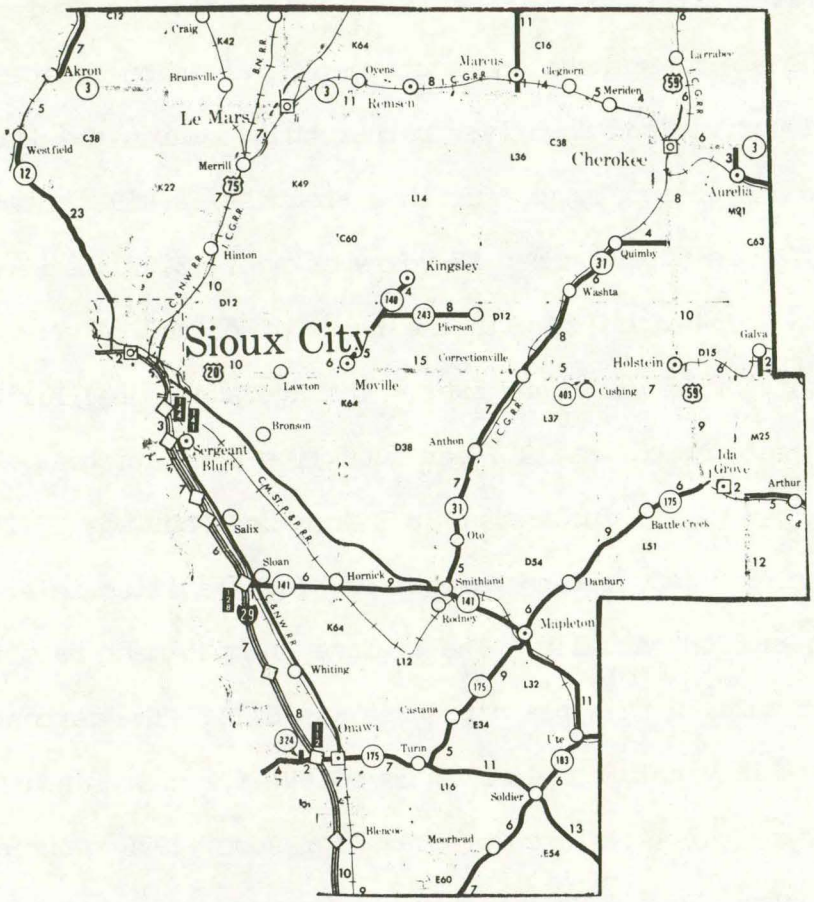
Although data on unemployment, housing, income, infant mortality, school drop-outs and welfare assistance programs is not criteria regarding the presence or absence of metally ill individuals, it is a tool for determining problem areas associated with identifying economically, educationally, and environmentally deprived individuals.

The Northwest Iowa Mental Health Center located in Spencer has 5.5 professional staff and served 2,2142 cases in fiscal year 1975. This center is currently beginning an ambitious building program which will eventually result in comprehensive services to this area.

atchment Area Name III

ame & Address of Resource	Ownership of Facility	Type of Facility	Beds				Mental Health Personnel Weekly Hours					
			Inpatient Treatment		Transitional or Intermediate	Total	Facility Based					
			Acute	Long Term			In-patient Treat-ment	Out-patient Treat-ment	Partial Treat-ment	Emerg. Treat-ment	Trans. Inter-mediate Care	Pri ate Pra tic
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13
Northwest Iowa Mental Health Center Spencer	private non-profit	4				220						

92.



CATCHMENT AREA IV

CATCHMENT AREA IV

Area Four is located in the northwest corner of the State and borders the states of Nebraska on the west and Minnesota on the north. The central city for this area is Sioux City in Woodbury County. This city has been the gateway to the upper Missouri River since the days of Lewis and Clark. It dominates a substancial section of northeastern Nebraska and southwestern areas on great rivers, Sioux City is oriented upriver and downriver rather than towards the inland State capital.

The projected 1980 population for this area is 168,919. The population age breakdown for 1970 was 57,254 under 18 years of age, 13,851 between 18 and 24, 34,248 between 25 and 44, 35,920 with the range of 45 and 64 years, and 21,658 in the age category of 65 years and over. The average annual birthrate for the preceding three year period was 13.7 per 1000 live population.

The average per capita income for 1973 for Area Four was $5720. Nine percent of white families and fiftenn percent of black families in Area Four have an income less than $3000 anually. The average unemployment rate for 1975 for the counties that make up this planning area was 5.1%. The percentage of families in sound housing which includes plumbing is 93.99% for whites and 95.66% for blacks. The categorical assistance programs for June, 1976 reached a total of 8227 residents in Area Four. The categorical programs are as follows: 1487 received Old Age Assistance, 5893 received Aid to Dependent Families and Children, 59 Aid to the Blind, and 788 Aid to the Disabled.

The median average for school years completed by the population in Area Four is 12.22 for whites and 10.30 for blacks. This is close to the state average of 12.2 years and 10.9 years respectively. Psychological services are available in the public school systems. Schools report a dropout rate of 3.38% for 1975. 41% of the projected population is under 19 years of age. This segment of the population must be included in plans for comprehensive mental health services. There are four private junior college. Faculty members are often times excellent resource people as well as providers of direct care.

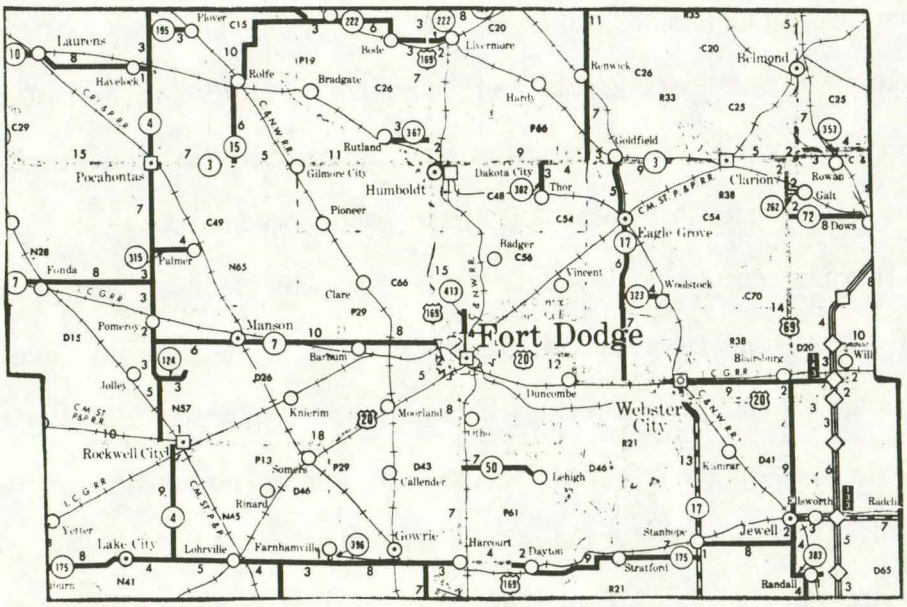
Three counties received a total of 55 days of field clinic services from State Services for Crippled Children. A generic public health and welfare facility could incorporate these types of services. In addition to a public health center, this area needs theservices of a community mental health center. One county in this area has an appointed health officer and three counties provide public health nursing services. The average infant mortality rate for Area Four for the three year period 1973-1975 was 13.5 per 1000 live births. The rate for the State was 14.5 for the same period. This area has 15 general hospitals and 53 licensed nursing and custodial homes. One of these facilities is a 40 bed proprietary nursing home in Sioux City serving severely and profoundly retarded children. There are two rehabilitation facilities in Sioux City; Goodwill Industries and an Easter Seal Rehabilitation Center known as Siouxland. One of the State's four Mental Health Institutes is located at Cherokee in Cherokee County.

In January, 1969 the Siouxland Center opened in Sioux City. This was the twenty first mental health center to open in Iowa. Although the population in this Catchment Area exceeds the maximum stipulated in the Regulations for Public Law 88-164 by some 9,000 or 10,000, the area will not be subdivided. It is not anticipated that this area will significantly increase in population. The trend for population increase in Iowa is essentially in the eastern half of the State. Sioux City, which was once the second largest city in Iowa, has been replaced by Cedar Rapids in eastern Iowa. Siouxland Mental Health Center has enjoyed vigorous growth since its opening and currently has 10 professional staff serving 1621 cases in fiscal year 1975.

In addition to the center in Sioux City, a small center is now in operation in Plymouth County, Plains Area Mental Health Center. With 2.5 professional staff, this center served 556 cases in fiscal year 1975.

tchment Area Name IV

me & Address of Resource	Ownership of Facility	Type of Facility	Beds				Mental Health Personnel Weekly Hours					
			Inpatient Treatment		Transitional or Intermediate	Total	Facility Based					Pri ate Pra tic
			Acute	Long Term			In-patient Treat-ment	Out-patient Treat-ment	Partial Treat-ment	Emerg. Treat-ment	Trans. Inter-mediate Care	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13
lains Area Mental alth Center Mars	Private non-profit	4				100						
herokee Mental ealth Institute herokee	State	1		388								
t. Lukes Medical enter Sioux City	Private non-profit	2	30									
ioux land Mental ealth Center ioux City	Private Non-Profit	4				400						
sychiatrists (5)												
la Co. Public Health fice la Grove	Private non-profit	4										
ENT AREA TOT			30	388		500						



CATCHMENT AREA V

CATCHMENT AREA V

Area Five consists of six counties located in the central northwest section of the state. Ft. Dodge in Webster County is the population center for this Catchment Area. The source of income is derived from manufacturing, processing, and a relatively prosperous farming area.

The 1980 projected population for this area is 118,628. The population age breakdown for 1970 was as follows: 42,821 under 18 years, 10,300 between 18 and 24 years, 25,725 between 25 and 44 years, 27,165 between 45 and 64, and 17,382 age 65 and over. The average annual birthrate for the preceding three years in this six county area was 12.1 per 1000 population.

The per capita income in 1973 in Area Five was $6308. Nine percent of white families and thirty-one percent of black families in this area have an annual income less than $3000. The average unemployment rate for 1975 in these counties was 4.8%. The percentage of families who reside in sound housing which includes plumbing is 94.11% of white families and 86.90% of black families. During June, 1976 records showed that public welfare provided financial assistance to 5496 persons in Area Five. Categorized these are: 1169 received Old Age Assistance, 3719 Aid to Dependent Families and Children, 46 received Aid to the Blind, and 562 received Aid to the Disabled benefits.

The median average for school years completed by the populatin in Area Five is 12.25 years for white and 9.53 for blacks. Psychological services are available in all the public school systems in Area Five. Schools report a dropout rate of 1.68% for 1975. 40.5% of the population is under 19 years of age.

Ft. Dodge is the center of the merged area community college and vocational school. Community colleges have been operating at Ft. Dodge in Webster County and Webster City and Eagle Grove in Wright County for 40 years. Faculty members are oftentimes valuable resourece people as well as part-time providers of direct patient care.

Area Five is served by seven general hospitals and 40 licensed nursing and

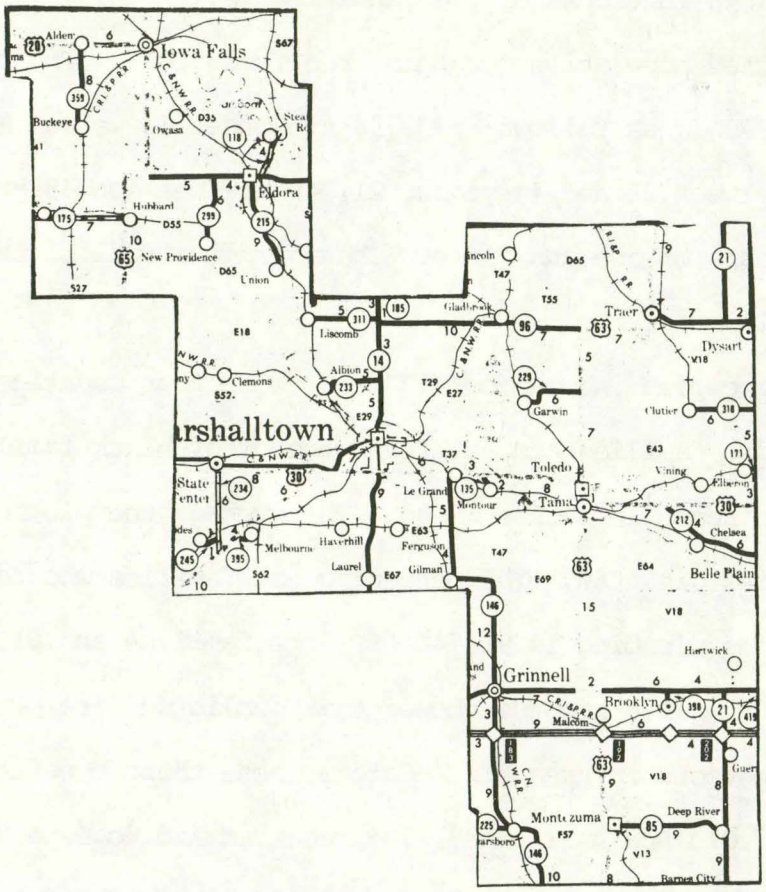
custodial homes. The North Central Rehabilitation Center is located in Ft. Dodge. Four of the six counties have appointed health officers, five counties have Boards of Health which meet regularly, and three counties provide public health nursing services. The State Women's Reformatory is located at Rockwell City in Calhoun County.

The area's average infant mortality rate for the three-year period 1973-1975 was 15.0 per 1000 live births. The State average for the same period was 14.5 per 1000 live births. These six counties received a total of 48 days of field clinics from State Services for Crippled Children. This is one service that could be incorporated into the community's comprehensive health and welfare programs.

The North Central Iowa Mental Health Center in Fort Dodge served 660 cases in fiscal year 1975 with a professional staff of six.

atchment Area Name V

ame & Address of Resource	Ownership of Facility	Type of Facility	Beds				Mental Health Personnel Weekly Hours					
			Inpatient Treatment		Transitional or Intermediate	Total	Facility Based					
			Acute	Long Term			In-patient Treat-ment	Out-patient Treat-ment	Partial Treat-ment	Emerg. Treat-ment	Trans. Inter-mediate Care	Pri ate Pra tic
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(1
North Central Iowa Mental Health Center Fort Dodge	private non-profit	4				240						
Trinity Regional Hospital Fort Dodge	private-non profit	2	18									
Psychiatrists (3)												
ATCHMENT AREA TOTAL			18			240						



CATCHMENT AREA VI

CATCHMENT AREA VI

Area Six consists of four counties which are not geographically cohesive, but have joined forces for specific purposes. Marshalltown in Marshall County is the population center for this essentially agricultural area. Manufacturing in Marshalltown employs in excess of 2500 individuals.

The 1985 projected population for this area is 108,086. The population age breakdown for 1970 is as follows: 33,754 are under 18 years, 10,280 between 18 and 24, 21,505 between 25 and 44 years, 21,749 are between 45 and 64 years, and 14,170 are 65 years of age and older. The average annual birthrate in this planning area is 1821.

The average per capita income for 1973 for these four counties was $5889. Eight percent of white families and eighteen percent of black families in this area have an annual income less than $3000. The average unemployment rate for 1975 in these counties was 4.8%. The percentage of families who reside in sound housing which includes plumbing is 92.74% of white families and 81.36% of black families. During June, 1976 records showed that public welfare provided financial assistance to 3980 persons in Area Six. Categorized, these benefits were as follows: 871 persons received Old Age Assitance, 2733 received Aid to Dependent Families and Children, 32 received Aid to the Blind, and 344 received Aid to the Disabled.

The median average for school year completed for this population is 12.25 for whites and 11.72 for blacks. These averages are above the State average. Psychological services are available in all the public school systems. 38% of the area population is under 19 years of age.

Marshalltown is the center for the merged area community college and vocational school. A community college has existed in Marshalltown for 40 years, and in Iowa Falls for nearly as long. Grinnell is the home of an outstanding liberal arts college of 1000 students. Faculty members can oftentimes be used as resource people as well as part-time providers of direct health and welfare services.

This Catchment Area is presently served by six general hospitals and 44 licensed

nursing and custodial homes. This area is without a Public Health Center. Two of these counties have appointed health officers, all four counties have Boards of Health which meet regularly and three of the counties provide public health nursing services. The State Training School of Boys is at Eldora in Hardin County. This area received a total of 21 days of field clinics from State Services for Crippled Children. Accommodations for clinic personnel should be included in the community-based comprehensive health and welfare planning activities.

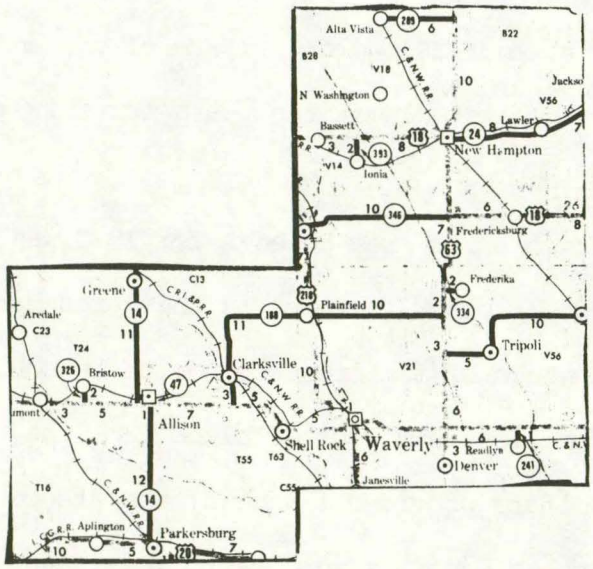
The area's average infant mortality rate for the three years 1973-1975 was 12.6 per 1000 live births.

Two mental health centers serve this area: Mental Health Center of Mid-Iowa in Marshalltown and Poweshiek County Mental Health Center in Grinnell. With a combined professional staff of eight they served a total 1758 cases in fiscal year 1975.

tchment Area Name VI

me & Address of Resource	Ownership of Facility	Type of Facility	Beds				Mental Health Personnel Weekly Hours					
			Inpatient Treatment		Transitional or Intermediate	Total	Facility Based					Pri ate Pra tic
			Acute	Long Term			In-patient Treat-ment	Out-patient Treat-ment	Partial Treat-ment	Emerg. Treat-ment	Trans. Inter-mediate Care	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13
Mental Health Center of Mid-Iowa Marshalltown	Private non-profit	4				180						
Poweshiek County Mental Health Center Grinnell	Private non-profit	4				140						
Marshalltown Area Community Hospital Marshalltown	Private non-profit	2	29									
Psychiatists (2)												

[redacted]



CATCHMENT AREA VII-A

CATCHMENT AREA VII-A

Area Seven-A consists of three counties which are located in central northwest Iowa. The population center for this area is Waverly. The economy is based on almost exclusively on agriculture.

The 1980 projected population for this area is 59,187. The population age breakdown for 1970 was: 19,200 residents were under 18 years of age, 5,460 were between the ages of 18 and 24, 11,314 were between the ages of 25 and 44, 11,376 were between 45 and 64, and 7201 were 65 years of age and older. The average annual birthrate for the preceding three years for this three county area was 14.1 per 1000 population.

The per capita income for Area Seven-A for 1973 was $5,214. Eleven percent of white families and all black families in this area have an annual income less than $3000. The percentage of families who reside in sound housing with plumbing is 92.64% of white families, and 100% of black families. During June, 1976 records showed that public welfare provided financial assistance to 1443 residents of this area. Categorized, these benefits were as follows; 463 received Old Age Assistance 774 received Aid to Dependent Families and Children, 16 received Aid to the Blind, and 190 Aid to the Disabled.

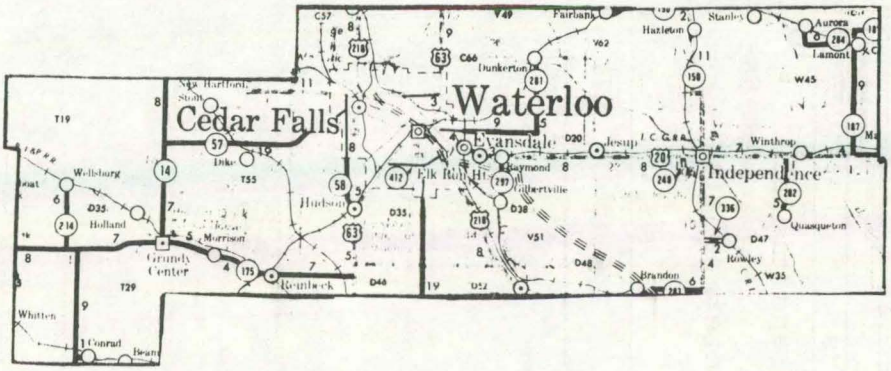
The median number of school years completed for this population is 12.08 for whites and 12.75 for blacks. Psychological services are available in all the public school systems. The population is under 18 years of age. Schools report a dropout rate for 1975 of 1.21%. There is one institution of higher learning, Upper Iowa College in Waverly.

Area Seven-A has general hospitals and licensed nursing and custodial homes. There is one Mental Health Center: the Cedar Valley Mental Health Center in Waverly. There is also a private, 42 bed residential threatment center for emotionally disturbed children in Waverly. This area is without the services of a Public Health Center.

The infant mortality rate for this area for the three year period 1973-1975 was 11.6 per 1000 live births.

tchment Area Name VII-A

ne & Address of Resource	Ownership of Facility	Type of Facility	Beds				Mental Health Personnel Weekly Hours					
			Inpatient Treatment		Transitional or Intermediate	Total	Facility Based					
			Acute	Long Term			In-patient Treatment	Out-patient Treatment	Partial Treatment	Emerg. Treatment	Trans. Intermediate Care	Private Practic
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13
Cedar Valley Mental Health Center Waverly	Private non-profit	4										
Waverly Psychiatric Clinic Waverly	Private proprietary	4										
Bremwood (Lutheran Children's Home) Waverly	Private non-profit	3		42								



CATCHMENT AREA VII-B

CATCHMENT AREA VII-B

Area Seven-B consists of three counties which are located in central northest Iowa. The population of this area centers around Waterloo-Cedar Fall, an industrial metropolitan area of nearly 100,000 people. The metropolitan area contains five to six percent of the state's workforce and ten percent of the manufacturing employees; more than 20,000 factory paychecks are written in this area. Outside of this metropolitan area, the economy is basically agricultural.

The 1980 projected population for this area is 175,381. The population age breakdown for 1970 was: 60,267 residents were under 18 years of age, 21,909 were between 18 and 24, 36,532 were between 25 and 44, 33.056 were between 45 and 64, and 16,471 were 65 years of age or older. The average annual birthrate for the preceding three years for this three county area was 14.1 per 1000 population.

The average per capita income for 1973 for Area Seven-B was $5,537. Seven percent of white families and twenty-six percent of black families in this area have an annual income less than $3000. The average unemployment rate for 1975 in these counties was 6.3%. The percentage of families who reside in sound housing which includes plumbing is 94.71% of white families and 94.29% of black families. During June, 1976 records showed that public welfare provided financial assistance to 10073 residents of this three county area. Categorized, these benefits were as follows: 1051 received Old Age Assistance, 8185 received Aid to Dependent Families and Children, 53 Aid to the Blind, and 784 Aid to the Disabled.

The median number of school years completed for this population is 12.30 for whites and 9.74 for blacks. Psychological services are available in all the public school systems. School districts report a dropout rate for 1975 of 3.67%. 35.8% of the population in this area is under 18 years of age.

Waterloo is the site for the vocational area technical school and the area community college. There is one institution of higher learning in Area Seven-B; the University of Northern Iowa with 6000 students in Cedar Falls, one of the three state universities.

Area Seven-B has 11 general hospitals and 66 licensed nursing and custodial homes. Two hospitals in Waterloo have in-patient psychiatric units. One of the State's four Mental Health Institutes is located at Independence in Buchanan County. This facility serves the northeastern quadrant of the state.

Area Seven-B has one mental health center: the Black Hawk County Mental Health Center in Waterloo. This area is without the services of a Public Health Center. Five of the counties in Area Seven-B have appointed health officers, all counties have Boards of Health who meet regularly, and two counties provide public health nursing services. This planning area received a total of 56 days of field clinics from the State Services for Crippled Children. Accommodations for clinic personnel should be included in the community-based comprehensive health and welfare planning for this area.

The infant mortality rate for these three counties for the three year period 1973-1975 was 15.0 per 1000 live births. When compared to the rate for the state 13.4, this area ranks sixth highest.

With a combined staff of 15 professional persons they served 3278 persons in fiscal year 1975.

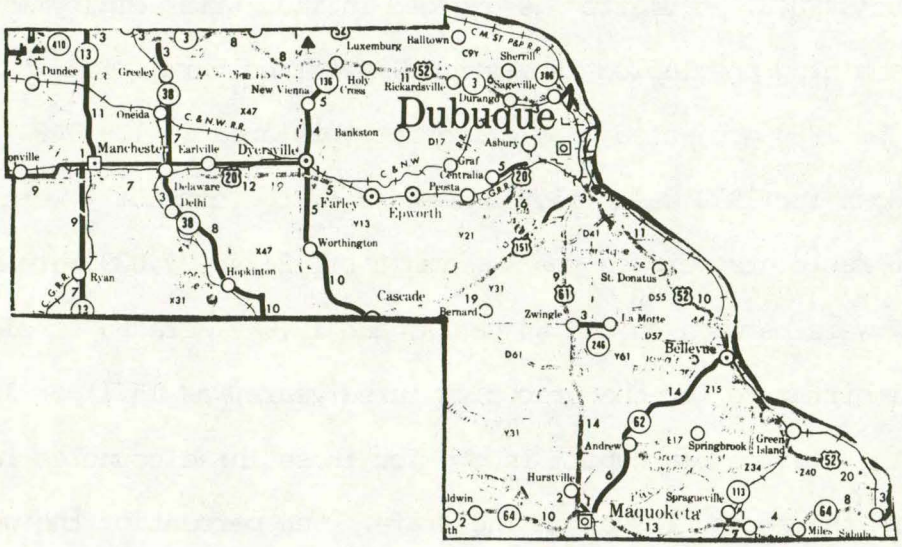
atchment Area Name VII-B

ame & Address of Resource	Ownership of Facility	Type of Facility	Beds				Mental Health Personnel Weekly Hours					
			Inpatient Treatment		Transitional or Intermediate	Total	Facility Based					
			Acute	Long Term			In-patient Treat-ment	Out-patient Treat-ment	Partial Treat-ment	Emerg. Treat-ment	Trans. Inter-mediate Care	Pri ate Pra tic
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(1
William G. Stone, M.D., P.C.	Private-proprietary	4	45									
St. Francis Hospital Waterloo	Private non-profit	2				400						
Black Hawk/Grundy County Mental Health Center Waterloo	Private non-profit	4										
Northeastern Psychiatric Clinic, P.C. Waterloo	Private proprietary	4				200						
Waterloo Psychiatric Clinic, P.C. Waterloo	Private non-profit	2	30			40						
Allen Memorial Hospital Waterloo												
Psychiatrists (7)												
			75			640						

atchment Area Name VII-B Cont.

ame & Address of Resource	Ownership of Facility	Type of Facility	Beds				Mental Health Personnel Weekly Hours					
			Inpatient Treatment		Transitional or Intermediate	Total	Facility Based					
			Acute	Long Term			In-patient Treat-ment	Out-patient Treat-ment	Partial Treat-ment	Emerg. Treat-ment	Trans. Inter-mediate Care	Pr ate Pr ti
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(1
Independence MHI Independence	State	1	456			200						

ATCHMENT AREA TOTALS 531 840



CATCHMENT AREA VIII

CATCHMENT AREA VIII

Area Eight consists of three counties in eastern Iowa. The Mississippi River divides Dubuque and Jackson from Wisconsin and Illinois. Dubuque is the growth and activity center for these counties. Dubuque has been known for manufacturing and shipping since Julien Dubuque settled there to mine lead in 1788. In the 1800's this city was a major lumber market; however, as the building industry changed, the industry of this community also changed. Although 20 percent of Debuque's 60,00 population is engaged in industrial employment, the economy of the remaining population is essentially agricultural.

The 1980 projected population for this area is 139,748. The population age breakdown for 1970 was; 51,818 members of the community were under 18 years of age, 13,816 residents were in the age range of 18-24, 27,039 were between 25 and 44 years, 23,387 were between 45 and 64 years, and 13,967 were 65 or older. The average annual birthrate for the preceding three years was 15.1 per 1000 population.

The average per capita income for these three counties in 1973 was $4716. THis is the second lowest in the state. Ten percent of the white families in this area have an annual income less than $3000. The average unemployment rate for 1975 in these counties was 6.9%. The percentage of families who reside in sound housing which includes plumbing is 92.88% of white families and 91.67% of black families. During June, 1976 records showed that public welfare provided financial assistance to 5036 residents in Area Eight. Categorized, these benefits were as follows: 845 received Old Age Assistance, 3654 received Aid to Dependent Families and Children, 41 Aid to the Blind, 496 Aid to the Disabled.

The median average for school years completed for this population is 12.10 for whites and 14.78 for blacks, Psychological services are available in the public school systems. Schools report a dropout rate of 2.06% for 1975. These three counties have been designated as a merged area school district.

In 1893 the Dubuque Archdiocese of the Roman Catholic Church was proclaimed. This was some 50 years after Loras College, with a present enrollment of 1500

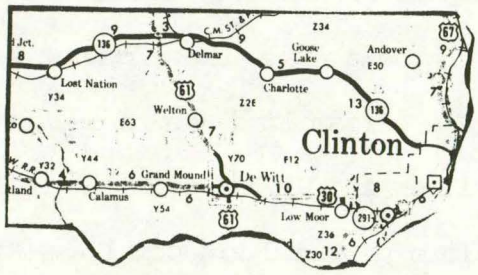
was established. Clarke College, another historic Catholic college, enrolls 1000 women. In addition to these two Catholic schools, Dubuque is the home of a Lutheran Seminary, Wartburg, with approximately 200 students, and a Presbyterian liberal arts college and seminary, the University of Dubuque. This institution has a combined enrollmen- of 900 students.

In March 1966, the Dubuque County Mental Health Center was established. This three county Catchment Area is served by a 3.2 million dollar comprehensive Community Mental Health Center. This center is part of the Mercy Hospital Medical Center in Dubuque. This center is the first Iowa project funded through Public Law 88-164, Title II -- Construction of Community Mental Health Centers. There are, in addition to this facility, six general hospitals and 28 licensed nursing and custodial homes.

The average infant mortality rate for Area Eight for the three years 1973-1975 was 13.2 per 1000 live births. These counties have recieved a total of 16 days of field clinic services from State Services for Crippled Children. This area is without an organized Public Health Center. The counties of this area all have appointed Health Officers, Boards of Health who meet regularly and Public Health Nursing Services.

tchment Area Name VIII

me & Address of Resource	Ownership of Facility	Type of Facility	Beds				Mental Health Personnel Weekly Hours					
			Inpatient Treatment		Transitional or Intermediate	Total	Facility Based					Pri ate Pra tic
			Acute	Long Term			In-patient Treat-ment	Out-patient Treat-ment	Partial Treat-ment	Emerg. Treat-ment	Trans. Inter-mediate Care	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13
Mercy Medical Center Dubuque	Private non-profit	2	100									
Dubuque/Jackson Mental Health Center Dubuque	Private non-profit	4				240						
Medical Associates, Dept. of Psychiatry & Neurology Dubuque	Private proprietary	4										
Psychiatrists (4)												
[redacted] TOTAL			[redacted]	[redacted]	[redacted]	240	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	



CATCHMENT AREA IX-A

CATCHMENT AREA IX-A

Area Nine-A consists of one county in eastern Iowa, separated from Illinois by the Mississippi. Clinton is the population center of this area.

The 1980 projected population for this area is 58,743. The population age breakdown for 1970 was: 20,367 members of this community were below 18 years of age, 5,394 were between the ages of 18 and 24, 12,456 were between 25 and 44, 11,880 were between 45 and 64, and 6,506 were 65 and older. The average annual birthrate for the preceding three years was 14.4 per 1000 population.

The per capita income for this area for 1970 was $5029. Seven percent of white families and six percent of black families in this area have an annual income less than $3000. The average unemployment rate for 1975 for this county was 4.9%. The percentage of families who reside in sound housing with plumbing is 95.05% of white families and 91.74% of black families. During June, 1976 records showed that public welfare provided financial assistance to 2,340 residents of Area Nine-A. Categorized these benefits were: 463 received Old Age Assistance, 774 received Aid to Dependent Families and Children, 16 Aid to the Blind, 190 Aid to the Disabled.

