

CLAY COUNTY

MENTAL HEALTH/ DEVELOPMENTAL DISABILITIES SERVICES

MANAGEMENT PLAN

ANNUAL REVIEW

FY 2013

Due DECEMBER 1st, 2013

Submitted by:

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Central Point of Coordination Administrator-Clay County

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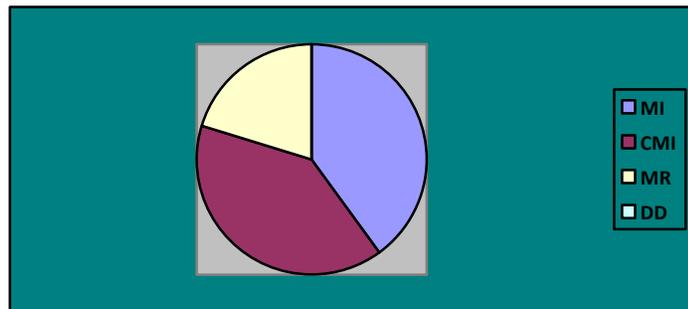
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CLAY COUNTY MH/DD ANNUAL REPORT FY 2013

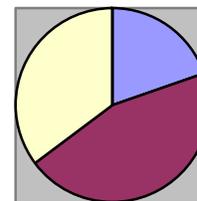
INTRODUCTION:

Clay County’s vision statement reflects the rights of persons with mental retardation, mental illness, and developmental disabilities to participate in making choices and decisions that affect their lives and future. They should be provided the opportunity for a normal life, realizing that true normalization involves responsibility for the consumer, the provider of services and the funder. It is Clay County’s vision that services be provided which encourages the greatest level of independence according to the individual’s abilities, needs and wants. As much as possible, services should be geographically accessible to all needy persons. Development and availability to financial support for services are to be based on individual needs and strengths to assist consumers in as independent, productive, and integrated community setting as possible within the financial limitations of federal, state, and county resources.

For fiscal year 2013, Clay County worked diligently to reflect this vision as we provided funding for services of 175 unduplicated consumers, including 63 adults with mental illness, 67 adults with chronic mental illness, 32 adults with mental retardation, and no individuals with developmental disabilities. We have provided funding for 13 children with mental illness for court-ordered services and no children with mental retardation. Our county case management program does provide case coordination for children on the mental health waiver and intellectual disabilities waiver through Medicaid funding.



Populations funded



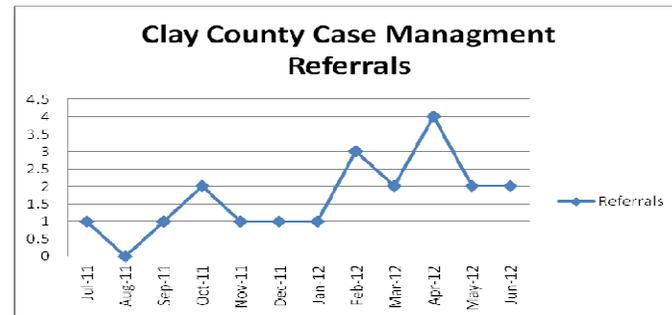
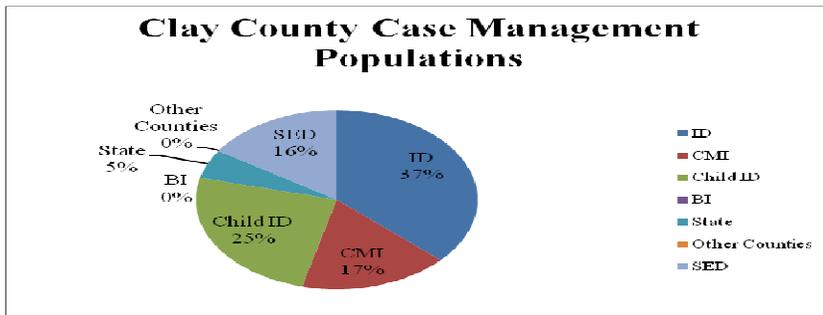
Portion of Dollars spent per Populations

Since FY 2006, when our expenditures were \$1,319,459 and we served one hundred sixty-eight (168) individuals, we saw a dramatic increase in FY 2007 when our annual expenditures were \$1,422,834 and our consumers served jumped to one hundred eighty-six (186) or a 7% growth rate. In FY 2008, we saw a 10% growth rate in expenditures which accrued at \$1,595,028 with two hundred six (206) individuals served. In FY 09, we have seen a 21% increase in persons funded with two hundred sixty (260)

individuals seeking service with county funding only increasing by 2%. In FY 10, Clay County served two hundred sixty-three (263) individuals (2% increase) and had a decrease in spending by 9%. In FY 11, Clay County served two hundred thirty-four (234) individuals (a 12% decrease) and an increase in spending by less than .001%. In FY 12, Clay County served two hundred thirty clients (230) (2% decrease) and had an increase in spending to \$1,646,414 (10%) In FY 13, when Medicaid funding was removed from this budget, our total persons funded was 175, a net decrease of 24% and had a net decrease in spending to \$690,368 (- 41.9%).

We have embraced strict management principles that set priorities, encourage positive and direct communication with clients and their families, and we implement cost-saving measures whenever possible with service providers to support our county plan’s goals to provide cost-effective and client responsive care. Since almost 58 % of our costs were the non-federal share for Medicaid reimbursed services and removed from our administrative responsibility, we saw the need to decrease our block grant allocation to our community mental health center and a 20% reduction in our funding of work activity services across the board. Through care coordination activities, we were able to mitigate the effects of any loss in services because of referrals to other service options. We have kept administrative (a .7 FTE and a .5 FTE) costs low, funding at a 3.7% rate.

