

ALLAMAKEE COUNTY

**MENTAL HEALTH & DEVELOPMENTAL
DISABILITIES SERVICES**

MANAGEMENT REPORT

FOR

FISCAL YEAR 2011

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CPC Administrator
November 2011

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Comments from the CPC Administrator

This past year completes the second year of the Northeast Iowa Counties Systems Administration Plan. Overall, we found our goals to provide direction as we work toward our vision:

We have a VISION of empowerment, choice & community:

People experiencing disabilities will live in a community, work at a job, and recreate, worship and volunteer in a variety of settings using the needed services of providers of choice.

Therefore, Allamakee, Bremer, Buchanan, Clayton, Delaware, Fayette, Howard, and Winneshiek counties are dedicated to providing funding for appropriate and cost effective mental health and developmental disabilities services for all citizens.

As this plan was developed, we tried to keep consumer input and interests in the forefront while being aware of our ever decreasing county pot of dollars. Many of our goals require more coordination and management than dollars as we try to maintain quality services that are the most cost effective. During the summer of 2008, CPCs from northeast Iowa began collaborating on a Northeast Iowa Mental Health & Disabilities Services plan which covers eight counties (Allamakee, Winneshiek, Howard, Clayton, Fayette, Bremer, Buchanan, & Delaware). Counties hope to administer a more uniform system that is more user friendly for both individuals and agencies and increase collaboration on new projects.

FY11 was the year of data transformation as the CPC Office moved from the CoMIS program designed by the Department of Human Services in 1997 to the state-wide, web-based data system CSN (Community Services Network). CSN was developed by the Iowa Association of Counties (ISAC). While the potential state-wide system is exciting, it has not been without trials as staff learned new formats and more counties came on board throughout the year. We share the vision of hope with our friends in recovery—each day and year will be better!

Relationships at the regional and county levels became even more important over this past year as state and federal Medicaid rules constantly changed—sometimes retroactively! Without the mutual support and working together with individuals, families, service providers and funders, many individuals would have received compromised services. Many thanks to all for working together to make a very complicated system work for the individuals we serve!

Overview of Planning Activities

The Allamakee County Mental Health & Developmental Disabilities Services Strategic Plan for FY 2010-2012 served as the guide for activities throughout FY 2011. The following describes planning efforts that occurred during FY 2011:

1. Allamakee County Mental Health/Developmental Disabilities Citizens' Advisory Board

The Allamakee County MH/DD Citizens' Advisory Board continued to meet throughout the year. Meetings were held on 9/21/10, 12/8/10, and 2/9/11. Scheduled meetings were conducted under the open meeting law with the agenda being posted in the Courthouse. Minutes of Advisory Board meetings are maintained in the CPC office and are available to the general public. Current CAB members include Barbara Winters, Judy Herman, Maureen Radloff, and Zachary Rethwisch with five vacancies. Advisory Board members were kept abreast of changes in service delivery as agencies moved to federal Medicaid funding streams to provide greater service variety and maximize use of county dollars.

2. Input from Other Areas

At regular meetings of the Board of Supervisors, the CPC Administrator gave progress reports. Overviews of the issues raised at the Advisory Board meetings and the concerns of the providers and families were also shared with the Board of Supervisors. The Board of Supervisors' meetings are open to the public for community participation and discussion. These discussions often appeared in the local paper so the general community was informed.

In addition, the CPC Administrator met as needed with service providers to obtain input and revise goals. Agency directors and agency boards were especially helpful in providing input and suggestions of how to manage an extremely tight budget. The result was a blend of approaches, which allowed consumers' needs to be met, agencies to provide cost-effective services within their individual philosophical framework, and Allamakee County not to have a waiting list for service funding.

Due to the ever changing rules and interpretation of rules regarding federal funding streams for services, this year continues to involve many phone calls and face-to-face meetings with agency personnel as we work together as a system to continue to provide needed services to consumers.

Areas of Concern Identified in Planning Process

Comments in *italics* denote those made by consumers. All other comments are from family members, providers, and citizens.

1. Development of focus groups for developmentally disabled and/or mentally ill clients, as well as for their parents.
2. Development of mental health awareness after-school programs, especially in the Postville area.
3. Enhance community awareness and knowledge about autism.
4. Increased community advocacy, public education, and involvement in legislative issues.

5. Concern about MH/DD clients still receiving services based on available funds. Provide consumers with information to be able to utilize other available services.
6. *Need to expand mental health services, particularly in outpatient counseling.*
7. Distribution of *From Crisis to Recovery* books is a beneficial source.
8. *Need to provide services at times that meet individual's needs considering age, disability, personal choices, etc.*
9. *Concern for everyone's mental health as more people get laid off, especially medications.*

Goals and Objectives

Note: Due to financial and political uncertainties of the next three years we have chosen to state our goals and objectives in more general outcomes. The action steps reflect some current ideas about measurable indicators of these goals.

Goal 1: People with disabilities will live lives no different than people without disabilities.

Objective A: Our community will be responsive to all people regardless of disability especially in difficult economic times.

Action Step 1: Provide one public awareness event, with one event being with local businesses, in collaboration with other entities at least annually.

FY10 Progress: On 1/6/2010, the Citizens' Advisory Board (CAB) met with Senator Mary Jo Wilhelm and Representative John Beard to review issues effecting persons with disabilities before the legislative session. Provider agency personnel, board members and the general public were invited to attend. About a dozen people attended, and feedback from the public and the legislators was very positive.

FY11 Progress: On July 26th, citizens from Winneshiek and Allamakee Counties gathered on the steps of the Winneshiek County Courthouse to celebrate the 20th anniversary of the signing of the Americans with Disabilities Act (ADA). Speakers included Alice Holdiman, local advocate, State Senator Mary Jo Wilhelm, U.S. Senator Grassley's Regional Director Valerie Nehl and Dubuque Assistant to U.S. Senator Harkin, Linda Lucy. Jim Dale acted as emcee. The event was a collaborative project with the Decorah Public Library, The Spectrum Network, and the Winneshiek Citizens' Advisory Board.



Mental Health First Aid training continues to gain momentum in northeast Iowa. This year, the CPC office expanded our collaboration and worked through Community Circle of Care to handle all the logistics of the training. In total, eight trainings were held with 133 individuals completing the MHFA course. Other collaborators included the Decorah Public Library, City of Decorah, Northeast Iowa Community College, HAWC Partnership for Children and the Winneshiek CPC office.

Action Step 2: CPC staff will be involved with community efforts which address the basic needs of individuals such as housing and medical issues which impacts the mental health of citizens at least six times per year.

FY10 Progress: CPC staff regularly attended quarterly meetings of the Allamakee Interagency, quarterly meetings of the Allamakee Partnership for Community Connections, and monthly meetings of the Postville Coalition until the group disbanded. Additionally, the CPC administrator has met different groups to discuss mental health services for students in the Lansing, Postville and Waukon school districts.

FY11 Progress: CPC staff continues to attend the quarterly meetings of the Allamakee Interagency and Allamakee Partnership for Community Connections as schedules permit. When unable to attend, the CPC administrator reviews the minutes and contacts other community partners as needed. Staff is also a member of the Allamakee-Winneshiek Long Term recovery committee which met once during the month of February.

Action Step 3: Complete survey of local service providers as to array of services and availability in terms of times, days, and waiting lists by March 2010.

FY10 Progress: With the exception of waiting list information, this information is available in the HAWC Resource Guide found on the Decorah Public Library website. No further action required.

www.decorah.lib.ia.us/hawcresourceguide

FY11 Progress: No action required.

Goal 2: Our community will provide an array of opportunities that aid in life's transitions.

Objective A: Establish a community-wide "no wrong door" policy to all service inquiries.

Action Step 1: Document the number and types of referrals to other service funding sources/agencies beginning July 1, 2009.

FY10 Progress: During the month of July, 2009, CPC staff fielded over 25 inquiries about service funding. Calls came from the public, law enforcement, court personnel, attorneys, medical professionals, network providers, and out-of-county individuals.

Staff reviewed the documentation and decided that the gathering of the data took more time than it was worth to confirm what staff already knew: Referrals to other agencies and coordination of services with those funded by the CPC office is a daily occurrence. If data were collected over a period of months, a pattern might be noticed. But even an established pattern would not change how staff handles inquiries. CPC staff decided to discontinue this action step.

Action Step 2: Establish “No Wrong Door” community workgroup by January 2011.

FY10 Progress: No action required.

FY11 Progress: On 10/20/10, nine individuals from Howard, Winneshiek, Allamakee and Clayton counties met with Dr. Christie Cline to talk about inspiring hope and recovery for people with complex needs. Dr. Cline and her partner, Dr. Ken Minkoff, have been conducting ongoing trainings in the state of Iowa for several years. This training is free to those that attend. On 11/9/10, the group met again to set the local course and decided to be called Recovery Oriented System Advocates (ROSA).

ROSA met on 1/11/11, 2/8/11, 3/8/11, 4/12/11, and 5/10/11 to learn and share about ways our community can be more open and inviting to those we serve. The intent is to continue meeting to increase our partnerships

Objective B: The transition of individuals into and out of the CPC service system will meet the service needs of the individual.

Action Step 1: Provide educational opportunity of estate planning for persons with disabilities at least once during FY10-12.

FY10 Progress: No activity in FY10.

FY11 Progress: No activity.

Action Step 2: Provide transitional planning in conjunction with school personnel for students with disabilities and their families at least once during FY10-12.

FY10 Progress: On 9/15/09, Jan Heikes (CPC Administrator) and Kim Waters (Case Management Supervisor) met with Kee High School counselor, students and parents as part of a panel presenting post high school options for individuals with disabilities.

FY11 Progress: The CPC Administrator is a member of the Keystone AEA Transition Advisory Board which meets three times per year. Special activities and fairs have been sponsored by the schools and AEAs so this activity was not felt to be as needed when the plan was written.

Objective C: Our community will provide a supportive and safe environment where clients can transition out of crisis and back to everyday activities.

Action Step 1: Continue CPC staff involvement in researching acute care issues on the state level, including both mental health and substance abuse commitments, through June 30, 2012 or until project ends.

FY10 Progress: The final meeting of the statewide Acute Care Taskforce was on 9/9/2009 with recommendations made to the legislature, Department of Human Services, and other entities involved in providing emergency mental health services. There are various other groups working on implementing and/or further researching specific recommendations. Areas include local crisis/emergency services, changes in commitment rules, and workforce issues.

FY11 Progress: While this issue continues to be of concern, any statewide efforts have been combined with the Legislative Mental Health and Disabilities Redesign efforts. There has been no progress.

Action Step 2: Contract with additional entities to provide local choices in an array of daily activities that are based on an individual's needs by June 30, 2012.

FY10 Progress: Mosaic will be expanding services to individuals under the habilitation option. Because this is a Medicaid program, no contract is necessary.

FY11 Progress: See description of the crisis stabilization bed under Goal 3, Objective C, Action Step 2.

Goal 3: Counties in Northeast Iowa will work collaboratively to benefit all citizens.

Objective A: Citizens of northeast Iowa will benefit from having a regional mental health and disability services plan.

Action Step 1: CPC Administrators will meet quarterly to analyze exceptions to policies made by each individual county beginning in September, 2009.

FY10 Progress: CPCs met nine (9) times during the fiscal year to discuss implementation of the plan in a coherent manner. Dates of the meetings were 7/8/09, 9/11/09, 10/9/09, 11/6/09, 1/11/10, 2/5/10, 3/12/10, 4/9/10, & 6/4/10. Minutes of the meetings are available in each CPC office. During these meetings, exceptions to policies were discussed and shared. If questions arose regarding whether or not to grant an exception, e-mail correspondence was utilized between meetings. CPC Administrators discussed the types of Exceptions to Policies and the circumstances surrounding the exceptions at the monthly meetings. They further analyzed whether or not the types of exceptions warranted changes to the County Management Plan or were truly individuals with unique circumstances. It was determined that changes to the plan were not needed due to the types of exceptions seen during this fiscal year.

FY11 Progress: CPCs met nine (9) times during the fiscal year to discuss implementation of the plan in a coherent manner. Dates of the meetings were 7/9/10, 9/10/10, 10/8/10, 11/5/10, 1/21/11, 3/10/11, 4/8/11, 5/4/11 & 6/28/11. Minutes of the meetings are available in each CPC office. CPCs continued to follow the same procedure as in FY10. Since the exceptions seemed to be for individuals with unique circumstances, it was determined that changes to the plan were not necessary

Action Step 2: Exception patterns and trends will be communicated to local stakeholders groups on an annual basis as part of the county annual report beginning in FY10.

