

FY2013

ANNUAL REPORT

Johnson County

Mental Health and Disability Services



**MH/DS Department
Annual Report
Fiscal Year Ending June 30, 2013**

I.	System Overview	3
II.	Unduplicated Count Report	6
III.	Stakeholder Involvements	9
IV.	Scope of Services	11
V.	Provider Network	13
VI.	Reconsiderations / Appeals	17
VII.	Interim Assistance Reimbursement	18
VIII.	FY2013 Actual Expenditures	18
IX.	Quality Assurance	21
X.	Waiting List Information	22
XI.	FY2013 Results of Goals & Objectives	23
XII.	Other Concerns	32

JOHNSON COUNTY MH/DS

2013 Annual Report

SYSTEM OVERVIEW

Entering FY2013, MH/DS acknowledged that winds of change for the service delivery system were upon us. However, no one fully recognized the level of uncertainty the system would be expected to handle.

Johnson County MH/DS has attempted to be the conduit of information for local providers, families, and consumers. Sadly, too many times our response has had to be: We need to wait and see how the rules are written. In too many instances, initial interpretations were rescinded by DHS and new ones set forth. It became very confusing for MH/DS staff to properly interpret and disseminate information.

Having held the last quarter of State billings from FY2011 into FY2012 as a fiscal management tool during FY2012, MH/DS again made the operational decision to hold State Medicaid billings from FY2012 for the majority of FY2013. Ultimately, approximately \$1.7M was deemed owed to the State. With the constant changes in Medicaid credits and adjustments, having a definitively identified debt owed to the State was impossible to determine. At the end of FY2013, MH/DS determined there was still a potential for fiscal volatility and therefore only authorized payment of \$817,624.96 at the very end of June. (NOTE: Due to receipt of an unexpected, one-time State Payment Plan check in July 2013, another \$421,354.48 of the FY2012 State debt was paid in August. At the time of preparing this report, MH/DS has not been able to reach a consensus with DHS regarding the amount due for a final payment and have, therefore, not received the FY14 Equalization payment.)

MH/DS staff continued to secure education in multiple arenas. Some topics covered were:

- LOCUS Assessment training
- SOAR training
- Mental Health First Aid
- 2% Rate Increase Webinar
- Atypical Waiver Code Conversion
- Consumer Choice Options
- Habilitation Services Transition
- Cost Report Training
- D-4 Training
- CPT Coding
- Residency Rules and interpretation for 7/1/13

Numerous meetings were held throughout the year to begin the process of developing a Region for implementation on 7/1/14. Ultimately, a grouping of Benton, Bremer, Buchanan, Delaware, Dubuque, Iowa, Johnson, Jones, and Linn counties decided to align and work toward the formation of the Mental Health and Disability Services of East Central Region. Preparation is intensive and on-going. Monthly meetings of the proposed Regional Governance Board and monthly meetings of the former CPCs are occurring. The Letter of Intent to form a region was submitted to DHS. Additionally, the proposed 28E Agreement was submitted in a timely manner. For development of a process to meet the goal of forming the region, technical assistance was provided by Jeff Schott of the Institute of Public Affairs. Johnson County Board of Supervisor Rod Sullivan has been appointed to the ECR Governance Board and Supervisor Pat Harney has been appointed as alternate.

Prior to 3/1/14, ECR's intent is to:

- Choose a Fiscal Agent
- Determine which Management Information System to use (3 possibilities)
- Determine Job Functions and processes
- Procure public stakeholder in-put and involvement
- Select members for an Advisory Board
- Develop Regional Service Matrix
- Write Regional Service Management Plan
- Determine budget for FY15
- Determine amount needed for July 1, 2015 start-up funds
- Determine policies re: appropriate administrative costs charged to the Region
- Determine auditing process for Region

Local MH/DS personnel continue to serve on multiple committees within Johnson County government and within the community: Suicide Prevention Coalition, System of Care, Legislative Review Committee, Johnson County Providers; Committee, Communications Committee, Criminal Justice Coordination Committee, Jail Alternatives Committee, Diversity Committee, and Job Evaluation Team.

Board of Supervisor Terrence Neuzil serves on the County Case Management Governance Board (through ISAC) and on the CSN/ETC Funding and Operations Study Committee.

Local providers of Medicaid funded services were legislated to receive a 3% rate increase on July 1, 2013. But, due to our ability to "see" into the state's ISIS system having been removed, MH/DS personnel were not able to assist providers with assuring that all applicable rates had been changed. By billing trial and error it became obvious that there was inconsistency in the rate changes. Having experienced a mass adjustment of Medicaid claims in October 2012 with numerous glitches in the process, providers remained apprehensive.

Many processes were excessively labor intensive for staff: Atypical Code conversions for Waiver services, implementation of CPT codes and restructuring of service rates for mental health services, clients bumped off Medicaid for no apparent reason and the ensuing challenges of getting them re-instated, Magellan requiring prior approval via long phone calls of explanation for service need, planning for the termination of legal settlement and implementation of residency rules, and termination of the State Payment Plan.

The impact of service funding based upon residency rather than legal settlement will be analyzed during the first half of FY14 as MH/DS plans to track clients based on residency and per the old legal settlement rules. As a service rich county and being co-located with University of Iowa Hospitals and Clinics and the Veterans Hospital, MH/DS believes Johnson County to be a magnet county. It has already been discovered that other counties have placed clients here under an exception-to-policy of their own county guidelines.

Johnson County lost its provider of Intensive Psychiatric Rehabilitation services and lost one psychologist who determined he could no longer afford to accept Medicaid eligible clients. By the end of the fiscal year, MH/DS also knew a pharmacy would be closing and that Abbe Center would be closing its RCF. New placements for about a dozen clients would become MH/DS' primary focus to begin FY14.

Residential Care Facilities have been placed in a tenuous situation of concern as smaller counties determined they would no longer make referrals to entities with more than 15 beds. Local groups are discussing the possibility of developing more group homes and attempting to evaluate how to create sub-acute care and crisis intervention modalities. Without definitive guidelines from the State, it is challenging to create new programming without knowledge of rules, regulations, and reimbursement options.

FY2013 came to a close with an ending fund balance of \$1,877,807.39. Owing approximately \$1.7M for FY2012 State billings, MH/DS knew it could not operate in a fiscally sound manner by paying off the entire debt. Hence, in late June \$817,624.96 was paid toward the residual FY2012 State billing debt.



**JOHNSON COUNTY MH/DS
FY2013**

UNDUPLICATED COUNT REPORT

During FY2013, Johnson County MH/DS served an unduplicated count of 3,635 clients.

Clients served by Diagnosis

- MI: 1,383
- CMI: 1,176
- ID: 918
- DD: 158

This is 83 clients less than the previous fiscal year. The drop in number is attributed in great part to the reduction of services in Linn County where a number of Johnson County clients reside. It can also be partially attributed to the wait-time for clients to access a psychiatric appointment.

On a day-to-day operational basis, MH/DS experienced increases in clientele served.

- Agency net gain: +56 clients / 3.74% increase
Began FY13: 1,498 clients served in July
Ended FY13: 1,554 clients served in June
- Targeted Case Management Program net gain: +36 clients / 5.29% increase
Began FY13: 680 clients served in July
Ended FY13: 716 clients served in June



UNDUPLICATED COUNT REPORT – FY2013

COA		Chronic Mental Illness	Developmental Disabilities	Mental Illness	Intellectual Disabilities	Total
Adult						
21374	Case Management	141	45	3	265	454
21375	Case Management - 100% County	2	0	1	0	3
31000	Transportation (non- Sheriff)	21	0	2	28	51
32320	Homemaker/Home Health Aid	0	1	0	0	1
32325	Respite	0	0	0	29	29
32327	Representative Payee	2	0	0	0	2
32328	Home/Vehicle Modification	0	0	0	1	1
32329	Supported Community Living	102	30	1	83	216
32399	Other	149	15	3	24	191
33345	Ongoing Rent Subsidy	35	3	0	1	39
33399	Other Basic Needs Service	15	0	0	0	15
41306	Physiological Tmt. Prescription Medicine	86	1	383	0	470
41307	Physiological Tmt. In- Home Nursing	0	0	0	3	3
42304	Adult Crisis & Stabilization	0	0	2	0	2
42305	Psychotherapeutic Tmt. Outpatient	203	19	684	12	918
42399	Psychotherapeutic Tmt. Other	1	0	0	0	1
43000	Evaluation	14	0	87	0	101
44396	Community Support Programs	4	0	0	0	4
44397	Psychiatric Rehabilitation	5	0	0	0	5
50360	Sheltered Workshop Services	5	5	0	18	28
50362	Work Activity Services	32	6	0	95	133
50367	Adult Day Care	0	1	0	45	46
50368	Supported Employment	24	18	0	66	108

