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Glenwood State Hospital-School

TAKING A CLOSER LOOK...

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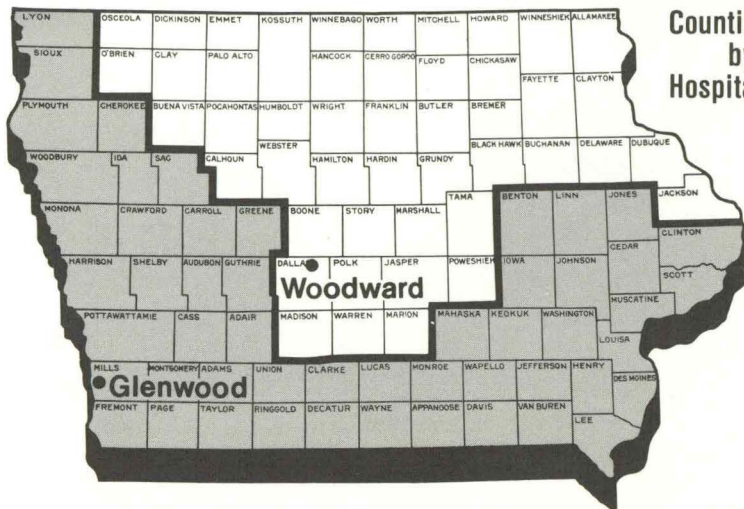


The mentally retarded citizen has a right to a life of dignity and respect.

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OVERVIEW — Glenwood State Hospital-School

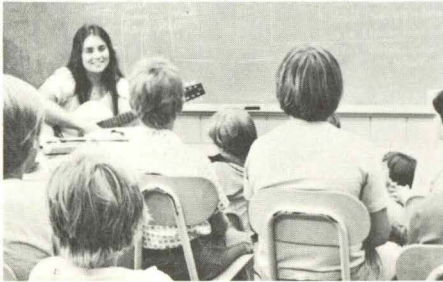
- is a residential and outpatient treatment facility for the mentally retarded.
- serves persons in 52 of Iowa's 99 counties.
- provides care, treatment, education and training for mentally retarded citizens who are accepted for treatment.
- is certified as an intermediate care facility for the mentally retarded (ICF/MR) with a total capacity of 851 ICF/MR spaces.
- serves as a resource center for other providers to strengthen their programs for the mentally retarded.
- has expanded capabilities by sharing services with Clarinda Mental Health Institute.



Counties Served by the Hospital-Schools

HISTORY - CHANGING PHILOSOPHY

Glenwood State Hospital-School was converted from a home for Civil War orphans to a facility for the mentally retarded in 1876. Iowa was the first state west of the Mississippi to care for the retarded. The first child was admitted on September 4, 1876. Within six months, 87 children were enrolled. As Glenwood's responsibilities as a custodial facility grew, so did its population. A second hospital-school was established at Woodward in 1921.



After years of providing only residential care, Glenwood organized treatment teams in 1959. At this time, lawmakers turned their attention to the mentally disabled. Personnel were recruited to set up new programs. Rapid advancement in treatment has been made in recent years, showing that profoundly retarded persons can learn and be trained.

The current philosophy is to return retarded persons to their natural homes when treatment goals are met or can be effectively pursued at home. Glenwood provides each individual with after-care to ensure a successful community placement. Placements are monitored by an interdisciplinary treatment team in cooperation with appropriate community agencies and the Department of Social Services.

Today Glenwood's population is primarily multi-handicapped with a daily average census of 800 residents. Some feel that the decade of the 70s was the "leveling-off period" signaling a new awareness of the needs of the mentally retarded. There is a growing sentiment that the mentally retarded should participate in all aspects of community life. That sentiment is reflected in the attitude of the staff at Glenwood. We believe that each mentally retarded citizen has the right to a life of dignity and respect.