FY10 Progress: CPC Administrators met on a monthly basis and reported Exceptions to Policies granted in their individual counties. The total number of Exceptions to Policy for the eight county region granted during FY10 was fourteen. Seven of the fourteen (50%) were to waive resource or income eligibility guidelines, typically for outpatient mental health services. Three of the exceptions were to exceed the number of sessions for outpatient mental health services. The other four were for a variety of unrelated exceptions. Allamakee County granted seven exceptions during this time period.

FY11 Progress: CPC Administrators met on a monthly basis and reported Exceptions to Policies granted in their individual counties. The total number of Exceptions to Policy for the eight county region granted during FY11 was twenty-six. Fourteen of the twenty-six (54%) were to waive resource or income eligibility guidelines, typically for outpatient mental health services. Five of the exceptions (19%) were to exceed the number of sessions for outpatient mental health services at the request of the therapist or psychiatrist. Two of the exceptions (8%) were to waive the maximum number of months for payment of psychiatric medication. The other five were for a variety of unrelated exceptions. Allamakee County granted four exceptions during this time period. (See Attachment A—Exception to Policy Grid.)

Objective B: Clients and citizens will be able to compare local county performance with other counties in northeast Iowa.

Action Step 1: Develop a consumer satisfaction survey to be implemented in all counties by September, 2009.

FY10 Progress: Sample surveys were reviewed at the 7/8 & 9/11 meetings with a final version approved at the 10/9 meeting. Surveys were sent to consumers and guardians in March, 2010 with the plan to send surveys out every two years (even years).

Action Step 2: Develop a provider satisfaction survey to be implemented in all counties by December, 2009.

FY10 Progress: Sample surveys were reviewed at the 7/8, 9/11, & 10/9 meetings with a final version approved at the 11/6 meeting. CPCs decided that a provider survey would be conducted every two years (odd years) beginning in March, 2011 to alternate with the consumer/guardian survey.

Action Step 3: Identify regional outcomes measures to be implemented in all counties by September, 2010.

FY10 Progress: During the first year of our multi-county plan, CPCs were mainly concerned with creating consistency of implementing the plan across our eight counties. Talking through each county's interpretation of policy and implementing policy in the same manner consumed our monthly meetings, and involved numerous phone calls and e-mails between meetings. As a result, counties are implementing policy consistently and communication among CPCs and agencies has improved.

Because this effort has taken more time and energy than anticipated, CPCs have chosen to delay identifying regional outcomes. Also, the State of Iowa/Department of Human Services is in the process of determining statewide outcomes which we will adopt at the regional/county level.

FY11 Progress: Throughout the year, CPCs discussed various outcome measures suggested in state and federal documents. The biggest barrier to implementation was a consistent data base as not all counties have made the switch from CoMIS (County Management Information System supported by DHS) to CSN (Community Services Network supported by ISAC). Counties continued to communicate about interpretation of policy and implementing policy consistently among counties. This has been especially critical with more counties coming onto CSN. CPCs will continue to work towards an infrastructure that will be able to accommodate statewide outcomes developed at the regional/state level.

Action Step 4: Analyze annual data from performance tools on a regional basis to be included as part of the county annual report beginning in FY10.

FY10 Progress: The only performance tool implemented on a regional basis was the Consumer & Guardian Satisfaction Survey. Overall, consumers in the region were satisfied with county averages that ranged from 78% to 88% satisfaction. Highest ratings were having safe living situations and being treated with respect by caregiver. Not having a job that the individual liked was the biggest issue identified. This information will help regional CPCs and stakeholders shape future plans. For a more complete summary, please see Appendix B.

FY11 Progress: In February, Provider Satisfaction Surveys were mailed to all providers of the region. Overall, the general satisfaction with the MHDD service

system was 82.5%. Areas scoring over 90% include the following: respondents felt that the appeal process is user friendly, respondents reported that payments were made within 45 days of the provider billing, respondents felt the eligibility criteria were fair, respondents reported that the CPC Office worked cooperatively with our agency, and that service helped individuals to become more independent. For a more complete summary, please see Appendix C.

Objective C: Northeast Iowa CPCs will work together to identify regional gaps in services.

Action Step 1: Identify county unmet service needs through local planning process in each county by January 1, 2010 and annually thereafter.

FY10 Progress: At each CPC meeting unmet needs were discussed as they occurred. The main unmet need discussed was crisis situations including the lack of beds for placement for adults and children both in crisis and post hospitalization. Also discussed was the rising cost of the committals from sheriff transportation, ambulance transport, hospitalizations, attorney fees and advocate costs.

FY11 Progress: Unmet needs identified include lack of services for individuals with multiple-occurring issues; lack of respite beds; lack of prescription aid programs for some drugs; lack of guardians for individuals with no family or other support system; lack of payment system for undocumented individuals who have received crisis services. The lack of inpatient beds for adults and children continues to be a problem.

Action Step 2: Identify strategies to fund unmet service needs by July 1, 2010.

FY10 Progress: NE IA CPC administrators met in March with CPC administrators from Black Hawk, Butler, Cerro Gordo, Floyd, Mitchell, and Chickasaw counties to develop a plan for a regional emergency response system. The mental health centers in our region applied for funding through the Magellan Crisis Stabilization grant which was subsequently awarded early in FY11.

FY11 Progress: Northeast Iowa Behavioral Health Center was awarded the Magellan Crisis Stabilization grant as part of the Hillcrest grant. This covers Howard, Allamakee, Clayton and Winneshiek counties. Peer support personnel have been hired, and the Wellness Center has opened. In August 2011, plans are for 23 hour respite beds to be available at the Winneshiek Medical Center (Decorah), Veterans Memorial Hospital (Waukon), and Central Hospital (Elkader). Emergency room personnel will have access to a psychiatrist via telehealth, and if appropriate, individuals may stabilize in the hospital with peer support for up to 23 hours. Counties will cover the cost of the 23 hour respite bed if individuals are eligible.

Profile of Service Network

The following services and agencies have been part of the service network in FY2011:

SERVICE	PROVIDER
Consultation	
Public Education	
Case Management	Allamakee County Case Management DHS Targeted Case Management Johnson County Case Management
Service Management	
Transportation	REM-Iowa Community Services I Northeast Iowa Community Action - Transit
Payee Services	
Respite & Homemaker Aid	
Home/Vehicle Modification	
Basic Needs-Rent Payments	Mosaic
Psychotropic Medication	Hartig Drug Greenwood Drug, Inc.
Psychotherapeutic Services	Abbe Center for Community Mental Health Hillcrest Family Services Backbone Area Counseling Black Hawk-Grundy Mental Health Center Bridgeview Community Mental Health Center Gundersen Clinic - Decorah Northeast Iowa Behavioral Health Covenant Psychiatric Counseling & Assessment Services, P.C. Lighthouse Professional Counseling
Community Support Programs	Northeast Iowa Behavioral Health Abbe Center of Community Mental Health
Vocational & Day Services	G & G Living Centers TASC, Inc. Comprehensive Systems The Spectrum Network REM Developmental Services Scenic Acres Opportunity Village Exceptional Persons
Supported Community Living	Makee Manor Hillcrest Family Services TASC, Inc. Successful Living Opportunity Homes Cedar Valley Community Support Full Circle Services Mosaic

	The Spectrum Network
	Comprehensive Systems
	Prairie View Management
	REM-Iowa Community Services I
	G & G Living Centers
	Opportunity Village
	Community Care, Inc.
Residential Care	Community Care, Inc.
	Makee Manor
	Scenic Acres
	Prairie View Management, Inc.
Residential Care/Persons with MI	
Intermediate Care	G & G Living Centers
	Hills & Dales
	Krysilis, Inc.
	SNH-Iowa (Park Place)
Intermediate Care - PMI	Davis Center
Inpatient (State Hospital School)	
Inpatient Hospitalization	MHI, Mt. Pleasant
	Covenant Medical Center
	St. Luke's Hospital
	Allen Memorial Hospital
	Medical Associates Clinic, PC
	Mercy Medical Center
Commitments - Evaluations	
	Transportation
	Legal Representation
	Advocacy

Quality Assurance Activities

Consumer and Provider Outcomes and Satisfaction Surveys

On February 11, 2011, 41 surveys were sent out to providers of individuals served by the CPC Office of Allamakee County. The survey included nine short questions about aspects of service provision and responsiveness that are outlined in the Northeast Iowa Counties' "Vision Statement". Agencies were informed that participation was completely voluntary. Confidentiality was assured by separating the return envelopes from the surveys as they came in and having Luther students number the surveys for tabulation and enter the data. Sixteen (16) were returned by February 22nd for a 39% response rate. See Appendix C for complete details.

Northeast Iowa Counties' CPC administrators decided that provider surveys would be sent next year. The plan is to alternate years between the two surveys so that each group would be surveyed every other year in the future.

Consumer Appeals

There were no appeals to the CPC Office in FY11

Waiting List

There were no individuals on the Allamakee County waiting list in FY11.

Utilization Review

The CoMIS integrated database program developed by the Division of Mental Health/Developmental Disabilities staff and its successor, Community Services Network developed by ISAC, are a great asset in tracking trends to make long-term service and funding decisions. 184 individuals (1.33% of county population) received service funding in FY11. Patterns of utilization are found in the Statistical and Financial sections of this report.

The CPC Office monitors internal utilization patterns on an annual basis. Unfortunately, this year's data was combined from CoMIS and CSN. Reports on the number of applications processed and the service responsiveness were not reliable. This information will be included again in next year's report.

Service and Support Evaluation

- Contract agencies must supply annual documentation regarding their appeal process (including the number of appeals) and internal Continuous Quality Assurance program, a copy of an independent audit, and correspondence relating to licensure or accreditation process.
- None of the local providers report the filing of any consumer appeals during FY2011.
- Contract rates for those agencies located in Allamakee County (Alternative Treatment Associates, Makee Manor, Mosaic, and TASC) are negotiated based on cost reports, projected needs, and the county's financial status.

Statistical Report

The county MH/DD service system is part of a larger whole that includes financial support through social security disability checks and medical services through Medicare/Medicaid. It also includes support from family, peers, and employers as well as other resources in the community. Local county dollars are the source of last payment, and meant to cover the cost of those services not funded elsewhere. Financial guidelines are set at \$2000 or less in resources, and 150% of poverty level or below. Persons must also meet the diagnostic categories of mentally ill, chronically mentally ill, mentally retarded or developmentally disabled. The median income in Allamakee County is \$57,215 (US Census, 2004). 10.8% of those persons live below the poverty guidelines.

The following five tables show the number of individuals that the county paid for services received from 7/1/10 to 6/30/2011. Not counted in the system are those individuals receiving crisis/emergency services at Northeast Iowa Behavioral Health Center

Table A--Persons Served - Age Group by Primary Diagnostic Category

DISABILITY GROUP	Children	Adults	Unduplicated Total
Mental Illness	10	61	68
Chronic Mental Illness	0	35	35
Mental Retardation	1	78	78
Other Developmental	0	3	3
	11	177	184

One-hundred-sixteen (116) individuals were served in FY97, 111 individuals in FY98, 171 individuals in FY99, 143 individuals in FY00, 168 individuals in FY01, 169 individuals in FY02, 159 individuals in FY03, 156 individuals in FY05, 158 individuals in FY05, 159 in FY06, 171 in FY07, 166 in FY08, 178 in FY09, 195 in FY10, and 184 in FY11.

