

SCOTT COUNTY
MENTAL HEALTH
&
DISABILITIES SERVICES

ANNUAL REPORT: FY13

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This report serves as the FY13 annual report for Scott County. This report reviews the goals and objectives of the Strategic Plan for FY10-FY12 extended one more year as approved by Legislators in SF452, Section 178. It was written by Lori A. Elam, Scott County Community Services Director and CPC Administrator. The Scott County CPC Office is located on 4th Floor at 600 W. 4th St., Davenport, Iowa.

Scott County has a population of approximately 167,095 with the largest city being Davenport. Scott County is the third largest county in the state. Scott County has rivers on three sides. The Wapsipinicon is on the north, and the Mississippi is on the east and south. Scott County is part of the “Quad Cities”, a three county metropolitan area. The counties of Scott (Iowa), Rock Island (Illinois) and Henry (Illinois) make up the Davenport-Rock Island-Moline metropolitan statistical area, with a population of approximately 379,690. The “Quad Cities” is actually a label for fourteen contiguous communities in Iowa and Illinois that make up a single socio-economic unit.

It is a goal for the Scott County Board of Supervisors to have a financially sound county government. Over the years, MH/DS funding across the state has been in crisis. The system is clearly under-funded for many reasons. Due to the uncertainty of future MH/DS funds, services had been cut and waiting lists had been implemented across the state, including Scott County, over the last three years. Scott County did not have a waiting list in 2013 and was able to serve many more individuals because of Risk Pool funding carryover.

During the 2013 Legislative Session, Legislators continued to work on Mental Health Redesign and funding for the system including equalization funds and State Payment Program funds (SPP). The Legislators also debated how Transition funding should be allocated based on the DHS report as well as the need for new Risk Pool funding for FY14.

Scott County continues to provide service and assistance utilizing the “PRIDE” philosophy:

- P- Professionalism
- R- Responsiveness
- I- Involvement
- D- Dedication
- E- Excellence

Scott County has always strived to provide quality service with the dollars available. The county is fortunate to have dedicated service providers who help to monitor costs, services, and consumer needs.

Scott County has adopted several values for the MH/DD system. Some of the key values include:

1. Persons with disabilities have the same fundamental rights as any other person.
2. Persons with disabilities shall be provided the opportunity to live, work, and recreate as close as possible to how other people live.
3. Services shall promote individualization and opportunities for personal choice within the framework of covered benefits.
4. Persons with disabilities should receive necessary, high quality services and supports in a timely and equitable manner.
5. All services should be consumer and family driven.
6. The focus of services/supports shall be on independence (promoting the highest level of independence for each individual receiving them).



GOALS & OBJECTIVES **FY 2010 – FY2013 Extension**

Goal #1: Scott County Community Services Department will review MH/DD service utilization and financial data in order to improve/enhance services.

Action Steps:

1. Report data/trends on a quarterly basis to the Board of Supervisors and to the MH/DD Advisory Committee.

Progress: The Scott County CPC and Authorized Agencies completed Budget Outcomes and Performance Measures on a quarterly basis. See Quality Assurance section starting on page 18 of this report. Trends and concerns were reported to the Board of Supervisors and also discussed with the agencies.

2. Reduce/eliminate the current waiting list by five consumers each year.

Progress: Scott County had no waiting list in FY13 due to the continued use Risk Pool funds to provide funding for individuals. The CPC Office monitored the use of those funds and reported to DHS as requested.

3. Open additional HCBS ID Waiver slots.

Progress: The State managed the ID Waiver slots.

4. Monitor MFP Initiative for financial impacts.

Progress: The State managed consumers on MFP or “Money Follows the Person” program.

5. Increase workshop availability.

Progress: The Scott County CPC office utilized Risk Pool funds in order for consumers to access workshop services. There was no waiting list for this service.

Goal #2: Scott County will continuously monitor/maintain awareness of changes that may affect MH/DD system at the state and federal level.

Action Steps:

1. Advocate for appropriate levels of funding every Legislative session.

Progress: Scott County worked closely with the Legislators regarding funding and new bills and their impacts on Scott County. During the Legislative Session, there was a great deal of discussion about funding. Because the State assumed all of the Medicaid costs, including the Non-Federal share, the counties only had their

mental health levy for non-Medicaid services and mandated services. The counties who needed additional funds were encouraged to apply for Transition Funds. Scott County applied and requested \$2,437,247, which included \$962,999 owed to VFCMHC and HDC from FY12 services provided but not paid for. There were a total of 32 counties who applied for Transition funds. DHS developed scenarios and principles in order to prioritize which counties would be approved for funding. The report was given to Legislators for a final decision. After several months of discussions and meetings, Legislators agreed to fund Scenario #2, \$3,803,154. Again, Scott County received \$2,437,247.

The Legislators also spent a great deal of time debating funding for FY14: "equalization" monies. Counties above the \$47.28 per capita amount would need to reduce their funding (levy) and the State would provide additional funds to bring those counties below \$47.28 per capita up. This would require \$28.9 million. This was finally approved. Legislators also approved an additional \$13 million (Risk Pool) for counties in financial trouble in FY14. That funding was vetoed by the Governor though.

The MH/DD Advisory Committee met to review the budget and discuss the impacts of no Transition funding as Legislators had not made a decision. The committee was also told about the financial issues facing the county. Many counties faced significant financial crisis as they only have their mental health levy to pay for services in FY13. Scott County was facing a significant shortfall as the levy was only \$3,308,032.

2. Monitor/review legislative issues, initiatives and their impacts on MH/DS system, reporting to the Board of Supervisors, MH/DD Advisory Committee and community.

Progress: Although Senate File 2315 was passed during the 2012 Legislative session, there was still a lot of work to be done. Another set of committees were appointed and would start meeting in the late summer and fall of 2012. Recommendations are due to the Governor and Legislature by December 2012 on various issues: transitioning from county system to a regional system, governance structure, transition funding, the children's system, and the judicial system. The MH/DD Advisory Committee and the Board of Supervisors were kept informed of the impacts of the redesign bills and amendments being proposed.

