

BUCHANAN COUNTY

**MENTAL HEALTH & DEVELOPMENTAL
DISABILITIES SERVICES**

ANNUAL REPORT

FOR

FISCAL YEAR 2012 - 2013

Prepared by
Julie Davison
Community Services Director
11/13

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Overview of 2012-2013 Buchanan County Community Services Annual Report

- This document is an annual report of Buchanan County's mental health/developmental disability activity over the last fiscal year (July 2012 to June 2013).
- Buchanan County had partnered with seven other counties in Northeast Iowa to develop a regional management plan, work toward shared goals on the strategic plan, and improve services for individuals in this area of the state. During the regionalization process, however, this partnership was discontinued and Buchanan County began working with a new region, Mental Health/Disability Services of the East Central Region, comprised of Benton, Bremer, Buchanan, Delaware, Dubuque, Iowa, Linn, Johnson, and Jones Counties. Goal #3 of the strategic plan was shared among all of the counties in the Northeast Iowa region so is no longer applicable.
- Buchanan County is located in Northeast Iowa, with the county seat located in Independence. The county has a population of approximately 21,000, with the largest town having a population of 6100. Since the county is very rural, services are somewhat limited and transportation can often be an issue.
- The Buchanan County Community Services office is located in the lower level of the courthouse and encompasses the CPC Office, Case Management, General Assistance, and Veterans Affairs. This report was compiled by the Community Services Director/CPC, Julie Davison.

Buchanan County Goals

Goal #1: All individuals served by Buchanan County will live and work in the least restrictive, most appropriate, and most cost-effective settings possible that will meet their individualized needs.

Objective A: Individuals participating in pre-vocational services will obtain community jobs or enclave positions within 12 to 18 months from the start of pre-voc services.

Action Step 1: CPC and members of the Employment Group will meet to brainstorm additional ways to increase community employment options for individuals with disabilities by September 2009.

Action Step 2: CPC will encourage individuals in the county to become trained as Community Choices Option Support Brokers so consumers can more easily access CCO for employment services if desired (by June 2010).

Action Step 3: Members of the Employment Group will make presentations to the Chamber of Commerce and other groups in the community to explain the potential of individuals with disabilities, supported employment services, and enclave services by December 2009.

Action Step 4: Community Services staff will work with IVRS and vocational providers to ensure adequate services are available in the county including job development and job seeking (by June 2010).

Action Step 5: Case Managers, and County Social Worker will informally monitor prevocational services provided by vocational providers and will determine if consumers view the services as job training instead of a job (by asking the consumers questions) by December 2009.

Action Step 6: CPC and Case Management Supervisor will complete audit of prevocational services for the previous six-month period by June 2010.

Action Step 7: Employment Group will implement one idea obtained during brainstorming sessions by June 2010.

Action Step 8: CPC and Case Management Supervisor will collect data to determine length of time individuals were in prevocational program (since beginning of program in March 2009) and will identify any issues (by December 2010). Issues will be discussed with the treatment team and a plan of action will be identified.

Action Step 9: CPC and Case Management Supervisor will complete audit of prevocational services for the previous six-month period by June 2011.

Action Step 10: CPC and Case Management Supervisor will collect data from past year to determine length of time individuals were in prevocational program and will identify any issues (by December 2011). Issues will be discussed with the treatment team and a plan of action will be identified.

Action Step 11: Employment Group will continue to meet as needed to evaluate and implement new ideas through June 2012.

Objective B: Individuals will be able to access affordable transportation evenings and weekends and will be able to access transportation places other than to work services or adult day programming.

Action Step 1: CPC will organize a group of providers, family members, community members, and consumers by December 2009 to determine how well the new transportation option(s) in the county are working and what other options are needed in Buchanan County.

Action Step 2: CPC will encourage individuals in the county to become trained as Community Choices Option Support Brokers so consumers can more easily access CCO for transportation if desired (by June 2010).

Action Step 3: Transportation group will investigate possibility of finding grants for which to apply by June 2010.

Action Step 4: Transportation group will investigate the needs of other populations in the county, such as the elderly, to determine the level of need and how this could impact the types of transportation options considered by December 2009.

Action Step 5: Transportation group will determine possible ways to meet needs in the county and will investigate feasibility of each option by June 2010.

Action Step 6: CPC and Transportation group will determine ways to make the community, churches, volunteer groups, etc. aware of how they may be able to assist individuals with transportation needs by June 2010.

Action Step 7: Transportation group will assist agency/individual with establishing transportation service if feasible by June 2011.

Action Step 8: CPC and Transportation group will evaluate the effectiveness of the chosen options and monitor the services provided through June 2012.

Objective C: Individuals in ICFs/MR and State Resource Centers settings will transition to community settings if their needs can be met in this less restrictive setting.

Action Step 1: CPC, Case Management Supervisor, and County Social Worker will closely review information on all individuals currently living in ICFs/MR and State Resource Centers and will discuss their appropriateness for community setting and the Money Follows the Person (MFP) Program with the individual, their families/guardian (when appropriate), and agency staff by December 2009.

Action Step 2: CPC, Case Management Supervisor, and County Social Worker will meet with area providers to determine their willingness to serve consumers leaving ICFs/MR and Resource Centers and ensure they are familiar with MFP by December 2009.

Action Step 3: After individuals have been identified as appropriate for community settings, the CPC, Case Management Supervisor, and County Social Worker will work closely with MFP Transition Specialists, families/guardians, and providers to determine what additional services and supports are needed in order to transition individuals out of the facilities (completed by December 2009).

Action Step 4: CPC will encourage individuals in the county to become trained as Community Choices Option Support Brokers so consumers can more easily access CCO for community living services if desired (by June 2010).

Action Step 5: Provider Group will meet on a quarterly or more frequent basis to identify current and potential openings in 24-hour community settings and to review potential referrals from the ICFs/MR and Resource Centers. Providers will determine their ability to serve these individuals and will brainstorm ways to work together to best meet the needs of the individuals ready to transition (by June 2010).

Action Step 5: CPC, Case Management Supervisor, County Social Worker, and MFP Transition Specialists will work with area providers to transition at least 25% of identified individuals (those agreed upon by the agency treatment team as being appropriate for community settings and approved by guardians) from the ICFs/MR and Resource Centers to community placements by December 2010.

Action Step 5: CPC, Case Management Supervisor, County Social Worker, and MFP Transition Specialists will work with area providers to transition an additional 25% of identified individuals (those agreed upon by the agency treatment team as being appropriate for community settings and approved by guardians) from the ICFs/MR and Resource Centers to community placements by December 2011.

Objective D: Individuals residing in Residential Care Facilities (RCFs) will be transitioned to community settings as soon as an appropriate setting can be arranged.

Action Step 1: CPC, Case Management Supervisor, and County Social Worker will closely review information on all individuals currently residing in Residential Care Facilities (RCFs) and will discuss their appropriateness for community settings with the individual, their families/guardians (when appropriate), and agency staff by September 2009.

Action Step 2: CPC will encourage individuals in the county to become trained as Community Choices Option Support Brokers so consumers can more easily access CCO for community living services if desired (by June 2010).

