



# Innovation in State-Operated Facilities

During the 2023 Legislative Session, HHS engaged with the Iowa legislature to pass legislation to specialize services at Iowa’s state operated Mental Health Institutes (MHIs). [HF 471](#) was ultimately signed by the Governor.

The Iowa Department of Health and Human Services (HHS) remains committed to ensuring quality and timely care for youth and adults for evaluation and treatment at the State MHIs. We are looking forward to the upcoming changes to better serve youth and adults with complex needs and judicial involvement.



## MHI SPECIALIZATION

Effective November 1, 2023, Cherokee Mental Health Institute (MHI) will no longer accept child or adolescent admissions. Under the new legislation, after November 1 Independence MHI will focus on specialized services for youth and Cherokee MHI will focus on both acute psychiatric and forensic care for adults. The overall state operated bed count will remain the same (92 beds).

### CHEROKEE



\*24 acute and 12 forensic

### INDEPENDENCE



## CHEROKEE FORENSIC PATIENT DATA

Fiscal Year (FY)	Forensic Patients Served	Average Length of Stay (Days)
FY20	29	149
FY21	34	48
FY22	46	44
FY23	26	82
FY24	23 (current total)	32 (current total)

FY	Total Days	812.3 Days	2.2 Days	# Forensic Patients Seved
FY20	4,311	0	3,231	29
FY21	1,618	243	0	34
FY22	2,019	104	0	46
FY23	2,132	373	768	26
Totals	10,080	373	3,999	135

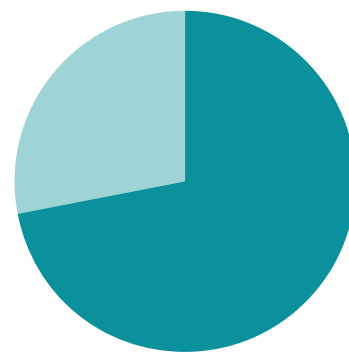
**FY 20 - FY 23**  
Average length of stay (LOS)

Legal Status	Patients	Days
<b>812.6</b>	122	47
<b>812.3</b>	7	53
<b>2.2</b>	6	67

Total Average LOS for all patients for 4 years = **75 days**

**FY20 – FY23**  
**812.6 (Competency & Restoration)**

Total Served FY 20 - FY 23 = 112



■ Restored      ■ Not Restored



**WRC CENTER OF EXCELLENCE**

Last year there were 106 admissions to 72 sites licensed as Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) level of care within the state. Only one third of those admissions occurred after having waiver services for the prior 6 months but nearly all having been on Medicaid, displaying the need for continued advancement of the community integrated options and ability to maintain individuals in the home and community of their choice.

The Woodward Resource Center (WRC) proposes a Center of Excellence plan that will meet this need. WRC’s Center of Excellence will provide services that promote community integration for individuals with intellectual disability by providing information, coaching, and support services that assist community providers in improving their excellence in services for better outcomes, above the regulatory requirements for medical billing. The WRC Center of Excellence development plan is as follows:

**Phase 1:** GRC Transition Monitoring

**Phase 2:** Consultation Services

**Phase 3:** Crisis Assessment & Stabilization



## IMPLEMENTATION TIMELINE

### December 2023

Finalize plan and funding necessary for implementation

### July 2024

Initial staff in place to assume GRC transition monitoring

### August 2024

Adopt program material and staff necessary for consult services

### September 2024

Initiate consulting services.

### July 2025

Execute On-Site WRC Center of Excellence house(s)



## PROGRAM GOALS



Support community providers who have accepted GRC Transitions during closure.



Promote Excellence in Care in partnership with Community Providers.



Reduce the need for long term ICF/IID services.



## PROGRAM OBJECTIVES

1. Improve transition outcomes.
2. Enhance services provided in the community to individuals living with intellectual disability.
3. Expand comprehensive statewide access to support services, adapting approaches health risk management and excellence in community.
4. Increase awareness about, public confidence in, and use of coordinated care more for individuals with intellectual disability.