

LEE COUNTY MENTAL HEALTH SERVICES MANAGEMENT PLAN

**ANNUAL REPORT
2013**

Throughout Fiscal Year 2013 significant effort has been placed on the redesign and transition of the Mental Health and Developmental Disability service system. A regionalized system of care has been legislated and though each county is a partner in the creation of that system, the future details as to the form and function of the Region remains an unknown. As it is understood per present Iowa Legislation, each individual county will levy property taxes up to a maximum of the new equalized per capita rate of \$47.28 (some in whole and some with state subsidy). Effective July 1, 2014 the newly formed region system of care will be the only structure with spending authority as it relates to county Fund 10 MHDD budget. A standardized Chart of Account code will exist within each region as annual reporting to DHS of revenue and expenditure will be reflected from a regionalized basis, though each county will still have obligation to submit levy/budgetary information to the Department of Management for certification. There has been much time, effort, money, and anxiety placed on the work of this transition (planning committee development, letter of intent, resolutions, 28E agreement development, legal counsel meetings, regional management plan development, policy/procedure, etc). These efforts have been made with cautious optimism as to the future and sustainability of such a system of care in light of all the changes including the projected Medicaid offset formula to be established based on county less expenditure and state and federal budget/reform.

Eluding to state and federal level changes, in the midst of the transition to regions during FY13, the roll out of the Affordable Care Act (aka Obamacare) began to take place. Central to assisting individuals in accessing medical care needs is the county system. The county, as a local access, interacts with some of the most vulnerable and difficult to register individuals that are in dire need of access to quality healthcare. It has been the internal administrative direction of Lee County to play an active role in facilitating individuals' acquisition of benefits via Medicaid expansion, CHIP, Marketplace Insurance, SHOP, or

employer based/private third party resources. The deadline for mandated coverage draws closer and has been a guiding principle of the tangible actions taken by Lee County Community Services staff to serve people- despite limited direction/political posturing/misinformation/faulty technology management/diminished resources/programmatic instability from the state and federal administrative levels. Be assured that the mission and vision to serve at the county level of government has not been lost. Daily interactions provide insight, perspective, and heightened accountability as to the meaning of our all encompassing title of public servant at the local level. It is with our utmost desire that other levels of government and policy making bodies come to realize the realities of their decisions on people's lives and the depth of those life affecting decisions as they look into the eyes of those lost in the systematic details. Many maintain hope that there will be some resolve to the dilemma's that are being faced every day on such a personal level- it is our calling and duty to ensure opportunity for successful outcome for those seeking guidance and assistance to reach their full potential as contributing citizens.

THE FOLLOWING INCLUDES THE NEW GOALS AND OBJECTIVES THAT WERE INCORPORATED IN THE LEE COUNTY STRATEGIC PLAN 2009 – 2012+2013 EXTENSION AND THE REPORTING ON PROGRESS FOR FISCAL YEAR 2013.

Goal I: Provide a strengths-based, person-centered partnership of community service providers to assure choice, access to, and continuity of care in services and supports for service participants in a high quality and cost effective manner.

Objective 1: Improve the communication, coordination, and collaboration between the network of mental health service providers, law enforcement, courts, and Lee County CPC office.

Progress:

FY2013 has brought about much dialog in how to develop a system of care across multiple disciplines and functions of provider sets to best serve individuals. In Lee County, stakeholder meetings, jail diversion partners, regional advisory/stakeholder meetings, and Case Management meetings have gather together locally contracted providers of many sorts along with invested parties such as judiciary, clerk of court, law enforcement, medical/hospital organizations, behavioral health providers, Alcohol and Drug dependency services, department of corrections, and institutes of higher education to address concerns of the MHDD population and work together to best serve individuals in need. We continue to discover common terminology/jargon and ways in which the individual systems work so to improve the connectedness that can be developed. Investment in improving the system continues to develop and expand in Lee County.

Objective 2: Increase the awareness and utilization of the existing transportation systems in order to promote and sustain independence and self sufficiency within the community.

Progress:

SEIBus continues to be the regional transit authority under contract with Lee County. There was somewhat of a dissection of service related to Medicaid billing and that of individuals under the financial subsidy of the county. For the MHDD population, Lee County has contracted for transportation the service to the drop in center. This is on a fee for service basis for non Medicaid beneficiaries at a rate of \$8.29 per ride. Medicaid recipient service is billed directly to IME for payment. Additionally, Lee County board of supervisors in their foresight, recognize the impending changes for MHDD and the fact that transportation services are not identified as part of the new core set of services in legislation therefore making it subject to fund availability for ongoing Fund 10 financial support. A per capita fee was assessed to subsidize the much needed transit services in Lee to ensure access to affordable and quality transportation for all Lee County residents.

Objective 3: Provide systematic reinforcements for individuals to seek out and maintain employment opportunities that promote each individuals optimum level of functioning.

Progress:

Much was discussed during FY12 about employment and the perspective that integrated services are the preferable form of service for the MHDD population if possible. Olmstead would indicate that community based integrated work experiences are also preferable. Finally, DHS has advised of other states that have received financial repercussions because of their use of shelter type employment and the impediment this was to a much more desirable outcome of integration. For these reasons, Lee County advised existing sheltered workshop participants of the necessity to access community based service if they were interested in employment options and other not interested in community based employment opportunities would be directed toward other options such as volunteer opportunities, expanded SCL services, adult day

care, etc. Focus on treatment need and consumer desire for employment was engaged to facilitate optimum service to meet individual need.