Services						
50369	Enclave	4	1	0	22	27
50399	Other Vocational Services	35	5	0	72	112
63329	Supported Community Living (Comm. 1-5 Bed)	14	2	0	137	153
64314	RCF (Comm. 6-15 Bed)	72	1	1	2	76
64316	RCF/PMI (Comm. 6-15 Bed)	24	0	0	0	24
64318	ICF/MR (Comm. 6-15 Bed)	0	1	0	9	10
71319	Inpatient (State MHI)	12	0	2	0	14
71399	Other (State MHI)	11	0	2	0	13
72319	Inpatient (State Hosp. School)	0	0	0	4	4
73319	Inpatient (Other Priv./Public Hospitals)	5	0	10	0	15
73399	Other (Other Priv./Public Hospitals)	5	0	12	0	17
74300	D & E Related to Commitment	1	0	1	0	2
74353	Sheriff Transportation	79	1	102	1	183
74393	Legal Representation (cmtmt court costs/legal fees)	73	3	85	0	161
		1176	158	1381	917	3632

COA		Chronic Mental Illness	Developmental Disabilities	Mental Illness	Intellectual Disabilities	Total
Child						
74353	Sheriff Transportation	0	0	2	1	3
		0	0	2	1	3

**JOHNSON COUNTY MH/DS
FY2013**

STAKEHOLDER INVOLVEMENTS

Throughout FY2013, committee members appointed by the Johnson County Board of Supervisors continued to volunteer their time and knowledge by serving on the Planning Council and the Targeted Case Management Advisory Board. Additionally, many community members and other providers attended these scheduled meetings in order to stay apprised of all the constant changes in the system. Because the five members of the Johnson County Board of Supervisors chose to remain on the Planning Council as ad hoc members, they were able to hear citizens' concerns first-hand.

Johnson County stakeholders continued to be an invaluable asset as new challenges were thrown into the planning arena.

PLANNING COUNCIL: During FY2013, quarterly meetings were held on July 5, 2012, October 4, 2012, January 3, 2013, and April 4, 2013. Eighty-five participants included consumers, family members, physicians, service providers, Board of Supervisor members and MH/DS staff. Topics of special interest included up-dates on regionalization, proposed legislation and its implications, concerns for residential care facilities, lack of psychiatric service/beds availability, and need for more diversified consumer services.

TARGETED CASE MANAGEMENT ADVISORY BOARD: This group met on a quarterly basis with meetings held on September 10, 2012, December 10, 2012, March 11, 2013, and June 10, 2013. This Board is comprised of consumers and family members, concerned citizens, providers, one Johnson County Board of Supervisor, and MH/DS staff. Fifty-one persons attended the four meetings and continually reviewed the program's staffing ratios, billing protocol changes, quality assurance measures, results of consumer satisfaction survey, results of cost reports, changes in Waiver coding, and review of legislative initiatives – including Iowa Medicaid Enterprise's and Magellan's interpretations.

JOHNSON COUNTY TASK FORCE ON AGING: On January 14, 2013, the Johnson county Task Force on Aging hosted a community meeting entitled "Expanding the Dialogue". The objective of this meeting was to determine where issues of the senior citizen population and the disability population could be merged to gain more favorable results. Panelists for this conversation were Bob Bacon – Director of University Center for Excellence in Disability, Kris Artley – Director of Johnson County MH/DS, and Ingrid Wensel – Director of the Heritage Area Agency on Aging. Moderator Bob Welsh concluded that system change initiatives will require better communication,

coordination, and collaboration and that extensive common ground exists between these population groups. Approximately 60 community members were in attendance.

JOHNSON COUNTY MENTAL HEALTH & DISABILITY SERVICES: On a monthly basis, staff members of MH/DS, Targeted Case Management Program, and Jail Alternatives meet and review system changes which impact the operations of doing business. Uncertainty about how the new regional system will develop created many questions for dialogue. However, staff members remain committed to ensuring that their clients will experience the least possible disruption in the delivery of their needed services.

JOHNSON COUNTY PROVIDERS GROUP: Local providers meet bi-monthly to evaluate and interpret system changes. In addition to being an education tool, this venue offers an opportunity for area providers to realize a sense of continuity in the delivery of services.

JOHNSON COUNTY SYSTEM OF CARE: Monthly meetings are held by the Johnson County System of Care group to provide a forum for communication and collaboration. Attendees include representatives from local hospitals, law enforcement, local schools, crisis center, shelter house, mental health center, substance abuse services, brain injury services, residential care facility, jail alternatives, and MH/DS personnel. Awareness of each entities capabilities and limitations assists in better service coordination at the local level. Achievements for FY2013 concern development of a Guide to Privacy and Confidentiality of Client Information and Records and Toolkit which analyzed all HIPAA compliances regulations for mental health, medical issues, and substance abuse. Work towards a multi-agency release of information continues. Subjects discussed include Integrated Health Homes, FUSE, Fairweather Lodge, creating a welcoming environment, SAMSA law enforcement, and Iowa Cares. Future plans involve development of a learning community, addressing the revolving door for certain clients, and crisis stabilization efforts.

JOHNSON COUNTY MH/DS FY2013

SCOPE OF SERVICES

To meet local service need, Johnson County MH/DS continued with the same level of service provision as it traditionally has. Services for persons with mental illness, chronic mental illness, intellectual disabilities, and developmental disabilities are delineated on the Service Matrix.

SCOPE of SERVICES

Johnson County MH/DS Service Matrix

County Funded Services & Eligibility Categories

Effective September 1, 2008 *(Matrix remained unchanged in FY13)*

ELIGIBLE SERVICES	PERSONS WITH MENTAL ILLNESS	PERSONS WITH CHRONIC MENTAL ILLNESS	PERSONS WITH MENTAL RETARDATION	PERSONS WITH DEVELOPMENTAL DISABILITIES
INFORMATION & EDUCATION SERVICES				
4x03 – 000 Information & Referral	0	0		
4x04 – 000 Consultation	0	0		
4x05 – 000 Public Education Services	0	0	0	0
4x06 – 000 Academic Services				
GENERAL ADMINISTRATION				
4x11 – 000 Direct Administrative (Chapter 25)	X	X	X	X
4x12 – 000 Purchased Administrative				
COORDINATION SERVICES				
4x21 – 374 Case Mgmt – Medicaid Match (Chapter 24)		X	X	X
4x21 – 375 Case Mgmt – 100% County Funded		0	0	0
4x21 – 399 Other Case Mgmt (CCMS)		0	0	0
4x22 – 000 Service Mgmt (Social Work)	JA	JA/O	0	0
PERSONAL & ENVIRONMENTAL SUPPORT				
4x31 – 000 Transportation (Non-Sheriff)		0	X/O	0
4x32 – 320 Homemaker/Home Health Aides (HCBS)			X	0
4x32 – 321 Chore Services (HCBS)				
4x32 – 322 Home Management Services (HCBS)			X	
4x32 – 325 Respite (HCBS)			X/O	0
4x32 – 326 Guardian/Conservator				
4x32 – 327 Representative Payee				
4x32 – 328 Home/Vehicle Modification (HCBS)			X	
4x32 – 329 SCL Hourly (HCBS/ HAB)		X/O	X/O	0
4x32 – 399 Other (HCBS)		0	X	0
4x33 – 345 Ongoing Rent Subsidy		0	0	0
4x33 – 399 Other Basic Needs		0	0	0
TREATMENT SERVICES				
4x41 – 305 Outpatient Physiological Treatment	0	0	0	0
4x41 – 306 Prescription Medication	0	0	0	0
4x41 – 307 In-Home Nursing			X	
4x41 – 399 Other Physiological Treatment		0	0	0
4x42 – 305 Outpatient Psychotherapy & Psychiatry	0	0	0	0
4x42 – 309 Partial Hospitalization		0		
4x42 – 399 Other Psychotherapeutic Treatment				
4x43 – 000 Evaluation	0	0	0	0
4x44 – 363 Day Treatment Services		X		
4x44 – 396 Community Support Programs				
4x44 – 397 Psychiatric Rehabilitation		0		
4x44 – 399 Other Rehab Treatment		0		
VOCATIONAL & DAY SERVICES				
4x50 – 360 Sheltered Workshop Services		0	0	0

