

ALLAMAKEE COUNTY

**MENTAL HEALTH & DEVELOPMENTAL
DISABILITIES SERVICES**

MANAGEMENT REPORT

FOR

FISCAL YEAR 2009

Prepared by
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CPC Administrator
11/09

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Comments from the CPC Administrator

This past year completes the third year of the FY2007-2009 management plan. Overall, we found our goals to provide direction as we work toward our vision:

Allamakee County is dedicated to providing appropriate and cost effective mental health services. Toward this end, the county management plan will provide a vehicle for identifying the type and amount of service consumers receive to live and work in the least restrictive environment. The county plan will reflect consumer choice and empowerment and give priority to community based services when appropriate.

One of the challenges in reporting about the county system is trying to represent all the various components relating to services to individuals with disabilities occurring in the community. Many of the statistics reported in this document reflect only those individuals and services that are paid for with county funds. There are many persons receiving services related to their disabilities that are funded through other funding streams such as Iowa Division of Rehabilitative Services, Iowa Workforce Development, Department of Human Services, Public Health, and other private non-profit entities. We partner with these entities to further our vision as stated above. Therefore, within this report there are numbers which reflect only those within the county system and description of activities that occur across the community.

FY09 was the third year of a three year plan. 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.

Throughout this past year, the city of Postville has struggled with the aftermaths of the ICE raid, and influx of people from all over the world. It has been a year of crisis management and limited resources. The CPC Administrator serves as a member of the Coalition which has coordinated local recovery efforts and supervised two VISTAs during their stay in Postville. Forging new relationships, filling in gaps where needed and learning lots of details about various cultures made the year pass quickly.

And last, but not least, in March the CPC Office was pleased (and saddened) to celebrate our support staff, Helen Knuppe's retirement. We wish Helen the best!

Overview of Planning Activities

The Allamakee County Mental Health & Developmental Disabilities Services Strategic Plan for FY 2007-2009 served as the guide for activities throughout FY 2009. The following describes planning efforts that occurred during FY 2009:

1. Allamakee County Mental Health/Developmental Disabilities Advisory Board

The Allamakee County MH/DD Advisory Board continued to meet throughout the year. Four scheduled meetings (in September, January, March, and May) 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. A list of Advisory Board members can be found in Appendix A. 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.

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 actively include all people regardless of disability.

Action Step 1: Increase the number of individuals with disabilities working in the community for real wages each fiscal year.

NOTE: Our current data system does not allow us to track individual movements over time. A new state-wide system is being developed with implementation in FY 2010. In lieu of hard numbers, we've chosen to provide real stories as documentation of efforts in this area.

FY07 Progress: Here are examples of some of the success stories this year:

- One client moved to Allamakee Co. in 2005 and began working with a local vocational provider with the support of Iowa Vocational Rehabilitation Services to find a part-time job in the community. Even though he had previously been reluctant to ever drive again, he independently got his driver's license. Through the PASS Plan he purchased a vehicle to expand his employment opportunities beyond the small rural community where he chose to live. In 2007 he decided to move to Louisiana. He was offered a job in the family business and a chance to reconnect with his family. He worked full-time for approximately 12 weeks before he became homesick for Iowa. He independently contacted his previous case manager to re-establish his health care and other services/supports before returning to Allamakee Co.
- In August 2005 another man began receiving 20 hours per week of Supported Employment services to find and maintain a part-time job in Waukon. When he reported not having seen a job coach for several weeks, and being told he would not be getting any additional hours or duties at his place of employment, he was referred to another provider. He was able to keep his job after concerns with his job performance were resolved with more support.
- Another client had been participating on a work crew at a local grocery store facilitated by a local vocational provider and was offered a job in October 2006 cleaning an area of the store. He started out doing very well until his supervisor went on vacation and was left unsupervised with an increase in duties. He was asked to leave in March of 2007, but is a good example of what can happen with adequate support.