We depend on the hard work of our county contracted case management program through Seasons Center for Community Mental Health to help us contain our costs whenever possible while still meeting the needs of clients and their families. Our Clay County Case Management Service provides excellent coordination of services to our high usage clients and typically serves on average over 80 clients per month, with an average of two (2) referrals per month.



Along with the average of 8 adults and 6 children served through the Department of Human Services Targeted case management program, 100 individuals associated with Clay County receive case management services. Combined with other Clay County legal settlement residents who reside in other counties and who receive monitoring through their local case management services, we provide hands-on management to assure high-quality and cost effective services.

The Northwest Iowa Contracting Consortium (NICC) that brings together a group of eleven Northwest Iowa counties and their resident MH/DD service providers continues to annually review services and negotiate funding rates that meet the needs of clients while being cost-effective within our capped MH/DD funding environment. We nurture the professional respect and mutual problem-solving necessary to provide for the needs of the disabled in our region with the funding limitations we have experienced on an on-going basis. The NICC continues to utilize the County Rate Information System (CRIS) process this past year which will give us standardized analysis of our business practices with other in-state counties and service providers.

Waiting list information

Clay County Managed Care Plan for persons with mental health, severe and persistent mental illness, mental retardation and developmental disabilities abides by the following policy regarding a waiting list.

If an application for services is made and the CPC Administrator determines the application is eligible for funding by Clay County, but it is impossible to fund services for the new applicant within the fiscal year due to the fixed budget, a waiting list will be maintained.

1. No persons may be placed on a waiting list if services requested are necessary because the applicant is a danger to self or others.
2. No person shall be placed on a waiting list if the alternative to community-based services is the mental health institute or other hospitalization.
3. Waiting lists shall be reviewed every thirty (30) days to determine if a change may allow services to the new applicant.
4. If funding becomes available, the applicant shall be notified, and shall attend a scheduled interview to determine if service is still desired or needed. If both criteria are met, services shall be approved and notices sent.
5. The Notice of Decision which places an application on a waiting list shall be sent out within thirty (30) days of the application, and shall include an estimate of how long the applicant may expect to be on the waiting list. The applicant shall be informed of time frames for contacting the CPC Administrator to determine his-her status on the waiting list, who to contact and telephone number. Appeal rights shall be explained and given to the applicant in writing.
6. Waiting list information will be used to determine which specific services should be given high priority when drafting a new budget and the managed care plan for the following year.

In FY 13, the Clay County MH/DD Managed Care System did not have any individuals on the waiting list.

Appeals

According to the Clay County Managed Care Plan, the following appeals policy is in place.

Consumers, families, guardians, legal representatives, and providers may appeal the decisions of the county and the CPC Administrator, as their designee at any time. Such individuals may also file a grievance about the actions or behavior of any party associated with the county managed system of care at any time. Written appeal forms with a description of the appeals, investigation and disposition process and the telephone number and address for lodging a verbal or written appeal shall be available at access point and the CPC office.

- A. Appeals must be submitted in written form within thirty (30) days of the date the consumer has knowledge of the action being appealed.
- B. Appeals will be received by the CPC Administrator.
- C. The CPC administrator will schedule a conference within fifteen (15) working days of receipt to discuss the appeal and seek to resolve the issue.
- D. If the appellant is willing to attend a conference, this will be scheduled; with the appellant informed he/she may bring anyone they wish as an advocate/representative.
- E. If the appellant wishes to appeal the Clay County CPC's decision, a hearing shall be held before an impartial Appeals Board no later than 15 days after the hearing with the Board of Supervisors. The Appeals Board shall be comprised of five members of the Clay, Osceola, Dickinson, and O'Brien four County MH/DD Planning Council and will include one representative from each of the following groups: 1) 1 consumer/family members, 2)an attorney 3)a school administrative official, 4)former Board of Supervisors member 5) a neutral service provider. Designation of the five members Clay County Appeal Board will be made by the Four County Planning Council. Each county's Appeal Board will be reviewed annually and vacancies replaced as needed by the Planning Council.
- F. The appellant may bring whoever he/she wishes to the appeal hearing as advocate/representative.
- G. After hearing the appeal information, the Appeal Board shall consider all testimony provided, and shall inform all parties of their decision within ten (10) working days of the appeal hearing. This notice will detail whether the decision of the CPC Administrator has been upheld, and if so, the reason. If a correction action is required, the notice shall detail the action and the time from for completion. The decision of the Appeal Board is final. No person entitled to an appeal shall be denied the opportunity to do so, and shall be provided assistance with the process as needed.

In FY 13, there were 10 appeals filed by or on behalf of consumers served by the Clay County MH/DD Managed Care Plan because of the decrease in funding to work activity services at Sunshine Services, Inc. Spencer. Each appeal included a conference with the

CPC, the client and/or legal guardian, and Sunshine Services staff where the team worked together to come to satisfactory resolutions in all cases with plans which reflected opportunities to address the client's needs with alternatives.

Progress toward goals and Objectives:

Goal 1. Clay County will develop and maintain an easily accessible network of community-based services, providing prevention, crisis intervention and treatment options for consumers to potentially reduce funding needs at more restrictive increased costs levels of care.