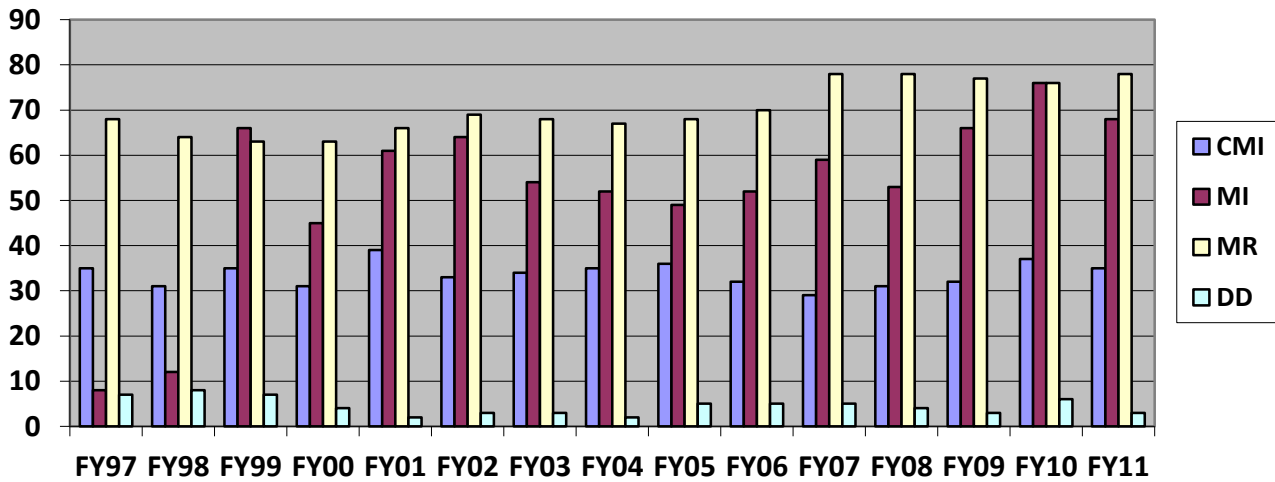


Table B-- Unduplicated Number of Persons Served by COA code and Disability Type

Age	Account Code	Mental Illness	Chronic Mental Illness	Mental Retardation	Developmental Disability	Service Total
Adult	21374 Case Management - T19 Match		9	69	1	79
Adult	21375 Case Management - 100% County		4	4	3	11
Adult	31354 Transportation - General		2	52		54
Adult	32325 Support Services - Respite			1		1
Adult	32329 Supported Community Living (Hourly)		14	23	1	38
Adult	32399 Support Services - Other			3		3
Adult	33340 Basic Needs-Rent Payments			1		1
Adult	33399 Basic Needs - Other			1		1
Adult	41306 Physiological Treatment - Prescription Medicine/Vaccines	2				2
Adult	42305 Psychotherapeutic Treatment - Outpatient	41	6			47
Adult	44396 Rehab Treatment - Community Support Programs	2	1			3
Adult	50360 Voc/Day - Sheltered Workshop Services		1	28	1	30
Adult	50362 Work Activity Services		2	21		23
Adult	50368 Voc/Day - Supported Employment Services		5	3		8
Adult	50369 Voc/Day - Enclave		2	14		16
Adult	50399 Voc/Day - Other Services	1	6	51	1	59
Adult	63329 Supported Community Living (Day)		1	41		42
Adult	64314 RCF (Comm. 6 & over Bed)		7		1	8
Adult	64317 Nursing Facility (Comm. 6 & over Bed)		1			1
Adult	64318 ICF/MR (Comm. 6 & over Bed)			5		5
Adult	71319 Inpatient (State MHI)		3			3
Adult	73319 Other Priv./Public Hospitals - Inpatient per diem charges	8	4			12
Adult	74353 Sheriff Transportation	13	6			19
Adult	74393 Legal Representation (cmtmt court costs/legal fees)	8	9			17
Adult	74395 Mental Health Advocates	18	22	1		41
Adult	74399 Commitment - Other	1	2			3
Adult	75413 Mental Health Advocate - Mileage & Other Travel Expenses		1			1
Child	21375 Case Management - 100% County	1				1
Child	32399 Other			1		1
Child	41306 Physiological Tmt. Prescription Medicine	1				1
Child	42305 Psychotherapeutic Tmt. Outpatient	1				1
Child	73319 Inpatient (Other Priv./Public Hospitals)	1				1
Child	74353 Sheriff Transportation	6				6
Child	74393 Legal Representation (cmtmt court costs/legal fees)	2				2
Child	74395 Mental Health Advocates	7				7

Table C-- Mental Health System Growth / Loss Report

Disability Group	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Net Change
Mental Illness	33	31	38	43	10
Chronic Mental Illness	25	28	31	28	3
Mental Retardation	73	65	69	66	-7
Developmental Disabilities	2	2	3	3	1
Total	133	126	141	140	7

Table D--County Dollars Spent by COA Code and Disability Type

Date Prepared 11/22/2011 For ALLAMAKEE County FY: 2011

Account Code	Mental Illness	Chronic Mental Illness	Mental Retardation	Developmental Disability	Admin	CM	CPS	Total
11100 Direct Administrative-Payroll					\$54,421.23			\$54,421.23
11110 Direct Administrative (FICA)					\$3,887.13			\$3,887.13
11111 Direct Administration (IPERS)					\$3,782.34			\$3,782.34
11113 Employee Health Insurance-County Contribution					\$7,586.05			\$7,586.05
11260 Office Supplies					\$340.46			\$340.46
11412 Postage & Mailing					\$345.00			\$345.00
11413 Employee Mileage & Subsistence					\$1,806.00			\$1,806.00
11414 Telephone Services					\$897.05			\$897.05
11422 Educational & Training Services					\$812.49			\$812.49
11444 Equipment Repairs/Maintenance					\$375.03			\$375.03
11480 Dues & Memberships					\$2,621.00			\$2,621.00
11636 Office Equipment & Furniture					\$104.63			\$104.63
12000 Purchased Administrative					\$1,443.00			\$1,443.00
12489 Purchased Admin - Miscellaneous					\$95.00			\$95.00
21374 Case Management - T19 Match		\$2,880.84	\$22,602.64	\$192.55				\$25,676.03
21375 Case Management - 100% County	\$63.18	\$3,056.32	\$916.11	\$2,716.74				\$6,752.35
31354 Transportation - General		\$2,043.75	\$36,288.96	\$2,082.50				\$40,415.21
32325 Support Services - Respite			\$200.53					\$200.53
32329 Supported Community Living (Hourly)		\$37,457.60	\$38,936.21	\$1,816.18				\$78,209.99
32399 Support Services - Other			\$619.14					\$619.14
33340 Basic Needs-Rent Payments			\$1,400.00					\$1,400.00
33399 Basic Needs - Other			\$110.50					\$110.50
41306 Physiological Treatment - Prescription Medicine/Vaccines	\$1,040.81							\$1,040.81
42305 Psychotherapeutic Treatment - Outpatient	\$38,245.27	\$4,189.82						\$42,435.09
44396 Rehab Treatment - Community Support Programs	\$2,069.47	\$1,088.00						\$3,157.47
44399 Rehab Treatment - Other	\$1,000.00	\$1,000.00						\$2,000.00
50360 Voc/Day - Sheltered Workshop Services		\$280.00	\$161,911.68	\$4,675.00				\$166,866.68
50362 Work Activity Services		\$2,945.66	\$34,063.58					\$37,009.24
50368 Voc/Day - Supported Employment Services		\$952.00	\$674.35					\$1,626.35
50369 Voc/Day - Enclave		\$41.24	\$667.17					\$708.41
50399 Voc/Day - Other Services	\$404.09	\$6,123.36	\$109,665.18	\$686.16				\$116,878.79
63329 Supported Community Living (Day)		\$-833.90	\$649,402.50					\$648,568.60
64314 RCF (Comm. 6 & over Bed)		\$52,873.33		\$20,833.49				\$73,706.82
64317 Nursing Facility (Comm. 6 & over Bed)		\$1,945.60						\$1,945.60
64318 ICF/MR (Comm. 6 & over Bed)			\$102,196.84					\$102,196.84
71319 Inpatient (State MHI)		\$42,759.15						\$42,759.15
73319 Other Priv./Public Hospitals - Inpatient per diem charges	\$20,928.18	\$23,216.69						\$44,144.87
74110 Commitment - FICA - County Contribution	\$137.77	\$211.15						\$348.92

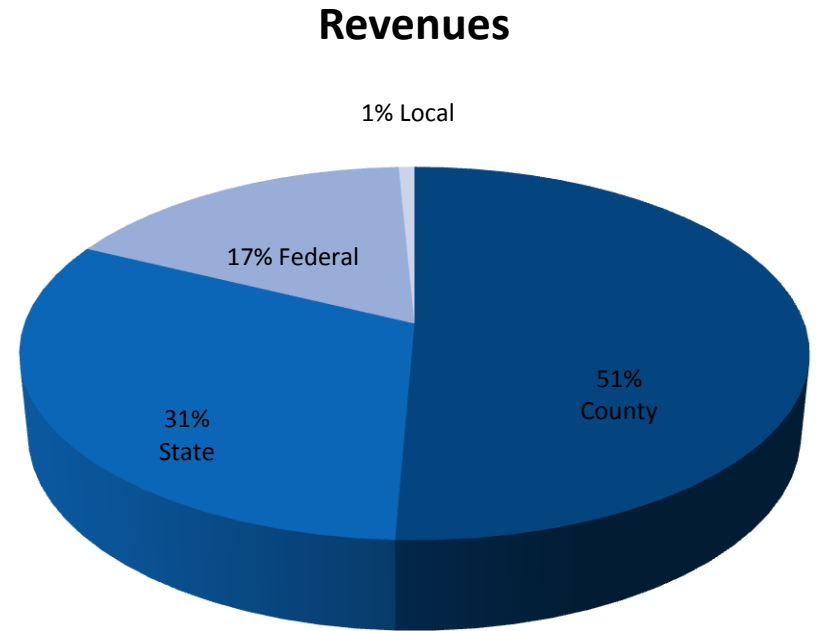
74111 Commitment - IPERS - County Contribution	\$123.32	\$195.71					\$319.03
74353 Sheriff Transportation	\$3,504.12	\$1,843.52					\$5,347.64
74393 Legal Representation (cmtmt court costs/legal fees)	\$2,036.00	\$2,044.13					\$4,080.13
74395 Mental Health Advocates	\$5,035.33	\$13,308.55	\$31.66				\$18,375.54
74399 Commitment - Other	\$85.00	\$127.50					\$212.50
75413 Mental Health Advocate - Mileage & Other Travel Expenses		\$48.40					\$48.40
99999 Case Management Program					\$208,205.00		\$208,205.00
Total County	\$74,672.54	\$199,798.42	\$1,159,687.05	\$33,002.62	\$78,516.41	\$208,205.00	\$1,753,882.04

The previous figures reflect services and expenditures on an accrual basis (incurred from 7/1/10 to 6/30/11). Accrual figures reported by the Auditor's office will vary slightly due to differences in procedures. Those figures are \$1,631,391 for the total Mental Health fund including the Allamakee Case Management program. The majority of the difference is due to differences in accounting procedures in different software programs.

The following figures reflect cash expenditures during that time. These figures are included because cash figures are what are published in other county reports. The FY11 cash budget was \$1,980,979 with \$1,734,397 (88%) being spent.

FY 2011 Revenues (Cash)

<u>Source</u>		
County		\$781,169
Current Property Tax	\$ 680,449	
Delinquent Property Tax	\$ 478	
Other County Taxes	\$ 100,242	
State		
MH Property Tax Relief	\$ 459,959	\$486,837
MHDD Allowed Growth		
MHDD Community Services		
State Reimbursements	\$ 26,878	
Other Replacement/Tax Credits		
Federal		\$262,198
Social Services Block Grant	\$ 60,777	
Medicaid Case Management	\$ 201,421	
Local		\$ 11,597
Consumer Co-payments	\$ 9,234	
Misc. Receipts	\$ 2,363	
 Total Revenues	 \$ 1,541,801	



FY11 Expenses

	<u>MI</u>	<u>CMI</u>	<u>MR</u>	<u>DD</u>	<u>Adm.</u>	<u>Service Total</u>
Information and Education Services						
<i>Administration-CPC Office (5%)</i>					\$ 77,151	\$ 77,151
<i>Purchased Administration</i>					\$ 1,538	\$ 1,538
Coordination Services						
Case Management - Medicaid Match		\$ 3,167	\$ 20,306	\$ 165		\$ 23,638
Case Management - 100% County	\$ 63	\$ 3,304	\$ 853	\$ 2,717		\$ 6,937
Personal & Environmental Support						
Transportation		\$ 2,325	\$ 37,302	\$ 3,188		\$ 42,815
Respite			\$ 205			\$ 205
Supported Community Living		\$ 36,233	\$ 38,678	\$ 1,563		\$ 76,474
Basic Needs - Rent			\$ 1,511			\$ 1,511
Treatment Services						
Prescription Medicine	\$ 1,012					\$ 1,012
Outpatient	\$ 42,906	\$ 2,392				\$ 45,298
Community Support Program	\$ 3,644	\$ 544				\$ 4,188
Drop-In Center - NEIBH	\$ 1,000	\$ 1,000				\$ 2,000
<i>Vocational & Day Services</i>	\$ 404	\$ 8,755	\$ 304,617	\$ 5,349		\$ 319,125
<i>Living Arrangements</i>		\$ 55,204	\$ 722,399	\$ 20,788		\$ 798,391
Institutional Services						
MHI/Resource Centers		\$ 48,388	\$ 9,735			\$ -
Other Hospitals	\$ 26,503	\$ 7,364				\$ 33,867
Commitments						
Evaluations		\$ 110				\$ 110
Sheriff Transportation	\$ 5,161	\$ 2,319	\$ 315			\$ 7,795
Legal Representation	\$ 2,185	\$ 2,572	\$ 226			\$ 4,984
Judicial Advocate	\$ 6,126	\$ 15,309	\$ 342			\$ 21,777
Total CPC Expenditures	\$ 89,005	\$ 188,986	\$ 1,136,488	\$ 33,770	\$ 78,689	\$ 1,526,938
Targeted Case Management					\$207,459	\$ 207,459
						\$ 1,734,397
						88%
Budgeted Expenditures	\$ 103,500	\$ 186,712	\$ 1,362,058	\$ 23,515	\$305,194	\$ 1,980,979

The following table shows an overview of the Mental Health & Developmental Disabilities Fund (Fund 10). Of particular note is the trend that began in FY 2000 where expenditures exceeded revenues thereby lowering the fund balance. In all but FY 2000, the mental health levy was set at the maximum allowed by law. With no new revenue sources apparent from the state (as previously believed to be the plan), overall expenditures will have to be brought down to the level of current revenues.

