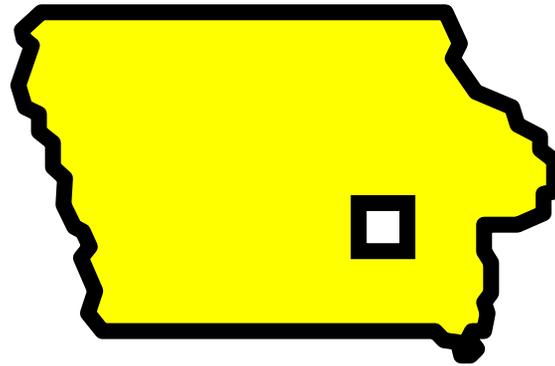


KEOKUK COUNTY



**FY 12-13
(7/1/12 to 6/30/13)**

**MHDS MANAGEMENT PLAN
ANNUAL REVIEW
II.**

Due December 2nd, 2013
Bobbie Wulf, Keokuk County CPC Administrator
Keokuk County Community Services
Courthouse-2nd Floor, Room #23
101 South Main Street
Sigourney, Iowa 52591
Phone: 641-622-2383 / Fax: 641-622-2166
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INDEX

- 1. PROGRESS TOWARDS GOALS & OBJECTIVES**
- 2. DOCUMENTATION OF STAKEHOLDER INPUT**
- 3. ACTUAL PROVIDER NETWORK**
- 4. ACTUAL EXPENDITURES**
- 5. ACTUAL SCOPE OF SERVICES**
- 6. NUMBER, TYPE AND RESOLUTION OF APPEALS**
- 7. QUALITY ASSURANCE IMPLEMENTATION,
FINDING & IMPACT ON PLAN**
- 8. WAITING LIST INFORMATION**

DEMOGRAPHIC INFORMATION

Keokuk County is a rural county located in southeast Iowa (3rd tier of counties up from Missouri and 3rd county over from Illinois). Its population according to the most recent census in 2010 is approximately 10,511 people. That is a decline from the 2000 census of 11,400 or a -7.8% reduction. Keokuk County's population is dispersed among its 16 incorporated cities and rural areas with the county seat and most populous city being Sigourney comprised of approximately 2,208 people.

Keokuk County and the mental health service system experienced a tremendous loss with the passing of the CPC Administrator, Jesse Hornback, who dedicated much of his life and work to the mental health service system. His efforts will be remembered by those of us who had the pleasure of knowing him and the honor to serve with him.

1. **PROGRESS TOWARDS GOALS AND OBJECTIVES**

Keokuk County's current Strategic Plan came into effect on 7/01/09 to 6/30/12. This was extended another year by the Iowa Legislature in 2012 due to MHDS Redesign. The Strategic Plan's purpose is to establish goals and objectives that the county would like to accomplish and/or strive toward during a three (3) year time frame (extended another year as mentioned above). Each year, all counties are required to submit an Annual Review to its Mental Health Stakeholders and other interested persons and agencies; to report the county's activities in regards to the Goal's and Objectives developed for the Strategic Plan. The report is required to report on the following information including but not limited to:

- Progress toward goals and objectives (from those identified in the Strategic Plan)
 - Documentation of stakeholder involvement
 - Actual provider network
 - Actual expenditures
 - Actual scope of services
 - Number, type, and resolution of appeals
 - Quality assurance implementation, findings and impact on plan
 - Waiting list information

The Annual Review is also submitted for review purposes only to the Iowa Dept. of Human Services.

Although legislation did extend the previous Strategic Plans for a year, due to legislation requiring counties to regionalize the mental health disability service system, Keokuk County has not been focusing on the Strategic Plan Goals and Objectives, but rather has expended that time toward region development.

Goal 1: Keokuk County would like to expand the type & quality of services provided to Keokuk County individuals to enhance individual's independence, choice, and empowerment while also observing ongoing evaluation of service appropriateness and cost-effective measures.

Objective A: Explore the feasibility of expanding Outpatient type Mental Health services such as Psychiatry, individual & group Therapy, purchase of medications for emergencies (x1 only), etc. within/out of Keokuk County for Keokuk County individuals & implement if feasible. No specific costs or provider(s) are known at this time. This may include assisting provider(s) with up-front and/or overhead expenses during initiation of said services and then an ongoing fee-for-service as agreed upon by Keokuk County and provider(s).

Progress: *This objective has been at a standstill over the past two years. We attribute this to the Iowa Legislature repealing the CPC Process in previous Legislative Sessions and then passing legislation to replace the current county system with a regional system. With the expectation of transitioning to a regional system of care, as well as the focus on regional development, we have not pursued any part of this goal formally. We remain always vigilant about welcoming new providers that meet all credentialing requirements to increase choice to funded individuals.*

Objective B: Explore and implement if feasible the expansion of Quality Assurance practices such as reviewing provider files for compliance, direct meetings with percentage of clients/guardian(s) and/or family members during annual satisfaction surveys, etc. This would include utilizing the Stakeholder Committee in developing a check-list of items to be reviewed during provider-file audits as well as developing other beneficial Quality Assurance practices through Stakeholder opinion, past experiences, recommendations, etc. No costs anticipated, only time of staff and Stakeholders needed.