Objective 4: Implement strategic steps to increase and maintain the utilization of the Lee County community housing initiative.

Progress:

Fort Madison Housing Authority remains the management entity for community apartments in which the county is owner. Consumers residing in the apartments, continue to report being very pleased with their living arrangements and accommodations. At present there is not a wait list for tenants however there are three apartments that are not at capacity due to the treatment need of tenants in those vacant rooms and the difficulty in matching individuals that are compatible to live together.

In question is the long term sustainability of the county owned apartments. Even with no outstanding mortgage, the properties must become self sustaining financially otherwise they are at risk of being sold. Again, housing is not identified as being a core service in the new regionalized system and is subject to the availability of funds in order to be sustained. All options are being evaluated to discover the possibility to maintaining such an important component to maintaining and promoting the successful treatment outcomes of individuals, yet bottom line, if there is not financial, philosophical inclination, or infrastructure to maintain the properties, this resource will be lost.

Objective 5: Assist individuals in meeting their recreation/socialization needs in sustainable and cost effective ways that will minimize isolation and promote community integration.

Progress:

Lee County has invested in Community integration programs and frequently discusses with consumers and providers the necessity of natural supports and integration. Another point of topic relates to normalization. It is the intent of Lee County MHDD services to not treat those with disability special, but to provide to them the supports necessary to engage in the activities of normalized life. Focus on maintaining safety, living in a community of their choosing, accessing services necessary for daily functioning, working in integrated environments to support themselves, and making decisions of self determination is the underlying principals of the work in which we are engaged. Promotion of normalization and successful independence is a win-win for all involved. Independence, freedom, and equality cannot be separate from risk. It is not the objective of the MHDD system to enable individuals to anticipate the very least for themselves, but to facilitate the encouragement, knowledge, and tools necessary to flourish despite their individual uniqueness's.

Goal II: Create a streamlined system of care for assisting consumers in meeting their transitional needs based on their indicated MHDS level of care.

Objective 1: Efficiently and effectively transition individuals moving from the Juvenile services system array into the adult MHDD service system.

Progress:

Since the redesign has reassigned the responsibility of the Medicaid service system to the state, the county has had little opportunity to facilitate the transition of youth from the juvenile service array into the adult service system. As was practiced in the past, the CPC office attempts to guide social workers/service providers of juvenile services to the correct resource to facilitate transition- primarily the county designated case management entity, which for Lee county is DHS targeted case management. Unfortunately, barriers still exist as the juvenile system is predicated more heavily on the behavioral side than the diagnostic side which would align more succinctly with the adult service array. Many times the diagnosis of the juvenile does not match the identified populations of the adult service systems which leads to a complete loss of all service upon discharge from juvenile system- usually at age 18. This is quite traumatic for those individuals that had been in facility based placements and are now discharged to live on their own in a community as an adult with little to no resources/supports. It behooves the larger system to create a seamless transition based on core diagnostic criteria and disability determination to bridge the two systems. Additionally, alternative child welfare services should build the capacity to facilitate supported community living conditions for those juveniles that require supports but do not meet definition of waiver/waiver like service in addition to group care services.

Objective 2: Efficiently and effectively transition adult consumers with mental health diagnosis and behavioral problems into sustainable living environments that will reduce the frequency of more restrictive placements such as court committed hospitalization and jail.

Progress:

Finding sustainable living environments for individuals with little to no resources is very difficult and many a times is the impetus for individuals falling into most restrictive arrangements. This is anticipated to be an even more profound issue with the advent of Regions and the limited capacity for the regions to address this issue through the use of funds for housing/rent/transitional living needs due to reframing of service direction in the form of the new core service array per code. Lee County has made investment to ensuring housing for individuals with mental health and developmental disability

needs but this will not be the trajectory of the region and will become a component of the county general assistance fund but only with limited resources.

Lee County has also engaged in jail diversion planning in conjunction with the county sheriff and many of our local stakeholders including our two in county hospitals, community service providers, psychiatrist, therapists, adult probation/corrections, coalition on domestic violence, public health department, Southeastern Community College, regional planning, municipality law enforcement, county attorney, clerk of court, 8th Judicial Chief Judge, and substance use agency. This group has discussed and implemented cost neutral ways to improve intervention and develop systematic protocol that will move us toward measurable outcomes for individuals and facilitate data analysis anticipated to qualify our group for funding/grant opportunities in the future. Overcoming the jargon of each disciplines system has been most useful in overcoming some barriers and learning about various resources available at present has resulted in better links to useful service and outcomes. This venture will continue in determining the next steps to appropriate interventions that can be developed in the existing system and with additional funds (upon availability) to get results for people in need that typically cross the threshold of multiple systems.

Objective 3: Reduce admissions to the Mental Health Institutes by educating involved parties on community based/least restrictive options for individuals as well as the admission criteria for Adult Psychiatric/ Dual Diagnosis/IRTC programs.