The modern approach to the treatment, training and care of the mentally retarded is seen in the new housing project, a separate and distinct part of the Glenwood campus. These 25 houses look more like Midwest suburbia than a hospital-school. And that's exactly the type of life they are meant to represent.

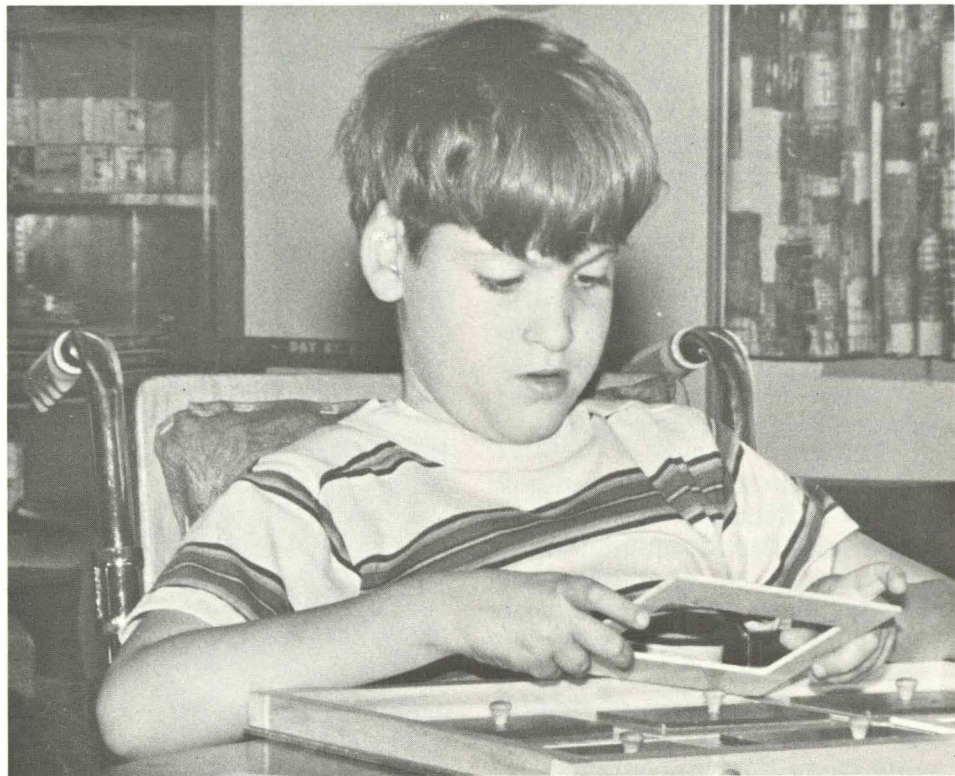
In these facilities residents experience family-style living before reentering the community. Each of the houses consists of bedrooms, living room, kitchen, dining area, patio and lawn. The "community" is built on winding, tree-lined streets.



ADMISSION PROCEDURES

Practically all admissions to the state hospital-schools are voluntary. The parent, guardian or other person responsible for a mentally retarded person may make application for voluntary admission on his/her behalf. Parental decision is the most common determining factor in voluntary admissions. Before admission, each person must undergo a clinical evaluation conducted by an interdisciplinary team which establishes the need for treatment.

Anyone desiring additional specific information regarding admission procedures should contact the Diagnostic Clinic at Glenwood State Hospital-School or your county Department of Social Services office.



To maintain the highest level of care possible, Glenwood State Hospital-School has begun a "sharing of services" program with Clarinda Mental Health Institute. Sharing has long been the watchword of both institutions. Now staff not only share time and talents with patients, but share their abilities with staff in the other institution. In addition to staff time, shared services include facilities, equipment and programming.

Although each institution fulfills different and distinct functions—the Hospital-School administers to the mentally retarded while the Mental Health Institute provides services for the mentally ill—this sharing improves the quality of mental health care and expands the scope of resources available.



TREATMENT TEAMS

Five interdisciplinary treatment teams work with small groups and focus on individual needs. Each resident is assigned an area according to his/her age and adaptive behavior skills.