Progress: *Quality Assurance is a struggle. We continue to do this informally at meetings with clients, families/guardians, providers, and other interested agencies and/or persons. We address issues and problems as they arise. And again, with the looming MHDS Redesign changes requiring counties to regionalize, efforts have been halted in expectation that the regionalization will force realignment of the quality assurance functions. With regionalization the county will lose some autonomy in working with the providers and local community members. However, the region will allow for a larger array of cross comparison of measurable outcomes. The construction and implementation of newly formed regional level of government has yet to be realized and will require considerable transition and work to come into alignment with new evidence based standards directed by legislation.*

Objective C: Simplify the Mental Health commitment process by implementing more Outpatient Evaluations during committals as an alternative to automatic Inpatient Evaluations. This would include the initial/ongoing education as needed for CPC and all involved agencies and/or persons such as Clerk of Courts, Mental Health Center, Judges, etc. on that process. Costs anticipated are those of the Outpatient Evaluations however additional fees may be recognized at a later time as this goal is addressed. New Directions currently provides this service to Keokuk County. Other provider(s) may be considered however those are unknown at this time.

Progress: *We met this goal during the first year of the Strategic Plan but took a step back when the judicial system disallowed County Clerk's of Court offices to assist with committal placements. Currently, there is an informal agreement with the local hospital and its ER staff to process more of these committals. They are now finding a majority of the bed's for committals because Psychiatric Hospitals now require a Medical Screening prior to admission. Because they must present at the ER regardless, they have the medical knowledge to facilitate placements much more efficiently and quicker, thus hopefully making the committal process that much easier on those involved.*

Objective D: Explore and implement if feasible and cost-effective non-traditional services such as a Chore Service, taxi service, etc that may or may not be 100% county funded by Keokuk County Provider(s) of choice. This might include development of a new service that will replace a currently funded service that the client might need part of but not all of. This would most likely begin as a “Pilot” program initially to evaluate cost-effectiveness, impact on individual, provider(s), and the county and if warranted, expand to others if the need exists and is found to be a valuable service. At this time no specific anticipated costs are known, however; costs could include assistance with initiation such as overhead, etc. and then an ongoing fee-for-service unit as agreed upon by Keokuk County and provider(s).

Progress: *There are no changes from last year’s Annual Review. Keokuk County continues to consider non-traditional services on a case by case basis. We have considered rental/utility assistance, medication assistance, and even paying for sanitation services by purchasing the use of a dumpster for use of an individual that was facing eviction if he did not comply with his landlord to get his apartment cleaned up. We are not looking at implementing any other services in a more broad sense in so far as offering to all of our funded individuals because of the uncertainty of the mental health redesign that has been discussed in other parts of this report. We do not feel it wise to begin a program that may not be sustainable in the region. Therefore, we are focused on providing what is mandated as resources continue to dwindle.*

Objective E: Explore and implement if feasible and cost-effective the possibility of pooling resources with other counties, providers, other agencies for such areas as trainings, collaboration, service sharing, 28E agreements between government entities, standardizing of paperwork, etc. that will allow the Keokuk County Mental Health system to be as efficient as possible while providing quality needed services to Keokuk County individuals. No specific costs anticipated at this time but may be recognized at a later time as this goal is addressed.

Progress: *Keokuk County continues to be a part of various agreements where we share resources that includes the following:*

- *Continued participation in a 28E with other counties in southeast Iowa that form Southeast Iowa Case Management.*
- *Continued participation in the rate-setting entity of CRIS sponsored by ISAC (will be ending in FY 12-13 and will be replaced by CSN for all counties).*
- *Continued participation in the CSN Network sponsored by ISAC in partnership with the Iowa DHS.*
- *Continued 28E with Jefferson Co. and Van Buren Co. for CPC coverage during times of illness, vacation, medical leave, etc. We have an agreement (not a 28E) with something similar separately with Washington County CPC office.*
- *Keokuk County also still remains involved with several other southeast Iowa counties that are working toward developing and implement a single Mental Health Plan that will be universal in all of these counties. That has changed from just sharing a Regional Management Plan to moving toward becoming a region. This includes at the time of this report: Des Moines County, Henry County, Keokuk County, Lee County, Louisa County, Van*

Buren County, and Washington County. Keokuk County did briefly consider a smaller region including Appanoose County, Davis County, Keokuk County, and Wapello County; however decided to opt for the larger region. While a smaller region is preferable when considering local access; we considered the old adage of “safety in numbers” to also be important when moving toward regional planning.

Keokuk County will continue to always look for new innovative ways to share resources as resources dwindle in our area and through the state. As those develop, we will work hard to see if they are possible.