Objectives

1. Clay County will provide a network of cost-effective outpatient community-based services, that is responsive to and anticipating of consumer needs within current budget constraints.
2. Clay County will provide opportunities for ongoing communication and education between legislators, county officials, consumers and their families, and service providers to identify system needs that will promote advocacy for persons with disabilities and address ongoing funding issues.

Action Steps

1. Clay County will provide service and system coordination that promotes cost-effective services that encourages client choice and utilizes Money Follows the Person Grant funding when appropriate. 6/30/2013
2. Clay County will explore options for persons with disabilities who require a level of care that is more restrictive than RCF for aging consumers requiring more nursing needs who are not deemed appropriate for ICF-MR level care. 6/30/2013

Persons Accountable

CPC Administrator
Clay County Case Management
Clay County Board of Supervisors
Community Service Providers
Consumers

Measures of Progress:

1. Tracking of ICF/MR placements and HCBS Waiver slots and service provision.
2. Tracking Money Follows the Person grant assistance for Clay County legal settlement residents.
3. Tracking the needs of aging consumers requiring additional nursing needs and medical supervision.

Progress Noted: With the change in management and funding of persons living in intermediate care facilities for persons with intellectual disabilities, Clay County was no longer involved with the 5 consumers we had previously monitored at the ICF-ID level of care. At the time of this transition, none of these consumers and/or their guardians expressed interest in moving to a lesser level of care and their needs continue to be met in this level of care.

No Money Follows the Person assistance has been accessed this year by Clay County to transition clients out of ICF-ID care. We had one individual with chronic mental illness and other physical disabilities access a nursing home setting this past year. There were no persons with intellectual disabilities who accessed that level of care this year. We do anticipate others, though, in the future as we see individuals with intellectual disabilities developing age-related dementia and additional medical problems that require increased and specialized programming from service providers to maintain them in the least restrictive setting possible. We commend the hard work of these service providers to maintain these individuals in their homes that are familiar and consistent for their quality of life.

Goal 2. Clay County will assist Seasons Center for Community Mental Health to develop a fee for service system and eliminate the current block grant funding system.

Objectives:

1. Clay County and Seasons Center will develop cost saving and fee for service rates for the following services: evaluation, medication checks, outpatient therapy, and community support services.
2. Clay County and Seasons Center will develop cost saving and fee for service rates for the following services: Consultation and Education, Indigent Medication Program, Emergency Services, and Administrative costs.

Action Steps:

1. Complete the financial process of the County Rate Information System (CRIS) 10-1-09.

- 2.The CPC shall work with Seasons Center staff and the process set by the Northwest Iowa Contracting Consortium to negotiate rates by 1-1-10.
- 3.Clay County will negotiate rates with Seasons Center on an annual basis by 6-3-11.
- 4.Clay County will work with Seasons Center to develop more individual and specific data on each client and service by 6-30-13.

Persons Accountable:

Seasons Center for Community Mental Health
Clay County CPC
Clay County Board of Supervisors

Measure of Progress:

- 1.Tracking the number of clients receiving each service.
- 2.Tracking the cost of each service per client.
- 3.Tracking the cost saving measures compared to previous years.

Progress Noted : There continues to be challenges in Seasons Center’s ability to function without the block grant provided. Seasons’ Center’s seven county Board has continuously reviewed the feasibility of providing services totally from a fee-for-service model with limited or no block grant subsidy. At this time, that plan continues to be considered. With the changes due to Medicaid expansion and the advent of integrated health homes of which Seasons Center will be a regional provider, we hope to see less dependence on a block grant for services which can be absorbed into their service unit rates.

Seasons Center has continued to improve its financial situation over FY 13, with a healthy bottom line. Along with effective business practices, Seasons Center participates in the CRIS cost reporting process which evaluates costs as well as productivity standards to address efficiencies and the cost of doing business. This tool has assisted them along with other measures in reviewing their operation costs for greater efficiencies. Located in a rural setting has its unique challenges but Seasons Center continues to provide quality services close to home for many individuals and families, who would otherwise have to travel two (2) or more hours for quality mental health care similar to what they receive locally.

During FY13, 80 unduplicated Clay County legal settlement residents accessed county-funded mental health care at Seasons Center. Although it is difficult to compare cost savings between years since most of these clients are not repeat consumers or their services provided are intermittent and episodic, it is noted that having this resource in our local communities makes a big difference to the people who use the service.

Clients and their families do not have the financial burdens of travel expenses, long waits for service (people can be seen within up to two (2) weeks of initiating an appointment) and they have peace of mind, should they have a question or concern, that a local practitioner is available to assist them when they need it. In addition, there are emergency and crisis services available locally through this community mental health center to assist law enforcement and the court system with public safety concerns. Seasons Center's rates of reimbursement for inpatient and outpatient mental health services at Seasons Center continue to be reasonable and competitive as evidenced by the CRIS reporting of other facilities providing like services state-wide.

Goal 3. Clay County will develop and maintain a system of services with natural supports for persons with disabilities to socially, vocationally, and residentially participate fully in community life within the limits of the budget.

Objective:

1. Clay County will continue development of various community resources that encourages inclusion, advocacy and more independence socially, vocationally and residentially.