Progress:

Admissions to Mental Health Institutes (as well as private hospitals) is of concern to Lee County. There seems to be a pattern of very quick judgment to detain individuals in psych units without medical necessity or professional determination of correct level of service need. Where the court and medical intervention meet is very precarious depending on who, when, and what medical/judiciary are available. Legal and treatment services need to undergo a systemic overhaul to utilize time and resources to gain the most effective and useful outcomes. Furthermore, as the MHDD system moves to regions, it is anticipated that there will be a great rift due to financial silos that differentiate Medicaid funded service in a public hospital setting versus a state run institution. The preferred provider network for Medicaid beneficiaries should be to community based hospitals. Alternately, non Medicaid individuals would access MHI's primarily and public hospitals secondary. Neither of these scenarios addresses the larger issue of lack of capacity for acute level service in the state and will ultimately result in further fragmentation of the system into unequalized service.

Finally, there is still an unmet need for sub-acute care and long term hospitalization. From the vantage point of the county system, the MHI's are in direct competition with the community public hospitals which was not the case prior to their designation as acute care JCAHO accredited. Through the creation of alternate sub-acute service array, long term hospitalization, specialized rehabilitative treatment, and/or intensive residential care; inpatient capacity may

not be such a prevailing issue as it is at present. Movement to accommodate such programmatic growth in a partnership of public and private is needed if the desire is to create equalization across the state regardless of an individual's benefit package.

Objective 4: Explore and implement if feasible and cost-effective the possibility of pooling resources with other counties, providers, other agencies for such areas as trainings, collaboration, service sharing, 28E agreements between government entities, standardizing of paperwork, etc. that will allow the Lee County MHDD system to be as efficient as possible while providing quality needed services to Lee County individuals.

Progress:

The Development of the mandated regional system addresses this objective. The focus this past fiscal year has been on collaborative efforts to develop the 28E to create the additional layer of bureaucracy per Iowa code and meeting all the mandates required of this document. Because of time constraints, very little else has been addressed related to this objective because of the tight timeframes for implementation and new standards for “core service” that will take effect July 1, 2014 in the regional system of which the counties have only recently received definition. The last fiscal year of the county system will be devoted to the continued development of the region and the regional management plan in conjunction with our provider network and consumer/family stakeholders.

Goal # III: Increase knowledge and awareness of the general public, regarding the needs and abilities of persons with mental illness, mental retardation, and developmental disabilities as well as services available to them.

Objective 1: Maintain positive relationship with media in promoting services and events related to persons and disabilities.

Progress:

Lee County CPC office continues to work closely with local media to keep the public informed of events in the communities of the county as well as the current work of regionalization and ACA changes. Lee county has committed itself to be an information resource/source to educating the public on identifying and pursuing benefits to address individual and family need. This has truly been a year of transition, and there have been many changes that have direct impact on individuals. The county facilitated notification of the public on the closure of the Iowa Care program and attempted to enroll direct those in need to apply prior to the elimination of new enrollee's. Lee has also aligned itself to assist individuals in making application for the Iowa Health and Wellness plan/Marketplace despite the lack of public announcement specific to the details of the state of Iowa. The media's commitment to the county's chosen obligations have been much appreciated and most useful to community members.

Objective 2: Make available training and learning opportunities for interested parties on various topics pertinent to mental health related issues.

Progress:

Counseling Associates and Optimae have been entrusted with quarterly presentations to the public in a wide array of forums to discuss the necessity of mental health services and intervention strategies to assist individuals in accessing needed service. The submission of these training sessions to the CPC office is required in order to draw down the funds for community education.

Through the jail diversion committee, mental health first aid was provided to committee partners to facilitate education across disciplines in managing situations in which a person is in crisis. It was also the opportunity to discuss avenues to develop communication, services, and supports to better assist those in need that come in contact with individuals suffering from mental health/behavioral health/substance use issues. Focus on multi-occurring issues has been the trajectory of this venue and improving how multiple disciplines can work smarter together.

STAKEHOLDER INVOLVEMENT

The Lee County CPC office has consistently stayed in contact with local stakeholders on a formal and informal basis. As the CPC, I interface daily with consumers, family member interested parties, and providers. There has been a difference in stakeholder involvement from the first of the year to the last half of the year. The first part of the year was a historically patterned about the communities of Lee and the needs therein, almost exclusively to our local contracted provider network. Post redesign legislation, the involvement of smaller local providers has diminished somewhat and larger providers from within the region have become more active in lobbying for system change, advocating for their consumers, and planning on expansion of service into areas they had not previously been. Unfortunately, expansion of those providers has negatively impacted the smaller provider set and we find that business competition has diminished and local need is at capacity. Some providers seem to be recruiting from outside the county and region for the sake of service provision and filling their own capacity for service.

Region development is creating a new landscape of provider network within the region. It is subsequently creating a new population of individuals requiring service within our local communities that may or may not have sufficient supports in alternative service to appropriately maintain individuals in community based service i.e. psychiatry/therapy service, inpatient psych service, mobile crisis intervention, sufficient housing, natural supports in an unfamiliar community,

alternative decision makers, and multi disciplined case coordination of high need cases with unfamiliar court/legal counsel/advocate/probation/law enforcement/substance counselor/etc. Again, I reiterate that Lee County has been very forward thinking and acting in regards to multi-occurring issues and integration of multi-disciplines to address need.

ACTUAL PROVIDER NETWORK

The following is a listing of all providers that Lee County remitted payment to for service in FY2013 with Fund 10000 monies.