Professional staff which makes up the treatment team includes physicians, nurses, psychologists, social workers, teachers, vocational counselors, recreation and occupational therapists, speech and hearing specialists, unit staff, other specialists and the program administrator. All are responsible for preparing goal-oriented treatment plans for each resident. Families and community-based treatment specialists are especially encouraged to participate and contribute in the treatment team process.

AREA I

Early childhood, adolescent and young adult units are grouped within this area's programs. Each resident has a plan with realistic goals to pursue. All individuals under age 21 receive at least five hours of schooling daily.

This often includes classroom training, speech, physical therapy and recreation therapy. Many students in the adolescent unit receive job training. In the young adult unit, students receive prevocational training in addition to classroom instruction. Area I programming also teaches residents to use leisure time constructively.

AREA II

This area offers treatment programs to adult residents whose retardation varies from mild to profound. Prevocational training offers residents many skills which may eventually be used in a supervised work activity. Vocational training prepares some residents for a competitive job situation. Area II trains residents in self-help skills, physical development, economic activity, language development, numbers and time, domestic activity, self-direction, responsibility and getting along with others.

AREA III

The treatment team in Area III serves small children and young adults who are severely and profoundly retarded. Professionals seek "independent functioning" for these young people through individual programming. Part of each resident's day is spent in special education. Other individualized programs include physical, activity and recreational therapy, speech and prevocational training. Medical, psychological and social services are provided. Positioning therapy is available to Area III patients with limited mobility. Special equipment, such as wheelchairs, is built to help patients sit upright and to have greater overall use of their bodies.

AREA IV

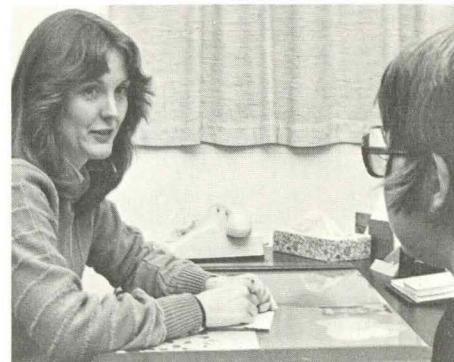
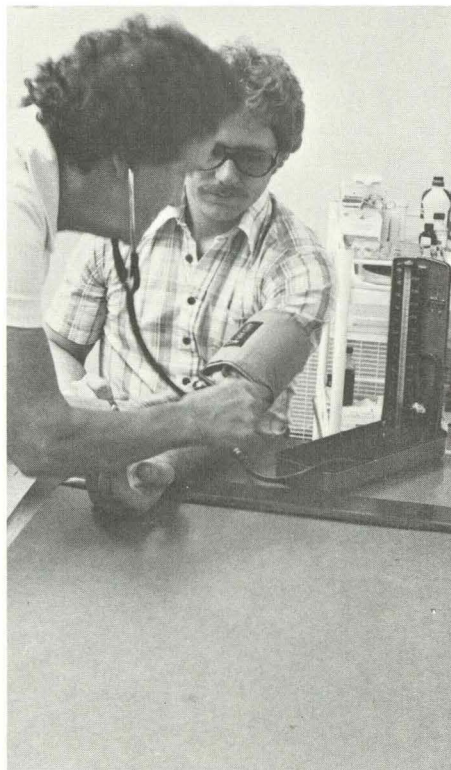
Adults over age 21 are grouped in Area IV. These severely and profoundly retarded residents take part in programs offering structure and supervision based on individual needs. Encouragement is given residents to learn self-help skills such as feeding, grooming and dressing. Social, speech, language and prevocational skills are also taught. Residents develop a better self-concept through recreation programs at the Play and Learn Center and other activities.

AREA V

Physically handicapped residents in Area V range from infants to adults, most of whom are severely and profoundly retarded. Plans are developed for the most dependent resident who requires individual care and treatment to achieve his/her highest level of independence. Area V services regularly include special education, the use of positioning equipment, occupational and physical therapy, psychological services, therapeutic recreation and Foster Grandparents.

