

**MILLS COUNTY
MANAGEMENT PLAN
FY 13 ANNUAL REVIEW**

DOCUMENTATION OF STAKEHOLDER INVOLVEMENT

Mills and Montgomery Counties historically share both a geographical and philosophical attachment in their approach to serving persons with disabilities. Because of this, Mills and Montgomery Counties chose to form a 28E Agreement to jointly retain a Mental Health Services Coordinator/Central Point of Coordination Administrator (CPC) to assist clients in developing and implementing County Mental Health Services Management Plans. Serving in an advisory capacity is a formal Advisory Board which meets three times per year. At least three clients and two provider representatives serve on the Advisory Board. We will incorporate the client information offered during the Advisory Board meetings into our yearly service planning. Also, a public hearing will be held in each county every three years to solicit additional client input on the concerns regarding the county plans and services in general, to identify services desired by clients and to establish goal priorities for the plans. A separate meeting for Providers will be held every three years. Separating the stakeholder and provider meetings allows clients more opportunity for meaningful input. The provider meeting will continue to be held jointly by Mills and Montgomery Counties, since the two counties generally utilize the same Providers.

Dates, Times and Place(s) of Meetings:

Three Advisory Board Meetings, with clients and provider representatives attending as Board Members were held in FY 13. The dates of the meetings were October 18, 2012, February 28, 2013 and June 20, 2013. The meetings were held at the Nishna Productions Red Oak Work Center (now called Day Services Building). All meetings were held in a barrier-free facility with accessible rooms and adequate space for guests and general public.

Attending the Advisory Board October 2012 meeting were four clients, two provider representatives and the county CPC. The CM Supervisor was present as a resource as were three case managers. During this meeting, the group discussed the RPCM Actual Cost Report for FY'12. The group also discussed the Yearly Critical Incident Report Summary for FY'12. The group was also updated on personnel changes within the case management program, including the hiring of a new staff beginning the end of November 2012. In addition, the CPC gave an update on Mental Health Redesign, including an overview of legislation passed in April 2012. The CPC provided further information on regionalization of Mental Health, including monthly meetings amongst Boards of Supervisors and CPCs to discuss and plan for the region. The CPC discussed funding uncertainties with the \$47.28 per capita equalization levy for mental health. In addition, the Case Management Supervisor gave an update on the new process for approval of Medicaid Waiver services with IME. The CPC also updated the group on implementation of the Community Services Network (CSN) Case Management Module.

Attending the February 2013 Advisory Board meeting were four client representatives, one interested community member, and the County CPC. Five RPCM case managers attended as a resource for the members. The county CPC gave an update on the status of the Performance

Improvement Goals for 2012-2013. The board was updated regarding Medicaid rule changes, including the Atypical Code Project. The CPC also gave an update on Medicaid Cost Containment proposals, including moving Habilitation services to Magellan as of 7/1/13. In addition, chronically mentally ill clients would be managed by health homes rather than case management beginning in a phased process 7/1/13. The CPC gave an update on Mental Health Redesign, including that each county would declare their intent to join the region by April 2013. The group was also updated on personnel in the case management office.

Attending the June 2013 Advisory Board meeting were one provider representative, two client representatives and the county CPC. The CM Supervisor and five case managers also attended as a resource to the group. The CPC shared the results of the 2013 Client and Parent/Guardian Satisfaction surveys to the group. The CPC also gave an update on the IME Atypical Conversion Code process as well as gave a final review of the 2012-2013 Performance Improvement Plan for RPCM. The CPC gave an update on Case Management as it pertains to SF446 and Medicaid Cost Containment. The CPC gave an update on Mental Health Redesign, including an update on development of the Region's 28E Agreement.

Additionally, on-going input is received through meetings and contacts with clients and their families, case managers and DHS social workers. This occurs formally at client meetings attended by the Mills and Montgomery County case managers and the CPC Administrator and informally through telephone contact with the various members of each client's team. Additional information is received by the Boards of Supervisors through their contact with clients, families and other stakeholders.

