

Audubon, Greene and Guthrie Counties, Iowa  
ANNUAL REVIEW – December 1, 2013  
of Mental Health Management Plan

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The Mental Health Coordinator or Central Point of Coordination (CPC) has offices located in the court houses in Audubon, Greene, and Guthrie Counties.

Audubon County is located in southwest Iowa on Highway 71. It is the home of “Albert the Bull” and has an annual T-Bone celebration.

Greene County is located on Highway 30 in central Iowa. The historic Lincolnway highway runs through town. The Mahanay Bell Tower celebration is always held in June to promote Iowa people and products.

Guthrie County is located on Highway 25 in south central Iowa. Guthrie County is made up of a beautiful rural landscape dotted with ten incorporated communities: Adair, Bagley, Bayard, Casey, Guthrie Center, Jamaica, Menlo, Panora, Stuart, and Yale. The county is also home to two private lake developments: Lake Panorama and Diamondhead Lake. The county was formally organized in 1851. The county seat is located in Guthrie Center.

Submitted by  
Diane Jackson, Central Point of Coordination for Mental Health Services in Greene, Guthrie, and Audubon County

## Goals and Objectives

The goals and objectives are oriented toward moving the services system forward, with regard to effectively and efficiently assisting those people who use the services, to function at the least-dependent level, and integrated into their communities as is safe and reasonable.

Information about Mental Health services will be available in each county at local access points, on the county website, and other appropriate community sites.

### Objectives

Produce brochures concerning the Mental Health services available to residents who live in the consortium counties of Greene, Guthrie, and Audubon by 7/1/11 and update annually.

Distribute information to 90% of community sites in each county identified in the goal by 1/1/12 and annually as necessary.

Send a packet of information to families concerning the transition of children to adult services to each identified family yearly for the next three years.

#### Progress: 2010

Examples of brochures have been gathered from various agencies and I have presented these examples to stakeholders on (1/22/10). I have reviewed the Dallas County Resource Guide and previous Greene-Guthrie-Audubon brochures. The stakeholders are assisting in determining what information is needed in the brochures. (a).

I have determined where the brochures will be distributed and the number that will be necessary (b). There are 20 cities in the consortium. I have identified at least 8 sites in the three county seats and at least 3 sites in the 17 other cities. That is a total of 75 sites where brochures will be placed. This would require at least 750 brochures be produced initially.

Packets for youth transitioning have not been put together at this time. My goal will be to have these available to families the current school year. The packets will have an application from DHS, information from Social Security, information concerning the different waivers and information from the CPC office (c).

#### Progress: 2011

I have developed a brochure and I have printed about 100 copies. I still need to print additional copies to implement the next phase of this goal.

I did put a packet of information together for families concerning the transition of children to adult services. The packet contains the brochure I developed, TCM brochure, CPC application, DHS application, SS contact information, and a step by step guide to transition. I have not been able to identify the families that would need this information to mail the packet to, however the packet was provided to all the local schools and I met with the administration and teachers and encouraged them to copy the packet for families that need it.

Progress: 2012

I was unable to meet this goal. During the past fiscal year the information contained in the brochure became inaccurate. The mental health center serving Greene County had financial problems and could no longer provide services. The legislature passed a Redesign Bill for Mental Health Services which requires regional services. This may change the way people access mental health services in Greene/Guthrie/Audubon counties. Therefore, no brochures were taken to local access points.

Progress: 2013

I did not work on this goal due to Mental Health Redesign.

Clients receiving approved services will have case management either through Targeted Case Management (TCM) or the Mental Health Coordinator who provides social work services to the counties.

Objectives

Identify all consumers who do not have case management services by 7/1/11.

The Social Worker/Mental Health Coordinator will have face to face contact at least yearly for 85% of consumers that are not eligible for TCM each year.

The Social Worker/Mental Health Coordinator will attend staffings and participate in the treatment planning process for 85% of consumers who do not receive TCM services each year.

Progress: 2010

Clients needing social work services have been identified (a.). There are 13 consumers in Audubon County; 25 consumers in Greene County; and 16 consumers in Guthrie County who did not receive case management services at the time of this review. I have determined this will be a constantly changing number as consumers become eligible for TCM services or are discharged from TCM services. This goal has been in progress for one year and face to face contact has been made with 26 of consumers(b.) and staffing have been attended for 20 of consumers(c.). I was only able to meet this goal at 50% in the first year of this plan for both staffing and face to face visits. I chart my visits on a spread sheet and take notes at the staffings I attend.