- Another man had been working at a local grocery store since late 2005 when he was offered a part-time job there after the management noticed his performance while participating on a cleaning crew. His duties have steadily increased since he has been working full-time during 2006, although sometimes he was anxious about learning new duties and/or assuming new responsibilities. He has been able to purchase a more reliable vehicle allowing him to attend medical appointments independently.
- During this past year another client increased the number of days he was training at Woodlands Industries (ABC) in Caledonia, MN. He was interested and successful in learning any new job tasks they had available. In February 2006 he began receiving services provided by Employment for Everyone funded by the HCBS Waiver. He was able to work part-time for about eight weeks for a computer firm in his community. He built his own computer with the assistance of his employer, which he was able to take home. Unfortunately, his employer ran out of work for him, but he continues to train at Woodlands and has re-applied to receive funding through IVRS to find and maintain another competitive wage job. He is especially interested in the possibility of having a bait shop.

FY08 Progress:

- A male in his early thirties began job development in February and was placed in a full-time position at Wal-Mart in June.
- A young woman participated in work place based assessment at Subway. She was hired after completing the assessment and loves her part-time job.
- 35 individuals worked at community job sites as part of the TASC work services program in FY08.

FY09 Progress:

- A young man began working with a vocational provider to find competitive employment in Waukon. TASC arranged for a community based assessment and the young man was hired to work at Quillins Food ranch in December 2008. He's been very successful in this position taking on extra jobs such as helping with catering and increasing his work hours. TASC continues to provide supported employment to help him maintain good work habits on the job.
- 45 individuals worked at community job sites as part of the TASC work services program in FY09.

Action Step 2: Increase community advocacy and education including involvement in legislative issues dealing with people with disabilities by providing at least one event annually.

FY07 Progress: The CPC Office regularly forwards advocacy and legislative alerts from advocacy organization. A trip to Des Moines for Advocacy Day was planned but no one went due to the distance.

FY08 Progress:

- Senator Mark Ziemann spoke about session issues with individuals at TASC in February 2008.
- Consumers are members of several Mosaic committees (Safety, Community Relations, and Recruitment).
- One consumer is a member of the Allamakee County Case Management Advisory Board.
- A trip to Des Moines for Advocacy Day was offered but there was no interest due to the travel distance.
- One consumer is a member of the Allamakee County MH/DD Citizens' Advisory Board.

FY09 Progress: With the exception of Senator Ziemann visiting TASC, the above activities remain active.

Objective B: Individuals will actively assert both personal responsibility and rights when utilizing services.

Action Step 1: Increase the number of individuals with disabilities making their own decisions and accepting the consequences, both positive and negative, with the support of their families, friends, and providers.

FY07 Progress: Case managers and teams continue to support individuals in the process of making major life decisions. Some examples of decisions made in the past year include:

- One woman chose to move with her elderly mother to a neighboring state to be closer to other family members. Although this meant leaving her friends and family in the Waukon area, she has kept in touch through phone and mail and reports being happy in her new home.
- A man in his sixties decided to move out of his family's home into a home with another housemate. They are able to live independently with daily support from TASC staff. He continues to have regular contact with family members, but has immensely enjoyed being able to entertain in his own home and participate in more community events and activities in Waukon and surrounding communities.

- A man in his twenties moved from his family's home to a home with four housemates and receives daily support from Mosaic. The housemates have been positively influenced by his social nature and he continues to receive ongoing support from his parents and other family members.
- One older man is an example of someone choosing to move to a more restrictive environment due to health concerns. He had been living in an apartment of his own with homemaker services provided by Mosaic and assistance with managing his medications through Veteran's Memorial Community and Home Care. He also received support and assistance from family members with his money and some of his shopping. Due to health concerns, he chose to move back to Makee Manor where he had previously been a resident. He is currently working to maintain the independent living skills he had when living in his own place and to learn about ways to better care for himself and to stay healthy in preparation for moving back into the community. He views living at Makee Manor a temporary arrangement.