The median number of school years completed for this community is 12.21 for whites and 12.16 for blacks. Psychological services are available in the public school systems. The school districts report a dropout rate for 1975 of 2.26%. 36.0% of the population in this area is under 18 years of age.

This area has general hospitals and licensed nursing and custodial homes. Clinton has a Council of Social Agencies. This area is without the services of an organized Public Health Center; however, it does have a Board of Health which meets regularly.

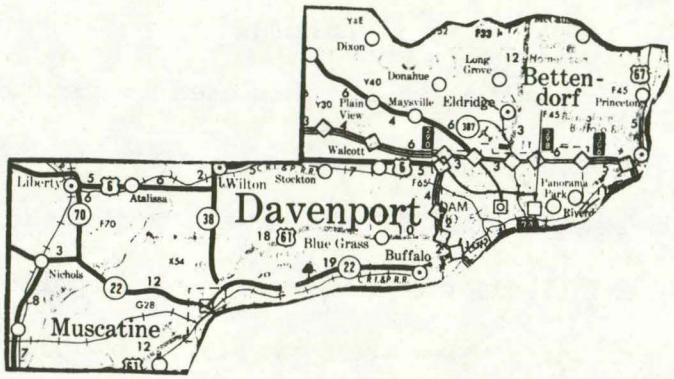
The average infant mortality rate for this area for the three year period 1973-1975 was 15.0 per 1000 live births.

Area Nine-A is served by one mental health center; the Mental Health Center

of Clinton County in Clinton. This clinic served 679 cases with a professional staff of 4.5.

tchment Area Name IX-A

me & Address of Resource	Ownership of Facility	Type of Facility	Beds				Mental Health Personnel Weekly Hours					
			Inpatient Treatment		Transitional or Intermediate	Total	Facility Based					Pri ate Pra tic
			Acute	Long Term			In-patient Treat-ment	Out-patient Treat-ment	Partial Treat-ment	Emerg. Treat-ment	Trans. Inter-mediate Care	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13
Clinton County urses Office Dewitt	Private non-profit	4										
Mental Health Center of Clinton County Clinton	Private non-profit	4				180						
Psychiatrists (1)												



CATCHMENT AREA IX-B

CATCHMENT AREA IX-B

Area Nine-B consists of two counties in eastern Iowa. These counties are separated from Illinois by the Mississippi River. Davenport was the site of the first bridge across the Mississippi River. It was an incorporated city when the area around the State Capital, some 175 miles westward, was still Indian territory. Dabenport and Bettendorf, Iowa and Rock Island and Moline, Illinois form the Quad-City metropolitan area. The development of the area between Clinton and Muscatine has resulted from the transportation advantages which brought industrial growth along 60 miles of this river. A stretch of sandy river flats in Muscatine County provide a flourishing truck garden business.

The 1980 projected population for this area is 198,089. The population age breakdown for 1970 was: 66,087 members of the community were under 18 years of age, 18,974 were between 18 and 24, 42,564 were between 25 and 44, 34,196 were between 45 and 64, and 17,434 were 65 years of age or older. The average annual birthrate for the preceding three years was 16.5 per 1000 population.

The per capita income for this two county area for 1970 was $5345. Six percent of white families and twenty-six percent of black families in this area have an annual income less than $3000. The average unemployment rate for 1975 for these counties was 5.3%. The percentage of families who reside in sound housing which includes plumbing is 94.62% of white families and 91.59% of black families. During June, 1976 records showed that public welfare provided financial assistance to 9588 residents in Area Nine-B. Categorized, these benefits were as follows: 849 received Old Age Assistance, 7993 received Aid to Dependent Families and Children, 52 Aid to the Blind, and 694 Aid to the Disabled.

The median number of school years completed for this community is 12.20 for whites and 10.67 for blacks. Psychological services are available in the public school systems. Schools report a dropout rate for 1975 of 4.8%. Davenport is the center of the new merged area vocational school, this includes a new community college in Clinton. There is also a community college in Muscatine. Davenport has

four-year colleges; St. Ambrose and Marycrest each with an enrollment exceeding 1000 students. 36.9% of the population in this planning area is under 18 years of age.

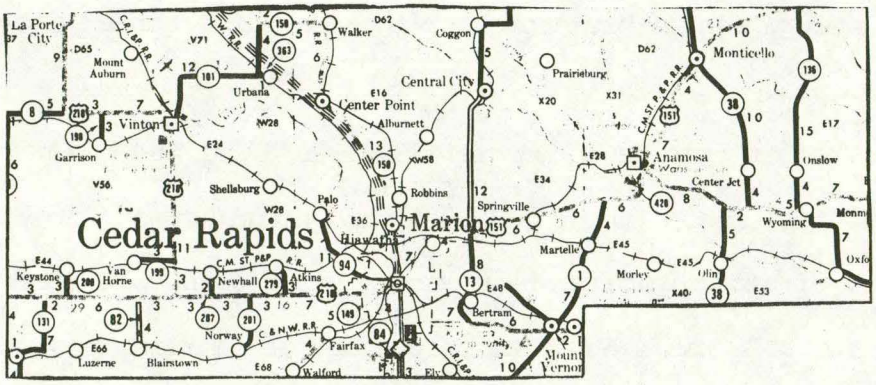
This area has seven general hospitals and 50 licensed nursing and custodial homes. Scott County has a Community Welfare Council. This area is without the services of an organized Public Health Center; however, both of the counties have Boards of Health who meet regularly. Two of the counties have appointed health officers and one county provides public health nursing services.

The average infant mortality rate for this area for the three year period 1973-1975 was 16.3 per 1000 live births. These counties received 11 days of field clinics from State Services for Crippled Children.

Area Nine-B is served by two mental health centers: the Community Mental Health Center of Scott County in Davenport, and Great River Mental Health Center in Muscatine. The CMHC of Scott County is a comprehensive center which served 2889 cases last year with a professional staff of 26. Great River Mental Health Center opened its doors last spring with two professional staff and is doubling the size of its staff in fiscal year 1977.

atchment Area Name IX-B

ame & Address of Resource	Ownership of Facility	Type of Facility	Beds				Mental Health Personnel Weekly Hours					
			Inpatient Treatment		Transitional or Intermediate	Total	Facility Based					
			Acute	Long Term			In-patient Treat-ment	Out-patient Treat-ment	Partial Treat-ment	Emerg. Treat-ment	Trans. Inter-mediate Care	Pri ate Pra tic
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(1
Mercy Hospital Davenport	Private non-profit	2	35									
Community Mental Health Center of Scott County Davenport	Private non-profit	6				1040						
General Health Care Facility Scott County Davenport	Private non-profit	4										
Great River Mental Health Center Muscatine	Private non-profit	4				90						



CATCHMENT AREA X-A

CATCHMENT AREA X-A

Area Ten-A consists of three counties located in east central Iowa. The population is centered around the Cedar Rapids metropolitan area. The economy of the Cedar Rapids community is derived essentially from manufacturing.

The projected 1980 population for Area Ten-A is 211,087. Projections, in terms of trends, indicate that this area will increase more rapidly than other planning areas. The age breakdown for the 1970 population was: 74,061 residents are under 18 years of age, 23,052 were between 18 and 24, 49,645 were between 25 and 44, 38,291 were between 45 and 64, and 20,291 were 65 years of age or older. The average annual birthrate for the preceding three years was 13.8 per 1000 population.

The per capita income for 1973 was $5271 and the percentage of families with annual income under $3000 is the second lowest for white families, 6.39%. 18.07% of black families have income under $3000 per year. Average unemployment rate for 1975 was 4.6%. The percentage of families who reside in sound housing which plumbing is 94.78% for whites and 92.70% for blacks. During June, 1976 records show that public welfare provided financial assistance to 9364 residents in this planning area. Categorized, these benefits were as follows: 963 received Old Age Assistance, 7688 received Aid to Dependent Families and Children, 60 received Aid to the Blind, and 653 received Aid to the Disabled.

The median number of school years completed for residents of these three counties is 12.36 for whites and 11.34 for blacks. Psychological services are available in all of the public school systems. 36.1% of the population in this area is under 18 years of age.

The Area Ten-A Community College Vocational Technical School at Cedar Rapids has developed a program whereby rehabilitation services are incorporated into the educational system. Cedar Rapids has two private four-year colleges; Coe, with about 1200 students and Mount Mercy, with 500 women.

Cedar Rapids has the first satellite diagnostic and evaluation clinic associate

with the Child Development Clinic at the University of Iowa. The Linn County Society for Crippled Children and Adults operates a treatment center in Cedar Rapids. The Linn County Industries for Handicapped Persons is another facility providing vocational and evaluative services. The United Cerebral Palsey Center in Cedar Rapids provides therapeutic services and supervision to primarily children.

This area received a total of 29 days of field clinics from State Services for Crippled Children. In addition to the programs and services which evolve from the Cedar Rapids community, this area has a concentration of State-operated facilities. The Iowa Braille and Sightsaving School is at Vinton in Benton County. The State Men's Reformatory with some 900 men in residence is at Anamosa in Jones County. The State-operated facilities are not included in the community based construction inventories. They are however, included in the area programs and services.

Area Ten-A has eight general hospitals. There are 64 licensed nursing and custodial homes in these three counties. Four counties in this area have appointed health officers, all counties have Boards of Health who meet regularly, and four counties provide public health nursing services. The Linn County Psychiatric Clinic is located in Cedar Rapids. The average mortality rate in this area for the three year period 1973-1975 was 15.4 per 1000 live births. This is the third highest in the state.

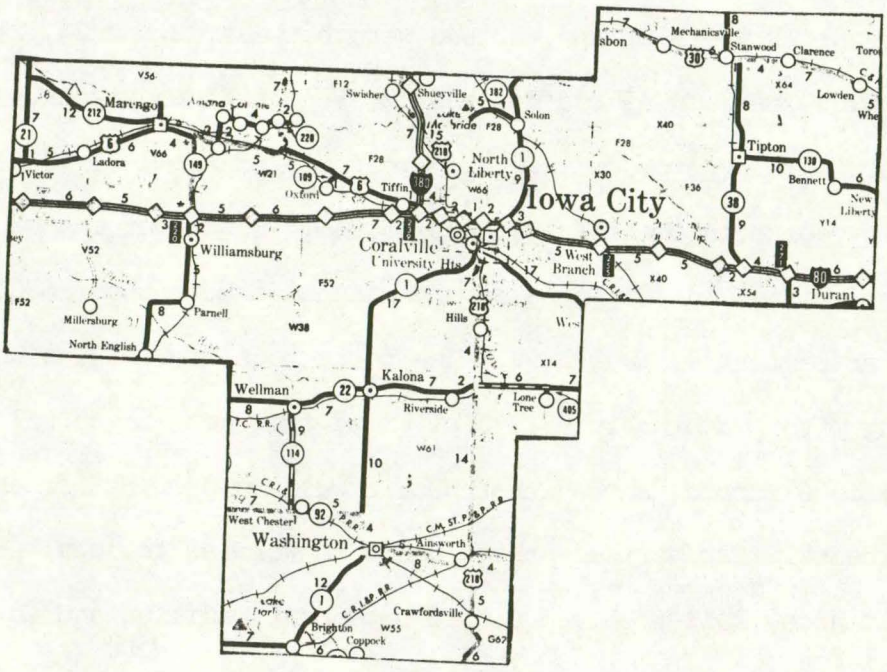
This area is served by two mental health centers: Benton County Mental Health Clinic in Vinton, Linn Psychiatric Clinic in Cedar Rapids. With a combined staff of 22.7, these centers served in excess of 3359 cases in fiscal year 1975.

chment Area Name X-A

e & Address of Resource	Ownership of Facility	Type of Facility	Beds				Mental Health Personnel Weekly Hours					
			Inpatient Treatment		Transitional or Intermediate	Total	Facility Based					Pri ate Pra tic
			Acute	Long Term			In-patient Treat-ment	Out-patient Treat-ment	Partial Treat-ment	Emerg. Treat-ment	Trans. Inter-mediate Care	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13
enton County ental Health enter inton	Private non-profit	4				50						
inn County sychiatric linic edar Rapids	Private non-profit	4				600						
t. Luke's ethodist ospital edar Rapids	Private non-profit	2	73									
hildren's Home of Cedar Rapids edar Rapids	Private non-profit	3		30								

Psychiatrists (9)

Util



CATCHMENT AREA X-B

CATCHMENT AREA X-B

Area Ten-B consists of four counties located in east central Iowa. The population is centered around the university complex in Iowa City. The economy evolves primarily around Iowa City and the University of Iowa.

The projected 1980 population for this area is 131,659. Projections, in terms of trends, indicate that this area will increase more rapidly than other planning areas. The age breakdown for the population for 1970 was: 38,579 residents were under 18 years of age, 23,643 were between 18 and 24, 27,753 between 25 and 44, 20,860 between 45 and 64, and 12,585 age 65 and older. The average annual birthrate for the preceding three year period was 13.1 per 1000 population.

The per capita income for 1973 was $5,345. Eight percent of white families and no black families in this area have an annual income under $3000. The average unemployment rate for 1975 was 2.9%. The percentage of families who reside in sound housing with plumbing is 93.59% of white families and 85.63% of black families. During June, 1976 records showed that public welfare provided financial assistance to 3224 residents. Categorized, these benefits were as follows: 609 received Old Age Assistance, 2312 received Aid to Dependent Families and Children, 18 Aid to the Blind, and 285 Aid to the Disabled.

The median number of school years completed for residents of these four counties is 12.47 for whites and 13.86 for blacks. Psychological services are available in all of the public school systems. Schools report a dropout rate for 1975 of 1.73%. 31.3% of the population is under 18 years of age. The enrollment at the University of Iowa exceeds 16.000.

This area has a concentration of state operated facilities. Goodwill Industries of Southeast Iowa is located in Iowa City. The University complex directs the comprehensive rehabilitation center at Oakdale, which is a few miles west of Iowa City. The Oakdale Vocational Rehabilitation Center is located in this complex. This is also the site of the Iowa Security Medical Facility. The University Hospital, the State Psychiatric Hospital, and the Hospital School are all located in Iowa City.

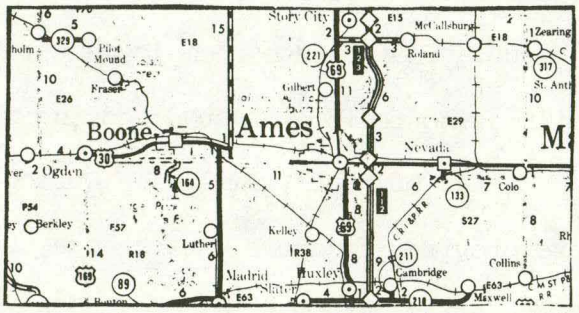
The State-operated facilities are not included in the community based construction inventories. They are, however, included in the area programs and services. Area Ten-B has general hospitals. A Veterans Administration Hospital is located in Iowa City. There are licensed nursing and custodial homes in these four counties.

The average infant mortality rate for the three-year period 1973-1975 was 12.9 per 1000 live births.

This area is served by the Mideastern Iowa Mental Health Clinic in Iowa City.

chment Area Name X-B

e & Address of Resource	Ownership of Facility	Type of Facility	Beds				Mental Health Personnel Weekly Hours					
			Inpatient Treatment		Transitional or Intermediate	Total	Facility Based					Pri ate Pra tic
			Acute	Long Term			In-patient Treat-ment	Out-patient Treat-ment	Partial Treat-ment	Emerg. Treat-ment	Trans. Inter-mediate Care	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13
id-Eastern Iowa ommunity Mental ealth Center owa City	Private non-profit	4				260						
eteran's Admini-tration Hos-ital owa City	Federal/VA	2	53									
owa Security edical Facility akdale	State	1	100									
owa Psychiatric ospital wa City	State	1	80									
niversity of owa Student ealth Service wa City												
sychiatrists (4)												
rofessors Emeritus (2)												



CATCHMENT AREA XI-A

CATCHMENT AREA XI-A

Area Eleven-A consists of two counties in central Iowa. Ames, the home of Iowa State University, is the population center for this area.

The 1980 projected population for Area Eleven-A is 99,353. The population age breakdown for 1970 was: 25,147 residents were under 18 years of age, 21,033 were between 18 and 24, 18,212 were between 25 and 44, 14,682 between 45 and 64, and 9454 age 65 and older. The average annual birthrate for the preceding three years was 12.1 per 1000 population.

The per captia income for 1973 for this two county area was $5.091. Seven percent of white families and seventeen percent of black families have an annual income less than $3000. The average unemployment rate for 1975 was 3.3%. The percentage of families who reside in sound housing with plumbing is 94.29% of white families and 88.89% of black families. During June, 1976 records showed that public welfare provided financial assistance to 2746 residents of Area Eleven-. Categorized, these benefits were was follows: 538 received Old Age Assistance, 1448 received Aid to Dependent Families and Children, 24 Aid to the Blind, and 746 Aid to the Disabled.

The median number of school years completed for this community is 12.53 for whites and 16.88 for blacks. These are nearly the highest in the state. Psycholog services are available in the public school systems. Schools report a dropout rate of 1.70%. Iowa State University, in Ames, has an enrollment in excess of 12,000 students; Des Moines Area Community College has a campus in Boone.

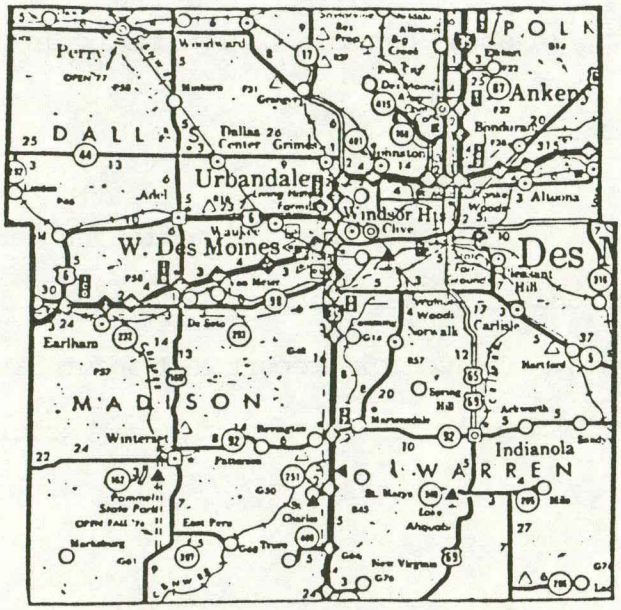
This area has general hospitals and licensed nursing and custodial homes It is served by a Community Mental Health Center in Ames. There is a home for emotionally disturbed children, and also, a halfway house in Ames. The Woodward State Hospital-School is located in Boone County. This is one of the two State-operated hospital-schools for the mentally retarded in Iowa. This comprehensive center serves one-half the state and has a resident population of approximately 1000 pupil-patients.

The average infant mortality rate for the three-year period 1973-1975 was 12.7 per 1000 live births.

chment Area Name XI-A

e & Address of Resource	Ownership of Facility	Type of Facility	Beds				Mental Health Personnel Weekly Hours					
			Inpatient Treatment		Transitional or Intermediate	Total	Facility Based					Pri ate Pra tic
			Acute	Long Term			In-patient Treat-ment	Out-patient Treat-ment	Partial Treat-ment	Emerg. Treat-ment	Trans. Inter-mediate Care	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13
tory Co. Center or Development	Private non-profit	8			8	240					240	
ary Greeley emorial Hospital mes	City	2	10									
entral Iowa lental Health enter mes	Private non-profit	4				220						
eloit of Ames mes	Private non-profit	3		20								

sychiatrists (1)



CATCHMENT AREAS XI-B

Catchment Area XI-B

Area XI-B consists of Dallas and Madison Counties and part of Polk County. According to the 1970 census data, the population of area XI-B is 199,474. Six percent of white families and twenty-three percent of black families in this catchment area have an annual income of less than 3,000 dollars. The 1970 census data indicate that the employment rate, at that time, was 2.52%. The percentage of families residing in sound housing with plumbing is 95.81% of whites and 94.09% of blacks.

Educational information indicates that the median number of school years completed is 12.57 for whites and 11.95 for blacks. Psychological services are available in t public school systems. The schools report a dropout rate of 3.95% for 1975. The Des Moines area is the center for the merged Area Vocational School. The site is ne Ankey in Polk County.

Area XI-B has available to it several instituttions of higher learning. These institutions are often time providers of resource people for both direct and indirect services to health, educational, and welfare agencies. Drake University in Des Moines has 7,000 students; Simpson College in Indianola has 900 students. The College of Osteopathic Medicine and Surgery is located in Des Moines. Grandview College is another educational institution in the Des Moines area. Central College is located at Pella in Marion.

Catchment Areas XI-B and XI-C have 16 general hospitals and two Veterans Administrati Hospitals. There are also 126 licensed nursing and custodial homes in Area XI. Area XI-B has two mental health centers in addition to the Des Moines Child Guidance Center. The West Central Mental Health Center is in Adel and the Polk County Mental Health Center is in Des Moines.

The Polk County Mental Health Center consists of an affiliation agreement with Orchard Place for adolescent residential services; Des Moines Child Guidance for child and adolescent outpatient services; and Lutheran Hospital for inpatient services.

The Counties in Areas Eleven-B and Eleven-C received a total of 55 days of field clinics from State Services for Crippled Children. Four of these eight counties have appointed health officers; six counties have Boards of Health which meet regularly; and seven counties provide public health nursing services. The average infant mortality rate for the three-year period 1973-75 for the two acreas was 14.6 per 1000 live births. The State Training School for Girls is located at Mitchellville. The Division of Vocational Rehabilitation's comprehensive evaluation center is located near the State Capitol Bldg. in Des Moines. This agency is available to residents of the entire state.

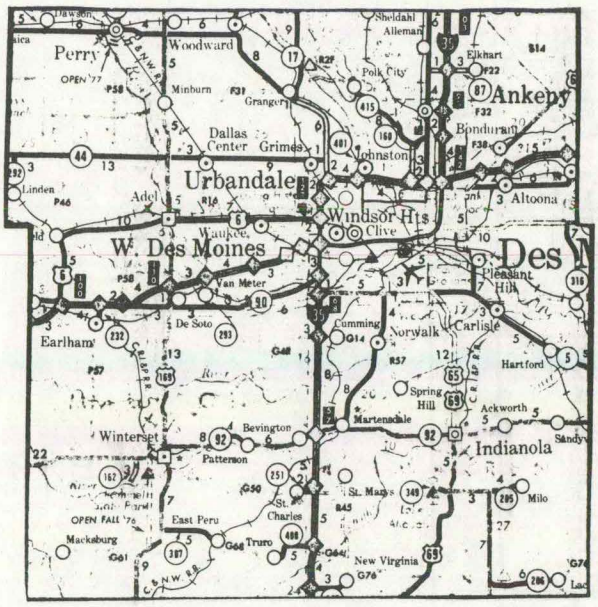
Late in 1968, Des Moines as named by the U.S. Department of Housing and Urban Development as one of 75 cities to receive a Model City which is northwest of down-town. It's about 1000 acreas or 190 blocks in size. About 16,500 people live in 7500 homes and apartments.

:hment Area Name XI-B

: & Address of Resource	Ownership of Facility	Type of Facility	Beds				Mental Health Personnel Weekly Hours					
			Inpatient Treatment		Transitional or Intermediate	Total	Facility Based					P a P t
			Acute	Long Term			In-patient Treatment	Out-patient Treatment	Partial Treatment	Emerg. Treatment	Trans. Intermediate Care	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(
:oadlawns Polk ›unty Hospital es Moines	County Government	2	61									
›wa Lutheran ›spital es Moines	Private non-profit	2	92									
›wa Methodist ›spital es Moines	Private non-profit	2	22									
es Moines Child ıidance Center es Moines	Private non-profit	6	16			1020						
›lk County ental Health enter es Moines	Private non-profit	6				460						
est Central	Private	4				250						

chment Area Name XI-B

e & Address of Resource	Ownership of Facility	Type of Facility	Beds				Mental Health Personnel Weekly Hours					
			Inpatient Treatment		Transitional or Intermediate	Total	Facility Based					
			Acute	Long Term			In-patient Treatment	Out-patient Treatment	Partial Treatment	Emerg. Treatment	Trans. Intermediate Care	Pr at Pr ti
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(1
chard Place s Moines	Private non-profit	3		40								
eterans dministration ospital s Moines	Federal/VA	4										
enyon St. Group ome s Moines	Private non-profit	9			10							
orter House revention and valuation Center s Moines	Private non-profit	3										
ickman Mental ealth Center s Moines	non-profit	4										
sychiatrists (14)												
TACHMENT AREA TOTAL			101	40	10	1						



CATCHMENT AREA XI-C

Catchment Area XI-C

Area XI-C consists of Warren County and part of Polk County. The population of this area according to 1970 census data is 149,238. Seven percent of White families and 18 percent of Black families in this area have an annual income of less than $3,000. The 1970 unemployment rate for area XI-C as 2.7%. The percentage of families residing in sound housing with plumbing is 94.13% of Whites and 85.12% of Blacks.

The median number of school years completed is 12.23 for Whites and 10.80 for Blacks. Psychological services are available in the public school systems. The schools report a dropout rate of 3.95% for 1975. The Des Moines area is the cneter for the merged Area Vocational School. The site is near Ankey in Polk County.

Area XI-C has available to it several institutions of higher learning. These institutions are often times providers of resource people for both direct and services to health, educational, and welfare agencies. Drake University in Des Moines has 7,000 students; Simpson College in Indianola has 900 students. The College of Osteopathic Medicine and Surgery is located in Des Moines. Grandview College is another educational institution in the Des Moines, Iowa. Central College is located at Pella in Marion.

Catchment Areas XI-B and XI-C have 16 general hospitals and two Veterans Administration Hospitals. There are also 126 licensed nursing and custodial homes in Area XI. Area XI-C has one mental health center in addition to the Des Moines Guidance Center. The West Central Mental Health Center is in Adel.

The Counties in Areas Eleven-B and Evelven-C received at total of 55 days of field clinics from State Services for Crippled Children. Four of these counties have appointed health officers; six counties have Boards of Health which meet regularly; and seven counties provide public health nursing services. The average infant mortality rate for the three-year period 1973-75 for the two areas was 14.6 per 1000 live births. The State Training School for Girls is located at Mitchellville. The Division of Vocational Rehabilitation's Comprehensive evaluation

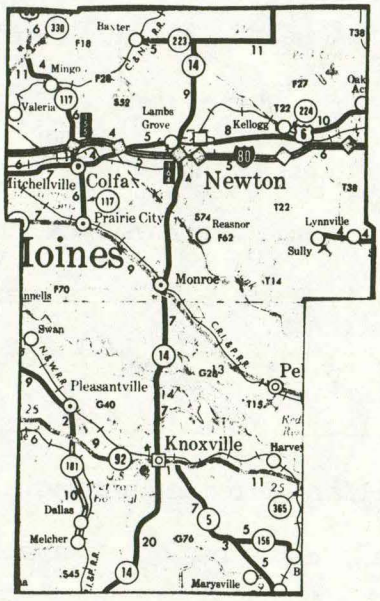
Center is located near the State Capitol Bldg. in Des Moines. This agency is available to residents of the entire state .

tchment Area Name XI-C

ne & Address of Resource	Ownership of Facility	Type of Facility	Beds				Mental Health Personnel Weekly Hours					
			Inpatient Treatment		Transitional or Intermediate	Total	Facility Based					
			Acute	Long Term			In-patient Treatment	Out-patient Treatment	Partial Treatment	Emerg. Treatment	Trans. Intermediate Care	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	
Broadlawns Polk County Hospital Des Moines	County Government	2	61									
Iowa Lutheran Hospital Des Moines	Private non-profit	2	92									
Iowa Methodist Hospital Des Moines	Private non-profit	2	22									
Des Moines Child Guidance Center Des Moines	Private non-profit	6	16			1020						
Polk County Mental Health Center Des Moines	Private non-profit	6				460						
West Central Mental Health Center Adel	Private non-profit	4				250						

hment Area Name XI-C

& Address of esource	Ownership of Facility	Type of Facility	Beds				Mental Health Personnel Weekly Hours					
			Inpatient Treatment		Transitional or Intermediate	Total	Facility Based					
			Acute	Long Term			In-patient Treat-ment	Out-patient Treat-ment	Partial Treat-ment	Emerg. Treat-ment	Trans. Inter-mediate Care	Pr at Pr ti
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(1
hard Place Moines	Private non-profit	3		40								
erans inistration pital Moines	Federal/VA	4										
yon St. Group e Moines	Private non-profit	9			10							
ter House vention and luation Center Moines	Private non-profit	3										
kman Mental lth Center Moines	non-profit	4										
chiatrists (14)												



CATCHMENT AREA XI-D

CATCHMENT AREA XI-D

Area Eleven-D consists of two counties in central Iowa. The population center for this area is Newton in Jasper County.

The 1980 projected population for Area Eleven-D is 64,760. The population age breakdown for 1970 was: 20,374 residents were under 18 years of age, 6,170 wer between the ages of 18 and 24, 13,897 were between 25 and 44, 13,136 between 45 and 64, and 8,109 age 65 or older. The average annual birthrate of the preceding three years was 13.5 per 1000 population.

The per capita income for 1973 was $5,353. Nine percent of white families and fifteen percent of black families have an annual income below $3000. The avera unemployment rate for 1975 was 5.5%. The percentage of families who reside in sour housing with plumbing is 92.03% of white families and 78.53% of black families. Th are fourth and third lowest in the state, repsectively. During June, 1976 records showed that public welfare provided financial assistance to 2742 residents of Area Eleven-D. Categorized, these benefits were as follows: 516 received Old Age Assi 1991 receive Aid to Dependent Families and Children, 31 Aid to the Blind, and 201 to the Disabled.

The median number of school year completed for this community is 12.09 for whites and 9.06 for blacks, Psychological services are available in the public school systems. Schools report a dropout rate for 1975 of 2.85%. Central College is located at Pella in Marion County.

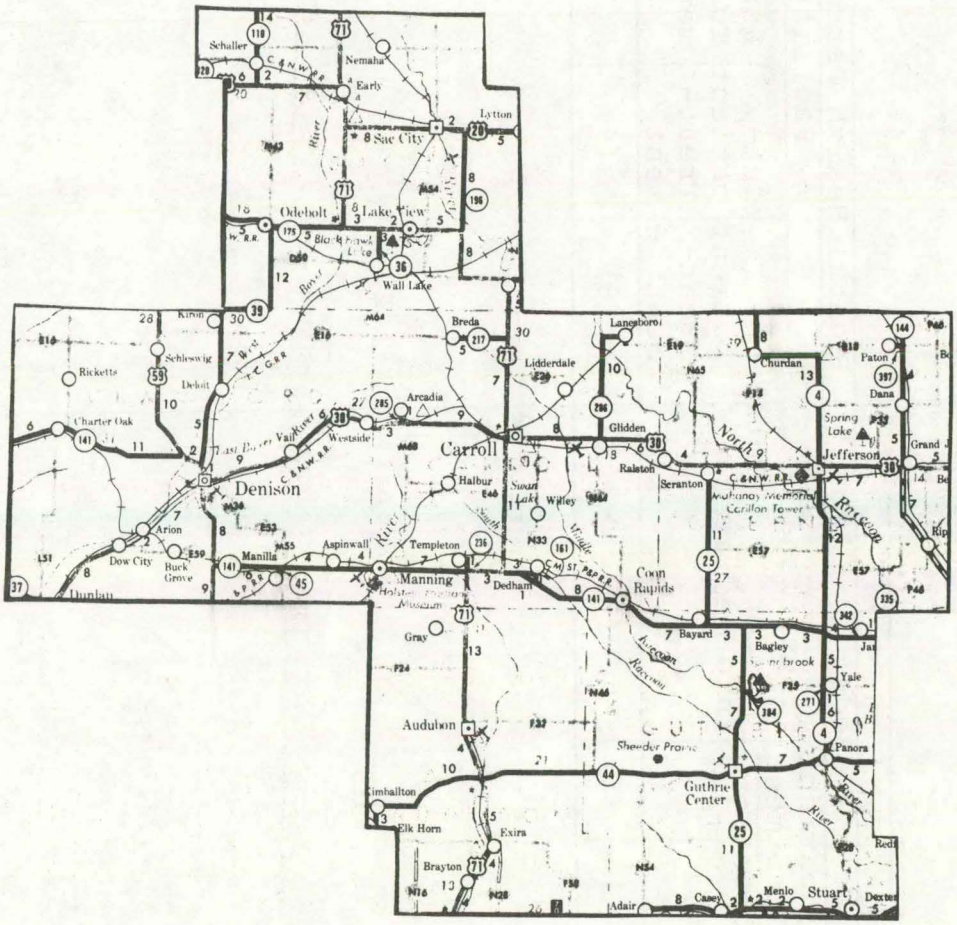
This catchment area has general hospitals and licensed nursing and custo homes. It is served by the Jasper County Mental Health Center in Newton.