Action Step 3: CPC, Case Management Supervisor, and County Social Worker will develop a list of individuals ready for transition to a less restrictive setting (agreed upon by individual, guardian, and RCF), their individualized needs, and their preference of location of residence and provider by December 2009.

Action Step 4: Provider Group will meet to identify current and potential openings in 24-hour community settings and to review potential referrals from the RCFs. Providers will determine their ability to serve these individuals and will brainstorm ways to work together to best meet the needs of the individuals ready to transition. County Social Worker will contact agencies outside of the Buchanan County area as requested by individuals (by June 2010).

Action Step 5: CPC, Case Management Supervisor, and County Social Worker will work with area providers to transition at least 25% of identified individuals (agreed upon by individual, guardian, and RCF) from the RCF to community placements by December 2010.

Action Step 6: Provider Group will meet on a quarterly or more frequent basis to identify current and potential openings in 24-hour community settings and to review potential referrals from the RCFs. Providers will determine their ability to serve these individuals and will brainstorm ways to work together to best meet the needs of the individuals ready to transition. County Social Worker will contact agencies outside of the Buchanan County area as requested by individuals (by June 2010).

Action Step 7: CPC, Case Management Supervisor, and County Social Worker will work with area providers to transition at least 25% of identified individuals (agreed upon by individual, guardian, and RCF) from the RCF to community settings by June 2010.

Action Step 8: CPC, Case Management Supervisor, and County Social Worker will work with area providers to transition an additional 25% of identified individuals (agreed upon by individual, guardian, and RCF) and all short-term placements from the RCF to community settings by June 2011.

Action Step 9: CPC, Case Management Supervisor, and County Social Worker will work with area providers to transition an additional 25% of identified individuals (agreed upon by individual, guardian, and RCF) and all short-term placements from the RCF to community settings by June 2012.

FYE 10 Progress

Due to other priorities in the county, including securing a new mental health center; a reduction in staff for part of the year due to medical leave; and the desire to allow the community to see the success of a consumer-owned business, many identified action steps were not completed. They will be pursued in the next fiscal year.

Objective A:

Support Broker information was given to individuals, but no individuals attended the training. New Support Brokers in the surrounding area were identified, however, and have been utilized. CPC and Case Managers have continued to address with the current vocational provider the need for an individual in Buchanan County with more hours to devote to job development and job seeking. To this point, this has not been available. An additional local provider chose to begin providing limited job development and job search services over the past fiscal year due to the need in the county. The provider will determine whether or not to continue these services based upon the success and financial feasibility of the limited services. Individual records of prevocational services have been requested as needed and informal monitoring has been completed. Individuals still often seem to view services as employment so Case Managers and CPC continue to reinforce the purpose of the service.

Objective B:

The local transportation provider increased its hours to provide rides later in the day to meet needs of individuals in the community. CPC and a local provider met to discuss a rate for predetermined routes and an e-mail was sent to all Case Managers to determine the need for this service. There was little to no interest and the rate was quite high, so the provider did not pursue the service. Another local provider investigated transportation options and was told they

would need approval from the local Area Agency on Aging. This agency would not sign the approval, so the provider was unable to proceed. This issue will be further investigated when a transportation group is developed next year.

Objective C:

CPC, Case Management Supervisor, and County Social Worker reviewed the lists of all individuals residing in ICFs/MR and state resource centers and evaluated which individuals may be successful in community-based settings. The desire to move individuals into community based settings was discussed with local providers and providers were aware of Money Follows the Person. Individuals in need of services in the community and openings in 24-hour settings were discussed at Provider Meetings and via e-mails and phone calls. One individual from a resource center was successfully transitioned to a four-bed ICF/MR. Information was also provided to family members of two other individuals from state resource centers regarding community options and the MFP program.

Objective D:

CPC, Case Management Supervisor, and County Social Worker reviewed the lists of all individuals residing in residential care facilities and evaluated what individuals may be successful in community-based settings. Individuals in need of services in the community and openings in 24-hour settings were discussed at Provider Meetings and via e-mails and phone calls. Eight individuals were transitioned from RCFs to community settings. Of these eight, three had been in an RCF over three years.

FYE 11 Progress

Objective A:

One individual from the Independence area expressed interest in becoming a Community Choices Option Support Broker and obtained information from CPC. The individual completed the Support Broker training and is available to provide services. The name was distributed to case managers. Two additional providers of supported employment began serving individuals in Buchanan County. One was referred by DHS and the other in response to need expressed by CPC and Case Managers. Both providers served individuals in the Buchanan County area and were successful in assisting individuals to obtain community employment. Case Managers, County Social Worker, and CPC continued to monitor services provided by pre-vocational programs and encourage improvement in the programs and referral for job search for any individuals that were appropriate for the program. Monitoring of the pre-vocational programs included discussions regarding the length of time individuals had participated in the program. Additional monitoring was provided by IME due to the requirement of pre-vocational services needing to be pre-authorized. A formal audit will be completed next fiscal year.

Objective B:

One individual became trained as a CCO Support Broker. CPC developed a transportation group to evaluate the current transportation options available and the transportation needs of the county. The group discussed issues with current transportation providers and ways to deal with the issues. Area Agency on Aging was contacted to determine the needs of the elderly population. Some providers have chosen to begin utilizing the option of providing transportation as a part of Supported Community Living services. The group researched Iowa Code rules to determine how providers could begin providing additional transportation services. No providers have chosen to become a transportation provider due to issues with staffing patterns. Grants were discussed and the possibility of writing a grant for a van was evaluated. The possibility of finding individuals with disabilities as drivers was discussed. Liability insurance is an additional

detractor for potential agencies. The group will continue to evaluate possibilities in the upcoming year.

Objective C:

CPC, Case Managers, and County Social Worker continued to discuss individuals at ICFs/MR and the Resource Centers that may be appropriate for community placement. A number of individuals were discussed, with some being presented to potential providers. Two individuals that were identified as possible candidates, one at a Resource Center and one at an ICF/MR, had guardians that would not approve the move. Additional information will continued to be provided on an annual or more frequent basis to these guardians. Some individuals discussed had needs that were too high for community providers to accept them. Provider openings in the Buchanan County area were discussed bi-monthly at Provider Meetings. Other openings were distributed to Case Managers as they were identified. The Provider Meeting Group continued to discuss ways to serve high-needs individuals and brainstormed specific situations. Additional services needed in the community have been identified. A provider from another county has expressed interest in opening an RCF/PMI unit which may also provide crisis services for individuals in a community setting. CPC has discussed rates and the need for the service with the provider. The provider is in the process of getting approval to provide the service.

Objective D:

CPC, Case Management Supervisor, and County Social Worker discussed individuals in RCFs that may be appropriate for community placement. Individuals were referred to providers or discussed at Provider Meetings. Referrals were made when appropriate with a number of individuals successfully transitioned from RCFs. One identified individual chose to remain at the RCF due to difficulty with change. Community options will continue to be discussed with visits made when the individual is willing.