FY08 Progress:

- A male in his fifties moved to Louisiana to be closer to his family, however after realizing they were not a good support for him, chose to move back to Allamakee County.
- A young man chose to move from 24 hour support to the supervised apartments. At first, he was very hesitant about this move, however after his team reassured him of his capabilities, he chose to move and has been successful.
- A young female had the goal of moving out of her parents' home one year after graduation. Although she was afraid of change, she visited the supervised apartment, got excited and moved a couple of weeks later.
- After moving to Lansing, a 42 year old woman was encouraged to move to Waukon where more supports would be available. After a short period, she gained enough skills that allowed her to move back to Lansing where she enjoys living. She has found a community of friends and plans to be married in 2009.
- A woman in her 50's had lived at the TASC supervised apartments for many years. She wanted to move into her own home and get a different roommate. She is very happy in her new home and receives hourly services.
- Two young women graduated from high school in May and are planning to move into their own apartment in Decorah in September 2008.

FY09 Progress:

- One woman chose to move from her supervised living apartment and in with her boyfriend. Although she discontinued all services, she is aware that if she wants to resume services in the future, she can contact the Allamakee Case Management or CPC Office.
- TASC staff participated in the Character Counts training program. She works regularly with individuals helping them understand and develop the Six Pillars of Character—Trustworthiness, Respect, Fairness, Caring, and Citizenship.
- One woman who had lived in another community was previously told she would not be able to live in the community without being hospitalized at minimum of every 6 months. She has developed a plan with her providers and support system and has not been hospitalized for two years.

Action Step 2: Provide education for individuals with disabilities, their families, service providers and the communities, about changing service philosophies and consumer rights and responsibilities at individual program meetings, in community meetings, and when system changes occur.

FY07 Progress: Case Managers have reviewed rights and responsibilities with consumers on an ongoing basis and at each annual meeting. There has been a change in service philosophy for the funding of on-going vocational training when a person is unable to eventually gain community employment. Discussions and changes in services have occurred, including more day habilitation activities and stronger push for obtaining supported employment when possible. Case Managers have also provided information about new service options of Habilitation services and Consumer Choice options through waiver.

FY08 Progress: Agency staff and case managers review rights and responsibilities with individuals and families on an annual basis.

FY09 Progress: Case managers review rights and responsibilities with individuals and families on an annual basis. At TASC, individuals receive training in exercising their rights and responsibilities. This includes reviewing the client handbook and the client rights statement. For example, clients have the right to services in the community, the rights of a citizen, and the responsibilities to work and be a part of their community.

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

Objective A: Individuals' entry into the system at any point, whether accessing child or adult services, will be straightforward and simple with helpful interactions between professionals and clients.

Action Step 1: Explore options of funding services based on assessment of needs in conjunction with other local and state entities by end of FY09.

FY07 Progress: Case managers and voluntary agency personnel have received training on the two instruments selected by a statewide committee. These are the ICAP (Inventory for Client and Agency Planning) for individuals with mental retardation and LOCUS (Level of Care Utilization System for Psychiatric and Addiction Services) for individuals with mental illness. The goal was to have 100% of assessments completed on individuals within the system. Because of the fluidity of clients, we do not have an exact percentage, but there were fewer than 10 individuals not assessed by June 30, 2007. CPC and agency staff have begun to review the results to see what we can learn and how to implement future steps. Some of this will be dependent on how the state proceeds with this project.

FY08 Progress: Use of the ICAP and LOCUS tools continued until October 2007 when the CPC Administrator made the decision to discontinue the project. This decision was made because there was no movement on the state level and technical support for the project became unavailable. At the same time, case managers and agencies were flooded with new paperwork requirements. The numbers in Allamakee County were too small to serve as a reliable database to make policy decisions. If this project becomes active at the state level, Allamakee County will reassess its involvement.

FY09 Progress: No change.