Action steps:

1. Clay County will develop and maintain culturally competent access and service delivery to persons with disabilities by incorporating culturally competent evidence-based practices and resources. 6/30/2013
2. Clay County will tally results from an annual survey to consumers, families, providers and interested community members to determine the effectiveness of current resources and identify unmet needs. 6/30/2013
3. Clay County will continue to support efforts in the community to maintain the "just friends" drop in center, promoting outreach and community collaboration with the faith community, service providers, interested citizens. 6/30/2013
4. Clay County will provide opportunities through ongoing communication, collaboration, and education between federal and state legislators, local officials, consumers and their families to advocate for services and funding that support cost-effective, lesser restrictive options for persons with disabilities. 6/30/2013
5. Clay County will work with regional disability advocacy groups to encourage public education about disabilities to develop public awareness and eliminate stigma against persons with disabilities.

Persons Accountable:

CPC Administrator,
Case Managers

Clay County Board of Supervisors
Service Providers
Consumers and Families
Federal, state and local representatives

Measures of Progress:

1. Tracking of “just friends” drop in center attendance
2. Tracking of legislator and local official contacts with community members
3. Tracking of annual Clay County MH/DD survey results addressing unmet needs
4. Tracking of community educational opportunities that encourage natural support systems. Clay County continues to seek feedback and direction from stakeholders through the annual satisfaction survey with results listed below.

Progress Noted:

Clay County has continued to develop culturally competent practices to address needs as they arise. This has resulted in sensitivity to special needs in the office, provision of services via on-line options for the needs of clients who are home-bound, as well as non-traditional options for service delivery.

The “just friends” drop in center has limited its attendance with approximately 5 unduplicated consumers receiving services this past year. The difficulty with finding and securing funding has resulted in less opportunities to meet because of limited volunteer staffing availability.

As the ‘just friends’ operation team has looked to keep it open, the Clay County CPC has provided one 1 ½ hour sessions twice a month when possible over the noon hour. A meal is prepared and served by clients and staff. Recreational and socialization activities are provided to give an outing to persons who typically would be socially isolated and disconnected from community life. There has been continued fund-raising to support this limited operation of the center. Along with the in-kind contribution of space and utilities from a local church, we continue to offer the service in spite of these limitations. Networking with peer and other community based supports have been helpful in providing referrals. Planning sessions have occurred to address this community need for persons with disabilities.

Annual Satisfaction Survey results

6. Do you believe that the services you receive are helping you to be as independent and productive as possible within the community?

Service	Outpt. MH	Vocational	Residential	Other:
Yes	4	6	4	0
No	0	1	1	0

7. Do you have any ideas or suggestions for Clay County to consider to improve the delivery of services? None

Through support of the local National Alliance on Mental Illness (NAMI) of NW IA affiliate, Clay County has encouraged contact between legislators and local officials to increase awareness of the needs of persons with disabilities. In addition, offering educational opportunities meeting community needs is a common goal for NAMI and Clay County. The Clay County CPC assists NAMI in producing a monthly newsletter with educational information on topics ranging from various diagnoses of mental illness, promising treatment, legislative updates and coping options. In addition, through partnership with NAMI and the Depression, Bipolar Support Alliance (DBSA) regional support groups meeting are offered monthly at the Spencer Hospital for interested individuals and families affected by mental illness.

The Spencer ADA Council, which promotes awareness of issues that affect persons with disabilities, continues to provide activities in the community. Clay County continues to maintain a position on the council and offers support as needed to their mission. The ADA Council promotes awareness through on site school visits by a team of disabled individuals to the Spencer fourth grade classes each year in October during National Disabilities Month. They sponsor an annual poster contest with the theme “Just like Me” for these 4th graders, with monetary prizes provided by the Spencer Rotary. There are also presentations at the monthly meetings about various services assisting individuals with disabilities.

The development of the Multi-Church Community Assistance Fund (MCCAF) in FY 11 has continued to provide a common fund to assist with housing and utility assistance for needy individuals and families and has served some of our indigent clients with disabilities to promote financial wellness.

Clay County, through cooperation and collaborations of up to 15 different organizations/agencies/services, has launched a volunteer network in which interested volunteers are matched with organizations needing their services. This grass-roots networking opportunity supports numerous non-profit organizations who provide valuable goods and services which improve the quality of life here in our county. In addition, it provides an organized structure for referrals, expectations for background checks, as well as engagement of the entire community through awareness of activities requiring volunteer labor. This service in particular provides

another opportunity for persons with disabilities to more fully integrate into the community by offering their services as they are able to community projects. A Clay County Supervisor and the CPC sit on the board for the VNCC.

Clay County discontinued our affiliation with AARP to provide representative payee and bill payer services on June 15, 2012. We were in discussions with local helping agencies to develop and sustain a community-wide, independent, not-for-profit, organizational payee to provide money management services that encourages financial health and well being for our community members, including persons with disabilities.

Goal 4. Clay County will develop evidence based assessment and intervention tools to create a comprehensive network with area children's mental health service providers to identify unmet needs, provide timely and appropriate intervention and support to children with mental health and co-occurring needs and their families.

Objective:

1. Clay County will assist in coordination efforts to develop and utilize common assessments, interventions and treatment planning to address needs of children with mental health disorders and recruit qualified children mental health treatment specialists.