Progress: 2011

In Greene County there were a total of 28 clients without TCM. I was able to have face to face contact with 17 these clients for 64%. Of the 11 clients that I was unable to visit only 4 do not have family or an advocate involved in their treatment services. Again I was able to participate in the treatment planning process through funding approvals and their treatment plans submitted to me. In Guthrie County I was able to refer 10 clients to TCM services. There were 5 clients that were discharged; one left programming, one became private pay, one went to a nursing home, one died and one moved out of state. That left 11 clients needing social work services. I was able to see 63%(7) of these clients. I participated in 100% of the treatment plans by providing services authorizations and reviewing treatment plans.

Overall I still was not able to meet the goal of face to face contact with 85% of clients without case management services.

Progress: 2012

Clients needing social work services continue to change each year. (a.) In Audubon clients decreased by 1 (1 client died) leaving 9 clients without case management services. I was able to have face to face contact with 5 clients for a total of 55%. I was able to participate in the treatment planning process for 100% of the clients that do not receive TCM by authorizing services or attending staffings. In Greene County there were a total of 24 clients without TCM or Social Work services. In the past year one consumer died, two entered nursing homes, one left services, and 5 became eligible for TCM. That left a total of 15 consumers that needed social work services. I was able to meet with 8 of these consumers for 53%. In Guthrie County, I was able to close two cases. Two consumers went to the nursing home. Eleven consumers became eligible for TCM. That left me with 6 clients in ICF-MR's and 2 clients in an RCF. Of these 8 clients I was able to have contact with 5 consumers for 62%.

Overall I still was not able to meet the goal of face to face contact with 85% of clients without case management services. I did attend staffing of the consumers I met with and participated in their program plans.

Progress: 2013

I continue to attend staffing for individuals that receive 100% county funding and don't have a case manager. Counties no longer fund ICF-MR's so that reduced the overall number of consumers needing social work services. I met with 17 clients total from all three counties in the past fiscal year by attending their staffing or having a face to face visit. The clients that needed visits lived in an RCF or they are attending a work program that is funded by the county at 100%.

The Mental Health Coordinator will insure that consumers are entered into the data entry system currently under development at ISAC at 90% accuracy in Greene, Guthrie, and Audubon County.

### Objectives

Mental Health Coordinator will participate in roll out of the Electronic Clearing House for data entry.

Mental Health Coordinator will insure all information required will be entered at 90%.

Progress: 2010

Greene/Guthrie/Audubon County have participated in all activities towards the roll out of ETC by participating in all Webmasters (3 to date) and submitting required information to ISAC staff. There were several problems when counties started to participate in the roll out so ISAC determined that they would not add any more counties until they could resolve some of the problems. I have maintained my COMIS files in the expectation that when ISAC is ready for additional counties my information will be ready to be transferred.

Progress: 2011 Greene/Guthrie/Audubon Counties did roll out in 5/2011 to CSN. I attended two trainings on site. I have entered the rates for the local providers in my counties for FY. I continued to utilize Comis for the remainder of FY11 so the state report would be accurate. My plan is that in FY12 I will only utilize the CSN system.

Progress: 2012

Greene/Guthrie/Audubon use CSN 100%. Improvement could still be made on utilizing all aspects of CSN such as entering funding authorizations in CSN and utilizing the forms from CSN.

Progress: 2013

Greene/Guthrie/Audubon use CSN 100%. I have still not started utilizing the forms generated by CSN.

Assess and enhance the transportation opportunities for consumers in Greene, Guthrie, and Audubon Counties by 7/1/2012.

A needs assessment will be completed by the Mental Health Coordinator.

Alternative transportation options will be identified.

Progress: 2010

I did not do a needs assessment on this goal during this reporting period. I have determined alternative transportation options as family, friends, Lifer's transportation, and Region XII transportation. I have agreed to fund transportation services on an individual basis for mental health services.

Progress: 2011

I did not make progress on a needs assessment and plan to discontinue this goal. I continued to deal with this issue on an individual basis for consumers. I have continued to utilize family and friends for transportation and reimburse them for their gas as appropriate.

Progress: 2012

I continue to fund transportation services on an individual basis.

Progress 2013

I continue to fund transportation services on an individual basis.

5. Ensure that services based in the County, such as day programming, supported community living or residential services can be developed and sustained. Based in the County shall mean that a provider has an office in either Greene, Guthrie or Audubon County and that they are serving at least 20 individuals that have legal settlement in the aforementioned Counties.

#### Objectives

Determine if there are unmet critical service needs within the Counties.

Determine if there are critical services within the Counties that are at risk of not being provided.

Formulate a plan to develop or sustain these services that could include but not be limited to; technical assistance, training or funding.