FY12 Progress

Objective A:

No new CCO Support Brokers were identified, but individuals are able to have a choice of brokers from the area. Since IME provides oversight of approvals and requires pre-authorization for pre-vocational services, formal reviews were not completed. Case Managers, County Social Worker, and CPC continued to informally monitor pre-vocational services and encourage individuals to apply for jobs in the community. CPC discussed the need for more staff availability for job development and job search with a local vocational provider. They have hired a new individual and stated she will cover this area.

Objective B:

Buchanan County added a new donation-based transportation option for individuals who are disabled or elderly, which is operated through two local nursing homes. This option, along with Medicaid transportation through TMS and the providers' ability to include transportation in their SCL costs, has greatly improved the options in the county. The group of individuals still in need are typically those requiring only outpatient mental health services and those without a disability. Transportation for employment can also be a struggle since the available transportation is not available on evenings and weekends.

Objective C:

County Social Worker, Case Management Supervisor, and CPC continued to review information on individuals in facility-based agencies. Resistance was met by a guardian when options were presented. A couple individuals were discussed with local providers. The providers did not feel they had an opening that would be appropriate, but would consider getting more information in the future. The Social Worker will continue to discuss options with individuals and guardians as appropriate. Providers and the CPC discuss openings and potential referrals at every Provider Meeting.

Objective D:

County Social Worker, Case Management Supervisor, and CPC continued to review information on individuals in RCFs. Resistance was met by a couple guardians and by some individuals when options were presented. In other cases, the physician and treatment team did not feel the individual was appropriate for community placement at this time. The Social Worker will continue to discuss options and present any new options as they become available. Providers and the CPC discuss openings and potential referrals at every Provider Meeting.

FY13 Progress

Goals from the Strategic Plan were not focused on during this year. The primary objective was to join with other counties as a region and begin the process of regionalization.

GOAL #2: Individuals with disabilities will be accepted as part of the community and treated in the same manner and with the same respect as any other member of the community.

Objective A: Information regarding disabilities and services available to individuals living in our communities will be provided to community members, employers, schools, churches, agencies, and local businesses.

Action Step 1: Local providers and Community Services staff will collaborate to provide a Provider Fair in Buchanan County to allow residents the chance to learn more about local providers, the services offered, and how individuals with disabilities can live productive lives in our communities by June 2010.

Action Step 2: Provider Group will discuss ways to raise community awareness of individuals with disabilities and will develop a list of groups for which to provide information by June 2010.

Action Step 3: Provider Group will present information to identified groups in the community by June 2011.

Action Step 4: Provider group will determine ways in which information can be provided on an on-going basis by June 2011.

Action Step 5: Provider group will implement on-going information techniques identified through June 2012.

Objective B: Individuals with disabilities will be more involved in their own community.

Action Step 1: Community Services staff and providers will identify possible volunteer opportunities for consumers by December 2009.

Action Step 2: Case Managers/County Social Worker/provider will assist interested consumers in arranging volunteer opportunities by June 2010.

Action Step 3: CPC will discuss the possibility of parishioners assisting interested consumers with getting to church with the Ministerial Association by December 2009.

Action Step 4: Community Services staff and providers will contact agencies/individuals with possible volunteer opportunities by December 2009.

Action Step 5: Case Managers/County Social Worker/provider will assist interested consumers in arranging church contacts by June 2010.

Action Step 6: At their annual team meeting, Case Managers/County Social Worker will discuss with each consumer what ways they would like to become more involved in their community (church, volunteering, intramural sports, etc) and will assist with arranging their desires (by December 2010).

Action Step 7: CPC/Case Management Supervisor will randomly audit charts to ensure that individuals are clearly given options of ways to become involved in their community by December 2010.

Action Step 8: Provider Group members will report on ways they have assisted consumers with becoming more involved in their community by December 2010.

Action Step 9: CPC/Case Management Supervisor will continue to audit charts and Provider Group members will continue to report on community interaction through June 2012.

Objective C: Providers and case managers will continually focus on the strengths of a consumer and will empower the individuals to become more responsible for their own lives.

Action Step 1: Provider group will discuss ways in which to encourage staff to focus on strengths and empower individuals to discuss their needs and wants by December 2009.

Action Step 2: Provider Group will investigate ways to provide low cost training to staff and will collaborate on training needs by June 2010.

Action Step 3: Case Management Supervisor will initiate with the Case Managers a discussion of strengths and empowerment and the importance of stressing these at every team meeting and during individual meetings with consumers by December 2009.

Action Step 4: Provider group will arrange for trainings related to strengths and empowerment by December 2010.

Action Step 5: Provider group members will report on techniques being used to assist staff that work directly with consumers to focus on strengths and empowerment by December 2010.

Action Step 6: Provider group members will report on the progress of staff that work directly with consumers in the use of a strengths focus and empowerment. If progress is not sufficient, new techniques will be developed by December 2011.

FYE 10 Progress

Due to other priorities in the county, including securing a new mental health center, and a reduction in staff for part of the year due to medical leave, some identified action steps were not completed. They will be pursued in the next fiscal year.

Objective A: A provider fair was held in Buchanan County on September 29, 2009 from 3 to 7 p.m. Fourteen providers participated in the fair, including providers serving individuals with mental health and developmental disabilities and those serving the elderly. The attendance at the event was not very high, but attendees seemed to gain information and providers had a great chance to network and learn more about the services offered by other providers.

Objective B: CPC, Case Managers, and providers identified some volunteer opportunities and assisted a limited number of individuals with finding a volunteer opportunity. This needs to be done on a larger scale in the next year with more community involvement. Case Managers do discuss volunteer opportunities as an option for individuals that are not interested in working, but want to occupy their time with a meaningful activity.

Objective C: Provider group discussed the importance of a strengths based approach to services and empowering individuals in their recovery. Providing county-wide training was discussed as a cost-saving measure. One training option discussed was Mental Health First Aid. Also discussed was asking the new mental health center to provide training on mental illness and ways to assist individuals with mental illness in their recovery. Case Managers discussed ways to build upon strengths and focus upon them in the assessment and team meetings. They also discussed empowering individuals to become as independent as possible and live in the least restrictive setting possible.

FYE 11 Progress

Objective A:

Provider Group discussed ways to raise community awareness of individuals with disabilities and the difficulties individuals face in the community. Information was provided to groups on an informal basis. Information will be provided to additional groups in the next year.

Objective B:

Volunteer opportunities were identified on an on-going basis and presented to individuals as they expressed interest. Opportunities were shared at Provider Meetings as they arose. Individuals were encouraged to participate in volunteer activities when not competitively employed or participating in other meaningful day activities. Volunteers seemed to be well accepted.

Objective C:

Provider Group continued to discuss training needs and ways to ensure staff focused on individuals' strengths. The group discussed combining resources to provide Mental Health First Aid training in the county. Before a decision was made, Community Circle of Care provided this training at no cost. Additional trainings will be arranged by Provider Group if there is enough interest. Two providers chose to become certified as trainers in Psychological First Aid so this training can be provided in the county with little cost. Providers shared information via e-mail on an on-going basis as they found trainings that may have been of interest to the group. Case Managers continued to focus on strengths with individuals and assisted them with reducing services or "graduating" from services when they were ready. Several individuals were discharged from Case Management after obtaining their goals and reaching a point where they were able to live independently without services.