Action Steps:

1. Clay County will provide targeted case management to children with mental health needs who are eligible for the Home and Community Based Children's mental health waiver. 6/30/2010
2. Clay County will provide coordination opportunities to area service agencies to support the development of common assessment and intervention strategies to effectively communicate needs and goals of children accessing and/or receiving treatment. 6/30/2010
3. Clay County will provide coordination activities to develop and distribute an informational resource brochure for families and interested community members to support children's access to appropriate treatment services. 6/30/2010
4. Clay County will coordinate with local service providers, the schools, the department of human services, juvenile court, to recruit children mental health specialists i.e.: physician's assistants, nurse practitioners, psychologists, to provide specialized services for children with mental health needs. 6/30/2013
5. Clay County will coordinate with local service providers to provide more locally based remedial and IMMT workers to provide community-based services which may reduce the need for more restrictive levels of care for children with mental health and/or co-occurring treatment needs. 6/30/2013

Persons Accountable

Clay County CPC
Clay County Targeted Case Management
Clay County Board of Supervisors
Children's mental health and co-occurring treatment service providers
Children and their families
School personnel
DHS and Juvenile court officers

Progress noted

1. Tracking of targeted case management for children requesting mental health waiver services
2. Tracking use of common assessment during children's civil commitments
3. Tracking of distribution of informational brochures to children and their families for mental health and co-occurring treatment resources.
4. Tracking of involuntary psychiatric hospitalizations of Clay County children (age 3-18) not adjudicated through CINA or juvenile court
5. Tracking of alternative treatment options accessed instead of civil involuntary commitments.

Progress noted:

Approximately 36 children and their families have accessed Targeting Case Management through the Children's Mental Health and Intellectual Disabilities (ID) waiver services. Of those children, five of them have had a history of involuntary and/or voluntary mental health hospitalizations along with behavioral and social functioning difficulties due to their mental illness. We continue to see a decrease in the need for court-ordered inpatient psychiatric hospitalizations overall which may be attributed to the coordination and monitoring of services of targeted case management through the Children's Mental Health Waiver. We continue to promote the program but see some frustration because of the lack of slots available to address needs with this preventative approach. We are pleased that the Legislature is addressing waiting lists to promote more community-based services such as this to provide local coordination services to families to address needs before they require a higher level of care.

No common assessment for children's civil commitments has been implemented at this time. We continue to look at tools to best meet these needs so the numerous providers of children's services as well as the children and their families can develop a single language to address intensity and acuity of symptoms to determine the level and system of care which will be most helpful in

intervention and services. We are hopeful with better assessment skills during the time of crisis; we can impact and decrease the amount of children who must be committed.

Goal 5. Clay County will develop and maintain as the budget allows, services for persons with co-occurring disorders.

Objectives:

1. Clay County will maintain the Integrated Services Pathways (ISP) jail project in collaboration with other counties involved, Seasons Center and Compass Pointe.
2. Clay County will explore options for co-occurring treatment services that meet the need of persons whose needs require local or regional ongoing, more intensive services.
3. Clay County will explore options in our region for an adult drug court that provides collaboration between the court system, law enforcement and correctional services, as well as mental health and substance abuse providers to work with consumers with co-occurring disorders to reduce the re-entry to the jail system, address failures in treatment and promote personal responsibility and natural consequences for consumers.

Action Steps:

1. Clay County will maintain county ISP meetings every other month for partners, including the Clay County Jail, the Clay County Sheriff, Seasons Center for Community Mental Health and Compass Pointe to meet to review referrals, assess progress, and identify and plan to meet unmet needs. 6/30/2013
2. Clay County will continue participation in regional Advisory Board meetings for the ISP project held every other month to review regional referrals, assess progress, while identifying and planning systemically to meet unmet needs. 6/30/2013
3. Clay County will explore regional options to develop co-occurring disorders intensive inpatient and residential services on the western side of Iowa to meet the special needs of our consumers needing this network of service and level of care. 6/30/2013
4. Clay County will work with our ISP partners to identify the need for an adult mental health and/or drug court. 6/30/2011
5. If a need is identified for an adult regional mental health and/or drug court, Clay County will work with ISP partners and the court system to develop and implement a mental health and/or drug court. 6/30/2011
6. Clay County will review progress of the mental health and/or drug court, evaluating the effectiveness of the mental health and/or drug court in reducing jail bed days, recurring law enforcement contacts with persons identified by the mental health court with co-occurring disorders. 6/30/2013

Persons Accountable:

CPC Administrator
Case Management
Clay County Board of Supervisors
Clay County Sheriff and Jail Staff
Service Providers
Court System

Measures of Progress:

1. Tracking of ISP referrals, active case management cases, referrals to services, and discharges from the program.
2. Tracking of regional meetings with mental health and substance abuse providers to identify needs and funding to plan for more intensive co-occurring disorders services.
3. Tracking of regional planning meetings for a regional mental health and/or drug court.
4. Tracking of arrests and jail bed days for persons with co-occurring disorders identified by the court system for ISP and mental health and/or drug court intervention.

Progress noted: Clay County has had an interruption in jail diversion services through the Integrated Services Pathways as the SAMSHA grant funding was no longer available and there was no additional county funding available in our region for Clay County and other counties to continue the service. In addition, there were problems within the finances of Seasons Center that derailed their ability to maintain this service from other sources of sustainable funding. To that end, there continues to be a goal for Clay County to develop a jail diversion program to assist clients with mental health and co-occurring disorders access treatment and reduce court involvement for these individuals when possible.

Clay County continues to provide our community panel model of juvenile drug court with great success. We have had 12 successful graduates of the program and have averted detention and other costly interventions by this form of intervention. With the support of this program by interested and dedicated community members over the past 5 years, it appears hopeful to develop other relationships with the courts and corrections to provide drug and mental health court to adults in the future.

The Clay County CPC continues to research various rural delivery models and discuss periodically with the Board of Supervisors as well as community providers, the need to pursue this service. Since we have no program at this time, we are unable to track jail bed days. A new county jail was built here this year with attention paid to the needs of persons with disabilities who require incarceration for their safety or for the safety of others.

