MONTGOMERY 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 meetings. 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 Montgomery 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 Montgomery 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 Montgomery 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. Montgomery County feels that this will ultimately result in better services for our clients. This piece of the goal is considered completed.

Montgomery 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, Montgomery County has continued to solicit alternative, less costly service option suggestions from stakeholders through case management and county clients over the past year. Montgomery County has continued to use the service definitions available through CSN.

2013 Montgomery 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

Montgomery County served 216 clients in FY '13. Of these individuals, 62 were chronically mentally ill, 130 were mentally ill, 24 were diagnosed with mental retardation.

As a frame of reference, Montgomery County served 180 clients in FY '12. Of these individuals, 53 were chronically mentally ill, 89 were mentally ill, 36 were diagnosed with mental retardation and 2 were developmentally disabled

There was an increase of 36 clients served under the four diagnostic codes over the past year. The main change was the increase in mentally ill clients from 89 to 130 from FY'12 to FY'13.

The **ACTUAL SCOPE OF SERVICES** list of specific services accessed by eligible clients in Montgomery 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 MONTGOMERY County FY: 2013

Age	Account	Code	MI	CMI	MR	Total
Adult	4372	Planning and/or Consultation Services (Client Related)			1	1
Adult	21374	Case Management - T19 Match/ Medicaid		2	8	10
Adult	21375	Case Management - 100% County		1		1
Adult	31354	Transportation - General		2	3	5
Adult	32329	Support Services - Supported Community Living		36		36
Adult	32399	Support Services - Other		4	3	7
Adult	41306	Physiological Treatment - Prescription Medicine/Vaccines	6	4		10
Adult	42305	Psychotherapeutic Treatment - Outpatient	108	16		124
Adult	50360	Voc/Day - Sheltered Workshop Services			2	2
Adult	50362	Voc/Day - Work Activity Services		6	12	18
Adult	50369	Voc/Day - Enclave		1	1	2
Adult	50399	Voc/Day - Other Services			4	4
Adult	63329	Comm Based Settings (1-5 Bed) - Supported Community Living		1	1	2
Adult	63399	Comm Based Settings (1-5 Bed) - Other		4		4
Adult	64314	Comm Based Settings (6+ Beds) - RCF		10		10
Adult	71319	State MHI Inpatient - Per diem charges	6	6		12
Adult	73319	Other Priv./Public Hospitals - Inpatient per diem charges	7			7
Adult	74300	Commitment - Diagnostic Evaluations	7			7
Adult	74353	Commitment - Sheriff Transportation	24	8		32
Adult	74393	Commitment - Legal Representation	12	7		19
Child	42305	Psychotherapeutic Treatment - Outpatient	3			3
Child	71319	State MHI Inpatient - Per diem charges	1			1
Child	74300	Commitment - Diagnostic Evaluations	1			1
Child	74353	Commitment - Sheriff Transportation	5			5
Child	74393	Commitment - Legal Representation	1			1

The breakdown of the **ACTUAL EXPENDITURES** in Montgomery County during FY 2013, totaling **$**469, 294.82 is found in the following report titled **COUNTY DOLLARS SPENT BY COA CODE AND DISABILITY TYPE**.

As a frame of reference, actual expenditures for Montgomery County during FY 2012 were $1,182,877.80. **Costs this year showed a decrease of $713,583.00.** The change is attributed to the County no longer paying for the non-federal share of Medicaid Waiver and ICF/MR services. In addition, Montgomery County is no longer completing pass through of case management funds which showed as an expense in previous years.