Action Step 2: Increase community education about access to services to increase knowledge and decrease stigmatization.

FY07 Progress: In addition to previous activities, a new county website with a page for the CPC office was developed this year.

FY08 Progress: In the fall of 2007, a Transition Fair was held at Decorah High School. Providers, case managers, former students and families provided information about services available to students after graduation.

FY09 Progress: CPC and Case Management staff continue to cultivate relationships within the community, especially the schools, to inform citizens about services available to them.

Objective B: Individuals moving from child to adult services and adult to elderly services will experience ease and assistance from all agencies involved.

Action Step 1: Clarify role of county in funding ongoing outpatient mental health services for students being served under the Safe Schools/Healthy Students grant before grant ends.

FY07 Progress: Grant funds continue to cover mental health services in the schools through FY08. The CPC Administrator has been a member of planning groups and has committed county funding to those who meet financial eligibility in future years.

FY08 Progress: Grant funds continue to cover mental health services in the schools through FY09. The CPC Administrator has been a member of planning groups and has committed county funding to those who meet financial eligibility in future years.

FY09 Progress: Grant funds continue to cover mental health services in the schools through FY10. The CPC Administrator has been a member of planning groups and has committed county funding to those who meet financial eligibility in future years.

Action Step 2: Clarify roles of Northland Area on Aging and the county in serving and funding individuals 65 and older by January 1, 2007.

FY07 Progress: Although the system was not easy to navigate, the Medicaid TCM and Elderly TCM, along with all service providers met and transitioned an individual from Elderly waiver to Habilitation funded services and Senior Living program funding to best meet this person's needs.

FY08 Progress: Medicaid staff at the state level have become aware of this issue, and it is possible for individuals to have services from different programs. Each case is assessed on an individual basis to determine which services can meet the individual's needs in the most cost-effective manner.

FY09 Progress: As funders and providers become more familiar with program rules, case managers for elderly and targeted populations access the appropriate funding stream depending on the individual's needs.

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: Research trends in commitments, including both mental health and substance abuse, by end of FY08.

FY07 Progress: Prior to the last year, the CPC office had been receiving copies of court orders so that we were able to somewhat track the court proceedings of individuals in our county. Because of developments in the court system, we now only receive forms. This makes it very hard for the CPC office to coordinate activities or identify trends which may indicate the need for more education on the part of the public or the various entities that are involved in the commitment process. Below are the numbers received from the Clerk of Courts office:

	<u>Mental Health</u>	<u>Substance Abuse</u>
<u>FY06</u>	19 Adult 2 Child	13 Adult 0 Child
Total	21	13
<u>FY07</u>	22 Adult 4 Child	14 Adult 0 Child
Total	26	14

The CPC office will be doing a closer analysis of this issue in FY08.

FY08 Progress:

The issues surrounding commitments is much larger than just Allamakee County. There are issues with the commitment process itself, the lack of local crisis options, and conflicting views about what entity is ultimately responsible for the process. These are being addressed at the state level.

On a local level, we know that inpatient hospital costs vary widely each year depending on whether or not committed individuals have mental health insurance or not. Sheriff transportation has decreased as Allamakee County now has a contract with Black Hawk County to conduct the hearings in the hospital, eliminating the need to transport individuals back to Waukon for a hearing. There is a slight increase in the legal representation costs which reflects this. Mental health advocate costs have increased over the last two years as advocates are now assigned to cases from the onset and incur cost from the initial hearing on, and also are now assigned to juvenile cases. The mental health advocate for Allamakee is also shared by Winneshiek, Howard and Chickasaw Counties.

Mental Health Commitment Trends

	<u>FY07</u>	<u>FY08</u>	<u>FY09</u>
Inpatient Hospital	\$ 8,942	\$16,096	\$15,501
Diagnostic & Evaluation	\$ 297	\$ 180	\$ 719
Sheriff Transportation	\$ 7,358	\$ 5,024	\$ 6,209
Legal Representation	\$ 1,911	\$ 2,124	\$3,274
Mental Health Advocates	\$10,239	\$11,424	\$16,106
	\$28,746	\$34,849	\$41,809
Adult	25	24	28
Child	1	5	3
Total	26	29	31

FY09 Progress: The issues discussed in FY08 remain the same. Expenditures and numbers served have been added to the chart.