Provider ID	Provider Name	# of Claims	TIN	Address 1	Address 2	City, State, Zip
1	OTTUMWA TRANSIT AGENCY (10-15)	199	421386703	2417 S EMMA ST		OTTUMWA, IA, 52501-
80	AMERISERVE INTERNATIONAL	7	421478216	300 W BROADWAY	STE 20	COUNCIL BLUFFS, IA, 51503-
220	BLACK HAWK-GRUNDY MENTAL HEALTH CENTER	24	42-0733463	3251 W 9TH ST		WATERLOO, IA, 50702-
279	BRIDGEWAY INC	2284	370984175	208 Bank Street		KEOKUK, IA, 52632-
409	CENTER VILLAGE, INC	51	421378445	19248 MAPLE AVE		KEOSAUQUA, IA, 52565-8288
425	CERRO GORDO COUNTY CASE MANAGEMENT	16	42-6004949	3 4TH ST NE		MASON CITY, IA, 50401-
614	COUNTRY LIFE HEALTH CARE INC	5	42-1339982	2554 FORD AVE		OSKALOOSA, IA, 52577-
635	COVENANT MEDICAL CENTER	5	42-1264647	3421 W 9TH ST		WATERLOO, IA, 50702-
675	DALLAS INC (FKA Dallas County Care Facility)	17	421466177	25747 N AVE		ADEL, IA, 50003-
949	FIRST RESOURCES CORP	31	421279294	102 South Main Street		SIGOURNEY, IA, 52591-
1046	GLENWOOD RESOURCE CENTER	29	426004710	711 S VINE ST		GLENWOOD, IA, 51534-
1074	GREAT RIVER REGIONAL WASTE AUTHORITY	64	421149760	2092 303RD AVE		FORT MADISON, IA, 52627-

1076	GREAT RIVER MENTAL HEALTH (GRMHA)	83	421307141	1225 S GEAR AVE, STE 251	WEST BURLINGTON, IA, 52655-
1169	INSIGHT HUMAN SERVICES DO NOT USE	56	426004996	915 S IRIS ST	MOUNT PLEASANT, IA, 52641-
1178	HILLCREST FAMILY SERVICES - HIGHLAND PLACE	53	420680411	13011 120TH AVE	OTTUMWA, IA, 52501-
1188	HILLCREST FAMILY SERVICES (ADMIN AND MAIN OFFICES)	13	42-0680411	2005 ASBURY RD	DUBUQUE, IA, 52001-
1204	HOME CARING SERVICES, INC	527	420884420	506 JEFFERSON ST	BURLINGTON, IA, 52601-
1216	HOPE HAVEN AREA DEVELOPMENT CORP.	794	42-1000580	828 NORTH 7TH ST.	BURLINGTON, IA, 52601-
1251	HUMPHREY LAW OFFICE	11	421249170	732 AVE G	FORT MADISON, IA, 52627-
1256	HY-VEE PHARMACY	1	42-0325638	110 SOUTH D STREET	OSKALOOSA, IA, 52577-
1310	INDEPENDENCE MENTAL HEALTH INSTITUTE	2	426004568	2277 IOWA AVE	INDEPENDENCE, IA, 50644-
1314	INDIANOLA RESIDENTIAL	2	20-3442965	401 W SALEM AVE	INDIANOLA, IA, 50125-
1436	VAN BUREN COUNTY HOSPITAL DBA VAN BUREN JOB OPPORT	58	426037829	1502 BROAD ST	KEOSAUQUA, IA, 52565-
1533	KENSINGTON	7	943270169	2210 AVE H	FORT MADISON, IA, 52627-
1536	KEOKUK AREA GROUP HOME	75	421233950	317 HIGH ST	KEOKUK, IA, 52632-
1632	LEE PHARMACY	34	743079496	601 1ST ST	KEOSAUQUA, IA, 52565-
1646	SPRING HARBOR (LIBERTY SQUARE CARE CENTER)	69	42-1481661	111 S BOULDER	NORA SPRINGS, IA, 50458-
1827	MEDIAPOLIS CARE FACILITY INC.	20	421295798	142 NORTH ORCHARD	MEDIAPOLIS, IA, 52637-
1830	MEDICAL ASSOCIATES CLINIC PC	2	421115442	1500 ASSOCIATES DRIVE	DUBUQUE, IA, 52002-