2. DOCUMENTATION OF STAKEHOLDER COMMITTEE INPUT

The Stakeholder Committee consists of the following list of representatives. It should be noted that they are subject to change at any time. They are as follows:

Deb Gillum	Individual
Leonard George	Individual
Laura Hahn	Individual
Sabra Herbert	Individual
Rita Fowler	Family Member
Joni Foster	Family Member
Herb Mohr	Family Member
Sue Mohr	Keokuk Co. Public Health/HHA & Family Member
Mary McCammant	Family Member
Harlan Spain	Family Member
Elayne Campbell	Keokuk Co. Area NAMI & Family Member
Leanne Weaver	Division of Vocational Rehabilitation-Counselor
Marquette Huffman	8 th Judicial Court Advocate
Sandy Stever	Jefferson Co. CPC
Karen Riggle	Van Buren Co. CPC
Mike Hadley (replaced Richard Denny)	Keokuk Co. Board of Supervisors-Chairperson
Jesse Hornback	Keokuk Co. CPC & General Assistance Director
Stephanie Faulkes	Provider- Director of New Directions MHC
Tammy Burlingame	Provider-Vice-President of WCDC/AES
Nancy Van Patten	Past Provider & interested county citizen
Southeast Iowa Case Management -Karen Schroeder	Provider Agency & contracted TCM entity Team Leader/Case Manager

-Mary Weber
 -Rose Fisher
 First Resources Corporation
 -David Wilson
 -Lori Ledger
 -Chris Ridenour
 -Cindy Kurtz-Hopkins
 -Hal Fritchen
 -Robert Stillwell

Case Manager
 Case Manager
 Provider Agency
 Executive Director
 Director of Residential Services
 HCBS-TXIX Coordinator
 Director of Vocational Services
 Program Manager of Vocational Services
 Vocational Services employee & Individual

The Stakeholder Committee has not met formally over the past year. Informal smaller meetings and discussion occur as needed.

3. **ACTUAL PROVIDER NETWORK**

The below Provider Network includes all providers and contact information that Keokuk County provided payment to for FY 12-13. This does not include administrative expenses such as supplies, mileage, etc. We have to the best of our ability tried to include each provider and any omission otherwise was not intended.

Provider Name	Address 1	City, State, Zip
AMBER L. THOMPSON, ATTORNEY AT LAW	PO BOX 61	SIGOURNEY, IA 52591
BLACK HAWK COUNTY SHERIFF	225 E 6 TH ST	WATERLOO, IA 50703
BROADLAWNS MEDICAL CENTER	1111 HAYNES AVE	Centerville, IA, 52544
CHATHAM OAKS INC	4515 MELROSE AVE	IOWA CITY, IA, 52246-
COMMUNITY MENTAL HEALTH CENTER FOR MID EASTERN IA	507 E COLLEGE ST	IOWA CITY, IA, 52240-
COUNTRY HAVEN CORPORATION	2168 US HWY 34	CORNING, IA, 50841-
COVENANT MEDICAL CENTER	3421 W 9TH ST	WATERLOO, IA, 50702-
FIRST RESOURCES CORP	102 South Main Street	SIGOURNEY, IA, 52591-

GENESIS DEVELOPMENT	401 W MCKINLEY	JEFFERSON, IA, 50129-
GOODWILL INDUSTRIES OF THE HEARTLAND	1410 S 1ST AVE	IOWA CITY, IA, 52240-
HAMMES, VERNON	29273-292ND STREET	RICHLAND, IA, 52585-
HART, SANDRA	PO BOX 5655	CORALVILLE, IA 52241
HILLCREST FAMILY SERVICES - HIGHLAND PLACE	13011 120TH AVE	OTTUMWA, IA, 52501-
HILLCREST FAMILY SERVICES (WASHINGTON COUNTY CMHC)	2175 LEXINGTON BLVD Bldg 2	WASHINGTON, IA, 52353-
HY-VEE PHARMACY	1914 8 TH ST	CORALVILLE, IA 52241
HY-VEE PHARMACY	110 SOUTH D STREET	OSKALOOSA, IA, 52577-
JEFFERSON COUNTY SHERIFF	1200 W GRIMES	FAIRFIELD, IA 52556
JOHNSON COUNTY SHERIFF	511 S CAPITOL ST, PO BOX 2540	IOWA CITY, IA 52240
LLOYD, MCCONNELL DAVIS, & LUJAN LLP	211 W WASHINGTON	WASHINGTON, IA, 52353-
MEDIAPOLIS CARE FACILITY INC.	142 NORTH ORCHARD	MEDIAPOLIS, IA, 52637-
MENTAL HEALTH CENTER OF NORTH IOWA	235 S EISENHOWER AVE	MASON CITY, IA 50401
MENTAL HEALTH CLINIC OF TAMA COUNTY	1309 S BROADWAY	TOLEDO, IA 52342
MERCY MEDICAL CENTER/ MERCY FAMILY COUNSELING	701 10 TH ST SE	CEDAR RAPIDS, IA 52403
MHP, BEHAVIORAL HEALTH	1229 C AVE E	OSKALOOSA, IA, 52577-
OPTIMAE LIFESERVICES (FKA RESCARE)	301 W BURLINGTON	FAIRFIELD, IA, 52556-
OTTUMWA TRANSIT AGENCY (10-15)	2417 S EMMA ST	OTTUMWA, IA, 52501-

