

Northeast Iowa Mental Health & Developmental Disabilities Services Management Plan
Bremer County Strategic Plan FY 2010-2013

Mission Statement:

We have a vision of empowerment, choice & community:

People experiencing disabilities will live in a community, work at a job, and recreate, worship and volunteer in a variety of settings using the needed services of providers of choice.

Therefore, Allamakee, Bremer, Buchanan, Delaware, Fayette, Howard, and Winneshiek counties are dedicated to providing funding for appropriate and cost effective community-based mental health and developmental disabilities services for all citizens.

441-25.18(331) Strategic Plan shall describe the county vision for the system for the next three years and shall include, but not be limited to the following:

25.18(1) Needs assessment

According to information received from consumers, case managers and providers, Bremer County has identified the following areas of improvement: Bremer County needs to be consistent with other counties in the services available and provided to consumers of mental health and disabilities services. A request for a safe place for individuals to spend time during the day when they are not interested in or capable of employment or workshop services has been received. Additionally, transportation continues to be an area of need throughout the county, but specifically in the evenings, on weekends, and in rural areas. This has been an on-going need.

25.18(2) Goals and Objectives for three years, including action steps and cost projections

Goal #1: Counties in Northeast Iowa will work collaboratively to benefit all citizens. Estimated Cost: \$0

Objective A: Citizens of northeast Iowa will benefit from having a regional mental health and disability services plan.

Action Step 1: CPC Administrators will meet quarterly to analyze exceptions to policies made by each individual county beginning in September 2009.

FY10 Progress: CPCs met nine (9) times during the fiscal year to discuss implementation of the plan. Dates of the meetings were 7/8/09, 9/11/09, 10/9/09, 11/6/09, 1/11/10, 2/5/10, 3/12/10, 4/9/10, & 6/4/10. Minutes of the meetings are available in each CPC office. If questions arose regarding whether or not to grant an exception, e-mail correspondence was utilized between meetings. CPC Administrators discussed the types of Exceptions to Policies and the circumstances surrounding the exceptions at the monthly meetings. They further analyzed whether or not the types of exceptions warranted changes to the County Management Plan or were truly individuals with unique circumstances. It was determined that changes to the plan were not needed due to the types of exceptions seen during this fiscal year.

FY11 Progress: CPCs met nine (9) times during the fiscal year to discuss implementation of the plan in a coherent manner. Dates of the meetings were 7/9/10, 9/10/10, 10/8/10, 11/5/10, 1/21/11, 3/10/11, 4/8/11, 5/4/11 & 6/28/11. Minutes of the meetings are available in each CPC office. CPCs continued to follow the same procedure as in FY10. Since the exceptions seemed to be for individuals with unique circumstances, it was determined that changes to the plan were not necessary.

FY12 Progress: CPCs met eight (8) times during the fiscal year to discuss implementation of the plan and the upcoming Mental Health & Disability Services statewide redesign. Dates of the meetings were 8/19/11, 9/16/11, 11/4/11, 12/6/11, 3/9/12, 4/20/12, 5/8/12, & 6/15/12. Minutes of the meetings are available in each CPC office. CPCs also met with Boards of Supervisors on 12/8/11, 5/22/12, & 6/21/12 to discuss redesign. Patterns of exceptions to policies followed a similar pattern as the previous two years. If CPCs were uncertain whether or not to grant an exception, the circumstances were discussed at the meeting or by email.

FY13 Progress: Bremer County has joined the Mental Health and Developmental Disabilities of the East Central Region and the people formerly known as CPCs continue to meet at a minimum of monthly to move forward with the regional plan.

Action Step 2: Exception patterns and trends will be communicated to local stakeholders groups on an annual basis as part of the county annual report beginning in FY10.

FY10 Progress: CPC Administrators met on a monthly basis and reported Exceptions to Policies granted in their individual counties. The total number of Exceptions to Policy for the eight county region granted during FY10 was fourteen. Seven of the fourteen (50%) were to waive resource or income eligibility guidelines, typically for outpatient mental health services. Three of the exceptions were to exceed the number of sessions for outpatient mental health services. The other four were for a variety of unrelated exceptions.