Documentation of stakeholder involvement

The Four County Planning Council (Clay, Osceola, Dickinson, O’Brien counties) meets semi-annually to address issues affecting consumers, service providers, and funders in the 4 county area. We discuss many topics including case management, the NW Ia. Contracting Consortium and its involvement with the County Rate Information System (CRIS) and its impact on services, providers and county funds, current and future trends and needs. The Council members review issues included in the Strategic Action Plan and consistently review policies and legislative agendas through the county and provider networks to advocate for the needs of persons with disabilities.

The county’s presence when working closely with the “just friends” drop in center participants, team and advisory board, the National Alliance on Mental Illness (NAMI) of Northwest Iowa, the Depression Bipolar Support Alliance (DBSA) of NW IA, the Spencer ADA Council, the Cherokee Mental Health Institute Advisory Board , the Retired Senior Volunteer Program Advisory Board and the Clay County Volunteer Network provides information and addresses concerns for community members who are disabled on an on-going basis.

Actual Provider Network

Cherokee Mental Health Institute	1200 W. Cedar Cherokee, Iowa
ECHO/Plus, Inc.	1560 6 th Ave. N. Estherville, Iowa 1808 Hill Ave. Spirit Lake, Iowa
Hope Haven	1800 19 th St. Rock Valley, Iowa
Horizons Unlimited	Box 567 Emmetsburg, Iowa
Kathleen’s RCF	1505 E. 5 th St. Emmetsburg, Iowa
NISHNA Productions	Box 70 Shenandoah, Iowa
Opportunity Village	Box V. Clear Lake, Iowa
Pride Group	1251 W. Cedar Loop Cherokee, IA
Pride Group	2273 170 th St. Spirit Lake, Iowa
Pride Group	6059 390 th St. Primghar, Iowa
Pride Group	1240 Lincoln St. NE Lemars, Ia. 51031
RIDES	Spencer, IA.

Seasons Center For Community Mental Health Spencer Hospital Sunshine Services, Inc. Village Northwest, Unlimited	201 E. 11 th St. Spencer, Iowa 1200 1 st Ave. E. Spencer, Iowa Box 225 Spencer, Iowa 330 Village Circle Sheldon, Iowa
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Actual Expenditures

(Please refer to County Report 1 listed on page 25 of this report)

Actual scope of Services

Service Type	Threshold Eligibility	Financial Eligibility Process	Special Clinical Criteria	Utilization Review
Mental Health Advocate	MI-or CMI or MR		Involuntary Commitment	CPC Tracking
Legal Representation	MI or CMI or MR		Involuntary Commitment	CPC Tracking
Public Education	MHP/MI or MR			Quarterly report to CPC
Consultation	MI,CMI, Or MR	Indigent or Uninsured with Sliding fee, not Medicaid or Ia.Plan	DSM-IV R Dx. and can benefit	CPC Prior Authorization
Community Support Program	CMI	Clay County income&resource guidelines	Service will prevent residential placement	Monthly Review & Authorization

Day Treatment	MI or CMI	Indigent or Uninsured with Sliding fee,not Medicaid or Ia. Plan	DSM-IV R Dx. and can benefit	CPC Prior Authorization
Case Management	CMI, MR, or DD (mandated)	Medicaid Eligible	DSM-IV R Dx. & Case Mgt. Eligible	Monthly billing Quarterly ICP CPC Approval
Technical Assistance	MI, CMI, or MR	Medicaid Eligible	DSM-IV R Dx. & Case Mgt. Eligible	CPC Administrative Tracking
Evaluation	MI, CMI, Or MR	Seasons Sliding Fee	Necessary to determine treatment	Completed by Seasons staff
D&E Related	MI, CMI, Or MR		Involuntary Commitment	Completed by Seasons Staff
Other (MHI, MHC)	MI,CMI, or MR	Indigent or Uninsured With sliding fee	DSM-IV R Dx. & can benefit from service	CPC Prior Authorization
Transportation	MI, CMI, Or MR	Indigent or Commitment	N/A	CPC Administrative Tracking
Physiological (med check) Trtmt	MI, CMI, or MR	Seasons Sliding Fee	DSM-IV R Dx. and can benefit	CPC Prior Authorization
Psychotherapeutic Treatment	MI, CM or MR	Seasons Sliding Fee	DSM-IV R Dx. and can benefit	CPC Prior Authorization
Supported Employment	CMI or MR	Clay County Income&Resource Guidelines	No Potential for/ failed attempt at all competitive Employment	Annual Review with CPC Approval

Sheltered Workshop	CMI or MR	Clay County Income&Resource Guidelines	No Potential for/ failed attempt at all competitive Employment	Annual Review with CPC Approval
Work Activity Services	CMI or MR	Clay County Income&Resource Guidelines	No Potential for/ failed attempt at all competitive Employment	Annual Review with CPC Approval
Inpatient State Institution Hospitalization	MI, CMI		Involuntary Commitment MHC pre-screening for voluntary admit	CPC Notified
Supported Community Living (SCL)	CMI or MR	Clay County Income&Resource Guidelines	Can benefit from services or RCF placement	Annual Review CPC Approval
RCF (1-5 bed)	CMI or MR	Clay County Income&Resource Guidelines	Numerous Hospital- and/or SCL services	Annual ICP Review CPC Approval
RCF-PMI (Transitional)	CMI	Clay County Income&Resource Guidelines	Unable to live in any other less setting outside of the hospital	Annual ICP Review CPC Approval
RCF (6-15 beds)	CMI, MR	Clay County Income&Resource Guidelines	Unable to live independently	Annual ICP Review CPC Approval
RCF (+16 beds)	CMI, MR	Clay County Income&Resource Guidelines	Unable to live independently	Annual ICP Review CPC Approval
ICF (1-5 beds)	MR	Clay County Income&Resource Guidelines	Unable to live independently in lesser restrictive setting	Annual ICP Review CPC Approval