4x50 – 362 Work Activity Services (HCBS/HAB-PreVoc)		X	X/O	O
4x50 – 364 Job Placement Services (HCBS)			X	
4x50 – 367 Adult Day Care (HCBS)			X/O	O
4x50 – 368 Supported Employment Services (HCBS/HAB)		X/O	X	O
4x50 – 369 Enclave (HCBS/HAB)		X/O	X	O
4x50 – 399 Other Vocational & Day Services (Clubhouse;HCBS/HAB-DAY HAB)		X/O	X/O	O
LICENSED/CERTIFIED LIVING ARRANGEMENTS				
4x63 – 310 Community Supervised Apartment Living				
4x63 – 314 Residential Care Facility (RCF License) 1 – 5 Beds		O	O	
4x63 – 315 Residential Care Facility for the Mentally Retarded (RCF/MR License) 1 – 5 Beds			O	
4x63 – 316 Residential Care Facility for the Mentally Ill (RCF/PMI License) 1 – 5 Beds		O		
4x63 – 317 Nursing Facility (ICF, SNF or ICF/PMI License) 1 – 5 Beds				
4x63 – 318 Intermediate Care Facility for the Mentally Retarded (ICF/MR License) 1 – 5 Beds			X	X
4x63 – 329 SCL – Daily (HCBS/HAB)		X/O	X	O
4x63 – 399 Other 1 – 5 Beds				
4x64 – 310 Community Supervised Apartment Living				
4x64 – 314 Residential Care Facility (RCF License) 6 – 15 Beds		O	O	O
4x64 – 315 Residential Care Facility for the Mentally Retarded (RCF/MR License) 6 – 15 Beds			O	O
4x64 – 316 Residential Care Facility for the Mentally Ill (RCF/PMI License) 6 – 15 Beds		O		
4x64 – 317 Nursing Facility (ICF, SNF or ICF/PMI License) 6 – 15 Beds				
4x64 – 318 Intermediate Care Facility for the Mentally Retarded (ICF/MR License) 6 – 15 Beds			X	X
4x64 – 399 Other 6 – 15 Beds				
4x65 – 310 Community Supervised Apartment Living				
4x65 – 314 Residential Care Facility (RCF License) 16 and over Beds		O	O	O
4x65 – 315 Residential Care Facility for the Mentally Retarded (RCF/MR License) 16 and over Beds			O	O
4x65 – 316 Residential Care Facility for the Mentally Ill (RCF/PMI License) 16 and over Beds		O		
4x65 – 317 Nursing Facility (ICF, SNF or ICF/PMI License) 16 and over Beds				
4x65 – 318 Intermediate Care Facility for the Mentally Retarded (ICF/MR License) 16 and over Beds			X	X
4x65 – 399 Other 16 and over Beds				
INSTITUTIONAL/HOSPITAL & COMMITMENT SERVICES				
4x71 – 319 Inpatient/State Mental Health Institutes	X	X		
4x71 – 399 Other Inpatient State MHI	X	X		
4x72 – 319 Inpatient/State Hospital Schools			X	X
4x72 – 399 Other Inpatient/State Hospital Schools			X	X
4x73 – 319 Inpatient/Community Hospital	X	X		
4x73 – 399 Other Inpatient/Community Hospital	X	X		
4x74 – 300 Diagnostic Evaluations Related to Commitment	X	X	X	X
4x74 – 353 Sheriff Transportation	X	X	X	X
4x74 – 393 Legal Representation for Commitment	X	X	X	X
4x74 – 395 Mental Health Advocates	X	X	X	X
4x74 - 399 Other	X	X	X	X

X= Mandated Waiver or Entitlement Services

O=Optional, county-funded services (may have service-specific criteria and/or specific limitations)

JA=Jail Alternatives

**JOHNSON COUNTY MH/DS
FY2013
PROVIDER NETWORK**

Per service category, the following chart lists the Johnson County Network Providers and the out-of-county providers which served Johnson County clientele during FY2013.

**Panel of Participating Agency Providers
2013**

INFORMATION & EDUCATION SERVICES		
Service Type	Johnson County Network Providers	Out of County Network Providers
Consultation	Community Mental Health Center for Mid-Eastern Iowa	
Public Education	Community Mental Health Center for Mid-Eastern Iowa	
COORDINATION SERVICES		
Service Type	Johnson County Network Providers	Out of County Network Providers
Case Management	Johnson County MH/DS	ABBE Center for Community Care, <i>Marion, IA</i> Community Access Program, <i>Des Moines, IA</i> Muscatine County Community Services, <i>Muscatine, IA</i>
PERSONAL & ENVIRONMENTAL SUPPORT SERVICES		
Service Type	Johnson County Network Providers	Out of County Network Providers
Transportation	City of Coralville Iowa City Transportation Services	Adult Crisis Stabilization Center, <i>Waterloo, IA</i> City of Muscatine, <i>Muscatine, IA</i> Washington County Minibus, <i>Washington, IA</i> WCDC, Inc., <i>Washington, IA</i>
Homemaker		Rescare HomeCare Iowa, <i>Cedar Rapids, IA</i>
Respite		
Supported Community Living	ARC of Southeast Iowa Builders of Hope Global Village, Inc. Caring Hands & More LLC Chatham Oaks, Inc. Community Mental Health Center for Mid-Eastern Iowa First Resources Corp. Goodwill of the Heartland Hillcrest Family Services Mayors Youth Empowerment Prog. Optimae LifeServices, Inc. Reach For Your Potential, Inc. Social Outreach Services Successful Living Systems Unlimited, Inc.	ABBE Center for Community Care, <i>Marion, IA</i> Black Hawk County Community Services, <i>Waterloo, IA</i> Capstone Behavioral Healthcare, Inc., <i>Newton, IA</i> Cedar Valley Community Support Services, <i>Waterloo, IA</i> Community Care, Inc., <i>DeWitt, IA</i> Communication Services for the Deaf, <i>Cedar Rapids, IA</i> Linn County Community Services, <i>Cedar Rapids, IA</i> Tailored Living, <i>Cedar Rapids, IA</i>

Homeless	Community Mental Health Center for Mid-Eastern Iowa	
Rent Subsidy	Brenneman, James Brookhart, Daniel Builders of Hope Global Village, Inc. Capitol House Apartments Chambers Properties, LLC Crane, Robert Egenberger, T. David Iowa Lodge J & M Associates KSK Properties Morrissey Family Trust Optimae LifeServices, Inc. Ressler, David Successful Living Super 7 Motel Sweeting, Ronald Taylor, Zachary TC Investments LC Wittig, William	ABBE Center for Community Care, <i>Marion, IA</i> Geneva Tower, <i>Cedar Rapids, IA</i> McCaryn LLC, <i>Lisbon, IA</i> P & S Rentals LLC, <i>Kalona, IA</i> Potratz, Roger, <i>Washington, IA</i>
Representative Payee		Children & Families of Iowa, <i>Des Moines, IA</i>
Maintenance	Chatham Oaks, Inc.	ABBE Center for Community Care, <i>Marion, IA</i>
CDAC		
Consumer Choice Option		
Other Basic Needs	Chatham Oaks, Inc.	ABBE Center for Community Care, <i>Marion, IA</i>

TREATMENT SERVICES		
Service Type	Johnson County Network Providers	Out of County Network Providers
Outpatient Physiological Treatment		ABBE Center for Community Care, <i>Marion, IA</i>
Prescription Medication	Hy-Vee Pharmacy Liberty Pharmacy Medical Plaza Pharmacy Pharmacy Matters Towncrest Pharmacy	A Avenue Pharmacy, <i>Cedar Rapids, IA</i> Greenwood Drug, Inc., <i>Waterloo, IA</i> National Pharmaceutical Services, <i>Boys Town, NE</i> NuCara of Iowa/NuCara Management Group Inc., <i>Conrad, IA</i> Reutzel Pharmacy, <i>Cedar Rapids, IA</i>
In-Home Nursing		
Outpatient Therapy Treatment	Community Mental Health Center for Mid-Eastern Iowa University of Iowa Health Care	Berryhill Center for Mental Health, <i>Fort Dodge, IA</i> Black Hawk-Grundy Mental Health Center, <i>Waterloo,</i> Hillcrest Family Services Broadlawns Medical Center, <i>Des Moines, IA</i> Capstone Behavioral Healthcare, Inc., <i>Newton, IA</i> Cedar Centre Psychiatric Group, <i>Cedar Rapids, IA</i> Center Associates, <i>Marshalltown, IA</i> Compassion Counseling, Inc., <i>Bettendorf, IA</i> Eyerly-Ball Mental Health Services, <i>Des Moines, IA</i> Grinnell Regional Mental Health, <i>Grinnell, IA</i>