FY11 Progress: CPC Administrators met on a monthly basis and reported Exceptions to Policies granted in their individual counties. The total number of Exceptions to Policy for the eight county region granted during FY11 was twenty-six. Fourteen of the twenty-six (54%) were to waive resource or income eligibility guidelines, typically for outpatient mental health services. Five of the exceptions (19%) were to exceed the number of sessions for outpatient mental health services at the request of the therapist or psychiatrist. Two of the exceptions (8%) were to waive the maximum number of months for payment of psychiatric medication. The other five were for a variety of unrelated exceptions. Bremer County granted one exception to policy for a person with a Brain Injury while on the waiting list for BI Waiver services.

FY12 Progress: CPCs met eight times during the fiscal year to discuss the effectiveness of the management plan and possible changes that were needed. Minutes of the meetings are available in each CPC office. At meetings, CPC Administrators informed the group of Exceptions to Policy and any unusual circumstances surrounding the exceptions. It was determined that the exceptions were isolated incidents and no changes to the plan were needed. If CPCs were uncertain whether or not to grant an exception, the circumstances were discussed at the meeting or by email.

FY13 Progress: No ETPs have occurred in Bremer County this fiscal year.

Objective A: The total number of Exceptions to Policy for the eight county region granted during FY12 was twenty-one (21), a decrease from 26 in FY11. Nine of the twenty-one Exceptions to Policy (42%) were to waive resource or income eligibility guidelines, typically for outpatient mental health services. Two of the exceptions (9%) were to exceed the number of sessions for outpatient mental health services at the request of the therapist or psychiatrist. Two of the exceptions (9%) were to waive the maximum number of months for payment of psychiatric medication. The other eight were for a variety of unrelated exceptions.

Bremer County granted two exceptions during this prior time period. See Appendix A for the Exception to Policy Grid.

Objective B: Clients and citizens will be able to compare local county performance with other counties in northeast Iowa.

Action Step 1: Develop a consumer satisfaction survey to be implemented in all counties by September 2009.

FY10 Progress: Sample surveys were reviewed at the 7/8 & 9/11 meetings with a final version approved at the 10/9 meeting. Surveys were sent to consumers and guardians in March 2010 with the plan to send surveys out every two years (even years).

Action Step 2: Develop a provider satisfaction survey to be implemented in all counties by December 2009.

FY10 Progress: Sample surveys were reviewed at the 7/8, 9/11, & 10/9 meetings with a final version approved at the 11/6 meeting. CPCs decided that a provider survey would be conducted every two years (odd years) beginning in March 2011 to alternate with the consumer/guardian survey.

Action Step 3: Identify regional outcome measures to be implemented in all counties September 2010.

FY10 Progress: During the first year of our multi-county plan, CPCs were mainly concerned with creating consistency of implementing the plan across our eight counties. Talking through each county's interpretation of policy and implementing policy in the same manner consumed our monthly meetings, and involved numerous phone calls and emails between meetings. As a result, counties are implementing policy consistently and communication among CPCs and agencies has improved.

Because this effort has taken more time and energy than anticipated, CPCs have chosen to delay identifying regional outcomes. Also, the State of Iowa/Department of Human Services is in the process of determining statewide outcomes which we will adopt at the regional/county level.

FY11 Progress: Throughout the year, CPCs discussed various outcome measures suggested in state and federal documents. The biggest barrier to implementation was a consistent data base as not all counties have made the switch from CoMIS (County Management Information System supported by DHS) to CSN (Community Services Network supported by ISAC). Counties continued to communicate about interpretation of policy and implementing policy consistently among counties. This has been especially critical with more counties coming onto CSN. CPCs will continue to work towards an infrastructure that will be able to accommodate statewide outcomes developed at the regional/state level.

FY12 Progress: No progress in this area due to the proposed change to regions. Some counties just made the switch to CSN so much time and effort has been devoted to making sure that data and definitions are consistent among counties. This data will be used to establish a baseline for regions.

FY13 Progress: No progress in this area due to the change in regions. Bremer County is now a part of the East Central Region.

Action Step 4: Analyze annual data from performance tools on a regional basis to be included as part of the county annual report beginning in FY10.

FY10 Progress: The only performance tool implemented on a regional basis was the Consumer & Guardian Satisfaction Survey. Overall, consumers in the region were satisfied with county averages that ranged from 78% to 88% satisfaction. Highest ratings were having safe living situations and being treated with respect by caregiver. Not having a job that the individual liked was the biggest issue identified. This information will help regional CPCs and stakeholders shape future plans. A complete summary was included in the FY10 Annual Report.