PSYCHIATRIC ASSOCIATES OF IOWA CITY	673 WESTBURY DRIVE SUITE 201	IOWA CITY, IA, 52245-
SIACC	212 GLASGOW ROAD	FAIRFIELD, IA, 52556-
SOUTHEAST IOWA CASE MANAGEMENT	101 NORTH 16TH ST	FAIRFIELD, IA, 52556-
SOUTHERN IOWA MENTAL HEALTH CENTER (SIMHC)	110 E MAIN ST	OTTUMWA, IA, 52501-
TENCO INDUSTRIES INCORPORATED	710 GATEWAY DRIVE	OTTUMWA, IA, 52501-
THE LAW OFFICE OF JEFFREY L. POWELL	108 N MARION AVE	WASHINGTON, IA 52353
TINDAL LAW OFFICE	305 W MAIN ST, SUITE A	WASHINGTON, IA 52353
TREASURER, STATE OF IOWA	DHS CASHIER OFFICE 1305 E. WALNUT STREET	DES MOINES, IA, 50319-0114
WAPELLO COUNTY AUDITOR	101 W 4TH ST	OTTUMWA, IA, 52501-
WAPELLO COUNTY SHERIFF	330 W 2ND	OTTUMWA, IA, 52501-
WASHINGTON COUNTY PUBLIC SAFETY CENTER	2181 LEXINGTON BLVD PO Box 6	WASHINGTON, IA, 52353-

4. ACTUAL EXPENDITURES

This information is directly taken (copied & pasted) from the County Dollars Spent by COA Code & Disability Type report from the CSN system for FY 12-13. The total Direct Administration and Purchased Administration accrued for FY12-13 and reported in the GAPP Report was \$73,032, which is not reflected in the CSN system. Therefore, the total MHDS expenditures are \$281,813.

Account Code	MI	CMI	ID (MR)	DD	Admin	CM	CPS	BI	Total
				<i>We currently use for all Admin. Expenses. Will be changed next year.</i>					
11100 Direct Admin - Salary Regular Employees									
11101 Direct Admin - Wages of Temp & Part Time Employees									
11110 Direct Admin - FICA - County Contribution									
11111 Direct Admin - IPERS- County Contribution									
11113 Direct Admin - Employee Group Hlth Insurance - County Contribution									

11260 Direct Admin - Stationary/Forms/General Office Supplies								
11412 Direct Admin - Postage & Mailing								
11413 Direct Admin - Mileage & Other Travel Expenses								
11414 Direct Admin - Telecommunications Services								
11422 Direct Admin - Educational & Training Services								
12000 Purchased Administrative (contracts, MCO, ASO)	\$50.00							
21374 Case Management - T19 Match/ Medicaid		\$2,487.88	\$-15.51	\$-21.41				\$2,450.96
31354 Transportation - General			\$480.93					\$480.93
32329 Support Services – Supported Community Living		\$-3,425.42	\$639.76		\$514.02			\$-2,271.64
32399 Support Services - Other			\$28.01					\$28.01
41306 Physiological Treatment - Prescription Medicine/Vaccines	\$2,859.89							\$2,859.89
42305 Psychotherapeutic Treatment - Outpatient	\$31,764.36	\$115.00						\$31,879.36
50360 Voc/Day - Sheltered Workshop Services			\$10,098.61					\$10,098.61
50362 Voc/Day - Work Activity Services		\$303.54	\$40,360.88					\$40,664.42
50367 Voc/Day - Adult Day Care			\$181.00					\$181.00
50368 Voc/Day - Supported Employment Services		\$13.74						\$13.74
50399 Voc/Day - Other Services			\$793.66					\$793.66
63310 Comm Based Settings (1-5 Bed) - Assisted Living	\$8,931.90							\$8,931.90
63329 Comm Based Settings (1-5 Bed) - Supported Community Living		\$-12.37	\$6,590.58					\$6,578.21
63399 Comm Based Settings (1-5 Bed) - Other			\$8,911.12					\$8,911.12
64314 Comm Based Settings (6+ Beds) - RCF		\$23,969.45						\$23,969.45
65314 Comm Based Settings (16+ Beds) - RCF			\$44,992.02					\$44,992.02
65318 Comm Based Settings (16+ Beds) - ICF/MR			\$-86.60					\$-86.60
71319 State MHI Inpatient - Per diem charges	\$11,336.34							\$11,336.34
74353 Commitment - Sheriff Transportation	\$4,432.23	\$986.53	\$536.88					\$5,955.64
74393 Commitment - Legal Representation	\$1,688.56	\$90.00						\$1,778.56
74395 Commitment - Mental Health Advocates	\$7,618.62							\$7,618.62
County	\$68,631.90	\$24,528.35	\$113,511.34	\$-21.41	\$514.02			\$207,164.20

5. ACTUAL SCOPE OF SERVICES

Below is a table that includes the scope of services for Keokuk County for FY 12-13. There has been no change from last year and any error or emissions are not intended.