		Horizons, A Family Service Alliance, <i>Cedar Rapids, IA</i> Mental Health Center of North Iowa, <i>Mason City, IA</i> Mental Health Clinic of Tama County, <i>Toledo, IA</i> Myrtue Medical Center, <i>Harlan, IA</i> Poweshiek County Mental Health Center, <i>Des Moines, IA</i> Seasons Center, <i>Spencer, IA</i> Southern Iowa Mental Health Center, <i>Ottumwa, IA</i> Vera French Community Mental Health Center, <i>Davenport, IA</i>
Psych Rehab	University of Iowa Health Care	
Evaluation	Community Mental Health Center for Mid-Eastern Iowa	ABBE Center for Community Care, <i>Marion, IA</i> Alegent Health Psychiatric Associates, <i>Omaha, NE</i> Black Hawk-Grundy Mental Health Center, <i>Waterloo, Hillcrest Family Services</i> Capstone Behavioral Healthcare, Inc., <i>Newton, IA</i> New Directions, <i>Oskaloosa, IA</i> Richmond Center for Community Mental Health, <i>Ames, IA</i> Vera French Community Mental Health Center, <i>Davenport, IA</i>
Community Support Programs		ABBE Center for Community Care, <i>Marion, IA</i> Pathway Living Center, Inc., <i>Clinton, IA</i> Polk County Health Services, <i>Des Moines, IA</i> Vera French Community Mental Health Center, <i>Davenport, IA</i>

VOCATIONAL & DAY SERVICES		
Service Type	Johnson County Network Providers	Out of County Network Providers
Sheltered Workshop	Goodwill of the Heartland	
Work Activity	Goodwill of the Heartland Mayors Youth Empowerment Prog. Systems Unlimited, Inc.	Nishna Productions, Inc., <i>Shenandoah, IA</i> Rural Employment Alternatives, <i>Conroy, IA</i>
Adult Day Care	Systems Unlimited, Inc.	
Day Habilitation	Systems Unlimited, Inc.	
Supported Employment	ARC of Southeast Iowa Goodwill of the Heartland Mayors Youth Empowerment Prog. Systems Unlimited, Inc.	
Enclave	Goodwill of the Heartland	
Other Vocational & Day Services		

LICENSED/CERTIFIED LIVING ARRANGEMENTS		
Service Type	Johnson County Network Providers	Out of County Network Providers
Supported Community Living		
RCF	Chatham Oaks, Inc.	ABBE Center for Community Care, <i>Marion, IA</i> Community Care, Inc., <i>DeWitt, IA</i>

		Julien Care Facility, <i>Dubuque, IA</i> Makee Manor, Inc., <i>Waukon, IA</i> Mediapolis Care Facility, Inc., <i>Mediapolis, IA</i> Penn Center, Inc., <i>Delhi, IA 52223</i> Prairie View Management, Inc., <i>Fayette, IA</i> Pride Group, <i>Le Mars, IA</i> Terrace View Residential, <i>Clarinda, IA</i>
RCF/PMI	Hillcrest Family Services	ABBE Center for Community Care, <i>Marion, IA</i> Andrew Jackson Care/DAC, Inc., <i>Bellevue, IA</i> Hillcrest Family Services, <i>Dubuque, IA</i>
ICF/ID		

INSTITUTIONAL, HOSPITAL, & COMMITMENT SERVICES		
Service Type	Johnson County Network Providers	Out of County Network Providers
Inpatient/State Mental Health Institutes, State Hospital Schools		Clarinda MHI, <i>Clarinda, IA</i> Glenwood Resource Center, <i>Glenwood, IA</i> Independence MHI, <i>Independence, IA</i> Mount Pleasant MHI, <i>Mount Pleasant, IA</i> Woodward Resource Center, <i>Woodward, IA</i>
Diagnostic Evaluation Related to Commitment		Lakes Regional Healthcare, <i>Spirit Lake, IA</i>
Sheriff Transportation	Johnson County Ambulance Johnson County Sheriff	Black Hawk County Sheriff, <i>Waterloo, IA</i> Clinton County Sheriff, <i>Clinton, IA</i> Delaware County Sheriff, <i>Manchester, IA</i> Des Moines County CPC, <i>Burlington, IA</i> Des Moines County Sheriff, <i>Burlington, IA</i> Dickinson County Sheriff, <i>Spirit Lake, IA</i> Dubuque County Sheriff, <i>Dubuque, IA</i> Hardin County Sheriff, <i>Eldora, IA</i> Henry County Sheriff's Department, <i>Mt. Pleasant, IA</i> Linn County Sheriff, <i>Cedar Rapids, IA</i> Muscatine County Jail, <i>Muscatine, IA</i> Page County Sheriff, <i>Clarinda, IA</i> Polk County Sheriff's Office, <i>Des Moines, IA</i> Scott County Community Services, <i>Davenport, IA</i> Story County Sheriff's Office, <i>Nevada, IA</i> Wapello County Sheriff's Office, <i>Ottumwa, IA</i> Washington County Sheriff, <i>Washington, IA</i>
Private Public Hospitals		Associates for Behavioral Healthcare, <i>Marion, IA</i> Covenant Medical Center, <i>Waterloo, IA</i> East Central Iowa Acute Care, <i>Des Moines, IA</i> Genesis Medical Center, <i>Davenport, IA</i> Mason City Clinic PC, <i>Mason City, IA</i> Medical Associates Clinic, PC, <i>Dubuque, IA</i> Mercy Hospital-Council Bluffs, <i>Council Bluffs, IA</i> Mercy Medical Center, <i>Cedar Rapids, IA</i> Mercy Medical Center, <i>Dubuque, IA</i> Mercy Medical Center, <i>Mason City, IA</i> Mercy Psychiatry Group/Mercy Family Counseling, <i>Cedar Rapids, IA</i>

		Spencer Municipal Hospital, <i>Spencer, IA</i> St Luke's Hospital, <i>Cedar Rapids, IA</i>
Legal Representation	Boyer, Christine Hart, Sandra Honohan, Epley, Braddock & Brenneman Joan M. Black Law Office Moore & Egerton, LLP Tofilon, Joseph Townsend, Willie	Abbott Law Office, PC, <i>Waterloo, IA</i> Bjornstad Law Office, <i>Spirit Lake, IA</i> Brau Law Office, <i>Mt. Pleasant, IA</i> Davison, Robert, <i>Cedar Rapids, IA</i> Denniger, Kristin, <i>Cedar Rapids, IA</i> Gloe, H. Nick, <i>Cedar Rapids, IA</i> Greiner Law Office PC, <i>Waterloo, IA</i> Jacobson, Bristol, Garrett & Swartz, <i>Waukon, IA</i> Janssen, Carmen, <i>West Des Moines, IA</i> Kelly Steele Investment Services, Inc., <i>Cedar Rapids, IA</i> Lindeman Law, <i>Cedar Rapids, IA</i> Martin, Annette, <i>Cedar Rapids, IA</i> Newbrough Johnston Brewer Maddux & Howell, <i>Ames, IA</i> Powell Law Firm, <i>Cedar Rapids, IA</i> Ramsey-Kacena, Ellen, <i>Cedar Rapids, IA</i> Saldivar, Joel, <i>Indianola, IA</i> Speth, Cory, <i>Cedar Rapids, IA</i> Stevens, G. Rawson, <i>Shenandoah, IA</i> Thornton, Coy & Huss PLLC, <i>Ames, IA</i> Voss-Orr, Kimberly, <i>Ames, IA</i> Wolfe, Mary Lynn, <i>Clinton, IA</i> Wunder Law Office, <i>Muscatine, IA</i>
Mental Health Advocate	Higgins, Veda	

**JOHNSON COUNTY MH/DS
FY2013**

RECONSIDERATIONS / APPEALS

During FY2013, MH/DS had two requests for reconsideration of eligibility for service funding. Neither situation went to full appeal status. Each applicant accepted the initial response for reconsideration and the denial of service funding was up-held. One applicant had requested a service not included in the Johnson County Services Management Plan. The other applicant had an MI diagnosis and was not eligible for county-funded services available for those with a CMI diagnosis. However, this person was eligible for Habilitation Service under Medicaid and was directed to that program.

**JOHNSON COUNTY MH/DS
FY2013**

INTERIM ASSISTANCE REIMBURSEMENT (IAR)

Johnson County continues the use of the Interim Assistance Reimbursement (IAR) Program. An established agreement between Johnson County and Social Security Administration (SSA) states that SSA will reimburse MH/DS for any assistance made on behalf of an individual to meet their basic needs of food, clothing, shelter, transportation, and other essentials of daily living while the individual's application for SSI is pending. Subject to approval to receive an SSI monthly payment, the initial Social Security payment to the individual (which is generally retroactive to the application date) is made available to the County for reimbursement of past expenditures.

During FY2013, Johnson County MH/DS was reimbursed \$32,969.67 for funding assistance provided to twelve individuals for rent and other basic needs. This is slightly less than the FY2012 reimbursement amount (\$35,236.00) received for seven individuals.

Approximately 21 cases are waiting for a final eligibility determination from the Social Security Administration and are receiving county funded services in the interim.