County Dollars Spent by COA Code and Disability Type

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

Account	Code	Mental Illness	Chronic Mental Illness	Mental Retardation	Admin	CM	Total
03371	Information & Referral Services	$5,000.00					$5,000.00
04372	Planning and/or Consultation Services (Client Related)	$5,000.00		$80.00			$5,080.00
05373	Public Education Services	$2,500.00					$2,500.00
11100	Direct Admin - Salary Regular Employees				$18,362.63		$18,362.63
12399	Purchased Admin - Other				$10,379.03		$10,379.03
21374	Case Management - T19 Match/ Medicaid		$259.98	$402.62			$662.60
21375	Case Management - 100% County		$1,132.74				$1,132.74
21399	Case Management - Other					$17,163.90	$17,163.90
22399	Services Management - Other			$58.90			$58.90
22489	Services Management - Miscellaneous			$3,624.21			$3,624.21
31354	Transportation - General		$1,748.66	$3,403.06			$5,151.72
32329	Support Services - Supported Community Living		$28,879.00				$28,879.00
32399	Support Services - Other		$3,039.50	$-339.54			$2,699.96
41306	Physiological Treatment - Prescription Medicine/Vaccines	$3,151.53	$104.81				$3,256.34
42304	Psychotherapeutic Treatment - Acute & Emergency Treatment	$11,775.00					$11,775.00
42305	Psychotherapeutic Treatment - Outpatient	$81,711.51	$20,444.95				$102,156.46
50360	Voc/Day - Sheltered Workshop Services			$12,990.81			$12,990.81
50362	Voc/Day - Work Activity Services		$18,901.00	$51,094.02			$69,995.02
50369	Voc/Day - Enclave		$278.55	$583.70			$862.25
50399	Voc/Day - Other Services			$1,100.69			$1,100.69
63329	Comm Based Settings (1-5 Bed) - Supported Community Living		$20,307.03	$2,402.33			$22,709.36
63399	Comm Based Settings (1-5 Bed) - Other		$4,900.00				$4,900.00
64314	Comm Based Settings (6+ Beds) - RCF		$42,541.11				$42,541.11
71319	State MHI Inpatient - Per diem charges	$20,795.30	$34,879.17				$55,674.47
73319	Other Priv./Public Hospitals - Inpatient per diem charges	$29,236.00					$29,236.00
74300	Commitment - Diagnostic Evaluations	$2,259.50					$2,259.50
74353	Commitment - Sheriff Transportation	$3,386.95	$818.01				$4,204.96
74393	Commitment - Legal Representation	$1,391.10	$1,110.30				$2,501.40
75395	Mental Health Advocate - General	$2,436.76					$2,436.76
Total	County	$168,643.65	$179,344.81	$75,400.80	$28,741.66	$17,163.90	$469,294.82

NUMBER, TYPE AND RESOLUTION OF APPEALS

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

WAITING LIST INFORMATION

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

ACTUAL PROVIDER NETWORK

See attached list of actual Providers serving clients in Montgomery 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.

CLIENT SATISFACTION SURVEY RESULTS

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 efford (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.

PARENT/GUARDIAN SATISFACTION SURVEY RESULTS

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.

MONTGOMERY COUNTY
ACTUAL PROVIDER NETWORK FOR FY2013

Provider Name	Provider Address1	Provider Address2	City	State	Zip	Phone Number
ALEGENT PSYCHIATRIC ASSOCIATES	801 Harmony Street,	STE 302	Council Bluffs	IA	51503-	(712) 388-2745
BERRYHILL CENTER FOR MENTAL HEALTH (NORTH CENTRAL)	720 S KENYON RD		FORT DODGE	IA	50501-	(515) 955-7171
CAMBRIDGE FEILMEYERLANDSNESS & CHASE PLC LAW OFFIC	707 POPLAR ST		ATLANTIC	IA	50022-	(712) 243-1663
CASS COUNTY COMMUNITY SERVICES	5 W 7TH		ATLANTIC	IA	50022-	(712) 243-4424
CASS COUNTY MEMORIAL HOSPITAL	1501 E 10TH ST		ATLANTIC	IA	50022-	(712) 243-3250
CASS COUNTY SHERIFF	5 W 7TH		ATLANTIC	IA	50022-	(712) 243-2206
CASS INCORPORATED	1406 SW 7TH ST		ATLANTIC	IA	50022-	(712) 243-2668
COMMUNITY ADULT RESIDENTIAL ENVIRONMENT (C.A.R.E)	500 Opal		Afton	IA	50830-	
COUNCIL BLUFFS COMMUNITY HEALTH CENTER	300 West Broadway	STE 6	Council Bluffs	IA	51503-	(712) 325-1990
COUNTRY VIEW ESTATES	2345 REDWOOD AVE		GUTHRIE CENTER	IA	50115-	(641) 755-2125
COUNTY RATE INFORMATION SYSTEMS (ISAC)(CRIS)	5500 Westown Parkway	Suite 190	West Des Moines	IA	50266-	(515) 244-7181
Courtesy Cab Company	806 East Grimes		Red Oak	IA	51566-	(712) 623-2400
DANLEY, ATTORNEY, VICKI	806 ILLINOIS STREET		SIDNEY	IA	51652-	(712) 374-3163
DHS - CASHIER	1ST FL HOOVER BLDG RM 14	1305 E WALNUT ST	Des Moines	IA	50319-	(515) 281-2178
DUANE GOLDEN	2360 HWY 148		CORNING	IA	50841-	(641) 322-5448
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
HEARTLAND FAMILY SERVICE	515 E. Broadway		Council Bluffs	IA	51503-	(712) 322-1407
Hy-Vee Pharmacy	1605 North Broadway		Red Oak	IA	51566-	(712) 623-3370
HyVee	1200 South 16th St		Clarinda	ID	51632-	(712) 542-5142
IOWA EMPOWERMENT CONFERENCE	1 W GRANT ST	APT 109	MARSHALLTOWN	IA	50158-	(877) 338-2767
Jennie Edmundson	933 E. Pierce St		IA	IA	51501-	(712) 396-7701