1880	MENTAL HEALTH CENTER OF NORTH IOWA	5	42-0763978	235 S EISENHOWER AVE		MASON CITY, IA, 50401-
1883	MOUNT PLEASANT MENTAL HEALTH INSTITUTE	35	426004568	1200 E WASHINGTON ST		MOUNT PLEASANT, IA, 52641-
1899	MERCY MEDICAL CENTER	23	421437483	250 MERCY DR.		DUBUQUE, IA, 52001-
2058	NISHNA PRODUCTIONS INC	32	421025042	902 Day Street		SHENANDOAH, IA, 51601-
2084	NORTH IOWA AREA COUNCIL OF GOVERNMENTS (NIACOG)	1	421015081	525 6TH ST SW		MASON CITY, IA, 50401-
2089	NORTH IOWA TRANSITION CENTER (NITC)	43	42-1149822	408 1ST ST NW		MASON CITY, IA, 50402-
2094	NORTH IOWA VOCATIONAL CENTER (NIVC)	8	42-0951757	1225 S HARRISON AVE		MASON CITY, IA, 50401-
2170	OPPORTUNITY VILLAGE	36	42-0953968	1200 N 9TH ST		CLEAR LAKE, IA, 50428-
2315	PRIDE GROUP, THE (FKA PLYMOUTH LIFE)	13	421277131	Corporate Office	214 Plymouth Street SE	Le Mars, IA, 51031-
2445	OPTIMAE LIFESERVICES, INC.	1646	42-1287333	2201 W. Jefferson		FAIRFIELD, IA, 52556-4232
2485	RISE LTD	13	42-1148364	106 RAINBOW DR		ELKADER, IA, 52043-
2544	KANTAMNENI M.D.	132	421141263	1512 MORGAN ST		KEOKUK, IA, 52632-
2612	SOUTHEAST IOWA REGIONAL TRANSIT AUTHORITY (SEIBUS)	124	421013986	211 N. Gear, Suite 100		West Burlington, IA, 52655-
2647	SIACC	38	421028470	212 GLASGOW ROAD		FAIRFIELD, IA, 52556-
2665	SIOUXLAND RESIDENTIAL SERVICES (SRS)	4	42-1424027	217 19TH ST		SIOUX CITY, IA, 51105-
2697	SOUTHEAST IOWA CASE MANAGEMENT	53	421385696	101 NORTH 16TH ST		FAIRFIELD, IA, 52556-

2841	TENCO INDUSTRIES INCORPORATED	128	420919509	710 GATEWAY DRIVE		OTTUMWA, IA, 52501-
2943	UNLIMITED SERVICES INC	10	861060036	326 NORTH RIVER PARK DR		GUTTENBERG, IA, 52052-
2959	VAN BUREN COUNTY HOSPITAL	7	426037829	304 FRANKLIN		KEOSAUQUA, IA, 52565-
2976	VERIDIAN CREDIT UNION	135	42-1132695	1827 ANSBOROUGH AVE		WATERLOO, IA, 50702-
3070	GAUMER, EMANUEL, CARPENTER & GOLDSMITH P.C.	2	421134983	111 W 2ND ST		OTTUMWA, IA, 52501-
3178	ABBE CENTER FOR COMMUNITY CARE	26	421378676	1860 COUNTY HOME RD		MARION, IA, 52302-
3179	ABBE CENTER FOR COMMUNITY MENTAL HEALTH	28	421045257	520 11TH ST NW		CEDAR RAPIDS, IA, 52405-
3183	AGING SERVICES INC	2	23-7085316	317 - 7th Avenue SE		Cedar Rapids, IA, 52401-
3185	ARC OF SOUTHEAST IOWA	6	42-0933140	2620 MUSCATINE AVE		IOWA CITY, IA, 52240-
3189	ASSOCIATES FOR BEHAVIORAL HEALTHCARE	1	42-1361755	1510 BOYSON ROAD		HIAWATHA, IA, 52233-
3203	CHATHAM OAKS INC	23	42-1302928	4515 MELROSE AVE		IOWA CITY, IA, 52246-
3212	COMMUNITY MENTAL HEALTH CENTER FOR MID EASTERN IA	5	42-0989584	507 E COLLEGE ST		IOWA CITY, IA, 52240-
3232	Systems Unlimited, Inc. (AKA Employment Systems)	33	420985205	2533 Scott Blvd SE		Iowa City, IA, 52240-
3257	HY-VEE PHARMACY	1	420325638	1720 WATERFRONT DR		IOWA CITY, IA, 52240-
3294	LINNHAVEN INC.	1	421085094	PO BOX 284	1199 BLAIRS FERRY RD	MARION, IA, 52302-3013
3303	MERCY MEDICAL CENTER/MERCY FAMILY COUNSELING	3	420698295	701 10TH ST SE		CEDAR RAPIDS, IA, 52403-

3332	REM IOWA COMMUNITY SERVICES, INC.	3	22-2929097	2205 HERITAGE BLVD.		HIAWATHA, IA, 52233-
3347	SORG SAMPLE MEDICAL PHARMACY	2	42-0220957	2310 JOHNSON AVE NW		CEDAR RAPIDS, IA, 52405-
3348	SUCCESSFUL LIVING	104	42-1470339	2406 Towncrest Dr		IOWA CITY, IA, 52240-
3358	UNIVERSITY OF IOWA HOSPITALS AND CLINICS	2	42-6004183	200 HAWKINS DRIVE	STE 1700JP	IOWA CITY, IA, 52242-
3360	Vera French Community Mental Health Center	11	42-0716337	1441 W. Central Park Ave.		Davenport, IA, 52804-
3384	GOODWILL INDUSTRIES OF THE HEARTLAND	16	42-0923563	1410 S 1ST AVE		IOWA CITY, IA, 52240-
3406	ALLIANT ENERGY (UTILITIES)(PO BOX 3003)	2	99-9993406	200 1ST ST SE		Cedar Rapids, IA, 52402-
3409	ALLIANT ENERGY (UTILITIES)(PO BOX 3066)	21	42-0331370	200 1ST ST SE		Cedar Rapids, IA, 52406-
3424	Hart	2	479-31-4353	PO Box 5655		CORALVILLE, IA, 52241-
3427	Genesis Medical Center	1	42-1418847	1227 E. Rusholme St.		Davenport, IA, 52803-
3438	REACH FOR YOUR POTENTIAL	26	42-1349210	1705 S 1ST AVE	STE 1	IOWA CITY, IA, 52240-
3448	A AVENUE PHARMACY	5	420985270	717 A AVE NE	STE 202	CEDAR RAPIDS, IA, 52401-
3457	CREST SERVICES - OFFICES	4		2720 1ST AVE NE	STE 102	CEDAR RAPIDS, IA, 52402-
3459	REM IOWA AND REM IOWA COMMUNITY SERVICES	52		402 WESTCOR DRIVE	UNIT A	CORALVILLE, IA, 52241-
3572	EYERLY BALL COMMUNITY MENTAL HEALTH SERVICES	4	420942273	1301 CENTER ST		DES MOINES, IA, 50309-
3574	CHEROKEE MENTAL HEALTH INSTITUTE (MHI)	37	426004371	1251 W CEDAR LOOP		CHEROKEE, IA, 51012-
3623	BROADLAWNS MEDICAL CENTER	46	42-6005830	1801 Hickman Road		DES MOINES, IA, 50314-
3641	EASTER SEALS SOCIETY, POLK COUNTY CENTER	2	420707100	2920 30TH ST		DES MOINES, IA, 50310-
3832	Iowa Health (fka IOWA LUTHERAN HOSPITAL)	6	420680452	1200 Pleasant Street		Des Moines, IA, -