FY12 Progress

Objective A:

CPC and Case Management Supervisor continue to present information and possible ways to assist identified individuals at local meetings including Inter-Agency, Food Pantry Board, Homeless Coalition, etc. Brochures are also available to the public and distributed through other agencies. CPC presented information to staff at the Independence Community School District regarding services available and brainstormed ways to support individuals.

Objective B:

A number of individuals are enjoying volunteering in their community. This option is discussed with individuals as an alternative way to fill their day with meaningful activity. Case Managers have assisted with arranging volunteer opportunities. Some options looked into were not possible due to liability issues. Individuals are looking forward to the new animal shelter being planned for in Buchanan County.

Objective C:

Provider Group continues to share information on upcoming trainings and discuss the benefit of trainings that have been attended. A number of staff has attended Mental Health First Aid. Provider Group has discussed applying for grants to have members of the group become certified to provide the training. This would offer a low cost way for staff to become trained. Provider Group members continue to discuss positive ways to support individuals in becoming more independent. Case Managers encourage individuals to express their needs and desires and to find ways to achieve their goals. Choice and empowerment are stressed as individuals are encouraged to take more control and responsibility for their lives.

FY13 Progress

Goals from the Strategic Plan were not focused on during this year. The primary objective was to join with other counties as a region and begin the process of regionalization.

Goal #3: Counties in Northeast Iowa will work collaboratively to benefit all citizens.

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.

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.

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.

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

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

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

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.

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

FYE 10 Progress

Objective A:

CPC Administrators met on a monthly basis and reported Exceptions to Policies granted in their individual counties. 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.

The total number of Exceptions to Policy for the eight county region granted during the fiscal year 09-10 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.

Buchanan County granted one exception during this time period. See Appendix A for the Exception to Policy Grid.

Objective B:

Sample provider 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).

Sample guardian 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.

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.

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. For a more complete summary, please see Appendix B.

Objective C:

At each meeting, CPC's discussed unmet needs as they occurred. The main unmet need that was discussed is committals and the lack of beds for placement for adults and children. The rising costs of the committals from sheriff transportation, ambulance transports, hospitalizations, advocate and attorney fees were also discussed.

A Request For Proposals went out from Magellan regarding Crisis Stabilization services in Iowa. Working together with Bob Lincoln, County Support Services CPC, and the Northeast Iowa counties discussed a regional emergency response system. The mental health centers in our regions will participate in the development of this plan, with Black Hawk/Grundy Mental Health Center as the lead in applying for the grant.

FYE 11 Progress

Objective A:

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. It was again determined that changes to the plan were not needed due to the types of exceptions seen during this fiscal year.

CPC Administrators met on a monthly basis and discussed Exceptions to Policies granted in each county. If a CPC Administrator wanted input on whether or not to grant an exception, an e-mail was sent to other CPC Administrators in the region for discussion. At meetings, CPC Administrators reviewed the types of Exceptions to Policies and the circumstances surrounding the exceptions. They further analyzed the number of each type of exception and whether or not

this data warranted changes to the County Management Plan. Since the exceptions seemed to be individuals with unique circumstances, it was determined that changes to the plan were not necessary.

The total number of Exceptions to Policy for the eight county region granted during the fiscal year 10-11 was twenty-six, an increase from fourteen in FY 09-10. Fourteen of the twenty-six Exceptions to Policy (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.

Buchanan County granted one exception during this time period.

See Appendix A for the Exception to Policy Grid.

Objective B:

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.

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. For a more complete summary, please see Appendix B.

Objective C:

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.

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.

FY 12 Progress

Objective A:

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.

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 e-mail.

The total number of Exceptions to Policy for the eight county region granted during FY12 was twenty (20), a decrease from 26 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. Buchanan County granted three exceptions during this time period.

See Appendix A for the Exception to Policy Grid.

Objective B:

No progress in the area of identifying regional outcome measures 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.

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 D.

Objective C:

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.

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 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, 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

Goals from the Strategic Plan were not focused on during this year. The primary objective was to join with other counties as a region and begin the process of regionalization.

Actual Provider Network

The following services and agencies have been part of the service network in FY2013:

Case Management	Buchanan County Case Management Bremer County Case Management Cerro Gordo County Case Management Clinton County Case Management DHS Targeted Case Management Polk County Case Management Southeast Iowa Case Management
County Social Work	Buchanan County Community Services
Ongoing Rent Assistance	Security Storage
Transportation	Adult Crisis Stabilization Center (ACSC) Benton County Transportation Cedar Valley Cab and Courier Curt's Cab Des Moines Area Regional Transit Authority Jets Transportation Northeast IA Community Action Regional Transit Commission (INRCOG) River Bend Transit Systems Unlimited The Loop Trans Iowa L.C. (Yellow Cab)
Guardian	Billie Jo Tonn
Psychotropic Medication	Greenwood Drug Meyer Pharmacy Reutzel Pharmacy Ryan Pharmacy Sorg Sample Pharmacy Wal-Mart Pharmacy Widner Drug
Psychotherapeutic Services	Abbe Center for Community Mental Health Adult Crisis Stabilization Center (ACSC) Black Hawk-Grundy Mental Health Center Center Associates Counseling and Mediation Center Hillcrest Services Horizons Mental Health Center of North Iowa Northeast Iowa Mental Health Center Pathways Behavioral Services Psychiatric Associates of NE Iowa Wapsi Valley Family Counseling

Vocational Services	Advancement Services of Jones County Comprehensive Systems Exceptional Persons Full Circle Services G&G Living Goodwill Industries of NE Iowa Goodwill Industries of the Heartland Larrabee Center Mosaic in North Central Iowa North Star Opportunity Village Optimae Lifeservices Inc. Rem Iowa Developmental Services Skyline Center Unlimited Services
Adult Day Activity/Day Hab	Benton County Social Services Comprehensive Systems Darrell E. Davis Adult Day Center Exceptional Persons, Inc (CHOICE) Full Circle Services Makee Manor North Star Opportunity Village Optimae Lifeservices, Inc. Penn Center Skyline Center
Supported Community Living/ Home Based Habilitation	Alternative Living Corp. American Baptist Home B&D Services Candeo Cedar Valley Community Support Services Community Based Services of Bremer County Comprehensive Systems Delaware County Community Life Exceptional Persons, Inc Full Circle Services G & G Living Goodwill Industries of NE Iowa Hillcrest Family Services North Star Community Services Opportunity Village Penn Center Quality Choices Skyline Center Systems Unlimited Tailored Living

