

Page County Mental Health/Developmental Disability Service Management Plan



Fiscal Year 2013 Annual Report

July 1, 2012-June 30, 2013

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Introduction

Each year an Annual report, indicating the progress on the chosen goals, is to be submitted to the Page County Board of Supervisor and the Department of Human Services, no later than December 1 of each year.

This annual report provides accumulated data for the fiscal year 2013 (July 1, 2012 to June 30, 2013). This is the first reporting year of the three year strategic plan. This report is prepared annually by the Page County Central Point of Coordination (Jane Miller). The Central Point of the Coordination office is located in the Page County Court House on the third floor. The Central Point of Coordination can be reached by mail at 112 East Main Street, Clarinda, Iowa 51632 or by calling 712-542-2983.

Page County is comprised of a mix of farming and manufacturing. Page County being home to the Clarinda Treatment Complex, the Clarinda Academy, the correctional facility, as well as being a Missouri border county, provides challenges in relationship to services and funding for those services. Page County includes the towns of: Bethesda, Blanchard, Braddyville, (both a state border town), Clarinda, Coin, College Springs, Essex, Hepburn, Northboro, Norwich, Shambaugh, Shenandoah and Yorktown. The estimated population of Page County, according to the U.S. Census of 2011, is 15,900 which is up from 15,660 of the 2009 census. Individuals and their families continue to migrate to the Page County area or take up residency due to the presence of these facilities. Page County saw an influx of individual in 2011 due to the Missouri River flooding. Most of these individuals stayed within the County. According to the U.S. Census Bureau-Quick Facts for 2011, the median household income for Page County fell from \$42,016.00 to \$41,503.00 which is below the State's median household income of \$ 50,451.00. Due to crop damage from extremely dry weather the County's median income could be less than the last current reporting year. In August of 2013 Page County's unemployment rate was 5.2%, according to Iowa Workforce Development, which is about the states average. With so many unemployed individuals, it is difficult to find employment opportunities for the County's disabled consumers. Consumer providers are limited as the County's largest cities have a population of just over 5,500 each. Providers have indicated that the consumer base is not large enough to support more than just a few providers. Providers also indicate, even with high unemployment, that they have problems hiring competent staff with which to provide service.

Page County Vision Statement

Page County has adopted the principles of choice, empowerment, and community for individuals within the Mental Health, Intellectual Disabilities and Developmental Disabilities service system. The County embraces the philosophy that individuals with disabilities have rights and responsibilities, including the responsibility to direct their own lives within the resource and community support network of their choice.

Empowerment-Choice and Community

Page County encourages individuals and their families to participate fully in needs assessments, treatment, planning, choice of service (when applicable) and choice of provider (within provider network and funding constraints). Page County will reinforce this position by the continued utilization of the individual's maximum involvement in the planning process through the Individual Comprehensive Plan, case plans, and service plans.

Page County fully supports the concept of community based planning and services. Where and when possible the least restrictive and most independence in service and service setting will be pursued. Individuals will be empowered by helping to develop their own goals, objectives, service choices, and providers within funding constraints

Needs Assessment

Each year, quality assurance information is gathered and summarized in the Annual Review. The information obtained comes from the appeals and grievance process, regularly scheduled meetings with local providers, data collected through the County Management Information System, Case Management tools, consumer self-reports, Case Management survey and the Advisory Board. The Case Management surveys can be found in **Appendix B**. The Board of Supervisors receives additional information through contact with individuals, families and other stake holders. The information obtained and annual reporting process will be used to develop future plans for funding, within the budget constraints, to the eligible populations. A list of service funded by Page County could change due budget limitations. **Appendix A**. shows a list of these services.

STAKEHOLDERS

Ongoing Stakeholder Input

Page County has continued a commitment to community involvement in the development and implementation of the county mental health management plan. Choice, empowerment and community remain as integral concepts in the continuing evolution of a person centered service system. The planning process for Page County incorporates stakeholder input:

- By eliciting input during the strategic planning process from individuals with disabilities and other community members through a public hearing as well as visits to consumers where they work and live. This information is actively incorporated in the planning process,
- by incorporating outcomes of the grievance and appeals process,
- by utilizing information from satisfaction surveys,
- by utilizing information from provider meetings,
- by the Case Management Advisory Board which again became a part of the process in February of 2009

MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES Services Council

In May of 2007 the Mental Health and Developmental Disabilities Council for the Central Point of Coordination was disbanded. To compensate for this loss the Central Point of Coordination visited local workshops and spoke directly with consumers three times during the year. The Central Point of Coordination not only visited in person with local providers but spoke with each provider agency or their representative at least one time during the year. In February of 2009 the Case Management Direct position was reunited with the Central Point of Coordination position, under the current Central Point of Coordination. It was decided that the Advisory board would be a valuable asset and was adopted as the Central Point of Coordination's Advisory Board. In July of 2009 it was voted by the Board of Supervisor to enlarge the board to 8 members from the original 5. Keeping these three slots filled continues to be a challenge. Individuals that have filled these positions, later find they do not have the time and simply do not attend. Individuals who miss two consecutive

meetings have been reminded of the importance of this Advisory Board and the role it plays. Advisory Board meetings were held on:

- September 6, 2012 with 5 in attendance
- March 6, 2013 with 6 in attendance
- June 6, 2013 with 6 in attendance

The December meeting was once again not held due to everyone's busy schedule .

Appeals & Grievances Filed

For fiscal year 2012-2013 no grievances were filed.

Quality Improvement

Surveys continue to be distributed by the Case Managers at each consumer's annual team meeting. Central Point of Coordination questions about funding and the Central Point of Coordination are included the Case Management Survey. A self-addressed stamp envelope is provided for ease of return. Surveys are reviewed and tallied to determine if there are any issues that need to be addressed. At each individual's annual team meeting, the team is advised of the individuals service cost. This reporting is to facilitate efficient and cost-effective utilization of financial resources. The Central Point of Coordination will meet with individuals at different provider sites throughout year to gather information. All consumers, parents, and guardians will be invited to two meetings per year in which they will be asked to tell their Central Point of Coordination like, they see it. The Advisory Boards wealth of information will be utilized to insure that the agency is moving forward with quality improvement.