3835	ST. LUKE'S HOSPITAL - (HOSPITAL CHARGES)	3	42-0504780	1026 A AVENUE NE		CEDAR RAPIDS, IA, 52406-
4309	DES MOINES COUNTY COMMUNITY SERVICES	12	421231990	910 COTTONWOOD	STE 1000	BURLINGTON, IA, 52601-
4317	DES MOINES COUNTY SHERIFF	2	421231990	512 N MAIN		BURLINGTON, IA, 52601-
4503	HANCOCK COUNTY AUDITOR	1	426004698	855 STATE ST		GARNER, IA, 50438-
4566	HENRY COUNTY SHERIFF	1	426004996	106 E Clay St		MT. PLEASANT, IA, 52641-
4687	JOHNSON COUNTY MH/DS SERVICES	52	42-6004806	855 S DUBUQUE ST	STE 202B	IOWA CITY, IA, 52240-
4697	JOHNSON COUNTY SHERIFF	13	42-6004806	511 S CAPITOL ST	PO Box 2540	IOWA CITY, IA, 52240-
4766	LEE COUNTY SHERIFF	109	426004689	2530 255TH ST		MONTROSE, IA, 52639-
5115	POTTAWATTAMIE COUNTY CASE MANAGEMENT aka PCCM	5	426004433	515 5TH AVE		COUNCIL BLUFFS, IA, 51503-
5297	WAPELLO COUNTY CPC ADMINISTRATOR	1	426005095	201 E. Main		OTTUMWA, IA, 52501-
5304	WAPELLO COUNTY SHERIFF	2	426005095	330 W 2ND		OTTUMWA, IA, 52501-
5566	HILLCREST FAMILY SERVICES (WASHINGTON COUNTY CMHC)	1	42-0680411	2175 LEXINGTON BLVD	BLG 2	WASHINGTON, IA, 52353-
5587	DHS - CASHIER	71	426004568	1ST FL HOOVER BLDG RM 14	1305 E WALNUT ST	Des Moines, IA, 50319-
5592	BUILDERS OF HOPE	9	204757975	2711 Muscatine Ave		Iowa City, IA, 52240-
5690	LEE COUNTY EMS AMBULANCE, INC.	4	421440652	315 SOUTH MAIN STREET		DONNELSON, IA, 52625-
5842	GREAT RIVER MEDICAL CENTER	1	420680407	1221 S. GEAR AVENUE	P.O. BOX 668	WEST BURLINGTON, IA, 52655-
6070	ST. LUKE'S HOSPITAL - (PHYSICIAN CHARGES)	6	42-0504780	1026 A AVE NE		CEDAR RAPIDS, IA, 52406-
6272	BARR MEMORIAL CHAPEL, INC.	1	421465422	1919 AVE F		FORT MADISON, IA, 52627-