Residential Care	Abbe Center for Community Care Center Village Diamond Life Comprehensive Systems G & G Living Harmony House Mediapolis Care Facility Opportunities Unlimited Penn Center Prairie View Management, Inc.
Respite	B & D Services Camp Courageous of Iowa Exceptional Persons Full Circle Services Goodwill Industries of NE Iowa Quality Choices
Inpatient Hospitalization	Allen Memorial Hospital Associates for Behavioral Health Covenant Clinic Psychiatry Covenant Medical Center East Central Iowa Acute Care Genesis Psychiatric Hospital Medical Associates Clinic PC Mental Health Institute (Independence) Mercy Medical Center Mount Pleasant Mental Health Institute St. Luke's Hospital
Sheriff Transportation	Black Hawk County Sheriff Buchanan County Sheriff Delaware County Sheriff Dlouhy Law Fayette County Sheriff Johnson County Sheriff Linn County Sheriff
Legal Representation	Abbot Law Office Buffington Law Office Craig, Wilson & Flickinger Kristen Denninger Dunakey & Klatt Gallagher, Langlas & Gallagher PC Mahoney Gary F McClintock Olberding Law Office Troy Powell Law Firm Franklin Sauer Swisher & Cohrt, PLC
Mental Health Advocate	Melanie Schroeder
State Resource Centers	Woodward

Matrix for County Funded Services

Service	MI	CMI	MR	DD	BI
4x03 Information and Referral	X	X	X	X	X
4x04 Consultation					
4x05 Public Education Services	X	X	X	X	X
4x06 Academic Service					
4x11 Direct Administrative	X	X	X	X	X
4x12 Purchased Administrative	X	X	X	X	X
4x21-374 Case Management - Medicaid Match		X	X	X	
4x21-375 Case Management - 100% County Funded					
4x21-399 Other					
4x22 Service Management	X	X	X	X	X
4x31 Transportation (Non-Sheriff)	X	X	X	X	
4x32-320 Homemaker/Home Health Aid (HCBS ONLY)					
4x32-321 Chore Services					
4x32-322 Home Management Services (HCBS ONLY)					
4x32-325 Respite			X		
4x32-326 Guardian/Conservator			X	X	
4x32-327 Representative Payee					
4x32-328 Home/Vehicle Modification (HCBS ONLY)					
4x32-329 Supported Community Living		X	X	X	
4x32-399 Other (Hab Services, CDAC)			X		
4x33-345 Ongoing Rent Subsidy		X			
4x33-399 Other		X			
4x41-305 Physiological Treatment Outpatient					
4x41-306 Prescription Medication	X	X			
4x41-307 In-Home Nursing (HCBS ONLY)					
4x41-399 Other					
4x42-304 Psychotherapeutic Treatment - Acute & Emergency	X	X			
4x42-305 Outpatient	X	X	X	X	
4x42-309 Partial Hospitalization					
4x42-366 Psychotherapeutic Treatment – Social Support Services				X	
4x42-396 Community Support Program	X	X			
4x42-399 Other (MH Emergency Services)	X	X			
4x43- 301 Evaluation					
4x44-363 Day Treatment Services					
4x44-397 Psychiatric Rehabilitation					
4x44-399 Other (Drop-In Center)					
4x50-360 Sheltered Workshop Services		X	X	X	
4x50-362 Work Activity Services		X	X	X	
4x50-364 Job Placement Services					
4x50-367 Adult Day Care		X	X		

Service	MI	CMI	ID	DD	BI
4x50-368 Supported Employment Services		X			
4x50-369 Enclave			X	X	
4x50-399 Other		X	X		
4x63-314 Residential Care Facility 1-5 Bed					
4x63-315 Residential Care Facility For MR 1-5 Bed					
4x63-316 Residential Care Facility for MI 1-5 Bed					
4x63-317 Nursing Facility (ICF/SNF/or ICF/PMI) 1-5 Bed					
4x63-318 Intermediate Care Facility For MR 1-5 Bed					
4x63-329 Supported Community Living		X	X		
4x63-399 Other 1-5 Bed					
4x64-310 Community Supervised Apartment Living 6+ Bed					
4x64-314 Residential Care Facility 6+ Bed		X	X	X	
4x64-315 Residential Care Facility For MR 6+ Bed					
4x64-316 Residential Care Facility for MI 6+ Bed		X			
4x64-317 Nursing Facility (ICF/SNF/or ICF/PMI) 6+ Bed					
4x64-318 Intermediate Care Facility For MR 6+ Bed					
4x64-399 Other 6-15 Bed					
4X65-314 Residential Care Facility 6+ Bed					
4x71-319 Inpatient/State Mental Health Institutes		X			
4x71-399 Other					
4x72-319 Inpatient/State Hospital Schools			X		
4x72-399 Other					
4x73-319 Inpatient/Community Hospital	X	X			
4x73-399 Other					
4x74-300 Diagnostic Evaluations Related To Commitment		X			
4x74-353 Sheriff Transportation	X	X	X		
4x74-393 Legal Representation for Commitment	X	X	X		
4x74-395 Mental Health Advocates	X	X	X	X	
4x74-399 Other					
4X75-413 Mental Health Advocate-Mileage & Travel Expenses	X	X	X	X	

Stakeholder Involvement for Fiscal Year 2012 - 2013

Type of Meeting	Total Meetings	Consumers	Parents/ Family	Provider	Advocate/ Other
Case Management Advisory	4	4	3	4	8
Housing for People with Mental Dis.	5	0	17	2	12
Provider Meetings	3	0	0	15	0
Total	12	4	20	21	20

Appeals / Waiting List

There were no appeals filed in Fiscal Year 2012 – 2013.

There was no one placed on a waiting list for Fiscal Year 2012 – 2013.