FY11 Progress: In February, Provider Satisfaction Surveys were mailed to all providers of the region. Overall, the general satisfaction with the MHDD service system was 82.5%. Areas scoring over 90% include the following: respondents felt that the appeal process is user friendly, respondents reported that payments were made within 45 days of the provider billing, respondents felt the eligibility criteria were fair, respondents reported that the CPC Office worked cooperatively with our agency, and that service helped individuals to become more independent.

FY12 Progress: In March, Consumer Satisfaction surveys were mailed to all consumers. Consumers in the region were satisfied with county averages that ranged from 64% to 99% satisfaction. Highest ratings were having services that help them and being treated with respect by caregiver. Not having a job that the individual liked was the biggest issue identified. This information will help regional CPCs and stakeholders shape future plans.

Overall, the surveys provided positive feedback about the CPC system. The consumers and guardians had mostly the same general answers to the statements. There are a few areas noted throughout the summary that were concerning, which need to be further researched to bring clarity to these issues. For a more complete summary, please see Appendix B.

FY13 Progress: No surveys were sent this year due to the change in regions.

Objective C: Northeast Iowa CPCs will work together to identify regional gaps in services.

Action Step 1: Identify county unmet service needs through local planning process in each county by January 1, 2010 and annually thereafter.

FY10 Progress: At each CPC meeting unmet needs were discussed as they occurred. The main unmet need discussed was crisis situations including the lack of beds for placement for adults and children both in crisis and post hospitalization. Also discussed was the rising cost of the committals from sheriff transportation, ambulance transport, hospitalizations, attorney fees and advocate costs.

FY11 Progress: Unmet needs identified include lack of services for individuals with multiple-occurring issues; lack of respite beds; lack of prescription aid programs for some drugs; lack of guardians for individuals with no family or other support system; lack of payment system for undocumented individuals who have received crisis services. The lack of inpatient beds for adults and children continues to be a problem.

FY12 Progress: The unmet needs identified in previous years continue to be issues with the lack of options during crisis situations being identified most often. This included the lack of hospital beds or other alternatives that would provide the individual a safe setting. Lack of funds on the part of consumers for transportation was also an issue as well as locating a payee service for consumers.

FY13 Progress: Unmet needs are constantly discussed with the East Central Region. Bremer County will continue to monitor the unmet needs for the entire East Central Region. Of note would be a lack of inpatient psychiatric beds.

Action Step 2: Identify strategies to fund unmet service needs by July 1, 2010.

FY10 Progress: NE IA CPC administrators met in March with CPC administrators from Black Hawk, Butler, Cero Gordo, Floyd, Mitchell, and Chickasaw counties to develop a plan for a regional emergency response system. The mental health centers in our region applied for funding through the Magellan Crisis Stabilization grant which was subsequently awarded early in FY11.

FY11 Progress: Northeast Iowa Behavioral Health Center was awarded the Magellan Crisis Stabilization grant as part of the Hillcrest grant. This covers Howard, Allamakee, Clayton and Winneshiek counties. Peer support personnel have been hired, and the Wellness Center has opened. In August 2011, plans are for 23 hour respite beds to be available at the Winneshiek Medical Center (Decorah), Veterans Memorial Hospital (Waukon), and Central Hospital (Elkader). Emergency room personnel will have access to a psychiatrist via telehealth, and if appropriate, individuals may stabilize in the hospital with peer support for up to 23 hours. Counties will cover the cost of the 23 hour respite bed if individuals are eligible.

FY12 Progress: A mobile crisis intervention team is still a much needed service in our rural region. It is becoming more difficult to find hospital beds for people who are truly in a crisis and need help. An Adult Crisis Stabilization Center (ACSC) has been developed at the juvenile detention center in Waterloo, Iowa. This program will support people who are in a crisis, but don't need hospitalization but will voluntarily seek services. It is on a short-term basis, a safe and comfortable environment for crisis stabilization. During this past fiscal year, this option was utilized by Allamakee, Bremer, Buchanan, Fayette, and Winneshiek on a very limited basis. The NE IA Regional group will continue to have conversations with their local hospitals on how they can access this service.

FY13 Progress: Bremer County has had residents utilize the Adult Crisis Stabilization Center. The counties within the East Central Region continue to move forward on plans to establish needed services within the region in the service domain of crisis services.

Goal #2: Bremer County individual Strategic Plan Goal: Bremer County will assess the need, feasibility, and interest in a "Drop-In" Center or other means of access to activities within the community. Estimated Cost: \$0

Objective: The Bremer County CPC Administrator will distribute an interest survey for individuals utilizing MH/DD funds to determine if there is a need for a specific place for people to go during the day that is not work-focused, but more recovery-focused or if activities within the community individually should be encouraged and sought out.