SERVICES/SUPPORTS	MI	CMI	MR	DD
Mental Health Advocate	X	X	X	X
Legal Representation (court-appointed committal only)	X	X	X	X

HCBS-TXIX			X	
Adult Day Care			X	
Case Management (TXIX match)		X	X	X
Evaluations	X	X	X	
Transportation/sheriff (Court-appointed committal only)	X	X	X	
Outpatient Psychotherapeutic Treatment	X	X	X	
Sheltered Workshop Services		X	X*	
Work Activity Services		X	X	
		<i>Per county of residency only</i>		
Supported Employment Services	X*	X	X	
State Institutions (SRC) & Hospitals (MHI)	X	X	X	
CSALA/SCL (1 to 5 beds)	X*	X	X	
RCF (6 and over beds)		X	X	
RCF/MR (6 beds and over)			X	
PMI (6 and over beds)		X		
ICF/MR (6 and over beds)			X	X
Transportation (Non-Sheriff, non-committal)		X <i>By an Exception to Policy only and/or per county of residency only</i>	X	
Habilitation Services-TXIX		X		
Rental Subsidy		X <i>Part of Pilot Program</i>		
Day Treatment/Partial Hospitalization	X	X		
*limited basis (see plan for more details)				

6. NUMBER, TYPE & RESOLUTION OF APPEALS

There were no appeals for FY 12-13.

7. QUALITY ASSURANCE IMPLEMENTATION, FINDING & IMPACT ON THE PLAN

Quality Assurance continues to be a struggle. See page 3 (Section #1, Goal #1, Objective #3 Progress for additional information).

Individual/consumer satisfaction surveys, guardian surveys, and provider surveys are completed annually by Washington County’s contracted targeted case management provider, Southeast Iowa Case Management and therefore, Keokuk County did not duplicate those efforts. Please see their reports below:

Performance Satisfaction Survey 2012

Keokuk County

Individual Survey Results

Total Surveys = 27 returned

1. Are you happy with your case manager from Southeast Iowa Case Management?

Keokuk County	Yes		No		Sometimes	
MR	94%	17/18	0%	0/18	6%	1/18
CMI	88%	7/8	0%	0/8	13%	1/8
DD	100%	1/1	0%	0/1	0%	0/1
County Overall	93%	25/27	0%	0/27	7%	2/27

SICM	Yes		No		Sometimes	
MR	94%	256/272	2%	4/272	4%	12/272
CMI	89%	89/100	4%	4/100	7%	7/100
DD	92%	34/37	5%	2/37	3%	1/37
SICM Overall	93%	379/409	3%	10/409	5%	20/409

2. Does your case plan have goals you want and need?

Keokuk County	Yes		No		Sometimes	
MR	100%	18/18	0%	0/18	0%	0/18
CMI	88%	7/8	0%	0/8	13%	1/8
DD	100%	1/1	0%	0/1	0%	0/1
County Overall	96%	26/27	0%	0/27	4%	1/27

SICM	Yes		No		Sometimes	
MR	94%	255/272	2%	4/272	4%	13/272
CMI	80%	80/100	7%	7/100	13%	13/100
DD	84%	31/37	5%	2/37	11%	4/37
SICM Overall	89%	366/409	3%	13/409	7%	30/409

3. Does your case manager talk to you about the choices you have?

Keokuk County	Yes		No		Sometimes	
MR	83%	15/18	0%	0/18	17%	3/18
CMI	75%	6/8	13%	1/8	13%	1/8
DD	100%	1/1	0%	0/1	0%	0/1
County Overall	81%	22/27	4%	1/27	15%	4/27

SICM	Yes		No		Sometimes	
MR	92%	249/272	2%	7/272	6%	16/272
CMI	78%	78/100	7%	7/100	15%	15/100
DD	78%	29/37	5%	2/37	16%	6/37
SICM Overall	87%	356/409	4%	16/409	9%	37/409

4. Does your case manager help others understand you?

Keokuk County	Yes		No		Sometimes	
MR	83%	15/18	6%	1/18	11%	2/18
CMI	75%	6/8	0%	0/8	25%	2/8
DD	100%	1/1	0%	0/1	0%	0/1
County Overall	81%	22/27	4%	1/27	15%	4/27

SICM	Yes		No		Sometimes	
MR	86%	234/272	6%	15/272	8%	23/272
CMI	78%	78/100	8%	8/100	14%	14/100
DD	84%	31/37	11%	4/37	5%	2/37
SICM Overall	84%	343/409	7%	27/409	10%	39/409

5. Does your case manager encourage you to do more things on your own?

Keokuk County	Yes		No		Sometimes	
MR	94%	17/18	0%	0/18	6%	1/18
CMI	88%	7/8	0%	0/8	13%	1/8
DD	100%	1/1	0%	0/1	0%	0/1
County Overall	93%	25/27	0%	0/27	7%	2/27

SICM	Yes		No		Sometimes	
MR	88%	240/272	5%	13/272	7%	19/272
CMI	84%	84/100	8%	8/100	8%	8/100
DD	84%	31/37	8%	3/37	8%	3/37
SICM Overall	87%	355/409	6%	24/409	7%	30/409