Progress will be measured by means of data to be referenced in the written plan which will be a part of the first Annual Review. No new money will be allocated for any of the identified goals. Funding will be accomplished by means of existing mental health funds, if necessary, but on-going funding, above and beyond what would otherwise be expended for similar services currently purchased will only be allowed with Board approval.

Progress: 2010

This goal was added by amending the plan and having public hearings in Greene, Guthrie, and Audubon Counties in May of 2010. Greene County did provide Genesis Development a “one time” payment to sustain day programming services through Genesis Development.

Progress: 2011

There were not additional requests for funding for new services in Greene, Guthrie, or Audubon County. There were no critical services in the counties at risk of not being provided. No plan was necessary to sustain new services as there were no added services and no supplementary funds were provided to sustain a service in the counties.

Progress: 2012

Greene/Guthrie/Audubon county participated in a 28E agreement with Boone, Franklin, Hardin, Madison, Hamilton, and Marshall Counties to develop an Intensive Psychiatric Rehabilitation Program. This program has met accreditation standards and is in the process of hiring staff.

Progress: 2013

No new services were added in the past fiscal year.

## Stakeholder Involvement

Stakeholder involvement during the year occurred by means of direct feedback and input from the DHS Case Managers in Greene, Guthrie, and Audubon Counties (6 case managers). I meet weekly with the supervisor (1) and individual case managers in Greene and Guthrie County (3). In Audubon County (3), I speak with them on the phone and have stopped in the office to speak with them face to face on one or two occasions. I met with seventeen consumers individually for input about their programs (17).

I received input from providers; Country View met with me several times. I went to their facility on several occasions and attended Board of Supervisor Meetings when they were on the agenda. Country View has opened several waiver homes and have reduced their beds at the facility to 15. I have ongoing discussions at Country View about moving their work program to a certified work activity center and/ or day habilitation. Country View did open a day habilitation program. The board has discussed with Country View that this issue should be resolved before we become a region with Dallas county. I met with Genesis on numerous occasions by going to the facility and discussing services with the administration and program managers and attending meetings at these facilities concerning funding and program issues.

I have had ongoing contact with mental health providers because West Central Mental Health Center, which covered Guthrie County, closed 11/30/2012. Richmond Center which covered Greene County had closed last fiscal year. Genesis Mental Health agreed to provide mental health services in Greene and Guthrie County. In Greene County, I met with Patrick Schmidt who is the CEO for Plains Area Mental Health. Plains Area Mental Health agreed to provide services in Greene County too. In addition we have several private providers in Greene County Southwest Iowa MHC in Cass County and Myrtue Medical Center in Shelby County provide mental health services to many Audubon county residents.

I have attended staffings at Mallard View, Willow Heights, and New Hope Village, etc. During these visits I have the opportunity to observe the programs and talk to staff about concerns or issues. I discuss court services with mental health advocates in Greene, Guthrie, and Audubon concerning mental health commitments on an

ongoing basis. I meet with the local board of supervisors in each county on a regular basis as issues or concerns presented. I attended monthly meetings about redesign in the past fiscal year. I have been involved on a monthly basis with Central Iowa Recovery. This is a program for intensive psychiatric rehabilitation services. I was designated by Guthrie County Board to be the representative on the board for Central Iowa Recovery.

CONCERNS:

Providers and case managers, consumers, and counties continue to express concerns about mental health reorganization. We learned this past year that folks with chronic mental illness would receive care coordination in an Integrated Health Home. This has caused anxiety for providers and consumers. The legislative session provided funding for redesign and regionalization. The state has taken over the non-federal share of Medicaid services. Families have anxiety about the ongoing funding and availability of services.

Greene and Guthrie County have designated Genesis Mental Health as their mental health center. Providers continue to be challenged by the new opportunities for funding – those components included under waivers and habilitation services. I have continued to find consumers that would qualify and benefit from a waiver program or habilitation service. It has been the Coordinator’s position and will continue to be the coordinators position to offer assistance and encouragement in the form of joint meetings to discuss implementation per consumer.

Provider Network

The following listing of providers may not be fully inclusive, however during any given payment cycle for any one county that complete information is available upon request. Also, the absence of a provider from this list does not imply that they are not approved or a part of the provider network for the consortium. In practice, any party who receives funds or are reimbursed from the mental health fund, as allowed in the Policy and Procedure plan will be considered part of the “provider network”.