ICF (6-15 beds)	MR	Clay County Income&Resource Guidelines	Unable to live independently in lesser restrictive setting	Annual ICP Review CPC Approval
ICF (+16 beds)	MR	Clay County Income&Resource Guidelines	Unable to Live independently in lesser restrictive setting	Annual ICP Review CPC Approval
HCBS Waiver	MR	Medicaid Eligible		Annual review CPC Approval
Crisis Services	MI, CMI,		DSM-IV R	CPC

MASTER MATRIX IN EXCEL FORM

County:	MI	CMI	MR	DD	BI
Service					
4x03 Information and Referral	X	X	X	X	X
4x04 Consultation.	X	X	X	X	
4x05 Public Education Services	X	X	X		
4x06 Academic Services.					
4x11 Direct Administrative.					
4x12 Purchased Administrative	X	X	X	X	
4x21- 374 Case Management- Medicaid Match.		X	X	X	
4x21- 375 Case Management -100% County Funded		X			
4x21- 399 Other.					
4x22 Services Management.	X	X	X	X	
4x31 Transportation (Non-Sheriff).		X	X		
4x32- 320 Homemaker/Home Health Aides.					
4x32- 321 Chore Services					
4x32- 322 Home Management Services					
4x32- 325 Respite.		X	X		

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4x32- 326 Guardian/Conservator.					
4x32- 327 Representative Payee					
4x32- 328 Home/Vehicle Modification			X		
4x32- 329 Supported Community Living		X	X		
4x32- 399 Other.		X			
4x33- 345 Ongoing Rent Subsidy.					
4x33- 399 Other					
4x41- 305 Outpatient	X	X	X	X	
4x41- 306 Prescription Medication.	X	X			
4x41- 307 In-Home Nursing					
4x41- 399 Other					
4x42- 305 Outpatient	X	X			
4x42- 309 Partial Hospitalization.		X			
4x42- 399 Other.					
4x43- Evaluation.	X	X	X	X	
4x44- 363 Day Treatment Services		X			
4x44- 396 Community Support Programs		X			
4x44- 397 Psychiatric Rehabilitation					
4x44- 399 Other					
4x50- 360 Sheltered Workshop Services.		X	X		
4x50- 362 Work Activity Services		X	X		
4x50- 364 Job Placement Services.		X	X		
4x50- 367 Adult Day Care.		X	X		
4x50- 368 Supported Employment Services		X	X		
4x50- 369 Enclave			X		
4x50- 399 Other.					
4x63- 310 Community Supervised Apartment Living Arrangement (CSALA) 1-5 Beds		X	X		
4x63- 314 Residential Care Facility (RCF License) 1-5 Beds		X	X		
4x63- 315 Residential Care Facility For The Mentally Retarded (RCF/MR License) 1-5 Beds		X	X		
4x63- 316 Residential Care Facility For The Mentally Ill (RCF/PMI License) 1-5 Beds		X			
4x63- 317 Nursing Facility (ICF, SNF or ICF/PMI License) 1-5 Beds					
4x63- 318 Intermediate Care Facility For The Mentally Retarded (ICF/MR License) 1-5 Beds			X	X	
4x63- 329 Supported Community Living		X	X	X	

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4x63- 399 Other 1-5 Beds.					
4x6x- 310 Community Supervised Apartment Living Arrangement (CSALA) 6 & over Beds		X	X	X	
4x6x- 314 Residential Care Facility (RCF License) 6 & over Beds		X	X	X	
4x6x- 315 Residential Care Facility For The Mentally Retarded (RCF/MR License) 6 & over Beds		X	X	X	
4x6x- 316 Residential Care Facility For The Mentally Ill (RCF/PMI License) 6 & over Beds		X			
4x6x- 317 Nursing Facility (ICF, SNF or ICF/PMI License) 6 & over Beds					
4x6x- 318 Intermediate Care Facility For The Mentally Retarded (ICF/MR License) 6 & over Beds			X	X	
4x6x- 399 Other 6 & over Beds..					
4x71- 319 Inpatient/State Mental Health Institutes	X	X			
4x71- 399 Other					
4x72- 319 Inpatient/State Hospital Schools			X	X	
4x72- 399 Other.					
4x73- 319 Inpatient/Community Hospital	X	X			
4x73- 399 Other					
4x74- 300 Diagnostic Evaluations Related To Commitment.	X	X	X	X	
4x74- 353 Sheriff Transportation	X	X	X	X	
4x74- 393 Legal Representation for Commitment	X	X	X	X	
4x74- 395 Mental Health Advocates	X	X	X	X	
4x74- 399 Other	X	X	X	X	

Please see attached county reports as Appendices:

- 1) County Dollars Spent by COA Code and Disability Type
- 2) Persons Served
- 3) Persons Unduplicated Count
- 4) Mental Health Growth/Loss