The average infant mortality rate for the three-year period 1973-1975 was 14.2 per 1000 live births.

tchment Area Name XI-D

me & Address of Resource	Ownership of Facility	Type of Facility	Beds				Mental Health Personnel Weekly Hours					
			Inpatient Treatment		Transitional or Intermediate	Total	Facility Based					Pri ate Pra tic
			Acute	Long Term			In-patient Treat-ment	Out-patient Treat-ment	Partial Treat-ment	Emerg. Treat-ment	Trans. Inter-mediate Care	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13
Jasper County Mental Health Center Newton	Private non-profit	4				90						
Veterans Admini-stration Hospital Knoxville	Federal/VA	1		913								

913 90



CATCHMENT AREA XII

CATCHMENT AREA XII

Area Twelve consists of six counties located in west central Iowa. The population center for this agricultural area is Carroll in Carroll County.

The projected 1980 population for Area Twelve is 91,283. The population age breakdown for 1970 was: 32,722 residents in this community were under 18 years of age, 6,662 were between 18 and 24, 17,920 were between 25 and 44, 20,544 were in the range of 45-64 years, and 13,867 were 65 years of age or older. The average annual birthrate for the preceding three years was 12.8 per 1000 population.

The per capita income for this six county area for 1973 was $5912. Eleven percent of the white families in this area have an annual income less than $3000. The average unemployment rate for 1975 for these counties was 4.8%. The percentage of white families in sound housing which includes plumbing is 93.93%. During June, 1976 records showed that public welfare provided financial assistance to 3064 residents in Area Twelve. Categorized, these benefits were as follows: 988 received Old Age Assistance, 1701 received Aid to Dependent Families and Children, 24 Aid to the Blind, and 351 Aid to the Disabled.

The median average for school years completed for this community is 12.06 years for whites. Psychological services are available in all of the public school systems.

This area is presently served by seven general hospitals and 34 licensed nursi and custodial home. This area is served by three center outside the catchment area as well as one which is located within the catchment area. Two of these counties ha appointed health officers; two have Boards of Health which meet regularly and four counties provide public health nursing services. The average infant mortality rate for the three years 1973-1975 was 15.3 per 1000 live births.

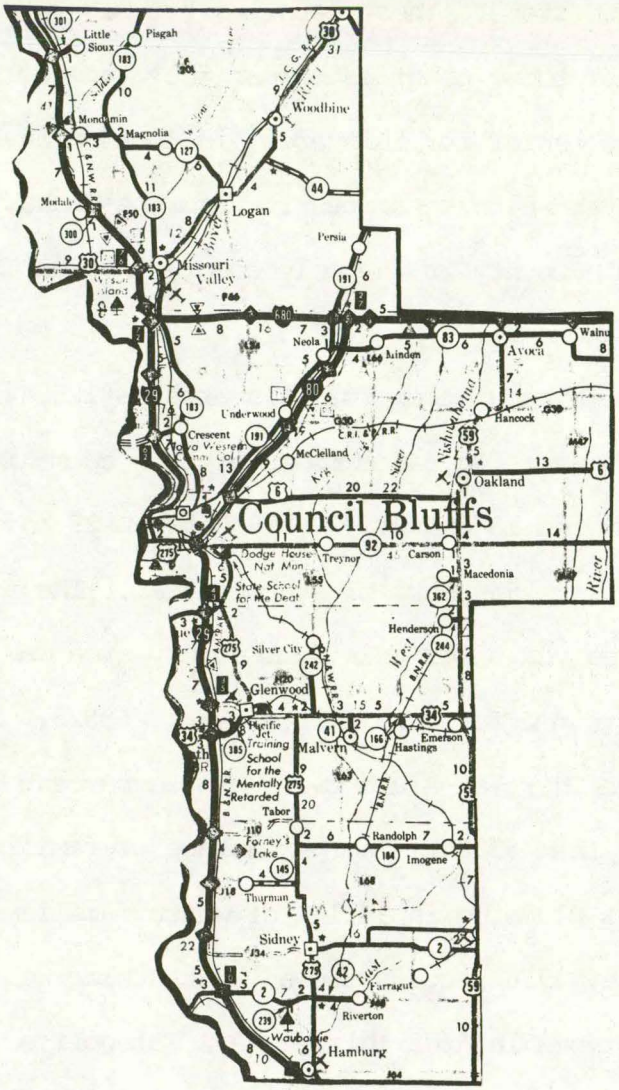
These six counties received a total of 48 days of field clinics from State Services for Crippled Children. Accommodations for clinic personnell could be included in comprehensive health and welfare activities.

Area Twelve is served by the West Iowa Mental Health Center in Dennison.

:chment Area Name XII

ıe & Address of Resource	Ownership of Facility	Type of Facility	Beds				Mental Health Personnel Weekly Hours					
			Inpatient Treatment		Transitional or Intermediate	Total	Facility Based					
			Acute	Long Term			In-patient Treat-ment	Out-patient Treat-ment	Partial Treat-ment	Emerg. Treat-ment	Trans. Inter-mediate Care	Pri ate Pra tic
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(1:
est Iowa Mental ealth Services,Inc. ennison	Private non-profit	4				90						

[redacted] ENT AREA TOTAL [redacted] 90



CATCHMENT AREA XIII-A

CATCHMENT AREA XIII-A

Area Thirteen-A consists of four counties located in the extreme south and western quadrant of the state. These counties are separated from Nebraska by the Missouri River. One of these counties border the State of Missouri. Council Bluffs, the population center for this area, is located in Pottawattamie County along the Missouri River which separates it from the Omaha, Nebraska metropolitan complex. Pottawattamie County is the only county in Area Thirteen-A showing a projected population increase.

The 1980 projected population for this area is 125,441. The population age breakdown for 1970 was: 44,846 members of this community were under 18 years of age, 11471 were between 18 and 24, 27,576 between 25 and 44, 24,423 between 45 and 64, and 14.909 were 65 years of age or older. The average annual birthrate for the preceding three years for this four county area was 14.2 per 1000 population.

The per capita income for Area Thirteen-A is $5825. Nine percent of the white families in Area Thirteen-A and twenty-three percent of black families have an annual income less than $3000. The percentage of families who reside in sound housing which includes plumbing is 94.14% of white families and 89.20% of black families. During June, 1976 records showed that public welfare provided financial assistance to 8862 persons in Area Thirteen-A. Categorized, these benefits were as follows: 985 residents received Old Age Assistance, 6449 received Aid to Dependent Families and Children, 53 received Aid to the Blind, and 1375 received Aid to the Disabled.

The median number of school year completed for this community is 12.12 for whites and 10.10 for blacks. Psychological services are available in the public school systems. Council Bluffs is designated as the center for the merges area community college and vocational school. Schools report a dropout rate for 1975 of 4.16%.

The city serving as a central center is Council Bluffs, where the Pottawattami Mental Health Center is located. Mercy Hospital in Council Bluffs received a

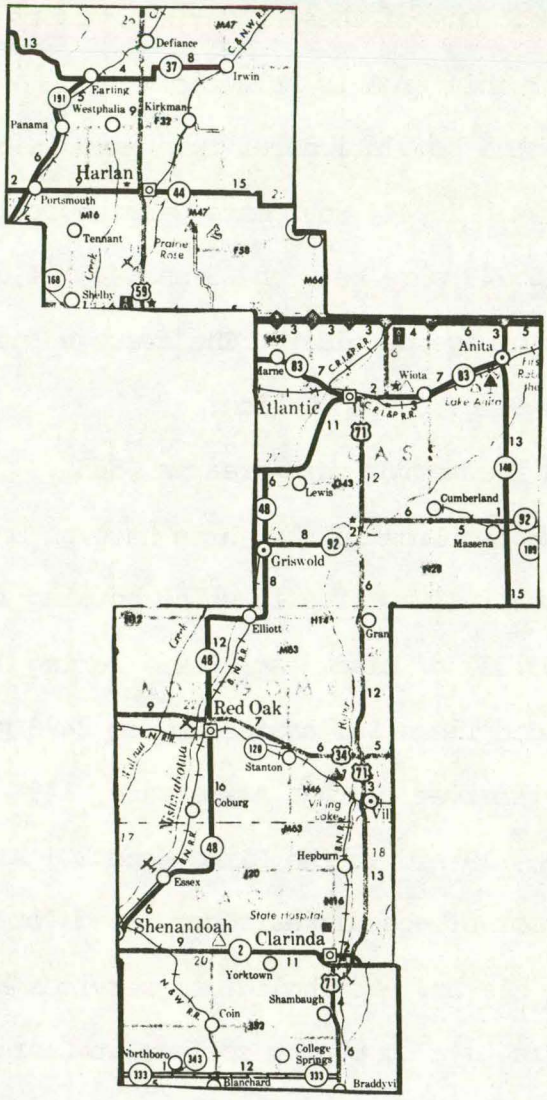
construction grant funded through Public Law 88-164, Title II. This is the second Iowa Project for a comprehensive community mental health center.

Area Thirteen-A is served by nine general hospitals and 60 licensed nursing and custodial homes. This area is without the services of a public health center. Four of these eight counties have appointed health officers; six have Boards of Health which meet regularly; and two counties provide public health nursing services. This area received a total of 45 days of field clinics from State Services for Crippled Children. The average infant mortality rate in Area Thirteen-A for the three year perio 1973- 1975 was 18.1 per 1000 live births. This is the highest in the state.

The State School for the Deaf is located in Council Bluffs. This facility has a state-wide intake. The Glenwood State Hospital-School is located in Mills County. This is one of the two State-operated hospital-schools in Iowa.

tchment Area Name XIII-A

ne & Address of Resource	Ownership of Facility	Type of Facility	Beds				Mental Health Personnel Weekly Hours					
			Inpatient Treatment		Transitional or Intermediate	Total	Facility Based					
			Acute	Long Term			In-patient Treatment	Out-patient Treatment	Partial Treatment	Emerg. Treatment	Trans. Intermediate Care	Pri ate Pra tic
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(1
ennie Edmundson emorial Hospital ouncil Bluffs	Private non-profit	2	29									
ercy Hospital ouncil Bluffs	Private non-profit	2	65									
ottawattamie ental Health enter	Private non-profit	4										
luffs Psychiatric ssociates ouncil Bluffs	Private proprietary	4				360						
hildren's Services ouncil Bluffs	Private non-profit	4										
sychiatrists (3)												
[redacted]						360						



CATCHMENT AREA XIII-B

CATCHMENT AREA XIII-B

Area Thirteen-B consists of four counties in the extreme south and western quadrant of the state. One of these counties borders the State of Missouri. The population center for this area is Atlantic.

The 1980 projected population for this area is 65,107. The population age breakdown for 1970 was: 20,444 residents were under 18 years of age, 4,857 were between 18 and 24, 12,747 were between 25 and 44, 14,684 between 45 and 64, and 10,980 were 65 years of age or older. The average annual birthrate for the preceding three years was 13.4 per 1000 population.

The per capita income for this area is $5655. Ten percent of white families and none of the black families in this area have an annual income less than $3000. The percentage of families who live in sound housing with plumbing is 93.91% of white families and 83.33% of black families. During June, 1976 records showed that public welfare provided financial assistance to 2493 persons. Categorized, these benefits were: 749 received Old Age Assistance, 1494 received Aid to Dependent Families and Children, 19 Aid to the Blind, and 231 Aid to the Disabled.

The median number of school years completed for this community is 12.20 for whites and 10.50 for blacks. Psychological services are available in the public school systems. There is a community college at Clarinda. Schools reports a dropout rate for 1975 of 1.85%.

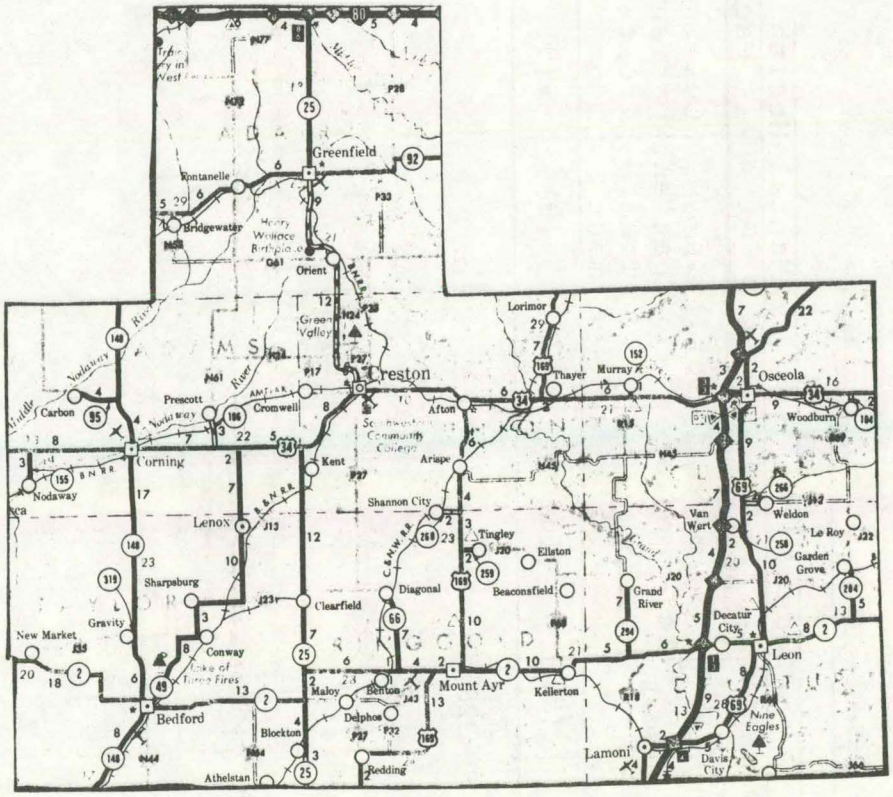
Area Thirteen-B is served by general hospitals and licensed nursing and custodial homes. This area is without the services of a public health center.

The average infant mortality rate for the three year period 1973-1975 was 11.3 per 1000 live births, which is second lowest in the state.

One of the state's four Mental Health Institutes is located at Clarinda in Page County. This institution serves the southwest quadrant of the Iowa.

atchment Area Name XIII-B

ame & Address of Resource	Ownership of Facility	Type of Facility	Beds				Mental Health Personnel Weekly Hours					
			Inpatient Treatment		Transitional or Intermediate	Total	Facility Based					Pri ate Pra tic
			Acute	Long Term			In-patient Treat-ment	Out-patient Treat-ment	Partial Treat-ment	Emerg. Treat-ment	Trans. Inter-mediate Care	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(1
Clarinda Mental Health Institute Clarinda	State	1		328								
Southwest Iowa Mental Health Center Atlantic	Private non-profit	4				130						



CATCHMENT AREA XIV

CATCHMENT AREA XIV

Area Fourteen consists of seven counties located in the southern section of the southwest quadrant of the state. Three of these counties border the State of Missouri. The population center for this agricultural area is Creston in Union County.

The projected 1980 population for Area Fourteen is 59,025. The population age breakdown for 1970 was: 18,414 residents in this community were under 18 years of age, 5,395 were between 18 and 24, 11,704 were between 25 and 44, 14,879 were in the age range of 45 - 64 years, and 11,324 were 65 years of age or more. The average annual birthrate for the preceding three years was 12.3 per 1000 population. The percentage of rural population in Area Fourteen is 84104; this is the highest percentage for any of the catchment areas. The state percentage of rural population is 46.90.

The per capita income for 1973 for this area was $5464. Fifteen percent of the white families who reside in Area Fourteen have an annual income of less than $3000. This is the highest percentage in the state. The percentage of families who reside in housing which includes plumbing is 87.83% of white families and 83.33% of black families. During June, 1976 records showed that public welfare provided financial assistance to 3142 persons in Area Fourteen. Categorized, these benefits were as follows: 1074 residents received Old Age Assistance, 1634 received Aid to Dependent Families and Children, 38 Aid to the Blind, and 396 Aid to the Disabled.

The median average for school years completed for this community is 12.12 for whites and 10.50 for blacks. Psychological services are available in the school systems. Schools report a dropout rate of 2.63% for 1975. Creston is the site for the merged area school. There is a junior college in Creston. Graceland College, a four year institution with an enrollment in excess of 1000 students, is in Lamoni in Decatur County.

There are six general hospitals and 34 licensed nursing and custodial homes available to the residents of these counties. There are also several welfare and

educational programs and servicea available to the residents in Area Fourteen. One county in Area Fourteen has a health officer; one county has a Board of Health which meets regularly; and none of these counties provide public health nursing services. These counties received a total of 30 days of field clinics from State Services for Crippled Children. These kinds of organized services could also be incorporated into the comprehensive health, educational, and welfare programming of this seven county community. The average infant mortality rate for the three year period 1973-1975 was 13.3 per 1000 live births.

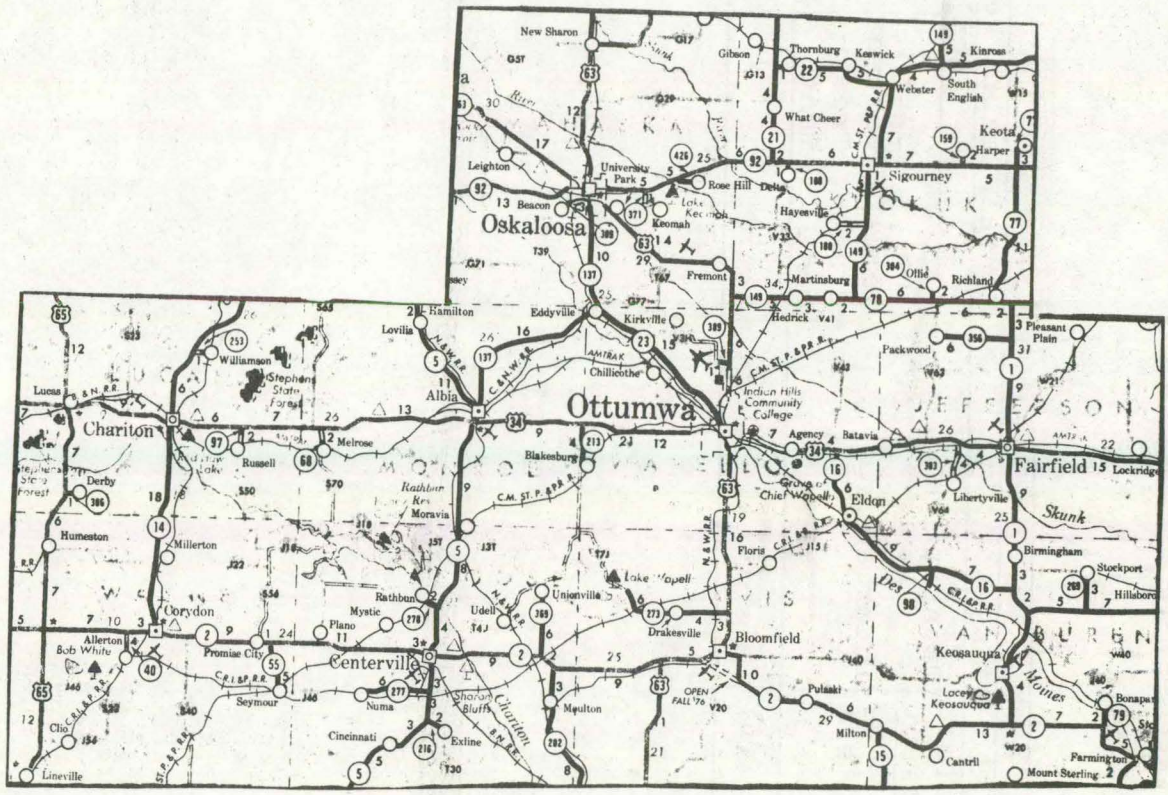
This area is served by Crossroads Mental Health Center with offices in Creston and Osceola. Crossroads Mental Health Center served more than 212 cases last year with a professional staff of 2.5.

atchment Area Name XIV

ame & Address of Resource	Ownership of Facility	Type of Facility	Beds				Mental Health Personnel Weekly Hours					
			Inpatient Treatment		Transitional or Intermediate	Total	Facility Based					
			Acute	Long Term			In-patient Treat-ment	Out-patient Treat-ment	Partial Treat-ment	Emerg. Treat-ment	Trans. Inter-mediate Care	Pri ate Pra tic
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13
Crossroads Mental Health Service Creston & Osceola	Private non-profit	4				90						

165.

CATCHMENT AREA TOTAL 90



CATCHMENT AREA XV

CATCHMENT AREA XV

Area Fifteen consists of ten counties located within the southeastern quadrant of the state. Four of these counties border the State of Missouri. The population center for this area is Ottumwa in Wapello County.

The 1980 projected population for this area is 147,791. The population age breakdown for 1970 was: 47,639 members of this community were under 18 years of age, 14,046 were between the ages of 18 and 24, 30,666 between 25 and 44, 36,014 between 45 and 64 years, and 25,762 were 65 years of age and older. The average annual birthrate for the preceding three years for this ten county area was 12.7 per 1000 population.

The average per capita income for 1973 was $5101. Thirteen percent of the white families and twenty-four percent of black families have an annual income less than $3000. The percentage of families who reside in sound housing which includes plumbing is 87.38% of white families and 75.98% of black families. During June, 1976 records showed that public welfare provided financial assistance to 9228 persons in Area Fifteen. Categorized, these benefits were as follows: 2216 residents received Old Age Assistance, 5954 received Aid to Dependent Families and Children, 88 Aid to the Blind, and 970 Aid to the Disabled.

The median average for school years completed for this community is 12.06 for whites and 11.76 for blacks. Psychological services are available in the public schools systems. Schools report a dropout rate of 2.50% for 1975.

There are several educational and rehabilitative programs in this catchment area. These ten counties have merged for purposes of the vocational schools and community colleges with Ottumwa as the center. Iowa Tech is another school located in Ottumwa; this program is sponsored by MDTA and serves seven states. The Tenco Workshop, another program based in Ottumwa, provides guidance and supervision in a sheltered work environment.

Centerville Community College and Ottumwa Heights are two junior colleges in Area Fifteen. William Penn College in Oskaloosa has an enrollment of 1000 students.

Area Fifteen is served by eleven general hospitals and 78 licensed nursing and custodial homes. Five of these counties have appointed health officers; five counties have Boards of Health which meet regularly; and four counties provide public health nursing services. The average infant mortality rate for this area for the three years 1973-1975 was 14.9 per 1000 live births. These counties received 51 days of field clinics from State Services for Crippled Children. Accommodations for clinic personnel could be incorporated into the comprehensive health, educational, and welfare programs for this community.

There are three mental health centers in Area Fifteen. The South Central Mental Health Center is located in Oskaloosa, Southern Iowa Mental Health Center is located in Ottumwa, and Rathbun Area Mental Health Center is located in Centervil These centers served 2055 cases in fiscal year 1975.

Catchment Area Name XV

Name & Address of Resource	Ownership of Facility	Type of Facility	Beds				Mental Health Personnel Weekly Hours					
			Inpatient Treatment		Transitional or Intermediate	Total	Facility Based					
			Acute	Long Term			In-patient Treatment	Out-patient Treatment	Partial Treatment	Emerg. Treatment	Trans. Intermediate Care	Pr at Pr ti
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(1
South Central Mental Health Center Oskaloosa	Private non-profit	4				50						
Southern Iowa Mental Health Center Ottumwa	Private non-profit	4				50						
Rathbun Area Mental Health Center Centerville Corydon, Chariton	Private non-profit	4				50						
Gilfillan Clinic,P.C. Bloomfield	Private Profit		14									
Hickery Knoll Bloomfield	Private non-profit	3		15								
Psychiatrists (1)												
CATCHMENT AREA TOTALS			14	15		150						

CATCHMENT AREA XVI

CATCHMENT AREA XVI

Area Sixteen consists of four counties located in the extreme southeastern corner of Iowa. Two of the counties are separated from the State of Illinois by the Mississippi River. Lee County is bordered by the Mississippi and Des Moines Rivers, the latter separating Lee County from the State of Missouri. Burlington was the capital of the Territory of Iowa and is presently the population center for this four county area. There is a rivalry of long-standing between Keokuk and Fort Madison, a city of the same size 25 miles upriver. Both of these cities are county seats of Lee County (North Lee and South Lee).

The projected 1980 population for Area Sixteen is 113,341. The population age breakdown in 1970 was as follows: 39,552 residents in this community were under 18 years of age, 11,752 were between 18 and 44, 25,539 between 45 and 64, and 15,738 were 65 years of age or older. The average annual birthrate for the preceeding three years for these four counties was 13.6 per 1000 population.

The average per capita income for 1973 for this area was $5,389. Seven percent of white families and twenty-three percent of black families who reside in Area Sixteen have an annual income less than $3,000. The percentage of families who reside in sound housing which includes plumbing is 92.88 percent of white families and 79.31 per cent of black families. During June, 1976, records showed that public welfare provided financial assistance to 5933 persons in Area Sixteen. Categorized these benefits were as follows: 894 residents received Old Age Assistance, 4525 received Aid to Dependent Families and Children, 38 Aid to the Blind, and 476 Aid to the Disabled.

The median average for school years completed for this community is12.20 for whites and 10.46 for blacks. Psychological services area available in the public school systems. Schools report a dropout rate of 3.26 percent for 1975. These four counties

have been designated as a merged area for vocational training. Iowa Wesleyan College is located in Mt. Pleasant. This institution has an enrollment of 1000 students. There is a Community College in Burlington and another Community College in Keokuk.

three of these counties have appointed health officers; three counties have Boards of Health which meet regularly and two counties provide public health nursing services. Des Moines County has an organized Public Health Center. There are seven general hospitals and 33 licensed nursing and custodial homes in this Catchment Area. The four counties in Area Sixteen recieved a total of 13 days of clinics from State Services for Crippled Children. The average infant mortality rate for the three years 1973-1975 for this four county area was 11.6 per thousand live births. There are three mental health centers in Area Sixteen; the Southeastern Iowa Mental Health Center is located in Burlington, Lee County Mental Health Center is located in Keokuk and Community Mental Health Center of Henry, Louisa and Jefferson Counties is located in Mt. Pleasant. With a staff of 14.5 these centers served 2623 cases in fiscal year 1975. One of the State's four Mental Health Institutes is located at Mt. Pleasant in Henry County. This facility serves the southeastern quadrant of Iowa. The Iowa State Penitentiary is located at Fort Madison. This was the first prison built west of the Mississippi.

atchment Area Name XVI

ame & Address of Resource	Ownership of Facility	Type of Facility	Beds				Mental Health Personnel Weekly Hours					
			Inpatient Treatment		Transitional or Intermediate	Total	Facility Based					
			Acute	Long Term			In-patient Treatment	Out-patient Treatment	Partial Treatment	Emerg. Treatment	Trans. Intermediate Care	Pri ate Pra tic
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13
Community Mental Health Center of Henry, Louisa & Jefferson Counties Mt. Pleasant	Private non-profit	4				170						
Mt. Pleasant Mental Health Institute Mt. Pleasant	State	1		270								
Memorial Hospital Burlington	Private non-profit	2	14									
Southeastern Iowa Mental Health Center Burlington	Private non-profit	4				110						
Lee County Mental Health Center Fort Madison & Keokuk	Private non-profit	4				300						
Psychiatrists (3)												
			14	270		580						

Table 1. Ranking of areas on the basis of selected demographic, economic, and social indicators to assess needs.

Area	Low occupational status, male A	% Pop. in poverty B	% household with husband and wife C	% household with head 1° individual D	Youth-dependency ratio E	Aged Dependency ratio F	% overcrowding G	% recent movers H	Summary	W	Final Score	Final Rank
I	18 17	2 16	11 18	13 -	2 6	4 11	6 20	22 1	94 111	.95 .05	94,85	7
II	17 3	11 7	10 5	11 -	13 15	8 5	14 17	18 17	117 64	.90 .10	111.7	1
III	15 21	5 2	20 -	14 -	4 19	6 4	15 -	20 -	113 (50)	.95 .05	109.85	1
IV	14 6	10 14	3 13	7 -	9 8	12 7	7 8	13 11	87 79	.90 .10	86.2	3
V	13 2	12 3	9 9	12 -	11 2	7 17	17 1	17 20	112 42	.90 .10	105.0	14
VI	12 14	16 5	12 6	9 -	17 18	9 12	19 10	12 5	117 71	.90 .10	112.4	19
VII-A	11 1	8 1	23 16	23 -	5 1	10 22	13 11	19 2	121 34	.90 .10	112.3	18
VII-B	5 5	17 10	21 17	21 -	12 5	20 18	5 4	6 13	109 69	.85 .15	103.0	11
VIII	1 13	7 20	15 2	19 -	1 13	16 19	1 5	21 18	73 104	.95 .05	74.55	2
IX-A	3 4	19 21	19 15	20 -	8 16	15 13	8 16	8 7	107 101	.90 .10	106.4	15
IX-B	8 8	21 9	16 11	16 -	7 4	22 20	4 3	5 9	106 61	.85 .15	99.25	9
X-A	10 7	22 12	17 14	15 -	10 7	21 15	10 9	4 8	120 76	.85 .15	113.4	20
X-B	20 15	9 18	2 4	1 -	22 22	19 23	18 18	2 4	100 114	.90 .10	101.4	10
XI-A	19 20	15 17	8 5	3 -	23 21	17 21	23 14	1 3	120 117	.90 .10	119.7	22
XI-B	23 12	23 11	1 7	2 -	20 10	18 14	20 13	3 1	136 82	.85 .15	127.9	23

Table 1. Ranking of areas on the basis of selected demographic, economic, and social indicators to assess needs.

Area	Low occupational status, male A	% Pop. in poverty B	% household with husband and wife C	% household with head 1° individual D	Youth-dependency ratio E	Aged Dependency ratio F	% overcrowding G	% recent movers H	Summary	W	Final Score	Final Rank
XI-C	2	20	18	18	14	23	3	7	104	.85	103.1	12
	11	13	12	-	14	10	12	16	98	.15		
XI-D	4	13	22	22	16	13	16	9	116	.90	115.4	21
	18	15	19	-	9	16	6	10	110	.10		
XII	16	4	13	10	3	5	9	23	98	.95	(93.2)	6
	-	-	-	-	3	2	-	-	(2)	.05		
XIII-A	7	14	14	17	6	14	2	11	92	.90	88.7	4
	9	4	3	-	11	9	2	19	59	.10		
XIII-B	22	6	6	4	15	2	21	14	103	.95	(103.45)	13
	19	19	-	-	23	3	19	12	(112)	.05		
XIV	21	1	7	6	21	1	22	16	96	.96	(95.5)	8
	-	22	1	-	20	1	19	21	(86)	.05		
XV	9	3	5	5	19	3	12	15	64	.90	66.4	1
	16	6	8	-	17	6	15	15	88	.10		
XVI	6	18	4	8	13	11	11	10	92	.85	89.45	5
	10	8	10	-	12	8	7	14	75	.15		

Table 2. Ranking of areas on the basis of selected available mental health resources

Area	Acute Inpatient Treatment Beds			Personnel hours - MHC Services			Final
	number	rate per 100,000	rank	number	rate per 1,000	rank	Rank
I	-	0	4.5	220	2.3	10	7
II	24	15.6	13	440	2.9	11.5	11
III	-	0	4.5	220	1.5	4	3
IV	30	18.4	14	500	3.0	13	12
V	18	14.6	12	240	1.9	7	8
VI	29	28.4	16	320	3.1	14	14
VII-A	-	0	4.5	200	3.7	17	10
VII-B	75	44.4	18	640	3.8	18	20
VIII	100	76.8	22	240	1.8	6	13
IX-A	-	0	4.5	180	3.2	15.5	9
IX-B	35	19.5	15	1130	6.3	23	21
X-A	73	35.4	17	650	3.2	15.5	18.
X-B	232	186.8	23	260	2.1	9	15
XI-A	10	11.2	10	460	5.2	22	16.
XI-B	191	54.4	19.5	1730	4.9	20	21
XI-C	191	54.4	19.5	1730	4.9	20	22
XI-D	-	0	4.5	90	1.5	4	3
XII	-	0	4.5	90	1.0	1.5	1
XIII-A	94	75.7	21	360	2.9	11.5	18.5
XIII-B	-	0	4.5	130	2.0	8	6
XIV	-	0	4.5	90	1.5	4	3
XV	14	9.1	9	150	1.0	1.5	5
XVI	14	11.8	11	580	4.9	20	15

Table 3. Final overall ranking of Catchment Areas

Area	Final Ranks Based on: Demographic Economic & Social Indicators	Available Mental Health Resources	Summary Score of Rankings	Final Overall Ranking
I Poverty Desig.	7	7	14	4
II	17	11	28	15.5
III	16	3	19	7.5
IV	3	12	15	5.5
V	14	8	22	10
VI	19	14	33	19
VII-A	18	10	28	15.5
VII-B	11	20	31	18
VIII	2	13	15	5.5
IX-A	15	9	24	12.5
IX-B	9	21	30	17
X-A	20	18.5	38.5	21.5
X-B	10	16.5	26.5	14
XI-A	22	16.5	38.5	21.5
XI-B	23	22.5	45.5	23
XI-C	12	22.5	34.5	20
XI-D	21	3	24	12.5
XII	6	1	7	2
XIII-A	4	18.5	22.5	11
XIII-B Poverty Desig.	13	6	19	7.5
XIV Poverty Desig.	8	3	11	3
XV Poverty Desig.	1	5	6	1
XVI	5	15	20	9

Narratives
of

IOWA COMMUNITY MENTAL HEALTH CENTERS

Benton County Mental Health Clinic

Geographically, the community of Vinton is located between two large metropolitan areas, Cedar Rapids and Waterloo, and is 30 miles from the Mental Health Institute at Independence. In the 1950's, it was recognized that Benton County needed to offer its own outpatient services to meet the unserved mental health needs of the county. The Program was established in 1966 with a part-time psychiatric social worker from the Northwestern Psychiatric Group. A principal aim at that time was the establishment of services for alcoholics and juveniles.