6. Is your case manager easy to talk to?

Keokuk County	Yes		No		Sometimes	
MR	89%	16/18	0%	0/18	11%	2/18
CMI	88%	7/8	0%	0/8	13%	1/8
DD	100%	1/1	0%	0/1	0%	0/1
County Overall	89%	24/27	0%	0/27	11%	3/27

SICM	Yes		No		Sometimes	
MR	90%	246/272	3%	8/272	7%	18/272
CMI	92%	92/100	4%	4/100	4%	4/100
DD	87%	32/37	3%	1/37	11%	4/37
SICM Overall	90%	370/409	3%	13/409	6%	26/409

7. Does your case manager listen to you?

Keokuk County	Yes		No		Sometimes	
MR	89%	16/18	0%	0/18	11%	2/18
CMI	100%	8/8	0%	0/8	0%	0/8
DD	100%	1/1	0%	0/1	0%	0/1
County Overall	93%	25/27	0%	0/27	7%	2/27

SICM	Yes		No		Sometimes	
MR	93%	252/272	1%	4/272	6%	16/272
CMI	90%	90/100	4%	4/100	6%	6/100
DD	95%	35/37	3%	1/37	3%	1/37
SICM Overall	92%	377/409	2%	9/409	6%	23/409

8. Does your case manager only share information about you with the people that you have given them permission to?

Keokuk County	Yes		No		Sometimes	
MR	94%	17/18	6%	1/18	0%	0/18
CMI	88%	7/8	0%	0/8	13%	1/8
DD	100%	1/1	0%	0/1	0%	0/1
County Overall	93%	25/27	4%	1/27	4%	1/27

SICM	Yes		No		Sometimes	
MR	94%	256/272	4%	11/272	2%	5/272
CMI	89%	89/100	3%	3/100	8%	8/100
DD	100%	37/37	0%	0/37	0%	0/37
SICM Overall	93%	382/409	3%	14/409	3%	13/409

9. Can you talk to your case manager when you need to?

Keokuk County	Yes		No		Sometimes	
MR	78%	14/18	6%	1/18	17%	3/18
CMI	88%	7/8	0%	0/8	13%	1/8
DD	100%	1/1	0%	0/1	0%	0/1
County Overall	81%	22/27	4%	1/27	15%	4/27

SICM	Yes		No		Sometimes	
MR	89%	242/272	4%	11/272	7%	19/272
CMI	89%	89/100	5%	5/100	6%	6/100
DD	84%	31/37	0%	0/37	16%	6/37
SICM Overall	89%	362/409	4%	16/409	7%	31/409

10. Does your case manager tell you when you do a good job?

Keokuk County	Yes		No		Sometimes	
MR	100%	18/18	0%	0/18	0%	0/18
CMI	88%	7/8	0%	0/8	13%	1/8
DD	100%	1/1	0%	0/1	0%	0/1
County Overall	96%	26/27	0%	0/27	4%	1/27

SICM	Yes		No		Sometimes	
MR	94%	257/272	1%	3/272	4%	12/272
CMI	88%	88/100	4%	4/100	8%	8/100
DD	92%	34/37	5%	2/37	3%	1/37
SICM Overall	93%	379/409	2%	9/409	5%	21/409

Performance Satisfaction Survey 2012
Keokuk County
 Guardian Results
 Total Surveys = 9

1. Are you happy with the work the case manager does on behalf of the individual you are guardian for?

Keokuk County	Yes		No		Sometimes	
MR	100%	8/8	0%	0/8	0%	0/8
CMI	100%	1/1	0%	0/1	0%	0/1
DD	N/A	0/0	N/A	0/0	N/A	0/0
County Overall	100%	9/9	0%	0/9	0%	0/9

SICM	Yes		No		Sometimes	
MR	95%	215/226	1%	3/226	4%	8/226
CMI	78%	7/9	11%	1/9	11%	1/9
DD	94%	15/16	0%	0/16	6%	1/16
SICM Overall	94%	237/251	2%	4/251	4%	10/251

2. Do you feel the individual's case plan contains goals they want and need?

Keokuk County	Yes		No		Sometimes	
MR	100%	8/8	0%	0/8	0%	0/8
CMI	100%	1/1	0%	0/1	0%	0/1
DD	N/A	0/0	N/A	0/0	N/A	0/0
County Overall	100%	9/9	0%	0/9	0%	0/9

SICM	Yes		No		Sometimes	
MR	96%	216/226	0%	0/226	4%	10/226
CMI	78%	7/9	11%	1/9	11%	1/9
DD	94%	15/16	6%	1/16	0%	0/16
SICM Overall	95%	238/251	1%	2/251	4%	11/251

3. Does the case manager make you and your individual aware of the choices available to them?

Keokuk County	Yes		No		Sometimes	
MR	100%	8/8	0%	0/8	0%	0/8
CMI	100%	1/1	0%	0/1	0%	0/1
DD	N/A	0/0	N/A	0/0	N/A	0/0
County Overall	100%	9/9	0%	0/9	0%	0/9

SICM	Yes		No		Sometimes	
MR	92%	207/226	3%	6/226	6%	13/226
CMI	78%	7/9	0%	0/9	22%	2/9
DD	94%	15/16	6%	1/16	0%	0/16
SICM Overall	91%	229/251	3%	7/251	6%	15/251

4. Do you feel the case manager helps you understand your individual's wants, rights, and needs?

Keokuk County	Yes		No		Sometimes	
MR	100%	8/8	0%	0/8	0%	0/8
CMI	100%	1/1	0%	0/1	0%	0/1
DD	N/A	0/0	N/A	0/0	N/A	0/0
County Overall	100%	9/9	0%	0/9	0%	0/9

SICM	Yes		No		Sometimes	
MR	94%	212/226	1%	3/226	5%	11/226
CMI	78%	7/9	0%	0/9	22%	2/9
DD	94%	15/16	6%	1/16	0%	0/16
SICM Overall	93%	234/251	2%	4/251	5%	13/251

5. Does the case manager encourage the individual to become more independent?

Keokuk County	Yes		No		Sometimes	
MR	88%	7/8	0%	0/8	13%	1/8
CMI	100%	1/1	0%	0/1	0%	0/1
DD	N/A	0/0	N/A	0/0	N/A	0/0
County Overall	89%	8/9	0%	0/9	11%	1/9

SICM	Yes		No		Sometimes	
MR	94%	211/226	2%	4/226	5%	11/226
CMI	78%	7/9	0%	0/9	22%	2/9
DD	88%	14/16	13%	2/16	0%	0/16
SICM Overall	93%	232/251	2%	6/251	5%	13/251

6. Is the case manager easy to talk to?

Keokuk County	Yes		No		Sometimes	
MR	100%	8/8	0%	0/8	0%	0/8
CMI	100%	1/1	0%	0/1	0%	0/1
DD	N/A	0/0	N/A	0/0	N/A	0/0
County Overall	100%	9/9	0%	0/9	0%	0/9

SICM	Yes		No		Sometimes	
MR	96%	217/226	1%	3/226	3%	6/226
CMI	78%	7/9	0%	0/9	22%	2/9
DD	94%	15/16	0%	0/16	6%	1/16
SICM Overall	95%	239/251	1%	3/251	4%	9/251

7. Does the case manger involve you in the team process as much as you want to be?

Keokuk County	Yes		No		Sometimes	
MR	100%	8/8	0%	0/8	0%	0/8
CMI	100%	1/1	0%	0/1	0%	0/1
DD	N/A	0/0	N/A	0/0	N/A	0/0
County Overall	100%	9/9	0%	0/9	0%	0/9

SICM	Yes		No		Sometimes	
MR	95%	215/226	2%	4/226	3%	7/226
CMI	78%	7/9	11%	1/9	11%	1/9
DD	100%	16/16	0%	0/16	0%	0/16
SICM Overall	95%	238/251	2%	5/251	3%	8/251

8. Does the case manager maintain confidentiality on behalf of the individual?

Keokuk County	Yes		No		Sometimes	
MR	100%	8/8	0%	0/8	0%	0/8
CMI	100%	1/1	0%	0/1	0%	0/1
DD	N/A	0/0	N/A	0/0	N/A	0/0
County Overall	100%	9/9	0%	0/9	0%	0/9

SICM	Yes		No		Sometimes	
MR	98%	222/226	1%	1/226	1%	3/226
CMI	100%	9/9	0%	0/9	0%	0/9
DD	100%	16/16	0%	0/16	0%	0/16
SICM Overall	98%	247/251	1%	1/251	1%	3/251

9. Does the case manager respond to your questions and concerns within an acceptable timeframe?

Keokuk County	Yes		No		Sometimes	
MR	100%	8/8	0%	0/8	0%	0/8
CMI	100%	1/1	0%	0/1	0%	0/1
DD	N/A	0/0	N/A	0/1	N/A	0/0
County Overall	100%	9/9	0%	0/9	0%	0/9

SICM	Yes		No		Sometimes	
MR	94%	212/226	2%	5/226	4%	9/226
CMI	89%	8/9	0%	0/9	11%	1/9
DD	94%	15/16	6%	1/16	0%	0/16
SICM Overall	94%	235/251	2%	6/251	4%	10/251

10. Does the case manager support your role as guardian?

Keokuk County	Yes		No		Sometimes	
MR	100%	8/8	0%	0/8	0%	0/8
CMI	100%	1/1	0%	0/1	0%	0/1
DD	N/A	0/0	N/A	0/0	N/A	0/0
County Overall	100%	9/9	0%	0/9	0%	0/9

SICM	Yes		No		Sometimes	
MR	97%	219/226	1%	3/226	2%	4/226
CMI	89%	8/9	0%	0/9	11%	1/9
DD	100%	16/16	0%	0/16	0%	0/16
SICM Overall	97%	243/251	1%	3/251	2%	5/251