6292	COMMUNITY HEALTH CENTERS/TRI-STATE MEDICAL GROUP	1	421527584	400 NORTH 17TH ST		KEOKUK, IA, 52632-
6293	COUNSELING ASSOCIATES	581	421458052	1522 MORGAN ST		KEOKUK, IA, 52632-
6295	CURTIS DIAL LAW OFFICE	17	61662221	401 Main Street	Suite 5	Keokuk, IA, 52632-
6296	Dr. Ordon	366	421081055	5409 AVE O	STE 102	FORT MADISON, IA, 52627-
6317	FORT MADISON HOUSING AUTHORITY	5	421004833	1102 48TH ST		FORT MADISON, IA, 52627-
6318	FORT MADISON WATER DEPARTMENT	3	20372992			FORT MADISON, IA, -
6342	KAME GOOD NEIGHBOR PHARMACY	40	421237312	1626 MORGAN ST		KEOKUK, IA, 52632-
6363	LEVI WILSON, INC.	4	42-0957371	P.O. BOX 164		FORT MADISON, IA, 52627-
6377	NAPIER,WOLF & NAPIER	9	391883919	607 EIGHTH ST		FORT MADISON, IA, 52627-
6381	PATRICK EWING	133	391896612	1522 MORGAN ST		KEOKUK, IA, 52632-
6390	RASHID HEALTH MART	67	421440042	2404 AVE L		FORT MADISON, IA, 52627-
6408	Saunders and Braden Attorneys at Law	9	420654037	610 8th St	Suite A	FORT MADISON, IA, 52627-
6413	STEVEN J. SWAN & ASSOCIATES	9	391904829	1013 CONCERT ST		KEOKUK, IA, 52632-
6424	VIGEN MEMORIAL HOME	1	421112682	1328 CONCERT ST		KEOKUK, IA, 52632-
6483	HY-VEE FOOD STORES, INC	17	420325638	2606 Avenue L		Fort Madison, IA, 52632-
6629	SMITH	2	330912109	2111 N. COURT ST.		OTTUMWA, IA, 52501-
6684	DHS TARGETED CASE MANAGEMENT	2174	426004568	DHS Cashier	1305 E. Walnut Street	Des Moines, IA, 50319-0106
6813	REUTZEL PHARMACY	3	421008430	617 8th Ave. SE		Cedar Rapids, IA, 52302-9753
6818	LIFELINE SYSTEMS CO (DBA PHILIPS LIFELINE)	25	042537528	111 LAWRENCE ST		FRAMINGHAM, MA, 01702-8156
6850	IOWA HOME BASED SERVICES LLC	549	0204831	810 Timea Street		Keokuk, IA, 52632-
6865	Horizons, A Family Service Alliance	4	421135083	819 5th St SE		Cedar Rapids, IA, 52406-

6958	Black	1	483900711	132 1/2 E. Washington St		Iowa City, IA, 52240-
6977	Steele - Attorney at Law,	1	479869497	PO Box 1901		Cedar Rapids, IA, 52406-1901
7191	HOPE HAVEN DEVELOPMENTAL CTR CORP	29		2001 DOUGLAS AVE		BURLINGTON, IA, 52601-
7194	DHS CASE MANAGEMENT UNIT	13	426004568	CASHIER, ROOM 14	DHS CASE MANAGEMENT UNIT	DES MOINES, IA, 50319-0114
7389	Social Outreach Services Inc.	681	271977275	1224 S Gilbert Street		Iowa City, IA, 52240-
7488	Dave's Place	83	800477434	3140 Plank Road		Keokuk, IA, 52632-
7530	Heritage Medical Equipment and Supplies	8		624 S. Roosevelt Ave.		Burlington, IA, 52601-1673
7786	Goodwill	45		400 Technology Place		Waverly, IA, 50677-
7902	Reyna L. Wilkens Attorney at Law	53	277825479	2718 Avenue C		Fort Madison, IA, 52627-
8343	LINN COUNTY MHDD/SCL Services	44	42-6004338	1240 26th Ave Ct. SW		Cedar Rapids, IA, 52404-
8368	ADULT CRISIS STABILIZATION CENTER (ACSC)	4	42-1306331	c/o North Iowa Juvenile Detention Services	1440 W. Dunkerton Rd	Waterloo, IA, 50703-
8557	Insight Partnership Group LLC	392	453695882	2205 East Washington Street, Suite 102		Mt Pleasant, IA, 52641-
8570	Dean & Associates	1	421432698	P.O. Box 5427		Sioux City, IA, 51102-
8671	James F. Dennis	6	479609367	609 Blondeau Street		Keokuk, IA, 52632-
8832	Willie E. Townsend- Attorney at Law	1	245-23-9127	1400 5th St. PO Box 5640		Coralville, IA, 52241-
8869	Townsend	1	245-23-9127	1400 5th St	PO Box 5640	Coralville, IA, 52241-
9121	Kempker, Chuck	7	483761398	2882 Bittersweet Drive		Fort Madison, IA, 52627-
9122	Boyer, Cheri	4		1123 Avenue G		Fort Madison, IA, 52627-
9132	Carr, Stanley	9	351385101	853 North County Road 390		Warsaw, IL, 62379-
9133	Hill, Jared	6	353748709	P.O. Box 31		Nauvoo, IL, 62354-0031
9135	Gray, Victor D	1	484482002	3806 Main Street Road	Lot # 70	Keokuk, IA, 52632-
9138	Manning, Tara Lee	2	479021872	501 4th Street		West Point, IA, 52656-0092

9146	Gordon Liles Attorney At Law	5	482543155	717 Avenue E		Fort Madison, IA, 52627-
9192	TAILORED LIVING	11	205841219	PO Box 219		Marion, IA, 52302-
9458	Harrington, John L.	2		18 1/2 South 5th Street		Keokuk, IA, 52632-
9462	Saunders, Carl A.	1		Temple Apartments	610 8th Street	Fort Madison, IA, 52627-
9669	Lorence Enterprises	1		1934 Otte Road		West Point, IA, 52656-
9671	Catlett, Alexander	1		1519 Avenue M		Fort Madison, IA, 52627-
9681	Rathbun Regional Water Association	4		16166 Hwy J29		Centerville, IA, 52544-
9783	Terrance Jarrell	1		P.O. Box 931		Keokuk, IA, 52632-

ACTUAL EXPENDITURES

For the fiscal year 2012-2013 there were mental health fund expenditures totaling \$2,644,632. This is calculated by a collaborative effort of the State Auditors, Lee County Auditors office and the CPC office using the accrual accounting method. The Lee County administrative cost for FY2012 was \$174,689 or 6.61% For additional expenditure detail, please see data warehouse reports submitted to the Department of Human Services.