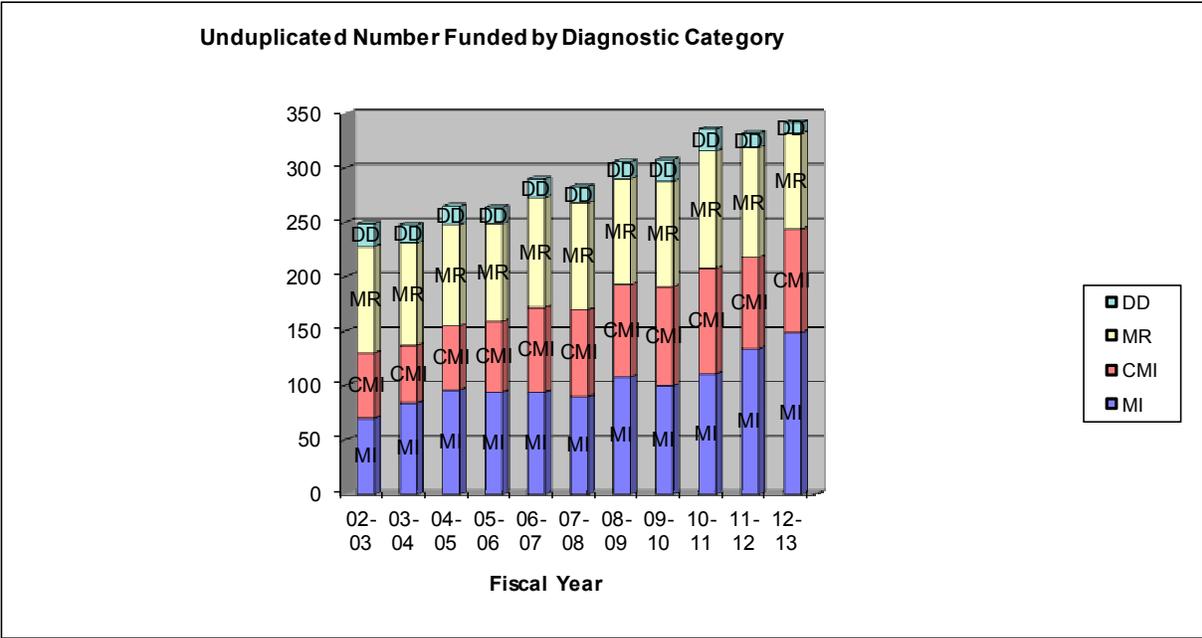
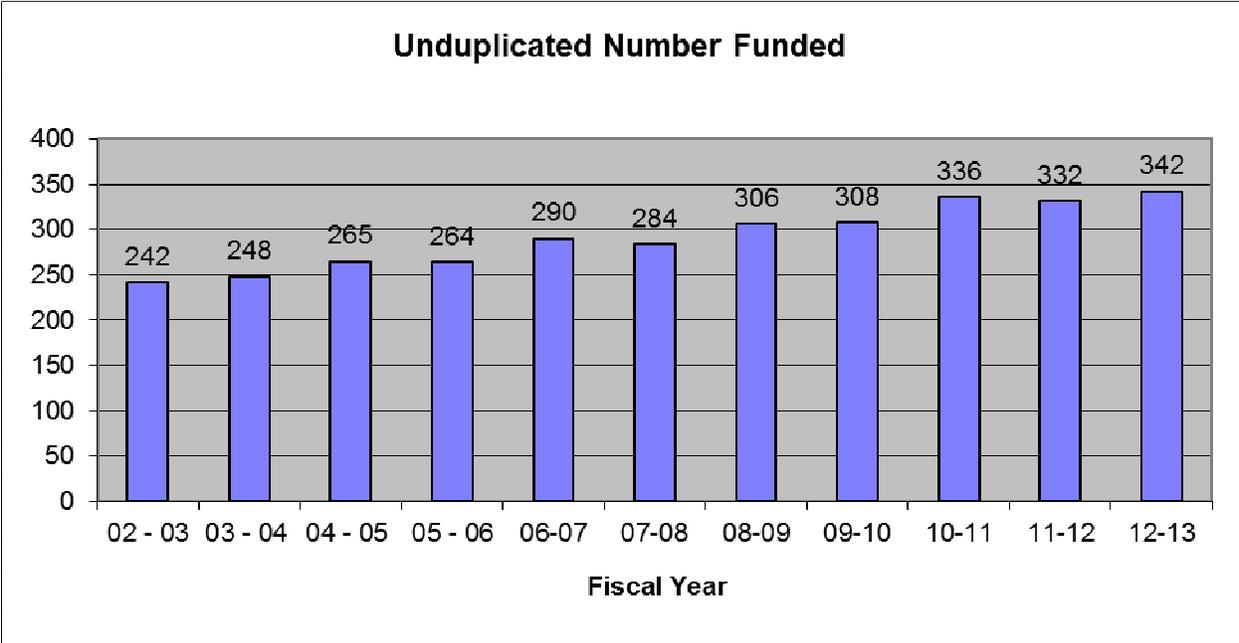
Statistical Report

The county MH/DD service system utilizes a variety of funding streams, such as private insurance, Medicare, Medicaid, and DVRS. Buchanan County MH/DD dollars are the source of last resort and meant to cover the cost of those services not funded elsewhere. Financial guidelines are set at \$2000 or less in resources for one individual (\$3000 for a family) and 150% of poverty level or below in income. Income levels may be higher for outpatient mental health services, with individuals paying a co-payment for services. Individuals must also meet one of the diagnostic categories of mental illness, chronic mental illness, mental retardation, developmental disability or, in some cases, brain injury.

The following table shows the number of individuals that received Buchanan County funding from July 1, 2012 – June 30, 2013. The county discontinued paying the non-federal share of Medicaid services at the end of FYE 2012. Since services provided in last month(s) of FYE 2012 were paid in FYE 2013, some individuals primarily funded by Medicaid are included in this data. The majority are individuals utilized services that were fully county-funded. Not counted in this data are those individuals receiving only crisis/ emergency services at Abbe Center for Community Mental Health or other local mental health centers.

Table A--Persons Served - Age Group by Primary Diagnostic Category

Disability Group	Children	Adults	Unduplicated Total
Mental Illness	144	5	149
Chronic Mental Illness	93	2	95
Mental Retardation	87	1	88
Developmental Disability	10	0	10



As noted in the top bar graph above, the number of individuals served increased slightly during the past fiscal year. There has been an overall trend of increased individuals served over the past 10 years.

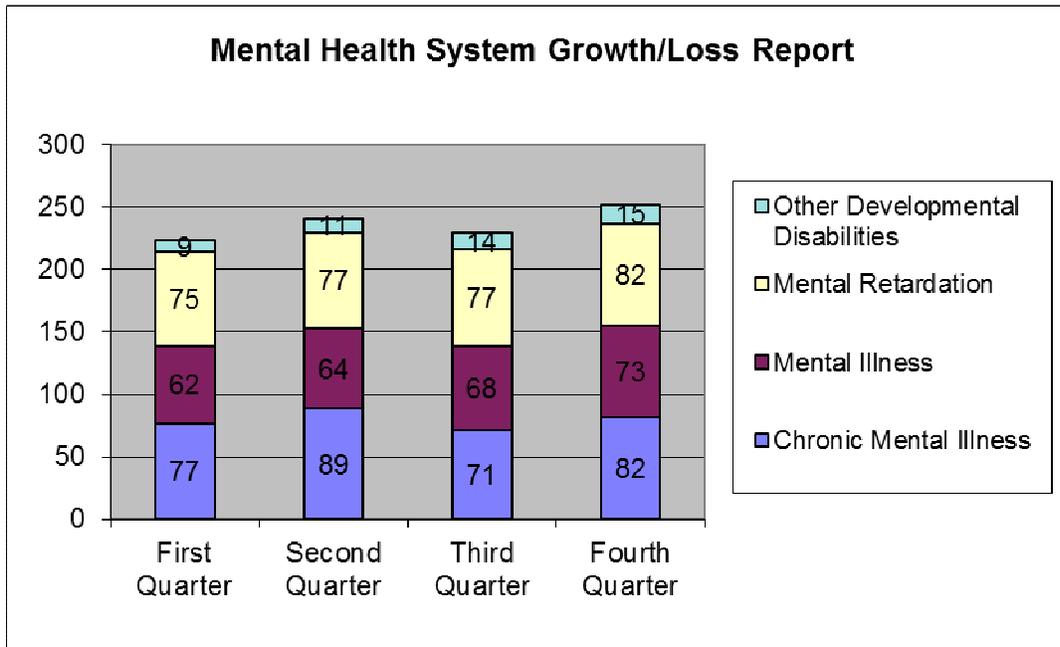
As noted on the second graph above, the number of individuals with mental illness increased, while the number with chronic mental illness, mental retardation, and developmental disability all decreased slightly. The increase in individuals with mental illness is consistent with the increases seen over the past ten years. As seen by the graph, the number of individuals with mental retardation and developmental disabilities served has remained fairly stable over the 10-year span, but the number of individuals served with mental illness and chronic mental illness has increased very significantly.