Performance Satisfaction Survey 2012

Sigourney Office

Provider Results

Total Surveys Returned = 18

1. Does the case manager advocate on behalf of the individuals?

	Yes		No		Sometimes	
Sigourney Office	100%	18/18	0%	0/18	0%	0/18
SICM Overall	96%	152/159	1%	1/159	4%	6/159

2. The case manager understands the individuals' needs.

	Yes		No		Sometimes	
Sigourney Office	94%	17/18	0%	0/18	6%	1/18
SICM Overall	94%	150/159	1%	1/159	5%	8/159

3. Is the case manager knowledgeable of resources and services that are available in your area?

	Yes		No		Sometimes	
Sigourney Office	100%	18/18	0%	0/18	0%	0/18
SICM Overall	94%	150/159	1%	1/159	5%	8/159

4. Does the case manager effectively monitor the individuals' services?

	Yes		No		Sometimes	
Sigourney Office	94%	17/18	0%	0/18	6%	1/18
SICM Overall	95%	151/159	1%	1/159	4%	7/159

5. Does the case manager have regular contact with the individuals?

	Yes		No		Sometimes	
Sigourney Office	100%	18/18	0%	0/18	0%	0/18
SICM Overall	96%	153/159	1%	1/159	3%	5/159

6. Does the case manager coordinate services identified by the team within an acceptable timeframe?

	Yes		No		Sometimes	
Sigourney Office	100%	18/18	0%	0/18	0%	0/18
SICM Overall	94%	149/159	3%	4/159	4%	6/159

7. Is the case manager a team player?

	Yes		No		Sometimes	
Sigourney Office	100%	18/18	0%	0/18	0%	0/18
SICM Overall	96%	152/159	1%	1/159	4%	6/159

8. Does the case manager interact professionally with your agency?

	Yes		No		Sometimes	
Sigourney Office	100%	18/18	0%	0/18	0%	0/18
SICM Overall	96%	153/159	1%	1/159	3%	5/159

9. Is the case manager easy to contact and do they return calls within an acceptable timeframe?

	Yes		No		Sometimes	
Sigourney Office	83%	15/18	0%	0/18	17%	3/18
SICM Overall	96%	152/159	1%	2/159	3%	5/159

10. Does the case manager submit reports and funding within an acceptable timeframe?

	Yes		No		Sometimes	
Sigourney Office	94%	17/18	0%	0/18	6%	1/18
SICM Overall	95%	151/159	1%	2/159	4%	6/159

8. WAITING LIST INFORMATION

There were no waiting lists for FY 12-13.

Effective July 1, 2014, the newly formed region system of care will be the only structure with spending authority for mental health services in Fund 10. Each region will be required to report revenues and expenditures annually to DHS, though each county will still have an obligation to submit levy/budgetary information to the Department of Management for certification. Each county will lose the autonomy of managing funds independently, as this function will be realigned with the regional system of care. The regional system of care will require the counties to develop a uniform management and strategic plans which will reduce any discrepancies in eligibility and service utilization standards amongst the counties in our region, but conversely may decrease the development of innovative local programs independent from the region. Regardless of uniform management policies and procedures, discrepancies in local access to services will still exist amongst the counties in the region depending on what resources are available in each community. This means that access to services will be available to the individuals being served in each region but may not be accessible in each county. The regional system of care must meet the legislative requirements set forth, such as service and population requirements. Services, as well as the disability-type populations being served, will be prioritized as funding is available in a region. Development and funding of Core Services will be required for persons with Intellectual Disabilities and Mental Illness and then as money is available, regions may expand their Core and Core Plus Services, as well as expand funding to the Brain Injury and Developmentally Disabled populations. However, prior to even implementing the regional system of care and/or the core services, legislative intent allows for a Medicaid offset which will reduce county revenues based on projected savings due to the Medicaid expansion and Affordable Care Act. The formula to support this intent has not been established and therefore, the impact on each county and region is uncertain at this time. This offset will make the new equalized per capita rate, unequal again. The county, as a local access, interacts with some of the most vulnerable and difficult to register individuals that are in need of access to quality health care. Therefore, Keokuk County will be actively educating individuals on how to facilitate the acquisition of benefits for the expansion of Medicaid through the Iowa Health and Wellness Plan and Marketplace opportunities. These efforts have been made with cautious optimism of the future and sustainability of the newly structured system of care.

New legislation allows each individual count to levy up to a maximum of the new equalized per capita rate of \$47.28. Some counties will have to decrease their levy and therefore, their revenue, for mental health disability services and some counties will have the ability to increase their levy and therefore, their revenues. Because Keokuk County's previous levy capacity was very close to the requirement, Keokuk County's levy capacity has increased very little to meet the \$47.28 per capita maximum. The State is currently providing a backfill of the dollars above the previous levy capacity for two years. The amount appropriate to Keokuk County is only \$597.00. It is understood that this backfill is only appropriated for two years and at that point, it will be up to the legislators to further appropriate or to require property tax payers to assume this increased responsibility, if the Medicaid offset hasn't eliminated this need. For Keokuk County, it's very unlikely that the levy asking will increase due to this legislation, but may in fact decrease due to the Medicaid offset.