SCOPE OF SERVICES

The following is a listing of services provided to Lee County legal settlement/resident/state case consumers per the county management plan through FY13. Each of these identified service types were utilized during this period of time and can be observed with more detail in the Chart of Accounts table provided later in this report that also includes financial detail.

SERVICE TYPE	THRESHOLD ELIGIBILITY STANDARD	FINANCIAL ELIGIBILITY STANDARD	SPECIAL CRITERIA	UTILIZATION REVIEW PROCESS
ICF/MR	Mental Retardation or Developmental Disability	Medicaid Eligible	Medicaid ICF/MR as applied by the Iowa Foundation Approval by CPC	Annual Case Management ITP Review With CPC Approval
Outpatient Clinic Services	Mental Illness or Chronic Mental Illness	Indigent or Uninsured with sliding Fee: not Medicaid MHAP	DSM IV Diagnosis and can benefit from outpatient	Internal review
RCF RCF/MR	Mental Retardation or Developmental Disability	Must be T-XIX / SSA Eligible	Unable to live in Community without Constant Supervision	Semi-annual Case management ITP Review with CPC Approval
Supported Employment	Mental Retardation, Developmental Disability, or Chronic Mental illness	No resources over \$2000, income below 150% poverty level	Benefit from Pre-vocational Skill Dev.	Semi-annual Case Management ITP Review With CPC Approval
Targeted Case Management (Title XIX)	Mental Retardation, Dev. Disability, or Chronic Mental Illness	Must be T-XIX Eligible, not living in institutional setting (per T-XIX rules)	Must be necessary per T-XIX review standards	No CPC Approval required
Case Management (County funded)	Mental Retardation, Dev. Disability, or Chronic Mental Illness	Eligible for any other county funded service.	Not appropriate for T-XIX targeted case management Limited slots	With CPC Approval

<p><i>Sheltered Workshop / Work Activity *</i></p>	<p><i>Mental Retardation, Developmental Disability, or Chronic Mental illness</i></p>	<p><i>No resources over \$2000, income below 150% poverty level</i></p>	<p><i>Benefit from Pre-vocational Skill Dev. Not Ready for Community Employment</i></p>	<p><i>Semi-annual Case Management ITP Review With CPC Approval</i></p>
<p><i>Involuntary Hospitalization</i></p>	<p><i>Mental Illness or Chronic Mental Illness</i></p>	<p><i>Available regardless of income; county may recover part of cost. Insurance billed first</i></p>	<p><i>DSM IV diagnosis and requires inpatient care</i></p>	<p><i>Review staffing required within first week. Involve patient advocate.</i></p>

Voluntary Hospitalization	Mental Illness or Chronic Mental Illness	No resources over \$2000, income below 150% poverty level. Private insurance billed first	DSM IV diagnosis and requires inpatient care MHI prescreen by Outpatient service provider	Review staffing required within first week.
RCF RCF/PMI	Mental Illness or Chronic Mental Illness	Must be T-XIX / SSA Eligible	Unable to live in community without Constant Supervision	Semi-annual Management ITP Review With CPC Approval
CSLA	Mental Illness or Chronic Mental Illness	Must be T-XIX / SSA Eligible	Unable to live in Community without Supervision or supports	Semi-annual Case Management ITP Review With CPC Approval
HCBS	Mental Retardation	Medicaid Eligible	Meet ICF/MR standards as applied by the Iowa Foundation Approval by CPC and county board	Semi-annual Case Management ITP Review With CPC Approval

Day Treatment/ Partial Hospitalization	Chronic Mental Illness	Indigent /Uninsured with sliding Fee; or Medicaid non- MHAP	DSM IV diagnosis Unable to live in Community without supports	Semi-annual Management ITP Review With CPC Approval
ICF/PMI	Chronic Mental Illness	Must be T-XIX / SSA Eligible	DSM IV diagnosis Unable to live in Community without supports	Semi-annual Management ITP Review With CPC Approval
Material Support Services	All eligibility groups	M.I.- FIP needs & \$500 Resource. Others SSI income and resources	Ineligible for SSI or other funding	Review by General Assistance Director/ Staff

NUMBER TYPE AND RESOLUTION OF APPEALS

There were no appeals filed during this fiscal year.

QUALITY ASSURANCE

Contracted private providers with Lee County have engaged in Quality Assurance strategies throughout this fiscal year. Consumer reporting, as well as, accreditation evaluations have been implemented. This information is shared with the CPC office via a number of venues (formal and informal). Internally, the CPC office has again performed systematic analysis to evaluate the quality of service in regards to several aspects, (modality effectiveness, fiscal effectiveness, outcomes, goal achievement, and accessibility). Oversight of programs and providers were conducted through the Stakeholder committee, Board of Supervisors, and CPC administrator.

Regionalization will force realignment of individuals from the larger geographic area to perform quality assurance functions. The county has lost autonomy in working with providers and local community members. However, the region will allow for a larger array of cross comparison and heightened competition relating to measurable outcomes. Construct and implementation as we move forward with newly formed alternate level of governmental function has yet to be realized and will require considerable transition and work to come into alignment with new evidence based standards directed of legislation.

WAING LIST INFORMATION

There was not a service waiting list during this fiscal year.