NAME	CODE	SERVICE
Abilities Unlimited	50-362	Work Services
Access	50-362	Work Services
Atlantic Medical Center Pharmacy	41-306	Prescription Meds
Audubon Co Memorial Hospital	73-319	Hospitalization, psychiatric
Broadlawns Medical Center	73-319	Hospitalization, psychiatric
CASS Inc.	50-362	Work Services
Cass County Memorial Hospital	73-319	In-patient psychiatric
Cherokee MHI	72-319	State Institution, psychiatric
Children & Families of Iowa		Protective payee
Concerned, Inc.	50-362	Work Services
Central Iowa Recovery	32-399	Intensive Psych Rehab
Country View Estates	64-314	RCF 16+ bed
Dallas County Care Facility	64-314	RCF 16+ bed
DHS Case Management	21-374	Case Management
Eyerly Ball	42-305	Psychotherapy, out-patient
Family Resource Center	32-329	HCBS
Genesis Development	50-362/368,63-329,42-305	Work Svcs, SE, CSALA, RCF/MR
Greene Co Medical Center	73-319	Physiological, psychotherapeutic

Guthrie Co Hospital	73-319	Physiological, psychotherapeutic
Humboldt Workshop, Inc.	50-362	Work Services
Ida Sheltered Industries	50-362, 63-329	Work Services, HCBS
Life Skills	50-362, 63-329	Work Services, CSALA, RCF/MR
Link Associates	50-362	Work Services
McDermott, Deb/Carroll, Paula	42-305	Therapy
Mainstream Living, Inc.	63-329, 32-329	RCF/MR, HCBS
Mallard View, Inc.	64-314	RCF 16+ bed
Mary Greeley Medical Center	73-319	Private Hospital, psychiatric
Mental Health Advocate	74-395	
New Hope Village	63-329, 50-362, 32-329	CSALA, Work Services
Panora Medicap Pharmacy	41-306	Prescription Meds
Public Health, Audubon County	41-307	In-Home Nursing
Public Health, Greene County	41-307	In-Home Nursing
Public Health, Guthrie County	41-307	In-Home Nursing
REM-Atlantic	64-314	RCF/MR 6-15 bed
REM-Council Bluffs	64-314	RCF/MR 6-15 bed
REM-Iowa	64-314	RCF/MR 6-15 bed
REM-Leadway, Inc.	64-314	RCF/MR 6-15 bed
Richmond Center, The	42-305/399	MHC, psychotherapy, out-patient
Sheriff, Greene County	74-353	Transportation, Committal
Sheriff, Audubon County	74-353	Transportation, Committal
Sheriff, Guthrie County	74-353	Transportation, Committal
Southwest Iowa Planning Council	31-000	Transportation
Southwest Iowa Mental Health Center	42-305/399	Psychotherapy, Out-patient
St Anthony Regional Hospital/MHC	42-305/399	Psychotherapy, Out-patient
Vocational Development Ctr, The	50-362	Work Services
Warren County Transportation	31-354	Transportation
Waubonsie Mental Health Center	42-305	Psychotherapy-Out patient
WESCO	50-362, 63-329	Work Services, CSALA 1-5 bed
Willow Heights, Inc.	64-314	RCF 16+ bed

**Actual Expenditures**

These are the Mental Health Fund Expenditures for the Fiscal Year 2012/2013 for Greene, Guthrie, and Audubon County. These amounts were calculated using the accrual method. For additional detail refer to the Auditor's report from each county (634B) or the County Information Management System reports for individual counties.

Audubon County Actual Cash Expenditures – fiscal year 2013- **\$155,940**

Greene County Actual Cash Expenditures – fiscal year 2013-**\$319,807**

Guthrie County Actual Cash Expenditures – fiscal year 2013-**\$307,835**

### **Number, Type and Resolution of Appeals**

In the course of the last and current year of administering mental health funds and services in the three county consortium, no appeals have been made by any parties. The appeal policy will be revised per legislative action.

### **Quality Assurance**

Formal system evaluation for the consortium is not fully implemented. The consortium continues to request information from consumers, family members, and public for improvements to the Mental Health System. TCM provides a survey yearly, to consumers to address case management concerns. If topics of concern are brought to the County's attention during the year, they would be addressed with the Board of Supervisors. There have been no formal complaints concerning the ability of consumers to access services in the consortium counties.

### **Waiting List Information**

Fortunately, no waiting list procedures had to be implemented in FY13.