PROGRESS TOWARD GOALS AND OBJECTIVES

Goal I:

Because AEA 13 (serving Mills County) and AEA 14 (serving Montgomery County) have announced that they will be merging in 2010, it was determined that a more cohesive and organized transition planning from the children's MH/DD system to the adult MH/DD system could possibly be achieved. This has been a goal in the past but without much success. Having the two AEAs merging could enable a more regional approach to transitioning and could prove additionally important because the county case managers serve clients from both counties. Therefore, it was concluded that, in collaboration with the merged AEAs serving the Mills and Montgomery school systems, we could improve the process of transitioning MH/DD clients from the child system to the adult system. This could possibly be promoted through development of printed material delineating such things as what services are available, what populations are eligible, how eligibility is determined, what testing is necessary to substantiate an eligibility claim, how, when and where to apply for Social Security benefits and Medicaid, etc. By improving knowledge of what is needed to transition, it is anticipated that young adults in Mills and Montgomery Counties accessing the adult system could be better served in a more individualized, efficient and cost effective manner.

- 2010** As of July 1, 2010, the two AEAs (AEA 13 and AEA 14) that have served Mills and Montgomery Counties have merged into the new Green Hills AEA. The CPC Administrator is in contact with one of the school psychiatrists regarding coordinating information that should assist the schools within the new AEA in their efforts to provide the information necessary for successful student transitioning into the adult service system. As part of this effort, Mills & Montgomery Counties have developed a short, concise informational brochure regarding adult services to give to teachers. Additionally, the CPC Administrator has been invited to join the new Green Hills AEA Transition Advisory Committee. This should give the county an excellent venue to learn about what information the teachers currently have and how the information is shared or disseminated to the families. We can then enhance our efforts, including our brochure, to better meet the informational needs of the teachers and families.
- 2011** The CPC Administrator has joined the Green Hills AEA Transition Advisory Committee and has attended three meeting. Unfortunately, the Green Valley Parent-Educator Coordinator (PEC) serving this AEA has been incapacitated because of medical reasons and the CPC has not been able to connect with her regarding a joint effort at developing a short, concise informational brochure regarding adult services. It is the PEC who interfaces with the teachers and families of students with disabilities and is therefore the natural alliance to for development of this resource. We will continue to work toward this when the PEC returns to work.
- 2012** The CPC Administrator has continued to be a member of the Green Hills AEA Transition Advisory Committee and has attended all meetings. Rolling Prairie Case Management/County continues to disseminate copies of our brochure to all interested teachers/students/families regarding applying/qualifying for adult MH/DD services. The RPCM Supervisor also attended a transition conference at the AEA to inform and educate attendees about adult services in addition to regularly attending IEPs at our local schools.
- 2013** Mills County has been working toward regionalization of its County mental health system over the past year. The CPC Administrator has continued to attend the Green Hills AEA Transition Advisory Committee as available.

Goal II:

Work with providers, clients and client families to determine ways to keep escalating costs for services better under control. This would include looking at current services, current service definitions and current service provider to client ratios to determine if existing services are utilizing the best practices available. Additionally this includes collaborating with all stakeholders to determine if less costly, alternative service options might exist and might be implemented.

- 2010** With the development and implementation of the new MIS system for counties, called the Community Services Network, (CSN), the CPC Administrator has found an excellent opportunity and venue to research the service definitions. The CSN is in the process of refining and coordinating each specific service definition that is currently being used in order to bring continuity of service definitions to the system. This includes a description

of what services are offered and how the services are delivered, including ratios in some instances, under the descriptive umbrella of a given service definition. Such continuity of service definitions would assist host counties when they are negotiating services with a provider within their respective counties. Then other counties, not in the service area of a given provider, could be better assured that they understand the type and scope of services that are available through the provider that they may be considering for the clients.

This should allow Mills County CPC to begin to better understand, compare and analyze services and service cost and how these elements relate to and impact the different service definitions, the different providers and the different service delivery options.

- 2011** Mills County has adopted the service definitions available through CSN and this has resulted in a positive impact with regards to negotiations with Providers. Meeting representatives are better informed and a more consistent interaction regarding services has been observed. Mills County feels that this will ultimately result in better services for our clients. This piece of the goal is considered completed.

Mills County will continue to solicit alternative, hopefully less costly, service option suggestions from stakeholders both through case management clients and county clients.