Action Step 2: Continue to explore more crisis options in local communities, including psychiatric hospitalization.

FY07 Progress: The lack of crisis options in our local community is shared by many across the state of Iowa. The CPC Administrator will continue to gather data to pass on to state workgroups, facilitate communication among various entities, and offer support to families when appropriate.

FY08 Progress: There has been no change in this Action Step.

FY09 Progress: A contract was established with Gundersen Clinic in Decorah for psychiatric services by Winneshiek County as the host county. This will expand service options for citizens of Allamakee County as well.

The state workgroups will be issuing final recommendations in late fall of 2009 which address many of the local concerns about the lack of crisis options. Expanding these options will take funding, which there is a shortage of given the current recession.

Other notable actions:

- In FY2008, Mosaic received approval for HUD funding for a new apartment building in Waukon. Construction will begin in late 2008 or early 2009 with occupancy sometime in 2009. There will be space for up to 8 individuals in one or two bedroom apartments, providing a smaller and more normalized living arrangement.
- In FY 2008, Mosaic received approval from the state of Iowa to provide Host Home services funded through the Medicaid Home and Community Based Waiver program. They are awaiting an appropriate match between client and host home provider.

Profile of Service Network

The following services and agencies have been part of the service network in FY2009:

Case Management	Allamakee County Case Management DHS Targeted Case Management Abbe Case Management Johnson County Case Management Linn County Case Management
Transportation	Northeast Iowa Community Action--Transit REM Iowa Community Services, Inc. Wright County Transportation Five Seasons Transportation
Payee Services	Credit Counseling & Debt Management
Respite & Homemaker Aid	Quality Choices, Inc. Girling Health Care (Auxil Health) Veridian Credit Union Camp Courageous of Iowa
Home/Vehicle Modification	American Homepatient
Psychotropic Medication	Hartig Drug HyVee Pharmacy
Psychotherapeutic Services	Northeast Iowa Behavioral Health Hillcrest Community Mental Health Center Backbone Area Counseling Center Black Hawk-Grundy Mental Health Center Alternative Treatment Associates
Vocational & Day Services	Ability Building Center Opportunity Village REM Developmental Service, Inc. The Spectrum Network Systems Unlimited, Inc. T.A.S.C., Inc. G&G Living Centers Goodwill Industries of the Heartland Comprehensive Systems

Supported Community Living	<p> Makee Manor Developmental Resources Cedar Valley Community Support Services Full Circle Services G&G Living Centers Mosaic T.A.S.C., Inc. Systems Unlimited Opportunity Homes Prairie View REM Iowa Community Service, Inc. Comprehensive Systems Makee Manor Goodwill of Northeast Iowa Opportunity Village Quality Choices, Inc. Tailored Living Successful Living Girling Health Care Veridian Credit Union DAC, Inc (Julien Care Facility) </p>
Residential Care	<p> Makee Manor Prairie View </p>
Intermediate Care	<p> G & G Living Centers Harmony House Krysilis </p>
State Hospital School	<p> Davis Center (PMI) Woodward Resource Center </p>
Inpatient Hospitalization	<p> Independence Covenant Medical Center Mercy Medical Center-Mason City St. Luke's Hospital </p>
Commitments	<p> Evaluations Transportation Legal Representation Advocacy </p>

Quality Assurance Activities

Consumer and Provider Outcomes and Satisfaction Surveys

On April 15, 2009, 200 surveys were sent out to the consumers and guardians of the CPC Office of Allamakee County. The survey included ten short questions about aspects of consumers' lives that are outlined in the county's "Vision Statement". Consumers were informed that participation was completely voluntary. Confidentiality was assured by separating the return envelopes from the surveys as they came in and having different personnel number the surveys for tabulation and enter the data. Of the 76 (38% response rate) that were returned by May 4th, 27% 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 increased 17% from FY08. For a complete summary, please see Appendix B.