**JOHNSON COUNTY MH/DS
FY2013**

ACTUAL EXPENDITURES

Per State Reports run in October, service provision costs for FY2013 totaled \$5,213,586.39. However, FY12 State billings totaling just under \$1.7M are not acknowledged. Payment of those billings, in addition to regular service costs, would have increased Johnson County's expenditures to just shy of \$7M. This demonstrates that county-funded services and previous non-federal share Medicaid billings each comprised about one half of the budgeted expenses.

It should also be noted that to meet individual's service needs, sixty exceptions-to-policy were authorized totaling \$75,450.62.

Expenditures per diagnosis were:

- MI: 848,400.75
- CMI: 2,761,765.16
- ID: 1,262,596.82
- DD: 340,823.66

County Dollars Spent by COA and Disability Type – FY2013

COA		Chronic Mental Illness	Developmental Disabilities	Mental Illness	Intellectual Disabilities	Total
Adult						
21374	Case Management	\$59,269.70	\$13,301.22	\$753.98	\$68,863.98	\$142,188.88
21375	Case Management - 100% County	\$1,830.69	\$0.00	\$351.54	\$0.00	\$2,182.23
31000	Transportation (non-Sheriff)	\$4,551.78	\$0.00	\$173.34	\$7,633.82	\$12,358.94
32320	Homemaker/Home Health Aid	\$0.00	\$792.00	\$0.00	\$0.00	\$792.00
32325	Respite	\$0.00	\$0.00	\$0.00	\$5,751.99	\$5,751.99
32327	Representative Payee	\$1,361.00	\$0.00	\$0.00	\$0.00	\$1,361.00
32328	Home/Vehicle Modification	\$0.00	\$0.00	\$0.00	\$1,920.50	\$1,920.50
32329	Supported Community Living	\$390,423.31	\$155,073.99	\$163.16	\$45,475.00	\$591,135.46
32399	Other	\$89,650.89	\$10,164.08	\$1,485.33	\$28,728.40	\$130,028.70
33345	Ongoing Rent Subsidy	\$67,360.12	\$3,675.60	\$0.00	\$1,470.00	\$72,505.72
33399	Other Basic Needs Service	\$26,938.24	\$0.00	\$0.00	\$0.00	\$26,938.24
41306	Physiological Tmt. Prescription Medicine	\$31,057.52	\$253.00	\$104,957.21	\$0.00	\$136,267.73
41307	Physiological Tmt. In-Home Nursing	\$0.00	\$0.00	\$0.00	\$4,020.87	\$4,020.87
42304	Adult Crisis & Stabilization	\$0.00	\$0.00	\$1,350.00	\$0.00	\$1,350.00
42305	Psychotherapeutic Tmt. Outpatient	\$302,523.01	\$11,885.88	\$665,984.00	\$10,789.41	\$991,182.30
42399	Psychotherapeutic Tmt. Other	\$10,740.00	\$0.00	\$0.00	\$0.00	\$10,740.00
43000	Evaluation	\$3,128.79	\$0.00	\$17,657.16	\$0.00	\$20,785.95
44396	Community Support Programs	\$14,041.47	\$0.00	\$0.00	\$0.00	\$14,041.47
44397	Psychiatric Rehabilitation	\$44,425.00	\$0.00	\$0.00	\$0.00	\$44,425.00

50360	Sheltered Workshop Services	\$6,697.24	\$7,090.04	\$0.00	\$65,656.52	\$79,443.80
50362	Work Activity Services	\$16,097.00	\$42,882.26	\$0.00	\$193,296.97	\$252,276.23
50367	Adult Day Care	\$0.00	\$728.00	\$0.00	\$24,419.11	\$25,147.11
50368	Supported Employment Services	\$11,524.11	\$44,950.27	\$0.00	\$44,468.11	\$100,942.49
50369	Enclave	\$388.80	\$1,401.84	\$0.00	\$3,237.09	\$5,027.73
50399	Other Vocational Services	\$8,908.17	\$1,461.68	\$0.00	\$36,899.00	\$47,268.85
63329	Supported Community Living (Comm. 1-5 Bed)	\$41,693.52	\$11,050.62	\$0.00	\$557,496.17	\$610,240.31
64314	RCF (Comm. 6-15 Bed)	\$1,117,247.13	\$26,174.15	\$934.92	\$37,647.75	\$1,182,003.95
64316	RCF/PMI (Comm. 6-15 Bed)	\$371,439.34	\$0.00	\$0.00	\$0.00	\$371,439.34
64318	ICF/MR (Comm. 6-15 Bed)	\$0.00	\$9,517.53	\$0.00	\$84,340.32	\$93,857.85
71319	Inpatient (State MHI)	\$81,635.12	\$0.00	\$1,460.16	\$0.00	\$83,095.28
71399	Other (State MHI)	\$10,554.58	\$0.00	\$169.61	\$0.00	\$10,724.19
72319	Inpatient (State Hosp. School)	\$0.00	\$0.00	\$0.00	\$40,417.03	\$40,417.03
73319	Inpatient (Other Priv./Public Hospitals)	\$17,190.34	\$0.00	\$22,214.65	\$0.00	\$39,404.99
73399	Other (Other Priv./Public Hospitals)	\$2,605.19	\$0.00	\$4,308.83	\$0.00	\$6,914.02
74300	D & E Related to Commitment	\$368.00	\$0.00	\$65.44	\$0.00	\$433.44
74353	Sheriff Transportation	\$11,251.21	\$31.50	\$10,077.96	\$33.28	\$21,393.95
74393	Legal Representation (cmtmt court costs/legal fees)	\$16,863.89	\$390.00	\$16,192.98	\$0.00	\$33,446.87
		\$2,761,765.16	\$340,823.66	\$848,300.27	\$1,262,565.32	\$5,213,454.41

COA		Chronic Mental Illness	Developmental Disabilities	Mental Illness	Intellectual Disabilities	Total
Child						
74353	Sheriff Transportation	\$0.00	\$0.00	\$100.48	\$31.50	\$131.98
		\$0.00	\$0.00	\$100.48	\$31.50	\$131.98

**JOHNSON COUNTY MH/DS
FY2013**

QUALITY ASSURANCE

A Consumer Satisfaction Survey was conducted for FY2013. Approximately 35% of distributed survey were completed and returned. High ratings were offered for:

- Level of communication
- Respect for clients and their needs/wishes
- Satisfaction with goal progress

Additionally, over 6 individuals wrote personal comments of gratitude and recognition for specific staff members.

Two local providers were evaluated by the MH/DS Quality Assurance Specialist. Both providers expressed intention of re-training staff on writing billing narration more effectively.

In order to prepare for the move to a region, Johnson County determined it would be prudent to establish the Targeted Case Management Program as an entity separate and apart from the provision of county-funded services. Therefore, Fund 10 was separated into two budgets for FY2013; one for services funding (CPC process) and one for Targeted Case Management.

Despite legislation being passed stating that functional assessments would be implemented in FY2013, the DHS did not make any decisions on which tools would be

utilized for assessments nor did they implement the requirement. Because MH/DS knew it would be facing a challenge in re-locating residents from an RCF/PMI that would be closing, staff were trained on the LOCUS assessment for mental illness. Clients currently in RCF level of care were assessed for appropriateness of placement and the LOCUS was again used when it was time to relocate RCF/PMI clientele. All assessments revealed that MH/DS staff had coordinated appropriate services for those individuals.

FY2013 closed without decisions having been made by DHS regarding which assessment tools would be used in the future nor was information as to who would conduct the assessments provided.

**JOHNSON COUNTY MH/DS
FY2013**

WAITING LIST INFORMATION

Johnson County MH/DS did not have a waiting list for services in FY2013.



**JOHNSON COUNTY MH/DS
FY2013**

RESULTS of GOALS & OBJECTIVES
Per the FY210 – FY2012 Strategic Plan

Area of Focus: Mental Health system solvency

Issue: To date, Johnson County has been able to provide needed mental health and disability services in a manner which meets the needs of eligible clients served. However, significant county population growth in the past eight and one-half years, the State’s lack of appropriate funding for growth, proposed revenue reductions by the State, non-reimbursement for out of state clients, increased costs for providers (minimum wage law increases, health insurance for staff, multiple cost-report preparations), lack of mid-level community settings for persons with challenging behaviors, lack of parity, and lack of hospital beds are causing severe stress to the Johnson County MH/DS budget. With fund balances statewide having decreased to a critical level, great care needs to be taken in order for Johnson County to sustain its service system in a viable manner.

GOAL: *To assure the future financial viability of the Johnson County MH/DS fund.*

Objective: *To maintain service provision at a level which will continue to support client need.*

Action Steps: 1. Review and monitor pending legislation and assess its impact on Johnson County MH/DS each legislative session for FY10 – FY12 and keep local interested parties apprised. Create a subcommittee to meet at least annually, to review the service matrix for updates on mandated services, and how legislative actions affect the fund balance and services.