Today the program at the clinic has expanded to include a medical director, full-time psychiatric social worker, and a secretary. The clinic now has a suite of offices centrally located in the downtown section of Vinton, and still maintains a sub-office in Belle Plain on a one-day-a-week basis. The average monthly caseload is approximately fifty cases; new cases during the past year numbered 116. Since there is no waiting list, applicants are usually seen within 72 hours. Emergencies are seen on the same day and long term supportive work is offered when needed. The clinic has developed a relationship with the local hospital for emergency and short term hospitalization.

The clinic maintains its involvements with the community. During the past year it has been involved with the Veteran's Administration; the Division of Rehabilitation, Education and Services; Mental Health Institute, Independence; Black Hawk-Grundy Mental Health Center; Linn County Psychiatric Clinic; Grant Wood AEA; Adult Parole; Benton County Juvenile Probation; Benton County Department of Social Services; HACAP; Belle Plain, Vinton, and Benton Community Schools; Benton County Sheriff's Office; District Court; County Attorney's Office; County Health Nurses; Virginia Gay Hospital; the physicians of the county; and members of the clergy. The clinic's involvement in the admission and ongoing treatment of youngsters in the Boy's Group Home continues, as has their assistance in evaluation of candidates for the work center.

In planning for the next year's operation, the staff sees a continuation of these activities. The trend toward providing consultation to other agencies is expected to increase. There is also the expectation that emphasis for the next year will be on prevention and providing consultation to the primary service agencies.

At present, the Mental Health Center staff provide a full range of outpatient services including social work, psychological, and psychiatric services. Emergency services are limited to office hours (8:00 a.m. - 5:00 p.m. weekdays); however, staff who are in the office outside these hours have provided emergency services to members of the community in need. The Center has agreements with several area groups to provide consultation/education services, which form an integral part of activities directed toward prevention of mental illness.

The Center has had an agreement with the local Headstart Agency to provide two hours of psychological consultation per week to the Headstart Program. In previous years, the Black Hawk - Buchanan Board of Education (now the AEA-7 Education Agency) has had a contract with the Mental Health Center to provide a number of hours of psychological and/or psychiatric consultation per week. While this was not in effect during the 1975-76 fiscal year, negotiations are currently in process to re-establish this agreement for the 1976-77 school year.

The Mental Health Center has had an agreement with the Department of Court Services to provide clinical staffings for patients referred to the Mental Health Center by the Department of Court Services by Court order. These clinical staffings have both a clinical consultation component and a staff development-education component for the members of the Department of Court Services. The Mental Health Center is reimbursed by the First Judicial District Court for these clinical staffings.

The Board of Directors of the Black Hawk-Grundy Mental Health Center, Inc. is committed to providing consultation/education services in both Grundy and Black Hawk Counties. The Grundy County Board of Supervisors had allowed as a part of its ongoing contract with the Center for the payment of professional fees to the Mental Health Center for consultation/education services. These are being provided and paid for on a regular ongoing basis to social workers in the Department of Social Services, the staff of the local Junvenile Court Services Office, pastors, school administrators, guidance counselors, and teachers.

The Black Hawk County Board of Supervisors has incorporated a special grant of $30,000.00 in addition to the regular funded grant to the Mental Health Center for patient services to provide for consultation/education services. These services are in the nature of consultation to agencies regarding clients of the agency who may or may not be known to the Mental Health Center, program development consultation for the agency, and staff development activities for agency staff. These activities are to be developed within the framework of agreements to be negotiated between the Mental Health Center and the community agencies involved with a percentage of the cost of the service to be paid out of the $30,000.00 Mental Health Consultation/Education Grant funded by the Black Hawk County Board of Supervisors. The Center, is in the process of negotiating these consultation/education contracts with agencies in the community.

The Black Hawk-Grundy Mental Health Center, Inc. has made efforts to provide more comprehensive services, and the Board is discussing further efforts in this area. A pilot partial hospitalization program was begun in 1968 with St. Francis Hospital, but was discontinued when it became clear that third party insurance carriers would not pay the Mental Health Center for partial hospital-

ization services. At present there is an intermediate care group of about ten chronically ill patients who meet daily for supervision of medication and ego-supportive therapy. The success of this group has been aided by the close cooperative relationship between the Mental Health Center and the Waterloo District Office of Rehabilitation, Education, and Services Branch and Goodwill Industries. In addition, though the Center has no formal rehabilitation program, through cooperation with these groups it has been possible for patients of RESB to be provided treatment and evaluation at the Center. The Mental Health Center also works with the Disability Determination Unit in ruling on Disability Claims for the Social Security Administration and Department of Social Services. The Board is also discussing the feasability of establishing inpatient service at the Center. Should such service be instituted, 24-hour emergency care would be a necessary component.

Cedar Valley Mental Health Center

The Cedar Valley Mental Health Center has a main office in Waverly with a newly established satellite office in Oelwein. To these facilities, the Center serves Butler, Chickasaw, Fayette, and Bremer Counties. Outpatient services fall into the general categories of diagnosis and treatment. Diagnostic services are provided on a team basis involving the Executive Director, the Psychiatrist and the therapist that will be involved in the case. Auxiliary personnel from other agencies are involved when indicated. Treatment services are carried out by the Social Worker by the supervision of the Psychiatrist. Chemotherapy is provided by the Psychiatrist when indicated. An affiliate agreement provides emergency outpatient diagnostic services upon request within twenty-four hours.

Consultation services are available to any other agencies through several channels. The most used channel is the regular staff meetings that are held every Friday morning, at which it is generally announced to all professions in the four county area that any staff of the agency is available for consultation. This is a highly useful and much used program of the Center. The Center provides educational services through literature and a PET Program with two trained parent effectiveness training teachers on the staff. The staff also regularly releases printed material to news media and gives interviews on local radio stations.

The Board of Directors is currently attempting to assess needs and plans to provide more comprehensive services for the catchment area. Currently, at least one staff member is available at all times to provide emergency services or to make referral for medical services that may be indicated. Affiliate agreements are available with two private and one state hospital to provide emergency inpatient services when indicated. Rehabilitation services of a vocational nature are gained through referrals to state agencies set up to provide such services. The staff is attempting to obtain written affiliate agreements for vocational services, and now has affiliate agreements established for rehabilitative services for alcholics.

A specific goal for the Center for 1977 is to enhance the 24 hour emergency services, and set up a system whereby staff people are recognizably available. It is anticipated that this will be accomplished through the use of a page system, as well as the possible use of emergency number through either hospitals or the local law enforcement agency. This process is currently under study. The Board of Directors is also directed that in the next six months the staff will make every attempt to formalize all affiliate agreements for providing auxiliary services not offered currently by the agency. Another specific objective of the Board of Directors meeting, whereby the Board members can be specifically informed and educated as to the nature of the clinical aspects of the mental health center delivery system at the agency. The Executive Committee of the Board is anticipating meeting to plan to develop ways to assess needs and develop programs specifically geared to the needs of the particular communities being served.

Central Iowa Mental Health Center

The Central Iowa Mental Health Center provides a full range of mental health services, including outpatient, inpatient and 24 hour emergency services. The outpatient treatment program occupies the majority of the professional staff time. This treatment program includes diagnostic evaluations, limited psychological testing, psycho-social evaluations, individual, group and family therapy, marriage counseling, and chemotherapy. A fifteen bed mental health unit at Mary Greely Hospital in Ames, provides inpatient facilities for the Center's voluntary clients. These patients are admitted and treated by the hospital's staff physicians, while contact is maintained with the Center's staff. Patients' requiring involuntary psychiatric admission, long term care or specialized care are referred to the Cherokee or Clarinda Mental Health Institutes or Beloit of Iowa. The 24 hour emergency service was instituted in the fall of 1975. Under this system the professional staff of the Center is available during non-office hours, on a rotating call basis. The staff member on call carries a voice pager from which he/she may be reached to respond to emergency calls which come in to the Mary Greely Hospital switchboard operator through a tie line with the Center.

The Center has for several years emphasized the importance of consultation and education services as a means of moving into the area of prevention. As a result, about 20% of the professional staff time at the Center is currently spent in provision of consultation and education to community agencies, individuals and groups concerned about or involved with mental health problems. Some of the services are regularly scheduled, and others are rendered on an "as requested" basis. The staff also provides a considerable amount of mental health education to the community. In addition to the usual talks given to various community groups, the Center staff has been heavily involved in the provision of human relations training to various lay and professional groups.

The Center has either informal or formalized arrangements with other related agencies within the community and throughout the state to send or receive clients back and forth freely between the respective agencies for whose services the client is eligible. Such arrangements are set up with the local inpatient psychiatric half-way house, the two private psychiatrists and private practicing psychologists and social workers, the local residential treatment center for children and the local regional alcoholism center, as well as numerous other human service agencies with whom the Center interacts around client needs such as the county departments of social services, schools, vocational rehabilitation services, county health facilities, etc.

Within the past year the Center has been able to respond positively to the ever increasing demand for direct and indirect service. The Medical Director now provides inpatient care to Center patients and a full-time psychologist has been added to the staff. Also, the implementation of the 24 hour emergency service has expanded services.

The recent opening of the psychiatric half-way house has provided a much needed intermediate care service. Though not directly part of the Center program, the Center staff assisted in the development of the facility and the Center's Executive Director serves on the Board of Directors of the house.

The satellite services of the Center have been improved and extended during this past year. A third satellite office was opened this past January in the Story County Hospital in Nevada. A remodelling program was completed in the Boone County Hospital satellite during this past year which has made the

facility there much more attractive, comfortable, and usable.

The consultation relationships with several other human service agencies in the area, and the new relationships have brought the Center's services to bear on some new target groups which have not been previously served to any extent by the Center such as adult mentally retarded.

Community Mental Health Center
of Henry, Louisa and Jefferson Counties

The Community Mental Health Center of Henry, Louisa and Jefferson Counties was established in 1971. The emphasis for this Center is providing readily accessible outpatient services at the main office in Mt. Pleasant, and the two satellite offices; one each in Wapello and Fairfield. The outpatient services include diagnostic evaluations, individual and family therapy for improving problem solving abilities as well as personal growth, chemotherapy, and referrals to other specialized caretaking facilities for some services not available at the Center. Emergency services are handled on the same day they are received. When necessary, psychotic or suicidal patients may be referred for inpatient care either at the psychiatric unit in Burlington or the Mental Health Institute in Mt. Pleasant.

Consultation and educational services are seen as an integral part of the Center's activities. There has been an increase in consultation services to the Department of Social Services, Head Start and the Ministry. Contact has remained constant with the Public Health Nurses, physicians and public schools. Community education is carried on a request basis. The Center also has a designated staff person serving as laision to the Mental Health Institute to coordinate the Center's efforts with the Mental Health Institute for followup care of its patients.

The Center has moved to a new facility in a residential area in the past year. The staff feels that the new location has created an atmosphere that improves patient care. The new facility is adjacent to the Henry County Memorial Hospital,whose hospital administrator sees this move as leading the way for the development of a medical complex. More immediately, the Center sees the coming year as a year of consolidation and solidification of existing inter-agency relationships. The staff psychologist will become a full-time staff member in fiscal year 1977. Also, the Executive Director and the Board of Directors will consider funding for inpatient care and possible ways of providing 24 hour emergency service.

Community Mental Health Center of Scott County

The Community Mental Health Center of Scott County, in affiliation with Mercy Hospital, Pine Knoll Health Care Facility and the Mississippi Bend Area Education Agency, provides persons in its catchment area with a full range of clinical services all within the community and coordinated all so that an individual receives the type of care he needs when he needs it and can move easily from one type of care to another as his needs change. These services are available at convenient hours, including evening and Saturday, and on a 24-hour, 7-day a week emergency basis for adults, adolescents and children with differing types and degrees of disturbance. They supplement and complement those provided by private mental health pracititoners in the community and in considerable measure replace those previously provided by the Mental Health Instit at Mt. Pleasant, Iowa.

The Outpatient Service responds to the full range of mental health problems, transferring only those whose conditions and circumstances require it to the day treatment, inpatient and residential services of the Center. Length of treatment ranges from a single therapy session to aftercare of indefinite duration.

The Day Treatment Service provides treatment for persons with severe emotional disturbances and serves both as an alternative to 24-hour a day care and as an effective transition between such care and full return to the community. Most patients participate in the program for a period of four to six week, ordinarily on a gradually decreasing time basis. Day patient capacity is 16.

The Therapeutic School, which is located in a distinctive area of the Center facility, provides psychoeducational programs for children of preschool and kindergarten age. The Therapeutic School enrolls children who are having serious problems in adjusting to stresses in their lives and who lage behind their peers developmentally and socially. The preschool program takes place three mornings a week, the kindergarten program four afternoons a week; each is two and half hours in length. Children are transported to the Center in a minibus provided by the school system.

The Therapeutic School philosophy holds that the child's growth and developmen are fostered most naturally and fully in the context of the family. Accordingly, involvement of parents is an important goal in order to amend inappropriate family interactions as well as to provide continuity between the child's learning experie in the Therapeutic School and those at home. Parents are expected to participate in one or more of the following: 1) parent group meetings focused on child rearing and family living, and 2) individual, couples, family and group therapy focused on problems which extend beyond those appropriately addressed in the parent groups

Short-term intensive inpatient treatment for severely emotionally disturbed persons who require 24-hour a day care, is provided in two psychiatric units, one 26 bed (1 North) and one 30 bed (2 North), at Mercy Hospital. The program on 1 North is structured to care for more acutely disturbed patients; the 2 North program encourages patients to assume more responsibility for themselves. Children as well as adolescents and adults are admitted to these units, but the pediatric unit of the Hospital also is utilized for children with psychiatric disorders when hospitalization is indicated for evaluation and brief treatment.

The inpatient service operates on the assumption that a general hospital psychiatric unit is an ideal setting for an intensive treatment service, located close to family, job and other community involvements, and in the same place where other health services are provided. The service follows the private practice mode

with the psychiatrist making daily rounds and writing orders for the treatment program. An increasingly full and boaradly staffed program is emerging, available to both Center and private patients. The focus of the program is on milieu therapy. For most patients treatment includes group therapy three times a week and activity therapy daily. Individual psychotherapy, chemotherapy and electrotherapy are used when indicated. An open door policy is in effect and most patients have their meals in the hospital cafeteria or coffee shop, often with the companionship of family members. Involvement of family members is a regular part of the program and frequently conjoint interview with the patient's spouse or family therapy sessions are held. Community caregivers are involved during the patient's inpatient stay, as appropriate, and no patient is discharged without arrangements having been made for adequate follow-up.

The Emergency Service provides immediate evaluation and care on a 24-hour a day, seven-day a week basis. It is available to all without regard to residency. Face-to-face intervention is available to anyone who regards his or her condition or circumstances as emergent or is so regarded by the family or other referral sources.

Aftercare or follow-up services, designed to maximize the independent and productive functioning of persons who have required 24-hour a day inpatient care or residential treatment and to increase the probability that they will not require such care and treatment again, are essential services which constitute a significant part of the outpatient service at Mercy Hospital and the residential treatment and transitional half-way house programs at Pine Knoll as well as upon those discharged from the Mental Health Institute at Mt. Pleasant and other institutional programs.

Intermediate to long-term residential treatment for adults (18 years and older) with severe, subacute mental and emotional disorders is provided in the 60 bed Pine Knoll Health Care Facility. Transitional half-way house services are available in an adjacent residence on the Pine Knoll grounds which accomodates 11 residents and two counselors. Most of the individuals served will have had one or more admissions to acute inpatient psychiatric treatment facilities or to state mental hospitals. Treatment goals are to prevent further hospitalizations and enable these individuals to become productive members of the community to the fullest extent that their conditions and circumstances will permit.

The Mental Health Center has affirmed its awareness of the importance of a full range of mental health services for the elderly through its Director's active participation in community planning for services for the elderly and by identification of a staff member, knowledgeable about the needs of the elderly and committed to seeing that these needs are met, as an advocate for the elderly within the Center and with other community agencies.

In 1975, through participation in the planning and implementation of a Well-Elderly Project, under the aegis of the newly formed Communtiy Health Center, the Center has had an opportunity to reach the elderly in settings they find comfortable and acceptable. Continued participation in this Project is expected to increase the mental health services provided to the elderly and to serve as a bridge for back-up services at the Mental Health Center when these are needed.

Also during 1975, following efforts over a number of years, the Center developed a liaison relationship with the administration of the five nursing homes where most of the chronically emotionally disabled in the community are placed. Many of these are elderly persons. The Center's goals are to increase the capability of

these facilities to meet the needs of their residents and to facilitate appropriat referrals to the Center. The Center Volunteer Organization, which for five years has provided companionship to a number of chronically emotionally disabled persons, is expanding its activities in this regard to include residents of these long-term care facilities. Lastly, the Center has been asked by the Commission on Aging to participate in the Development of adult day care programs made possible by recently passed State legislation with funding available July 1, 1976, and has made a commitment to do so.

The Community Mental Health Center was active in the formation of the Quint-Cities Drug Abuse Council in 1970 and has worked with its Board and staff in collaborative and consultative ways since then. In March 1973 the two agencies entered into a formal affiliation agreement and since that time have extended their collaborative efforts with regard to comprehensive drug abuse services.

Mercy Hospital has developed an alcoholism program which provides for 1) detoxification and attention to the medical problems seen in conjunction with alcoholism, 2) a three-week treatment program involving individual and family ther counseling, group and occupational therapies, vocational counseling and an intensi exposure to the philosophy and principles of Alcoholics Anonymous, and 3) follow-up care. A member of the Mental Health Center staff who has experience in alcohol programming provides consultative and liaison services to the Program. The Center intends to pursue again in FY 1977 coordination of treatment and rehabilitation efforts with the Alcoholism Treatment Center and with Mercy Hospital. Coordinatio of these services with the Mercy Hospital alcoholism program and with the mental health services provided by the Center, documented by appropriate affiliation agre ments, is seen by the Hospital as well as by the Center as necessary to ensure a f range of alcoholism services for the catchment area. As is presently the case wit the Drug Abuse Council, the Center will extend its collaboration to the Alcoholism Treatment Center and to the Mercy Hospital alcoholism program by accpeting and encouraging referrals to all of its clinical services and by making consultation and education services available. In turn, the Center will expect to have referrals for comprehensive alcoholism services accepted and encouraged by the alcoholism treatment center and the Mercy Hospital alcoholism program.

Consultation and Education Services, which are the responsibility of a coordin tor who reports to the Center Director, have a high priority among Center service These services are integrated with clinical services and have, as an important goa extending the impact of Center staff through a wide range of community caregivers to persons who might never reach the Center and who are served appropriately by these caregivers. Consultation on a regularly scheduled basis - weekly or bi-week was provided to 23 community agencies in 1975, typically in their own facilities. Schools, health and social agencies, law enforcement agencies, and the clergy were among those provided consultation services. Ten members of the Center staff, who also provide clinical services, served as consultants. Each of the four tradition mental health professions was represented. Consultation was provided to an additional 22 agencies on an occasional basis and additional staff members partici pated in these consultations. Case consultation was the most frequently requested consultation activity but appreciable time was spent by the Center staff on progra consultation and staff development.

In 1975, Center staff members made over one hundred presentations on mental health topics to a variety of community organizations and groups. As a part of these educational efforts, the staff has the opportunity of acquainting the community with mental health resources in order to stimulate appropriate utilization of these resources. Most importantly, these presentations are made with the hope tha they will result in some measure of primary prevention of mental health problems. In addition to these various consultation and education activities, the Center sta

spends many hours each year in community planning and development, participating as mental health representatives with community leaders from other human service agencies and citizen groups.

It can be seen from the preceding that the Community Mental Health Center of Scott County provides services which are quite comprehensive. At the same time, efforts are continually made to improve and expand offered services as appropriate. Fiscal Year 1976 was highlighted by two significant program achievements. The first was the opportunity to extend its services to low-income families and to the elderly as part of a newly established ambulatory health care program for residents of Scott County. The second was the establishment of the Great River Mental Health Center in Muscatine, Iowa, to provide outpatient, emergency and consultation and education services for residents of Muscatine County. The governing boards of the Muscatine and Scott County Mental Health Centers have made a commitment to the provision of coordinated comprehensive mental health services to all residents of the catchment area and plan later this year to establish a coordinating council with board and staff representatives from each center for this purpose. Both of these achievements were the result of community planning and implementation efforts sustained over a period of several years.

The Center enters Fiscal Year 1977 with concern about the growth of its program relative to its management capability. Center administration recognizes the need to define more clearly the roles and relationships within the Center, to update its organizational policy and procedural management, to develop a complete management information system and to intensify its program evaluation efforts.

Crossroads Mental Health Services

The Crossroads Mental Health Center is relatively a new organization. During the organizational phase of the Service, questionaires were sent to all human service, medical, legal and other allied professionals in the two county community served. This approach, in conjunction with input from the Board of Directors and the combined expertise of the Executive and Medical Directors, had helped delineate community needs. Two full-time and one part-time mental health professionals now provide the bulk of the outpatient, emergency and consultation/education services. A part-time, licensed, clinical psychologist is also utilized on an as-need contractual basis. The Center has informal agreements for partial hospitalization with both Clarke and Union county hospitals for clients. There are formal agreements with a local hospital for clients needing drug treatment and intervention, and with the local Vocational Rehabilitation agency outlining mutual referral procedures.

In expanding its services the Center plans to continue to illicit community input with regard to needed services. For example, the Center plans to have developed a consultation relationship with three new agencies by January 1, 1977, thereby fostering community acceptance and credibility for the agency. The Center also plans to expand its efforts in the area of prevention. The Center would like to initiate, with joint sponsorship by Southwestern Community College or a similar broadly based community agency, an area family life education program. Also, to develop a Big Brother - Big Sister Volunteer Program in Union County (such a program has been established in Clarke County). A goal for later in the 1977 year, is to develop a slide-tape presentation for community education purposes, outlining local Mental Health and Drug Abuse problems and needs and the agency's focus toward alleviating these problems.

Des Moines Child Guidance Center

The Des Moines Child Guidance Center is a private, non-profit community agency organized in 1936 for the expressed purpose of promoting community mental health through the provision of multiple professional services to children/youth/families and to those persons and organizations influential in the emotional development and well being of children and youth.

The work of the Center is organized in two divisions: the Division of Direct Clinical Services and the Division of Community and Child Studies.

Three interrelated sub-services---Evaluation and Parent and Child/Youth Guidance Services; psychotherapy (individual, family and group)--out-patient; and, psychotherapy and milieu therapy--day patient (intermediate care)--are included in the work of the Division of Direct Clinical Services.

The work of the Division of Community and Child Studies incorporates those activities designed to augment and strengthen the efforts of other agencies, individuals, and human services planning groups to promote and maintain the conditions necessary for healthy growth and development and/or to take suitable remedial action. Activities include consultation with other child/youth serving community agencies and individuals; mental health and family life education; community planning; and, research.

In 1975, an additional program (Outreach--combined prevention/consultation/clinical services) was instituted. This project is supported, in part, by an NIMH staffing grant. Clinical and consultative services are provided in homes, neighborhoods, or "natural" settings in geographical areas which are known to contain large numbers of children whose family life situations are likely to produce mental, emotional, and behavioral disorders.

Training services, which both serve and are served by both divisions, incorporate those activities designed to increase the number of trained mental health professionals and to expand the number of service hours available to the Center's community. They include the training and supervision of graduate students in mental health disciplines; the training and supervision of service volunteers; and supervision of practicum experiences to trainees of related health, education, and social service fields (pediatric residents, child development, and special education students, etc.).

The work of the Center is carried out by a multi-discipline professional staff in the fields of child psychiatry, clinical psychology, psychiatric social work, nursing and special education. In 1976, the Des Moines Child Guidance Center had a professional staff of 24, two pre-doctoral interns in clinical psychology, two graduate students in social work, plus a number of other students who were with the Center for varying lengths of time. In addition, there is a support staff of eight and a volunteer organization consisting of thirty-plus active service volunteers.

Dubuque/Jackson County Mental Health Center

The Dubuque/Jackson County Mental Health Center provides consultation/education and outpatient services. These services are provided by eleven full-time staff and three part-time staff. Staff represent psychologists, psychiatrists, social workers, community intervention specialists and clerical personnel. Partial hospitalization, emergency services and 24 hour inpatient services are provided by the Mercy Medical Center for the Dubuque program, and by the Jackson Public Hospital for the Jackson County program. Clients have ready access, and are able to use these services due to the Center's understanding with these two hospitals. The Center's staff is attempting to stress prevention via the vehicles of education and consultation to caretakers and programs in the community that have impact directly upon people.

Community needs are assessed both formally and informally. Responding to the communities needs, the Center staff has undertaken to provide more comprehensive services. The staff has worked with the Pastoral Marriage Counseling Agency of Dubuque to develop a free flow of referrals to and from the local Department of Public Instruction's Rehabilitation office for vocational counseling, job placement and followup of persons with mental disabilities. The Center's staff has also worked closely with the Tri-County Citizens Committee on Alcoholism and Drug Abuse to develop referral exchange, and to share program ideas and educational materials. The Center staff will also continue consultation for the local Head Start Program.

In March 1976, a new Executive Director came to the Dubuque/Jackson County Mental Health Center. There was an accompanying redefinition of the roles of executive director and the medical director aimed at developing continuity and coordination of patient care. There has been a shift in the past 12 months from the medical model to the community-educational model, with a growing emphasis on indirect services. There are also plans, however, to increase direct services to children and the elderly. One objective is to expand children's services by 20%, and services to the elderly by 10%. This objective is to be expressed in an increase in the numbers of individuals in these classifications served by January 1977.

Great River Community Mental Health Center

The Great River Community Mental Health Center provides outpatient directive services in the areas of emotional, social intellectual and vocational functioning. Emergency services are provided either at the Center during regular hours, or through a cod-a-phone system which gives the names of persons on call when the Center is closed. Persons not known to the Center will be seen in the Emergency Room of Muscatine General Hospital. Consultative services are provided to other agencies. The Center has contracted to provide growth groups for the Iowa East Central TRAIN (Teach, Rehabilitate, Aid Iowa's Neglected) summer program. In addition, one hour of "free" consultation is provided to individuals and groups in the community (such as clergymen) for any individual case. Center staff are available without charge to speak to any group or organization in the county.

Since the Center is relatively new (founded in August, 1975) efforts have been directed toward instituting the basic essential services. In one year, this has been accomplished. Additionally, a pre and after-care program for patients at the Mt. Pleasant Mental Health Institute is in operation, and the cod-a-phone system mentioned above has extended emergency services outside regular Center hours.

Opening of the Center and provision of the essential services must be viewed as major accomplishments during the past year. Problems have revolved around efforts to obtain funding adequate to expand services as needed. There is no psychiatrist in Muscatine County, but an increase in funding from the County Board of Supervisors will allow purchase of more psychiatric time and the addition of another full-time psychologist.

Jasper County Mental Health Center, Inc.

The Jasper County Mental Health Center is a non-profit corporation serving a catchment area of approximately 45,000. Disciplines represented on the staff are psychiatry, clinical psychology, social work, and prevention education specialist.

The Center offers the following services:

1. Direct out-patient service is available on a daily basis.
2. Inpatient care is provided locally and at some distance in both private and state institutions by inter-agency agreement.
3. Emergency care is provided on a 24-hour basis. A code-a-phone gives emergency number of staff.
4. Aftercare and follow-up is routinely provided to patients discharged from either state or private inpatient facilities. The Mental Health Center is notified of patient discharge by the discharging psychiatrist, in the case of private care, and by the hospital social services, in the case of state care.
5. Community education and consultation in the area of chemical substance abuse, emotional problems, school problems, effective parenting and values clarification seminars and groups are provided by a full-time education-prevention specialist.
6. The Center also serves as a pre-screening agency for inpatient care and referral to specialized inpatient facilities for individual, family, and school problem areas.
7. Direct and indirect consultation are routinely provided to hospitals, schools, industry, community agencies, and inpatient facilities. The consultation approach is generally multiple disciplinary, conjointly with representatives from other agencies.
8. The Jasper County Mental Health Center staff has taken the initiative to complete an internship in marriage and family counseling. Three members now hold membership in American Association of Marriage and Family Counseling, in addition to their expertise in respective clinical disciplines.
9. The Jasper County Mental Health Center serves all ages and persons within the guidelines of Title VI of the 1964 Civil Rights Act and meets the accreditation standards for the State of Iowa.
10. Charges for service are based on a sliding fee scale. No one is refused service for any reason, including inability to pay fee.
11. Service provided at the Mental Health Center encompasses the full range of psychiatric disorders, psycho-social adjustment problems and marriage and family problems. Patients come to the Center on open-referral and self-referral.

Lee County Mental Health Center

The Lee County Mental Health Center provides a full range of services, including outpatient, emergency, and consultation/education. The Center staff provide for 24-hour emergency services by being on call to the community. The Center has established a working relationship with other community agencies to provide more comprehensive services. In addition, the full-time Center psychiatrist and his staff may use the local hospitals and the Center to provide inpatient, partial hospitalization, and rehabilitation services.

During the past year, the Center has been able to expand its patient care through an agreement with Western Illinois University, by which the Center is able to utilize an intern clinical psychologist under the supervision of the Center psychologist. The Center staff were also involved in training programs with the area college and community care facilities to improve their ability to care for individual patients.

Linn County Psychiatric Clinic

The Linn County Psychiatric Clinic provides a comprehensive program of services to citizens of Linn County. Outpatient services are offered directly through the Clinic staff. Full 24-hour emergency services are provided by telephone contact with staff psychiatrists, and through St. Luke's Methodist Hospital which provides emergency room services and emergency psychiatric in-patient services. Staff members in the Child Division and Adult Division will provide consultation services through telephone and personal contact, and the Mental Health Assistance and Community Services Division provides consultation services as requested by community agencies. In addition, staff members of all divisions are available to speak to community groups.

The Clinic also provides for inpatient, partial hospitalization, and rehabilitation-aftercare services. Psychiatrists on the Clinic staff admit patients to St. Luke's Hospital as necessary for inpatient care. Within the past year, a viable partial hospitalization program has been developed in connection with the Adult Day Treatment Program, to which a Psychiatric Nurse from the Clinic serves as consultant. The Mental Health Assistance and Community Service Division of the Clinic provides precare, aftercare, and rehabilitation services to patients at St. Luke's Hospital, Independence Mental Health Institute, and State Psychiatric Hospital by directing them to appropriate community resources to meet their needs in the areas of housing, employment, and education.

Mental Health Center of Clinton County

The Mental Health Center of Clinton County offers the full range of outpatient mental health services. These services include individual and group therapy, diagnostic assessment, individual testing and interpretation, play therapy, family therapy, and marriage counseling. Within the first year of operation of the Mental Health Center, the Board of Directors developed a policy position to support the development of inpatient services. The recruitment of a full-time psychiatrist was begun with the stipulation that he/she develop such a unit. This was accomplished and such a unit was in operation for about three years. The psychiatrist then resigned and the unit had to be closed. When this unit was in operation partial hospitalization was developed within the hospital setting. Also, at that time an emergency phone number for the Mental Health Center was published. This was the number of the hospital psychiatrist unit. After the unit was closed the hospital staff would call the Center's staff for emergencies.