Behavioral Health						
JENNIE EDMUNDSON HOSPITAL (Jennie Ed Behavioral)	933 E PIERCE ST		COUNCIL BLUFFS	IA	51501-	(712) 328-6012
Jourdan, Vivian	227 S. 6th Street		Council Bluffs	IA	51503-	(712) 328-5774
KAREN POTTER-MAXWELL	2533 LONGVIEW LOOP		COUNCIL BLUFFS	IA	51503-	(402) 681-8551
MEDICAP PHARMACY	600 SENATE		RED OAK	IA	51566-	(712) 623-1900
MERCY HOSPITAL (aka Alegent)	800 Mercy Drive		Council Bluffs	IA	51503-	(402) 717-4265
MILLS COUNTY TREASURER	418 SHARP		GLENWOOD	IA	51534-	(712) 527-4419
MONTGOMERY COUNTY SHERIFF	106 W COOLBAUGH ST		RED OAK	IA	51566-	(712) 623-5107
NISHNA PRODUCTIONS INC	902 Day Street		SHENANDOAH	IA	51601-	(712) 623-4362
OTTO, LORENCE & WIEDERSTEIN, PLLC	520 CHESTNUT ST		ATLANTIC	IA	50022-	(712) 243-5406
PAGE COUNTY SHERIFF	323 N 15TH		CLARINDA	IA	51632-	(712) 542-5193
POTTAWATTAMIE COUNTY COMMUNITY SERVICES	515 5TH AVE	Ste 113	COUNCIL BLUFFS	IA	51503-	(712) 328-5645
POTTAWATTAMIE COUNTY SHERIFF	1400 BIG LAKE RD		COUNCIL BLUFFS	IA	51501-	(712) 890-2200
RHOTEN, BRIAN	229 S MAIN ST		COUNCIL BLUFFS	IA	51503-	(712) 256-7575
RICHARDS, CHARLES E	501 NORTH 3RD ST		RED OAK	IA	51566-	(712) 623-4730
SOUTHWEST IOWA MENTAL HEALTH CENTER (SWIMHC)	1408 E 10TH ST		ATLANTIC	IA	50022-	(712) 243-2606
STAMETS & WEARIN LAW FIRM	508 NORTH 4TH ST		RED OAK	IA	51566-	(712) 623-5484
STRAWHACKER AND ASSOCIATES	4601 Westown Parkway	Ste 220	WEST DES MOINES	IA	50266-	(515) 223-7370
TERRACE VIEW RESIDENTIAL (DBA PAGE CARE FACILITY)	1040 W STATE ST		CLARINDA	IA	51632-	(712) 542-5180
TREASURER, STATE OF IOWA	DHS CASHIER OFFICE	1305 E. WALNUT STREET	DES MOINES	IA	50319-0114	(515) 281-6854
Villisca Medical Clinic	301 East 4th St.		Villisca	IA	50864-	(712) 826-4422
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
WHIDDON, MANDY L.	506 S. Main Street		Council Bluffs	IA	51503-6504	(712) 352-1000
WOODWARD RESOURCE CENTER	1251 334TH ST		WOODWARD	IA	50276-	(515) 438-2600