Table B: -- Unduplicated Number of Persons Served by COA code and Disability Type

			MI	CMI	MR	DD	Total
Adult	21374	Case Management - T19 Match		13	78	3	94
Adult	31354	Transportation - General	4	15	20	2	41
Adult	32325	Support Services - Respite			1		1
Adult	32326	Support Services - Guardian/Conservator			1	1	2
Adult	32329	Support Services - Supported Community Living		28	12	9	49
Adult	32399	Support Services - Other			3		3
Adult	33345	Basic Needs - Ongoing Rent Subsidy		1			1
Adult	33399	Basic Needs - Other		1			1
Adult	41306	Physiological Treatment - Prescription Medicine/Vaccines	10	10			20
Adult	42304	Psychotherapeutic Treatment - Acute & Emergency Treatment	6	4			10
Adult	42305	Psychotherapeutic Treatment - Outpatient	118	29	1	2	150
Adult	42396	Psychotherapeutic Treatment - Community Support Programs	2	4			6
Adult	42366	Psychotherapeutic Treatment – Social Support Services				1	1
Adult	42399	Psychotherapeutic Treatment - Other	2	1			3
Adult	50360	Voc/Day - Sheltered Workshop Services		1	3	1	5
Adult	50362	Voc/Day - Work Activity Services		4	6	1	11
Adult	50367	Voc/Day - Adult Day Care		3	1		4
Adult	50368	Voc/Day - Supported Employment Services		3			3
Adult	50369	Voc/Day - Enclave		1	3	1	5
Adult	50399	Voc/Day - Other Services		6	4		10
Adult	63329	Comm Based Settings (1-5 Bed) - Supported Community Living		3	3		6
Adult	64314	Comm Based Settings (6+ Beds) - RCF		12	1	1	14
Adult	64316	Comm Based Settings (6+ Beds) - RCF/PMI		2			2
Adult	64318	Comm Based Settings (6+ Beds) - ICF/MR			1		1
Adult	71319	State MHI Inpatient - Per diem charges		3			3
Adult	73319	Other Priv./Public Hospitals - Inpatient per diem charges	11	10	1		22
Adult	74300	Commitment - Diagnostic Evaluations		2			2
Adult	74353	Commitment - Sheriff Transportation	22	25	3		50
Adult	74393	Commitment - Legal Representation	16	22	1		39
Adult	75101	Mental Health Advocate - Wages of Temp & Part Time Employees	23	35	6	1	65
Adult	75413	Mental Health Advocate - Mileage & Other Travel Expenses	11	21	3		35
Child	32326	Support Services - Guardian/Conservator			1		1
Child	74353	Commitment - Sheriff Transportation	3				3
Child	75101	Mental Health Advocate - Wages of Temp & Part Time Employees	3	2	1		6
Child	75413	Mental Health Advocate - Mileage & Other Travel Expenses	2				2

Table C: -- Mental Health System Growth / Loss Report

Disability Group	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Net Change
Chronic Mental Illness	77	89	71	82	5
Mental Illness	62	64	68	73	11
Mental Retardation	75	77	77	82	7
Other Developmental Disabilities	9	11	14	15	6
	223	241	230	252	29



As noted in the above graph and chart, the number of individuals served on a quarterly basis increased throughout the fiscal year. All diagnostic groups increased during the year. The largest increase in numbers was for individuals with mental illness, which is opposite of the change from last fiscal year since individuals with mental illness served decreased.

Table D: -- County Dollars Spent by COA Code and Disability Type

Account Code	Service	MI	CMI	MR	DD	Admin	CM	Total
04372	Planning and/or Consultation Services (Client Related)	\$106.39	\$45.59					\$151.98
11100	Direct Admin - Salary Regular Employees					\$4,1602.88		\$41,602.88
11110	Direct Admin - FICA - County Contribution					\$3,039.97		\$3,039.97
11111	Direct Admin - IPERS- County Contribution					\$3,607.07		\$3,607.07
11113	Direct Admin - Employee Group Health Insurance - County Contribution					\$19,736.08		\$19,736.08
11250	Direct Admin - Fuels (Motor Vehicle Supplies)					\$504.53		\$504.53
11254	Direct Admin - Minor Motor Vehicle Parts & Accessories					\$164.17		\$164.17
11260	Direct Admin - Stationary/Forms/General Office Supplies					\$657.28		\$657.28
11290	Direct Admin - Minor Equipment & Hand Tools					\$4.25		\$4.25
11412	Direct Admin - Postage & Mailing					\$312.47		\$312.47
11413	Direct Admin - Mileage & Other Travel Expenses					\$116.53		\$116.53
11414	Direct Admin - Telecommunications Services					\$499.98		\$499.98
11422	Direct Admin - Educational & Training Services					\$1137.52		\$1,137.52
11444	Direct Admin - Office Equipment (Repair & Maintenance)					\$96.40		\$96.40
11463	Direct Admin - Equipment Insurance					\$323.83		\$323.83
11464	Direct Admin - Worker's Comp. Insurance Services					\$3,148.12		\$3,148.12
11480	Direct Admin - Dues & Memberships Services					\$8,492.06		\$8,492.06
11632	Direct Admin - Information Technology Hardware (Machinery & Equipment)					\$207.91		\$207.91
11636	Direct Admin - Office Equipment & Furniture					\$718.20		\$718.20
21100	Case Management - Salary of Regular Employees						\$242,124.94	\$242,124.94
21110	Case Management - FICA - County Contribution						\$18,195.80	\$18,195.80
21111	Case Management - IPERS - County Contribution						\$20,880.26	\$20,880.26
21113	Case Management - Employee Group Hlth Insurance - County Contribution						\$105,468.08	\$105,468.08
21250	Case Management - Fuels (Motor Vehicle Supplies)						\$2,999.07	\$2,999.07
21254	Case Management - Minor Motor Vehicle Parts & Accessories						\$656.67	\$656.67
21260	Case Management - Stationary/Forms/General Office Supplies						\$2,036.39	\$2,036.39
21290	Case Management - Minor Equipment & Hand Tools						\$4.25	\$4.25
21374	Case Management - T19 Match		\$2,967.72	\$8,645.40	\$227.08			\$11,840.20
21400	Case Management - Publications, Notices & Advertisements						\$678.50	\$678.50
21412	Case Management - Postage & Mailing						\$1,123.66	\$1,123.66
21413	Case Management - Mileage & Other Travel Expenses						\$882.71	\$882.71
21414	Case Management - Telecommunications Services						\$1,953.46	\$1,953.46
21422	Case Management - Educational & Training Services						\$3,033.00	\$3,033.00
21429	Case Management - Planning & Maintenance Consultants						\$8,496.00	\$8,496.00