- 2012** Although this goal is considered completed, Mills County has continued to solicit alternative, less costly service option suggestions from stakeholders through case management and county clients over the past year. Mills County has continued to use the service definitions available through CSN.

- 2013** Mills County completed this goal and has been working toward regionalization of its Mental Health system over the past year.

ACTUAL SCOPE OF SERVICE AND EXPENDITURES

Mills County served 114 clients in 2012-13. Of these individuals, 11 were chronically mentally ill, 71 were mentally ill, 31 were diagnosed with mental retardation and 1 was developmentally disabled.

As a frame of reference, Mills County served 140 clients in 2011-12. Of these individuals, 14 were chronically mentally ill, 64 were mentally ill, 60 were diagnosed with mental retardation and 2 were developmentally disabled. There was a decrease in total number of clients from 2012-13 of 26 clients. The most significant change was in numbers of individuals served with mental retardation, with a 29 person decrease.

The **ACTUAL SCOPE OF SERVICES** list of specific services accessed by eligible clients in Mills during FY 2013 are delineated in the following report titled **UNDUPLICATED NUMBER OF PERSONS SERVED BY COA CODE AND DISABILITY TYPE**.

Unduplicated Number of Persons Served by COA code and Disability Type

Date Prepared 11/5/2013 For MILLS County FY: 2013

Age	Account	Code	MI	CMI	MR	DD	Total
Adult	21374	Case Management - T19 Match/ Medicaid			13		13
Adult	31354	Transportation - General		2	1		3
Adult	32322	Support Services - Home Management Services (include PERS)			1		1
Adult	32325	Support Services - Respite			3		3
Adult	32329	Support Services - Supported Community Living		4	2		6
Adult	32399	Support Services - Other		1			1
Adult	41306	Physiological Treatment - Prescription Medicine/Vaccines	1				1
Adult	42305	Psychotherapeutic Treatment - Outpatient	60	5			65
Adult	50360	Voc/Day - Sheltered Workshop Services			3		3
Adult	50362	Voc/Day - Work Activity Services			18		18
Adult	50369	Voc/Day - Enclave		1	3		4
Adult	50399	Voc/Day - Other Services			3	1	4
Adult	63329	Comm Based Settings (1-5 Bed) - Supported Community Living			2		2
Adult	64314	Comm Based Settings (6+ Beds) - RCF		1			1
Adult	71319	State MHI Inpatient - Per diem charges	1				1
Adult	73319	Other Priv./Public Hospitals - Inpatient per diem charges	4				4
Adult	74300	Commitment - Diagnostic Evaluations	5				5
Adult	74353	Commitment - Sheriff Transportation	1				1
Adult	74393	Commitment - Legal Representation	5				5
Child	42305	Psychotherapeutic Treatment - Outpatient	1				1
Child	73319	Other Priv./Public Hospitals - Inpatient per diem charges	1				1

The breakdown of the **ACTUAL EXPENDITURES** in Mills County during FY 2013, totaling **\$220,729.62**, is found in the following report titled **COUNTY DOLLARS SPENT BY COA CODE AND DISABILITY TYPE**.

As a frame of reference, actual expenditures in Mills County during FY 2012 totaled **\$1,582,875.44**. **Costs this year showed a decrease from last of \$1,362,145.82**. This decrease can be attributed to the State of Iowa taking over payment of the non-federal share of Medicaid Waiver services as of July 1, 2012. In addition, the State of Iowa took over payment for individuals living in the State Resource Centers. Mills County has traditionally had many clients utilizing Medicaid Waiver services, including services at the Glenwood Resource Center ICF/MR. When the State took over payment, Mills County's expenditures decreased significantly.