OUTPATIENT SERVICES

Individuals desiring outpatient services from Glenwood State Hospital-School should contact Glenwood or the local Social Services office. Information will also be provided through the Diagnostic and Evaluation Clinic at the Hospital-School. Outpatients normally stay in their own homes or in an alternate living situation. Each individual is assigned to a treatment team which prepares a treatment plan, evaluates progress and does the necessary follow-up.



Medical specialists conduct clinics on a weekly, biweekly or monthly basis to improve the quality of patient care. Specialty clinics include: internal medicine, neurology, ear-nose-and-throat, surgery, ophthalmology, orthodontia, optometry and podiatry. Other clinics include psychiatry and radiology, as well as the services of a human geneticist.

CHAPLAINCY

Chaplains provide residents with individual counseling and conduct group discussions at the living units and in program areas. Chapel classes and summer programs are provided. The program is accredited for training other chaplains.

FOSTER GRANDPARENTS

The Foster Grandparent program is funded by state and federal monies for men and women over age 60 to work with children with special needs. Foster grandparents serve as a parent substitute, providing a loving, one-to-one relationship.



COST OF TREATMENT

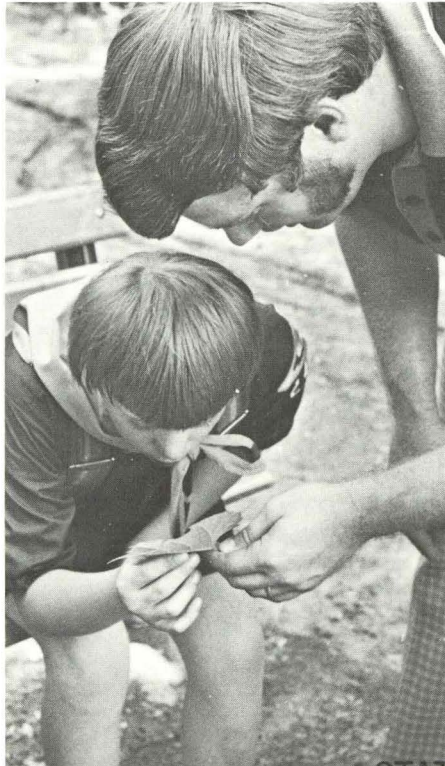
No person is denied services because of inability to pay. Arrangements for payments are usually handled in one of two ways:

Title XIX ICF/MR Eligible: Glenwood is a Title XIX provider, certified under the Social Security Act as an intermediate care facility for the mentally retarded. This means that the federal government pays back the institution for a portion of the daily costs for the Title XIX eligible patients. The counties are billed the remaining balance (match) of the cost of care. Currently the federal contribution is slightly more than one-half of the daily patient care.



Non-Title XIX Eligible: In the case of patients who are not eligible for Medicaid, the county of legal settlement is billed for 80 percent of the daily cost of care and the state assumes the responsibility for the remaining balance. The county may recover a portion of the costs from parents or any other person or firm legally responsible for the support of any patient under the age of 18.

Glenwood State Hospital-School is firmly committed to the resource center concept. We consider Glenwood to be a key member of the state service network for the mentally retarded. Our staff is involved in a continuous planning effort with community groups. We offer numerous professional services and provide consultations and expert advice on problems relating to mental retardation. Clinical work experiences are provided to students enrolled at colleges and universities within and around the state.



At Glenwood we look for numerous ways to involve the community with our residents. Visitors and volunteers participate in special events, projects and co-sponsored community programs. We share our campus areas and facilities with community groups. An organized group of parents and friends advises Hospital-School staff. The public is also keyed to residents' needs through a publication, the Hill Topic. Newspapers, radio and television provide the public with additional information. Presentations at meetings, displays and letters are provided upon request.

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