- *On-going*

FY2010 PROGRESS: Despite the significantly decreased revenues provided by the State of Iowa due to the Governor’s mandated reductions, by careful evaluation and monitoring of every client’s service package, Johnson County was able to retain its full array of services as noted on the Service Matrix. Legislation is monitored by participation on the Community Services Affiliate’s Legislative Review Committed and by participation on the Linn and Johnson County Governmental Affairs Committee. As pending legislation came before us, issues were brought to the Planning Council, the Targeted Case Management Advisory Board, and MH/DS Management Staff for consideration.

FY2011 PROGRESS: In preparation for the FY2012 MH/DS Budget, a Systems Management Task Force was convened and assigned the task of reviewing the entire operations of the Johnson County Mental Health and Disability Services Department in an attempt to determine where Johnson County MH/DS could cut about \$2.5M in services. This was the amount of anticipated shortfall in FY12 revenues due to the FY10 Fund Balance. The Service Matrix was scrutinized and associated costs were intensely analyzed.

A “plan” was developed and presented to the Planning Council and to the public.

During the 2011 legislative session, bills were carefully tracked by the CPC and in the final throes of the session, language appeared giving counties the option of rebating monies from FY10 in order to qualify for FY12 revenues. MH/DS made preparations to take advantage of this opportunity.

FY2012 PROGRESS: MH/DS rebated \$1,021,500 from FY2010’s Allowable Growth in order to be eligible for Allowed Growth and Community Services funding during FY12. MH/DS endured significant numbers of Waiver site rate changes/increases and absorbed the cost increases in non-federal share for Waiver Services due to the cessation of ARRA. In order to sustain the Jail Alternatives Program, the personnel and associated program costs had to be absorbed by the Sheriff’s Department. MH/DS’ intent was to ultimately share in the cost but found that it did not have the resources to do so.

FY2013 PROGRESS: MH/DS consistently reviewed clients for level of service need and met those service needs throughout the year. It was determined necessary to wait until the end of the fiscal year to determine how much of the estimated \$1.7M in FY12 State billings could be handled. Approximately one half of the debt was paid the last week of June 2013.

2. Review Judicial Referee contract based on Johnson County’s actual usage of service.

- *FY10 and on-going*

FY2010 PROGRESS: Statistical information was accumulated throughout FY2010 and developed into charts and graphs. This information will be used for future analyzation.

FY2011 PROGRESS: Statistical information continued to be compiled (see earlier reference in this Annual Report). One piece of information that staff is not able to accumulate concerns the numbers of court committal cases which solely focus on substance abuse. It is apparent that Johnson County pays for services in this arena, also. Due to budget constraints, the contract negotiated for FY11 for Mental Health Referee services was only approved at 97.5% of previous

contracts. In an effort to remain solvent and to treat all providers equitably, MH/DS deemed it necessary to reduce their contract by 2.5% also.

FY2012 PROGRESS: Incorporated in this report are graphs of collected statistical information which demonstrate that the majority of court commitments originating in Johnson County are for persons with legal settlement elsewhere. Numbers also indicate that an increasing number of senior citizens are being court-committed for psychiatric evaluations. It is believed that dementias are exacerbating Johnson County's number of commitments.

FY2013 PROGRESS: The FY2012 analysis of the judicial system remains the same. With impending residency rules changing the dynamics of billing in FY14, MH/DS is anticipating an increase in Johnson County claims payments.

3. Encourage providers to be certified and promote usage of any and all waiver services to the greatest degree possible.

- *On-going*

FY2010 PROGRESS: During rates negotiations in the Spring, each Providers' service regimen was reviewed and, wherever logically possible, Providers were encouraged to strengthen their ability to offer waiver services. However, it should be noted that this became an extremely challenging year for them when the Department of Human Services subjected many services to a 2.5% Medicaid reimbursement reduction.

FY2011 PROGRESS: MH/DS continued to encourage Providers to provide Medicaid funded waiver services whenever possible. However, in doing so, Providers were placed in a position of losing even more money. One local Provider succumbed to Medicaid's reduction in reimbursement.

FY2012 PROGRESS: MH/DS continued to promote usage of Medicaid reimbursed services by local providers. When it came time to have rates negotiations meetings to establish FY13 rates, MH/DS worked with all providers who wished to have the County establish their waiver service rate as they knew they could not survive on either the 2009 rates or the established rates in Code.

FY2013 PROGRESS: Providers which had the potential of offering Habilitation services were encouraged to do so. Where allowed, MH/DS negotiated waiver service rates.

4. Encourage providers to expand their array of services in a cost- efficient manner.

- *On-going*

FY2010 PROGRESS: Several local providers added Day Habilitation Service during FY10. Psychiatric Nursing and Emergency Assessment Nursing services were added to the available services through the Mid-eastern Iowa Mental

Health Center. One provider started a computer store called *Reboot* and at the end of FY10 another provider was finalizing the process to open a new second hand store – to be called *Potentially Yours*.

FY2011 PROGRESS: Reach for Your Potential opened its new store – *Potentially Yours* and held its grand opening in early FY11. Due to the economic changes, some providers had to remove some services from their array.

FY2012 PROGRESS: For the most part, local providers were able to maintain current level of service provision at the established rates. Many have augmented their efforts to secure charitable donations.

FY2013 PROGRESS: The emphasis on Medicaid reimbursed services is beginning to take a toll on the service system. Johnson County lost the services of one psychologist and one contracted pharmacy informed us that it would be closing its doors in early FY14 due to insufficient reimbursements. Additionally, a contracted provider of intensive psychiatric rehabilitation services closed its doors.

5. Explore processes to promote and support recovery, and reduce hospitalizations.

- 6/30/10 and on-going

FY2010 PROGRESS: With the notification of a Crisis Stabilization Request for Proposal being offered, Johnson and Linn Counties worked together to secure the initial funding of \$10,000 to hire a grant writer. This application will go into the next fiscal year.

FY2011 PROGRESS: Despite a collaborative effort, the proposal from Linn and Johnson Counties was not accepted to receive the grant.

Further grants were explored for the purpose of having sub-acute care available. By June 30th, no grant monies have been awarded.

During FY2011, the Community Mental Health Center offered a new service called Mind-Body Skills Goup.

FY2012 PROGRESS: An off-shoot group materialized, re-organized as the Johnson County Systems of Care group, and began a concerted effort to review all Code rules and regulations concerning HIPAA compliance. Research was/is provided by Student Legal Interns of UIHC's College of Law. Ultimately, we hope to have a document which succinctly spells out who can speak to whom and when. These efforts will expedite securing appropriate services for persons when needed and will, hopefully, result in less need for hospitalizations.

FY2013 PROGRESS: The Johnson County Systems of Care group expanded its impact by drawing more representatives in to the fold. Having greater

awareness of what other entities can offer has assisted in operating in a collaborative manner to meet clients' needs. The HIPAA compliance document was completed and ended up being disseminated statewide. In February, invitations were extended to key players in all 9 counties of the pending ECR. Despite the meeting falling on a date with poor weather conditions, over 80 concerned participants attended. There is a great awareness of the need to develop crisis intervention strategies, peer support, and sub-acute care.

6. Review each client for appropriate service referral.

- *On-going*

FY2010 PROGRESS: MH/DS Staff became much more vigilant in requesting only needed services for their clients. And, if it was determined that a client was not using the encumbered amount, the Financial and Statistical Supervisor would notify the respective Case Manager to review the given situation and make adjustments where needed. Also, all requests for Exceptions to Policy from the Community Mental Health Center are reviewed with the MH/DS Director and assigned Case Manager.

FY2011 PROGRESS: During FY2011, MH/DS continued its careful review of client service utilization. When needed, Case Managers were requested to make adjustments in numbers of units of service requested.

FY2012 PROGRESS: Staff members continue to closely monitor service utilization. Without close scrutiny, our services budget would be in shambles.

FY2013 PROGRESS: MH/DS staff members are well-trained to secure the best possible service regimen for their clients while being conscious of limitations on availability of county funding. Implementation of LOCUS assessments for people with mental illness helped to determine appropriate level of service provision.

Projected Costs: *Staff time*

Area of Focus: Vocational Services

Issue: Consumers have multiple entities involved with the development of their service plan. Due to the lack of clear definitions of vocational services, various perspectives and interpretations of what vocational services entail are brought to the table. There is a lack of consensus regarding the purpose and the expectation of achievement for clientele. The current service system does not necessarily promote self-sufficiency when warranted.

GOAL: *To review the local vocational service system as relates to service definitions.*

Objective: *To support Johnson County clientele with the service(s) that best meet their need.*

Action Steps: 1. Set up a meeting for dialogue with area vocational providers and Vocational Rehabilitation Counselors to review and discuss service options and their purpose.