County Dollars Spent by COA Code and Disability Type

Date Prepared 11/5/2013 For MILLS County FY: 2013

Account	Code	Chronic							Total
		Mental Illness	Mental Illness	Chronic Mental Illness	Mental Retardation	Developmental Disability	Admin		
11100	Direct Admin - Salary Regular Employees							\$17,948.94	\$17,948.94
12399	Purchased Admin - Other							\$11,293.99	\$11,293.99
21374	Case Management - T19 Match/ Medicaid						\$1,053.87		\$1,053.87
22399	Services Management - Other						\$58.90		\$58.90
22489	Services Management - Miscellaneous						\$3,624.22		\$3,624.22
31354	Transportation - General			\$325.20			\$2,032.80		\$2,358.00
32322	Support Services - Home Management Services (include PERS)						\$11.00		\$11.00
32325	Support Services - Respite						\$541.43		\$541.43
32329	Support Services - Supported Community Living			\$1,005.15			\$808.98		\$1,814.13
32399	Support Services - Other			\$30.00					\$30.00
41306	Physiological Treatment - Prescription Medicine/Vaccines	\$165.87							\$165.87
42305	Psychotherapeutic Treatment - Outpatient	\$33,595.20		\$2,341.00					\$35,936.20
50360	Voc/Day - Sheltered Workshop Services						\$9,000.00		\$9,000.00
50362	Voc/Day - Work Activity Services						\$87,531.75		\$87,531.75
50369	Voc/Day - Enclave			\$4.86			\$49.71		\$54.57
50399	Voc/Day - Other Services						\$663.13	\$2,940.00	\$3,603.13
63329	Comm Based Settings (1-5 Bed) - Supported Community Living						\$3,804.31		\$3,804.31
64314	Comm Based Settings (6+ Beds) - RCF			\$19,313.31					\$19,313.31
71319	State MHI Inpatient - Per diem charges	\$1,520.19							\$1,520.19
73319	Other Priv./Public Hospitals - Inpatient per diem charges	\$15,458.00							\$15,458.00
74300	Commitment - Diagnostic Evaluations	\$1,707.00							\$1,707.00
74353	Commitment - Sheriff Transportation	\$85.50							\$85.50
74393	Commitment - Legal Representation	\$836.70							\$836.70
75395	Mental Health Advocate - General	\$2,978.61							\$2,978.61
Total	County	\$56,347.07	\$23,019.52	\$109,180.10	\$2,940.00	\$29,242.93	\$220,729.62		\$220,729.62

NUMBER, TYPE AND RESOLUTION OF APPEALS

There were no appeals, either client or provider, in Mills County during fiscal year 2013.

WAITING LIST INFORMATION

There has not been a need for a waiting list in Mills County.

ACTUAL PROVIDER NETWORK

See attached list of actual Providers serving clients in Mills County during FY 2013.

QUALITY ASSURANCE IMPLEMENTATION, FINDING AND IMPACT ON PLAN

A new client satisfaction survey to measure participation of Mills and Montgomery County clients and measure their satisfaction with services provided and accessed was implemented in FY '01. In the past, we have sent the same survey to the clients and to parents/guardians. In 2008, we introduced a separate survey for the parents/guardians and that data will be analyzed and discussed separately. Additionally, we have conducted a provider satisfaction survey every even numbered year. Data collected through these three surveys, including client satisfaction, parent/guardian satisfaction and provider satisfaction, along with the management information system, case management tools, client self-reports, questionnaires, and input gathered through the stakeholders meetings are helping in evaluating the QA system. This information is analyzed and is used to revise and improve future plans for the service system, especially in the area of continuing to monitor our client's living arrangements with a goal toward moving all clients to their optimal level of living or to their optimal level of happiness with their living arrangements. The results of the two satisfaction surveys from 2013 are included in this report.

***Rolling Prairie Case Management
Client Satisfaction Survey Results 2013***

In an attempt to measure satisfaction with case management services provided by Rolling Prairie Case Management, a client satisfaction survey was adopted. The survey was developed to allow an evaluation of the client's overall satisfaction, including empowerment and quality of life, satisfaction with the case manager, including satisfaction with the case manager's responsiveness to client needs and desires and the client's satisfaction with community providers. In May 2013 the survey was sent to clients. Data collected through the client satisfaction survey is as follows:

Number of surveys sent to clients = 116

Number of surveys returned = 52

- 51 clients knew the identity of his/her respective Case Manager. 1 client did not respond.
 - Enough contact with Case Manager? # yes - 47 # no - 5 # no response - 0
 - Case Manager helpful? # yes - 52 # no - 0 # no response - 0
 - Case Manager talks about goals? # yes - 51 # no - 1 # no response - 0
 - Satisfied with Case Manager? # yes - 50 # no - 2 # no response - 0
- Living Arrangements: # with relatives - 11 # living by themselves - 5
 # in 8 bed or larger group home - 5 # in 3-4 person waiver home - 26 # no response - 4
 # in 2 person waiver home - 1
 - Happy with living arrangements? # yes - 45 # no - 7 # no response - 0
 - If staff at home, happy with staff? # yes - 34 # no - 5 # no response - 13
- Work: # working - 29 # not working - 21 # no response - 2
 - If you work, happy with work? # yes - 25 # no - 2 # no response - 2
- Happy with services overall? # yes - 50 # no - 2 # no response - 0
- Received psychiatric services in past year? # yes - 25 # no - 27 # no response - 0
 - Happy with treatment? # yes - 23 # no - 1 # no response - 1

Of the 52 client responses, the vast majority continued to report being quite positive about their lives.

Of the respondents with Case Managers who responded yes or no to specific questions, these are the results:

- 90% had enough contact with the Case Managers;
- 100% felt the Case Managers were helpful;
- 98% indicated the Case Managers talked with them about goals and
- 96% were satisfied with the Case Managers.

It is apparent that the Case Managers continue to do an excellent job. While some clients would like to see their Case Managers more often, the Case Managers consistently see the clients more than the required quarterly face-to-face contacts (most clients would not be aware that the Iowa Code requires the Case Manager to see the client only one time each quarter). Additionally, increases in paperwork requirements have made it more challenging for Case Managers to see their clients as often as the client may like. The Case Managers will continue to work toward advocating for clients and their goals and maintaining face to face contact as they desire.

Of the 48 responding to the questions regarding their living arrangements, these are the results:

- 23% live with a relative;
- 54% live in a 3-4 person waiver home;
- 10.5% live in an 8 bed or larger group home and
- 10.5% live by themselves.
- 2% live in a 2 person waiver home.
- 87% of the 52 clients responding as to whether they are happy with their living arrangements are happy, while
- 13% (7) would like to move.
 - Two clients would like to live by themselves, one of which has discussed this with their Case Manager.
 - One client would like to live “in my own apartment” and has discussed this with the Case Manager.
 - One client would like to live “somewhere I can afford (sic) to live right” and has discussed this with the case manager.
 - One client would like to live in “Corning” and has not discussed this with the Case Manager.
 - One client stated they are moving in May 2013 and had discussed this with the Case Manager.
 - One client who wished to move had discussed this with the Case Manager but did not identify where they’d like to live.
- 87% (34) of those responding who have staff at home are happy with staff.
- 13% (5) clients are not happy with staff. Comments include:
 - “Don’t live with staff or group home.”
 - “The way they treat us.”
 - “I would like to be able to walk into town by myself.”
 - “Does not like all the staff.”
 - “Total change with 3 one on one staff.”

Mills and Montgomery Counties continue to monitor our client’s living arrangements with a goal toward moving all clients to their optimal level of living or to their optimal level of happiness with their living arrangements. Not everyone wishes to live independently. Those wishing to remain in group settings should be allowed to choose to remain in that setting. Clients who wish to move to more independent settings should have the opportunity to seek more independence. We will continue to help our clients overcome whatever barriers arise so that optimal living arrangements can be pursued.

50 Clients responded to whether they worked or not:

- 58% (29) responded that they work
- 42% (21) do not work.

Of the 27 working clients responding to questions about whether they are happy working where they do:

- 93% reported that they are happy working where they do
- 7% (2) wish for a change in work.

- One client wishes to work at a different work center and has not discussed this with the Case Manager.
- One client wishes to work “in town splitting wood, mowing lawns, and shoveling snow” and has not discussed this with the Case Manager.

It would appear that some of our clients do not wish to seek a job in the community. Others may want a job in the community but they can be difficult to obtain due to the limited number of jobs in Southwest Iowa. Community employment has always been a priority of Mills and Montgomery Counties. Our Case Managers will continue to assist clients in exploring all vocational opportunities available to them.

52 clients responded to the question regarding being happy with services overall.