Rehabilitation services have also been developed, particularly in the interest of post-hospital discharge planning for past patients of the mental health institutes. The staff at the Center has developed plans with several other agencies to meet briefly on a weekly basis to review people whose discharge plans may need follow-up.

In assessing community needs an outreach activity has evolved in building relationships with other resources and developing plans with these organizations. As a result several consultation programs have been developed not only to consult with staff, but to discuss cases which may be referred to the Mental Health Center. The Center has also used its Board of Directors effectively for needs assessment, creating a Board Staff Committee. One result of this working relationship was to identify an need for consultation and support for the parents of epileptic children in the catchment area. A staff member of the Center led several groups for these parents and consulted with them to develop their own organization.

The Center has developed an experimental contract with an organization to provide services for its clientele of handicapped persons. This experiment will be evaluated with the goal of renewing the contract and perhaps varying services offered. This is a particularly valuable program as many of the clientele are common to both organizations. Over the past year, the Center has also been involved on a regional basis in Title XX planning along with several other agencies. This has resulted in a grant for a residential alternatives program for handicapped persons with a committment for the Mental Health Center to participate in various components of the program. The Center has been working to re-establish an inpatient unit, and the expectation is that the unit will reopen in the early part of 1977. Also, consistent with its committment to working with its Board, the Center has developed an on-going orientation program for Board members.

Mental Health Center of Mid-Iowa

The Mental Health Center of Mid-Iowa, located in Marshalltown, serves Hardin, Tama, and Marshall Counties. The staff at the Mental Health Center has a firm commitment providing a good intake process into the center to assure that appropriate direct and indirect services are received by the clients. It is felt by the staff that the intake process must not operate in a way to humiliate, intimidate, or degrade any applicant who seeks help. The majority of individuals coming to the Center are in a state of illness, suffering, or have impaired functioning. The goal of the staff at the Center is to offer services to these individuals to bring them to a higher level of health competence or capacity for living when they are discharged back into the community. In order to help clients to attain the goal of higher health competence, the staff at the Center offer services in five categories; inpatient treatment, intermediate treatment, emergency services, outpatient and follow-up treatment, and consultation and education.

The inpatient and intermediate treatment programs serve clients needing the most intensive services, while the emergency services meet the needs of clients with acute difficulties. The inpatient service is a 24 bed unit in a local hospital. The psychiatrists of the Mental Health Center are available for the needed psychiatric care of these patients. This treatment program may be either on a short-term or extended basis. Intermediate care provides day, evening, night, or weekend care for persons requiring care in a service setting for a substantial portion of the day or night. The program is provided in a therapeutic milieu and can be highly adaptable, both as to type of program and range of treatment in modalities, such as individual, family, and group psychotherapy, chemotherapy, as well as diagnostic services. The program may be on a short-term or extended basis. Emergency services are provided in the form of telephone service, and face-to-face contact, both within and outside the Center. This service is coordinated with community resources; including hospitals, special groups providing emergency telephone services and walk-in care.

The outpatient service of the Center is designed to provide a therapeutic program for persons whose relationships within the community are sufficiently intact to enable them to benefit from periodic visits to the Center. The program consists of a variety of treatment modalities, including individual, couples, family, and group psychotherapy, chemotherapy, diagnostic services and pre and post hospitalization services. There are two special programs within the outpatient program: the Suicide Prevention Program and the Disaster Service. The Suicide Prevention Program is put into effect when persons are identified as high risk patients. This involves possible use of medication, involvement of other agencies or persons, and regular appointments at the Center. Should such a high risk client miss an appointment, he/she is contacted to ascertain the reason the appointment was missed. All terminations of treatment in such cases are agreed upon by consultation of the staff members. The Disaster Service is a provision of any of the outpatient services at a given location on a temporary basis in response to help individually, singularly, and collectively with the stresses of a natural or other catastrophic event.

Consultation services are given on either a case-oriented or program oriented basis. In the case-oriented situation, the staff at the Mental Health Center consults with representatives of other organizations or individual practitioners with the purpose of assisting these individuals in

providing services to a specific client. In the program-oriented consultation, the staff of the Mental Health Center consults with representatives of other organizations or individual practitioners to assist them in planning and developing programs, in solving programs' problems and improving insight in mental health skills. The staff at the Mental Health Center has been involved in the provision of mental health education and information. Using educational strategies the staff has worked to change attitudes of the general public, segments of the population or special target groups to increase understanding of positive mental health and mental disorders and the availability of resources. The staff at the Mental Health Center has also worked with community leaders, organizations, and citizens' groups to plan for enhancement and enrichment of the community and develop solutions for community mental health problems. The goal of these consultations, education, and community planning services is to reduce the incidence of severity of emotional disturbances and mental illness in the area served and to promote and maintain mental health.

An achievement of the Mental Health Center has been to work with Tama County to provide, in addition to the regular service, the type of satellite service that is funded by the Federal Rural Health Initiative Grant. The Tama County Health Provider, Inc. will place on their medical staff, a clinical psychologist, who will be paid and given clerical help and office space for a three-year period. The Mental Health Center has agreed to select the psychologist and give, through the Center's psychiatrist, clinical supervision and psychiatric consultation services on a 24-hour basis. The Center has also agreed that a member of the present staff will organize and provide services to the Tama County Health Provider, Inc. until a psychologist is hired. The present Board of Directors has requested plans for approving a program of interviewing patients by the Center staff in both Tama and Hardin Counties. A form of consultation to service agencies will also be considered as a possible function of the Center's community service.

Mental Health Center of North Iowa

The Mental Health Center of North Iowa, serving a nine county area, is based in Mason City. The philosophy of the Center is not only to give treatment, but to assure the effectiveness, efficiency, and appropriateness of that treatment. Consistent with this philosophy, the Center continuously keeps an open line of communication with community agencies and referral sources to evaluate the expressed needs of the community served. Needs assessment is also conducted through survey methods. The most recent of these involves a period of six months (November, 1975 to April, 1976) whereby all of the professional people in the nine county area were contacted as well as random samplings of the public to determine program acceptance and direction. The Center's Board of Directors has an established committee whose sole responsibility is to work mutually with the staff in determining program development and direction. Research is also conducted to ascertain treatment effectiveness. Within the past few years, the Center has published two research projects (Dr. Pothast, "Daughters of Alcoholics", Frank Beatty, "Effectiveness of Treatment"), and has other such projects under consideration.

Outpatient services provided by the Center include services such as individual group and family therapy, play therapy, chemotherapy, marriage, pre-marital, and dissolution counseling, alcohol and drug abuse counseling, and consultation and evaluation services. Some of the more unique services include bio-feedback training, behavior modification, assertiveness training, progressive relaxation training, human effectiveness training, a psychological first aid team, and specialized workshops. There is also an emergency walk-in service. The Center is also involved in public education and research and offers student traineeships. The Center has also worked to develop more comprehensive services. The staff has developed a system of coordination with private psychiatrists, hospitals, mental health institutes, vocational rehabilitation, sheltered workshops, etc., whereby patients are given a full range of services even though they are not all under the auspices of the Center's program. In addition, the staff is in the process of completing work on a telephone system that will allow information sharing to people contacting the Center for help after hours. Staff members are willing to be contacted outside of office hours and, by philosophy, the Center feels obligated to the public on a 24-hour basis.

Within the past ten months, the following has also been accomplished: 1) The size of the physical plant has been doubled. 2) Two satellite offices have been established. 3) The bio-feedback unit has grown with new equipment. 4) The Center's staff has established a new format for working with school systems. 5) A full-time psychiatrist has been hired, who is expanding the impact of the medical directorship. 6) Peer review has been started. 7) The Center has established a follow-up method with mental health institutes and is constantly updating this method in order to increase efficiency and effectiveness. 8) Fifty-two hundred pieces of requested materials describing services and appropriate ways of admission to the service delivery system have been distributed. 9) There are also three new groups aimed at the special needs of the patient population.

The goals for the Center as of August, 1976, are as follows: 1) To redesign the patient flow system which, at present, cannot accomodate the numerous services offered (to be completed by October 1, 1976); 2) treatment service without waiting (January, 1977); 3) in-house continuing education (February, 1977); 4) more complete measuring of the effectiveness of treatment through feedback by client response (long-term goal); 5) initial steps in Management Informations System implementation (July, 1977).

Mid-Eastern Community Mental Health Center

The Mid-Eastern Community Mental Health Center, located in Iowa City, was established in September 1969 to serve Johnson and Cedar Counties. In 1970, Iowa County was included, and offices were open in Cedar and Iowa Counties which are staffed one day a week. In the fall of 1976, the Center moved to a larger building, which will more easily accommodate the past expansion of the program. Currently, the Center is serving approximately 800 persons a year, ranging from four to seventy with a mean age of 25. Of these individuals, approximately half seek help for problems in marriage and with children. About 20 percent of the clientele is made up of University of Iowa students.

As the State Psychiatric Hospital and the Mental Health Institute in Mt. Pleasant provide inpatient and emergency care for the Center's catchment area, the Center has focused on developing strong outpatient services and liaison with other community groups concerned with mental health services. The Center has developed a pattern of referral and agreement with the psychiatric hospital and the mental health institutes so that referrals are easily made between the Center and these hospitals. There is a strong commitment for keeping patients out of psychiatric hospitals and in a five year period ending in 1976 the number of patients that the mental health institute received from the Center's catchment area has been reduced from 22 in 1972 to 7 in 1976. The Center offers family therapy, play therapy, marriage counseling and chemotherapy on an outpatient basis. The Center also pioneered training programs for "natural helpers". The staff has developed a training program, primarily in rural areas, for the people often used as counselors. "Natural helper" were recruited in one of three levels: 1) official health givers in the area; 2) professionals in private practice; 3) an invisible level of helpers--friends, relatives, and others who are helping people regularly with out special recognition or training. This program has been used many times and the evaluation show that the training program improved the helper's ability to give help.

In the role of consultant, the staff at the Center has had an ongoing cooperative arrangement with a special problem center--Foundation II, for persons with problems of drug abuse. The Center has also worked cooperatively with the Mid-Eastern Community Council on Alcoholism which served the counties of the catchment area. The Community Mental Health Center staff provides consultation for area professionals, and they serve on community boards and committees. The staff served with community and university student representatives as co-founders of the Iowa City Crisis Intervention Center. Meeting occur regularly with representatives of social and governmental agencies. The staff serve on statewide mental health planning groups of the Iowa General Assembly, the Iowa Mental Health Authority, the Directors of Iowa Community Mental Health Centers, and the Community Mental Health Centers Association of Iowa. Talks of an informal content are given to civic organizations and churches. The Center has also received attention for many states pioneering training shops in rural areas for teachers, clergy, nurses, and many others who want to improve their ability for helping with their personal problems. The Center participates in a training of graduate students in the mental health professions from the University of Iowa. Research and Evaluation is primarily an activity conducted by the University of Iowa, however, the Center has participated in such projects in areas where services would not be disrupted by the participation. The Center has received national recognition for its work concerning risks to civil liberties and privacy when mental health facilities are lax in their confidentiality procedures, especially

in the use of computers. The staff at the Center feels that continued growth of the Community Mental Health Center is needed. There is a need to develop facilities for intermediate care for adults, and to develop half-way house residential services for mental health patients in transition and/or crisis. Aftercare services should be extended as needed by former mental hospital patients in nursing facilities. More staff is also needed to expand training workshops and helping skills for community professionals.

North Central Iowa Mental Health Center

The North Central Iowa Mental Health Center is designed on a private practice model; thus, outpatient services are provided almost entirely through purchase from private practitioners. However, a small amount of outpatient service is provided directly by the Center through the Executive Director and salaried Nurse. Emgergency services are provided on a 24-hour basis, by private practitioners, one of whom is always on call, and through the emergency room and Psychiatric Unit at at Trinity Regional Hospital. The Center coordinates consultation and education services, utlizing private practitioners by setting up staffings on a regular basis with a variety of community agencies, and with other organizations and interested persons as needed; by sponsoring seminars and workshps; and, by providing a regular program of school visitation and consultation. Through these programs, the Center is able to provide persons in the area who work with mental health related issues with more information and the opportunity to improve their own capabilities, and services.

In order to provide more comprehensive services, the Center's efforts have been directed toward cooperating with area facilities which presently provide such services. Inpatient care and partial hospitalization are provided at Trinity Regional Hospital Psychiatric Unit and the Webster County Mental Health Unit at the Webster County Care Facility. In addition, the Center is actively evaluating the possibility of establishing, along with several other groups and individuals, an inpatient adolescent treatment unit, because existing facilities are not felt to be adequate to the special needs of this group. Rehabilitation services are provided primarily through cooperation with the Rehabilitation, Education and Services Branch of the State Department of Public Instruction.

During the past year, the Center has succeeded in assuming a coordinating function among the Mental Health Institute at Cherokee, the Psychiatric Unit at Trinity Regional Hospital, the Webster County Mental Health Unit at the County Home, and the offices of the private practitioners. The Executive Director now attends staffing meetings at each of the other facilities on a regular basis, and is thus able to aid the flow of information and patients among the facilities and improve the ability of each component to function in relation to outside organizations.

Northeast Iowa Mental Health Center

The Northeast Iowa Mental Health Center provides the essential elements of service outpatient, emergency, and consultation/education. Outpatient services are provided weekdays from 8:00 am to 5:00 pm at the main facility in Decorah, and one day a week at satellite offices in Elkader, Waukon, and Cresco. Emergency services are provided at the Center during office hours. At other times, emergency service is provided through the State Mental Health Institute in Independence. Staff do handle emergencies after hours. The Center provides formal consultation services to community agencies as well as informal consultation to care givers in the community. The educational program is limited because of the severe demand for direct service and consultation.

The Mental Health Center is actively seeking a psychiatrist to reside in the area. The employment of a psychiatrist is viewed as crucial to the development of emergency and inpatient services. The Center has expressed a willingness to cooperate with other care giving agencies to provide more comprehensive services, and is actively promoting programs to provide more rehabilitative services to the community.

The most significant achievement during the last year of the Center has been in providing a more effective alcohol service. This program has been receiving attention, primarily due to adequate state and federal funding and the demands associated with such funding.

Northwest Iowa Mental Health Center

The Northwest Iowa Mental Health Center, located in Spencer, is the only psychiatric facility in Northwest Iowa, with the exception of the Mental Health Institute at Cherokee and a small church affiliated clinic in Sheldon. For this reason, the Center has established excellent rapport with the welfare agencies, schools, and other resources in the area. Community needs are assessed at various levels. The Board of Directors of the Center has been an excellent barometer of the needs within their counties. Since the Center serves a rural eight county area, the Board members have close community ties to their area. Professional staff meet regularly with community professionals and agency representatives to assess community needs. Internally, the professional staff meets weekly for the purpose of determining direction of programs as well as to determine how to best meet the needs of the area. This past year, in order to increase citizen input, a Representative Council has been reactivated to increase participation by industry, agency, and community persons. There is a strong conviction that since the Center is to become the first rural comprehensive mental health center in Iowa, that the programs will be designed to meet the psychiatric counseling needs of Northwest Iowa. The Board of Directors establishes the policies under which the Center functions, and makes the final decision for program expansion. Professional decisions on treatment are made by the staff and the executive director.

At this time the Center offers outpatient services to the Center in Spencer and a one-day-a-week branch office in Rock Rapids, Lyon County. The branch office will be open in Sibley, Osceola County and Spirit Lake, Dickinson County later this year. The Center has started an inpatient service in the Spencer Municipal Hospital that will expand to 10 beds this year. Medical coverage is provided by the Center's psychiatrist, unless he is unavailable. In this situation, local physicians provide the coverage, working with the Center's staff. These general practitioners will become part of the Center medical staff under the psychiatrist's supervision. The inpatient service is supplemented with an occupational therapy program started in Autumn, 1976. Recreational facilities will be provided through the local YM-YWCA when contractial agreements are reached and transportation is made available. Emergency services are presently handled through the Spencer Municipal Hospital. A professional staff member of the Center is available on a 24-hour basis and during the weekend. With the completion of a new building next year, there will be an emergency number available to all counties in the catchment area. With certain hospitals, a 24-hour, overnight hospitalization will be possible until transfer can be arranged to move the patient to the central office in Spencer.

Consultation/education services presently are provided through speeches, meetings with Department of Social Services, nursing homes, etc. The Center, for several years, has had a program with the 13 Headstart Programs in the area, providing consultation to the teachers and parents. The Center's psychiatrist has met with the Department of Social Services of the area on an every other month basis nad consults on a weekly basis with the alcoholic and drug treatment unit staff. Consultation for local family physicians is provided on patient's hospitalized in the Spencer Hospital. The Center also sees many outpatients for physicians in the area for consultation. Educational services have been offered in the form of a number of speeches given by staff and several classes given in public high schools. The Center has also given a great deal of attention to making the public aware of comprehensive community mental health and the expansion of the Center's program in the area.

The Center has a new $700,000 building, partially funded by federal money, under construction with a completion date set for late summer of 1977. In anticipation of moving to the new building, the Center is planning to expand its program; offering more comprehensive service. To facilitate program expansion additional staff will be hired; including two psychiatric nurses, three social workers, an occupational therapist, a Ph.D. psychologist, an activities director, and perhaps a minister. With the addition of these staff members, and local support in each of the counties, the Center plans to open branch offices in Osceola, Dickinson, Palo Alto, and Buena Vista Counties. Inpatient services have been started in Spencer Hospital, and it is hoped that local physicians will agree to become part of the medical staff of the Center to provide medical coverage when the psychiatrist is not available. The occupational therapy program begun in Spencer Hospital for both psychiatric and medical patients, will be moved into the new building upon it completion. There has been a growing communtiy interest and involvement in mental health due to the construction of the new building. Many businessmen's groups and women's organizations have expressed interest and eagerness to be involved. The Center anticipates capitalizing on this growing interest in mental health by involving community representatives in future planning for the mental health programs in Northwest Iowa.

Orchard Place

Orchard Place is a residential treatment center with the bulk of its treatment services being rendered to the children in the program and their families. There are three residential programs. The Orchard Place Residential Treatment Program is a 40 bed unit offering a structured program with special education, psychotherapy and milieu therapy for children between 6 and 16 years of age. A second residential setting is the Kenyon Street Group Home, which offers an intermediate level group care program to children. A child in this setting may also be transferred to Orchard Place, if he/she cannot be successfullly treated at the Group Home. A third setting is the Porter House Prevention/Diagnostic Center. This is a group home that provides short term stay while assessment of a child's needs is completed.

The staff at Orchard Place has also developed an outreach program in a cooperative effort with the Des Moines Public School System. This program is the Therapeutic Learning Centers Program, which is designed to return difficult children to regular classrooms, or to refer them for further treatment. The TLC program has been well received by the Des Moines Community and the School System has developed further analagous programs with consultation services purchased from Orchard Place. In addition to this laision with the community, the Orchard Place staff has offered consultation services to the SPELL Program of the Des Moines School System and the YMCA Boys' Home.

Orchard Place provides training experiences for many individuals. The Robert A. Gants Memorial Lecture Series has been offered for three years. Students representing fields such as social work, sociology, education and child development, and educational institutions both in and out of state, have had field placements at Orchard Place. Scholarships are also offered to staff members to allow them to return to school to further their education.

Plains Area Mental Health Center

The Plains Area Mental Health Center is located in LeMars, Iowa. Philosophically the board and staff of this center have geared services to helping individuals and families solve problems in daily living. To assess community needs, the center has kept in close communication with the schools, the department of social services, the courts, probation officers, rehabilitation services, alcoholics anonymous, and the other groups in the community. Direct patient services are provided including direct evaluation and treatment of individuals, couples and families. Chemotherapy is available and monitored by the staff psychiatrist or the patient's family physician. In order to meet its goals and objectives of increasing preventive services, classes such as positive parenting, couples communication, and relaxation workshops have been offered. Emergency services are provided by contacting the Plains Area Mental Health Center Office during office hours. After office hours the executive director may be contacted or the patient's therapist may be contacted directly. The executive director of the center has been active in the Northwest Iowa Liaison Committee, which is involved in coordination of patient care between the Mental Health Institute at Cherokee and the community mental health centers.

Consultation and education services have been available on request to individuals or the general public with the board and staff available for speaking engagements t o groups and agencies.

The center has established the following goals and objectives for 1977:

1) To continue to provide outpatient care to persons in the catchment area.
2) To review preventive services through the Big-Brother Program, singles club, positive parenting classes, couples communication, classes, and relaxation workshop.
3) To prepare a handbook for board members that will be available to help them be more effective in their work.

Polk County Mental Health Center

The Polk County Mental Health Center serves both Polk and Warren Counties. The Center has achieved comprehensivity through affiliation, and therefore provides services only to adults while its affiliates, the Child Guidance Center and Orchard Place, provide services for children. The Center works to provide needed services to the community in collaboration with other mental health agencies and facilities to avoid duplication of effort. Within Polk County there are two general private hospitals with psychiatric units: Iowa Methodist Medical Center (26 beds) and Iowa Lutheran Hospital (88 beds). There is a public facility, Broadlawns Polk County Hospital which is a local tax supported general hospital. Broadlawns has a psychiatric unit with 47 adult beds and 15 adolscent beds.

Broadlawns also operates an outpatient unit. On the Broadlawns campus, and now under the administrative control of Broadlawns is the Hickman Mental Health Center. The Hickman Center, until July of 1975, was the Clarinda Mental Health Clinic which serves outpatients released from the Clarinda Mental Health Institute, and the other three mental health institutes. Administrative controls have changed, but the Hickman Mental Health Center continues to serve the indigent people of Polk County. It serves as the point of entry and the readmission facility for indigent individuals who are not responsive to the brief hospitalization in the community and must be transferred to state facilities. Within the context of this established service delivery system, the Polk County Mental Health Center offers the following services.

The outpatient services of the Center include individual, group and family psychotherapy. A medication clinic is in operation, and diagnostic and evaluative functions are provided. Since November 1974, the Center has served the adult population of Warren County which is included in the east catchment area. The satellite office operates in Indianola one day a week. The southern part of the county which is sparsely populated is served from this office. The northern part of the county which is more heavily populated is served in the Polk County Center. The Center has a 28E contract with Warren County Board of Supervisors to provide 30 hours of clinical service a week.

During the hours the Center is open it serves as a emergency facility for individuals with psychiatric disabilities. The three general hospitals mentioned earlier all have facilities (24-hours a day) that serve psychiatric emergencies. There is a community funded agency, Community Telephone Counseling, Inc., located on the Lutheran Hospital Campus that operates a 24-hour telephone crisis line. The service utilizes trained volunteers with professional back-up on call. The Center ran a private project several years ago for three months in which all out-of-hour calls were directed to the psychiatrists. Prior to and during the three months, spot announcements regarding the service were made by other various media. The calls over the period averaged less than one a night and none were considered to be "real emergency". However, the Center Board of Directors on May 20, 1976 instructed the Executive Director to negotiate an out-of-hour contract with Community Telephone Counseling, Inc.

Patients receive inpatient care at all three general hospital's psychiatric units. Individuals with insurance and financial stability choose their own hospitals. Individuals without resources use Broadlawns. Since November 28, 1975, the Center has been without a full-time psychiatrist and hospitalization is arranged with psychiatrists in private practice. The Centers inpatient work has

always been limited and this stems primarily from the Center Psychiatric Treatment and public that utilizes the Center. The possibility of attracting and obtaining a full-time person for any length of time appears unlikely. The Center has budgeted for a full-time psychiatrist; however, past experience shows that greater continuity may be obtained by contracting with individuals in private practice for a specified number of hours. In the past it was hoped that the Polk County Home, an affiliate of this Center would meet the Center's requirements for partial hospitalization/day hospitalization, but it has been closed. The Polk County Board of Supervisors set aside Federal Revenue Sharing funds to build a 150 bed mental health hospital in Polk County which is to include a day hospital. Recently, a proposal has been developed to increase the capacity of this facility to 250 beds. The Center has been assured by the Commission that it will have an affiliate with the facility when it is constructed.

Currently the Center is using two full-time staff equivalents in consultation and education. Staff development is also strongly supported at the Center. The Center is divided into East and West projects. Each project is headed by a manager with regular meetings used as a form of inservice training. There is a line item in the budget for conferences and staff are allowed and encouraged to attend conferences and workshops as a part of their continuing education and professional development. The Center has also provided funds for courses for staff members at Iowa State University and the University of Iowa Social Work Teaching Center located on Drake University Campus. The staff and board participate in the Continuing Education Workshops sponsored by the Iowa Mental Health Authority.

The Center is acutely aware of the increasing call for accountability from funding bodies. There is a concurrent movement at local, state and federal levels around standards and the upgrading of services. Currently, the executive director of the Center serves as Chairman of the Lead Agency Council for Integrated Services Project, Chairman of Mental Health Barier Planning Council and on the Mental Health Authority Task Force. It is hoped that through these efforts a system or systems will serve not only the funding accreditation bodies, but will assist the Center in its internal management evaluation and program decisions. During the past year within the Center, requirements have been made in the data collection and the time utilization practices. This activity will intensify in the next year.

Poweshiek County Mental Health Center

The Poweshiek County Mental Health Center, located in Grinnell, is a small community mental health center. From its inception, the Center's Board, and staff members have clearly recognized that the Center could not provide all of the services which are provided by a comprehensive community mental health center. As a result, it has been necessary to establish priorities within the confines of the Center's philosophy of the delivery of mental health services. This philosophy stresses an eclectic approach to treatment with flexible programs and roles for staff. The broad priorities for service established on the basis of staff size and funding, and reflecting the general philosophy, have stressed providing outpatient services and a relatively comprehensive and broad range of indirect services. The majority of outpatient service has been to the severely emotionally disturbed (e.g., after-care and pre-care), but these services have also reflected a recognition of the importance of the various facets of preventive care, as well as striving to optimize human potential or growth. Indirect services have been offered in the form of collaboration with other agencies, consultation services to other agencies, and inservice training provided to other professionals.

The Center offers the diagnostic and evaluation services of psychiatry, psychology, and social work, on an outpatient basis to develop a relatively comprehensive assessment of the client and his situation so that viable procedures for assisting that client can be determined and implemented. Commonly used treatment modalities are offered, including individual group couples and family therapy. Group therapy has been used rather extensively and has been made available for persons ranging from junior high school students to older adults. Chemotherapy is provided by the two psychiatric consultants presently available at the Center on a part-time basis. After care services are provided for clients who have had psychiatric inpatient treatment. Referrals for such services come from a variety of sources including psychiatrists in private practice, local general practitioners, and the various state facilities such as the State Psychiatric Hospital, Iowa City, and the Mental Health Institute, Mt. Pleasant. In order to facilitate cooperation with MHI, Mt. Pleasant, Center staff has maintained regular communication with the professional staff members at the Institute. The Center also has several contractual agreements in which part of each contract consists of arrangements by which the Center will provide outpatient services to a designated population. For example, the Center has an agreement with Grinnell College to provide outpatient counseling services for the students of the college. The Center also has two formal contracts with school districts to provide specific outpatient services (involving diagnosis and treatment) to children in each of these school districts. The Center currently provides emergency care during the regular 40-hour week. In addition, full-time staff members are generally available to see county residents on an emergency basis after office hours. There are informal agreements, however, with the local hospital, the police department, the Department of Social Services, etc., which allow the members of these agencies to contact the staff at the Mental Health Center in order to insure that emergency mental health care is constantly available.

At present the Center does not provide inpatient services. However, provisions have been made for the availability of these services for county residents. Grinnell General Hospital provides short term emergency hospitalization for patients, with such hospitalization being accomplished by the local physician, and consultation as well as direct services to the patient being made available from Center personnel upon request by the hospital and physician. MHI in Mt. Pleasant has an arrangement with the county to accept all county residents requiring treatment on a more prolonged basis. Other facilities such as the

State Psychiatric Hospital in Iowa City and private facilities outside the county are sometimes utilized, by the Center making referral and arrangements for hospitalization. Intermediate care is not at present provided by the Mental Health Center. The Center does provide consultation and direct services to the Poweshiek County Care Facility and with a new facility having just been completed, the Center is hopeful of being able to provide some limited intermediate care services through the county care facility.

The Poweshiek County Mental Health Center has been especially active in developing consultation/education activities. For example, during the fiscal year 1976, a total of 361 hours was spent in such activities. This is 9% of the total service time. The Mental Health Center has been most involved in providing case oriented services to a specific client. Through a contract with the county, the Center provides consultation to the Department of Social Services, the Grinnell Police Department, the Poweshiek County Care Facility and occasionally to other agencies such as the Department of Vocational Rehabilitation and local industries. In addition, the Center provides a great deal of case oriented consultation to other specific contracts, i.e., the contract with Grinnell General Hospital, the three public school systems, and Grinnell College. In addition, the Center also provides a certain amount of program oriented consultation, both to the county and to other agencies. The Center has attempted to be consistently involved in providing various informational and educational activities related to fostering increased mental health knowledge. Examples of such activities include making broadly available a brochure describing the Center and its functions, providing talks to groups for college students or hospital aides describing the Center and discussing emotional problems and means of assisting persons with such problems. The Center also attempts to be constantly concerned that services are appropriately coordinated with other community agencies and community planning takes cognizance of mental health needs. For example, the mental health board members and/or staff members have worked with the Grinnell Hospital board, the health planning council, and the day care center board.

The Center has participated in several training activities during the past year. A psychology graduate student has been obtaining practicum experience at the Center, as had a graduate student in psychiatric nursing. The Center has also provided several other structured educational activities directed toward imparting knowledge and skills and modifying attitudes. Most of these training services have been provided through specific service contracts. For example, during the past year, several teacher education or training courses were conducted by the Center for teachers and other staff of the Grinnell-Newberg schools. The courses included teacher-student relations courses and a course providing knowledge and skills in the area of behavior modification. All these courses attempted to provide teachers with skills to allow them to communicate and relate more effectively with students, deal with emotional and behavioral problems, and examine and modify various mental health related attitudes.

The Poweshiek County Mental Health Center is hopeful of continuing to expand services in 1977. Specifically, the Center hopes to increase services to Grinnell College, the public schools, and to Poweshiek County residents. The Center plans to increase the hours of service provided to Grinnell College by providing group therapy (which was not available during the past year) and perhaps by educational attempts to make students and other sources of referrals of the college aware of the services provided by the Center. For several years the Center has had a contract with the Grinnell-Newberg district, that has provided largely direct services in the form of individual and group therapy. During the past year, however, the Center was able to expand this program to provide much more consultation and in-

service training for teachers. Because the overall program was successful, the Center plans to expand the program for fiscal year 1977 to include not only expanded services to the Grinnell Schools, but services to the Brooklyn-Guernesey, Malcom School District and the South Tama School District. The Center hopes to continue to expand services to county residents by setting specific service goals and by providing means fo measuring success in reaching these goals. The first goal will be to continue to provide at least as many hours of direct and indirect service to county residents. The second goal is to concentrate further effort in providing services to the severely emotionally disturbed including after care and rehabilitation services with the object of decreasing the county funds spent on inpatient services in the state facilities.

Rathbun Area Mental Health Center

The Rathbun Area Mental Health Center serves Wayne, Lucas, Appanoose and Decatur Counties. The Rathbun Center maintains treatment centers in the County Seat of each county served with each unit located on a local hospital's grounds. The staffing in the past year has been changed from each county receiving an equal number of staff days to a staffing pattern based on population. The present staff pattern calls for a three day per week in Centerville and Chariton, two days per week in Leon and one and half days per week in Corydon. The psychiatrist is available one day per week and is scheduled in a different county seat town each week. The clinical psychologist is available one and half days per week plus additional time for testing if needed. The Center is recruiting for an additional full-time therapist to help meet service needs. Although each treatment center is staffed only part-time, the telephones are answered 24 hours a day. In three of the counties, the hospital switchboard operator keeps appointment books and a copy of the monthly work schedule and makes tentative appointments for clients. In Centerville there is a telephone answering recording device which is monitored daily.

Diagnosis and evaluation are an important part of the services provided by the Center. Most frequent users of the diagnostic are social security disability determination unit, vocational rehabilitation, social services in the schools. In the Center system it is desirable that all clients be seen by the Center's medical director. The psychiatrists evaluates about 65 percent of the clients served and reviews progress reports and/or receives information on staffing on 25 percent. The therapist who first sees the client is responsible for doing an intake and a social history outline in conducting the interview with the client. Given this information, the therapist can discuss with the client what the Center can do for him, establish a service plan, provide referral sources, etc., and secure commitment for the next step of the treatment process. Methods and techniques used in the treatment process are determined by client needs, and client choice or limitations of the therapist. The Center makes available group, couples and family theapy.