On April 16, 2009, 44 surveys were sent out to the providers of the CPC Office of Allamakee County. The survey included nine 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 having different personnel number the surveys for tabulation and enter the data. 23 surveys (52% response rate) were returned by May 4th. For a complete summary, please see Appendix C.

Consumer Appeals

There was one appeal to the CPC Office in FY09. After more information was presented for consideration, the CPC Administrator determined the individual to be eligible.

Waiting List

There were no individuals on a waiting list in FY09.

Utilization Review

The CoMIS integrated database program developed by the Division of Mental Health/Developmental Disabilities staff is a great asset in tracking trends to make long-term service and funding decisions 178 individuals (1.21% of county population) received service funding in FY09. 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. During the year, 46 (twice that of FY08) new applications were processed. Of those 43 (93%) applications were approved for service. The remaining 3 were denied due to being over income/resource guidelines or failure to return a completed CPC application. In terms of service responsiveness, applications were processed in an average of 2.5 days.

Service and Support Evaluation

The plan called for an onsite visit, including a review of consumer plans, to each provider by the CPC Administrator. Although each local agency was visited, time constraints do not allow for visits to non-local providers. Informal contact was made with family members and case managers to assure that consumers were being adequately served. 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 FY2009.

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 7/1/08 to 6/30/2009. 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

Date Prepared 11/4/2009

DISABILITY GROUP	Children	Adults	Unduplicated Total
Mental Illness	6	60	66
Chronic Mental Illness	2	32	32
Mental Retardation	4	77	77
Other Developmental	0	3	3
	12	172	178

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 and 178 in FY09. This growth represents an increase of 62 individuals since FY97.

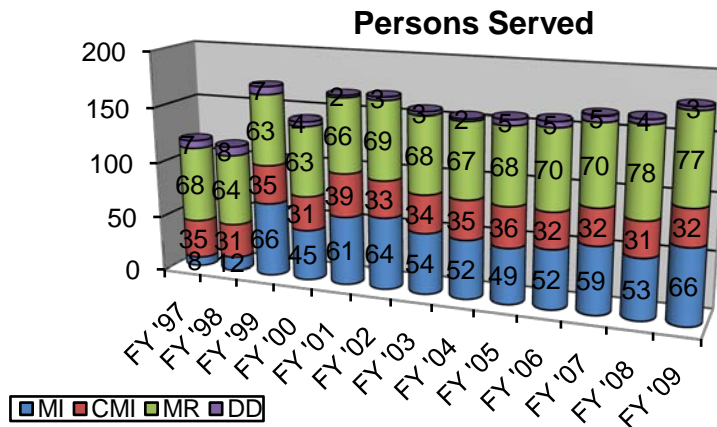


Table B-- Unduplicated Number of Persons Served by COA code and Disability Type

Date Prepared 11/5/2009

For Allamakee County FY: 2009

Account Code	Mental Illness	Chronic Mental Illness	Mental Retardation	Developmental Disability	Other	Service Total
Adult						
21374 Case Management - T19 Match		6	64			70
21375 Case Management - 100% County		6	9	2		17
31000 Transportation		4	48			52
32320 Homemaker/Home Health Aid			1			1
32325 Respite			4			4
32327 Representative Payee		1				1
32328 Home/Vehicle Modification			1			1
32329 Supported Community Living (Hourly)		14	34			48
32399 Other			3			3
41306 Physiological Tmt. Prescription Medicine	2					2
42305 Psychotherapeutic Tmt. Outpatient	39	4				43
44396 Community Support Programs	2					2
50360 Sheltered Work		2	30			32
50362 Work Activity Services		2	23			25
50368 Supported Employment Services		4	4	1		9
50399 Day Services		6	47			53
63329 Supported Community Living (Day)		1	39			40
64314 RCF (Comm. 6 & over Bed)		6		1		7
64317 Nursing Facility (Comm. 6 & over Bed)		1				1
64318 ICF/MR (Comm. 6 & over Bed)			4			4
72319 Inpatient (State Hosp. School)			1			1
73319 Inpatient (Other Priv./Public Hospitals)	6	2				8
74300 D & E Related to Commitment	1	1				2
74353 Sheriff Transportation	17	8	1			26
74393 Legal Representation (cmtmt court costs/legal fees)	9	7	1			17
74395 Mental Health Advocates	13	14	1			28