Beginning in FY 2002, Community Services allocations were based on the level of the fund balance. This determination is based on accrual figures. The FY 2011 accrual fund balance is \$734,379 or 41% of the FY 2011 expenditures of \$1,772,883. Please note that the following table shows cash figures from which the county develops budgets.

MH/DD Fund—Historical Perspective

<u>Source</u>	<u>FY06</u>	<u>FY07</u>	<u>FY08</u>	<u>FY09</u>	<u>FY10</u>	<u>FY11</u>
<u>Cash</u>						
Start-up Transfer						
Beginning Fund Balance	\$ 847,269	\$ 582,418	\$ 456,971	\$ 405,255	\$ 808,351	\$ 1,148,368
Revenues	\$ 1,356,311	\$ 1,643,720	\$ 1,893,086	\$ 2,168,366	\$ 1,962,642	\$ 1,541,801
Expenditures	\$ (1,621,162)	\$ (1,769,167)	\$ (1,944,802)	\$ (1,765,270)	\$ (1,622,625)	\$ (1,734,397)
Ending Fund Balance	\$ 582,418	\$ 456,971	\$ 405,255	\$ 808,351	\$ 1,148,368	\$ 955,772
% of budgeted exp	93%	91%	97%	86%	77%	88%
Levy Rate	\$ 1.17692	\$ 1.38291	\$ 1.37965	\$ 1.31016	\$ 1.23770	\$ 1.242158

The maximum amount that can be levied is based on FY96 expenditures (\$1,279,497) minus the amount of property tax relief (\$492,722). The amount is \$786,775 minus the Utility Replacement Tax.

Accrual

Start-up Transfer						
Beginning Fund Balance	\$ 664,216	\$ 351,774	\$ 226,723	\$ 157,687	\$ 621,026	\$ 963,799
Revenues	\$ 1,346,289	\$ 1,681,207	\$ 1,872,080	\$ 2,175,045	\$ 1,974,164	\$ 1,543,463
Expenditures	\$ (1,658,731)	\$ (1,806,258)	\$ (1,941,116)	\$ (1,711,706)	\$ (1,631,391)	\$ (1,772,883)
Ending Fund Balance	\$ 351,774	\$ 226,723	\$ 157,687	\$ 621,026	\$ 963,799	\$ 734,379
% of expenditures	21.2%	12.6%	8.12%	36.3%	59.1%	41.4%

Appendix A Northeast Iowa Counties Exceptions to Policies Granted

County	Date	Diagnostic Group	Policy to Which Exception Was Made
FYE 2011			
Allamakee	7/1/10	MI	Waive income eligibility for outpatient services
Allamakee	7/1/10	MI	Waive maximum number of months for psychiatric medication
Allamakee	7/1/10	MI	Waive resource eligibility for outpatient services
Allamakee	10/18/10	CMI	Waive resource eligibility for RCF service costs.
Bremer	5/1/10	BI	Waive requirement to serve BI on BI Waiver only.
Buchanan	7/1/10	DD	Waive resource eligibility for SCL service costs.
Clayton		MI	Waive income limit for outpatient services
Clayton	11/30/10	MI	Waive resource eligibility for outpatient services
Clayton		MI	Waive requirement to be under a commitment for payment of hospitalization
Delaware	11/22/10	MI	Waive income limit for outpatient services
Fayette	4/21/11	MI	Waive maximum number of psychiatry sessions
Howard	9/29/2010	MI	Waive income eligibility for outpatient services
Howard	5/19/11	CMI	Waive income guidelines for ongoing of TCM
Howard	5/19/11	CMI	Waive income guidelines for ongoing of SCL
Howard	5/19/11	CMI	Waive income guidelines for RCF following committal
Howard	5/2/11	MR	Waive county as the funder of last resort requirement
Howard	6/6/11	CMI	Waive county as the funder of last resort requirement
Howard	7/1/10	CMI x2	Waive income guidelines for advocate costs for two individuals
Winneshiek	10/1/10	MI	Waive outpatient limit of therapy visits
Winneshiek	11/30/10	MI	Waive outpatient limit of therapy visits
Winneshiek	11/17/10	MI	Waive income eligibility for outpatient services
Winneshiek	11/23/10	MI	Waive outpatient limit of therapy visits
Winneshiek	1/6/11	CMI	Waive outpatient limit of therapy visits
Winneshiek	2/3/11	MI	Waive resource limit for outpatient services
Winneshiek	12/1/10	MI	Waive maximum number of months for psychiatric medication
Winneshiek	4/14/11	MI	Waive residency for student for 3 months of outpatient services.
FYE 2010			
Allamakee	7/27/2009	MI	Waive income eligibility for outpatient
Allamakee	7/27/2009	MI	Waive 3 mo. Med limit
Allamakee	9/14/2009	CMI	Waive income eligibility
Allamakee	1/25/2010	CMI	Waive resource eligibility for RCF
Allamakee	1/28/2010	MI	Waive resource eligibility for outpatient
Allamakee	3/15/2010	MI	Waive resource eligibility for outpatient
Allamakee	6/8/2010	MI	Waive income eligibility for advocate
Bremer	5/1/2010	BI	Serving BI on BI Waiver only
Buchanan	11/13/2009	DD	Waived resource limit
Howard	7/16/2009	CMI	Did not bill for Committal Costs
State / Howard	1/26/2010	MI	State Waiting List Howard County Funded
Howard	7/1/2009	MI	Excess of 24 sessions, CSS
Howard	7/1/2009	MI	Excess of 24 sessions, CSS
Winneshiek	7/1/2009	MI	Waived outpatient limit of 24 visits
Winneshiek	8/11/2009	CMI	Approved overnight aid & additional public health visits to prevent move to RCF

Appendix B- Allamakee County Consumer/Guardian Survey Data

CPC Office of Allamakee County

May 2010

On March 22, 2010, surveys were sent out to 180 consumers and to 54 guardians of the CPC Office of Allamakee County. The surveys included eleven short questions about aspects of consumers' lives that are outlined in the county's "Vision Statement". Both consumers and guardians were informed that participation was completely voluntary. (See Attachment A.) Confidentiality was assured by separating the return envelopes from the surveys as they came in and having CPC personnel number the surveys for tabulation and enter the data.

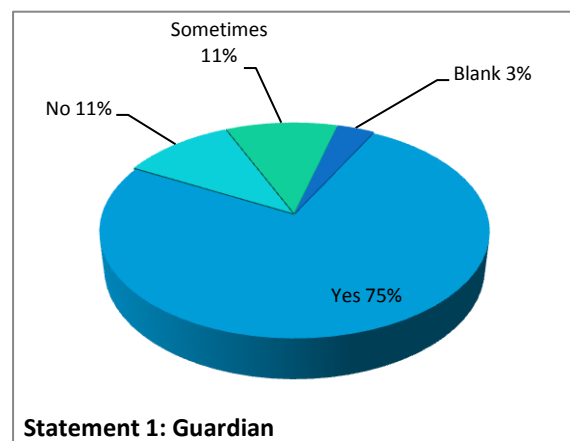
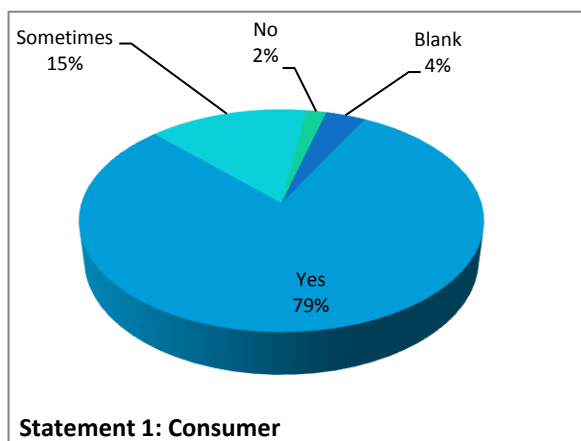
Of the 82 (35% response rate) that were returned by April 14th, 37% were filled out by the consumer's legal parent or guardian and about 63% were filled out by the consumer, either by themselves or with assistance from a friend, relative, case manager, or employee of an agency where the consumer accesses services. This year's response rate was down from 38% rate in FY07.

Eleven statements were used in conjunction with a three point scale (Yes, Sometimes, and No) to measure the consumer or guardian's level of satisfaction with services provided through the CPC Office. A pie graph was composed for each question to show the trends of consumer and guardian satisfaction of the services offered by the CPC Office.

The first three statements and last statement (1-3 & 11) address service delivery system:

Statement 1: I have a choice in the services I receive.

On the statement, "I have a choice in the services I receive," 79% of consumers responded "yes" to having choice in services received and 75% of guardians responded "yes" as well.

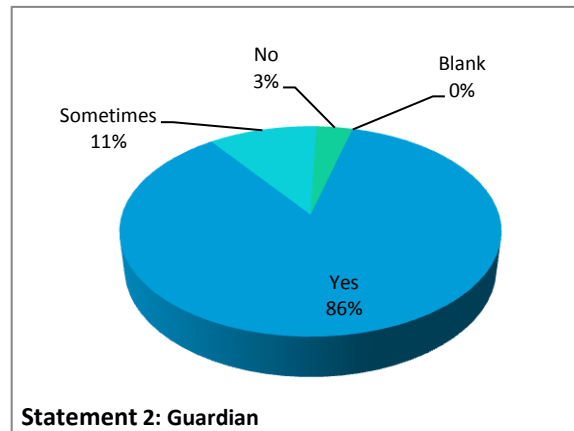
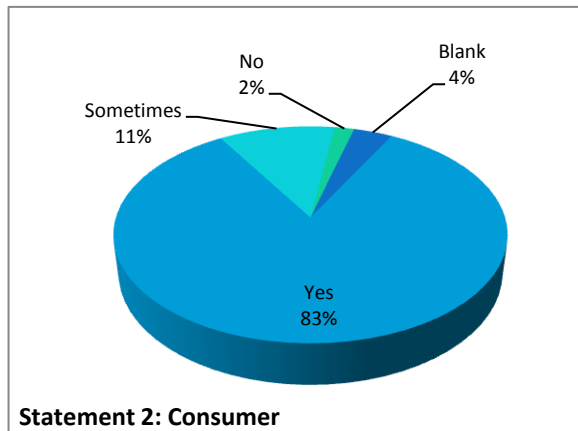


The pie graph above shows how consumers and guardians feel about having a choice in the services received. Only 2% of consumers answered "no" to not having choices for services

received; however, 11% of guardians answered “no” to this question. This small percentage of consumers may have unique situations where there were limited choices available in the community.

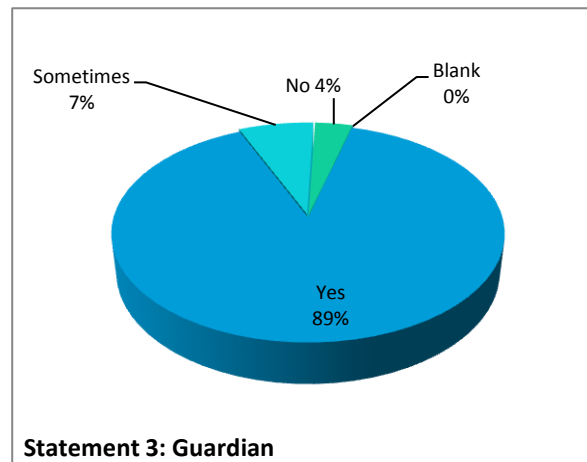
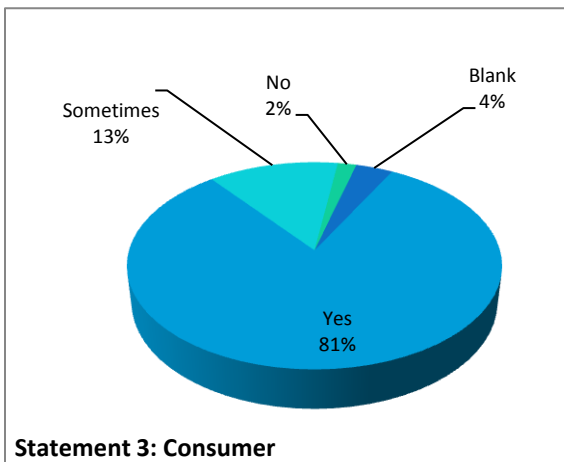
Statement 2: The services I receive help me.