Account Code	Service	MI	CMI	MR	DD	Admin	CM	Total
21444	Case Management - Office Equip. (Repair & Maintenance)						\$313.30	\$313.30
21463	Case Management - Equipment Insurance						\$1,433.17	\$1,433.17
21464	Case Management - Worker's Comp. Insurance						\$10,770.88	\$10,770.88
21480	Case Management - Dues & Memberships Services						\$2,854.97	\$2,854.97
21632	Case Management - Information Technology Hardware (Machinery & Equipment)						\$1,871.17	\$1,871.17
21636	Case Management - Office Equipment & Furniture						\$3,025.25	\$3,025.25
22100	Services Management - Salary of Regular Employees	\$12,516.05	\$10,270.66	\$12,060.13	\$1,833.05			\$36,679.89
22110	Services Management - FICA - County Contribution	\$930.97	\$763.25	\$895.32	\$136.45			\$2,725.99
22111	Services Management - IPERS - County Contribution	\$1,083.37	\$888.99	\$1,042.73	\$158.94			\$3,174.03
22113	Services Management - Employee Group Hlth Insurance-County Contribution	\$6,206.88	\$5,096.52	\$5,988.06	\$909.71			\$18,201.17
22250	Services Management - Fuels (Motor Vehicle Supplies)	\$15.00						\$15.00
22413	Services Management - Mileage & Other Travel Expenses	\$3.20	\$2.63	\$3.07	\$4.4			\$9.34
22422	Services Management - Educational & Training Services	\$22.16	\$17.73	\$20.27	\$3.17			\$63.33
31354	Transportation - General	\$1,058.33	\$9,751.74	\$2,606.57	\$1,826.88			\$15,243.52
32325	Support Services - Respite			\$56.61				\$56.61
32326	Support Services - Guardian/Conservator			\$4,887.19	\$3,051.38			\$7,938.57
32329	Support Services - Supported Community Living		\$32,502.78	\$8,136.66	\$39,378.05			\$80,017.49
32399	Support Services - Other			\$1,498.95				\$1,498.95
33345	Basic Needs - Ongoing Rent Subsidy		\$430.00					\$430.00
33399	Basic Needs - Other		\$480.00					\$480.00
41306	Physiological Treatment - Prescription Medicine/Vaccines	\$1,071.87	\$3,592.59					\$4,664.46
42304	Psychotherapeutic Treatment - Acute & Emergency Treatment	\$5,059.05	\$4,578.91					\$9,637.96
42305	Psychotherapeutic Treatment - Outpatient	\$70,785.86	\$25,524.46	\$77.85	\$1,699.95			\$98,088.12
42366	Psychotherapeutic Treatment - Social Support Services				\$1,265.75			\$1,265.75
42396	Psychotherapeutic Treatment - Community Support Programs	\$1,824.59	\$2,870.96					\$4,695.55
42399	Psychotherapeutic Treatment - Other	\$31,812.54	\$17,475.58					\$49,288.12
50360	Voc/Day - Sheltered Workshop Services		\$1,103.48	\$4,653.40	\$8,844.50			\$14,601.38
50362	Voc/Day - Work Activity Services		\$2,084.69	\$1,674.44	\$5,802.40			\$9,561.53
50367	Voc/Day - Adult Day Care		\$5,898.00	\$69.15				\$5,967.15
50368	Voc/Day - Supported Employment Services		\$10,930.90					\$10,930.90
50369	Voc/Day - Enclave			\$669.05	\$252.56			\$921.61
50399	Voc/Day - Other Services		\$4,999.54	\$797.29				\$5,796.83
63329	Comm Based Settings (1-5 Bed) - Supported Community Living		\$6,557.50	\$3,542.61				\$10,100.11
64314	Comm Based Settings (6+ Beds) - RCF		\$181,424.84	\$8,671.30	\$10,458.55			\$200,554.69
64316	Comm Based Settings (6+ Beds) - RCF/PMI		\$19,998.60					\$19,998.60
64318	Comm Based Settings (6+ Beds) - ICF/MR			\$-91.34				\$-91.34
71319	State MHI Inpatient - Per diem charges		\$31,316.84					\$31,316.84
73319	Other Priv./Public Hospitals - Inpatient per diem charges	\$17,113.45	\$34,400.09					\$51,513.54

Buchanan County Community Services
 Fiscal Year 2011 – 2012
 Annual Report

Account Code	Service	MI	CMI	MIR	DD	Admin	CM	Total
74300	Commitment - Diagnostic Evaluations		\$244.94					\$244.94
74353	Commitment - Sheriff Transportation	\$4,203.16	\$4,360.25	\$463.29				\$9,026.70
74393	Commitment - Legal Representation	\$1,634.00	\$1,938.00	\$30.00				\$3,602.00
75101	Mental Health Advocate - Wages of Temp & Part Time Employees	\$3,714.40	\$7,263.33	\$656.74	\$101.08			\$11,735.55
75110	Mental Health Advocate - FICA - County Contribution	\$931.88						\$931.88
75111	Mental Health Advocate - IPERS - County Contribution	\$1,056.12						\$1,056.12
75413	Mental Health Advocate - Mileage & Other Travel Expenses	\$384.82	\$1,152.67	\$124.38				\$1,661.82
Total	County	\$161,534.09	\$430,933.78	\$67,179.07	\$75,949.94	\$84,369.25	\$428,801.53	\$1,248,767.66

The expenditures this past fiscal year decreased significantly due to the state taking over payment of the non-federal share of Title 19 services. Only a small portion of the expenditures were for Title 19 services with the majority being for fully county-funded services.

Quality Assurance

Buchanan County Community Services participates in on-going system evaluation and quality assurance. CPC met with CPCs from seven other counties in Northeast Iowa on a monthly basis during the first half of the year to ensure the appropriateness of the regional management plan, to discuss issues or situations that occurred, to discuss needs in our communities, to develop procedures and methods to best meet the needs of individuals in our communities, and to discuss ways to ensure quality within our programs. The second half of the year, the CPC began meeting with the newly established East Central Region so begin the development of a regional system of care. During this time, the needs the communities were discussed along with the services needed to meet those needs. The newly established rules for services mandated in each region guided the discussion. Quality assurance is also addressed when the Case Managers and the County Social Worker ask consumers regularly about their satisfaction with services, their living situation, and their work/day activity situation. Services are monitored on an on-going basis and provider notes are requested if there are any concerns. Notes from CDAC providers are routinely requested. Case Managers and CPC evaluate the cost effectiveness of each individual's services and look for ways to reduce expenditures while meeting client needs and maintaining quality services. The appropriateness of services is discussed during case management meetings, when CPC reviews any requests for increased services, when an individual has a change in funding options, and annually when services are renewed. Funding sources for individuals are reviewed to ensure that all sources other than county funding have been exhausted. Individuals and providers are part of the process of ensuring quality services and are encouraged to provide input on ways to improve services and to ensure services are based on needs, not wants.