- 3/31/10

(FY10 Progress – see below)

2. Define vocational abilities/capabilities versus need for quality of life activities.

- 3/31/10

3. Assess impact of establishing a definitive number of service hours for a work-week.

- 6/30/10

4. Develop a consensus of interpretation of work service definitions among Johnson County providers.

- 6/30/10

5. Explore individual clients' service packages per the determined definitions.

- *On-going*

6. Encourage providers to re-evaluate their service programming and align clientele with appropriate service.

- 12/31/10 & *On-going*

FY2010 PROGRESS: With the advent of a major vocational services provider having its VP of Programming planning to retire in the Spring, this goal is pended until his replacement is recruited and on board.

FY2011 PROGRESS: Pended. With the State's intent of MH/DS redesign, possible federal legislation changes concerning minimum wage, and the viability of sheltered workshop, this goal is on hold.

FY2012 PROGRESS: Remains pended due to pending legislation concerning core services and lack of knowledge about with which counties Johnson County will be associated at the regional level.

FY2013 PROGRESS: **Two meetings were held with local providers of vocational services. Definitions and/or interpretations of what is intended by each level of vocational service were discussed. Providers will work with MH/DS staff to**

determine if certain clients' needs would be better served through Day Habilitation. Without the inclusion of certain services in the future Core Service regimen, it is difficult to determine where the system will head.

Projected Costs: Staff time

Area of Focus: Mental Health system marketing

Issue: In the 2003 Needs Assessment survey, conducted by Triumph Consulting, Inc., a major issue was determined to be the need to establish a clearer identity for Johnson County MH/DS. Due to co-location with the Iowa Department of Human Services in a building separate from most county departments and the utilization of shared reception staff, the public was often confused regarding through which entity it should request assistance. Additionally, other service agencies would frequently refer their clientele to Johnson County MH/DS without the knowledge of eligibility and service criteria. The services of Johnson County MH/DS need to be marketed in a manner which generates public awareness and which helps to alleviate unnecessary contact with our agency when a client's needs are better served elsewhere.

GOAL: To market Johnson County MH/DS in a cognizant manner.

Objective: To create public awareness of the services available through MH/DS and the eligibility criteria to access various services.

Action Steps: 1. Create a Johnson County MH/DS brochure that describes MH/DS services, eligibility criteria, and contact information.

- 3/31/10

FY2010 PROGRESS: With great input from MH/DS Management Team, the draft copy of the revised brochure for our agency was prepared for presentation at the July 1, 2010 Planning Council for review and/or approval before distribution.

FY2011 PROGRESS: Following approval by the Planning Council, the MH/DS Brochure was distributed. During FY2011, the brochure was also up-dated for content and "MR" terminology was changed to "ID" – Intellectual Disability. Revised brochures were re-distributed to all sites.

FY2012 PROGRESS: Brochures continue to be made available for distribution at multiple local sites.

FY2013 PROGRESS: Brochures continue to be available for distribution at multiple local sites.

2. Develop a website that clearly defines Johnson County MH/DS eligibility criteria, services, and includes resource information as well as the MH/DS CPC application.

- 6/30/10

FY2010 PROGRESS: By October 2009, the Mental Health and Disability Services web page of the Johnson County website had been totally revamped through the efforts of one MH/DS Management Team member. In addition to the Central Point of Coordination Application and general knowledge regarding accessing service funding, survey results, strategic plans, annual reports, and crisis numbers for emergency needs were posted. Many links to local and state agencies were also incorporated for the public's benefit.

FY2011 PROGRESS: During FY2011, the above site was maintained and as minutes for various groups became available, they were posted. A referral informational sheet was completed and distributed to other referral agencies and the information was also added to the ICORN Wiki website.

FY2012 PROGRESS: Meeting Agendas and resulting Minutes for the Johnson County Planning Council and the Targeted Case Management Advisory Board continue to be posted in a timely fashion on the county's website.

FY2013 PROGRESS: Meeting Agendas and Minutes continue to be posted.

3. Distribution of Johnson County MH/DS information to referral sources.

- Ongoing

FY2010 PROGRESS: Upon approval of the new brochure by the Johnson County Planning Council, the new brochure will be widely distributed.

FY2011 PROGRESS: Following approval by the Planning Council, the MH/DS Brochure was distributed to Iowa City Public Library, Coralville Public Library, North Liberty Community Library, Solon Public Library, Spring Meir Public Library, Oxford Public Library, Mid-eastern Iowa Mental Health Center, Johnson County Administration Building, Johnson County Health and Human Services Building – lobby, and Johnson County Public Health – lobby.

FY2012 PROGRESS: Entities notified us of the need for additional copies of the brochure and we printed and delivered them during FY2012.

FY2013 PROGRESS: Entities continue to notify us if there is a need to replenish their supply of brochures.

4. Annually, MH/DS will participate in community outreach and awareness regarding the services available for funding and the appropriate methods of referral.

- *Ongoing*

FY2010 PROGRESS: All MH/DS personnel are knowledgeable regarding the available services and the process for accessing funding. In turn, they share their information with consumers, families, and providers with whom they come in contact.

FY2011 PROGRESS: New staff members have been appropriately trained. Additionally, Management Staff attend various community committees and continually bring information about MH/DS and its services to the table for discussion.

FY2012 PROGRESS: Management Staff continue to be involved in community groups/committees and provide insight into changes in process, etc. The local Johnson County Providers group met regularly during FY2012 and MH/DS continued to relay information gathered from meetings with State personnel. MH/DS also began meeting with the Iowa City Community School District for the purpose of helping students gain access to needed services and upon reaching the age of majority.

FY2013 PROGRESS: MH/DS personnel continue to be connected to various community groups and relay information that comes to us from the State. An emphasis on information sharing has occurred with the Suicide Prevention Coalition and the local System of Care group. In particular, MH/DS provides insight to local groups regarding the developing region of nine counties.

During a legislative forum in January 2013, participants provide attending legislators with insight to the fact that persons with Developmental Disabilities and Brain Injury had been over-looked in the writing of re-design legislation.



JOHNSON COUNTY MH/DS FY2013

OTHER CONCERNS

In addition to leaving DD and BI diagnostic populations out of the legislation, services which Johnson County clientele have come to rely on are missing in the core service listing. We recognize that the legislation “allows” for services over and above the mandates, however, without definitive dollars attached to the system which can be relied upon, regions will be hard pressed to write Services Management Plans which acknowledge many of these services.

Of particular importance to Johnson County is the ability to pay for prescription drugs. MH/DS has a contract with National Pharmaceutical Services and operates with formularies for persons in the community and in RCF placements. With trained staff to assist clients in making application for Prescription Assistance Programs, the costs have been kept to a minimum. With the Affordable Care Act on the horizon, it is possible that many of these expenses will be underwritten by some form of health insurance. However, at this point in time, there is no guarantee that will occur. During FY2013, Johnson County saw a 4% increase in clients needing prescription assistance, a 9% increase in the number of prescriptions written, and an 18% increase in the total cost. (see charts on following pages)

At the regional level, we feel that core services should also be extended to include Jail Diversion/Alternatives and Peer Drop-In. There needs to be a fixed date when the State will no longer bill counties for residual credits and adjustments for services prior to 7/1/12. Rules and guidelines for sub-acute care and crisis intervention need to be established before providers develop these services. If MH/DS is to consider the “whole” person, the funding for substance abuse services must be accessible and adequate so that the judicial system does not default SA clientele to the MH system. Any cost savings in the regions upon implementation of the Affordable Care Act need to be available for reinvestment into the developing regional system – not counted on by DHS as claw-back dollars.