Statement 2 asked consumers if they felt services helped them. Eighty-three percent (83%) of consumers responded “yes”, while 86% of guardians responded “yes”. Eleven percent (11%) of both consumers and guardians who submitted a survey felt services did help sometimes. There were only 2% of consumers and 3% of guardians answering “no” that services did not help.



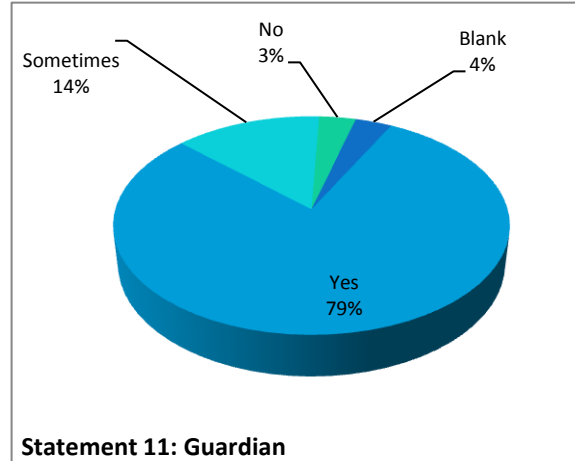
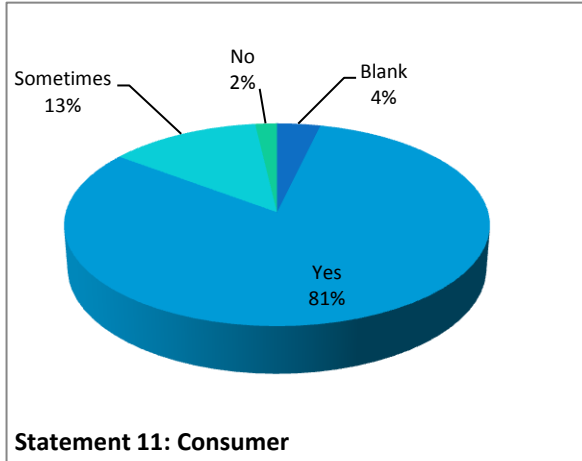
Statement 3: My service providers treat me with respect.

Eighty-one percent (81%) of consumers feel they are treated with respect and 89% of guardians said their individuals with services were respected as well. Only 2% of consumers and 4% of guardians answered “no” to this statement saying they did not feel they were treated with respect.



Statement 11: I am happy with the service providers I use.

The final question on the survey asks consumers and guardians if they are happy with their service providers. Among consumers, 94% answered “yes” or “sometimes” to being happy with their service providers. Individuals not generally satisfied were dissatisfied on other more specific questions.

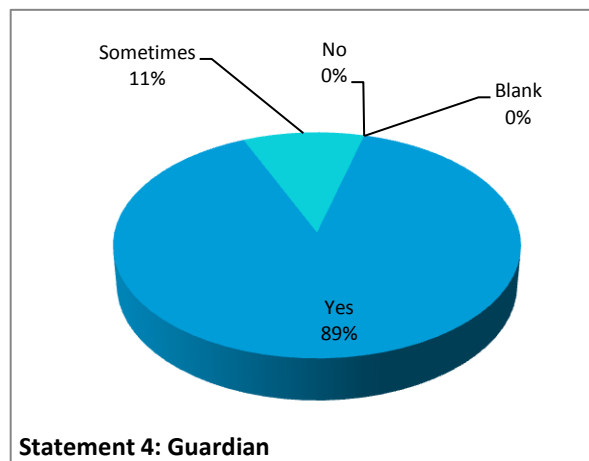
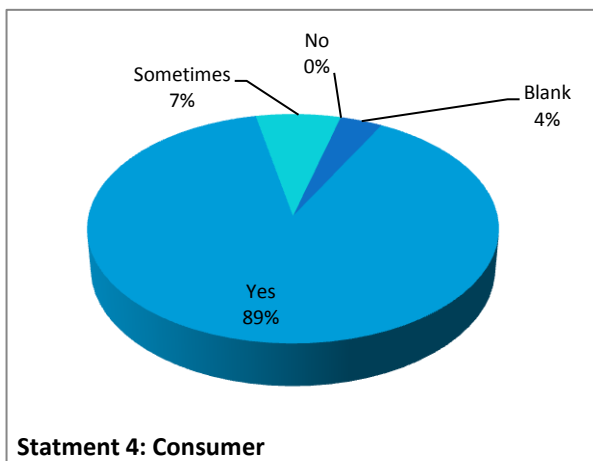


Those answering “no” to this statement did not list any service providers which may indicate a need for further outreach to some individuals.

Questions 4 through 6 address the issue of health and safety.

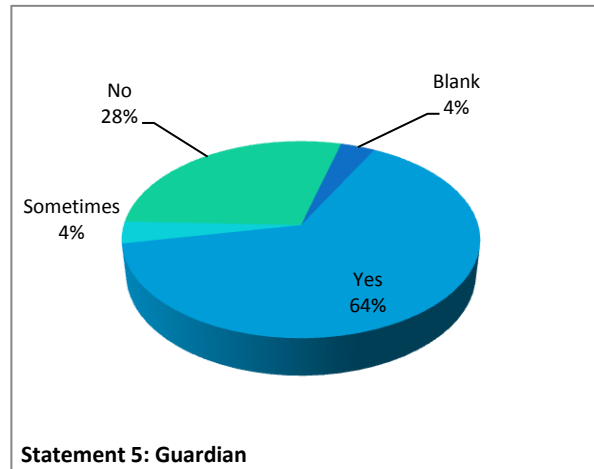
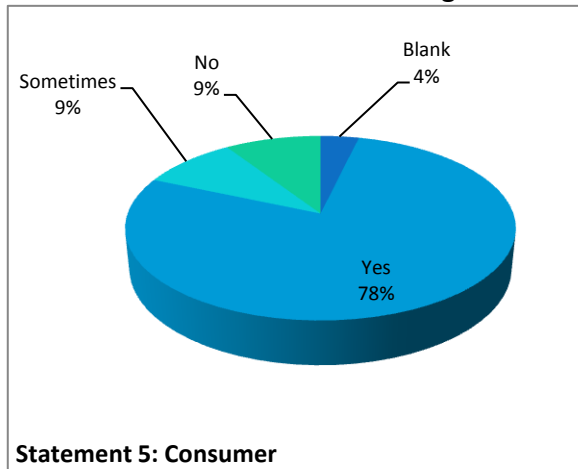
Statement 4: I have safe living arrangements.

Most consumers (89%) and guardians (89%) feel they have safe living arrangements. Seven percent (7%) of consumers responding to the survey felt that sometimes they feel they do not have safe living arrangements.



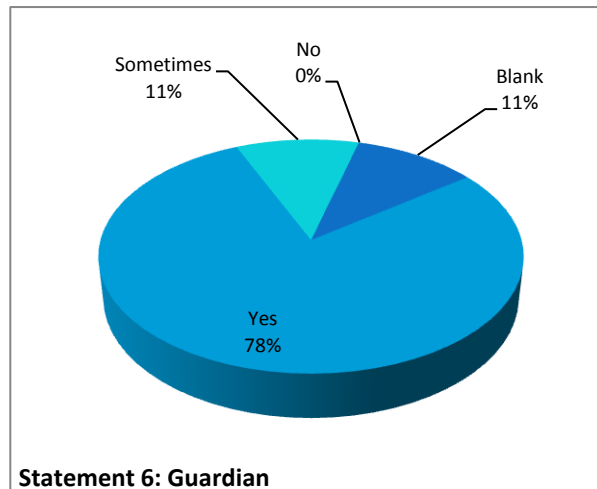
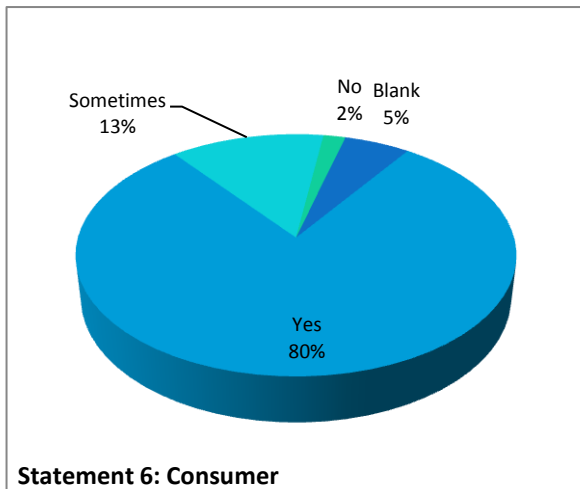
Statement 5: I know how to get help in an emergency.

In regards to knowing how to get help in an emergency, 87% of consumers either said yes (78%) or sometimes (9%), while guardians did not feel quite as confident in their individuals knowing emergency procedures with only 68% answering “yes” (64%) or “sometimes”(4%). The biggest concern in this area is that 9% of consumers, and 28% of guardians, answered “no” to the statement, “I know how to get help in an emergency.” All consumers and guardians should feel confident and know how to access help in an emergency. Case managers and service providers will be asked to continue reviewing this with individuals.



Statement 6: My medicine helps me feel better.

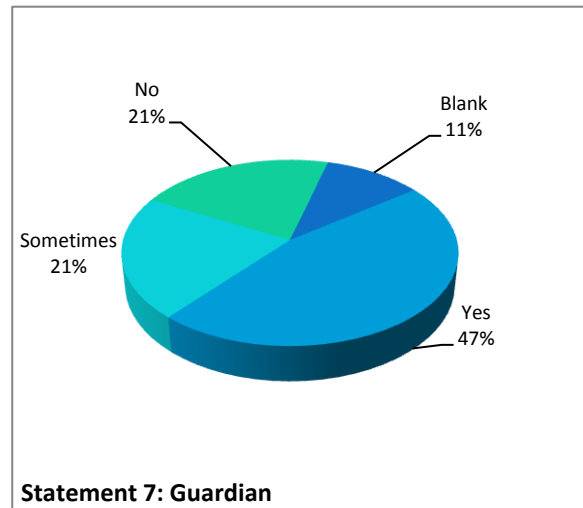
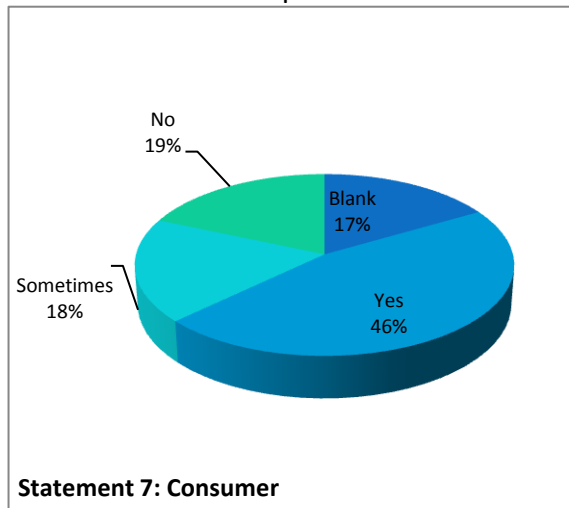
Statement 6 asked consumers and guardians how they felt their medication helped them. Among consumers, 80% answered “yes” and 13% answered “sometimes”. Consumers felt that medicine did help them, more than guardians, with 78% answering “yes” and 11% answering “sometimes” to the statement.



Questions 7 through 10 address the issue of community inclusion.

Statement 7: I have found a job that fits my needs.