As yet there is not an inpatient service available to the clients in the catchment area. The Executive Director over the past four and half years has been involved in several exploratories with Mr. Dick Carothers of the Southern Iowa Mental Health Center and Mr. Bob Ross of the South Central Mental Health Center concerning the establishment of an inpatient service center to serve all three center catchment areas. The most logical location for the inpatient service would be at the Ottumwa Hospital. A psychiatric unit was operated at this hospital for a number of years, but was closed when the psychiatrist living in Ottumwa left. It is currently being used temporarily as a geratrics unit, but is available for revision if the three centers can assure staffing.

Consultation services at Rathbun are conducted both on a formal scheduled basis and on an informal basis. Center staff receives telephone calls or visits almost daily seeking consultative information or suggestions. Additionally the staff routinely sets aside a portion of the psychiatrist's time in each county for consultative services. Most frequent users of this time are social services staff, public health nurses and school support staff. The medical director meets regularly with the medical staff in Centerville at the luncheon meeting, and individually with

physicians in the other communities. The Center staff regularly visits with classroom teachers at the schools about specific children. Since the Center anticipates adding another full-time staff physician, it is hoped that the service will be expanded.

Rathbun Mental Health Center fulfills its community education function in many ways. The board of directors has a public information committee responsible for working with the staff in developing radio and newspaper articles at least monthly. In the summer of 1976 the board manned display booths at the county fairs and handed out brochures. The board and staff members are also available for speaking engagements and actively seek them. The board and staff members have appeared before all organized clubs and service organization in the area. There are also center brochures and posters displayed strategically throughout the service area.

The staff has met with teacher and social services staff training projects to interpret center services. The Executive Director and Medical Director have conducted in-service training sessions for the Wayne Community Schools teachers over a four month period last year.

River Bluffs Community Mental Health Center

The River Bluffs Community Mental Health Center located in Council Bluffs, provides outpatient, emergency, education and consultation, pre-care and after care services. These services are the basic services of the Agency. Through an agreement with Mercy Hospital the outpatient, emergency, and education and consultation services of the River Bluffs Community Mental Health Center are provided as part of the hospital's federal responsibility to provide the five essential services. Mercy Hospital's responsibility under the affiliation consists of the provision of inpatient, partial-hospitalization, and the sharing of emergency services when the Center is not open.

The outpatient services consists of diagnosis, evaluation, and treatment of Center clients and those referred to the Center for services. All types of disabilities and diagnostic categories are seen at the Center, including situational reactions, adjustment reactions, psychoneuroses, psychoses, chronic brain syndrome, mental retardation, learning disability and emotional deprivation. Various methods of treatment are employed. There is an active effort to utilize crisis management therapy with the utilization of community resources. Services are provided through an adult services facility, a Child Guidance Center and outreach offices located in two separate locations in each of the four counties in the agency's service area. When indicated with children, play therapy is used with a heavy reliance being placed on family therapy whenever possible. For the more acute and traditional types of emotional illness, chemotherapy is utilized in addition to individual, group therapy, and con-joint therapy. The outpatient services also provides pre and post-hospitalization screening. A liaison has been established with Clarinda Mental Health Institute through which a Psychiatric Social Worker on the staff of the River Bluffs Community Mental Health Center visits the hospital on a weekly basis to maintain liaison with the client and professions involved in their treatment. As a result of this liaison, a large number of the caseload consists of after care services. All services are provided under the general direction of three consulting psychiatrists, one of which, serves as the Center's Medical Director.

Emergency services at the Mental Health Center and Child Guidance Center are provided by professional staff assigned to the facilities. Crisis calls warranting immediate intervention are handled immediately in consultation with staff psychiatrists. During times when the Mental Health Center is not open, telephone lines for both the Child Guidance Center and Mental Health Center are switched to Mercy Hospital where the phones are answered by psychiatric nurses. Emergency calls are then referred either to the emergency room at Mercy Hospital or to the individual therapist who is on call, whichever is appropriate.

Consultation and education services are provided on a reoccuring basis by members of the River Bluffs Community Mental Health Center professional staff. Community agencies having need for consultation services may call the appropriate facility for the information desired. The staff psychiatrists are available for consultation both when at the Center and from their private offices when not at the Center. On an ongoing basis the Medical Director meets with the Visiting Nurses and the Pottawattamie County Home staff. Other professional staff members meet with the Department of Social Services personnel regularly and are otherwise available for consultation. Community education is conducted through presentations or participation in various community groups.

The direction of the Center for Fiscal Year 1977 has been clearly delineated in the following agency goals. The Center plans to enhance its capacity to

provide or have available to the clientele all six services - outpatient, inpatient, 24-hour emergency, community education and consultation, partial hospitalization and rehabilitation services. To facilitate this goal, a full-time community psychiatrist will be hired as soon as a qualified candidate is available. A full-time psychiatric nurse will be hired by January, 1977. The Center also plans to prepare a sight and sound presentation specific to the functions of the agency for use in a Community and Board of Directors education program.

A second goal is to increase the continuity of care related to clients shared with the School System and protective services of Pottawattamie County. To accomplish this, the Child Guidance Center will be housed in shared facility with the Area Education Agency XIII Diagnostic Center, and a staff member from the Pottawattamie County Protective Services will be specifically assigned to the Child Guidance Center as a team member focusing in the area of child abuse treatment and prevention. Staffings will also be held twice monthly with the Area Education Agency XIII diagnostic staff.

A third goal is to determine what Mental Health program emphasis is most needed in the four county catchment area. A Program Planner and Evaluator, supported by Comprehensive Employment and Training Act funds will be hired to complete the needs study.

The fourth goal is to develop an internal evaluation system for determining effectiveness of staff performance and utilization of services.

The development of a program evaluation system based on outcomes is a fifth goal, which will also be effected by the Program Planner and Evaluator.

The final goal for the Center is to work toward eligibility for accreditation under the new standards of the Joint Commission on the Accreditation of Hospitals.

Siouxland Mental Health Center

The Siouxland Mental Health Center serves Woodbury County with a single office located in Sioux City. Outpatient services are provided by one full-time psychiatrist, two part-time psychiatrists, one full-time clinical psychologist, six full-time social workers, and a nurse. Referrals are received by telephone or by walk-in with initial interviews conducted by any professional staff member on call. The Center's emergency services are provided for Center "patients in treatment" by close agreements between patients and therapists. Therapists who are planning to be out of the city for an extensive period make arrangements with other therapists for coverage. In the event of an emergency requiring after hour inpatient care, the system of psychiatric-on-call is provided. Any staff member involved with a patient emergency may reach the Medical Director by contacting St. Vincent's Hospital. During the times the Medical Director is unavailable arrangements are made with general medical emergency clinics in the city, there is an active operational involvement that is developed out of experience. Physicians on emergency at city hospitals emergency clinics are aware that they may receive services by calling St. Vincent's Hospital.

Formal consultation arrangements currently exist by contract with Catholic Charities and the Family Service Center in Sioux City. The mental health center Medical Director spends two hours on alternate weeks in each of these programs and engages in staffing sessions for clients in those facilities. Consultation arrangements also exist between the Mental Health Center and the Woodbury County Home as per contract with the Board of Supervisors. A new contract for consultation services to the school system will be initiated in fiscal year 1976-77. Consultation is available to agencies or professions upon requests either in reference to patients in treatment or for purposes of program issues. Educational services of the Center are currently focused on special need groups. A new service for parents of hyperactive children has been initiated.

The Siouxland Mental Health Center has undertaken efforts to provide increased comprehensiveness of services in Woodbury County. The Center has provided technical assistance to St. Vincent's Hospital and the development of its inpatient unit. In addition, the Siouxland Mental Health Center has been considered instrumental in recent efforts to improve the services of the Woodbury County Care Facility Rehabilitation Program. Development of an upgraded half-way house program is currently underway. In June 1976, a detailed staff study on needs for half-way house services in the community was completed by the Center staff. As a result of that study, the Woodbury County Board of Supervisors have offered an invitation to negotiate with the Mental Health Center in assuming responsibility and ownership for the current half-way house program.

A new service was developed during 1976 to improve referrals from state institutions with a position for a full-time outreach worker approved in fiscal year 1975-76. The nurse filling this position will contact persons in their homes and will be equipped to provide therapy in the home.

South Central Mental Health Center

The South Central Mental Health Center, serving Keokuk, Mahaska, Marion and Monroe Counties, is located in the Mahaska County Hospital in Oskaloosa. The staff at the Center consists of a part-time psychiatrist (Medical Director), a full-time Ph.D. psychologist, a full-time MSW social worker (Executive Director), a full-time receptionist-secretary, and a part-time bookkeeper-secretary. The Center has focused primarily on the delivery of outpatient services, although attention has been directed to developing comprehensive and indirect services. Approximately 50% of the continued outpatient contacts at the Center are with the Centers psychiatrist, while the psychologist and social worker manage 30% and 20% of the outpatient caseload, respectfully. At the time of intake, seriously disturbed individuals, those needing medication, or those individuals making a specific request to be seen by the psychiatrist are assigned to the Centers Medical Director. Children referred to the Center are assigned to the staff psychologist, while individuals with marital problems or "problems in living" are referred either to the psychologist or social worker. Within these guidelines, a free intra-agency patient flow exists, following the initial client interview and staffing with the Medical Director.

The primary treatment modalities used at the Center are psychotherapy and chemotherapy. Group therapy, hypnosis and bio-feedback therapy are also offered. 54% of the referrals to the Center are self or family referrals. An additional 15% are made by local physicians and 11% of the referrals to the Center are from other sources. The latter category includes referrals from the Social Security Administration for Disability Evaluation, "referrals for psychiatric evaluations in connection with commitment to the Mental Health Institute at Mt. Pleasant, and referrals from the Mental Health Institute for follow-up services for discharged patients". The Center has made a firm commitment to contacting patients in the last category, and to bringing them into the outpatient service delivery system. The Center's staff also offers services to the two existing county Health Care Facilities in the catchment area. The Medical Director and social worker visit the Marion County Health Care Facility on a monthly basis. The Medical Director supervises the residents psychotropic medications, while both the Medical Director and social worker interview patients and make recommendations to the facilities staff with regard to patient management problems. The Mahaska Health Care Facility staff prefers transporting its patients to the Center for similar mental health services.

An informal arrangement for the delivery of inpatient services by the Center is facilitated by the Centers location at the Mahaska County Hospital. Patients requiring inpatient care are admitted by their local physicians. The individuals' physician then refers the patient to the Centers Medical Director for psychiatric evaluation and recommendations regarding medication and treatment. In this way, initial workup can be completed prior to the patients inclusion in the outpatient service delivery system, if this type of referral is indicated at discharge period.

The Center has worked to formalize agreements with other providers of human services in its catchment area to develop and organize a system of health care delivery. An agreement has recently been signed with the South Central Council on Alcoholism and Drug Abuse, which serves two of the counties in the Centers catchment area. The agreement provides for referral of clients of the Council on Alcoholism and Drug Abuse for psychiatric evaluation and treatment. A working agreement has also been reached with the Public Health Nurses in a four county catchment area. At the request of the Center, the Public Health Nurses will make home visits to the home of the patient and/or the patient's family to interpret

recommendations of the Centers staff. This service is provided on written orders of the Centers Medical Director, and often focuses on the use of medication. The Center staff also consults with the Public Health Nurses regarding these particular patients that are the primary responsibility of the Nurses. As requested, the Center staff has also consulted with physicians, the Department of Social Services workers, probabtion officers, and clergy members. A break in consultation services to the schools occured at the time the Area Education Agency was established, as this new agency was to provide these services. Within the last three months, however, a renewed request has been made for the Centers consultation services to a particular school.

In recognition of the importance of future planning for the delivery of health care services, the Centers staff has made a commitment to involvement in such planning. The Centers Medical Director is a member of the Task Force for the development of the Standards for the Mental Health Centers. The Executive Director is a member of the District XV Agencies Health Task Force, is on the Board of the Mahaska County United Community Services, is a member of the Mahaska County Chapter for Retarded Citizens, and is chairman of the Mahaska County Health Planning Council. It is hoped that in these capacities, the Centers staff will be able to make significant contributions to the development of a well integrated, effective system of health care delivery.

Southeastern Iowa Mental Health Center

The Southeastern Iowa Mental Health Center, serving Des Moines County, is located in Burlington. This Center has worked closely with its Board of Directors to keep the Board apprised of its activities, and to make appropriate use of the Board in directing its activities. The Center's Board of Directors receives monthly reports on service information such as the number of patients seen, the number of hours of staff time devoted to community consultation, names of agencies served, etc. The Board, in turn, has increased its interest and involvement in the operations of the Center. A significant undertaking by Board members in the past year has been the complete revision of the Center's Personnel Policy. The Executive Director notes that the new document is comprehensive and represents the first complete revision in four years. The Center also uses its Board for assessment of community needs. The Board has held an open house to which representatives of various community agencies were invited. The Board has also attempted to include in its membership persons representing various population segments; e.g. youth, minorities, etc., in an effort to provide such individuals with a voice in the development of mental health services.

The Center has focused on delivery of outpatient services to its community. Present staff include two part-time psychiatrists, a full-time social worker. Comprehensive services have been limited by budget constraints, however, in part these services are provided by other agencies or facilities such as Burlington Medical Center and Vocational Rehabilitation. The Center has also conducted two research endeavors. The first explored drug abuse by persons in the middle-high school population; the second investigation has been the summary of conclusions drawn from the Marriage Enrichment Program. This Program has been in operation at the Center for several years. Some conclusions have been drawn with regard to factors in mate selection, marital stress caused by handicapped children and patterns of communication in the marital relationhsip.

The Center has two primary goals established for the next fiscal year. The Center hopes to establish a biofeedback program, and to help develop a residential program for discharged Mental Health Institute patients. Members of the Center's staff have attended workshops and studied the use of biofeedback for mental health clients. It is felt that approximately 15 percent of the Center's clients would be referred for biofeedback training, if funds can be obtained to purchase equipment. The Center staff has been consulted with the staff at the Mental Health Institute at Mt. Pleasant with regard to development of a program for residential placement of persons discharged back to the community. This residential program would provide, partially supervised, self care living arrangements for up to eight discharged Mental Health Institute patients capable of semi-independent living within the community. Another primary goal for this year would be a reduction in the rate of re-admission to the Mental Health Institute for this group.

Southern Iowa Mental Health Center

The staff at the Southern Mental Health Center, located in Ottumwa, has worked over the past year to achieve three primary goals. The first goal has been to increase community understanding of mental health problems on the grass roots level. The second goal was to increase the effectiveness of staff skills. This involved focusing on intra-agency quality development through case consultations with the Medical Director and in-service training. More effective and efficient delivery of the Centers services was the third goal for 1975-76. This goal was implemented by revising the intake procedure; increasing the amount of medical staff time used in consultation, medical checks, evaluations and in-service training; and, implementing a more effective evaluation process of clients referred from other agencies. During the past year, the Center's staff has also made considerable progress in implementing a shift in program emphasis from providing only direct services to a more intergrated program of direct client services, consultation and in-service training.

The Center currently provides outpatient services to those persons whose relationships within the community are sufficiently in tact to enable them to benefit from periodic visits to the Center. Diagnostic services, individual psychotherapy, coples psychotherapy, family psychotherapy, group psychotherapy and chemotherapy are provided. Emergency services are available 40-hours a week, 5 days a week, or upon request. These services are coordinated with law enforcement agencies, physicians and local inpatient settings. Consultation is another ongoing activity at the Center, which is offered on a case or program oriented basis.

The Center is coordinating its efforts in developing comprehensive services with the local community agencies involved in mental health care. Emergency and short-term inpatient services are available in the community at the Ottumwa hospital. The Center staff has discussed the communities need for an inpatient program designed to provide a therapeutic milieu consisting of a variety of treatment modalities. The Ottumwa hospital has a 24 bed mental health unit, which has not been operative since 1972 due to a lack of a psychiatrist residing in the community. The Center has felt that such a unit could provide inpatient services to the residents of the areas served by the South Iowa Center, the Rathbun Area Mental Health Center and the South Central Iowa Mental Health Center. The staff at the Southern Iowa Mental Health Center is planning to explore the possibility of this unit again being operational and the feasibility of it serving patients of the indicated catchment areas.

Due to a significant increase in demands for treatment and evaluation services during the past fiscal year, the Center has found that the amount of professional staff time has been somewhat inadequate to meet needs and carry out the commitment to indirect services and consultation. Although income from fees increased significantly, there were not adequate funds to add a fulltime professional staff member. Increased demands for services also presented a problem in the area of inadequate clerical staff. In response to these problems, the Center has requested and received a substantial increase in funds from Wapello County for fiscal 1976-77. This has enabled the Center to secure one additional professional staff member effective July 1, 1976 and provided the funds which will make it possible for the Center to add to the clerical staff and to maove to new quarters. It is hoped that this expansion of service will allow the Center to beeter meet the demands for treatment and evaluation services in fiscal 1976-77.

Southwest Iowa Mental Health Center

The Southwest Iowa Mental Health Center, serving Audubon, Carroll, Cass and Shelby Counties, is located in Atlantic. This Center assesses its community mental health needs on a on-going basis and through a somewhat unique method. Each year, one Board meeting is held in each county with the main goal of receiving feed-back from the community on mental health needs. In addition, the program for the Annual Meeting is geared towards interactions between board and staff and people in the community in assessing mental health needs in the community and relating this to future goals and objectives of the Center. High risks groups are identified through this interaction as well as through a regular consultation program with schools, county social services departments, probation officer, area education offices, family doctors and other service people in the community. An additional source of information concerning community health needs is through the patients that seek services at the Center. Each month staff and board disignate at least two hours for the purpose of evaluating community needs and relating these needs to the program. The recognized mental health needs of the community are met thorugh the delivery of outpatient services, limited inpatient services, emergency services, and consultation and education services.

Outpatient services at the Southwest Iowa Mental Health Center are designed to provide a therapeutic program for persons whose relationships within the community are sufficiently intact for them to benefit from periodic visits to the Center. The program is provided in a therapeutic milieu and consists in a variety of treatment modalities including individual, couples, family and chemotherapy, social rehabilitation and diagnostic services. Outpatient services are provided by a staff of mental health professionals with a full-time psychiatrist assuming medical responsibility for the patient. The goals of the outpatient services are to help patients to improve their community relationships and to achieve new behavior and more effective skills. To this end, the services are coordinated with other service components of the Center. Outpatient services are provided at the Center, Monday through Friday from 9:00 a.m. to 5:00 p.m. and on Monday nights from 6:00 to 9:00 p.m.

A few medical patients, while hospitalized in Cass County Memorial Hospital, receive limited inpatient service. All staff members of the Center participate in limited inpatient services will the psychiatrist and the admitting physician sharing medical responsibility for the patients. Outpatient services as needed, are encouraged after discharge.

Emergency services of the Southwest Iowa Mental Health Center are provided on a 24-hour, 7 day a week basis through the emergency services at the Cass County Memorial Hospital and the home phone numbers of the Center staff. The services are designed for persons requiring immediate mental health care and are coordinated with other service elements of the Center as well as other community resources, especially groups providing emergency telephone services. The services are provided by the staff of the Center with a psychiatrist available and accessible to assume medical responsibility. The goal of the emergency service is to help patients meet crises and deal with them as affectively as possible.

The consultation services of the Southwest Iowa Mental Health Center are directed toward assisting other agency staff or individuals to improve work with their clients or in planning better agency programs. Child resource teams have been set up in certain areas to assist various groups of service staff in identifying children and adolescents with problems and providing services for them and their families. The staff of the Center offers regular consultation to family physicians in the service area on a request basis. Program oriented consultation has been provided to a number of agencies, particularly those serving people wth drug and alcohol problems. The goals of the consultative services is to reduce the infinite and severity of emotional disturbance and mental illness in the area served and promote and maintain mental health. The consultation services are provided directly by center staff through verbal agreement with other agencies and professionals.

The educational services of the Southwest Iowa Mental Health Center are designed to assure the development, maintenance and continued improvement of the community's human service resources; to assure the existance of an informed Citizenry; and to insure an environment which will enhance the emotional, social and intellectual well-being of its people. The staff of the Center provide talks to any group requesting such service as time permits. The staff also provides inservice programs for various groups, teach adult education classes and provides PET classes for the public. The goals of the educational services is to reduce and prevent the incident and severity of the emotional disturbance in mental illness in the area served, and to promote and maintain mental health.

The staff of the Southwest Iowa Mental Health Center feels that it has made several significant achievements during the past year. Statistically, the number of patients seen at the Center and the number of treatment sessions has continued to grow. Although the Center has always made an effort to stay in contact with the community, a special effort has been made in this past year to have board and staff meet with various service people in the community to discuss community need and the Center services. The change in staff involve the hiring of a clinical psychologist, giving more diversification to the staff. Increase efforts in the education area involve Parent Effectiveness Training courses taught by the staff as well as several inservice sessions for various groups including Homemaker's and Nursing Home Administrators.

Although the Center's efforts have been primarily in establishing a strong foundation of outpatient services and community involvement, staff and board have goals for the future of becoming more comprehensive. The Center has steadily increased the number of patients provided services on an inpatient basis and has directed some attention to developing day treatment services for children. 24-hour emergency services now provided in efforts continued to coordinate efforts with other service treatment agencies to provide as a joint comprehensive program of services.

West Central Mental Health Center

The West Central Mental Health Center became operational January 1967, providing diagnostic treatment services on an outpatient basis to the residents of Guthrie, Madison and Dallas Counties. The Center moved into a new building on the western edge of Adel in February of 1972. As of July 1, 1975, Adair County affiliated with this Mental Health Center and the catchment area increased to four counties has a population of 60,000. The staff presently consists of a medical director/psychiatrist who works 20 hours over 2 days a week; a full-time psychiatric social worker/administrator; three full-time psychiatric social workers; one part-time psychiatric social worker (four days); one full-time clinical psychologist and a graduate student who is persuing a doctorate degree in guidance and counseling from Drake University. There is also a full-time office manager and a part-time bookkeeper/secretary. The Center's offices are open from 8:30 a.m. to 10:00 p.m. on Monday and Tuesday and 8:30 a.m. to 5:00 p.m. on Wednesday, Thursday and Friday. During the nine years the Center has been in operation, the traditional diagnostic and treatment services on an outpatient basis have been expanded and new consultation and education services to the community resources have been added. Specifically, an outreach program to the schools in the four county area has been developed, offering direct treatment services to children in the school setting and consultation and education services to school personnel. Consultation and education services are also offered through the satellite offices in the three county hospitals used by the psychiatrist as well as in the satellite offices in the three county seats used by the social workers and the psychologist. The caseload through the years has increased so that the Center is now seeing approximately 400 active patients in Center offices and/or satellite offices and the schools.

The West Central Mental Health Center has provided diagnostic outpatient services to residents in the four county catchment area in the offices, satellite offices and the schools. Every new patient is seen by the psychiatrist unless there is an emergency situation when a psychiatrist is unavailable; in such cases a clinical evaluation is completed and the psychiatrist reviews and signs this evaluation. Therapies provided at the Center are: individual, couples, family, group, drug, social, hypnosis and behavioral modification. Cases are staffed at diagnostic and disposition staffings two times a week with the medical director/psychiatrist, in attendance. A clinical psychologist is now available to meet the Center's needs for psychological testing. In cases where visable, patients are referred to private practice neurologist in Des Moines. The staff at the Center is available for emergencies during the stated office hours and can be contacted at their homes after office hours. During office hours the psychiatrist/medical director is usually available to see patients on an emergency basis at the three county hosptials when the patients cannot use the Center offices or the social work satellite offices.

The West Central Mental Health Center also provides aftercare for patients from the Mental Health Institute at Clarinda and intermediate care to clients in intermediate care facilities. The Mental Health Institute at Clarinda notifies the psychiatrist/medical director of patients returning to the community and refers them to the mental health center for aftercare. The psychiatrists in Des Moines are aware of aftercare services at the mental health center and often refer patients discharged from private psychiatric wards to the Center for aftercare. County and nursing homes often request

aftercare services from the Center and the psychiatrist/medical director visits said facilities when requested to do so. The staff members are also available when requested to provide services to patients in intermediate care facilities, i.e., county nursing homes, general medical hospitals, foster homes, preadmission for all outpatients of residential and treatment facilities for children as well as alcoholics. Patients and their families are often helped to make arrangements for admission to said facilities for information and referral. The psychiatrist/medical director often prescribes and adjusts medication for chronic patients in nursing and custodial facilities, when requested to do so.

To meet the need for inpatient services, the medical director/psychiatrist is on staff of the Guthrie, Madison and Dallas County Hospitals as consultant in psychiatry and neurology. Patients needing hospitalization are sometimes referred by the patient's family physician who admits the patient to said hospitals and the Center's psychiatrist provides consultation to the family physician. In other instances, the patients are referred to the mental health institute at Clarinda for hospitalization; private psychiatric wards at Fort Dodge and Des Moines,

Consultation and education and inservice training are also on-going activities at the Center. Staff members are always available to provide case and program oriented consultation to community resources in the Center offices or the satellite offices. Staff members regularly travel to 28 schools in the four county area providing consultation and education to school personnel with regard to emotional problems of children in these schools. Also, at least once a year, staff of the Mental Health Center meet with school personnel on an informal group basis in each county for consultation, education and/or community planning. All staff participate in inservice training to fellow staff members. Staff members also participate in family life education programs to groups in the community; give speeches to community groups regarding mental health topics; participate in orientation and training/program of homemakers in Dallas County, orient the staff at nursing homes in the community, social service departments, schools, clergy, etc. The Center is also involved in providing practicum experiences for graduate social work and guidance and counseling students from the University of Iowa and Drake University.

Significant achievements for the Center over the past year have included hiring two more social workers, including Adair County in the catchment area, improving the continuity and coordination of the Outreach Program, improving inservice training, and serving more patients and making the community more aware of the Center and its services. It is hoped that in the next fiscal year more funding will be available to expand the Outreach Program to the schools. The Center staff also plans to investigate the possibility of specific geographical assignments to the Outreach workers to replace the present system of all workers having patients and responsibilities in all four counties. If feasible the responsibilities for single county will be assigned to one worker for each of the three outlying counties, and Dallas County will receive the attention of all three Outreach Workers.

West Iowa Mental Health Services

The West Iowa Mental Health Services is presently serving Crawford, Ida and Sac Counties, with the central office located in Denison and satellite offices in Ida Grove and Sac City. WIMHS has placed priority on increasing community awareness and support of its services. Radio programs, talks and newspaper articles have been used to this end. The attainment of this goal has been relected in an increased demand for services; the inclusion of Sac County in the Catchment area; and community support for increased funding; the acquisition of new office space, the hiring of a third full-time therapist; and, an increase in psychiatric time. Although there has been a complete change of staff at WIMHS since the fall of 1974, the activity of the Center has nearly tripled.

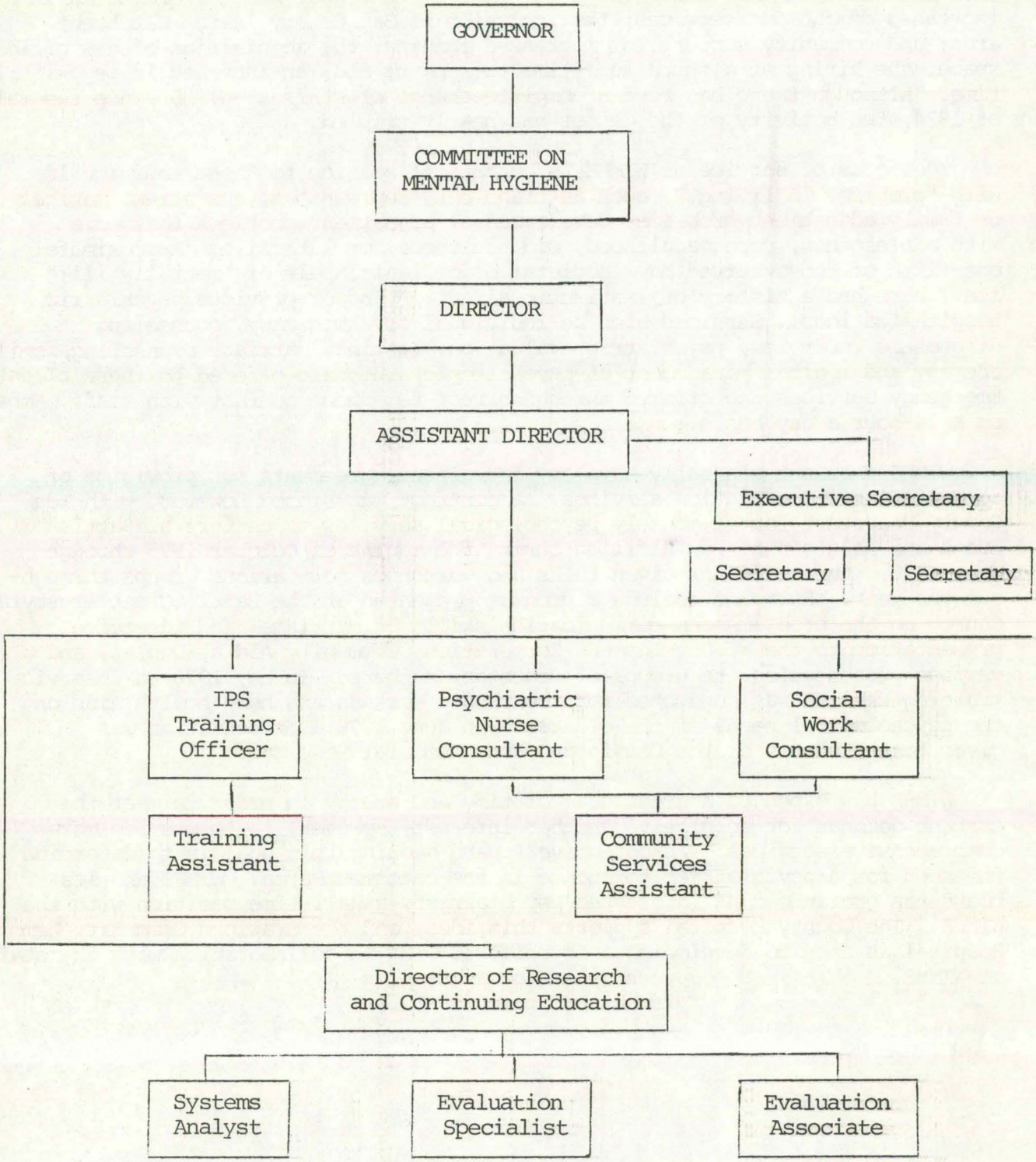
The focus of service at WIMHS is outpatient service to those individuals with "problems in living," such as transient depressions, anxieties, marital or family adjustment problems, developmental adjustment problems that come with adolescents, young adulthood, mid-adulthood, or late life. Approximately, one-fifth of those served have societal or medical labels of "mentally ill;" i.e., have had a history of institutionalization and/or previous psychiatric hospitalizations. Services such as individual psychotherapy, counseling, diagnostic interview, psychiatric evaluation, testing, marriage counseling, family therapy and medical management of psychotropic drugs are offered to these clients. Emergency services are offered through direct telephone contact with staff members on a 24-hour a day basis.