Action Step 1: Develop a survey regarding the need for day programming for individuals utilizing Bremer County MH/DD Funds by July 2010.

FY10 Progress: A survey was developed and sent out.

FY 11 Progress: Surveys indicated only two people were interested in a "Drop-In" center.

FY12 Progress: No follow up from last year was warranted.

FY13 Progress: No follow up was warranted.

Action Step 2: Collect and analyze data from survey on possible day programming, whether it be a specific site or within the community at large by January 2011.

FY10 Progress: Analysis of the survey is still in process.

FY 11 Progress: Only two respondents indicated a day program, other than what was already available, be developed.

FY12 Progress: No further follow up was indicated.

FY13 Progress: No further follow up was warranted.

Action Step 3: Assess the feasibility of a "Drop-In" Center in Bremer County and funding availability by March 2012.

FY10 Progress: Assessment continues.

FY 11 Progress: With only 2 people indicating that a "Drop-In" Center would be used, at this time no plans will be made in Bremer County to begin the planning for one.

FY12 Progress: Providers are currently providing the needed day programming as indicated through the consumer satisfaction surveys.

FY13 Progress: No further follow up was warranted as the services provided within Bremer County appeared to be sufficient.

25.18(4) Actual Provider Network

Service providers in the Bremer County Mental Health/Developmental Disabilities Services System will include state, county, and non-profit agencies. Principal service providers: Services for Individuals with Mental Illness

<u>Service</u>	<u>Provider</u>
Advocacy	Mental Health Advocates
Legal Representation	Local Attorneys
Evaluation	Covenant Clinic Psychiatry Mason City Clinic
Case Management	Bremer County Case Management
Transportation (non-sheriff)	Regional Transit Commission Cedar Rapids Transit Cozy Van Curt's Cab
Transportation	Black Hawk County Sheriff Bremer County Sheriff Carroll County Sheriff Fayette County Sheriff Polk County Sheriff
Supported Community Living	Community Based Services Community Care Inc. North Star Community Services The Larrabee Center Cedar Valley Community Support Services Spring Harbor
Community Living Training	Community Based Services North Star Community Services
Employment Related Services	The Larrabee Center Goodwill Industries
Psychotherapeutic Treatment	Abbe Center for Community Mental Health Black Hawk-Grundy Mental Health Center Covenant Clinic Psychiatry Family Treatment Professionals Horizons, A Family Service Alliance Johnson, Ph.D Mental Health Center of North Iowa Mercy Family Counseling

	Northeast Iowa Behavioral Health Pathways Behavioral Services Psychiatric Associates of Northeast Iowa Thein Therapy
Sheltered Workshop Services Supported Employment Inpatient/State Hospital	The Larrabee Center Goodwill Industries Mental Health Institute, Independence Mental Health Institute, Mount Pleasant
Inpatient/Community Hospitals	Allen Memorial Hospital Covenant Medical Center Iowa Lutheran Hospital Mercy Medical Center Cedar Rapids Mercy Medical Center North Iowa Spencer Hospital
Community Based Residential (16 bed and over)	Abbe Center for Community Care Cedar Valley Ranch Community Care, Inc. Country Life Health Care, Inc. DAC-Andrew Jackson Care Mediapolis Care Facility Prairie View Management, Inc.
Crisis Stabilization	Adult Crisis Stabilization Center
<u>Services for Individuals with Intellectual Disabilities or Developmental Disabilities</u>	
Activities of Daily Living/Day Habilitation	North Star Community Services Exceptional Persons, Inc. REM Central Iowa Residential Services Inc. Opportunity Village
Case Management	Bremer County Case Management Link Associates Shelby County Case Management
Transportation	Exceptional Persons, Inc. Met Transit Authority of Black Hawk County Northeast Iowa Community Transit Iowa Northland Regional Transit Commission Southwest Iowa Planning Council AKA Transit
Supported Community Living (T-19)	North Star Community Services Community Based Services Comprehensive Systems Central Iowa Residential Services Inc. Exceptional Persons, Inc. Developmental Services of Iowa Full Circle Services Inc. G & G Living Lutheran Services in Iowa Opportunity Village REM Developmental Services
Supported Community Living	Community Based Services Exceptional Persons, Inc.
Electronic Monitoring	Lifeline Systems Night Owl Support Systems
Psychotherapeutic Treatment Supported Employment Sheltered Work	Covenant Clinic Psychiatry Goodwill Industries North Star Community Services North Iowa Vocational Center The Larrabee Center Opportunity Village Comprehensive Systems Spectrum Industries