Attachment 1. County Dollars Spent by COA Code and Disability Type FY 13

Code	Mental Illness	Chronic Mental Illness	Mental Retardation	Developmental Disability	Admin	CM	CPS	BrainInjury	Total
Consultation	\$88,644.96								\$88,644.96
Direct Admin - Salary Regular Employees					\$40,484.52				\$40,484.52
Direct Admin - Wages of Temp & Part Time Employees					\$9,855.27				\$9,855.27
Direct Admin - FICA - County Contribution					\$3,732.61				\$3,732.61
Direct Admin - IPERS- County Contribution					\$4,364.45				\$4,364.45
Direct Admin - Employee Group Hlth Insurance - County Contribution					\$7,840.92				\$7,840.92
Direct Admin - State Unemployment Contribution					\$232.30				\$232.30
Direct Admin - Other Benefit Programs - County Contribution					\$370.16				\$370.16
Direct Admin - Fuels (Motor Vehicle Supplies)					\$823.82				\$823.82
Direct Admin - Stationary/Forms/General Office Supplies					\$192.49				\$192.49
Direct Admin - Postage & Mailing					\$335.80				\$335.80
Direct Admin - Mileage & Other Travel Expenses					\$1,760.71				\$1,760.71
Direct Admin - Telecommunications Services					\$40.00				\$40.00
Direct Admin - Educational & Training Services					\$213.07				\$213.07
Direct Admin - Office Equipment (Repair & Maintenance)					\$1,342.66				\$1,342.66
Direct Admin - Dues & Memberships Services					\$11,062.05				\$11,062.05
Services Management - Telecommunications Services					\$33.41				\$33.41
Support Services - Supported Community Living		\$12,233.29							\$12,233.29
Physiological Treatment - Prescription Medicine/Vaccines	\$688.00	\$1,105.31							\$1,793.31
Psychotherapeutic Treatment - Outpatient	\$23,741.10	\$14,120.30							\$37,861.40
Psychotherapeutic Treatment - Community Support Programs		\$1,487.50							\$1,487.50
Voc/Day - Work Activity Services		\$49,174.26	\$180,443.46						\$229,617.72
Voc/Day - Supported Employment Services		\$7,760.64							\$7,760.64
Comm Based Settings (1-5 Bed) - Supported Community Living		\$13,858.74	\$15,955.02						\$29,813.76

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Comm Based Settings (6+ Beds) - RCF		\$121,207.41						\$121,207.41
Comm Based Settings (6+ Beds) - RCF/MR			\$18,465.35					\$18,465.35
Comm Based Settings (6+ Beds) - RCF/PMI		\$43,062.70						\$43,062.70
State MHI Inpatient - Per diem charges		\$1,623.78						\$1,623.78
Other Priv./Public Hospitals - Inpatient per diem charges	\$360.00	\$3,884.60						\$4,244.60
Commitment - Sheriff Transportation	\$4,192.54	\$1,390.44						\$5,582.98
Commitment - Legal Representation	\$2,100.00	\$918.46						\$3,018.46
Mental Health Advocate - General	\$72.00	\$120.46						\$192.46
Mental Health Advocate - Telecommunications Services	\$84.39							\$84.39
Unspecified	\$459.00	\$530.85						\$989.85
County	\$120,341.99	\$272,478.74	\$214,863.83		\$82,684.24			\$690,368.80

Attachment 2. Persons Served - Age Group by Primary Diagnostic For Clay County FY 2013

Diagnostic Category	Children	Adults	Total Served	DX code
Mental Illness	12	63	75	40
Mental Illness, Chronic Mental Illness	0	4	4	40,41
Chronic Mental Illness	1	63	64	41
Mental Retardation	0	32	32	42
Total	13	162	175	99

Attachment 3. Unduplicated Number of Persons Served by COA code and Disability Type

Type	COA	Service	MI	CMI	ID	DD	BI	Other	Total
Adult	4399	Consultation	1						1
Adult	32329	Support Services - Supported Community Living		3					3
Adult	41306	Physiological Treatment - Prescription Medicine/Vaccines	5	3					8
Adult	42305	Psychotherapeutic Treatment - Outpatient	37	20					57
Adult	42396	Psychotherapeutic Treatment - Community Support Programs		3					3
Adult	50362	Voc/Day - Work Activity Services		15	32				47
Adult	50368	Voc/Day - Supported Employment Services		2					2

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Adult	63329	Comm Based Settings (1-5 Bed) - Supported Community Living		3	4					7
Adult	64314	Comm Based Settings (6+ Beds) - RCF		9						9
Adult	64315	Comm Based Settings (6+ Beds) - RCF/MR			1					1
Adult	64316	Comm Based Settings (6+ Beds) - RCF/PMI		1						1
Adult	71319	State MHI Inpatient - Per diem charges		1						1
Adult	73319	Other Priv./Public Hospitals - Inpatient per diem charges	1	6						7
Adult	74353	Commitment - Sheriff Transportation	26	18						44
Adult	74393	Commitment - Legal Representation	18	11						29
Adult	75395	Mental Health Advocate - General		4						4
Adult	99999	Unspecified	4	3						7
Child	74353	Commitment - Sheriff Transportation	11	1						12
Child	74393	Commitment - Legal Representation	5	1						6
Child	75395	Mental Health Advocate - General	2							2

Disability Group	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Net Change
Mental Illness	32	39	37	35	3
Chronic Mental Illness	41	39	38	41	0
Mental Retardation	32	28	24	25	-7
Developmental Disabilities	0	0	0	0	0
Administrative	0	0	0	0	0
Case Management	0	0	0	0	0
County Provided Service	0	0	0	0	0
Brain Injury	0	0	0	0	0
Total	105	106	99	101	-4