Account Code	Mental Illness	Chronic Mental Illness	Mental Retardation	Developmental Disability	Other	Service Total
Child						
32329 Supported Community Living (Hourly)		1	1			2
42305 Psychotherapeutic Tmt. Outpatient	2					2
50362 Work Activity Services			1			1
50399 Day Services			1			1
63329 Supported Community Living (Day)			1			1
74353 Sheriff Transportation	2					2
74395 Mental Health Advocates	2	1				3

Table C--Mental Health System Growth / Loss Report

Date Prepared 11/5/2009

For Allamakee County FY: 2009

DISABILITY GROUP	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Net Change
Chronic Mental Illness	24	24	24	25	1
Mental Illness	33	23	27	34	1
Mental Retardation	71	69	70	71	0
Other Developmental Disabilities	3	2	2	2	-1
	131	118	123	132	1

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

Date Prepared 11/5/2009

For Allamakee County FY: 2009

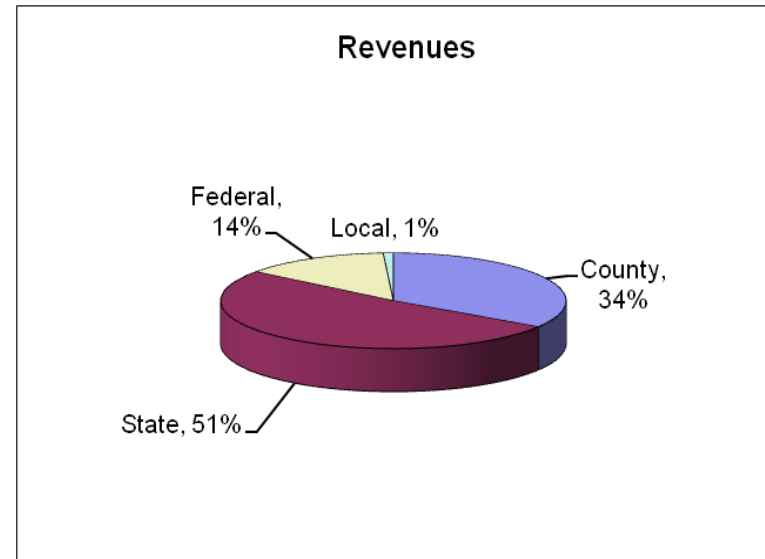
Account Code	Mental Illness	Chronic Mental	Mental Retardation	Developmental Disability	Other	Service Total
11100 Direct Administrative	\$22,751.85	\$11,377.45	\$30,570.48	\$2,134.81		\$66,834.59
12000 Purchased Administrative	\$1,050.94	\$525.47	\$1,421.86	\$92.73		\$3,091.00
21374 Case Management - T19 Match		\$5,594.30	\$25,390.61	\$73.58		\$31,058.49
21375 Case Management - 100% County	\$770.00	\$1,426.70	\$5,565.66	\$1,050.13		\$8,812.49
21399 Other Case Management		\$44,585.00	\$170,219.00	\$6,619.00		\$221,423.00
31000 Transportation		\$1,278.35	\$24,525.96			\$25,804.31
32320 Homemaker/Home Health Aid			\$4,591.56			\$4,591.56
32325 Respite			\$3,319.24			\$3,319.24
32327 Representative Payee		\$37.00				\$37.00
32328 Home/Vehicle Modification			\$277.46			\$277.46
32329 Supported Community Living (Hourly)		\$37,621.68	\$56,366.67	\$514.34		\$94,502.69
32399 Other			\$4,106.95			\$4,106.95
41306 Physiological Tmt. Prescription Medicine	\$1,724.86					\$1,724.86
42305 Psychotherapeutic Tmt. Outpatient	\$33,390.26	\$4,198.90				\$37,589.16
42399 Psychotherapeutic Tmt. Other	\$2,291.63	\$2,708.29				\$4,999.92
44396 Community Support Programs	\$2,925.00					\$2,925.00
50360 Sheltered Work		\$95.48	\$172,653.96	\$99.00		\$172,848.44
50362 Work Activity Services		\$2,242.12	\$63,115.43			\$65,357.55
