



Statement from Director Charles M. Palmer regarding the special education compliance reviews at Independence and Cherokee MHIs:

The Iowa Department of Human Services is committed to meeting the needs of all children served at state-operated facilities. The compliance reviews issued today show strengths and areas for improvement in providing special education to psychiatric patients at these nationally-accredited hospitals. DHS is working in partnership with the Department of Education (DE) and the Area Education Agency (AEA) #267 to make meaningful changes to improve the quality of special education for patients.

The department is currently working with our partners at the AEA #267 to correct areas of noncompliance. We see these reviews as an opportunity to further the discussion on how best to serve the special education needs of unique and challenging populations. We welcome this effort, which will encourage collaboration between educators and treatment staff, and will result in a better experience for psychiatric patients who receive special education services. DHS will work closely with the special education administrator and DE to fully meet the needs of students in our schools' special education programs.

We believe education has an important role in our programs. We want youth to receive the array of child welfare and mental health treatment services and supports they require, as well as all aspects of education they are entitled to under the law. The additional direction and resources provided by the Department of Education and the AEA #267 will be crucial in meeting state and federal special education requirements in serving these patients.

Q&A

What are MHIs and what services do they offer? MHI stands for mental health institute – these are psychiatric hospitals operated by the state. Nearly all children admitted to MHIs in SFY14 were committed there involuntarily by the courts after it was determined they were a danger to themselves or others because of their severe symptoms of mental illness. While at the MHI, these youth receive 24-hour psychiatric treatment, mental health habilitation and year-round schooling.

In SFY14 at Independence:

- Independence had 15 Psychiatric Medical Institution for Children (PMIC) beds which provide residential psychiatric treatment (sub-acute care), and 20 child/adolescent inpatient beds for acute psychiatric treatment and care of severe symptoms of mental illness
- 50 percent of patients were special education students
- 85 children and adolescents ages 7 to 17 were served that year

- The average child/adolescent served in the inpatient program was a 14-year-old female who was involuntarily admitted, and the average length of stay was 40 days; the average PMIC patient was a 14-year-old male who is involuntarily admitted, and the average length of stay was 101 days
- The MHI wards are accredited by the Joint Commission and certified by the Centers for Medicare and Medicaid Services (CMS). The PMIC additionally undergoes a licensure review annually by the Iowa Department of Inspections and Appeals (DIA). There are no outstanding deficiencies cited by the Joint Commission, CMS or DIA
- Last October, the Joint Commission recognized the facility as a “Top Performer” hospital

In SFY14 at Cherokee:

- Cherokee Mental Health Institute had 12 inpatient child/adolescent beds for psychiatric treatment and care of severe symptoms of mental illness
- 30 percent of patients were special education students
- 286 children and adolescents ages 7 to 17 were served
- The average child served in the inpatient program was a 14-year-old male who was involuntarily admitted
- The average length of stay was 9 days
- Cherokee served 76 percent of the total children and adolescent admissions to state MHIs in SFY14
- The child/adolescent unit is accredited by the Joint Commission and certified by CMS. There are no outstanding deficiencies cited by the Joint Commission, CMS or DIA

When were the special education reviews conducted? The compliance reviews were conducted by DE’s top leaders last spring and look back two years, so they do not encompass many recent improvements made to the MHI special education programs.

What did the reviews find at Cherokee? The reviewers found numerous strengths in the Cherokee program. Those include education and treatment staff working collaboratively, strong communication with a student’s home school, attention to Individualized Education Programs (IEPs) requirements and providing teachers with joint preparation time. The review also showed that there continue to be complex issues with balancing treatment and education of this patient population. That includes conflicting state and federal laws on when adults and children can be mixed to meet special education requirements related to least restrictive settings. This was the only area of noncompliance at Cherokee, which doesn’t mix populations.

What did the review find at Independence? Reviewers found there was the same area of noncompliance as Cherokee regarding conflicting laws on mixing adults and children for school, and four other areas of noncompliance which DHS has already addressed or will work immediately to correct along with our partners at the AEA #267.

Educators at Independence aim to instruct psychiatric patients in an off-ward classroom when it's safe for both the patient and other students. Most patients have had serious difficulty attending school before arrival. A point system was established several years ago with the assistance of a University of Northern Iowa psychologist to serve as an objective measure of a student's ability to safely attend school either in the on-ward classroom or the off-ward classroom. The system was discontinued when education officials noted it wasn't applied consistently to afford education in the least restrictive setting.

The facility now does daily evaluations – with input from clinical and school staff - to determine which school location a patient can safely attend. The recently implemented approach has cut the frequency of non-attendance and use of the on-ward classroom by half.

What other improvements has the hospital made to its education program in the past year?

- Education staff review all IEPs each week with AEA #267 support staff who provide direction to ensure adequacy of IEP assessments, goals, objectives and progress monitoring
- Additional staff including a psychologist, child psychiatrist and special education consultant have been hired or contracted to ensure students attend school safely and successfully
- Additional AEA #267 support staff assist with review, modification, implementation and monitoring of Functional Behavior Assessments (FBAs) and Behavior Intervention Plans (BIPs)
- IEPs and FBA/BIPs have been integrated into the students' psychiatric treatment plans
- Ward staff are included in IEP team meetings, and school staff in psychiatric treatment planning to better emphasize the importance of education and improve communication

What are additional steps moving forward?

The Independence MHI will enlist on-site consultation through a DE-appointed special education administrator. This expert will ensure that AEA #267 and MHI staff have the knowledge and tools to meet state and federal special education requirements while continuing to provide for a safe and successful treatment environment. They will be available to assist staff at other state facilities for guidance and clarity in the provision of special education services and DE's program expectations.

In the coming months, DHS will collaborate with education officials on training tailored to MHI special education staff, as well as for those educators serving youth in other specialized settings, such as private group care. We believe additional direction from DE and the AEA #267 will allow these providers to better understand program expectations and meet requirements under the law.

Along with our partners in education, DHS will continue to work to improve its special education programs at the MHIs. DHS will develop a Plan of Corrective Action by October 1 to further address areas of noncompliance identified in the special education reviews.