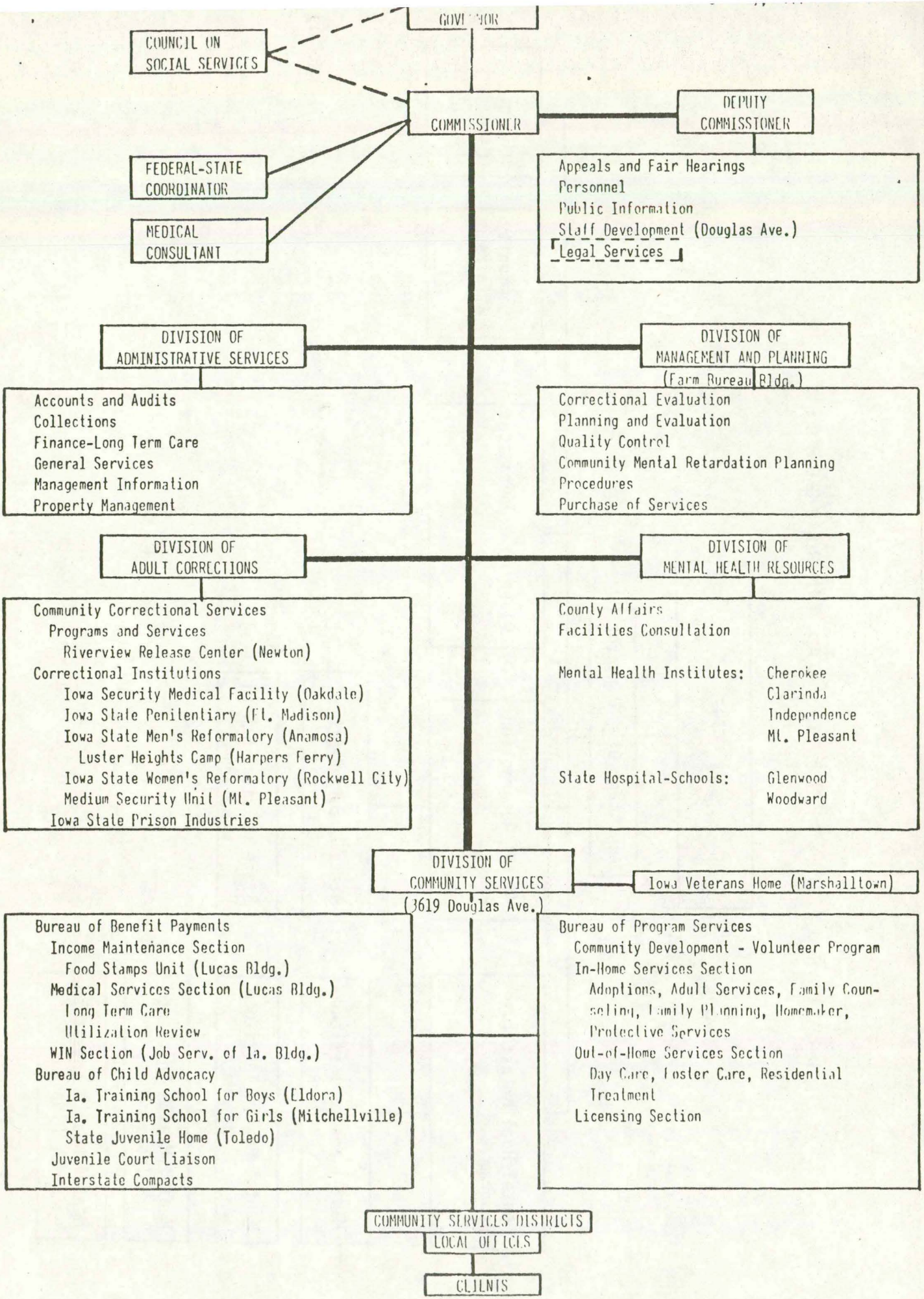
WIMHS does not generally have any formulized agreements for provision of consultation and education services. A contract was signed however, with Ida County Headstart for bi-monthly psychological services to centers at Battle Creek and Holstein to be fulfilled during the months of October 1975 through May, 1976. The staff has given talks and workshops for various groups throughout the year. Examples include a program presented at the Battle Creek Presbytarian Church on the problems and communication skills of marriage, and inservice presentation to the WC Development Corporation, Community Aid at Dunlap, and various presentations to groups of Headstart Mothers. In May 1976 an inservice training session was conducted for the social workers and home health aids on the psychological needs of the elderly. In June 1976 a presentation was given to the nurses of the Crawford County Memorial Hospital.

WIMHS has expended a great deal of time and energy in order to meet the current demands for services. Another interest, however, is to provide more comprehensive services. An objective toward meeting this goal is to determine the need for a psychiatrist to locate in the catchment area. WIMHS and its board has guaranteed an interested psychiatrist, a half-time position with the WIMHS. The County Hospital supports this idea, and the Crawford Community Memorial Hospital is open to developing a psychiatric wing in collaboration with the staff at WIMHS.

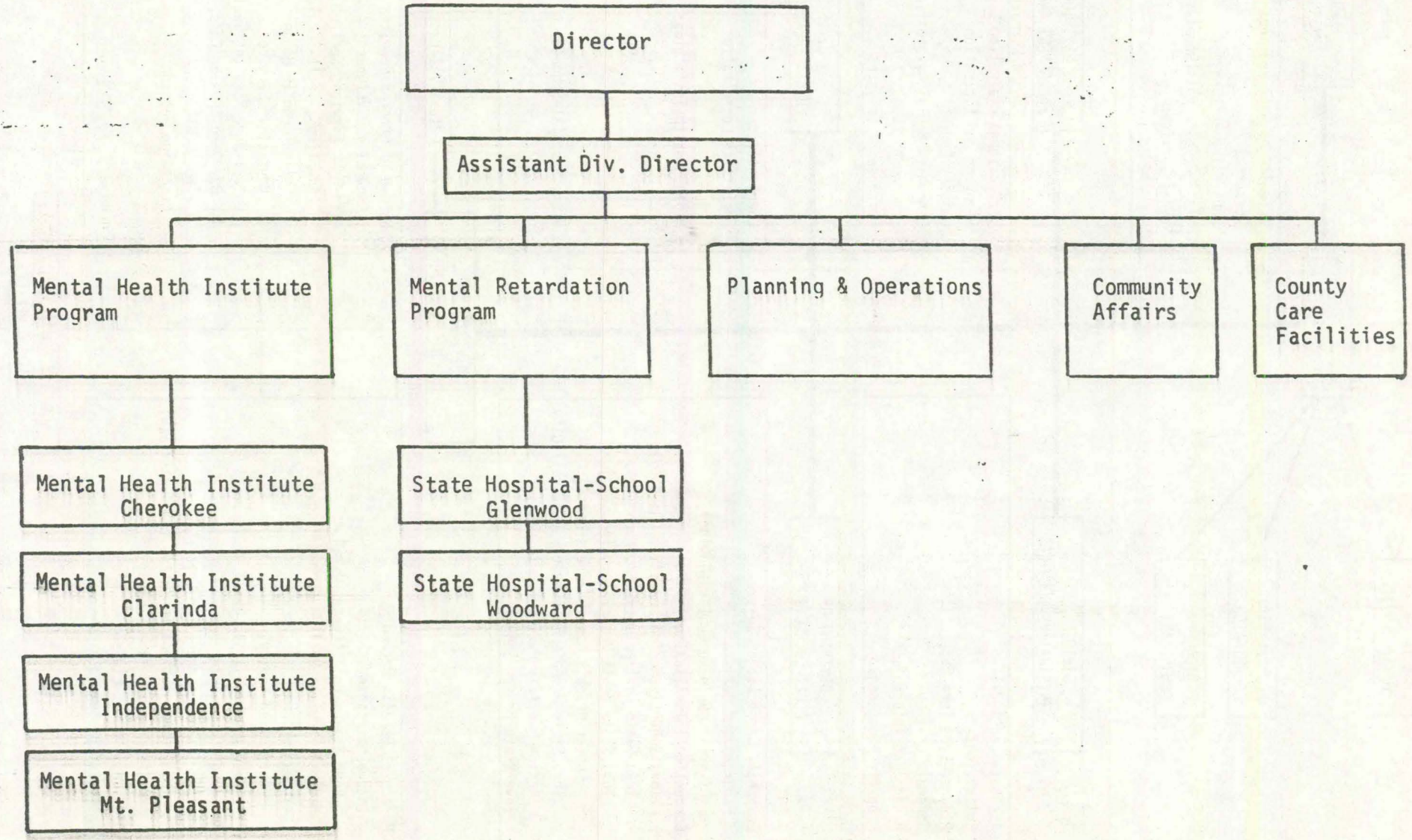
IOWA MENTAL HEALTH AUTHORITY

TABLE OF ORGANIZATION




GOVERNOR
COUNCIL ON SOCIAL SERVICES
COMMISSIONER
DEPUTY COMMISSIONER
FEDERAL-STATE COORDINATOR
MEDICAL CONSULTANT
Appeals and Fair Hearings
Personnel
Public Information
Staff Development (Douglas Ave.)
Legal Services
DIVISION OF ADMINISTRATIVE SERVICES
DIVISION OF MANAGEMENT AND PLANNING
(Farm Bureau Bldg.)
Accounts and Audits
Collections
Finance-Long Term Care
General Services
Management Information
Property Management
Correctional Evaluation
Planning and Evaluation
Quality Control
Community Mental Retardation Planning
Procedures
Purchase of Services
DIVISION OF ADULT CORRECTIONS
DIVISION OF MENTAL HEALTH RESOURCES
Community Correctional Services
Programs and Services
Riverview Release Center (Newton)
Correctional Institutions
Iowa Security Medical Facility (Oakdale)
Iowa State Penitentiary (Ft. Madison)
Iowa State Men's Reformatory (Anamosa)
Luster Heights Camp (Harpers Ferry)
Iowa State Women's Reformatory (Rockwell City)
Medium Security Unit (Mt. Pleasant)
Iowa State Prison Industries
County Affairs
Facilities Consultation
Mental Health Institutes: Cherokee
Clarinda
Independence
Mt. Pleasant
State Hospital-Schools: Glenwood
Woodward
DIVISION OF COMMUNITY SERVICES
(3619 Douglas Ave.)
Iowa Veterans Home (Marshalltown)
Bureau of Benefit Payments
Income Maintenance Section
Food Stamps Unit (Lucas Bldg.)
Medical Services Section (Lucas Bldg.)
Long Term Care
Utilization Review
WIN Section (Job Serv. of Ia. Bldg.)
Bureau of Child Advocacy
Ia. Training School for Boys (Eldora)
Ia. Training School for Girls (Mitchellville)
State Juvenile Home (Toledo)
Juvenile Court Liaison
Interstate Compacts
Bureau of Program Services
Community Development - Volunteer Program
In-Home Services Section
Adoptions, Adult Services, Family Counseling, Family Planning, Homemaker, Protective Services
Out-of-Home Services Section
Day Care, Foster Care, Residential Treatment
Licensing Section
COMMUNITY SERVICES DISTRICTS
LOCAL OFFICES
CLIENTS

DIVISION OF MENTAL HEALTH RESOURCES



STATE OF IOWA

MERIT EMPLOYMENT DEPARTMENT

RULES
TABLE OF CONTENTS

CONTENT

PERSONNEL PROVISIONS IN INSTITUTIONAL CLOSINGS

IOWA DEPARTMENT OF SOCIAL SERVICES

December 12, 1973

I. GENERAL PROVISIONS

A. Intent of Provisions

It is the intent of the Department of Social Services, via the personnel provisions contained herein, to do whatever possible to assist employees and provide viable alternatives to them to minimize the effects of a closing of a Departmental facility.

B. Communication of Layoff and Personnel Provisions

Employees will be notified of impending closings of work units as soon as that information is officially available. At the same time the employees are notified of the impending closing, they will also be provided with complete information on the alternatives available to them and the impact of such closing on their employment.

Employees will be notified specifically at least 45 days in advance of their last day of employment. Employees will be asked to cooperate with staff actions that have to be taken to ensure appropriate care of patients until the date that the unit is closed.

C. Implementation of Personnel Provisions

Personnel provisions will be implemented by means of individual counseling and planning with each employee. Specialists in personnel, employment, benefits and related fields will be made available to all employees. These specialists will include personnel specialists from within the Department as well as staff from other agencies and organizations that will be involved in processing of the personnel provisions of this plan. Assistance will be provided to each employee to enable him to fully know and explore all alternatives.

II. POTENTIAL OPTIONS TO THE EMPLOYEES

The following is an explanation of the alternatives that may be pursued with each employee. Employees may select whichever alternative they wish to pursue and, of course, may pursue these or any other alternatives on their own.

A. Employment Options:

1. Employment with the Iowa Department of Social Services.

Every effort will be made to explore alternative employment opportunities within the Department of Social Services, both within and outside of their present job classification. In addition to the existing alternatives contained within the Merit System for employees to seek promotions, demotions, transfers and reassignments to other units within our Department, cooperation from hiring authorities throughout the Department will be provided to facilitate re-employment of employees laid off due to a unit closing.

Employees will receive as much information as is available on vacancies throughout the Department; likewise, hiring authorities will receive resumes containing the skills and abilities of the employees affected by the layoff. Personnel Officers throughout the Department will be asked to aid in the relocation of employees. Staff from the Central Personnel Office will be available at the unit to aid in the placement process.

We will work with the Merit Employment Department to provide an expanded testing program as necessary for employees at or near the R.I.F. location to facilitate their qualifying and being certified for other classifications.

In the event that other placement cannot be obtained before the closing date of the facility, leaves of absences may be utilized to protect employee status and benefits for a period of time up to six months.

Moving expenses will be paid for all employees who are placed within the Department of Social Services. The Department will assist employees in contacting moving contractors and will reserve the right to make the most economical arrangements possible for moving staff.

2. Employment Elsewhere in Iowa Government.

The Department will contact personnel officers and hiring authorities in other State agencies to seek their assistance in the hiring of our employees within their agencies. These agencies will receive resume information regarding the skills and abilities of employees and our employees will be made aware of job openings in these agencies.

Testing and referral assistance will be made available to employees by personnel specialists from our Department. Placement specialists from the Merit Employment Department will be available to provide placement information and services on job opportunities throughout State government.

3. Employment Opportunities Outside of Iowa Government.

Assistance will be provided from personnel specialists to employees who wish to pursue job opportunities in private enterprise or elsewhere in the public sector. Such assistance will consist of the following:

3. Training Programs Available Through Other Agencies.

Contacts will be made with other educational and training resources such as MDTA, O.J.T., W.I.N., Vocational Rehabilitation and related programs. References may be made to appropriate agencies for exploration of these opportunities.

C. Retirement.

For employees who wish to explore retirement possibilities, the following services will be provided:

1. Pre-retirement training programs will be offered to all employees who wish to attend. Such programs will be opened to all employees over the age of fifty.

2. The Department will attempt through legislative action to modify the IPERS provisions to provide full retirement benefits at a reduced age after a given number of years employment with the State.

3. Assistance will be provided in applying for Social Security and IPERS benefits for those who seek retirement.

4. Employees will be familiarized with provisions of unemployment compensation, categorical assistance programs, supplemental security income and related programs.

5. Information will be provided regarding part-time jobs and volunteer programs in the employment area, as well as courses geared to retired persons available at local area schools and colleges.

D. Assistance Programs.

For employees not placed in the options above, assistance will be provided enabling them to take advantage of insurance and assistance programs they are entitled to.

Necessary procedures will be discussed with the employee, informing him of how to check on his eligibility for unemployment compensation, categorical assistance programs, disabled benefit programs, veteran's benefits, or other financial programs that may be applicable to him.

III. TERMINATION PAY

The Department will attempt to receive legislative action providing for termination pay, to be paid to employees who meet the following criteria:

1) the employee is unable to obtain employment within State government;
2) the employee remains in the employ of the closing facility as long as he is needed to maintain client needs;
3) the employee's attendance is satisfactory up to the last day of employment.

Termination pay will be proportioned to the employee's rate of pay and length of service with the employing facility, and will be granted at the rate of one-half pay period (7.5 calendar days) pay for each year of service up to a maximum of $4,000.

IV. RELATED SERVICES PROVIDED

In addition to the services provided on the above options, the following assistance will be provided to employees.

A. Professional counseling will be available to all employees in a variety of areas. These will include vocational counseling, retirement counseling, benefit counseling, financial counseling, etc.

B. Special care will be exercised to ensure that employees have recourse to rights and benefits for which they are eligible.

C. Special efforts will be made to provide employees with every resource available to approximate their present standard of living. An example of this will be to provide employees with enough information to select the best of the IPERS alternatives available to them. We would also seek to modify IPERS procedures for this layoff situation so employees laid off who wish to withdraw their IPERS can receive this benefit as quickly as employees who retire.

D. Contacts will be made with realtor associations and realtors to facilitate home disposal and location.

E. The Department will seek a contract arrangement with moving companies to simultaneously move two or more families from the same location to the same general area, thereby possibly at lower rates.

V. LEGISLATIVE REQUIREMENTS

The Department will seek through special legislative action, appropriations to facilitate the following provisions:

1. Moving expenses for all employees transferring or relocating within the Department of Social Services.

2. Additional education and training funds as may be needed to retrain employees for future placement.

3. To obtain funds necessary to compensate employees with termination pay.

4. The Department will discuss with the appropriate officials the possibility of early retirement for employees who have worked a given number of years with the State.

MENTAL HEALTH SERVICES AGREEMENT

THIS AGREEMENT is made and entered into this _____ day of _____, 1977. between the _____ Community Mental Health Center hereinafter called the "CENTER" and the _____ Mental Health Institute hereinafter called "MHI".

WITNESSETH:

Whereas, it is the intent of the Iowa Mental Health Authority, the Department of Social Services - Division of Mental Health Resources, and the Community Mental Health Centers Association of Iowa to provide for each person who may be mentally ill the most appropriate Mental Health treatment services, and

Whereas, the Iowa State Legislature has mandated the Iowa Mental Health Authorit to develop and monitor standards for the Community Mental Health Centers which requir written affiliation agreements between the Centers and related agencies, and

Whereas, Public Law 94-63 requires the development and implementation of a stat plan for Mental Health Services under the joint sponsorship of the Iowa Mental Health Authority, the Department of Social Services - Division of Mental Health Resources, and the State Department of Health - Health Facilities Division,

Now, therefore, it is agreed that the CENTER and the MHI shall provide pre-screening and referral when possible and aftercare planning and referral to those residents of the Counties served by both agencies.

The parties hereto agree:

ARTICLE I - PRE-SCREENING AND REFERRAL

A. It will be the responsibility of the CENTER to perform the following:

1. Make evaluation services available to the Court for patients being considered for involuntary admission to the MHI.

2. Be aware of the time and place of the patient's appointment. In the event the first appointment is not kept, follow-up by telephone, letter, or in person to determine why. Exceptions must be documented.

3. Notify the MHI whether the patient kept the first appointment.

4. Provide the MHI information about the CENTER for MHI staff to give to patients.

B. When referral to the CENTER is indicated, it will be the responsibility of the MHI to perform the following:

1. Discuss with each patient, prior to separation from the MHI, the availability of aftercare services at the Center.

2. Encourage the patient to arrange his own initial appointment at the CENTER while on trial visit to the community. If this is not feasible, contact the CENTER and make appropriate arrangements.

3. Obtain written permission from the patient to release and forward information from his medical record to the CENTER.

4. With the patient's written permission, assure complete and free flow of medical information to include but not be limited to the patient's treatment and discharge plan.

5. Assure the availability, on the MHI premises, of the patient's MHI record to authorized personnel subject to written permission from the patient.

ARTICLE III - COMMUNICATION AND EXCHANGE OF INFORMATION

A. The CENTER and the Mental Health Institute agree to the following:

1. To be available for consultation relative to treatment and discharge planning for individual patients.

2. To meet jointly on a regular basis to discuss coordination of services.

3. To make regular consultation visits to the respective facility.

2. Provide out-patient services when appropriate as an alternate to hospitalization

3. Discuss with the referred patient the reasons for recommending hospitalization and what may be expected from the MHI experience.

4. Request written permission from the patient to release information from his Center records to the MHI and forward such information promptly.

5. With the patient's permission, assure complete and free flow of medical information to include but not be limited to the patient's treatment and discharge plans.

6. Assure the availability, on the CENTER premises, of the patient's complete CENTER record to authorized MHI personnel subject to written permission from the patient.

7. Contact the MHI and make arrangements for the patient's arrival.

3. It will be the responsibility of the MHI to perform the following:

1. Notify the CENTER of the arrival of a referred patient or, with the patient's permission, the arrival of a person not previously known to the CENTER.

2. Notify the CENTER promptly if a referred patient is not admitted and advise specific details of alternative recommendations.

3. When necessary, request information, with written consent from the patient, on a patient who has been previously treated by the CENTER.

4. Provide the CENTER with information about the MHI for the CENTER staff to give to patients.

ARTICLE II - AFTERCARE

4. When referral to the CENTER is indicated, it will be the responsibility of the CENTER to perform the following:

1. Arrange a timely appointment for the patient following separation from the MHI in order to maintain continuity of care, if requested by patient or MHI.

B. The CENTER and the MHI agree to work in conjunction with other centers in the MHI catchment area to develop and implement a system for data collection and exchange which initially will include but not be limited to the following:

1. The number of patients referred to MHI by the CENTER
   a. new admissions
   b. readmissions
2. The number of patients accepted on referral.
3. The number of patients evaluated for the court.
4. The number of patients referred to alternative services.
5. The number of patients referred to the CENTER by MHI.

ARTICLE IV - AMENDMENTS

Based on a review of the procedures provided for in this agreement, amendment may be submitted for consideration at anytime with specific review one year from the date of execution.

This agreement has been accepted and executed by the parties this _____ day of _____, 1977.

MENTAL HEALTH CENTER	MENTAL HEALTH INSTITUTE
DIRECTOR	SUPERINTENDENT

APPENDIX E

Total Admissions by Year and Institution FY62-76
Resident Population at End of FY62-76
Outpatient Admissions by Year and Institution FY65-76
Outpatient Caseload at End of FY65-76
Mean Age of Admissions and Residents by FY62-76
Median Stay in Days FY63-76
Discharges by Median Time in Residence FY62-76
Population Movement FY76
Leave Population FY76
Admissions in Residents by Mental Disorder FY76
Disposition of Patients on Discharge FY76
Age of Admissions in Residents FY76
Time in Residence Since Latest Admission FY76
Patients Discharged by Time in Residence FY76
Legal Status for Admissions in Residence FY76
Admissions, Discharges and Residence by County FY76
Admissions by Time Since Last Residency FY76
Admissions by County - By Institution FY76
Population Movement for Outpatient Clinics FY76
Outpatient Admissions by Most Recent Inpatient Status FY76
Characteristics of Admissions FY76

TOTAL ADMISSIONS BY YEAR AND INSTITUTION

	1962	1965	1967	1969	1971	1972	1973	1974	1975	1976
CHEROKEE	798	1054	1170	1052	1094	1190	1222	1259	1430	1410
CLARINDA	798	897	997	879	841	811	734	640	650	610
INDEPENDENCE	1099	1309	1666	1793	1801	1709	1638	1658	1836	1903
MOUNT PLEASANT	820	942	1021	973	717	736	669	709	773	814
TOTAL	3515	4202	4854	4697	4453	4446	4263	4266	4689	4737

RESIDENT POPULATION AT END OF FISCAL YEAR

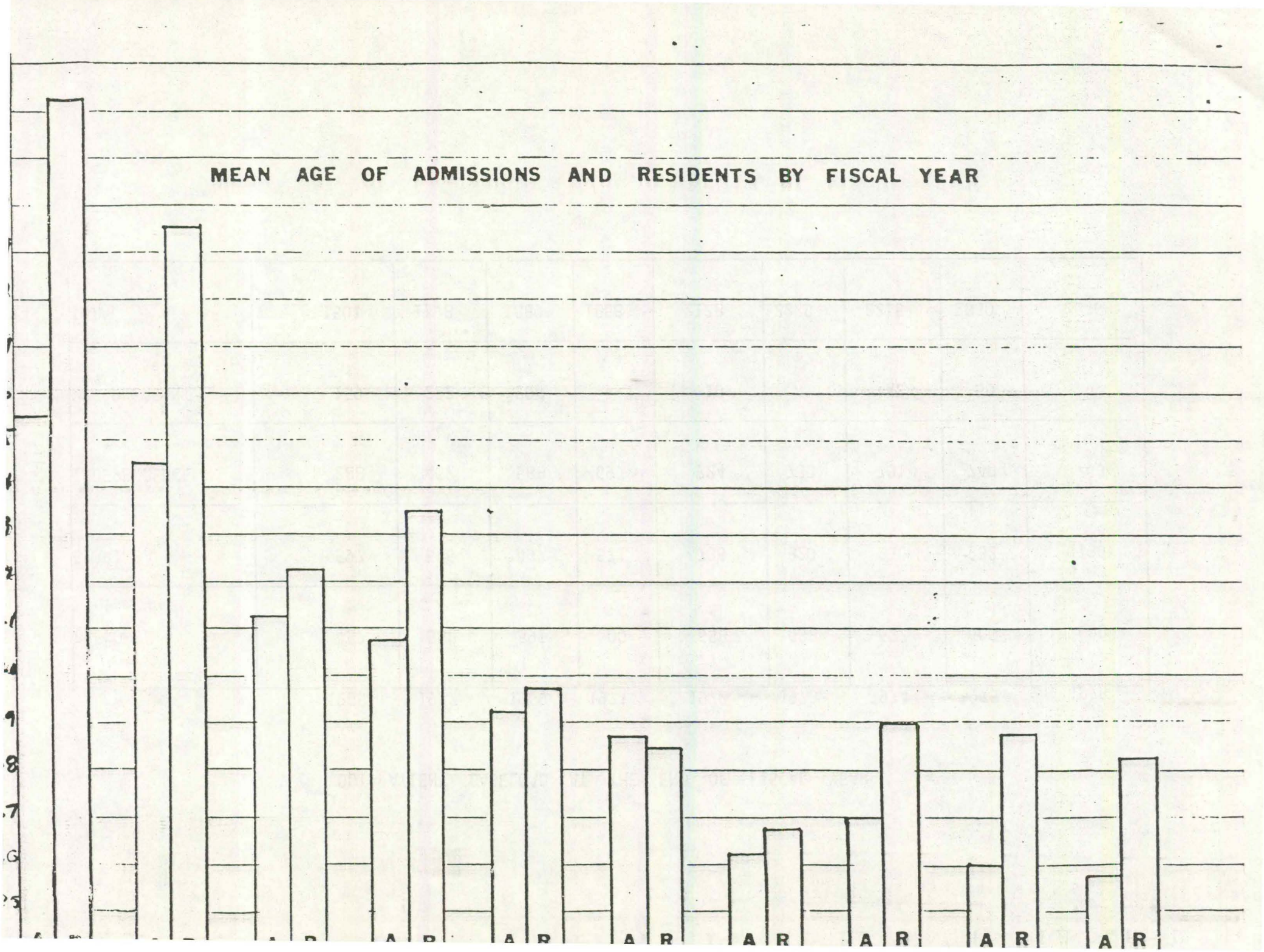
	1962	1965	1967	1969	1971	1972	1973	1974	1975	1976
CHEROKEE	837	544	365	332	282	284	255	259	280	249
CLARINDA	720	515	446	302	274	284	256	270	262	260
INDEPENDENCE	840	654	353	348	306	285	275	263	323	312
MOUNT PLEASANT	877	445	395	233	192	181	168	199	206	221
TOTAL	3274	2158	1559	1215	1054	1034	954	991	1071	1055

OUT-PATIENT ADMISSIONS BY YEAR AND INSTITUTION

	1965	1967	1969	1971	1972	1973	1974	1975	1976
CHEROKEE	449	695	397	487	560	436	397	392	414
CLARINDA	404	350	273	274	293	261	237	276	274
INDEPENDENCE	107	344	215	215	187	182	172	192	157
MT. PLEASANT	329	381	347	23	15	61	69	65	63
TOTAL	1289	1770	1232	999	1055	940	875	925	908

OUT-PATIENT CASELOAD AT THE END OF FISCAL YEAR

	1965	1967	1969	1971	1972	1973	1974	1975	1976
CHEROKEE	457	588	591	600	658	638	622	600	600
CLARINDA	597	526	497	571	736	820	850	932	1136
INDEPENDENCE	288	462	588	697	724	730	701	748	760
MT. PLEASANT	159	222	204	---	10	41	42	50	50
TOTAL	1501	1798	1880	1868	2128	2229	2215	2330	2546


MEAN AGE OF ADMISSIONS AND RESIDENTS BY FISCAL YEAR

MEDIAN STAY IN DAYS

	1963	1969	1973	1974	1975	1976
CHEROKEE	75	44	42	44	37	34
CLARINDA	53	51	55	63	51	65
INDEPENDENCE	59	43	37	40	35	33
MT. PLEASANT	63	50	51	51	48	45

Leave Population Movement A. the Four Mental Health Institutes for the Year Ending June 30, 1976

	Cherokee	Clarinda	Independence	Mt. Pleasant	
Beginning on Leave 7-1-75	110	149	171	72	
Departures from Institute	613	397	760	230	2
Returns to Institute	424	241	325	150	1
Discharges from Leave	195	259	558	117	1
Deaths On Leave	2	5	7	4	
Transfers to Other Mental Health Institutes	1	-	-	-	
Transfers to Hospital Schools	1	-	-	-	
Transfers to County Home	4	2	1	-	
Ending on Leave 6-30-76	96	39	40	32	

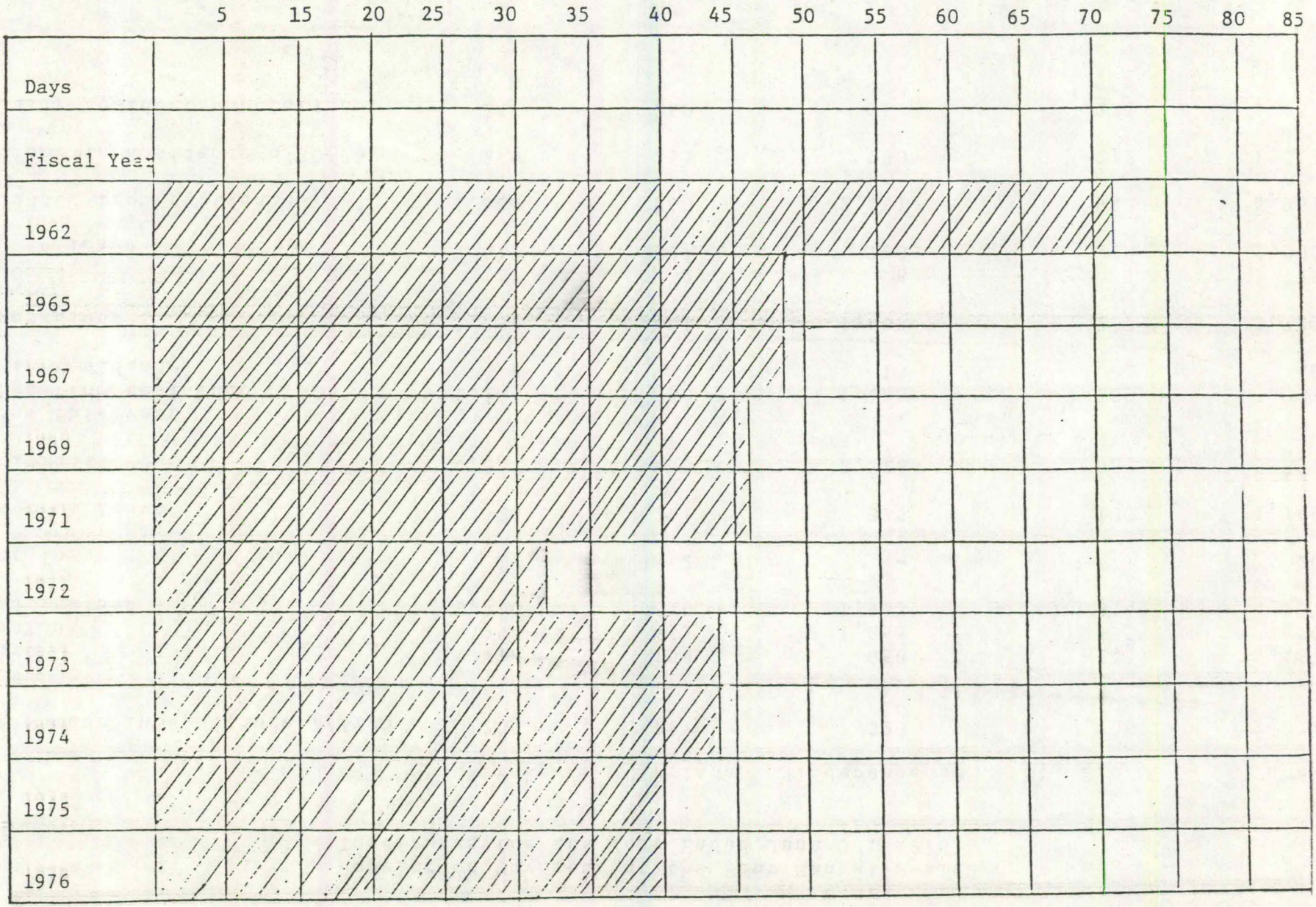
Admissions and Residents in the Four Mental Health Institutes, By Mental Disorder for the Year Ending June 30, 1976

	Cherokee		Clarinda		Independence		Mt. Pleasant		TOTA
	Adm.	Res.	Adm.	Res.	Adm.	Res.	Adm.	Res.	Adm.
Acute and Chronic Brain Syndromes									
Alcohol Intoxication	16	4	3	1	17	1	8	1	44
Cerebral Arteriosclerosis	13	3	20	12	23	5	25	9	81
Senile Brain Disease	22	9	4	5	13	3	7	6	46
Convulsive Disorder	8	5	5	7	5	8	18	16	36
All Other Brain Syndromes	22	9	23	14	13	8	38	20	96
Psychotic Disorders									
Manic Depressive Reaction	36	6	28	11	64	14	41	14	169
Schizophrenia	345	98	187	98	172	61	163	60	867
All Other Psychotic Disorders	10	1	17	7	13	1	10	1	50
Neuroses	57	8	41	3	58	4	32	4	188
Personality Disorders									
Personality Disturbances	123	6	60	11	42	8	61	14	286
Alcoholism	296	20	91	7	381	39	210	26	978
Drug Abuse	48	3	6	1	38	5	34	1	126
Transient Situational Pers. Dist.	50	11	35	7	159	48	103	29	347
Mental Defieciency	52	20	21	13	26	13	45	15	144
Undiagnosed	306	46	61	57	858	72	11	6	1,236
Without Mental Disorder	3	-	6	-	20	-	8	1	37
Other Diagnoses	2	-	1	-	-	-	-	-	3
Unknown	1	-	1	1	1	-	-	-	3
TOTAL	1,410	249	610	255	1,903	290	814	223	4,737

Population Movement at the Four Mental Health Institutes for the Year Ended June 30, 1976

	Cherokee	Clarinda	Independence	Mt. Pl[illegible]	[illegible]
Beginning Number in Residence 7/1/75	280	262	323	206	1,071
Admissions					
No Prior	418	158	650	241	1,467
Readmissions	992	452	1,253	573	3,270
Total Admissions	1,410	610	1,903	814	4,737
Transfer In	17	2	-	1	20
Returns from leave	424	241	325	150	1,140
Total Additions	1,851	853	2,228	965	5,397
Separations this year					
Discharge from residence	1,244	450	1,480	709	3,883
Deaths in residence	8	11	13	8	40
Total Separations	1,252	461	1,493	717	3,923
Transfer Outs	17	2	8	1	28
Departure on leave	613	397	760	230	2,000
Total released from residence	1,882	860	2,261	948	5,951
Ending Number in Residence 6/30/76	249	255	290	223	1,017
Average daily resident population	262	260	312	221	1,055

DISCHARGES BY MEDIAN TIME IN RESIDENCE



Disposition of Patients Discharged from the Four Mental Health Institutes During the Year Ending June 30, 1976

Disposition	Cherokee	Clarinda	Independence	Mt. Pleasant	Total
Private Home Setting	1,027	421	1,464	496	3,408
County Home	60	26	70	84	240
Nursing or Custodial Home	100	94	90	56	340
Veteran's Hospital	13	7	10	11	41
Out of State Facilities	5	3	2	7	17
Other Dept. of Social Services Inst.	9	10	13	18	50
Law Enforcement Agency	60	48	109	29	246
Halfway House	22	24	110	36	192
Other Disposition	143	76	170	89	478
TOTAL	1,439	709	2,038	826	5,012

Age of Admissions and Residents in the Four Mental Health Institutes for year ending June 30, 1976.