Enclave
Community Based Residential
(6-15 beds)
Community Based Residential
(16 bed and over)

Goodwill Industries
Exceptional Persons, Inc.
Comprehensive Systems
Abbe Center for Community Care
Opportunity Village
G & G Living Centers
Harmony House
Hills and Dales

Stakeholder Involvement

The Bremer County CPC Advisory Board did not meet in Fiscal Year 2013 due to the unknown factors involved in Mental Health Redesign. The Bremer County CPC did meet with various stakeholders throughout the year on an individual basis.

Actual Scope of Services 25.18(3) Services and Supports that would be provided if requested

BREMER COUNTY	MI	CMI	MR	DD	BI
4x03 Information and Referral	X	X	X	X	X
4x04 Consultation	X	X	X	X	
4x05 Public Education Services	X	X	X	X	X
4x11 Direct Administrative	X	X	X	X	
4x21- 374 Case Management- Medicaid Match		X	X	X	X
4x21- 375 Case Management -100% County Funded	X	X	X	X	X
4x31 Transportation (Non-Sheriff)	X	X	X	X	X
4x32- 320 Homemaker/Home Health Aides		X	X	X	
4x32- 321 Chore Services			X	X	
4x32- 322 Home Management Services			X		
4x32- 325 Respite	X	X	X	X	
4x32- 328 Home/Vehicle Modification			X		X
4x32- 329 Supported Community Living		X	X	X	X
4x32- 399 Other	X	X	X	X	X
4x41- 305 Outpatient	X	X	X	X	X
4x41- 306 Prescription Medication	X	X	X	X	X
4x41- 307 In-Home Nursing			X		
4x41- 399 Other	X	X	X	X	X
4x42- 305 Outpatient	X	X	X	X	X
4x42- 309 Partial Hospitalization	X	X			
4x43- Evaluation	X	X	X	X	X
4x44- 363 Day Treatment Services		X			
4x44- 397 Psychiatric Rehabilitation		X			
4x50- 360 Sheltered Workshop Services		X	X	X	X
4x50- 362 Work Activity Services			X	X	
4x50- 364 Job Placement Services		X	X	X	
4x50- 367 Adult Day Care		X	X		
4x50- 368 Supported Employment Services		X	X	X	
4x50- 369 Enclave		X	X	X	
4x63- 314 Residential Care Facility (RCF License) 1-5 Beds		X	X	X	
4x63- 315 Residential Care Facility ID(RCF/ID License) 1-5 Beds			X	X	
4x63- 316 Residential Care Facility MI (RCF/PMI License) 1-5 Beds		X			
4x63- 318 Intermediate Care Facility ID (ICF/ID License) 1-5 Beds			X	X	
4x63- 329 Supported Community Living		X	X	X	
4x6x- 314 Residential Care Facility (RCF License) 6 & over Beds		X	X	X	
4x6x- 315 Residential Care Facility ID (RCF/ID License) 6 &over Beds			X	X	
4x6x- 316 Residential Care Facility MI (RCF/PMI License)6&overBeds		X			
4x6x- 318 Intermediate Care Facility ID (ICF/ID License)6&over Beds			X	X	
4x71- 319 Inpatient/State Mental Health Institutes	X	X	X	X	X
4x72- 319 Inpatient/State Hospital Schools			X	X	
4x73- 319 Inpatient/Community Hospital	X	X	X	X	X
4x74- 300 Diagnostic Evaluations Related To Commitment	X	X	X	X	X
4x74- 353 Sheriff Transportation	X	X	X	X	X
4x74- 393 Legal Representation for Commitment	X	X	X	X	X
4x74- 395 Mental Health Advocates	X	X	X	X	X

Appeals

Bremer County had no appeals in Fiscal Year 2013.

Quality Assurance Implementation

No survey process was implemented due to the change in regions.

Waiting List Information

Bremer County has had no waiting lists.

NORTHEAST IOWA COUNTIES CPC/COMMUNITY SERVICES
Record of Exceptions to Policy Granted within Bremer County
FYE 2013

COUNTY	DATE	DIAGNOSIS	POLICY REQUIRING EXCEPTION
Bremer			NONE