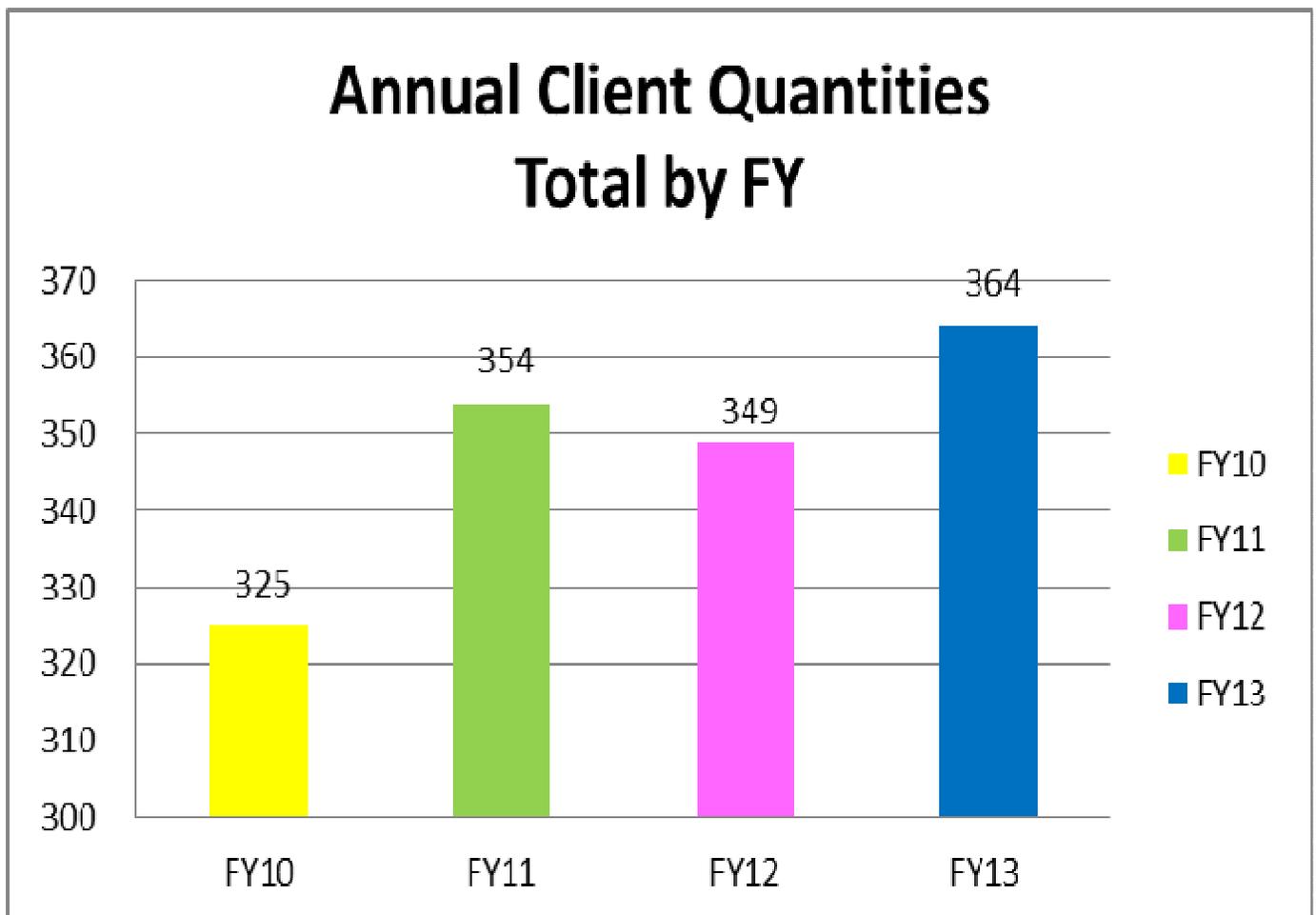
With another year of multiple challenges behind us, MH/DS still sees an under-funded service system with many obstacles to overcome. Too many counties had to place limitations on services during this year of transition.

Because certain categories of diagnosis and services were omitted from the mandates of SF2315, there is apprehension that the “new” system will only meet the lowest possible threshold. There is great need for crisis intervention services and sub-acute care in order for consumers not to access the most expensive levels of care.

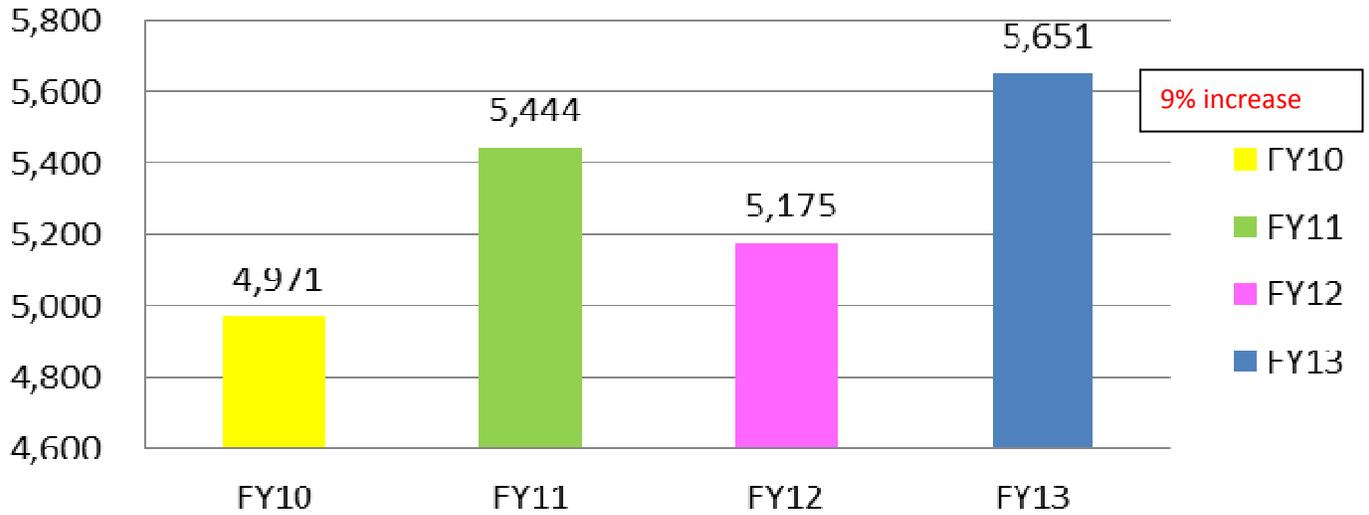
Providers are expressing frustration with not having intermittent services available for clients who demonstrate significant behavioral challenges. Providers have apprehension that Medicaid will apply across-the-board financial rate caps on services without consideration of the variances in operational costs due to locale. Chore services and transportation are necessary and needed services that are not well funded. Psychiatric beds are not readily available and precious resources are utilized in transporting people across the State to find an open bed. This is not only a State of Iowa problem, it is a national issue. A central data system identifying open beds would save countless staff hours for hospital personnel, clerk of court personnel, and MH/DS personnel.

With an aging population, consumer specific supports for mental health services for older adults need to be developed.

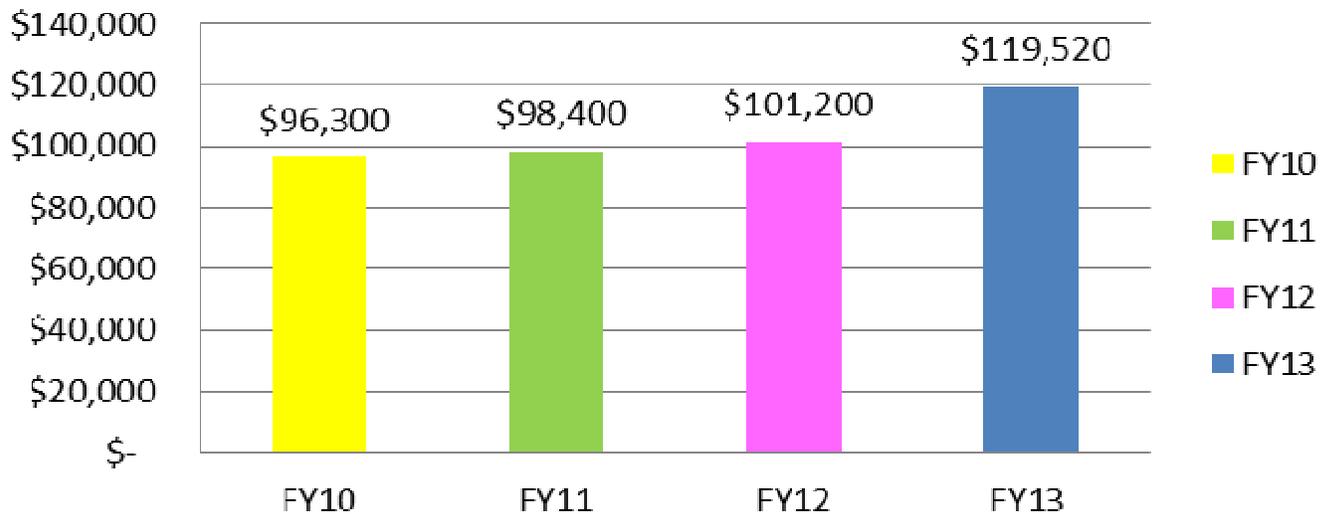
Jail diversion programs need to be expanded throughout the State. More attention needs to be focused on inadequate housing and lack of employment opportunities for persons with disabilities.



Annual Script Quantities Total by FY



Annual Medication Cost Total by FY



As the State has adequate financial resources in its till, serious consideration should be given to fully funding mental health and disability services for our most vulnerable citizens. MH/DS continues to affirm:

The State's budget should not be balanced on the backs of our most vulnerable citizens ... those with disabilities.