Age In Years	Cherokee		Clarinda		Independence		Mt. Pleasant		TOTAL	
	Adm.	Res.	Adm.	Res.	Adm.	Res.	Adm.	Res.	Adm.	Res.
9 and Under	8	1	-	1	9	4	7	5	24	11
10 - 14	72	12	17	5	100	28	37	16	226	61
15 - 17	126	25	45	15	209	36	88	17	468	93
18 - 19	73	11	31	9	82	8	43	11	229	39
20 - 24	222	39	93	26	259	33	124	22	698	120
25 - 44	501	82	218	67	684	87	263	74	1,666	310
45 - 64	315	53	153	79	438	74	193	50	1,099	256
65 and Over	93	24	53	53	119	20	59	28	324	125
Unknown	-	2	-	-	3	-	-	-	3	2
TOTAL	1,410	249	610	255	1,903	290	814	223	4,737	1,017

Time In Residence Since Latest Admission Date For Residents At The Four Mental Health Institutes For The Year Ending June 30, 1976

Time In Years	Cherokee	Clarinda	Independence	Mt. Pleasant	Total
Less Than One	192	149	250	178	769
One But Less Than Five	49	70	34	34	187
Five But Less Than Ten	3	18	4	6	31
Ten But Less Than Twenty	1	7	1	4	13
Twenty and Over	4	11	1	1	17
TOTAL IN RESIDENCE	249	255	290	223	1,017

Patients Discharged from the four Mental Health Institutes by time in Residence during the year ended June 30, 1976.

Time in Days	Cherokee	Clarinda	Independence	Mt. Pleasant	Total
30 and less	662	186	833	309	1,990
31-61	342	153	664	184	1,343
62-92	190	97	230	107	624
93-183	144	128	201	117	590
184-365	67	68	75	65	275
366-730	22	41	28	29	120
731-1,825	4	26	6	8	44
1,826 and over	2	7	1	2	12
Unknown	6	3	-	5	14
TOTAL	1,439	709	2,038	826	5,012

Legal Status for all Admissions and Residents in the Four Mental Health Ins[illegible]
for the Year Ending June 30, 1976

	Cherokee		Clarinda		Independence		Mt. Pleasant		[illegible]	
	Adm.	Res.	Adm.	Res.	Adm.	Res.	Adm.	Res.	Adm.	Res.
Voluntary Psychotic	535	104	217	68	663	99	273	67	[illegible]	338
Order of Admittance	123	6	78	22	109	18	73	5	[illegible]	51
Order of Commitment	79	29	66	82	69	27	69	20	[illegible]	158
Committed Sexual Psychopath	-	-	3	1	-	-	1	1	[illegible]	2
Juvenile Court Commitment	89	16	35	11	146	34	51	15	[illegible]	76
Voluntary Alcoholic	343	21	71	4	516	49	145	13	[illegible]	87
Commited Alcoholic	13	8	8	11	156	11	30	12	[illegible]	42
District Court-Observation	42	5	36	9	46	1	27	6	[illegible]	21
OMVUI	8	-	-	-	20	2	3	-	[illegible]	2
Drug	69	10	8	1	49	7	33	5	[illegible]	[illegible]
Other	109	50	88	46	129	42	109	7[illegible]	[illegible]	217
TOTAL	1,410	249	610	255	1,903	290	814	223	[illegible]	1,017

- County Breakdown of Admissions Discharges, and Residents of Iowa's Mental Health Institutes for the Year Ending June 30, 1976

	Admission	Discharges	Residents
Adair	11	12	4
Adams	10	7	3
Allamakee	34	31	6
Appanoose	23	20	7
Audubon	7	7	3
Benton	51	66	3
Black Hawk	468	467	69
Boone	31	36	10
Bremer	45	42	6
Buchanan	84	90	10
Buena Vista	50	50	10
Butler	20	24	2
Calhoun	13	10	3
Carroll	15	19	7
Cass	12	12	5
Cedar	5	7	2
Cerro Gordo	67	68	17
Cherokee	49	54	4
Chickasaw	27	31	2
Clarke	8	9	2
Clay	38	41	7
Clayton	65	68	13
Clinton	60	62	17
Crawford	23	27	4
Dallas	21	22	6
Davis	8	9	3
Decatur	7	9	2
Delaware	47	44	9
Des Moines	107	101	26
Dickinson	21	22	2
Dubuque	164	203	30
Emmet	18	22	3
Fayette	102	101	13
Floyd	29	41	6
Franklin	19	19	5
Fremont	20	21	6
Greene	8	12	3
Grundy	22	24	4
Guthrie	9	10	3
Hamilton	35	32	8
Hancock	4	4	3
Hardin	33	38	5
Harrison	27	25	10
Henry	44	40	12
Howard	18	21	3
Humboldt	18	14	7
Ida	26	28	5
Iowa	15	14	4
Jackson	22	27	5
Jasper	17	19	3

- Continued

	Admission	Discharges	Residents
Jefferson	17	17	6
Johnson	49	56	8
Jones	33	37	7
Keokuk	17	11	6
Kossuth	35	33	9
Lee	79	83	19
Linn	411	419	60
Louisa	13	10	5
Lucas	8	13	1
Lyon	13	14	3
Madison	3	7	2
Mahaska	14	17	5
Marion	16	18	8
Marshall	46	59	4
Mills	6	5	2
Mitchell	20	23	6
Monona	13	15	3
Monroe	4	4	-
Montgomery	19	22	3
Muscatine	34	32	12
O'Brien	34	32	3
Osceola	14	14	4
Page	40	42	12
Palo Alto	46	48	7
Plymouth	40	43	7
Pocahontas	12	13	2
Polk	226	296	105
Pottawattame	92	89	29
Poweshiek	19	17	5
Ringgold	5	7	2
Sac	23	21	3
Scott	82	72	27
Shelby	14	13	8
Sioux	37	36	6
Story	61	57	14
Tama	56	58	6
Taylor	17	17	2
Union	21	22	9
Van Buren	16	16	3
Wapello	36	36	8
Warren	14	20	6
Washington	20	26	5
Wayne	6	5	3
Webster	26	26	5
Winnebago	11	10	1
Winneshiek	40	42	6
Woodbury	287	289	48
Worth	17	15	3
Wright	39	37	8
State	350	432	80
Unknown	1	84	1
Out of State	108	-	18
TOTAL	4,737	5,012	1,017

Admissions to the Four Mental Health Institutes, by Time Since Last Residency for the year Ending June 10, 1976.

	Cherokee	Clarinda	Independence	Mt. Pleasant	Total
First Admissions	418	158	650	241	1,467
Readmissions; Time in months since last residency					
Less than one	261	132	267	209	869
One but less than three	266	81	278	93	718
Three but less than six	103	37	131	42	313
Six but less than twelve	107	55	162	61	385
Twelve	13	10	27	5	55
More than twelve	242	134	379	161	916
Unknown	-	3	9	2	14
TOTAL	1,410	610	1,903	814	4,737

ADMISSIONS BY COUNTY

FISCAL YEAR, 1976

County	Cherokee	Clarinda	Independence	Mt. Pleasant
Adair	-	11	-	1
Adams	-	10	-	-
Allamakee	-	-	34	-
Appanoose	-	-	1	22
Audubon	-	6	1	-
Benton	2	-	49	-
Black Hawk	2	-	464	1
Boone	9	22	-	-
Bremer	1	1	43	-
Buchanan	-	-	84	-
Buena Vista	50	-	-	-
Butler	-	-	20	-
Calhoun	12	1	-	-
Carroll	1	14	-	-
Cass	-	12	-	-
Cedar	-	-	-	5
Cerro Gordo	62	1	3	1
Cherokee	49	-	-	-
Chickasaw	-	-	27	-
Clarke	-	8	-	-
Clay	38	-	-	-
Clayton	-	-	65	-
Clinton	1	-	11	48
Crawford	22	1	-	-
Dallas	1	20	-	-
Davis	1	-	-	7
Decatur	-	7	-	-
Delaware	-	-	46	1
Des Moines	-	-	1	106
Dickinson	21	-	-	-
Dubuque	2	-	162	-
Emmet	18	-	-	-
Fayette	1	-	101	-
Floyd	1	-	28	-
Franklin	19	-	-	-
Fremont	-	20	-	-
Greene	3	4	1	-
Grundy	2	-	20	-
Guthrie	-	9	-	-
Hamilton	35	-	-	-
Hancock	4	-	-	-
Hardin	32	-	2	-
Harrison	12	15	-	-
Henry	1	-	1	42
Howard	-	-	18	-
Humboldt	16	-	-	2
Ida	25	-	-	-
Iowa	-	-	5	10
Jackson	-	-	20	2
Jasper	-	1	-	16

County	Cherokee	Clarinda	Independence	Mt. Pleasant
Jefferson	-	-	-	17
Johnson	1	-	1	47
Jones	-	-	33	-
Keokuk	-	-	-	17
Kossuth	35	-	-	-
Lee	-	-	-	79
Linn	3	2	392	14
Louisa	-	-	-	14
Lucas	1	-	-	7
Lyon	12	-	-	1
Madison	-	3	-	-
Mahaska	-	-	-	14
Marion	1	1	-	14
Marshall	42	-	2	2
Mills	-	6	-	-
Mitchell	-	-	20	-
Monona	13	-	-	-
Monroe	-	-	-	4
Montgomery	-	18	1	-
Muscatine	1	1	-	32
O'Brien	34	-	-	-
Osceola	14	-	-	-
Page	-	40	-	-
Palo Alto	47	-	-	-
Plymouth	40	-	-	-
Pocahontas	12	-	-	-
Polk	36	159	21	10
Pottawattamie	9	81	1	1
Poweshiek	-	-	1	18
Ringgold	-	5	-	-
Sac	23	-	-	-
Scott	-	-	3	79
Shelby	3	11	-	-
Sioux	37	-	-	-
Story	58	2	1	-
Tama	3	-	53	-
Taylor	-	17	-	-
Union	-	20	-	1
Van Buren	-	-	-	16
Wapello	1	-	-	35
Warren	-	13	1	-
Washington	-	-	2	18
Wayne	-	6	-	-
Webster	25	-	1	-
Winnebago	11	-	-	-
Winneshiek	-	-	40	-
Woodbury	286	-	2	1
Worth	16	-	1	-
Wright	37	-	2	-
State	157	35	115	56
Nonresident	26	29	-	54
TOTAL	1,427	612	1,900	815

...ation Movement for the Out-Patient Clinics of the Four Mental Health ... for the Year Ending June 30, 1976

	Cherokee Clinic		Claremore Clinic		Independence Clinic		Mt. Pleasant Clinic		TOTAL Clinic	
Beginning Caseload	600		932		748		50		2,330	
Child (17 and Under)		87		144		70		27		32
Adult (18 and Over)		513		788		678		23		2,00
New Admissions	274		249		113		51		687	
Child		60		72		13		27		17
Adult		214		177		100		24		51
Reopened Cases	'56		17		18		11		102	
Child		5		3		1		3		1
Adult		51		14		17		8		9
Recurrent Cases	84		8		26		1		119	
Child		4		-		-		1		
Adult		80		8		26		-		11
Total Admissions	414		274		157		63		908	
Child		69		75		14		31		18
Adult		345		199		143		32		71
Terminated Cases	414		70		145		63		692	
Child		73		21		13		33		14
Adult		341		49		132		30		55
Ending Caseload	600		1,136		760		50		2,546	
Child		83		198		71		25		37
Adult		517		938		689		25		2,16
Total Patients Under Care During the Year	930		1,198		879		112		3,119	
Evaluations	938		17		1,188		4		2,147	
Child		72		8		164		4		24
Adult		866		9		1,024		-		1,89

Monthly Average Out-Patient Interview Summary For the Out-Patient Clinics of the Four Mental Health Institutes for the Year Ended June 30, 1976

	Cherokee	Clarinda	Independence	Mt. Pleasant	Total
Average Monthly Interviews by Type of Service					
Diagnostic or Evaluation	100.9	39.0	107.3	12.8	260.1
Individual Psychotherepy	170.1	131.3	226.2	50.3	577.9
Group Psychotherapy	281.6	27.3	1.0	1.2	311.1
County Home Evaluation	94.1	6.7	162.7	109.1	372.6
Consultation	100.2	15.1	1.5	1.1	117.9
Eval. for Inpatient Service	78.2	1.4	99.0	.3	178.9
Drug	135.8	5.3	-	2.0	143.1
TOTAL	960.9	226.1	597.7	176.8	1,961.5
Percent of Total Interviews					
With Patients	72.14	69.07	80.41	80.95	75.10
With Others	27.86	30.93	19.51	19.05	24.90
Average Number of Patients Seen	172.3	160.2	136.3	32.8	501.6
Average Monthly Caseload	602.6	1,021.7	749.8	49.9	2,424.0
Percent of Caseload Seen	28.6	15.7	18.2	65.7	20.7
Average Monthly Interviews by Professional Staff					
Psychiatrists	312.0	10.7	305.8	76.9	705.4
Psychologists	36.5	3.4	.5	36.2	76.6
Social Service Workers	83.9	7.1	139.2	26.7	256.9
Other Professionals	152.5	4.2	.2	18.2	175.1
Average Monthly Staff Hours (Spent on Interviewing) By Professional Staff					
Psychiatrists	277.4	71.2	240.8	38.7	628.1
Psychologists	35.4	15.7	.8	24.4	76.3
Social Service Workers	68.1	51.2	79.0	42.7	241.0
Other Professional	577.9	20.3	.2	12.0	610.4
TOTAL	958.8	158.4	320.8	117.8	1,555.8
Average Full-Time (or Equivalent) Personnel By Profession					
Psychiatrists	1.5	1.2	2.6	.1	5.4
Psychologists	.3	.3	*	.1	.7
Social Service Workers	2.0	1.3	1.1	.1	4.5
Other Professional	.9	1.6	*	.2	2.7
TOTAL	4.7	4.4	3.7	.5	13.3

* This quantity is greater than Zero, but less than .1

Out-Patient Admissions by Most Recent In-Patient Status, To The Out-Patient Clinics of the Four Mental Health Institutes for The Year Ended June 30, 1976

	Cherokee	Clarinda	Independence	Mt. Pleasant	Total
Never an In-Patient	193	152	66	26	437
Currently on Convalescent Leave	14	1	2	4	21
Previous Discharge from State Institution	206	99	83	32	420
Discharge from other In-Patient Facility	1	21	5	1	28
Unknown	-	1	1	-	2
TOTAL ADMISSIONS	414	274	157	63	908

Out-Patient Terminations by Disposition, from Out-Patient Clinics of [illegible] Mental Health Authorities for the Year Ending June [illegible]

	Cherokee	Clarinda	Independence	Mt. Pleasant	Total
No Referral					
Patient Withdrew	100	57	24	23	204
Further Care Not Indicated	152	2	28	12	194
Other Reasons	2	1	18	3	24
Referred for Further Service					
Mental Hospital	100	7	59	13	179
Schools-Mentally Retarded	4	-	-	-	4
Private Psychiatrist	4	-	-	1	
Private Physician	12	-	6	1	19
Other Out-Patient Clinic	16	-	7	7	30
Court and Law Agency	2	-	-	-	
Schools	1	-	-	-	
All Others	21	3	3	3	30
TOTAL	414	70	145	63	69

Out Patients Admissions and Terminations By County Of Legal Settlement Fo
The Year Ended June 30, 1976

	Admissions	Terminations
Adair	4	2
Adams	4	-
Allamakee	1	3
Appanoose	-	-
Audubon	2	-
Benton	2	7
Black Hawk	12	23
Boone	4	1
Bremer	5	3
Buchanan	46	41
Buena Vista	69	72
Butler	-	3
Calhoun	1	1
Carroll	3	-
Cass	4	-
Cedar	1	1
Cerro Gordo	6	3
Cherokee	93	96
Chickasaw	3	-
Clarke	1	1
Clay	10	14
Clayton	6	9
Clinton	2	4
Crawford	11	8
Dallas	5	-
Davis	1	1
Decatur	34	5
Delaware	19	14
Des Moines	8	7
Dickinson	10	5
Dubuque	4	3
Emmet	2	1
Fayette	37	26
Floyd	-	1
Franklin	4	3
Fremont	8	2
Greene	2	-
Grundy	1	-
Guthrie	3	-
Hamilton	3	7
Hancock	-	2
Hardin	2	2
Harrison	4	1
Henry	15	13
Howard	-	1
Humboldt	2	1
Ida	15	15
Iowa	1	1
Jackson	-	-
Jasper	-	-
Jefferson	1	2
Johnson	1	1
Jones	-	4
Keokuk	1	-
Kossuth	11	8
Lee	8	9
Linn	7	6
Louisa	4	4
Lucas	-	-
Lyon	6	3
Madison	-	1
Mahaska	2	2
Marion	-	-
Marshall	1	2
Mills	5	1
Mitchell	1	-
Monona	4	7
Monroe	-	-
Montgomery	13	5
Muscatine	-	4
O'Brien	45	29
Osceola	9	7
Page	53	11
Palo Alto	7	5
Plymouth	12	6
Pocahontas	12	11
Polk	51	21
Pottawattamie	19	2
Poweshiek	-	-
Ringgold	11	3
Sac	12	28
Scott	3	2
Shelby	2	-
Sioux	23	21
Story	2	1
Tama	6	4
Taylor	18	2
Union	14	4
Van Buren	2	2
Wapello	1	3
Warren	3	1
Washington	7	3
Wayne	2	1
Webster	-	4
Winnebago	1	1
Winneshiek	-	-
Woodbury	19	25
Worth	-	-
Wright	2	6
State	36	24
Unknown	1	3
TOTAL	908	692

CHEROKEE AREA
COUNTY CARE FACILITY POPULATION AND CARE COST
January 1, 1976 - December 31, 1976

CONSTRUCTED	COUNTY CARE FACILITY	MHI		DIRECTLY COMMITTED		RETARDED		INDIGENT		PSYCHIATRIC	TOTAL
		M	F	M	F	M	F	M	F		
1976	Buena Vista	10	14	0	0	1	1	8	4	NONE	38
1920	Calhoun	6	10	0	0	3	2	6	3	NONE	30
1899/1920/1940	Cerro Gordo	37	22	0	0	9	7	15	7	NONE	97
1900	Crawford	3	3	0	0	2	0	2	1	NONE	11
1956	Dickinson	7	6	0	0	2	4	8	5	NONE	32
1910/1968	Emmet	6	9	0	0	1	2	1	1	NONE	20
1937	Hamilton	15	10	1	0	4	3	4	1	NONE	38
1976	Hancock	11	6	0	0	5	2	5	3	NONE	32
1920	Hardin	6	6	0	0	1	1	3	8	NONE	25
1940/1977	Kossuth	7	9	0	0	4	1	6	3	NONE	30
1938/1970	Marshall	22	20	0	0	3	5	39	59	NONE	148
1913/1964/1975	O'Brien	13	7	1	0	1	2	9	4	NONE	37
1951	Plymouth	10	9	0	0	3	4	9	6	NONE	41
1954	Sioux	5	5	0	0	2	8	9	8	NONE	37
1918	Story	21	15	0	0	14	10	5	8	NONE	73
1916/1968	Webster	17	22	0	0	11	14	7	23	24	118
1925/1952	Winnebago	9	4	0	0	2	1	8	6	NONE	30
1918/1975	Woodbury	24	23	1	0	21	10	7	7	NONE	93
SUB TOTAL		229	200	3	0	89	77	151	157	24	930
TOTAL		429		3		166		308		24	930

Population and Care Cost in Clarinda Area — January 1, 1976 - December 31, 1976

CLARINDA AREA
COUNTY CARE FACILITY POPULATION AND CARE COST
January 1, 1976 - December 31, 1976

CONSTRUCTED	COUNTY CARE FACILITY	MHI		DIRECTLY COMMITTED		RETARDED		INDIGENT		PSYCHIATRIC	TOTAL
		M	F	M	F	M	F	M	F		
1966	Adams	13	10	0	0	5	4	9	2	NONE	43
1918	Boone	10	19	0	0	10	10	28	10	NONE	87
1936/1975	Carroll	13	5	0	0	3	0	11	1	NONE	33
1977	Cass	1	3	0	0	4	3	3	0	NONE	14
1874/1932/1971	Dallas	13	19	0	0	10	5	17	11	NONE	75
1900/1976	Fremont	2	3	0	0	2	3	4	2	NONE	16
1976	Greene	3	5	0	0	5	3	2	0	NONE	18
1937	Guthrie	4	3	0	0	3	6	5	7	NONE	28
1901	Montgomery	4	5	0	0	6	7	10	1	NONE	33
1911	Page	7	10	0	0	9	8	6	3	NONE	43
1890/1960	Pottawattamie	13	7	0	0	8	6	7	2	NONE	43
1976	Shelby	4	3	0	0	5	1	1	0	NONE	14
1908	Taylor	4	7	0	0	4	0	3	6	NONE	24
1879	Union	4	2	0	0	3	4	3	1	NONE	17
1913	Wayne	2	3	0	0	2	2	3	1	NONE	13
SUB TOTAL		97	104	0	0	79	62	112	47	NONE	501
TOTAL		201		0		141		159		NONE	501

INDEPENDENCE AREA
COUNTY CARE FACILITY POPULATION AND CARE COST
January 1, 1976 - December 31, 1976

CONSTRUCTED	COUNTY CARE FACILITY	MHI		DIRECTLY COMMITTED		RETARDED		INDIGENT		PSYCHIATRIC	TOTAL
		M	F	M	F	M	F	M	F		
1900/1976	Allamakee	10	9	0	0	4	4	14	9	NONE	50
1915	Benton	5	7	0	0	4	0	13	4	NONE	33
1914/1915/1978	Black Hawk	27	25	11	10	11	13	14	28	NONE	139
1953	Bremer	10	9	0	0	6	2	10	11	NONE	48
1916/1976	Buchanan	11	9	0	0	6	3	10	4	NONE	43
1907	Chickasaw	8	6	0	0	1	0	3	3	NONE	21
1900/1975	Clayton	19	11	0	0	14	11	17	5	NONE	77
1976	Delaware	18	12	0	0	4	3	7	5	NONE	49
1876/1951/1961/1978	Dubuque	20	0	0	0	17	0	15	0	NONE	52
1954	Fayette	4	11	8	5	6	4	19	18	NONE	75
1926	Howard	8	5	0	0	4	1	5	4	NONE	27
1976	Jackson	5	6	0	0	0	1	9	10	NONE	31
1911	Jones	10	12	0	0	3	2	13	4	NONE	44
1976	Linn	38	37	10	6	21	5	47	36	18	218
1958	Mitchell	10	8	0	0	1	2	3	1	NONE	25
1894	Tama	10	6	0	0	4	7	10	2	NONE	39
1900/1977	Winneshiek	23	14	2	0	3	2	14	7	NONE	65
SUB TOTAL		236	187	31	21	109	60	223	151	18	1,036
TOTAL		423		52		169		374		18	1,036

MOUNT PLEASANT AREA
COUNTY CARE FACILITY POPULATION AND CARE COST
January 1, 1976 - December 31, 1976

CONSTRUCTED	COUNTY CARE FACILITY	MHI		DIRECTLY COMMITTED		RETARDED		INDIGENT		PSYCHIATRIC	TOTAL
		M	F	M	F	M	F	M	F		
1916	Cedar	6	6	0	0	8	3	8	6	NONE	37
1875/1969/1976	Clinton	34	30	0	0	26	8	36	23	NONE	157
1976	Davis	9	10	0	0	10	5	6	5	NONE	45
1940	Des Moines	21	25	3	3	13	10	13	10	NONE	98
1892/1977	Henry	4	3	0	0	1	3	16	8	NONE	35
1912/1977	Iowa	11	3	0	0	6	1	7	7	NONE	35
1884/1954/1963/ 1973/1974/1975	Jasper	14	12	4	14	10	19	26	37	NONE	136
1890/1977	Jefferson	6	10	0	0	12	6	5	1	NONE	40
1964	Johnson	25	22	0	0	18	14	9	4	NONE	92
1962	Lee	24	32	1	0	14	12	20	25	NONE	128
1976	Louisa	6	2	0	0	5	6	9	3	NONE	31
1904	Lucas	11	9	0	0	14	7	1	0	NONE	42
1976	Mahaska	19	15	0	0	6	5	6	2	NONE	53
1976	Marion	16	6	0	0	7	3	7	3	NONE	42
1970	Muscatine	16	21	0	0	15	9	10	6	NONE	77
1976	Poweshiek	11	6	0	0	2	5	8	9	NONE	41
1913/1978	Pine Knoll	0	0	0	0	0	0	0	0	26	26
1890/1976	Van Buren	18	13	0	0	6	7	5	4	NONE	53
1937/1977	Wapello	41	25	0	0	17	4	17	3	NONE	107
1880	Washington	8	9	0	0	9	4	8	6	NONE	44
SUB TOTAL		304	259	8	17	199	131	239	162	26	1,319
TOTAL		563		25		330		401		26	1,319

DEPARTMENT OF SOCIAL SERVICES

DIVISION OF MENTAL HEALTH RESOURCES

Policy on Electric Shock as a Treatment Modality

POLICY:

Contingent electric shock shall not be employed as a usual treatment modality in the institutions of the Division of Mental Health Resources, i.e., Glenwood and Woodward State Hospital-Schools and Cherokee, Clarinda, Independence and Mt. Pleasant Mental Health Institutes.

In exceptional cases, if the client's behavior constitutes an acute physical danger to himself or others, contingent electric shock may be administered under stringent control as prescribed herein.

PURPOSE:

To prevent the use of contingent electric shock except when clinically necessary; and to restrict and control use according to prescribed procedures.

PROCEDURE:

I. Each individual program using electric shock as a treatment modality shall receive prior written approval from the Division of Mental Health Resources Review Committee on Aversive Procedures comprised of two Divisional representatives, one client advocate, one non-institutional behavioral expert and a legal counsel as appropriate.

II. Prerequisite institutional review and approval procedures shall include the following:

A. A written detailed proposal explicitely stating

1. the medical and behavioral history of the subject,

2. the name and qualifications of behavioral analyst responsible for the design of the program,
3. a description of positive procedures to be used to attempt to build more appropriate forms of behavior,
4. an explanation of when and where the program is to operate,
5. the name and qualifications of the individual who will administer the shock,
6. the name of the individual responsible for monitoring and evaluating progress of the program, and
7. documentation that less restrictive treatment methods are inaffective or inappropriate.

B. Written informed consent of the parents or parent surrogate.

C. Written approval from the Research Review Committee and the Human Rights Committee of the Institution.

D. Assurance of compliance with current institutional policies on programming or programming procedures.

E. Other necessary procedures as developed and deemed necessary by the Superintendent of the institution.

F. Assurance that the device to be employed is made commercially for the expressed purpose of delivering contingent electric shock to human beings.

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IOWA COMMUNITY MENTAL HEALTH CENTER SERVICES - July 1, 1975 to June 30, 1976

MENTAL HEALTH Centers	PATIENTS SERVED					COMMUNITY AND STAFF SERVICES			
	Brought Forward	New Cases	Total Cases Served	Closed Cases	Carried Forward	Community Services Hours	Staff Development Hours		
							IN	OUT	TOTAL
Benton *	55	6	61	8	53	18	8	16	24
Black Hawk County	2,227	1,444	3,671	1,009	2,662	276	1,766	731	2,497
Cedar Valley	188	485	673	511	162	497	699	152	851
Central Iowa	278	569	847	523	324	1,680	71	464	535
Henry & Louisa Co's	445	507	952	446	506	147	264	264	528
CMHC of Scott Co.	1,355	1,603	2,958	1,164	1,794	1,960	212	872	1,084
Crossroads **	--	161	161	16	145	104	86	200	286
Des Moines Child Guid.	302	575	877	544	333	4,895	2,780	1,012	3,792
Dubuque/Jackson Co's	751	706	1,457	935	522	1,158	305	215	520
Great River ***	--	577	577	265	312	550	--	148	148
Jasper County	572	103	675	130	545	471	251	430	681
Lee County	406	713	1,119	683	436	411	1,035	468	1,503
Linn County	1,336	345	1,681	400	1,281	226	49	--	49
CMHC of Clinton Co.	160	582	742	590	152	757	291	738	1,029
CMHC of Mid-Iowa	1,074	448	1,522	549	973	776	128	333	461
CMHC of North Iowa	555	933	1,488	851	637	1,481	1,908	1,088	2,996
Mid-Eastern Iowa CMHC	406	492	898	540	358	1,645	423	450	873
North Central MHC	384	365	749	302	447	1,029	2,014	318	2,332
Northeast Iowa MHC	736	563	1,299	449	850	3,181	856	198	1,054
Northwest Iowa MHC	2,150	450	2,600	277	2,323	21	22	24	46
Orchard Place	53	31	84	28	56	291	503	271	774
Plains Area MHC	322	251	573	200	373	733	51	340	391
Polk County MHC	489	869	1,358	799	559	2,173	1,752	14	1,766
Poweshiek MHC	449	436	885	552	333	715	--	180	180
Rathbun Area	269	275	544	91	453	219	42	116	158
River Bluffs MHC	395	421	816	509	307	263	182	208	390
Siouxland MHC	1,144	825	1,969	682	1,287	234	844	720	1,564
South Central MHC	116	395	511	392	119	197	41	272	313
Southeastern Iowa MHC	676	422	1,098	383	715	--	--	--	--
Southern Iowa MHC	353	545	898	532	366	597	112	196	308
Southwest Iowa MHC	488	624	1,112	575	537	137	256	209	465
West Central	434	444	878	477	401	856	144	80	224
West Iowa MH Serv.	119	161	280	121	159	620	94	292	386
TOTAL	18,687	17,326	36,013	15,533	20,480	28,318	17,189	11,019	28,208

* In operation since June, 1976 ** In operation since October, 1976 ***In operation since August, 1975