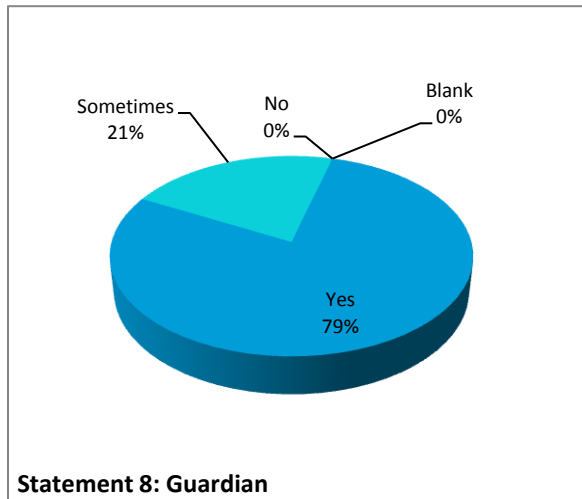
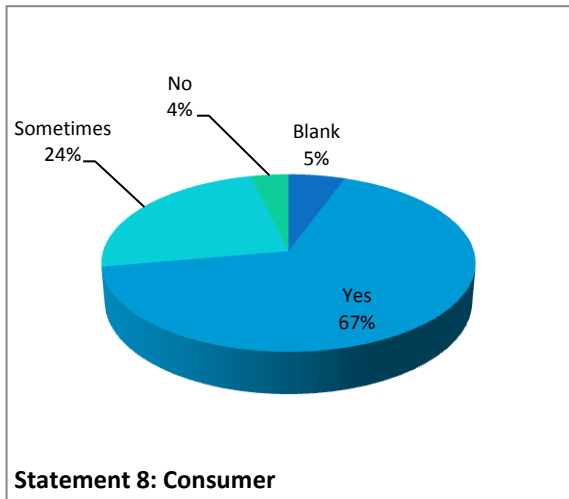
Statement 7 asks consumers and guardians if they feel they have jobs that fit their needs. Forty-six percent (46%) of consumers and 47% of guardians answered “yes” to having jobs that fit their needs in the community. While 18% of consumers and 21% of guardians answered “sometimes” to this question.



The pie chart above shows how consumers and guardians feel about having jobs that fit their needs. Among consumers, 19% answered “no” to this question. Twenty-one percent (21%) of guardians and 17% of consumers left this question blank. This is the area of most dissatisfaction and should be noted in future planning of services.

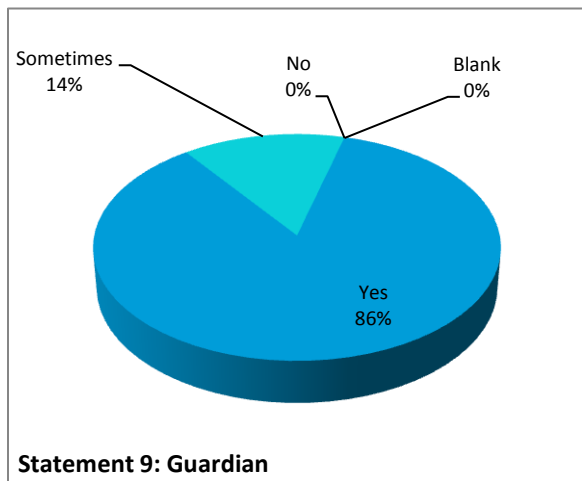
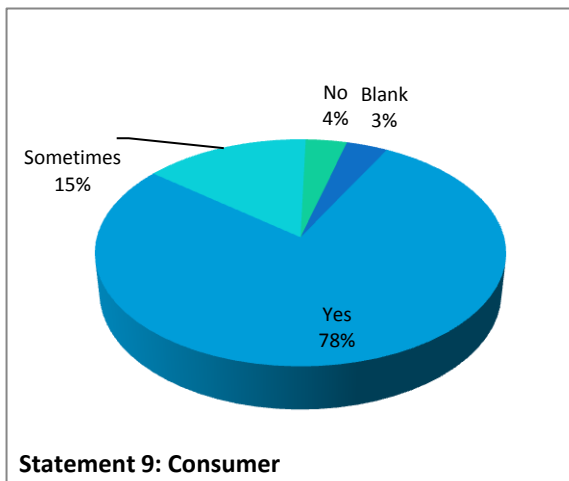
Statement 8: I have things to do in my free time.

Sixty-seven percent (67%) of consumers and 79% of guardians answered “yes” they have things to do in their free time, while 24% of consumers and 21% of guardians answered “sometimes” to having things to do. Overall, consumers and guardians for the most part, feel there are things to do in their free time.



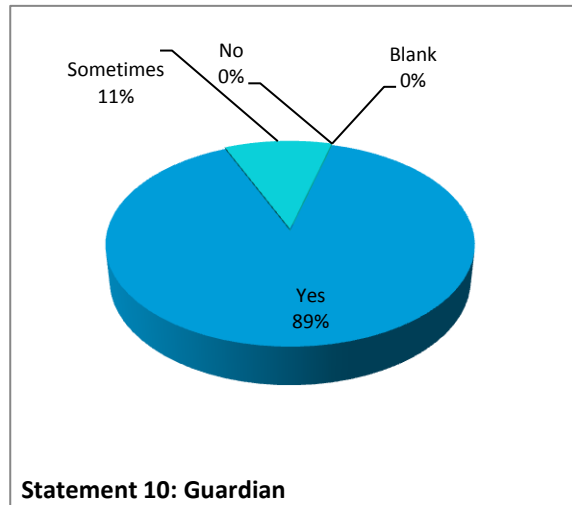
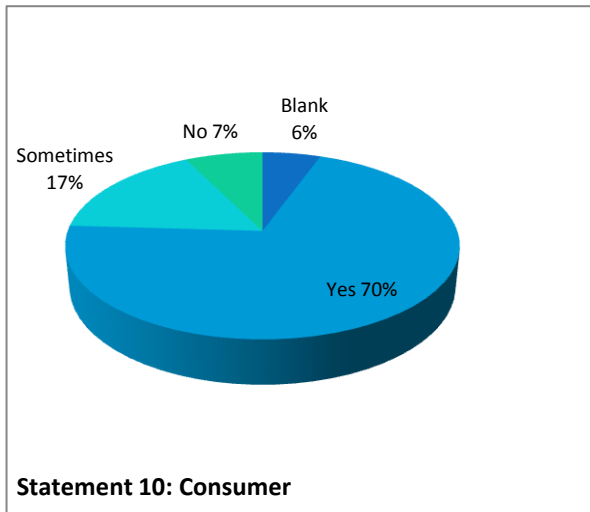
Statement 9: I am able to get to the places I need to.

Statement 9 asks consumers and guardians if they are able to get to the places they need to go. Ninety-three percent (93%) of consumers stated “yes” or “sometimes” and 100% of guardians answered the same way. These results show consumers are utilizing the community transportation and resources available to them.



Statement 10: I feel included in my community.

Statement 10 asks consumers how they feel like they are included in the community. Eighty-seven percent (87%) of consumers and 100% of guardians answered “yes” or “sometimes”. Only 7% of consumers answered “no” to this statement.

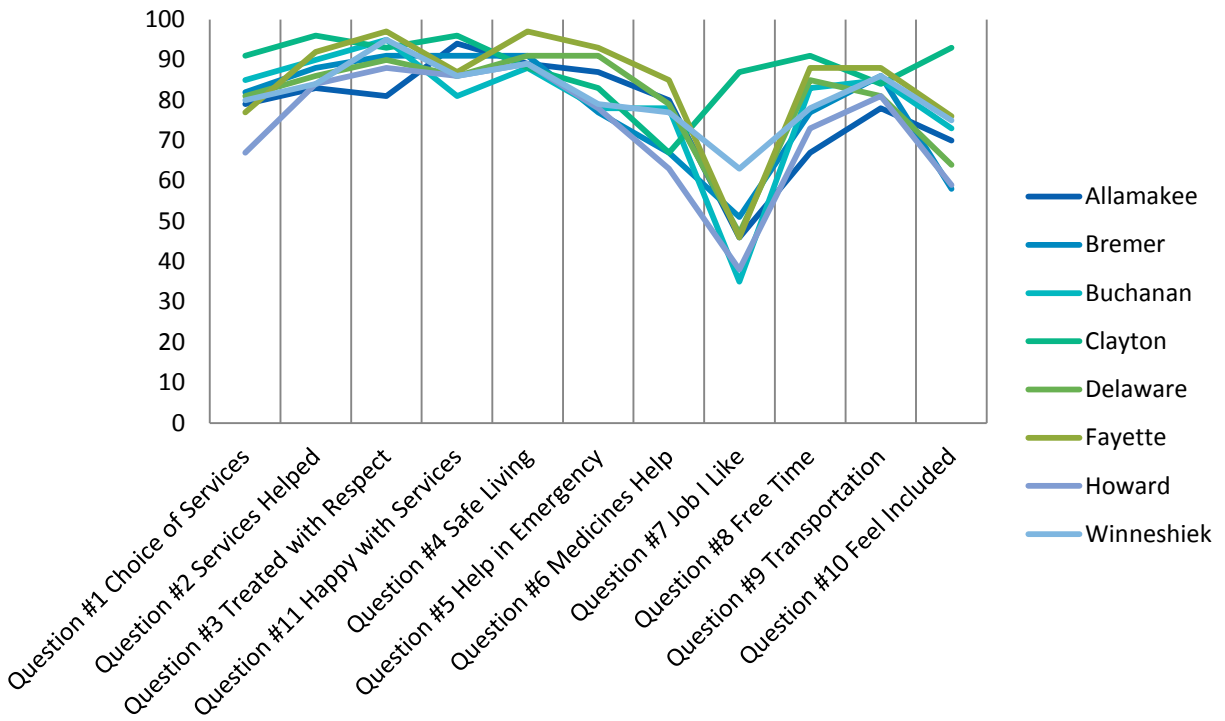


According to data gathered from the surveys, consumers in Allamakee County are accessing a variety of services from several agencies. These local organizations include Allamakee County Case Management, Mosaic, TASC, Community Action/Transit, Full Circle, Northeast Iowa Behavioral Health, Backbone Area Counseling, and Gundersen Lutheran Behavioral Health. Other providers include Prairie View and Woodward Resource Center. A variety of other supports such as Medicaid/Medicare, and pharmacies were noted as services received.

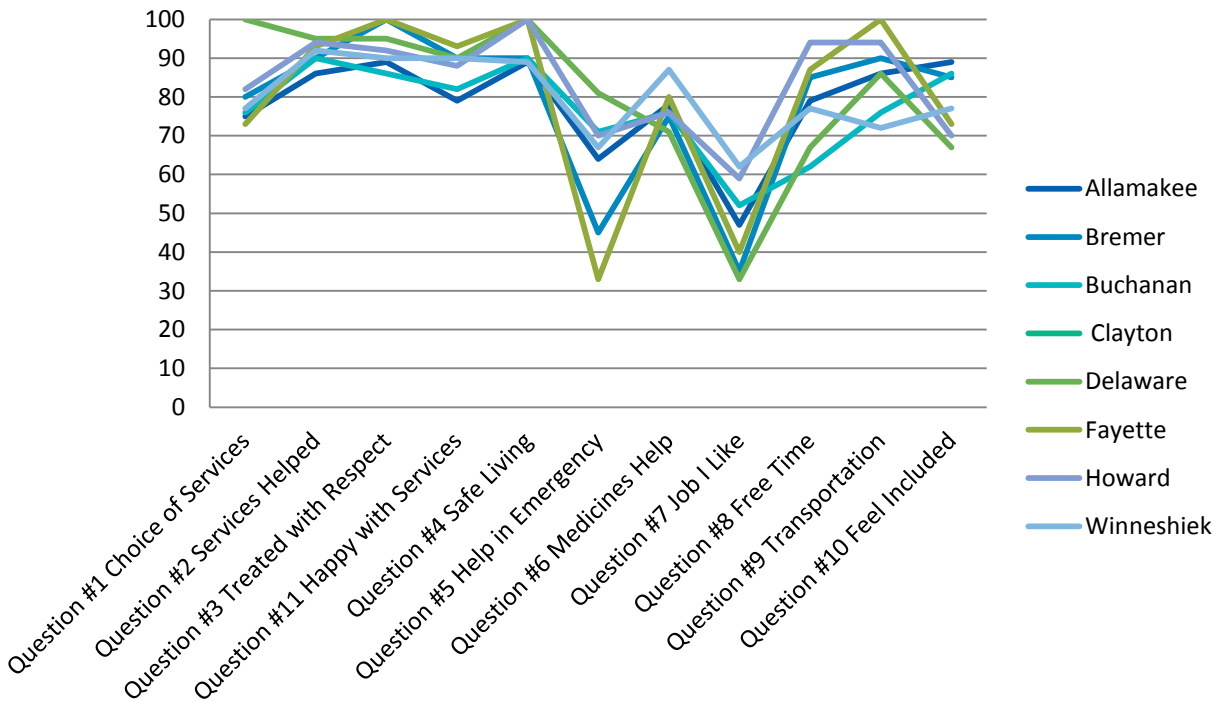
Consumers in the region were satisfied with county averages that ranged from 78% to 88% satisfaction. Highest ratings were having safe living situations and being treated with respect by caregiver. Not having a job that the individual liked was the biggest issue identified. This information will help regional CPCs and stakeholders shape future plans.