3. Increase advocacy in Scott County by hosting a training session with ID Action for consumers, providers and families on a yearly basis.

Progress: ID Action distributed newsletters regarding activity at the Capital. Families, consumers, providers and the Scott County CPC attended the monthly Legislative forums.

4. Advocate for waiver services expansion and development of new waivers-autism and developmental disabilities.

Progress: Scott County always advocated for additional services and funding of additional disability groups with the understanding that those items would cost more money. Legislators continued to discuss the idea of expanding services/new services and the additional cost.

5. Advocate for equitable Medicaid reimbursement.

Progress: Scott County and providers always advocate for a higher Medicaid reimbursement rate. This is a federal issue. The low reimbursement rate makes it very difficult to attract professionals to the state.

6. Monitor/review staff shortages/training needs/adequate pay issues with local providers.

Progress: Scott County continues to have great working relationships with the local providers. Unfortunately, the county has been unable to provide annual inflationary increases to help address pay rates/training needs/staff needs in the last six years.

Goal #3: Scott County will continuously explore alternative/new services for consumers with mental illness.

Action Steps:

1. Secure federal funding and implement Mental Health Court by 10/1/09.

Progress: Scott County had applied but was not awarded federal grant money for a mental health court in years past but Jail Diversion is a “core plus” service in Senate File 2315 (Redesign Bill). The region will be exploring the costs/implementation issues.

2. Explore/expand SCL and supportive services with local providers.

Progress: It was impossible to explore and/or expand SCL and supportive services during FY13 with the current funding issues.

3. Explore/develop new services for visiting nurse and medication management.

Progress: It was impossible to explore and/or develop new services for visiting nurses and medication management during FY13 with the current funding issues.

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Progress: It was impossible to explore and/or develop new services for visiting nurses and medication management during FY13 with the current funding issues.

Goal #4: Scott County will continuously explore alternative services with local providers to address a variety of consumer needs.

Action Steps:

1. Explore/develop alternative day programming.
2. Explore/expand services for the aging population.

Progress: Scott County was unable to expand or develop any other service due to the current funding issues.

3. Explore/expand services for consumers with severe behaviors.

Progress: Scott County and local providers continued to advocate for the state to pay “in-state” providers comparable rates to serve the more difficult consumers, thus keeping the funding in Iowa. This issue is being addressed in the system redesign.

4. Explore/develop new transportation services.

Progress: Scott County was unable to develop any new transportation service due to the funding crisis during FY13 with the current funding issues.

5. Explore/expand housing services/options.

Progress: The Scott County CPC office continued to participate in meetings with the housing organizations, homeless shelters and the city regarding housing services and options.

6. Explore/expand socialization opportunities and the utilization of volunteer groups.

Progress: The local providers advertise the need for help, volunteer or paid positions. The Scott County CPC directs all inquires about volunteer work to the authorized agencies. The providers work very hard to promote socialization opportunities and offer entertaining activities.

******Scott County’s Three Year Strategic MH/DD Plan made it very clear that implementation of any objective in the plan with a projected cost to the county was solely contingent on adequate funding from the state.**

Scott County's MH/DD fund balance has decreased over the years with the exception of FY09 (ARRA Benefits):

FY04- 9.9% or \$1,000,512

FY05- 9.87% or \$1,251,251

FY06- 6.7% or \$855,147

FY07- 2.7% or \$396,372

FY08- 3.7% or \$572,244**

FY09- 11.1% or \$1,713,644***

(2.4% or \$352,872 with the ARRA savings disregard of \$1,360,772)

FY10- 10.34% or \$1,499,167

(Negative fund balance of -\$764,496 with the ARRA savings disregard of \$2,263,660)

FY11- 8.02% or \$1,221,167

(Negative fund balance of -\$622,709 with the projected ARRA savings disregard of \$1,843,876)

FY12- 2% or \$268,319

FY13- (\$388,176)

**** Authorized agencies did not receive inflationary increases thus explaining a slight increase in fund balance in FY08.**

***** The FY09 fund balance increased significantly due to the changes in the FMAP rate with the passing of the ARRA (American Recovery and Reinvestment Act), the "federal stimulus package" in 2/2009. The FMAP rate was reduced 6.2% retroactive to October 2008. This dramatically reduced the expenditures for FY09, FY10 and FY11. The enhanced FMAP continued through 6/30/11 (all of FY11).**

STAKEHOLDER INVOLVEMENT

The Scott County MH/DS Advisory Committee is made up of representatives of stakeholder groups in the community. It includes consumers, family members, providers, advocates and interested citizens. Committee members are selected based on recommendations of providers, family members and Board of Supervisors. The Advisory Committee reviews and makes recommendations to the Board of Supervisors regarding the Management Plan, the Three Year Strategic Plan and Plan of Reductions if needed. They also review budget initiatives to be presented to the Board of Supervisors.

On 1/29/13, the MH/DS Advisory Committee met to review the FY12 Annual Report, Legislative issues, the FY12 expenditures and fund balance, the FY13 budget/revenue, and the FY14 projected budget and projected shortfall. The committee was updated on the Regionalization, Transition Funding, and redesign.

The MH/DS Advisory committee met on 2/22/13 to review Legislative issues and regionalization. Members of the committee were sent emails during the legislative session updating them on impacts and funding issues. The members were also emailed on the status of Transition funds and when the county received the funds. County staff attended the Legislative Forums during session as well as legislative committee meetings. Legislators were given information regarding the impact of the \$47.28 per capita as well as voiced concerns about “regionalization” and creating another layer of governmental bureaucracy.

The County Board of Supervisors and CPC met with the Board of Directors from Vera French Community Mental Health Center on 5/8/13 to discuss the impacts of MH redesign, regionalization and future funding. The Board of Supervisors and CPC also met with the Board of Directors from the Handicapped Development Center on 6/20/13 to discuss MH redesign, regionalization and future funding issues.