- 96% were happy with his/her services overall.
- 4% (2) clients were not happy with services overall. One client would like a cheaper place to live. One client indicated “I would like to manage my own money and sometimes some staff make me wait until morning to make my lunch for work.”

Most of our clients are living in the general area of southwest Iowa, allowing Mills and Montgomery Counties to have an excellent working relationship with the few service providers in the area. This allows for immediate intervention should it be necessary to advocate for clients. It is our program’s intent that clients are happy with their services.

52 clients answered the question regarding having had psychiatric services in the past year.

- 25 (48%) had received psychiatric services.
- 27 (52%) had not received psychiatric services.
- Of those responding they had received services, 96% were happy with the treatment received.

Additional comments noted on the survey:

- “_____ is awesome.”
- “_____ is absolutely outstanding, outstanding, outstanding. He spends quality time with _____ each and every time he is here. _____ takes his job seriously and is a great social worker/case manager for _____. _____ would like more referrals and _____ being their case manager. I am not someone to give accolades if they are not well deserved but he is outstanding! ”

As part of our quality control efforts, we will continue to monitor client satisfaction.

**ROLLING PRAIRIE CASE MANAGEMENT
PARENT/GUARDIAN SATISFACTION SURVEY RESULTS 2013**

In an attempt to measure satisfaction with case management services provided by Rolling Prairie Case Management, a client satisfaction survey was adopted a number of years ago. The survey was developed to allow an evaluation of the client's overall satisfaction, including empowerment and quality of life, satisfaction with the case manager, including satisfaction with the case manager's responsiveness to client needs and desires and the client's satisfaction with community providers. In May 2008, we added a separate parent/guardian survey. Data collected through the parent/guardian satisfaction survey from May 2013 is as follows:

Number of surveys sent to parents/guardians = 82
Number of surveys returned = 39

- 37 parents/guardians responding to the survey identified the Case Manager involved. 2 parent/guardians did not select a case manager from the list.
 - Enough contact with Case Manager? # yes - 37 # no - 0 # no response - 2
 - Case Manager helpful? # yes - 36 # no - 1* # no response - 2
 - Case Manager helped with goals? # yes - 36 # no - 1 # no response - 2
 - Satisfied with Case Manager? # yes - 37 # no - 0 # no response - 2

*1 responder circled both yes and no on the survey

- Living Arrangements of the clients: # with relatives - 18 # in an 8 bed or larger group home - 2
in a 3-4 person waiver home - 17 # living alone - 0 # in apartment with one roommate - 1 # no response - 1

- Happy with living arrangements? # yes - 37 # no - 1 # no response - 0
 - 1 responded by circling both yes and no

- Workplace Location: # workshop - 16 # in community - 1 # no response - 1 #
working in both workshop and community - 0 enclave (other) - 0
GRC enclave - 2 # Day Program - 2 # not working - 17 (school, retired, other)
 - If working, happy with work? # yes - 19 # no - 0 # no response - 0

- Happy with Services Received? # yes - 35 # no - 1 # yes and no - 2
no response - 1

- Has consumer received psychiatric services? # yes - 18 # no - 20 # no response - 1
 - Happy with treatment? # yes - 14 # yes and no - 1 #no- 2 # no response - 1

Of the 39 responses, virtually all parents/guardians were positive about the lives of their children or wards and were satisfied with the services that their children or wards were receiving.

Of the parents/guardians of children or wards with Case Managers who responded yes or no to specific questions, these are the results:

- 100% were satisfied they had enough contact with the Case Manager;
- 97% felt that the Case Managers were helpful;
- 97% indicated that the Case Managers were helpful with goals and
- 100% were satisfied with the Case Managers.

Of the 38 parents/guardians responding to the questions regarding the client's living arrangements, these are the results:

- 47% of the clients live with them;
- 45% of the clients live in waiver homes or waiver apartments;
- 5% of the clients live in an 8 bed or larger group home setting;
- 3 % of the clients (1 client) live in an apartment with one other person.
- 94% of those responding to living arrangements are happy with the client's living arrangements
- 3% (1) answered "no" as to being happy with the client's living arrangements. The parent/guardian felt the client "has a lot more problems in this house than where she lived before." They had talked about concerns with house staff but not the case manager. 3 % (1) answered both "yes and no" to being happy with their family member's living arrangement. They indicated it was "difficult at times and stressful always." They did not note if they discussed this with the case manager.