Overall, the surveys provided positive feedback about the CPC system. The consumers and guardians had mostly the same general answers to the statements. We were unable to compare previous years' results to this year as we changed the structure of the survey making it hard to compare information gathered in previous years. There are a few areas noted throughout the summary that were concerning, which need to be further researched to bring clarity to these issues.

Individual Survey Results



Guardian Survey Results



Special thanks to Christine Meling, social work intern from Luther College, for her development, implementation, and initial analysis of the data for this project and to Dr. Ginger Meyette and students of the Luther College social work research class of spring 2010.

Attachment A

INDIVIDUAL SURVEY
NORTHEAST IOWA COUNTIES

In order to improve the Mental Health and Disabilities Services System, please complete this survey and return it in the envelope provided by April 7, 2010. Thank you in advance for taking the time to respond. This survey is voluntary, and there will be no penalty if you choose not to participate. Your answers are confidential. Please CIRCLE your response.

1	I have a choice in the services I receive.	YES	SOMETIMES	NO
2	The services I receive help me.	YES	SOMETIMES	NO
3	My service providers treat me with respect.	YES	SOMETIMES	NO
4	I have safe living arrangements.	YES	SOMETIMES	NO
5	I know how to get help in an emergency.	YES	SOMETIMES	NO
6	My medicine helps me feel better.	YES	SOMETIMES	NO
7	I have found a job that fits my needs.	YES	SOMETIMES	NO
8	I have things to do in my free time.	YES	SOMETIMES	NO
9	I am able to get to the places I need to.	YES	SOMETIMES	NO
10	I feel included in my community.	YES	SOMETIMES	NO
11	I am happy with the service providers I use.	YES	SOMETIMES	NO

Are there any services that you would like that are not available in your area?

Did anyone help you fill out this form? Yes No Family/Friend Staff

Which agencies do you work with?

Name: _____ Phone _____
optional optional

Attachment B

GUARDIAN SURVEY
NORTHEAST IOWA COUNTIES

In order to improve the Mental Health and Disabilities Services System, please complete this survey and return it in the envelope provided by April 7, 2010. Thank you in advance for taking the time to respond. This survey is voluntary, and there will be no penalty if you choose not to participate. Your answers are confidential. Please CIRCLE your response.

Individual refers to the person for whom you are guardian.

1	My individual has a choice in the services received.	YES	SOMETIME	NO
2	The services received help my individual.	YES	SOMETIMES	NO
3	Service providers treat my individual with respect.	YES	SOMETIMES	NO
4	My individual has a safe living arrangement.	YES	SOMETIMES	NO
5	My individual knows how to get help in an emergency.	YES	SOMETIMES	NO
6	My individual's medication help him / her feel better.	YES	SOMETIMES	NO
7	My individual has found a job that fits his / her needs.	YES	SOMETIMES	NO
8	My individual has things to do in his / her free time.	YES	SOMETIMES	NO
9	My individual is able to get to the places he / she needs to.	YES	SOMETIMES	NO
10	My individual feels included in his / her community.	YES	SOMETIMES	NO
11	My individual is happy with the service providers he / she uses.	YES	SOMETIMES	NO

Are there any services that you would like that are not available in your area?

Which service providers does your individual work with?

Name: _____ Phone _____

Attachment C
ALLAMAKEE COUNTY
MENTAL HEALTH & DEVELOPMENTAL DISABILITIES SERVICES
CENTRAL POINT OF COORDINATION OFFICE

110 Allamakee Street

Waukon, IA 52172
563.568.6227
jheikes@co.winneshiek.ia.us

March 22, 2010

Dear Consumer/Guardian:

The CPC office has a program to find out how our services are working. We value the opinions of the people we serve, and we wish to assess the quality of the services you receive. We are asking that you fill out the enclosed survey. Please return it in the prepaid envelope by **April 7, 2010**. This will help us understand whether people who use our services are enjoying their lives, and help us better serve you in the future.

If you wish to have someone help you fill out this survey, please do so. Just ask that person to check the appropriate line of the survey so we can mark the answer correctly.

This survey is entirely voluntary. If you choose not to participate there will be no penalty. Also, you and your answers will not be identified. In other words, your opinions are completely confidential and cannot be linked to you by name. To further assure your privacy, our office staff members put together the results. If you have any questions, please feel free to call (563) 568-6227.

Your opinions, values, and experiences are very important to us. Responses will be counted up and included in our Annual Report for the Year 2010.

Thanks so much for taking the time to tell us what you think and to help us do a better job of working for you.

Sincerely yours,

Jan Heikes
CPC Administrator

Appendix C- Allamakee County Provider Survey Data

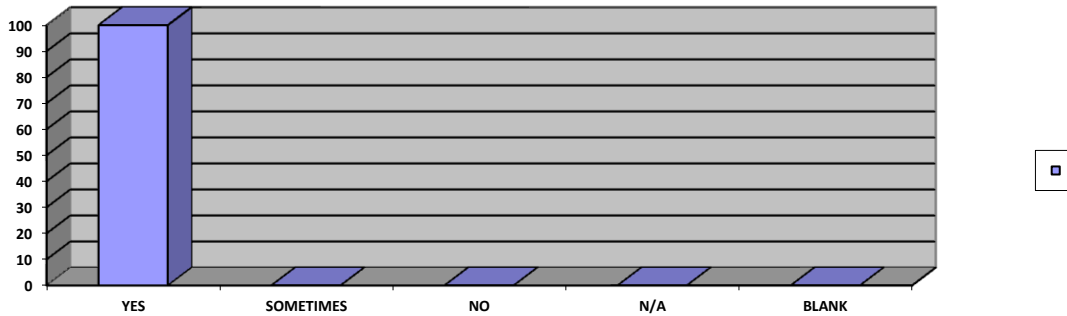
CPC Office of Allamakee County May 2011

On February, 11 2011, 41 surveys were sent out to the providers of the CPC Office of Allamakee County. The survey included eleven short questions about aspects of provider satisfaction and CPC Office responsiveness. Confidentiality was assured by separating the return envelopes from the surveys as they came in, and CPC personnel numbered the surveys for tabulation and entered the data. 16 surveys (39% response rate) were returned by February 22nd.

The eleven statements were used in conjunction with a Likert scale (Strongly Agree, Agree, Neutral, Disagree, and Strongly Disagree) to measure the providers' level of satisfaction with the CPC Office (Attachment B).

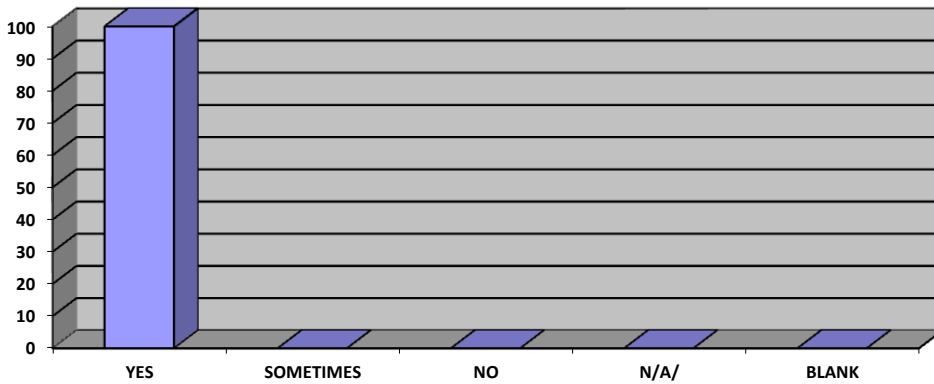
Statements 1, 2, 5, 6, 7, and 8 addressed matters of CPC administrative clarity, timeliness and approachability.

Statement 1: Communication between the CPC Office and our agency is clear and timely.



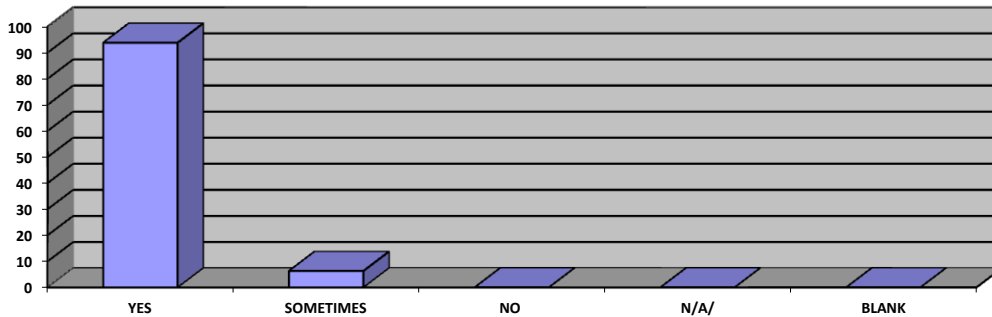
100% of providers strongly agreed or agreed that communication with the CPC Office is clear and timely.

Statement 2: The CPC Office works cooperatively with our agency.



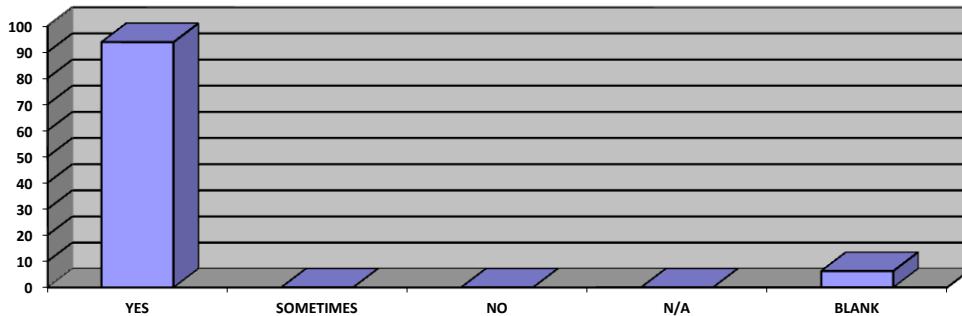
100% of providers either strongly agreed or agreed that “CPC staff is approachable, courteous, and helpful” in Allamakee County. There were no providers that responded negatively to this statement.

Statement 5: CPC notifications are clear and concise.



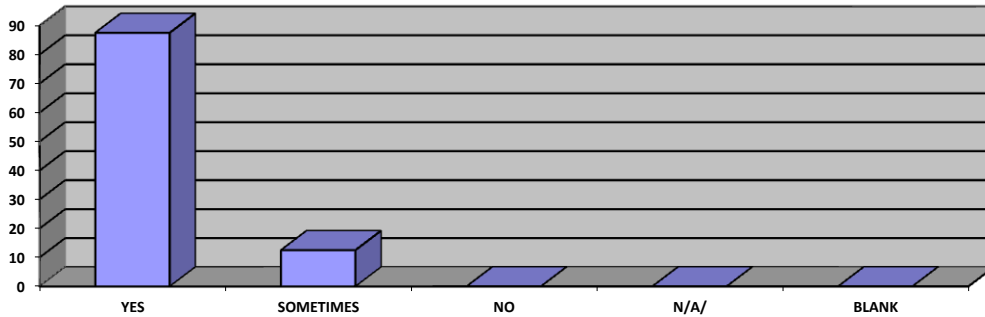
93.8% of providers also responded in agreement with the statement, “The CPC notifications are clear and concise.” No providers responded in disagreement to the statement and only 6.3% responded sometimes.

Statement 6: The county MH/DD eligibility criteria are fair.



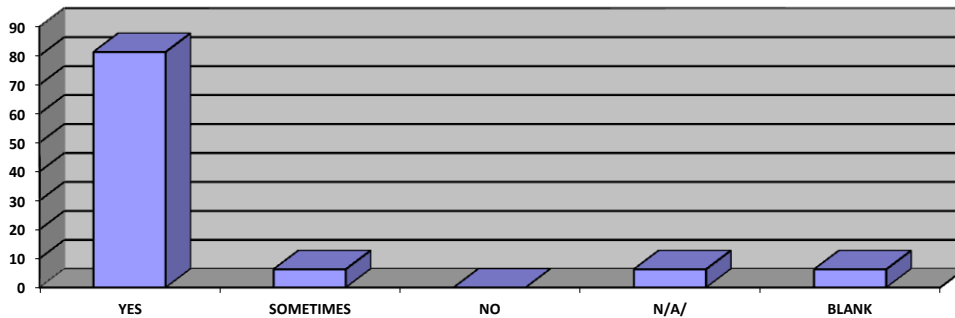
93.8% of providers that answered the statement responded positively to the statement, “The county MH/DD eligibility criteria are fair.” One provider did not respond to this question.