In April 2012, the Board of Supervisors from five counties including Cedar, Clinton, Jackson, Muscatine and Scott began talking about regionalization. The supervisors involved were a part of the 7th Judicial District Court Board. Guiding principles were developed and approved by all five Boards of Supervisors at a “Signing Event” on 9/17/12. In October of 2012, a letter of intent to form a region was sent to DHS. The Eastern Iowa MH/DS region was approved by DHS on 5/23/13. The region applied for Technical Assistance funding and was able hire Jeff Schott from the University of Iowa, Institute of Public Affairs to help work through 28E agreement and management plan issues.

ACTUAL EXPENDITURES: See County Report #1

In summary, the FY13 total revenue in the MH/DD Fund 10 equaled \$7,403,475 and the total expenditures equaled \$8,216,388. The administrative services/costs equaled \$237,708. Certain expenditures in the amount of \$156,418 were moved to the General Fund after management review. The county MH/DD fund went into deficit (\$388,176).

In the FY13 the Medicaid expenditures were dramatically lower as the State assumed financial responsibility as of 7/1/12. The counties were still required to pay some Medicaid bills in FY13 as they were for services provided in FY12 (before 7/1/12).

Scott County continued to contract with Genesis Medical Center for mental health services/commitment orders for adults and with Trinity Regional Health System in Rock Island, Illinois for children. The total number of involuntary commitments filed in FY13 was 428 compared to 405 (children and adults combined) in FY12 and 450 in FY11. The FY13 expenditures for all commitment costs (sheriff transport, attorney, referee, mental health advocate, hospital) equaled \$743,645.

NUMBER OF APPEALS: 0

WAITING LIST INFORMATION: Scott County did not have a waiting list in FY13.

Account Code	Description	Mental Illness	Chronic Mental Illness	Intellectual Disability	Developmental Disability	Other
00000	Unspecified					
03000	Information & Referral	X	X	X		X
04000	Consultation	X	X	X		X
05000	Public Education Services	X	X	X		X
06000	Academic services					
11000	Direct Administration	X	X	X		X
12000	Purchased Administrative (contracts, MCO, ASO)					
20000	Service Management					
21374	Case Management - T19 Match	X	X	X		X
21375	Case Management - 100% County	X	X	X		X
22000	Service Management	X	X			X
21489	Case Management Pass Thru		X			
31354	Transportation (non-Sheriff)		X	X		X
32320	Homemaker/Home Health Aid			X		
32321	Chore					
32322	Home Management Services (include PERS)			X		
32325	Respite	X		X		X
32326	Guardian/Conservator		X	X		
32327	Representative Payee	X	X	X		X
32328	Home/Vehicle Modification			X		
32329	Supported Community Living	X	X	X		X
32399	Other	X	X	X		X
33345	Ongoing Rent Subsidy					
33399	Other Basic Needs Service		X			
41305	Physiological Tmt. Outpatient	X	X	X		
41306	Physiological Tmt. Prescription Medicine	X	X	X		
41307	Physiological Tmt. In-Home Nursing			X		
41308	Health Supplies and Equipment	X	X			
41399	Physiological Tmt. Other					
42304	Emergency Treatment	X	X	X		
42305	Psychotherapeutic Tmt. Outpatient	X	X	X		
42309	Psychotherapeutic Tmt. Partial Hospitalization	X	X			
42363	Day Treatment Services	X	X			

42366	Social Services Supports	X	X			
42396	Community Support Programs	X	X	X		
42397	Psychiatric Rehabilitation	X	X			
42399	Psychotherapeutic Tmt. Other	X	X	X		
43001	Evaluation (Diagnostic not related to commitments)	X	X	X		
50360	Sheltered Workshop Services	X	X	X	X	
50362	Work Activity Services		X	X	X	
50367	Adult Day Care		X	X		
50368	Supported Employment Services		X	X	X	
50369	Enclave			X		
50399	Other Vocational Services		X	X		
63314	RCF (Comm. 1-5 Bed)		X	X		
63315	RCF/ID (Comm. 1-5 Bed)			X		
63316	RCF/PMI (Comm. 1-5 Bed)		X			
63317	Nursing Facility (Comm. 1-5 Bed)					
63318	ICF/ID (Comm. 1-5 Bed)			X	X	
63329	Supported Community Living (Comm. 1-5 Bed)	X	X	X	X	
63399	Other (Comm. 1-5 Bed)	X	X			
64314	RCF (Comm. 6 Beds and over)	X	X	X		
64315	RCF/ID (Comm. 6 Beds and over)			X	X	
64316	RCF/PMI (Comm. 6 Beds and over)	X	X	X		
64317	Nursing Facility (Comm. 6 Beds and over)		X			
64318	ICF/ID (Comm. 6 Beds and over)			X	X	
64329	Comm Supervised Apt Living (Comm. 6 Beds and over)	X	X			
64399	Other (Comm. 6 Beds and over)					
71319	Inpatient (State MHI)	X	X	X		
72319	Inpatient (State Hosp. School)	X		X	X	
73319	Inpatient (Other Priv./Public Hospitals)	X	X	X		
73399	Other (Other- Oakdale)					
74300	D & E Related to Commitment	X	X	X		
74353	Sheriff Transportation	X	X	X		
74393	Legal Representation (cmtmt court costs/legal fees)	X	X	X		
74399	Other/Commitments	X	X	X		
75395	Mental Health Advocate	X	X	X		

**VENDOR LIST
FY2013**

Providers
A Avenue Pharmacy
A Plus Home Health Care
Abbe Center for Community Health
Abbe Management Corp
Advancement Services of Jones County
Aging Services, Inc.
Alegent Health Mercy Hospital
Allen Autism Consultant
ARCH, Inc.
Area Residential Care
Area XIV Agency on Aging
Arnold, Marsha
ASAC
B and D Services, Inc.
Berryhill Center for Mental Health
Bethphage-Axtell
Black, Joan
Blackhawk County Sheriff
Boone County Transportation Services, Inc.
Boyer, Christine
Brau, Patrick
Bridgeview Community Mental Health Center
Broadlawns Medical Center
CADS
Camp Courageous of Iowa
Candlelight Services LLC
Capstone Behavioral Healthcare
Carlton, Barbara
Cedar Centre Psychiatric Group
Center Village
Central Iowa Psychological Services
Chatham Oaks
Christian Opportunity Center
Clements, James Bryson
Clinton County Auditor
Clinton County Case Management
Clinton County Sheriff
Community Care, Inc.
Companion Care Quad City
Contreras, Jimmy
Country View
County Case Management
Covenant Medical Center
Cox, Martha
Crawford County Sheriff
Creative Community Options
Crestview
DAC, Inc.