SCOPE OF SERVICES:

County Dollars Spent by COA Code and Disability Type

Date Prepared 11/26/2013 For AUDUBON County FY: 2013

Account	Code	Chronic							Total
		Mental Illness	Mental Illness	Mental Retardation	Developmental Disability	Admin	Brain Injury		
12421	Purchased Admin - Data Processing Services							\$10,440.00	\$10,440.00
12429	Purchased Admin - Planning & Management Consultants							\$23,746.75	\$23,746.75
21374	Case Management - T19 Match/ Medicaid	\$-61.70	\$-847.38	\$-1,731.14	\$-143.30				\$-2,783.52
21375	Case Management - 100% County		\$3,800.00						\$3,800.00
31354	Transportation - General		\$1,660.40	\$2,901.45					\$4,561.85
32329	Support Services - Supported Community Living	\$163.10	\$3,598.71	\$473.27					\$4,235.08
32399	Support Services - Other		\$63.00	\$-489.17					\$-426.17
41306	Physiological Treatment - Prescription Medicine/Vaccines	\$232.12							\$232.12
42305	Psychotherapeutic Treatment - Outpatient	\$27,135.17	\$2,314.27	\$1,290.70					\$30,740.14
50362	Voc/Day - Work Activity Services		\$6,923.93	\$6,409.59					\$13,333.52
50368	Voc/Day - Supported Employment Services			\$151.30					\$151.30
50399	Voc/Day - Other Services		\$-15.64	\$1,129.85					\$1,114.21
63329	Comm Based Settings (1-5 Bed) - Supported Community Living		\$3,789.16	\$4,218.35					\$8,007.51
64314	Comm Based Settings (6+ Beds) - RCF		\$49,195.65	\$779.85					\$49,975.50
73319	Other Priv./Public Hospitals - Inpatient per diem charges	\$8,054.83	\$438.00						\$8,492.83
74353	Commitment - Sheriff Transportation	\$158.62	\$929.24						\$1,087.86
74393	Commitment - Legal Representation	\$438.00	\$1,944.35						\$2,382.35
75101	Mental Health Advocate - Wages of Temp & Part Time Employees	\$150.60							\$150.60
75395	Mental Health Advocate - General	\$1,366.28	\$3,036.86						\$4,403.14
99999	Unspecified		\$885.50						\$885.50
Total	County	\$37,637.02	\$77,716.05	\$15,134.05	\$-143.30	\$34,186.75			\$164,530.57

County Dollars Spent by COA Code and Disability Type

Date Prepared 11/26/2013 For GREENE County FY: 2013

Account	Code	Chronic Mental Illness					Developmental Disability	Admin	Brain Injury	Total
		Mental Illness	Mental Illness	Mental Retardation	Developmental Disability	Admin				
11100	Direct Admin - Salary Regular Employees						\$10,173.65		\$10,173.65	
11260	Direct Admin - Stationary/Forms/General Office Supplies						\$193.94		\$193.94	
11413	Direct Admin - Mileage & Other Travel Expenses						\$32.15		\$32.15	
11414	Direct Admin - Telecommunications Services						\$1,208.78		\$1,208.78	
11422	Direct Admin - Educational & Training Services						\$310.00		\$310.00	
11480	Direct Admin - Dues & Memberships Services						\$10,864.31		\$10,864.31	
21374	Case Management - T19 Match/ Medicaid	\$-281.36	\$-627.61	\$-2,633.25	\$-57.23				\$-3,599.45	
31354	Transportation - General	\$725.00	\$283.00	\$830.03					\$1,838.03	
32327	Support Services - Representative Payee			\$91.54					\$91.54	
32329	Support Services - Supported Community Living	\$1,455.50	\$588.49	\$373.36					\$2,417.35	
32399	Support Services - Other		\$45.00	\$2,239.24					\$2,284.24	
41305	Physiological Treatment - Outpatient	\$710.35	\$84.80						\$795.15	
41306	Physiological Treatment - Prescription Medicines/Vaccines	\$1,758.73	\$1,106.62						\$2,865.35	
42305	Psychotherapeutic Treatment - Outpatient	\$59,315.51	\$2,775.66	\$3,238.54					\$65,329.71	
50362	Voc/Day - Work Activity Services		\$2,725.27	\$43,289.58					\$46,014.85	
50367	Voc/Day - Adult Day Care			\$2,776.44					\$2,776.44	
50368	Voc/Day - Supported Employment Services	\$134.49	\$134.49	\$50.70					\$319.68	
50369	Voc/Day - Enclave			\$17.02					\$17.02	
50399	Voc/Day - Other Services	\$21.70	\$298.74	\$2,588.61					\$2,909.05	
63329	Comm Based Settings (1-5 Bed) - Supported Community Living		\$2,909.59	\$6,324.29					\$9,233.88	
64314	Comm Based Settings (6+ Beds) - RCF	\$15,377.42	\$62,043.34	\$12,633.57					\$90,054.33	
73319	Other Priv./Public Hospitals - Inpatient per	\$6,110.73							\$6,110.73	