Statement 7: Eligibility determination and funding authorization are processed in a timely manner.



87.5% of providers reported that they strongly agreed or agreed with the statement, “Consumer eligibility determination and funding authorization are processed in a timely manner.” No providers responded in disagreement to the statement. However, 12.5% of providers responded sometimes.

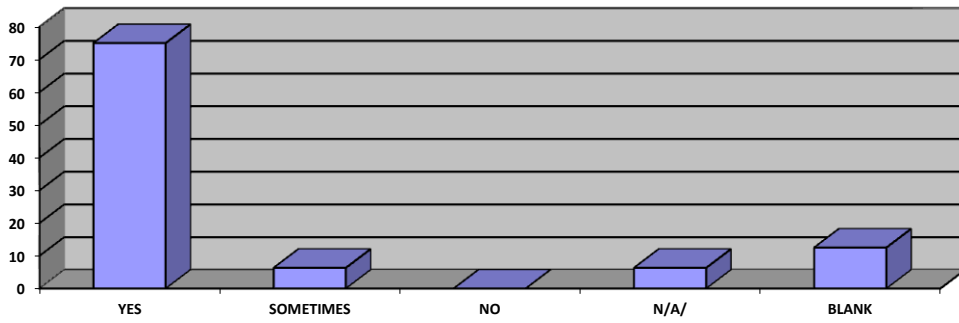
Statement 8: CPC payments are made within 45 days of provider billing.



81.3% of providers responded positively to the statement, “CPC payments are made within 45 days of provider billing.” 6.3% reported sometimes and 6.3% reported that it did not apply to them. 12.5% of providers did not respond at all.

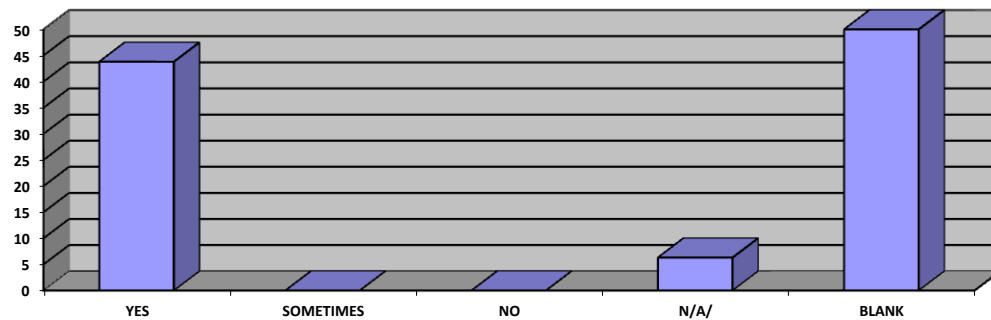
Statements 3, 4, 9, and 10 addressed matters of consumers’ connection to the larger system. Statement 11 addresses overall satisfaction.

Statement 3: The application and authorization process are user friendly.



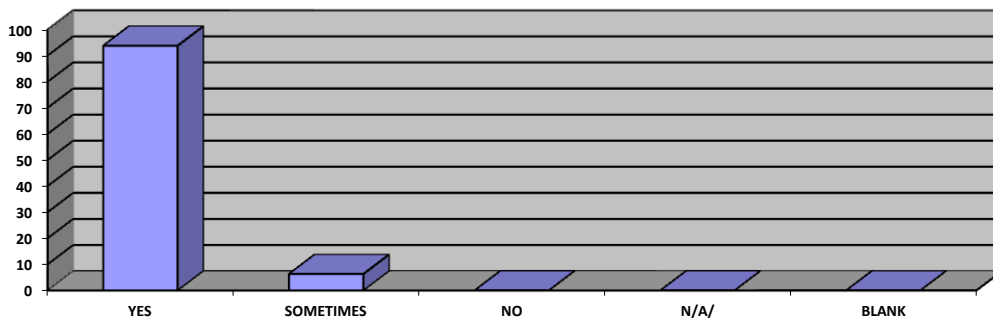
75% of providers responded positively that the the application and the authorization process was user friendly. However, 6.3% of providers reported sometimes toward this statement. 6.3% responded that it did not apply to them.

Statement 4: The appeal process is user friendly.



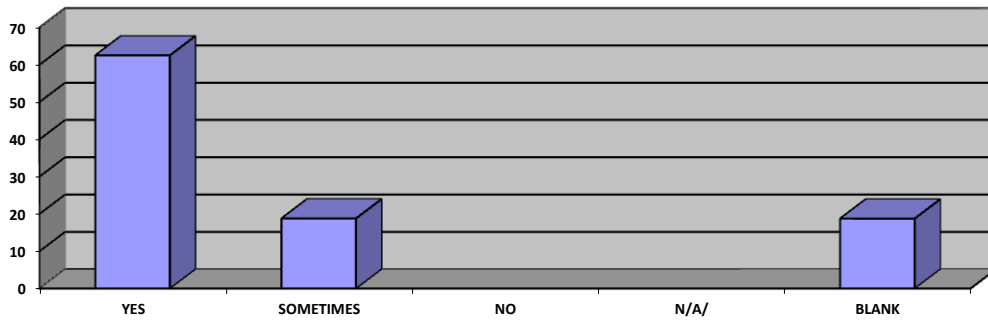
43.8% of reported that the appeal process is user friendly. However, 50% of the providers did not respond the the question. Only one provider stated that the question did not apply to them.

Statement 9: Services help individuals to become more independent.



93.8% of providers agreed or strongly agreed. There were no providers that responded negatively toward this and only 6.3% of providers that reported sometimes.

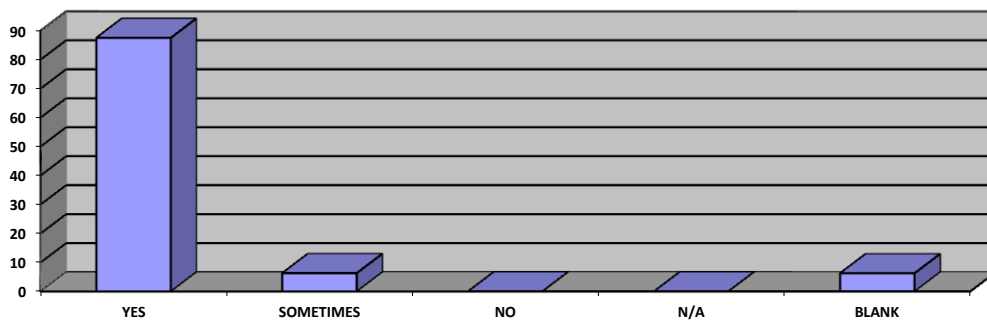
Statement 10: The array of services provided in our county meets individual needs.



62.5% of providers answered positively to the concluding statement, “the array of services provided in our county meets individual needs.” 18.8% of providers reported sometimes to this statement. However, 18.75% did not respond to the question at all.

Statement 11: We are satisfied with the MHDD service system in our county.

87.5% of providers agreed or strongly agreed with this statement. Only 6.3% reported sometimes. However, 6.25% of providers did not answer the question at all.



According to data gathered from the surveys, providers in Allamakee County feel best about CPC approachability, clarity, timeliness, and eligibility. Statements 1,2,5,6 and 9 have provider agreement above 90%. 50% of the providers did not answer statement four.

The following comments were included in the survey responses:

“Need more services and providers for CMI.”

Summary of North East Iowa Counties Results

In looking at the results from the total area, 95.8% of the respondents felt that the appeal process is user friendly (#4). 95.1% of respondents reported that payments were made within 45 days of the provider billing (#8). 94.9% felt the eligibility criteria are fair (#6). 91.8% reported that the CPC Office works cooperatively with our agency (#2), and that service help individuals to become more independent (#9).

In regards to areas scoring below 90% satisfaction level, only 80.1% felt that the array of services provided meets individual needs (#10). Both the application and authorization process are user friendly (#3) and the eligibility determination and funding authorization are processed in a timely manner (#7), received ratings of 86.7%. 86.9% of the respondents felt the communication between the CPC Office and our agency is clear and timely(#1). And 89.9% felt that the CPC notifications are clear and concise. Overall, the general satisfaction with the MHDD service system (#11) was 82.5%.

Special thanks to Katie Schlobohm and Abby Malecha, social work interns from Luther College, for there development, implementation, and initial analysis of the data for this project.

NEI Counties	Total Number of Surveys:	133
Date: Spring 2011	Total Number Sent:	294
Tabulation of Results- Providers	Response Rate:	45.2%

	<u>Allamakee</u>	<u>Bremer</u>	<u>Buchanan</u>	<u>Clayton</u>	<u>Delaware</u>	<u>Fayette</u>	<u>Howard</u>	<u>Winneshiek</u>	<u>Average</u>
1. Communication between the CPC Office and our agency is clear and timely.	100.0%	66.7%	83.3%	83.6%	81.8%	84.6%	95.0%	100.0%	86.9%
2. The CPC Office works cooperatively with our agency.	100.0%	100.0%	87.5%	91.7%	90.9%	69.2%	95.0%	100.0%	91.8%
3. The application and authorization process are user friendly.	92.3%	100.0%	85.7%	81.8%	80.0%	72.7%	89.5%	91.3%	86.7%
4. The appeal process is user friendly.	100.0%	100.0%	93.3%	87.5%	85.7%	100.0%	100.0%	100.0%	95.8%
5. CPC notifications are clear and concise.	93.8%	85.7%	91.7%	100.0%	81.8%	76.9%	89.5%	100.0%	89.9%
6. The county MH/DD eligibility criteria are fair.	100.0%	100.0%	90.5%	81.8%	100.0%	90.9%	100.0%	95.8%	94.9%
7. Eligibility determination and funding authorization are processed in a timely manner.	87.5%	75.0%	82.6%	81.8%	70.7%	100.0%	100.0%	96.2%	86.7%
8. CPC payments are made within 45 days of provider billing.	92.9%	100.0%	90.5%	100.0%	90.9%	92.3%	94.4%	100.0%	95.1%
9. Services help individuals to become more independent.	93.8%	87.5%	95.8%	91.7%	90.9%	75.0%	100.0%	100.0%	91.8%
10. The array of services provided in our county meets individual needs.	76.9%	71.4%	81.0%	90.9%	80.0%	77.8%	76.2%	86.4%	80.1%
11. We are satisfied with the MHDD service system in our county.	93.3%	75.0%	78.3%	81.8%	80.0%	66.7%	89.5%	95.5%	82.5%
	93.7%	87.4%	87.3%	88.4%	84.8%	82.4%	93.6%	96.8%	89.3%

Attachment A

**WINNESHIEK COUNTY
MENTAL HEALTH & DEVELOPMENTAL DISABILITIES SERVICES
CENTRAL POINT OF COORDINATION OFFICE
204 Broadway St.
Decorah, IA 52101
563.387.4144
jheikes@co.winneshiek.ia.us**

April 15, 2011

Dear Provider,

The CPC office is in the process of completing the agency's annual self-assessment. We value the opinions of your agency and thus, ask that you fill out the enclosed survey. Please return it in the prepaid envelope by **April 22, 2011**. This will help us understand how our CPC office is doing and what measures can be taken for quality assurance purposes.

Your opinions and experiences are very important to us. Response will be tabulated and included in our Annual Report for the Year 2010.

Thanks so much for taking the time to tell us what you think and to help us do a better job of working for you.

Sincerely yours,

Jan Heikes
CPC Administrator

Attachment B--Provider Survey

In an effort to provide quality service to MH/DD stakeholders, we would appreciate your input by completing the following survey. Please return completed survey in the enclosed envelope by **Wednesday, April 22nd**. Thank you for your time and input.

	1 Strongly Agree	2 Agree	3 Neutral	4 Disagree	5 Strongly disagree
1. Communication between the CPC Office and our agency is clear and timely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The CPC staff is approachable, courteous and helpful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The consumers understand our agency's relationship to the CPC Office.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The CPC application is consumer friendly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. CPC service notifications are clear and concise.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. The county MH/DD eligibility criteria are fair.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. CPC payments are made within 45 days of provider billing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Consumer eligibility determination and funding authorization are processed in a timely manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. The array of services provided in our county is sufficient for client needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If applicable, please list needed services:

1 _____

2 _____

3 _____

4 _____

Other comments or suggestions?

Name (Optional):

Agency: