

Glenwood Resource Center's Settlement Agreement and Consent Decree

The U.S. Department of Justice filed a settlement agreement and consent decree with the United States District Court for the Southern District of Iowa December 1 following an investigation into conditions at Glenwood Resource Center (GRC) which began in November 2019. This summary document covers significant pieces of the agreement. The full consent decree, along with previous DOJ reports, findings, summary documents, improvement actions, and resources can be viewed at <https://hhs.iowa.gov/doj>.

There are some recurring themes throughout the agreement. They are as follows:

- Work toward *substantial compliance* with nearly 300 separate provisions.
 - Substantial compliance means HHS has met or achieved all or nearly all the components of a particular provision of the agreement.
- Establish processes to ensure all services and care provided at GRC is consistent with current, generally accepted standards of care.
- When care and services don't meet generally accepted standards, deficiencies are addressed by appropriate staff.
- Regularly monitor the effectiveness of all treatments, supports, and interventions; and take steps to modify them in response to clinical indicators.
- Use valid, reliable, and sufficient data to inform decision making.
- Maintain detailed records of assessment, treatment and diagnosis, including reasons justifying decisions not to treat or diagnose, and they are accurately and timely documented in the resident's records.

RESEARCH

The agreement prohibits research activities unless the resident or guardian has provided written informed consent for such research; and the research has been independently reviewed and approved by an institutional review board for appropriateness to ensure any risks to residents are minimized.

INTEGRATED CARE

Every resident shall receive person-centered planning, and individualized protections, services, supports, and treatments. Individual support plans (ISP) are reviewed by an Interdisciplinary Team (IDT) regularly and as necessary to assess clinical effectiveness of interventions. When progress has occurred, strategies will be identified to build on those successes. When progress hasn't been made, the IDT will meet to discuss current interventions, and modifications to the ISP.

CLINICAL CARE

Every resident shall receive a full array of quality integrated preventative, chronic, and acute clinical care, including psychiatric, psychological, medical nursing, and habilitation therapy services.

The agreement outlines specific clinical staffing and oversight requirements:

- The GRC medical director must be board-certified with successful experience in providing medical services to individuals with intellectual and developmental disabilities (IDD) and in supervising medical providers.
- The director of psychology shall be a board-certified behavioral analyst with a minimum of five years of experience. *Note: only 11 Iowa-licensed psychologists hold this certification.*
- Independent board-certified physicians must regularly assess the adequacy of GRC's clinical services in the clinical areas for which they are board-certified, including, at a minimum, all medical staff.

Due to the specific and advanced level of medical professionals required by the agreement, the publicity around the investigation, and the geographic location of the facility, staffing is the most challenging part of the agreement.

RESTRICTIVE INTERVENTIONS

The agreement outlines specific requirements for the use of restrictive interventions and includes requirements for monitoring and supervision of individuals. Similar provisions are in place for seclusion and other restrictive interventions.

INVESTIGATIONS AND INCIDENT MANAGEMENT

This section requires the development of policies and procedures that govern how reports of suspected resident abuse or neglect are handled by HHS, including staff training, reporting requirements, investigation requirements, personnel actions, cooperation with law enforcement, and recordkeeping. This section also outlines specific requirements for the Iowa Department of Inspections and Appeals.

TRANSITIONS

To ensure individuals are served in the least restrictive setting appropriate for their needs, HHS will continue to implement individual support planning, discharge planning, and transition processes for GRC residents. This work has been occurring since the closure announcement in April 2022 and will continue until all residents have been transitioned. A large part of this work has been working with providers to ensure adequate supports exist in the community. To date, as many as 30 providers have expressed an interest in serving GRC residents in community settings across Iowa.

For some residents, their needs may require a higher level of care than exists in the community. In these cases, transitions to Woodward Resource Center (WRC) may be the most appropriate. However, work must continue to identify and locate appropriate community supports.

Since the closure announcement on April 8, 2022, 32 residents have transitioned out of GRC. The current census is 118. GRC continues transition planning with residents, guardians, and providers to ensure safe and appropriate placement for residents.

As of November 28, 2022, the following transitions have occurred:

- 11 residents transitioned to WRC.
- 16 residents transitioned to home and community-supported community living waiver homes
- 3 transitioned to host home residential programs; providing residents with a stable home environment to live with former GRC staff.
- 2 transitioned to home and community-based habilitation services homes.

CENTRAL OFFICE OVERSIGHT

The agreement requires the establishment of administrative positions within central office to oversee all operations at GRC and to oversee compliance with the agreement and HHS and GRC policies. This section also requires significant stakeholder engagement to ensure resident and guardian concerns are heard by HHS administration.

COURT-ORDERED MONITORING

The Court will appoint an independent monitor to assess and report to the court whether the provisions in the agreement have been implemented. The monitor also provides technical assistance to HHS in maintaining compliance with its obligations under the agreement.

All monitoring costs are the responsibility of HHS and will require a request for appropriations from the state legislature.

STAFFING

HHS is required to maintain an adequate number of appropriate staff to care for GRC residents. The agreement specifies HHS to use a relief factor of 1.8 for every residential treatment worker needed to account for vacancies, leave, and staff illnesses.

While staffing has remained relatively stable in 2022, recruitment and retention at GRC has been challenging for several years. HHS has made several attempts at recruiting new staff at GRC. These efforts included including television, radio, web, and social media advertising. However, a lack of interested and qualified applicants in southwest Iowa contributes to ongoing staffing challenges.

TERMINATION

The agreement is terminated after five years if the state has achieved substantial compliance with all the provisions and maintains compliance for at least one year.

In April 2022, Governor Reynolds' office announced the closure of GRC in 2024. The agreement terminates when GRC closes. However, if HHS transitions more than 50 residents from GRC to WRC, all the terms and conditions of this agreement will remain in effect.

CONCLUSION

It's important to note that the agreement does not signal the end of negotiations with DOJ around the state resource centers in Iowa. There will be a subsequent, larger consent decree regarding compliance with the Americans with Disabilities Act (ADA) focused on how we serve individuals in the community more broadly.

HHS is committed to the continued transparency around the DOJ investigation and in compliance with this agreement. The department publishes all materials related to the investigation on the Iowa HHS website at <https://hhs.iowa.gov/doj>.

We are committed to making public any information we can share when it is appropriate to do so. We look forward to continued dialogue and partnership with residents, guardians, family members, legislators, and other elected officials.