Mills and Montgomery Counties continue to monitor our client's living arrangements with a goal toward moving all clients to their optimal level of living or to their optimal level of happiness with their living arrangements. Often parent/guardians are concerned about the client's safety when a less restrictive living arrangement is discussed. Case Managers will continue to advocate for clients who wish to move to more independent settings. We will continue to help our clients overcome whatever barriers arise so that optimal living arrangements can be pursued.

38 parents/guardians responded to the questions regarding work.

- 42% (16) of the respondents indicated that the client works in a workshop.
- 3% (1) reported that the client worked in the community.
- 0% of the clients reportedly work both in the workshop and in the community.
- 45% (17) of the clients do not work (clients are still in school or retired).
- 5% (2) attend a Day Program and do not work.
- 5% (2) reported that the client worked in the enclave for the Glenwood Resource Center.

Of the 19 parents/guardians responding to questions about whether the clients are happy working where they do,

- 100% reported that they are happy working where they do.

Community employment has always been a priority of Mills and Montgomery Counties. While we need to offer this alternative, we need to be aware that this may not be a primary goal of the parents/guardians or of the clients that we serve. Due to the economy and ongoing job loss in rural areas, it has continued to be more challenging to secure community employment for the individuals we serve.

Of those 38 parents/guardians responding to questions regarding their family member's services,

- 92% were happy with the services their child or ward receives.

- 3% (1) marked “no” in response. They would like to see their family member get some job training to some extent.
- 5% (2) responded both “yes” and “no.” One parent/guardian did not comment and one stated they have told staff their ward doesn’t like it when others get in their face.

Most of our clients are living in the general area of Southwest Iowa, allowing Mills and Montgomery Counties to have an excellent working relationship with the few providers in the area. This allows for immediate intervention should it be necessary to advocate for the clients.

38 parents/guardians answered the question regarding their family member receiving psychiatric services and of those,

- 47% responded their family member had received psychiatric services in the past year.
- 53% responded their family member had not received psychiatric services in the past year.
- Of those who had received services, 82% of those responding were happy with the treatment the family member received. 2 parent/guardians (12%) responded “no.” One parent/guardian indicated they were trying to get doctor notes from a previous provider as their ward was seeing a new psychiatrist. Another parent/guardian indicated they don’t feel like _____ “spends enough time with _____ to make accurate assessments.” 1 parent/guardian (6%) responded “yes and no” and commented they were happy the case manager “checked up on us.”

One additional comment noted this year on the survey:

- One parent/guardian noted Case Manager “ _____ does a great job!”

As part of our quality control efforts, we will continue to monitor parent/guardian satisfaction.

**MILLS COUNTY
ACTUAL PROVIDER NETWORK FOR FY2013**

Provider Name	Provider Address1	Provider Address2	City	State	Zip	PhoneNumber
ALEGENT PSYCHIATRIC ASSOCIATES	801 Harmony Street,	STE 302	Council Bluffs	IA	51503 -	(712) 388-2745
BROADLAWNS MEDICAL CENTER	1801 Hickman Road		DES MOINES	IA	50314 -	(515) 282-2200
CLARINDA MENTAL HEALTH INSTITUTE	1800 N 16TH ST		CLARINDA	IA	51632 -	(712) 542-2161
CLEVELAND (GROSSNICKLE), (LINCOLN MENTAL HEALTH), KAY M.	1728 Central Ave. Ste. 14		FORT DODGE	IA	50501 -	(515) 955-1836
COUNCIL BLUFFS COMMUNITY HEALTH CENTER	300 West Broadway	STE 6	Council Bluffs	IA	51503 -	(712) 325-1990
COUNTRY HAVEN CORPORATION	2168 US HWY 34		CORNING	IA	50841 -	(641) 322-3291
COUNTY RATE INFORMATION SYSTEMS (ISAC)(CRIS)	5500 Westown Parkway	Suite 190	West Des Moines	IA	50266 -	(515) 244-7181
DALLAS INC (FKA Dallas County Care Facility)	25747 N AVE		ADEL	IA	50003 -	(515) 993-4721
DANIEL PHARMACY	1114 CENTRAL AVE		FORT DODGE	IA	50501 -	(515) 573-3431
DHS - CASHIER	1ST FL HOOVER BLDG RM 14	1305 E WALNUT ST	Des Moines	IA	50319 -	(515) 281-2178
ELECTRONIC TRANSACTION CLEARINGHOUSE (ISAC) (ETC)	5500 Westown Parkway	Suite 190	West Des Moines	IA	50266 -	(515) 244-7181
EYERLY BALL COMMUNITY MENTAL HEALTH SERVICES	1301 CENTER ST		DES MOINES	IA	50309 -	(515) 243-5181
GLENWOOD RESOURCE CENTER	711 S VINE ST		GLENWOOD	IA	51534 -	(712) 527-4811
HEARTLAND FAMILY SERVICE	515 E. Broadway		Council Bluffs	IA	51503 -	(712) 322-1407
HORIZON THERAPY GROUP, LLC	300 W BROADWAY	STE 270	COUNCIL BLUFFS	IA	51503 -	(712) 256-7511
INSTITUTE FOR THERAPY & PSYCHOLOGICAL SOLUTIONS	410 12th Street		PERRY	IA	50220 -	(515) 465-5739
IOWA EMPOWERMENT CONFERENCE	1 W GRANT ST	APT 109	MARSHALLTOWN	IA	50158 -	(877) 338-2767
Jennie Edmundson Behavioral Health	933 E. Pierce St		IA	IA	51501 -	(712) 396-7701
Jourdan, Vivian	227 S. 6th Street		Council Bluffs	IA	51503 -	(712) 328-5774
MERCY HOSPITAL (aka Alegent)	800 Mercy Drive		Council Bluffs	IA	51503 -	(402) 717-4265
MIDAS COUNCIL OF GOVERNMENTS (DART)	530 1ST AVE S		FORT DODGE	IA	50501 -	(515) 576-7183
MILLS COUNTY TREASURER	418 SHARP		GLENWOOD	IA	51534 -	(712) 527-4419
MONTGOMERY COUNTY	106 W		RED OAK	IA	51566 -	(712) 623-5107

SHERIFF	COOLBAUGH ST				-	
NISHNA PRODUCTIONS INC	902 Day Street		SHENANDOAH	IA	51601	(712) 623-4362
PACIFIC PLACE (IHS)	20937 KANE AVE		PACIFIC JUNCTION	IA	51561	(712) 622-8144
PHILLIPS & ASSOCIATES	PO BOX 163	1201 SOUTH LOCUST	GLENWOOD	IA	51534	(712) 527-3030
POTTAWATTAMIE COUNTY COMMUNITY SERVICES	515 5TH AVE	Ste 113	COUNCIL BLUFFS	IA	51503	(712) 328-5645
PSYCHIATRIC SERVICES OF WESTERN IOWA	933 E. Pierce St.		Council Bluffs	IA	51503	(402) 932-2248
SELL LAW, PLC	417 SHARP STREET	PO BOX 391	GLENWOOD	IA	51534	(712) 527-4026
SOUTHWEST IOWA PLANNING COUNCIL AKA TRANSIT(SWITA)	1501 SW 7TH ST		ATLANTIC	IA	50022	(800) 842-8065
Strazdas, Vanessa	222 S. 6th Street		Council Bluffs	IA	51501	(712) 322-2002
TREASURER, STATE OF IOWA	DHS CASHIER OFFICE	1305 E. WALNUT STREET	DES MOINES	IA	50319-0114	(515) 281-6854
VOCATIONAL DEVELOPMENT CENTER (VODEC)	612 S MAIN ST		COUNCIL BLUFFS	IA	51503	(712) 328-2638
WAUBONSIE MENTAL HEALTH CENTER	1800 N 16TH ST	STE 1	CLARINDA	IA	51632	(712) 542-2388
Whispering Pines Counseling, LLC	211 North Locust		Glenwood	IA	51534	(712) 527-2102
WOODS & WYATT, PLLC	10 N WALNUT	PO BOX 189	GLENWOOD	IA	51534	(712) 527-4877