

HARDIN COUNTY COMMUNITY SERVICES FY 2013 ANNUAL REPORT

This report, including information required by Iowa Administrative Rule 441—25.17, is provided to summarize the activities of Hardin County Community Services for Fiscal Year 2013 (July 1, 2012-June 30, 2013). The report includes statistical reports for FY 13 MH/DD services that must be submitted to the Iowa Department of Human Service by December 1, 2013. The report is reviewed and used as a management tool by the Hardin County Board of Supervisors, Hardin County MH/DD Advisory Board, the Community Services Department and other stakeholders.

Hardin County Community Services provides services for persons with mental illness, mental retardation, and/or other developmental disabilities, along with administering county funding for general assistance for indigent persons and coordinating county funded chemical dependency services. The Community Services Department includes:

1. **Central Point of Coordination (CPC)**. As required by state law, the department serves as the “single entry point” and performs the Central Point of Coordination function for all county funded mental health/developmental disabilities (MH/DD) services. The Director is designated as the Central Point of Coordination (CPC) Administrator. The CPC process includes: the intake process; determination of consumer eligibility; referral, if needed, to a service coordinator; referral, if needed, for clinical assessment; consumer enrollment into authorized services and supports; service and cost tracking; collection and reporting of data; authorizing funding within the guidelines established in the Hardin County MH/DD Policies and Procedures and Strategic Plan; public education; and collaboration with funders, providers, consumers, and other stakeholders. MHDD services for FY 13 included:

	FY 13	Prev. Yr.
Unduplicated served for MHDD services in FY 13*	228	253
By age: Unduplicated Children served	10	11
Unduplicated Adults served	218	242
By Diagnosis: Unduplicated Mental Illness Primary	127	111
Unduplicated Chronic Mental Ill. Primary	46	49
Unduplicated Mental Retardation Primary	49	83
Unduplicated Dev. Disability Primary	6	10
Total MHDD Expenditures FY 13 (Fund 10)**	\$761,097	\$2,088,962

* By state definition “served” refers only to those for which a payment is made. Hardin County provides referral and coordination services to many who would not be included in number served.

** For FY 13 taken from CSN Reports submitted to DHS. FY 12 amount from the Accrual report submitted to Dept. of Management by Hardin County Auditor .

2. **Targeted Case Management**. On July 1, 1998, Hardin County became a targeted case management provider accredited under Chapter 24 of the Iowa Administrative Code. Case management is a highly individualized service that provides assessment, planning,

referral, service coordination, and monitoring services to individual consumers determined eligible for the service. Only consumers that receive Medicaid (TXIX) and meet other eligibility criteria qualify for this service. Hardin County employs three full-time case managers. Case management services for FY 13 included:

	FY 13	Prev. Yr.
Total unduplicated consumers served by TCM-FY	115	106
Total new enrollments by TCM in FY	14	12
Total discharged from TCM in FY	11	7
Total units of TCM provided in FY	5,550	5,506
<i>*Note: unit definition changed for FY 12</i>		
Average cases/month during FY	100.7	96.3

3. **General Assistance.** The department administers the short term financial assistance program available to poor and needy persons residing in the county. Primary areas of assistance included utility bills, rent, indigent funerals, and referral and coordination with other agencies. Statistics for General Assistance for FY 12 include:

	FY 13	Prev. Yr.
Number of application approved for burial/cremation	3	5
Number of applications approved for utility assistance	10	18
Number of persons/families approved for rent assist.	14	17
Number of persons/families approved for other	1	0
Number of children funded for Juvenile Shelter Care	5	7

4. **Faith in Action / Friendship Club.** Hardin County was awarded a Faith in Action grant from the Robert Wood Johnson Foundation in September, 2001. Hardin County's program serves persons with mental disabilities. The Hardin County FIA Coalition includes individuals, church congregations, community organizations, and human service agencies. Many of the FIA group activities are provided in coordination with the Friendship Club. Friendship Club is a rehabilitative social and educational program for persons with mental illness and intellectual deficits that opened in February, 2002. It is located in Iowa Falls and is currently open to consumers three days per week. The members are actively involved in all aspects of the program and work with the Coordinator in planning and carrying out Club functions and activities.

	FY 13	Prev. Yr.
Total Unduplicated Served- FIA/Friendship Club FY	63	64
Total Volunteers for FIA in FY	79	102
Total Consumers Utilizing Friendship Club FY	52	56
Avg. Total Monthly Utilization Friendship Club FY	31	35

5. **Chemical Dependency.** The CPC Administrator is also the administrator of all county funded chemical dependency/substance abuse services. Although most chemical dependency treatment services are state funded, the County provides involuntary and voluntary detoxification and evaluative services through contracted providers and state institutions.

STAFF

Linn Adams- Director/CPC Administrator(3/96)
Mary Rosendahl-Targeted Case Manager (7/98)
Brenda Meyer-Targeted Case Manager (7/98)
Rebecca Heitland-Targeted Case Manager (6/07)
Carol Haywood-Support Staff (2/99)
Marcia Kendall-Support Staff (11/09)
Kathy Vitasek-Faith in Action/Friendship Club Coordinator (12/10)
Kathleen Steiber-Friendship Club Assistant (8/09)

POLICY & ADVISORY BOARDS

Hardin County Board of Supervisors Brian Lauterbach, Lance Granzow, Ronn Rickels

MH/DD & Case Mgmt. Advisory Boards Mary Swartz-Chair, Tim Rogers, Barb
Duncan, Mary Rosendahl, Rick Shaw,
Cheryl Tanis, Dorothy Sheller, Bev Dirksen,
Tina Hutzel, and Pam Klatt.

Faith in Action Advisory Board Robin England-Chair, Mary Rosendahl, Tim
Rogers, Bev Dirksen, Robin Hartkopp,
Eileen Kruse, Joan Geil, Sandi Butt, Gordon
Bakan, Pam Klatt, Miriam Webber, Jerry
Kramer, and Marlene Dickerson.

Friendship Club Membership Council Friendship Club members

REVIEW OF FY 13 ACTIVITIES / EVENTS

Regionalization: Legislation passed by the Iowa Legislature and signed by the Governor required a “redesign of the mental health system” in Iowa. The law requires counties to form regional entities by June 30, 2014. Much of FY 13 was spent working with surrounding counties in forming a new region, Central Iowa Community Services. A 28E Agreement was approved by participating counties and the CICS region became effective in July, 2013.

The Mental Health Interdisciplinary Team (MHIT), continued to meet during FY 13. The team includes clinical staff from Ellsworth Hospital, Achieve Mental Health, the Mental Health Judicial Advocate, Case Managers, FIA Friendship Club staff, and the CPC Administrator. The purpose of this group is to better coordinate care and outcomes for persons receiving services through Community Services and outpatient care through Freedom House.

In December, 2012, the Faith in Action Advisory Board and Community Services staff sponsored the "Reach Out at Christmas" project. Many of the FIA coalition groups and individual supporters purchased Christmas gifts or contributed money to supply gifts for 58 persons with mental disabilities referred through FIA. Overall donations and in-kind gifts totaled over \$2,400.00. A Christmas party and supper were held at which time the gifts were distributed.

On May 22, 2013, in recognition of May as Mental Health Awareness month, Community Services co-sponsored a seminar and luncheon event to raise mental health awareness. The seminar speaker was Anastasia Tuckness from Central Iowa NAMI. Anastasia shared "In Our Own Voice", the story of her journey through mental illness and recovery. The event, held at the First United Methodist Church in Iowa Falls, was attended by apx. 80 persons, including consumers, family members, providers, agencies, and mental health professionals. During the luncheon, the FIA volunteers were recognized for their services through the FIA program.

As part of continued quality improvement efforts, a service provider roundtable and a consumer roundtable meeting were held during the year.

Other Departmental Activities:

- Produce and distribute a monthly newsletter
- Monthly staff meetings
- Staff regularly contribute volunteer hours through FIA program
- Member, CCMS Training Committee and CSA Training Committee
- Member, Region Six Housing Trust Board of Directors
- Ongoing advocacy and tracking of legislation as member of ISAC Legislative Review Committee
- Ongoing training, including: CCMS Annual Conference, ISAC Semi-Annual Conferences, Regional CPC meetings, Quarterly Case Management Support Meetings, CCMS Administrators Trainings, etc.
- Quarterly MH/DD and Case Management Advisory Board meetings
- Quarterly FIA Advisory Board meetings
- Ongoing collaboration and coordination with Magistrate, Clerk of Court, Mental Health Advocate, Hospitals, and State MHIs related to mental health commitments.

FY 2013 PROGRESS TOWARD GOALS

(see progress report boxed under each objective)

Goal 1: Hardin County MHDD consumers will have the opportunity to be employed in their community.

Objective: By June 2012, at least 25% of adult targeted case management consumers will be employed in the community.

Measurement: “Employed” shall mean working an average of at least 10 hrs/wk and being paid by employer (not through workshop or service agency). Percentage employed will be calculated in June for each fiscal year of this Plan.

Baseline: Apx. 15% of TCM consumers employed as of June, 2008.

Targets: FY 10-18%, FY 11-22%, FY 12-25%

Progress Report for FY 10: For FY 10(as per definition above) 18.18% of adult TCM consumers were employed at end of fiscal year. The target for FY 10 was met. Agency staff worked with the Community Employment Alliance in developing a workshop, “Planning for Employment” that was held in May, 2010. The workshop was geared toward young adult clients and those that would be graduating from high school. 23 consumers attended. CMs met with individual clients to determine those interested in working. The agency continues to look for new ways to help clients work in the community in an unfavorable economic climate in the state.

Progress Report for FY 11: For FY 11 (as per definition) 20.27% of adult TCM consumers were employed at end of fiscal year. The target for FY 11 was not met, however, we did increase the percentage of working TCM adults from the previous year. This was accomplished despite the loss of our supported employment agency. Goodwill Industries terminated their services in Hardin County during the fiscal year. In June, 2011, Hardin County contracted with a private individual, Josh Linius, doing business as B.E.S.T., to serve some Hardin County clients, however, he cannot do any services funded through the HCBS Waivers. The Community Employment Alliance (CEA) and Hardin County staff continue to explore creative options for employment.

Progress Report for FY 12: For FY 12 (as per definition) 19% of adult TCM consumers were employed at end of fiscal year. The target for FY 12 was not met. The percentage employed was slightly less than the previous year. We continue to struggle with finding appropriate community employment opportunities and adequate supports for persons to work. The depressed economy over the past few years has hindered opportunities for employment. We continue to explore new ways to supply the needed jobs and supports for persons with disabilities to work in the community.

Progress Report for FY 13: *The focus for community employment changed somewhat as we continued to struggle with the availability of supported employment providers. The Director was involved in several meetings with IVRS and other providers to bring a previous provider (Goodwill Central Iowa) back to the area. A comprehensive survey was done of all adult TCM clients living in Hardin, Franklin, and Marshall Counties. The Community Employment Team prioritized the list of those wishing for community employment and came up with a core group of clients for highest priority. The team will be meeting regularly to track progress on each identified client.*

Goal 2: Hardin County MHDD consumers will be offered opportunities to live and receive appropriate supports in their community.

Objective: By June, 2011, appropriate housing and residential services in their community shall be established for at least four young adult consumers that will be moving from parental home.

Progress for FY 10: During FY 10 two young adults moved from parental home to the community. One person moved to a home in Iowa Falls that she shares with 3 others and

receives 24 hour supported community living services funded through the ID Waiver. The other person moved from the parental home to an apartment in Iowa Falls that they share with another consumer and receives hourly supported community living services.

Progress for FY 11: During FY 11 two young adults moved from their parental home to the community. Both, which had previously received hourly supported community living (SCL) services in the parental home, moved to 24-hour staffed HCBS waiver homes. One person moved to a waiver home in Iowa Falls that is shared with 3 others. The other person who lives in the Grinnell area moved to a waiver home in Pella. The objective has been met with four young adults that have transitioned from the parental home. At the end of the FY at least one other transition is pending.

Progress for FY 12: This objective was met in FY 11. In FY 12 another young adult moved from his parental home to an ID Waiver home in the community that they share with two other individuals. Over 3 years five young adults moved to appropriate community residential services from parental home.

Progress for FY 13: This objective was previously met.

Goal 3: Hardin County MHDD consumers shall have opportunities to socialize and learn in their community.

Objective A: By June, 2010, the Clubhouse shall be available to anyone living in Hardin County that has a MHDD diagnosis.

Progress Report for FY 10: During FY10 the criteria for eligibility for the Friendship Club was revised to allow membership by anyone with a MHDD diagnosis. Previously membership was restricted to only those with a mental illness diagnosis. This change was reviewed with the Advisory Board, Board of Supervisors, and with the membership.

Objective B: By June, 2011, the Board of Supervisors shall decide on the feasibility of becoming accredited for Day Habilitation Services at the Friendship Club to draw down Medicaid or other funding that may be available.

Progress Report for FY 10: During the year, Director visited the Hamilton County program, which is CARF accredited and receives payment through Medicaid for eligible clients on the ID Waiver. Plans were made to attend an accreditation conference in September, 2010, to learn more about what would be required in order to become accredited.

Progress Report for FY 11: Director attended an accreditation conference in September, 2010, to learn more about the requirements and process to become accredited. Although there are advantages for this, there is quite a bit of cost and much paperwork required in order to become accredited. During the spring of 2011 the County became involved in discussions with other counties to develop a new collaborative agency that would provide services such as Intensive Psyc. Rehab, Community Support, and Peer Support that may provide opportunities to access additional state Medicaid dollars to support the activities of the Friendship Club. The Board of Supervisors has signed a letter of intent to be a partner in this new endeavor.

Progress Report for FY 12: Hardin County joined 6 other counties in establishing Central Iowa Recovery. The new entity initially will provide Intensive Psychiatric Rehab (IPR), Community Support Services (CSS) and Peer Support. This program will interface with the Friendship Club to serve members at the Clubhouse. In addition, with MHDD redesign options will be explored to collaborate with other counties for accreditation which may allow Medicaid funding to support the Friendship Club.

Progress Report for FY 13: The IPR program became a highly effective and integral part of the

service delivery system. Some of the IPR activities are done at the Friendship Club. The program continues to grow and will be hiring additional staff. Hardin County continues to discuss options with others in the new Central Iowa Community Services (CICS) region.

QUALITY ASSURANCE

In May, 2013 a survey was sent to consumers, providers, and guardians for those receiving case management services during the fiscal year. A summary of the survey results is attached to this report. Results showed continued satisfaction with the services and supports provided. Overall, survey responses were 97.8 % positive with .5% answering “no” and 1.7% undecided.

During FY 13, Community Services held a consumer “round table” meeting. Several meetings were also held with area providers. The meetings were an opportunity to share the survey responses and talk with individual consumers and providers directly to get their ideas about ways to improve our service.

Ongoing quality assurance activities include: monthly meetings with consumer membership council, consumer and family membership and ongoing feedback as members of the MH/DD and Case Management Advisory Boards, provider membership on MH/DD, Case Management and FIA Advisory Boards.

APPEALS

Hardin County had no appeals in FY 2013.

WAITING LIST

Hardin County had no one placed on a waiting list for services in FY 13.

STAKEHOLDER INVOLVEMENT

Ongoing stakeholder involvement is assured through the following:

- Consumer representatives serve as active members of the MH/DD, Case Management, and Faith in Action Advisory Boards.
- Three members of the MH/DD and Case Management Advisory Boards are family members of persons with MH/DD disabilities.
- Consumer Council members meet regularly to discuss issues and review procedures and policies at the Friendship Club and address other MHDD issues, with involvement of Director and other Community Services staff.
- Several members of the MH/DD and Case Management Advisory Boards are service provider representatives.
- Provider representation as members of Advisory Boards and participation in the Provider Roundtable meetings and workshops.

REPORTS

The following reports are attached as part of this Annual Report. The reports were produced by CSN.

- Total Expenditures by Chart of Account and Disability Type (FY 13)
- Persons Served by Age Group and Diagnosis (FY 13)
- Unduplicated Number of Persons Served by COA and Disability Type
- Mental Health System Growth/Loss Report (FY 13)

FY 13 PERSONS SERVED BY AGE GROUP AND DIAGNOSIS

Disability Group	Children	Adult	Unspecified/Total	DC
Mental Illness	5	122	127	40
Mental Illness, Chronic Mental Illness	0	2	2	40,41
Chronic Mental Illness	1	43	44	41
Chronic Mental Illness, Mental Retardation	1	0	1	41,42
Mental Retardation	3	45	48	42
Mental Retardation, Other Developmental Disabilities	0	1	1	42,43
Other Developmental Disabilities	0	5	5	43
Total	10	218	228	99

FY 13 TOTAL EXPENDITURES BY CHART OF ACCOUNT AND DISABILITY TYPE

Account Code	MI	GMI	In/Disab	DEV	Disab Admin	CM	Total
11100					\$53,972.58		\$53,972.58
11101					\$1,621.31		\$1,621.31
11260					\$4,537.61		\$4,537.61
11412					\$1,067.96		\$1,067.96
11413					\$2,380.82		\$2,380.82
11422					\$180.00		\$180.00
11444					\$881.00		\$881.00
11632					\$21,009.68		\$21,009.68
11636					\$2,471.10		\$2,471.10
12489					\$5,684.00		\$5,684.00
21100					\$260,572.90		\$260,572.90
21101					\$488.20		\$488.20
21260					\$1,277.48		\$1,277.48
21370					\$6,105.00		\$6,105.00
21374				\$68.77			\$68.77
21412					\$1,316.22		\$1,316.22
21413					\$3,949.24		\$3,949.24
21414					\$2,512.30		\$2,512.30
21421					\$248.16		\$248.16
21422					\$1,838.48		\$1,838.48
21440					\$1,194.06		\$1,194.06
21444					\$7,280.19		\$7,280.19
21450					\$2,250.00		\$2,250.00
21489					\$162.38		\$162.38
31351		\$319.68		\$117.00			\$436.68
31354		\$1,087.50		\$2,236.00			\$3,323.50
32320		\$340.00					\$340.00
32325				\$1.39			\$1.39
32327		\$360.00		\$900.00			\$2,700.00
32329		\$14,814.46		\$1,600.19	\$21,699.58		\$38,114.23
33399		\$325.00					\$325.00
41306		\$55.54		\$99.60			\$155.14
42305		\$44,945.05		\$938.00	\$206.00		\$46,089.05
43301		\$681.36					\$681.36

44396	Rehab Treatment - Community Support Programs		\$1,036.69						\$1,036.69
50360	Voc/Day - Sheltered Workshop Services					\$39,708.46			\$39,708.46
50362	Voc/Day - Work Activity Services					\$13,459.53			\$13,459.53
50368	Voc/Day - Supported Employment Services					\$1,406.44			\$1,406.44
50399	Voc/Day - Other Services	\$13,520.25	\$14,815.27	\$342.72	\$205.04	\$16,722.22	\$1,995.60		\$47,053.34
63329	Comm Based Settings (1-5 Bed) - Supported Community Living								\$547.76
64314	Comm Based Settings (6+ Beds) - RCF		\$45,082.02						\$45,082.02
64316	Comm Based Settings (6+ Beds) - RCF/PMI		\$43,302.22						\$43,302.22
71319	State MHI Inpatient - Per diem charges		\$18,206.14						\$18,206.14
73319	Other Priv/Public Hospitals - Inpatient per diem charges	\$44,581.50	\$4,190.00						\$48,771.50
74353	Commitment - Sheriff Transportation	\$3,802.49	\$1,974.81			\$932.45			\$6,709.75
74393	Commitment - Legal Representation	\$1,247.80	\$359.00			\$161.00			\$1,767.80
75101	Mental Health Advocate - Wages of Temp & Part Time Employees	\$4,189.07	\$10,198.98			\$1,240.64			\$15,628.69
75395	Mental Health Advocate - General	\$743.76	\$2,201.36			\$236.12			\$3,181.24
Total	County	\$114,451.82	\$160,748.45	\$79,201.25	\$23,695.18	\$93,806.06	\$289,194.61		\$761,097.37

FY 13 UNDUPLICATED NUMBER OF PERSONS SERVED BY COA AND DISABILITY T

Age	Account Code	MI	CMI	MR	BD	Total
Adult	21374 Case Management - T19 Match/ Medicaid			4		4
Adult	31351 Transportation - Bus		1	1		2
Adult	31354 Transportation - General		1	5		6
Adult	32320 Support Services - Homemaker/Home Health Aid		1			1
Adult	32325 Support Services - Respite			1		1
Adult	32327 Support Services - Representative Payee	2	4	3		9
Adult	32329 Support Services - Supported Community Living		8	3	4	15
Adult	33399 Basic Needs - Other	1				1
Adult	41306 Physiological Treatment - Prescription Medicine/Vaccines	1	1			2
Adult	42305 Psychotherapeutic Treatment - Outpatient	67	2	1		70
Adult	43301 Evaluations (Diagnostic) NOT related to Commitments	3				3
Adult	44396 Rehab Treatment - Community Support Programs		1			1
Adult	50360 Voc/Day - Sheltered Workshop Services			7		7
Adult	50362 Voc/Day - Work Activity Services			3		3
Adult	50368 Voc/Day - Supported Employment Services			3		3
Adult	50399 Voc/Day - Other Services	17	20	28	5	70
Adult	63329 Comm Based Settings (1-5 Bed) - Supported Community Living		1	2		3
Adult	64314 Comm Based Settings (6+ Beds) - RCF		3			3
Adult	64316 Comm Based Settings (6+ Beds) - RCF/PMI		1			1
Adult	71319 State MHI Inpatient - Per diem charges		2			2
Adult	73319 Other Priv./Public Hospitals - Inpatient per diem charges	13	1			14
Adult	74353 Commitment - Sheriff Transportation	31	6	2		39
Adult	74393 Commitment - Legal Representation	11	3	1		15
Adult	75101 Mental Health Advocate - Wages of Temp & Part Time Employees	14	18	2		34
Adult	75395 Mental Health Advocate - General	15	18	2		35
Child	50399 Voc/Day - Other Services			2		2
Child	64316 Comm Based Settings (6+ Beds) - RCF/PMI		1			1
Child	74353 Commitment - Sheriff Transportation	3	2	1		6
Child	74393 Commitment - Legal Representation	1	1	1		3
Child	75101 Mental Health Advocate - Wages of Temp & Part Time Employees	1	2	2		5
Child	75395 Mental Health Advocate - General		2	2		4

FY 13 MENTAL HEALTH SYSTEM GROWTH/LOSS REPORT

Disability Group	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Net Change
Mental Illness	61	63	65	65	4
Chronic Mental Illness	34	42	34	38	4
Mental Retardation	36	44	27	29	-7
Developmental Disabilities	5	5	4	5	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	136	154	130	137	1

2013 TCM Survey Response Summary
June , 2013

Consumer Survey (32 of 76 returned-42% response rate)		Yes	No	Undec.
A	My Case Manager understands my needs & concerns.	31 (97%)		1 (3%)
B	My Case Manager encourages and helps me become as independent as I can be.	31 (97%)		1 (3%)
C	My Case Manager responds to my phone calls in a timely manner.	30 (97%)		1 (3%)
D	My Case Manager works well with other members of my ICP team.	30 (94%)		2 (6%)
E	Overall, I am satisfied with the Case Management services that I receive.	32 (100%)		
1	I make choices and have input about things that are important to me such as where I live, work, etc.	32 (100%)		
2	I am aware that I have rights and responsibilities when it comes to the service(s) I receive.	30 (94%)		2 (6%)
3	My team asks me and helps me understand what supports I need to stay safe and healthy in my home and work.	32 (100%)		
4	I feel that my opinions and ideas count in planning the service(s) I need.	31 (100%)		
5	On my own or with help of others, I can make a difference.	32 (100%)		
6	I know what I should do or who I should contact when I need help or support.	29 (94%)		2 (6%)
7	I am happy where I live.	32 (100%)		
8	I am satisfied with the current services and supports that I am receiving (home, work, etc.).	31 (97%)	1 (3%)	
9	Overall, I am happy with my life.	32 (100%)		

Guardian Survey (34 of 59 returned-58% response rate)		Yes	No	Undec.
1	The Case Manager understands the consumer's needs.	33 (97%)	1 (3%)	
2	The Case Manager has been a good advocate for the consumer.	33 (97%)	1 (3%)	
3	The Case Manager encourages consumer to reach his/her full potential.	32 (94%)		2 (6%)
4	The Case Manager works well with the consumer's ICP team.	33 (100%)		
5	The Case Manager addresses your (guardian) concerns.	33 (97%)		1 (3%)
6	I am able to contact the Case Manager when needed and Case Manager returns my calls timely.	34 (100%)		
7	The Case Manager works in a professional manner.	34 (100%)		
8	The Case Manager follows through in a timely manner.	33 (97%)	1 (3%)	
9	Case Management services have been beneficial for the consumer.	33 (97%)		1 (3%)

	Provider Survey (26 of 57 returned-46% response rate)	Yes	No	Undec.
1	The Case Manager understands the consumer's needs.	25 (96%)		1 (4%)
2	The Case Manager has been a good advocate for the consumer.	26 (100%)		
3	The Case Manager encourages consumer to reach his/her full potential.	25 (96%)		1 (4%)
4	The Case Manager works well with the consumer's ICP team.	25 (96%)		1 (4%)
5	The Case Manager addresses your (provider) concerns.	25 (96%)		1 (4%)
6	I am able to contact the Case Manager when needed and Case Manager returns my calls timely.	26 (100%)		
7	The Case Manager works in a professional manner.	26 (100%)		
8	The Case Manager follows through in a timely manner.	25 (96%)	1 (4%)	
9	Case Management services have been beneficial for the consumers served.	26 (100%)		