In February 172 surveys were mailed to consumers, provider, guardians or parents. The surveys were revamped to make them easier for all concerned. The total number of surveys returned equaled 122 or 71% which is up 11% from last year. All providers were extremely positive. Overall 16% of consumers and their families do not have a good understanding of the case manager's role. This shows an 8% improvement over the last survey. The results of the Surveys can be found in **Appendix B** and **Appendix C**.

During the 2013 fiscal year two meetings were held with consumers, parents, guardians and concerned individuals. These meetings were held on:

- August 6, 2012 with 6 consumers 1 parent and 1 concerned individuals in attendance
Major concern continue to be lack of service providers employment in a community setting Concerns were also raised about redesign and what was going to happen to consumers.
- May 9, 2013 with 4 consumer, 1 parent and 1 concerned individual in attendance. The question on everyone's mind was redesign and how it would affect their services.

The Central Point of Coordination visited the local workshop on three occasions to gather consumers concerns. The dates visited were:

- August 10, 2012 Concerns were the lack of different jobs, having to do lessons when there is not work. The Central Point of Coordination spoke with staff and they are always looking for new work providers but there are slow times.
- December 14, 2012 Major concerns are not enough work in the community and disruptions in the work shop.
- May 13, 2013 Consumers indicated that they want to work like others in the community. The Central Point of Coordination spoke with the Administration and was assured that they are following up on job lead and speaking with employers trying to get employments at all times.
- The consumers concerns were addressed with the workshop agency directors. The directors have indicated that they continue to try and bring in a variety of different work. Two individuals have been successfully placed at Hy-Vee and one works at Wal-Mart on at least a part time basis. Progress has been made and AKS is now an enclave site.

Utilization of CHI Information

CHI activities, information from public hearings, information directly from consumers, information from the Advisory Board, and the type and frequency of appeals, and absence of a waiting list all appear to indicate a level of satisfaction with the management plan system. Information will continue to be solicited from these sources in an ongoing effort to improve the type and quality of services and supports provided.

Waiting Lists

For fiscal year 2012-2013 no waiting lists were utilized. To assist in the non-utilization of a waiting list Page County continues to look at natural supports to provide consumer assistance. Individual Therapy sessions continue to start with 24 sessions per year. When an individual needs additional session, requests will be addressed on a case by case basis. Supported Community Living and Community Support Services for the Chronically Mentally Ill population are authorized at 12 hours per year. Again if an individual requires more units of these services the request will be considered on a case by case basis. 100% County Funded Work Activity, for all populations, has been limited in that no additional days are currently being added. Case Managers review their consumer's work activity needs ensure 100% County funded services for all.

Strategic Plan – Mental Health Plan Goals and Progress Report

All goals are to be accomplished in a three year time frame. Input from consumers, consumer’s families, providers and concerned members of the general public was instrumental in the goal choice process.

🏠 Overall Goal:

Area agencies have indicated that there is a need for mental health first aid training. Area agencies and medical providers express concern that they are not sure how to interact or deal with an individual with mental illness. These agencies, medial and other provides will be able to learn how to handle situations dealing with an individual with mental illness

Objective: Within the next three years provide at least one Mental Health First Aid course to area agencies, medical providers and others who deal with the mentally ill on a daily or crisis basis.

Action Steps:

- Contact the State and other Entities in regards to the Mental Health First Aid course the material covered and the cost.
- Compose a letter to area agencies, medical personal, and other interest parties to find out just how many would be interested in such a course. Enclose course descriptions and obtain feedback as to which course would best suit the needs.
- Contact the appropriate or chosen presenter and set a date for the training.
- Notify interested agencies, medical personal and other interested parties of the time and place of the course.
- Hold the course, provide refreshments or lunch as needed.
- Follow up with the agencies that attended to gather feedback, on if the course met their needs and expectations.

Goal Measurement: This goal will be measured on if the course was held, how many attended the course and the feedback given on the course.

Persons Accountable: Page County Central Point of Coordination, County Social Worker, Providers, and Outside Professionals as needed.

Projected Costs: Cost associated with this goal will include; the Central Point of Coordination and her staff time to prepare letters and make phone calls to interested parties and to course providers. Funds in the amount of \$1,500.00 will be set aside for this goal.

Progress on Goal One:

In July of 2012 the Central Point of Coordination made contact with Karen Hyett, the trainer for the **Mental Health First Aid Course**. October 24 and 25th was chosen for the training. A letter was penned and sent to agency providers announcing the training. The letter prompted positive feedback and significant interest and

need for the training. Individuals, who might take advantage of the course, were also emailed about the upcoming event.

The training was held at the Clarinda Mental Health Treatment Complex in the auditorium. Training material was provided free of charge. Lunch and snacks were catered in by Hy-Vee both days. The announcement flyer can be found in **Appendix E**. Individuals, who might take advantage of the course, were also emailed about the upcoming event. Thirty-five individuals attended this course.

Providers, community members, as well as State Prison officials made up the thirty individuals that attended this training. Unfortunately local law enforcement did not take advantage of this training, even after the County Board of Supervisors prompted the Sheriff to do so. **This goal was accomplished.** Shortly after the training, individuals who took the course were contacted by phone or email. Although most of the feedback was positive, it was found that the material was very dry. It was suggested that more small group activities could have been used to get the material across.

📌 **Overall Goal:**

Provider organizations and the Central Point of Coordination continue to be concerned about transitional planning. As area schools combine services or reduce staff to meet budgets transition planning appears to be overlooked or put on the back burner.

The Central Point of Coordination will continue the improvement of transitional planning and the coordination between schools and other community agencies.

Objective: Keeping the lines of communication open between schools, other community agencies, and the Central Point of Coordination is an ongoing process. There is always room for improvement and at times a gentle reminder is needed to ensure this open communication. The objective will be to continue to keep the lines of communication open and information flowing freely.

Action Steps:

- Contact each school and agencies to see if there are any new staff or if staff have been combined,
- Contact each school and agency and apprise them of any new contacts,
- Send out a letter to each school and agency with the contact person (s) for their area,
- Provide the transition planning tool to all area schools,
- Attend all IEP meetings,
- Hand out needed information or applications, and
- Follow up after the IEP meeting to ensure that no question is left unanswered.

Goal Measurement: This goal will be measured by how many meeting are attended throughout the year at each school.

Persons Accountable: Page County Central Point of Coordination, County Social Worker, Voc Rehab, DHS, Supported Community Living Agencies, Community Mental Health Center, and all area Schools.

Projected Costs: Projected costs for this goal are Central Point of Coordination time as well as office supplies, which are already built into the office cost.

Progress on Goal two:

Each school was contacted to see if any school had new staff that had been added. If appropriate a letter of introduction along with an explanation of the service and the need for the service was sent to each school. See Appendix B.

A transition checklist was provided in bulk to the appropriate person at each school. This tool was to assist educators as well as parents on what was needed and when before their young adult entered services.

It was found that a one on one meeting with parents was a more efficient and time saving then going to the IEP. Meeting with them at the IEP was found to be confusing as there was so much information being presented that it was confusing. Three IEPs were attended and seven one on one meeting was held. It was found that most individuals had not even applied for Social Security Benefits yet. All were encouraged to do so. Most were disappointed as they expected their child to continue to work at the local workshop and had not been informed by the school that after graduation they could not continue. All were encouraged to get started on the disability process. A follow up call was place do see if the Social Security paperwork had been started. Educators were reminded to send the transition tool home with parents in their junior year and to use the tool themselves to ensure a smooth transition.

Primary Access Points

CPC Administrator

Page County
Page County Courthouse
Clarinda, IA 51632
(712) 542-2983

Southwest Iowa Case Management Services
Page County Courthouse
Clarinda, IA 51632
(712) 542-3584

Waubonsie Mental Health Center
North 16th Suite 100
Clarinda, IA 51632
(800) 432-1143

Page County Department of Human Services
Page County West Building
Shenandoah, Iowa 51601
Appointment only through Red Oak Office

Iowa Vocational Rehabilitation Services
1800 N. 16th St.
Clarinda, IA 51632
(712) 542-5414

Alegent Health
600 Fremont
Shenandoah, Iowa 51601

Southwest Iowa Families
215 East Washington
Clarinda, Iowa 51632

CPC applications are available at secondary access points throughout the county, including schools, clinics, hospitals, law enforcement, the clerk's office, and provider agencies. Clients presenting at secondary access points can obtain a CPC application and instructions on how to contact a primary access point. Clients presenting at a primary access point will be able to receive a CPC application. These access points may assist the client/guardian in completion of the application process. Upon completion of the application, it will be forwarded to the CPC in the county of residence and, when known, county of legal settlement, by the end of the business day.

**NETWORK OF PROVIDERS UTILIZED
IN FISCAL YEAR 2013**

PROVIDER	SERVICE PROVIDED
ALEGENT HEALTH	Outpatient Mental Health Service
ALEGENT HEALTH MERCY HOSPITAL	Inpatient Mental Health Service
ALEGENT HEALTH PSYCHIATRIC	Outpatient Mental Health service
CASS COUNTY MEMORIAL HOSPITAL	Inpatient Mental Health Services
CHEROKEE MENTAL HEALTH INSTITUTE (MHI)	State Mental Health Center Inpatient Service
CHOICE INC	Transportation
CHRISTIAN OPPORTUNITY CENTER	Work Activity
CLARINDA MENTAL HEALTH INSTITUTE	State Mental Health Center Inpatient Services
COUNTRY HAVEN CORPORATION	Residential Care Facility
DANLEY, ATTORNEY, VICKI	Legal Rep
DIMENSIONS INC	Evaluations
DUANE GOLDEN	Legal Rep
G. RAWSON STEVENS, DELETE	Legal Rep
GENESIS DEVELOPMENT	Work Activity
GLENWOOD RESOURCE CENTER	State School
HEARTLAND FAMILY SERVICE	Outpatient Mental Health Services
INNOVATIVE INDUSTRIES, INC.	Work Activity
JENNIE EDMUNDSON HOSPITAL (Jennie Ed Behavioral)	Inpatient Mental Health Services
JERALD METZGER	CDAC Provider
JOHNSON COUNTY SHERIFF	Commitment Related Transportation
KATHY BEAM	Mental Health Advocate
KEVINGTON LANE (MORSE ENTERPRISES) (COUNTRY ACRES)	Residential Care Facility
LOUGHLIN LAW FIRM	Legal Rep
MEALS ON WHEELS	Home Delivered Meals
MEDICAP PHARMACY	Prescription Drugs
MERCY HOSPITAL	Inpatient Mental Health Services
MILLHONE & ANDERSON, P.C.	Legal Rep
MONTGOMERY COUNTY SHERIFF	Commitment Transportation
MOSAIC	Work Activity
NISHNA PRODUCTIONS INC	Work Activity
PAGE COUNTY SHERIFF	Commitment Transportation
PAIGE STEWART	CDAC Provider
PARTNERSHIP FOR PROGRESS (AKA WILLOW HEIGHTS)	Supportive Community Living Provider
POTTAWATTAMIE COUNTY SHERIFF	Commitment Transportation
RAWSON STEVENS	Legal Rep
RHOTEN, BRIAN	Legal Rep
SEASONS CENTER FOR COMMUNITY MENTAL HEALTH	Outpatient Mental Health Services
SIOUXLAND MENTAL HEALTH CENTER (SMHC)	Outpatient Mental Health Services
SOUTHWEST IOWA FAMILIES	Outpatient Mental Health Services
SOUTHWEST IOWA PLANNING COUNCIL AKA TRANSIT(SWITA)	Transportation

STAMETS & WEARIN LAW FIRM	Legal Rep
TAYLOR RIDGE ESTATES	Residential Care Facility
TERRACE VIEW RESIDENTIAL (DBA PAGE CARE FACILITY)	Residential Care Facility
TURNBULL CHILD DEVELOPMENT CENTER	Supported Employment Provider
VOCATIONAL DEVELOPMENT CENTER (VODEC)	Work Activity
WAUBONSIE MENTAL HEALTH CENTER	Outpatient Mental Health Services
WHIDDON, MANDY L.	Legal Rep
WOODWARD RESOURCE CENTER	State School

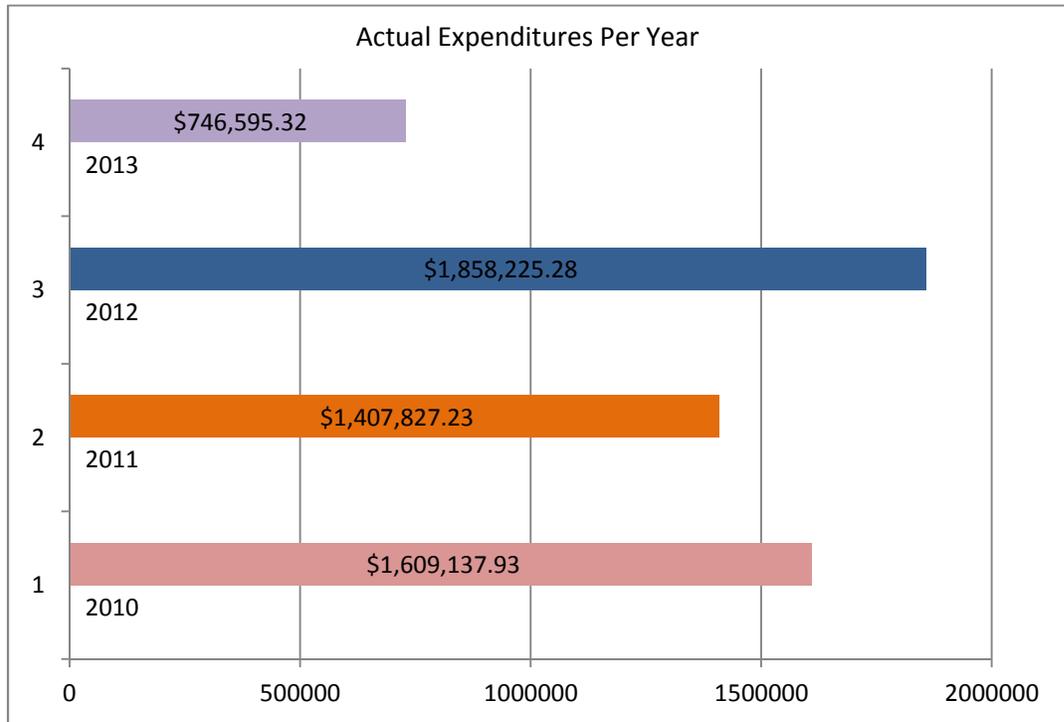
Providers included in the county service network will be expected to meet one or more of the following criteria. In addition, they must maintain HIPAA compliance, enter a contract with Page County, except the county's performance requirements, and provide services within the funding constraints of a capped expenditure system. Host County contracts without-of-county providers are accepted in lieu of a Page County contract. Currently accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the Council on Rehabilitation. Facilities (CARF), or other nationally recognized accrediting body.

ACTUAL EXPENDITURES

County Dollars by COA Report Table						
COACODE	SERVICE	40	41	42	43/Other	Total
3000	Information & Referral					
4000	Consultation	\$2,000.00	\$2,000.00			\$4,000.00
5000	Public Education Services	\$1,769.47	\$1,668.50			\$3,437.97
11000	Direct Administrative	\$39,281.32	\$39,281.32			\$78,562.63
21374	Case Management - T19 Match		\$732.70	\$4,995.34		\$5,728.04
31000	Transportation (non-Sheriff)		\$4171.71	\$2495.15		\$6,666.86
32322	Home Management Services			263.33		\$263.33
32325	Respite			\$1,365.15		\$1,356.15
32328	Home/Vehicle Mod					
32329	Supported Community Living		\$23,092.89	\$180.56		\$23,273.45
32399	Other			\$24,197.47		\$24,197.47
33399	Other Basic Needs Services			\$2,465.45		\$2,465.45
41305	Physiological Tmt. Outpatient	\$160.00	\$3,998.00			\$4,598.00
41306	Physiological Tmt. Prescription Medicine		\$310.71			\$310.71
42304	Psychotherapeutic treatment. Acute and Emergency	\$9,501.00	\$9,501.00			\$19,002.00
42305	Psychotherapeutic Tmt. Outpatient	\$42,921.61	\$64,332.06			\$107,253.67
42396	Community Support Program		\$12,664.50			\$12,664.50

County Dollars by COA Report Table						
COACODE	SERVICE	40	41	42	43/Other	Total
43301	Evaluation Not related to Commitments		\$7650.00			\$7,650.00
44399	Other					
50360	Sheltered Workshop Services			\$10,687.50		\$10,687.50
50362	Work Activity Services		\$14,999.38	\$189,307.76		\$204,307.14
50368	Supported Employment Services			\$766.12		\$766.12
50369	Enclave			\$1,664.76		\$1,664.76
50399	Other Vocational Service			\$288.78		\$288.78
63329	Supported Community Living (Comm. 1-5 Bed)		\$3,191.52	\$2,400.54		\$,5592.06
63399	Community Based Other (1-5 Bed) RCF		\$19,343.50			\$19,343.50
64314	RCF (Comm. 6-15 Bed)		\$84,276.99	\$22,156.55		\$106,433.54
64318	ICF/ID (Comm. 6-15 Bed)			\$20.11		\$20.11
71319	Inpatient (State MHI)		\$64,237.85			\$64,237.85
73319	Inpatient (Other Priv./Public Hospitals)		\$19,391.25			\$19,391.25
74300	Commitment- Evaluations		\$905.50			\$905.50
74353	Sheriff Transportation	\$88.00	\$4,062.72			\$4,150.72
74393	Legal Representation (cmtmt court costs/legal fees)	\$558.00	\$4,697.40			\$5255.40
75100	Salary for Mental Health Advocate		\$6,288.37			\$6,288.37
754125	Mental Health Advocates-Milage		\$1,424.55			\$1,424.55
	County Total	\$96,279.40	\$392,222.42	\$240,008.19		\$746,595.32

According to the CSN system, for the fiscal year 2013 the total spent was \$746,595.32 and for the fiscal year 2012 the total spent was \$1,858,225.28. In 2011 the total spent was \$1,407,827.23. For 2010 the total spent totaled \$1,609,137.93, while the total spent for the fiscal year 2009 totaled \$2,108,713.14. The cost for, 2010, 2011, and 2012 would have been higher, had it not been for the FMAP credits. FMAP credits did decrease throughout finical year 2012 increasing the costs. Fiscal year 2013 saw a large decrease due to the State funding of the Medicaid Services at 100%. **The Chart below shows a quick overview of expenditures.**



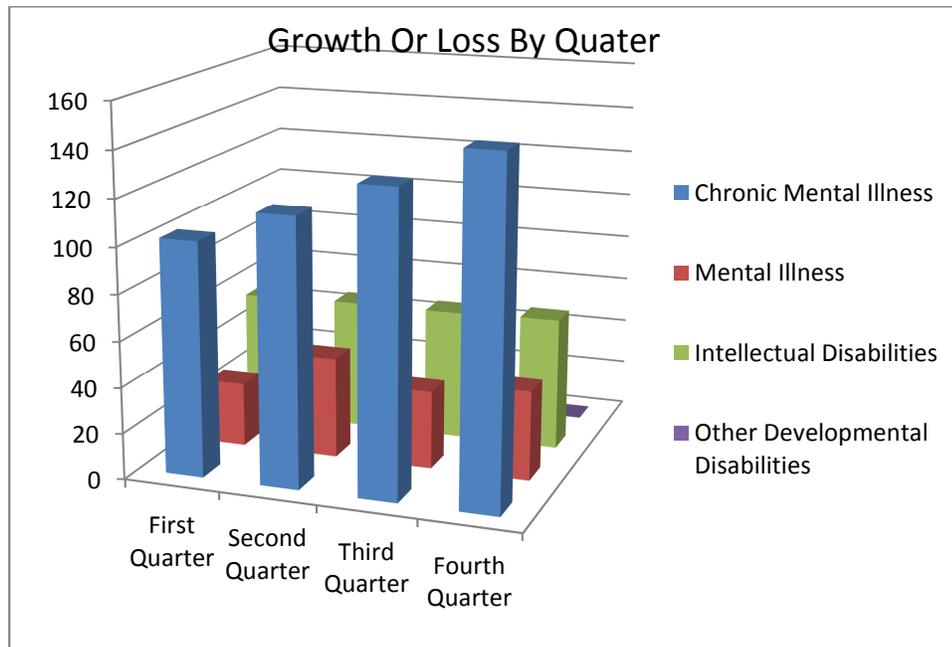
Inpatient Placement Costs

Inpatient MHI costs, as expected, were up for 2013. It is expected that these costs will go up even more. Inpatient placement continue to be the most difficult expenditures to predict as the County has no say in the cost of State affiliated facilities. In past years the Glenwood State School was figured into this cost. In July of 2012 Counties were no longer liable for these costs. Page County had 74 committals and prescreened stays which lasted from 1 to 31 days. Fortunately 39 of these 74 had insurance, Medicare, or Medicaid which paid for their inpatient stay. The 35 committals that Page County funded cost the County \$82,723.60 . Nine of these individual were admitted more than one time during the year. For the year 2013 .004088 percent of Page County’s population used inpatient services.

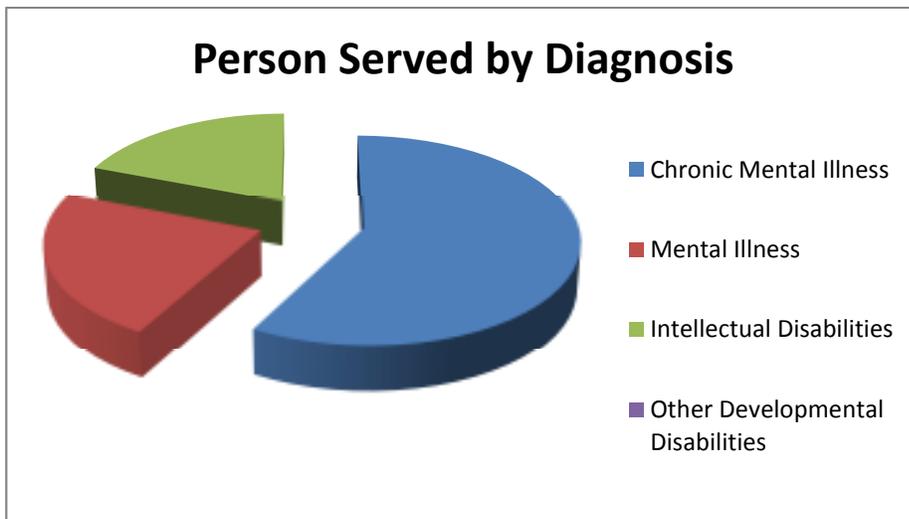
Growth-Loss Report

Growth – Loss Report Table							
Year	County Name	Disability Type	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Net Change
2011	Page	Chronic Mental Illness	102	116	131	148	46
2011	Page	Mental Illness	28	44	37	39	11
2011	Page	Intellectual Disabilities	56	57	57	58	2
2011	Page	Other Developmental Disabilities	0	0	0	0	0
Total			186	217	225	245	59

The Growth- Loss table shows a growth in all areas except the area of other or Brain Injury Waiver. Page Counties one Brain Injury individual is no longer residing in County The area of Intellectual Disabilities stayed basically the same. An increase in both the Chronic Mentally Ill and the Mentally Ill can be seen throughout the year.



The Persons Served Table provides a breakdown of the number of individuals served in each disability type for the Fiscal Year 2013. The Chart above the table provides you with an overall view of the client per disability type served.



Persons Served-Age Group by Primary Diagnosis						
Year	County Name	Client Data Diagnosis	Disability Type	Children	Adults	Unduplicated Count
2013	Page	40	Mental Illness	2	68	70
2013	Page	41	Chronic Mental Illness	1	178	179
2013	Page	42	Mental Retardation		59	59
2013	Page	43	Other Developmental Disabilities	0	0	0
Total				3	305	308

Unduplicated Count Report Table

Unduplicated Count Report Table							
COACODE	SERVICE	Agecat	40	41	42	43	Sum
3000	Information & Referral	Adult					
4000	Consultation	Adult	1	1			2
4000	Consultation	Child					
5000	Public Education Services	Adult	2	1			2
5000	Public Education Services	Child					
11000	Direct Administrative	Adult	1	1			2
21374	Case Management - T19 Match	Adult		14	54		68
21374	Case Management - T19 Match	Child			1		1
31000	Transportation (non-Sheriff)	Adult		5	9		14

Unduplicated Count Report Table							
COACODE	SERVICE	Agecat	40	41	42	43	Sum
32322	Home Management Services (include PERS)	Adult					
32325	Respite	Adult			1		1
32328	Home and Vehicle Modification	Adult					
32329	Supported Community Living	Adult		43	1		44
32399	Other	Adult					
33399	Other Basic Needs	Adult			3		3
41305	Physiological Tmt. Outpatient	Adult	1	5			6
41306	Physiological Tmt. Prescription Medicine	Adult		1			1
42304	Psychotherapeutic Tmt. Acute and Emergency	Adult		1			
42305	Psychotherapeutic Tmt. Outpatient	Adult	63	89			152
42305	Psychotherapeutic Tmt. Outpatient	Child	1				1
42396	Community Support Program	Adult		37			37
43301	Evaluation	Adult		28			28
50360	Sheltered Workshop Services	Adult			2		2
50362	Work Activity Services	Adult		6	37		43
50368	Supported Employment Services	Adult			1		1
50369	Enclave	Adult			3		3
50399	Other Vocational Services	Adult			1		1
63329	Supported Community Living (Comm. 1-5 Bed)	Adult		1			1
63399	Community Based Setting (Comm. 1-5 Bed)	Adult		17			17
64314	RCF (Comm. 6-15 Bed)	Adult		12	1		13
64315	RCF/ID (Comm. 6-15 Bed)	Adult					
64318	ICF/ID (Comm. 6-15 Bed)	Adult			1		1
65314	RCF (Comm. 16+ Beds)	Adult		4			45
65318	IFC/ID (Comm. 16+Beds)	Adult					
71319	Inpatient (State MHI)	Adult			25		25
71319	Inpatient (State MHI)	Child	1				1
73319	Inpatient (Other Priv./Public Hospitals)	Adult		10			10
74353	Sheriff Transportation	Adult	4	39			43
74353	Sheriff Transportation	Child	1				1
74393	Legal Representation (cmtmt court costs/legal fees)	Adult	2	26			28
74393	Legal Representation (cmtmt court costs/legal fees)	Child	1	1			2
75100	Mental Health Advocates-salary	Adult		49			
75413	Mental Health Advocate-mileage	Adult		47			

The table above shows how many individuals were served per Chart of Account Code.

The following Appendix provides additional information that is useful in understanding the services provided as well as what the survey's indicated.

Appendix A

Services and Supports

“MATRIX OF SERVICES AND COUNTY FUNDING ELIGIBILITY/CRITERIA” for services paid by the county. This matrix includes the array of services that may be available to the MI/CMI/MR/DD general eligibility populations by Chart of Account.

Service Matrix

County: Page	MI	CMI	MR	DD	BI
Service					
4x03 Information and Referral					
4x04 Consultation.	X	X			
4x05 Public Education Services	X	X			
4x06 Academic Services.					
4x11 Direct Administrative.	X	X	X		
4x12 Purchased Administrative					
4x21- 374 Case Management- Medicaid Match.					
4x21- 375 Case Management -100% County Funded					
4x21- 399 Other.					
4x22 Services Management.					
4x31 Transportation (Non-Sheriff).		X	X		
4x32- 320 Homemaker/Home Health Aides.					
4x32- 321 Chore Services					
4x32- 322 Home Management Services					
4x32- 325 Respite.					X
4x32- 326 Guardian/Conservator.					
4x32- 327 Representative Payee					
4x32- 328 Home/Vehicle Modification					
4x32- 329 Supported Community Living		X			
4x32- 399 Other.		X			
4x33- 345 Ongoing Rent Subsidy.					
4x33- 399 Other Meals on Wheels		X			
4x41- 305 Outpatient	X	X			
4x41- 306 Prescription Medication.	X	X			
4x41- 307 In-Home Nursing					
4x41- 399 Other Emergency Services	X	X			
4x42- 305 Outpatient	X	X			
4x42- 309 Partial Hospitalization.		X			
4x42- 399 Other.					
4x43- Evaluation.	X	X			
4x44- 363 Day Treatment Services		X			
4x44- 396 Community Support Programs		X			
4x44- 397 Psychiatric Rehabilitation		X			
4x44- 399 Other					

4x50- 360 Sheltered Workshop Services.			X		
4x50- 362 Work Activity Services		X*	X		
4x50- 364 Job Placement Services.					
4x50- 367 Adult Day Care.		X			
4x50- 368 Supported Employment Services					
4x50- 369 Enclave					
4x50- 399 Other.					
4x63- 310 Community Supervised Apartment Living Arrangement (CSALA) 1-5 Beds		X*			
4x63- 314 Residential Care Facility (RCF License) 1-5 Beds		X*			
4x63- 315 Residential Care Facility For The Mentally Retarded (RCF/MR License) 1-5 Beds					
4x63- 316 Residential Care Facility For The Mentally Ill (RCF/PMI License) 1-5 Beds					
4x63- 317 Nursing Facility (ICF, SNF or ICF/PMI License) 1-5 Beds					
4x63- 318 Intermediate Care Facility For The Mentally Retarded (ICF/MR License) 1-5 Beds					
4x63- 329 Supported Community Living		X			
4x63- 399 Other 1-5 Beds.					
4x6x- 310 Community Supervised Apartment Living Arrangement (CSALA) 6 & over Beds					
4x6x- 314 Residential Care Facility (RCF License) 6 & over Beds		X*			
4x6x- 315 Residential Care Facility For The Mentally Retarded (RCF/MR License) 6 & over Beds					
4x6x- 316 Residential Care Facility For The Mentally Ill (RCF/PMI License) 6 & over Beds					
4x6x- 317 Nursing Facility (ICF, SNF or ICF/PMI License) 6 & over Beds					
4x6x- 318 Intermediate Care Facility For The Mentally Retarded (ICF/MR License) 6 & over Beds					
4x6x- 399 Other 6 & over Beds.					
4x71- 319 Inpatient/State Mental Health Institutes	X	X	X		
4x71- 399 Other					
4x72- 319 Inpatient/State Hospital Schools					
4x72- 399 Other.					
4x73- 319 Inpatient/Community Hospital					
4x73- 399 Other					
4x74- 300 Diagnostic Evaluations Related To Commitment.	X	X	X		
4x74- 353 Sheriff Transportation	X	X	X		
4x74- 393 Legal Representation for Commitment	X	X	X		
4x74- 395 Mental Health Advocates	X	X	X		
4x74- 399 Other					

The following numbers are for HCBS/MR waiver services: 4232-320, 4232-322, 4232-325, 4232-328, 4232-329 and 4250-368.

HAB numbers are 4132-399 (Community Lining Training Services), 4150-362 (Employment Related Services), 4150-367 (Day Program for Skills Training) and 4150-367 (Day Program for Skills Development).

*THESE SERVICES FUNDED ONLY THROUGH THE HABILITATION PROGRAM

Appendix B

Survey Report for 2011

	Surveys Mailed:	Returned:	Percentage
	147 (163)	99 (114)	67% (70%)
Member	75 (73)	49 (57)	65% (73%)
Provider	32 (45)	20 (25)	63% (56%)
Family/Guardian	40 (45)	30 (39)	75% (73%)

SOUTHWEST IOWA CASE MANAGEMENT

MEMBER QUALITY ASSURANCE AND SATISFACTION SURVEY

Dear Member:

The purpose of this survey is to determine if we are meeting your needs and how we can best improve our service to the individuals for which we provide case management. Please answer the questions below and feel free to make comments and suggestions at the end.

My case manager is:

1. Is your case manager nice and friendly and treat you with respect?

_____ 49 _____ Yes _____ 1 _____ No _____ I don't know

2. Does your case manager give you a choice of services?

_____ 45 _____ Yes _____ No _____ 4 _____ I don't know

3. Does your case manager explain paperwork before asking you to sign it?

_____ 49 _____ Yes _____ No _____ I don't know

4. Does your case manager ask you about your goals?

_____ 47 _____ Yes _____ No _____ 2 _____ I don't know

5. Who helped you complete this survey?

_____ 24 _____ Staff _____ 12 _____ Family _____ Friend _____ 13 _____ No one

Comments: Please state any concerns or problems you feel need to be addressed on the back of this form.

Thank you for taking the time to complete this survey. Please return in the self-addressed, stamped envelope enclosed. If you have any questions about this survey, please call 712-542-3584.

Comments:

I like her. Her is nice to me

I hope this year is no pain, stay well, have good reality. I be encourger and receive the same. Love everybody everywhere.

Karen has go me into a swimming program. Helps my old injuries and less medication. Yah!! Thank you Karen.

Very good worker to work with as a case manager.

_____ Says she thinks Amy does a good job looking out for her.

Amy is excellent and very client driven.

I like her and she is a nice girl. I am glad I got her and I will keep her.

SOUTHWEST IOWA CASE MANAGEMENT

FAMILY MEMBER(S)/GUARDIAN

QUALITY ASSURANCE AND SATISFACTION SURVEY

Dear Family Member(s)/Guardian:

The purpose of this survey is to determine if we are meeting your needs and how we can improve our service to the individuals for which we provide case management. Please answer the following questions and feel free to make suggestions and comments.

My family member's case manager is:

1. Are you able to reach your family member's case manager when needed?
__30__ Yes ___ No ___ Needs Improvement ___ No Answer
2. Does the case manager help your family member access services, activities or supports?
___30__ Yes ___ No ___ I don't know ___ No Answer
3. Does the case manager provide you with enough information to help you make decisions regarding your family member and their services?
__30__ Yes ___ No ___ I don't know ___ No Answer
4. Has the case manager been helpful in solving any problems you may have had with services that your family member is receiving?
__28__ Yes ___ No ___ Needs Improvement NA __4__ ___ No Answer
5. Overall are you satisfied with the services and supports your family member currently receives?
__30__ Yes ___ No ___ Needs Improvement ___ NA: ___ No Answer
6. Does your family member that currently receives case management services live with you?
__13__ Yes __17__ No ___ No Answer

Comments:

Very pleased and everything Heather is the best. We couldn't get a better person. She is helpful, nice, kind and understanding. Heather has been keeping in contact with ___ and me. I couldn't ask for a better case manager. Thanks for all you do Heather!

When she doesn't immediately have an answer she either finds it or tell me who.where I need to go for that info.

Very pleased with the services.

Karen was very helpful when we were ready to move _____ to Shenandoah. She is always kind and helpful.

We are happy with our case manager.

SOUTHWEST IOWA CASE MANAGEMENT

PROVIDER QUALITY ASSURANCE AND SATISFACTION SURVEY

Dear Provider: Our goal is to better meet the needs of individuals we serve and the providers who provide services. In order to know how we can improve and if you think we are doing something right, we are asking you to complete this survey. Please answer the following questions and feel free to make comments and suggestions.

Case Manager:

1. The case manager completes a thorough assessment.

 20 Yes No Needs improvement

2. The case manager works well with the ICP team, maintains contact with all parties to the plan, participates in team meetings, monitors outcome achievements, and redirects efforts and resources to achieve outcomes?

 20 Yes No Needs improvement

3. The case manager addresses your concerns?

 20 Yes No Needs improvement

4. The case manager maintains regular contact with you.

 20 Yes No Needs improvement

5. The case manager is easy to contact and returns phone calls promptly.

 20 Yes No Needs Improvement

6. The case manager is professional, knowledgeable, friendly, concerned and respectful?

 20 Yes No Needs improvement

Comments:

Amy is usually easy to contact by phone or email. Have had no issues with Amy

Amy is great to work with! Thanks!

Amy is a great advocate for her clients. She is always keeping in mind what is best for them and what is realistic.

She is always professional and is a great communicator. It is always a pleasure to work with her.

Heather is usually easy to contact by phone or e-mail.

Heather is great to work with.

Absolutely love working with Karen. She is the best.

Karen is a wonderful case manager and we love working with her.

Karen continues to be one of the best case managers! She is realistic and thorough. Thank you for having her on your team.

Appendix C

Dear Provider:

Our goal is to better meet the needs of individuals we serve and the providers who provide services. In order to know how we can improve and if you think we are doing something right, we are asking you to complete this survey. Please answer the following questions and feel free to make comments and suggestions.

Jane Miller, CPC, Page County

1. The CPC Administrator responds to your requests in a timely fashion.

18 Always 2 Usually Sometimes Rarely

2. The CPC Administrator addresses your concerns.

18 Always 2 Usually Sometimes Rarely

3. The CPC Administrator makes plan information available.

20 Always Usually Sometimes Rarely

4. The CPC Administrator provides assistance regarding eligibility and billing issues.

20 Always Usually Sometimes Rarely

5. You receive payments for services rendered in a timely fashion.

20 Always Usually Sometimes Rarely

Comments:

CPC Survey Results February of 2013

	Always	Usually	Sometimes	Rarely	No Answer	I Don't Know	Totals
The CPC responds to you requests in a timely manner.	18	2					20
The CPC addresses your concerns.	18	2					20
The CPC makes plan information available.	18	2					20
The CPC Administrator provides assistance regarding eligibility and billing issues.	20						20
You receive payments for services rendered in a timely fashion	20						20

Comments: We provide supports to one person from page County. Funding requests and concerns are addressed via the case manager. We receive funding authorizations in a timely manner

Billings are processed and paid in a timely manner. Billing errors are easily worked out.

Jane is all business and if there is a spreadsheet error we find it on our part. Very efficient.

20 Surveys were mailed out

20 Surveys were returned

Appendix D

Page County Mental Health, General Relief Assistance



Southwest Iowa Case Management

August 27, 2012

Irene Lager
College Springs Schools
P.O. Box 98
College Springs, Iowa 51637

Ms. Lager:

Once again this year I am contacting all Page County area schools to remind them of the importance of including Page County Mental Health within the individualized education program (IEP) staffing meetings.

Our agency can be an important transition tool for your students going into adult life. There is a possibility that some of these students may meet the criteria to have services immediately (i.e.: brain injury or mentally retarded diagnosis). One of my goals in attending the IEP staffing meeting is to identify students that may need current or future services. It is also imperative that a diagnosis is made and available to qualify the student for programs that may assist them meet their future needs.

Please contact me when an IEP staffing is to be held, if you feel an Individual would benefit from our services. I will make every effort to attend these meetings as you have them scheduled .

This year my office will be sending you bi-monthly newsletters that will provide information to your families. These newsletters provide information in several different areas of consumer need. Please pass these out. Should you need additional copies please contact me at 712-542-2983.

I appreciate everyone's time and look forward to working together.

Respectfully,

Jane Miller
Central Point of Coordination
County Social Worker

Appendix E.

MENTAL HEALTH FIRST AID COURSE

October 24 & 25, 2012

Mental Health First Aid is a groundbreaking public education program that helps the public identify, understand, and respond to signs of mental illnesses and substance use disorders.

It is offered in the form of an interactive 12-hour course that presents an overview of mental illness and substance use disorders in the U.S. and introduces participants to risk factors and warning signs of mental health problems, builds understanding of their impact and overviews common treatments.

Those who take the 12-hour course to certify as Mental Health First Aiders learn a 5 step action plan encompassing the skills, resources and knowledge to help an individual in crisis connect with appropriate professional, peer, social and self-help care.

Specifically, participants learn:

- The potential risk factors and warning signs for a range of mental health problems, including: depression, anxiety/trauma, psychosis, eating disorders, substance use disorders, and self-injury
- An understanding of the prevalence of various mental health disorders in the U.S. and the need for reduced stigma in their communities
- A 5-step action plan encompassing the skills, resources and knowledge to assess the situation, to select and implement appropriate interventions, and to help the individual in crisis connect with appropriate professional care
- The evidence-based professional, peer, social, and self-help resources available to help someone with a mental health problem.

Specific audiences for each training vary, but include key professions such as law enforcement and other first responders, primary care professionals, nursing home staff, and school administration and educators. Other participating entities include faith communities, employers and chambers of commerce, state policymakers, mental health advocacy organizations, shelter volunteers, families and the general public.

Karen Hyett is the instructor for the course. She has presented this course all over the state but most recently at the law enforcement school in Johnston, Iowa.

There is no charge for the course. Please contact our office at 712-542-2983 by September 17th if you would like to participate.

Thank you.