Del Dub Jac Co RTA
Des Moines Metropolitan Transit Authority
DHS Case Management
DHS Targeted Case Management
Drew-Peeples, Brenda
Dubuque County Sheriff
Duncan Heights
Dusthimer, Jack
East Central Iowa Acute Care
Easter Seals of Iowa
Elwood, O'Donohoe, Braun & White, LLP
Exceptional Opportunities, Inc.
Exceptional Persons, Inc
Eyerly-Ball
Faith, Hope and Charity of Storm
Family Care Solutions
Fayette County Sheriff
First Med Pharmacy
Full Circle Services Inc
G & G Living Centers
Genesis Development Center
Genesis Health System
Genesis Medical Center
Genesis Psychiatric Hospitalist
Genesis Psychology Associates
Gersh, Frank
Glenwood Resource Center
Global Medical Informatics, LLC
Globetrotters Transportation-Virgie White
Goodwill Industries of SE
Goodwill of the Heartland
Great River Mental Health Center
Grueb, Clayton
Hand-in-Hand
Handicapped Development Center
Hart, Sandra
Hartig Drug Company
Healthy Connections, Inc.
Heartland Senior Services
Henry County CPC
Henry County Sheriff
Hillcrest CMHC
Hillcrest Family Services
Hills and Dales
Hope
Howard Center
Hy-Vee 1285 (Iowa City #2)

Hy-Vee 1192
Independence MHI
Insight Partnership
Intrust DBA TVNHA
Iowa Home Based Services
Iowa Northland Region Transit Commission
Jackson County Mental Health Department
Jensen, Jerome
Johnson County MH/DS Services
Johnson County Sheriff
Jones County Community Services
Jones County Jets
Kroeger, Neil
Kroeger-Crane, Diana
Lifeline Systems
Lindeman Law Firm
Link Associates
Linn County Sheriff
Linn Haven Inc.
Lutheran Services in Iowa
MacCovey, Kelly
Mainstream Living, Inc.
Makee Manor
Mary Greeley Medical Center
Mason City Clinic
Mayors Youth Employment Program
Mediapolis Care Facility, Inc.
Medical Associates
Mercy Family Counseling
Mercy Medical Center- Cedar Rapids
Mercy Medical Center – Clinton
Mercy Medical Center – Dubuque
Mercy Medical Center NIA
Mid-Eastern Iowa Community Mental Health Center
Milestones Adult Day Health
Molyneaux, John
Monroe County Professional Management
Mosaic-Douglas
Mosaic-Osceola
Mt. Pleasant MHI
Municipal Transit
Murray, Noelle
Muscatine County Community Services
Muscatine County Sheriff
New Choices, Inc.
New Focus, Inc.

New Found Hope
Newport & Newport
North Star Community Services
Northeast Regional Transit
Optimae Lifeservices
Osceola Cab, LLC.
P. & S. Rental, LLC.
Park Place-SNH-Iowa Inc.
Pathway Living Center Inc.
Peterson, Robert
Phelps, Lauren
Powell, Jeffrey
Prairie View REMangement Inc.
Reach For Your Potential
Red Rock Area Community Action Program
Reed, Linda
Region XII Council
REM Development Services, Inc.
REM Iowa Community Services, Inc.
REM-Iowa Inc. Coralville
REM-Iowa Inc.
REM-IOWA, Terry Avenue
Rescare Inc.
River Bend Transit
Rod, Sheila A.
Rolfstad, Patricia
Schoenthaler Law Office
Scott County Sheriff
Scott Pharmacy
Seasons Center
Skyline Center, Inc.
Social Outreach Services
Sothmann, James
Southeast Iowa Case Management
Southeast Iowa Regional Planning Co
Southside Drug Store
St. Lukes Hospital
St. Lukes Physicians
State Court Administrator
Story County Case Management
Story County Community Life Program
Story County Sheriff
Successful Living
Systems Unlimited
Teel, Katherine
Townsend, Willie
Transit

Trinity Hospital Rock Island
Tupper, Timothy
Union Family Pharmacy
University of Iowa Hospital and Clinics
Vera French Mental Health Center
Vera French Pine Knoll Residential Program
Veridian Credit Union
Village Northwest Unlimited
Voss-Orr, Kimberly
Wagner Pharmacy
Walker, Joel
Warren County Case Management
Washington County Public Safety Center
Waterfront Hy-Vee #1281
Waubonsie Mental Health Center
Weiler, Brian
Wesco Industries
Williams-Wilkinson, Carol
Wolfe, John
Woods, Michael
Woodward Resource Center

**QUALITY ASSURANCE
FY2013**

Performance Indicators are included for the following agencies: Scott County Community Services, Handicapped Development Center (HDC), and Vera French Community Mental Health Center (VFCMHC). FY13 data for all agencies is attached. The county began tracking information, (Budgeting for Outcomes) differently in FY12 and FY13. The reason for this change was to show citizens where tax payer dollars are being spent and for what purpose.

Scott County continued to subcontract with DHS and Vera French Community Mental Health Center for case management services.

The number of adult involuntary mental health commitments filed was considerably higher in FY13 at 340 compared to 246 in FY12, 240 in FY11, 188 in FY10, 204 in FY09 and 218 in FY08. There were 88 juvenile mental health commitments in FY13 compared to a high of 91 in FY12, 80 in FY11, 39 in FY10, 65 in FY09 and 61 in FY08.

HDC was not reimbursed for services provided in the workshop from January to June 2012. The agency was also not reimbursed for residential services from April to June 2012. HDC continued to serve individuals despite the funding crisis. The county was able to reimburse HDC for those services (\$93,341) from Transition funds received in FY13. In FY13 the amount of net sub-contract income brought in through Employment Services was \$290,389 compared to \$121,557 in FY12. These individuals worked 728 different subcontract jobs in FY13 compared to 655 in FY12.

Scott County continued to provide funding for four services/programs through Vera French Community Mental Health Center (VFCMHC) during FY13. The funding is utilized for persons who qualify for financial assistance from Scott County or have no other means to pay for mental health treatment. VFCMHC was not reimbursed for services provided from April to June 2012 because of funding crisis within the county, but was reimbursed \$869,658 in FY13 from Transition funds. In the Community Support program (Frontier), 177 people were served in FY13 compared to 134 in FY12.

The attached documents provide more details on every program.

ACTIVITY/SERVICE:	MH/DD Services	DEPARTMENT:	17G		
BUSINESS TYPE:	Core Service	RESIDENTS SERVED:			
BOARD GOAL:	Healthy Safe Community	FUND:	10 MHDD	BUDGET:	\$9,132,512

OUTPUTS	2010-11	2011-12	2012-13	12 MONTH
	ACTUAL	ACTUAL	PROJECTED	ACTUAL
# of involuntary mental health commitments filed	450	405	520	N/A
# of adult MH commitments	240	246	300	340
# of juvenile MH commitments	80	91	100	88
# of MH 48 hour holds	123	82	120	149
# of mental health commitment filings denied	N/A	17	20	N/A
# of hearings on people with no insurance	51	59	60	71
# of protective payee cases	384	313	400	304
# of funding requests/apps processed- ID/DD and MI/CMI	N/A	1875	700	771

PROGRAM DESCRIPTION:

To provide services as identified in the Scott County MH/DD Management Plan to persons with a diagnosis of mental illness, mental retardation, and other developmental disabilities.

PERFORMANCE MEASUREMENT		2010-11	2011-12	2012-13	12 MONTH
		ACTUAL	ACTUAL	PROJECTED	ACTUAL
OUTCOME:	EFFECTIVENESS:				
To provide mandated court ordered MH evaluations in most cost effective manner possible.	Ensure 100% of all third party payors are billed, utilizing Scott County dollars as a last resort.	100%	100%	100%	100%
To provide mandated court ordered MH evaluations in most cost effective manner possible.	The cost per evaluation will be no greater than \$994.00.	\$625.85	\$939.16	\$994.00	\$522.10
To maintain the MH/DD Fund Balance between 5%-10% in order to best serve Scott County citizens with disabilities and cover emergency service expenditures.	Review quarterly mental health commitment expenditures verses budgeted amounts.	\$390,140	\$393,509	\$341,385	\$301,256
To ensure individuals are accessing Medicaid services resulting in payment of 37% of a service verses 100%.	The number of individuals on ID Waiver and number of individuals on Habilitation.	N/A	441 individuals on ID Waiver and 210 on Habilitation	460 individuals on ID Waiver and 200 on Habilitation	N/A
To maintain the MH/DD Fund Balance between 5%-10% in order to best serve Scott County citizens with disabilities and cover emergency service expenditures.	Review quarterly Medicaid expenditures verses budgeted amounts. (ID waiver and Hab services under 17G only)	\$2,810,173	\$3,680,378	\$2,972,986	N/A

Handicapped Development Center

Director: Michael McAleer, Phone: 563-391-4834 Website: handicappeddevelopment.org



MISSION STATEMENT: The Handicapped Development Center is a non-profit organization whose purpose is to plan, establish, and operate programs which provide opportunities and assistance to persons with disabilities in and around Scott County, Iowa

ACTIVITY/SERVICE:	Supported Community Living	DEPARTMENT:	CRS
BUSINESS TYPE:	Core Service	RESIDENTS SERVED:	1
BOARD GOAL:	Health Safe Community	FUND:	10 MHDD
		BUDGET:	

OUTPUTS	2010-11	2011-12	2012-13	12 MONTH
	ACTUAL	ACTUAL	PROJECTED	ACTUAL
Individuals receiving 100% county funding	2	1	1	1
Individuals living in the community	1	1	1	1

PROGRAM DESCRIPTION:

Services enable people with developmental disabilities to live safely in the community, per Code 222 and 331.439. Provides supervision/instruction in daily living skills, medication management, health/safety/hygiene skills, and transportation in group homes.

PERFORMANCE MEASUREMENT		2010-11	2011-12	2012-13	12 MONTH
		ACTUAL	ACTUAL	PROJECTED	ACTUAL
OUTCOME:	EFFECTIVENESS:				
Maintain current living situation / level of services	90% of individuals will maintain current living situation/level of services.	100%	100%	100%	100%

ACTIVITY/SERVICE:	Sheltered Workshop	DEPARTMENT:	ES
BUSINESS TYPE:	Core Service	RESIDENTS SERVED:	54
BOARD GOAL:	Health Safe Community	FUND:	10 MHDD
		BUDGET:	

OUTPUTS	2010-11	2011-12	2012-13	12 MONTH
	ACTUAL	ACTUAL	PROJECTED	ACTUAL
Number of Persons Served (utilizing 100% county funds)	74	56	54	60

PROGRAM DESCRIPTION:

Work program which provides staff supervision/supports to adults with disabilities to learn work skills, habits and behaviors to achieve highest level of employment. Work provides wages, dignity, and self-sufficiency. Net subcontract income helps support program. Service enables individuals to work and gives supervision at low cost. Funds insufficient for full year.

PERFORMANCE MEASUREMENT		2010-11	2011-12	2012-13	12 MONTH
		ACTUAL	ACTUAL	PROJECTED	ACTUAL
OUTCOME:	EFFECTIVENESS:				
Wages paid			\$95,261	\$81,730	\$191,130
Revenue generated	A minimum of \$120,000 net subcontract revenue generated		104,694	\$121,557	\$290,389
Subcontract work	The total number of different subcontract jobs in the sheltered workshop		655	560	728

ACTIVITY/SERVICE:	Community Employment Svc	DEPARTMENT:	ES
BUSINESS TYPE:	Core Service	RESIDENTS SERVED:	1
BOARD GOAL:	Health Safe Community	FUND:	10 MHDD
		BUDGET:	

OUTPUTS	2010-11	2011-12	2012-13	12 MONTH
	ACTUAL	ACTUAL	PROJECTED	ACTUAL
Number of Persons Served with 100% county funds	1	1	1	1
Number of Persons Served in Community, not workshop (utilizing various funding sources)	0	0	0	0

PROGRAM DESCRIPTION:

Staff assistance and supports are provided to adults with disabilities to develop, obtain and maintain community employment while decreasing their dependence on government supports and subsidies and their need for more costly services.

PERFORMANCE MEASUREMENT		2010-11	2011-12	2012-13	12 MONTH
		ACTUAL	ACTUAL	PROJECTED	ACTUAL
OUTCOME:	EFFECTIVENESS:				
Jobs in the community obtained	1 individual obtains job	0	1	1	1
Jobs maintained in the community	1 individual will keep job	1	1	1	0

ACTIVITY/SERVICE:	Outpatient	DEPARTMENT:	51A
BUSINESS TYPE:	Core Service	RESIDENTS SERVED:	12,750
BOARD GOAL:	Choose One	FUND:	10 MHDD
		BUDGET:	\$1,429,556

OUTPUTS	2010-11	2011-12	2012-13	12 MONTH
	ACTUAL	ACTUAL	PROJECTED	ACTUAL
Total Number of Appointments	42,291	27,293	35,000	37,156
Total Number of new cases funded by Scott Co	464	355	425	242
Number of CPC and legal settlement applications processed	3,274	1,336	3100	809

PROGRAM DESCRIPTION:

To provide outpatient mental health services to all age groups in the Quad City area, including residents of Scott County who qualify for financial assistance from Scott County, by developing a range of individual, group, and family mental health services.

PERFORMANCE MEASUREMENT		2010-11	2011-12	2012-13	12 MONTH
		ACTUAL	ACTUAL	PROJECTED	ACTUAL
OUTCOME:	EFFECTIVENESS:				
Vera French will enhance group therapy services to Scott County residents.	Vera French will provide at least three group therapy services each quarter.	11	21	12	16
Vera French will increase access to Outpatient services.	Decrease wait time for therapy intake appointments	24 days	37 Days	24 days	30 days
Vera French will increase access to Outpatient services.	Decrease the wait time for prescriber intake appointments	48 Days	29 Days	48 Days	53 days

Vera French Community Mental Health Center

Director: Anne Armknecht Phone: (563) 888-6245 Website: www.verafrenchmhc.org



MISSION STATEMENT: Vera French Community Mental Health Center will enhance the mental health of all in our community by providing quality, accessible, and comprehensive care.

ACTIVITY/SERVICE:	Comm Support Prog/Frontier	DEPARTMENT:	51B	
BUSINESS TYPE:	Core Service	RESIDENTS SERVED:	192	
BOARD GOAL:	Choose One	FUND:	10 MHDD	BUDGET: \$468,599

OUTPUTS	2010-11	2011-12	2012-13	12 MONTH
	ACTUAL	ACTUAL	PROJECTED	ACTUAL
Referrals	30	36	40	37
Total number of clients served	135	134	300	177
Total units of service	1,325	2,819	2,400	2,785
Total number of meals provided	2095	3,443	4160	2,481
Medication Management units provided by Nurse	281	671	480	615
Total number of group opprotunities provided	380	912	640	933
Number of CPC and legal settlement applications processed	7	18	14	18

PROGRAM DESCRIPTION:

Frontier provides support to people with a severe and persistent mental illness who need assistance living in the community to reach and maintain the highest level of functioning possible for them. Medication management is a service provided within Frontier. A nurse provides support to clients who may need help taking their meds on a regular basis.

PERFORMANCE MEASUREMENT		2010-11	2011-12	2012-13	12 MONTH
		ACTUAL	ACTUAL	PROJECTED	ACTUAL
OUTCOME:	EFFECTIVENESS:				
Client will remain free of hospitalization.	95% of clients will not be hospitalized for psychiatric reasons.	98%	97%	95%	98%
Clients will remain in their current independent living setting (no jail, MHT, shelter)	85% of clients will maintain their level of functioning.	99%	98%	85%	98%

ACTIVITY/SERVICE:	Adult Partial Hospital Prog	DEPARTMENT:	51G
BUSINESS TYPE:	Core Service	RESIDENTS SERVED:	42
BOARD GOAL:	Choose One	FUND:	10 MHDD
		BUDGET:	\$318,788

OUTPUTS	2010-11	2011-12	2012-13	12 MONTH
	ACTUAL	ACTUAL	PROJECTED	ACTUAL
Patient Days	746	1434	1500	971
Admissions	45	64	100	76

PROGRAM DESCRIPTION:

The APHP provides intensive outpatient treatment within a structured therapeutic environment. The structured environment offers the opportunity to avoid hospitalization or transition from the hospital to the community. The program emphasizes a multidisciplinary team approach under psychiatric supervision.

PERFORMANCE MEASUREMENT		2010-11	2011-12	2012-13	12 MONTH
		ACTUAL	ACTUAL	PROJECTED	ACTUAL
OUTCOME:	EFFECTIVENESS:				
Patients will show sustained improvement as measured by the BASIS -32.	85% of patients will show improvement upon discharge	81%	93%	85%	91%
Patients will be satisfied with their treatment in APHP.	90% of patients surveyed will indicate overall satisfaction with the APHP.	93%	100%	90%	95%
Patients who access APHP services will avoid the need for treatment in an acute setting.	95% of clients discharged will not required hospitalization in an acute setting.	88%	100%	95%	90%

ACTIVITY/SERVICE:	RCF/PMI (Pine Knoll)	DEPARTMENT:	51F
BUSINESS TYPE:	Core Service	RESIDENTS SERVED:	191
BOARD GOAL:	Choose One	FUND:	10 MHDD
		BUDGET:	\$1,378,191

OUTPUTS	2010-11	2011-12	2012-13	12 MONTH
	ACTUAL	ACTUAL	PROJECTED	ACTUAL
Patient days	18952	17,729	4750	14,193
Average Census Scott Co. Residents	39	39	40	36
Number of scott county residents assessed for RCF placement	8	38	10	5
Number of CPC and legal settlement applications processed	8	21	6	1

PROGRAM DESCRIPTION:

Pine Knoll is a residential care facility which provides treatment and support services for individuals with chronic mental illness who are unable to function successfully in the community. Within Pine Knoll, Day Habilitation services are provided. These services assist individuals in acquiring skills, gaining independence, learning appropriate behavior and understanding the importance of personal choice. The Housing Corporation develops and maintains affordable housing options for homeless or near homeless persons with serious and persistent mental illness.

PERFORMANCE MEASUREMENT		2010-11	2011-12	2012-13	12 MONTH
		ACTUAL	ACTUAL	PROJECTED	ACTUAL
OUTCOME:	EFFECTIVENESS:				
Pine Knoll will provide the appropriate amount of direct service and supervision hours to residents.	Nursing staff will provide at least 10,950 direct service and supervision hours per quarter.	12,283	10,670	10,950	11,522
Pine Knoll will meet the community's needs for RCF/PMI services	To maintain a census at 90% of operating capacity.	92%	85%	90%	86%
Pine Knoll will provide psychosocial learning and skill development opportunities to residents.	To provide a total of 9100 hours of psychosocial learning and skill development services to residents each quarter	9006	8353	9,100	9,242
Pine Knoll will provide treatment that is beneficial for residents.	To transition no more than 40% of residents discharged to a higher level of care.	14%	25%	40%	0%
Pine Knoll will provide treatment that is beneficial for residents.	To transition at least 60% of residents discharged to a lower level of care.	86%	75%	60%	100%

**STATISTICAL REPORTS
FY2013**

County Report 1
Fiscal Year 2013 Total Expenditures by COA codes and Disability Type
for Scott County

Account Code	Description	Mental Illness	Chronic Mental Illness	Intellectual Disability	Developmental Disability	Admin	Service Total
00000	Unspecified						0
03000	Information & Referral						0
04000	Consultation						0
05000	Public Education Services						0
06000	Academic services						0
11000	Direct administrative					237708	237708
12000	Purchased Administrative (contracts, MCO, ASO)						0
21374	Case Management - T19 Match		15526	177			15703
21375	Case Management - 100% County			680			680
21489	Case Management Pass Thru		574008				574008
22000	Service Management	27953	73546				101499
31354	Transportation (non-Sheriff)		6064	326			6390
32320	Homemaker/Home Health Aid			1536			1536
32321	Chore						0
32322	Home Management Services (include PERS)						0
32325	Respite			4421	398		4819
32326	Guardian/Conservator		800	240			1040
32327	Representative Payee	583	795				1378
32328	Home/Vehicle Modification						0
32329	Supported Community Living			3026			3026
32399	Other			1797			1797
33345	Ongoing Rent Subsidy						0
33399	Other Basic Needs Service						0
41305	Physiologocal Tmt. Outpatient						0
41306	Physiologocal Tmt. Prescription Medicine	146843	29250	18490			194583
41307	Physiologocal Tmt. In-Home Nursing			1348			1348
41308	Health Supplies and Equipment						0
41399	Physiologocal Tmt. Other						0
42304	Emergency Treatment						0
42305	Psychotherapeutic Tmt. Outpatient	1441943	1267133				2709076
42309	Psychotherapeutic Tmt. Partial Hospitalization						0
42363	Day Treatment Services	279671	126581				406252
42366	Social Services Supports						0
42396	Community Support Programs	7055	486238				493293
42397	Psychiatric Rehabilitation						0
42399	Psychotherapeutic Tmt. Other	68837	15609	92			84538
43001	Evaluation (Diagnostic not related to commitments)						0
50360	Sheltered Workshop Services	1379	1726	367727	250		371082
50362	Work Activity Services		2687	24780	4178		31645
50367	Adult Day Care						0
50368	Supported Employment Services			7247			7247
50369	Enclave			168			168

County Report 1
Fiscal Year 2013 Total Expenditures by COA codes and Disability Type
for Scott County

50399	Other Vocational Services		4120	2303			6423
63314	RCF (Comm. 1-5 Bed)		42989				42989
63315	RCF/ID (Comm. 1-5 Bed)			14850			14850
63316	RCF/PMI (Comm. 1-5 Bed)						0
63317	Nursing Facility (Comm. 1-5 Bed)						0
63318	ICF/ID (Comm. 1-5 Bed)						0
63329	Supported Community Living (Comm. 1-5 Bed)	4820	16918	14509			36247
63399	Other (Comm. 1-5 Bed)	2250	3150				5400
64314	RCF (Comm. 6-15 Bed)	35890	600370	47322			683582
64315	RCF/ID (Comm. 6 Beds and over)			71330			71330
64316	RCF/PMI (Comm. 6 Beds and over)	54100	1110296	233925			1398321
64317	Nursing Facility (Comm. 6 beds and over)						0
64318	ICF/ID (Comm. 6 Beds and over)						0
64329	Comm Supervised Apt Living (Comm. 6 Beds and over)		1082				1082
64399	Other (Comm. 6 Beds and over)						0
71319	Inpatient (State MHI)	5037	218647				223684
72319	Inpatient (State Hosp. School)						0
73319	Inpatient (Other Priv./Public Hospitals)	164499	174375				338874
73399	Other (Other- Oakdale)						0
74300	D & E Related to Commitment	17007	31979	188			49174
74353	Sheriff Transportation	1132	1552	2324			5008
74393	Legal Representation (cmtmt court costs/legal fees)	6552	18859	759			26170
74399	Other	6066	8370	185			14621
75395	Mental Health Advocate	19272	28392	2153			49817
	Total County \$	2290889	4861062	821903	4826	237708	8216388

County Report 1: Total Expenditures by COA code and Disability Type

Dollar amount of total expenditures by the county from Mental Health Fund on an accrual, not cash basis.

Layout with the COA (Chart of Accounts) code down the left side with the disability types across the top.

Totals should be included in both the far right column and the last row.

County Report 2
 Persons Served - Age Group by Diagnostic Category
 Fiscal Year 2013
 for Scott County

DISABILITY GROUP	Children	Adults	Unduplicated Total
Mental Illness	65	1402	1467
Chronic Mental Illness	0	631	631
Intellectual Disabilities	0	246	246
Other Developmental Disabilities	0	9	9
Other Categories			0
Total	65	2288	2353

County Report 2: Persons Served - Age Group by Diagnostic Category

An Unduplicated count of adults and children served by the county.

A person is considered served if there where any expenditures on behalf on the person from the Mental Health Fund.

Persons who have not reached their 18th birthday are counted as children.

To avoid duplication count the person's disability status at a point in time. CoMIS will use the point in time when the reports are generated.

Determine the persons age as of the begin date of each expenditure. If a person has payments as both a child and as an adult count the person once as an Adult and once as a Child. For the Unduplicated Total that person is counted only once.

Layout with the Disability Group down the left side with Children, Adults, and the Unduplicated Total across the top.

County Report 3

Fiscal Year 2013 Unduplicated Count of Persons Served by COA and Disability Type for Scott County

Adults and Children

Account Code	Description	Mental Illness	Chronic Mental Illness	Intellectual Disability	Developmental Disability	Admin	Service Total
00000	Unspecified						0
03000	Information & Referral						0
04000	Consultation						0
05000	Public Education Services						0
06000	Academic services						0
11000	Direct Administration					771	771
12000	Purchased Administrative (contracts, MCO, ASO)						0
21374	Case Management - T19 Match	43	87	97	4		231
21375	Case Management - 100% County	1	1	1			3
21489	Case Management - Pass Thru		201				201
22000	Service Management	290	292				582
31354	Transportation (non-Sheriff)		2	5			7
32320	Homemaker/Home Health Aid			3			3
32321	Chore						0
32322	Home Management Services (include PERS)						0
32325	Respite			36	1		37
32326	Guardian/Conservator		2	2			4
32327	Representative Payee	5	2				7
32328	Home/Vehicle Modification						0
32329	Supported Community Living		13	56			69
32399	Other			6			6
33345	Ongoing Rent Subsidy						0
33399	Other Basic Needs Service						0
41305	Physiological Tmt. Outpatient						0
41306	Physiological Tmt. Prescription Medicine	388	85	2			475
41307	Physiological Tmt. In-Home Nursing			2			2
41308	Health Supplies and Equipment						0
41399	Physiological Tmt. Other						0
42304	Emergency Treatment						0
42305	Psychotherapeutic Tmt. Outpatient	810	193		1		1004
42309	Psychotherapeutic Tmt. Partial Hospitalization						0
42363	Day Treatment Services	16	5				21
42396	Community Support Programs	49	161				210
42397	Psychiatric Rehabilitation						0
42399	Psychotherapeutic Tmt. Other	289	51				340
43001	Evaluation (Diagnostic not related to commitments)						0
50360	Sheltered Workshop Services	1	5	75	1		82
50362	Work Activity Services	1	21	15	1		38
50367	Adult Day Care						0
50368	Supported Employment Services	1		12	1		14
50369	Enclave			1			1
50399	Other Vocational Services	1	6	16			23
63314	RCF (Comm. 1-5 Bed)	1					1

County Report 3
Fiscal Year 2013 Unduplicated Count of Persons Served by COA and Disability Type
for Scott County

Adults and Children

63315	RCF/ID (Comm. 1-5 Bed)			1			1
63316	RCF/PMI (Comm. 1-5 Bed)						0
63317	Nursing Facility (Comm. 1-5 Bed)						0
63318	ICF/ID (Comm. 1-5 Bed)						0
63329	Supported Community Living (Comm. 1-5 Bed)	1	6	28			35
63399	Other (Comm. 1-5 Bed)						0
64314	RCF (Comm. 6-15 Bed)	4	32	4			40
64315	RCF/ID (Comm. 6 Beds and over)			1	1		2
64316	RCF/PMI (Comm. 6 Beds and over)	2	49	5			56
64317	Nursing Facility (Comm. 6 Beds and over)						0
64318	ICF/ID (Comm. 6 Beds and over)						0
64329	Comm Supervised Apt.Living (Comm. 6 Beds and over)		1				1
64399	Other (Comm. 6 Beds and over)						0
71319	Inpatient (State MHI)	2	13				15
72319	Inpatient (State Hosp. School)						0
73319	Inpatient (Other Priv./Public Hospitals)	92	110				202
73399	Other (Other- Oakdale)						0
74300	D & E Related to Commitment	89	112	2			203
74353	Sheriff Transportation	88	103	5			196
74393	Legal Representation (cmtmt court costs/legal fees)	75	117	5			197
74399	Other	117	97	2			216
75395	Mental Health Advocates	127	301				428

County Report 3: Unduplicated Count of Persons Served by COA and Disability Type

Using the same methodology as County Report 2, unduplicate by Adults and Children and by Disability Type within each COA code.

Layout with the COA code for each group (Adults, Children) down the left side with the Disability Type and Service Total across the top.

County Report 4
Mental Health System Growth / Loss Report
Fiscal Year 2013
for Scott County

DISABILITY GROUP	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Net
Chronic Mental Illness	555	582	598	631	76
Mental Illness	1123	1378	1399	1467	344
Intellectual Disabilities	225	240	246	239	14
Other Developmental Disabilities	5	3	1	0	-5
Other Categories					0
Total					429

County Report 4: Mental Health System Growth / Loss Report

This report is designed to be able to project service needs in future fiscal years.

An Unduplicated count of persons served by county during each quarter.

A person is considered as served if there were any expenditures on behalf of the person from the Mental Health Fund.

To avoid duplication count the person's disability status at a point in time. CoMIS will use the point in time when the reports are generated.

Layout with the Disability Group down the left side with each of the four quarters across the top.

The Net Column is the difference between the fourth quarter and the first quarter.