50368 Supported Employment Services		\$1,302.27	\$7,737.53	\$1,816.92		\$10,856.72
50399 Day Services		\$8,952.59	\$67,218.89			\$76,171.48
63329 Supported Community Living (Day)		\$11,360.92	\$610,869.17			\$622,230.09
64314 RCF (Comm. 6 & over Bed)		\$44,911.26		\$21,588.28		\$66,499.54
64317 Nursing Facility (Comm. 6 & over Bed)		\$5,022.40				\$5,022.40
64318 ICF/MR (Comm. 6 & over Bed)			\$98,599.33			\$98,599.33
72319 Inpatient (State Hosp. School)			\$41,353.20			\$41,353.20
73319 Inpatient (Other Priv./Public Hospitals)	\$11,796.88	\$3,704.00				\$15,500.88
74300 D & E Related to Commitment	\$160.00	\$559.00				\$719.00
74353 Sheriff Transportation	\$3,593.22	\$1,859.62	\$755.90			\$6,208.74
74393 Legal Representation (cmtmt court costs/legal fees)	\$1,467.24	\$1,409.00	\$398.00			\$3,274.24
74395 Mental Health Advocates	\$3,321.33	\$11,856.52	\$928.20			\$16,106.05
Total County	\$85,243.21	\$202,628.32	\$1,389,985.06	\$33,988.79		\$1,711,845.38

The previous figures reflect services and expenditures on an accrual basis (incurred from 7/1/08 to 6/30/09). Accrual figures reported by the Auditor's office will vary slightly due to differences in procedures. Those figures are \$1,711,706 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 FY09 budget was \$2,053,946 with \$1,765,270 (86%) being spent.

FY 2009 Revenues (Cash)

County	Source		
		\$ 741,386	34%
Current Property Tax	\$ 657,834		
Delinquent Property Tax	\$ 87		
Other County Taxes	\$ 83,465		
State		\$1,109,794	51%
MH Property Tax Relief	\$ 496,096		
MHDD Allowed Growth Factor	\$ 416,981		
MHDD Community Services Allocation	\$ 118,637		
State Reimbursements	\$ 43,189		
Other Replacement/Tax Credits	\$ 34,890		
Federal		\$ 296,594	14%
Social Services Block Grant	\$ 60,974		
T19 Case Management	\$ 235,620		
Local		\$ 20,590	1%
Provider Reimbursement	\$ 13,889		
Consumer Co-payments	\$ 6,700		
Total Revenues		\$2,168,364	100%



FY2009 Expenditures-Cash

	<u>MI</u>	<u>CMI</u>	<u>MR</u>	<u>DD</u>	<u>Service Total</u>
Information and Education Services					
NE Iowa Behavioral Health	\$ (563)	\$ -	\$ -	\$ -	\$ (563)
Administration-CPC Office					
	\$ 22,678	\$ 11,426	\$ 30,480	\$ 2,130	\$ 66,714
Purchased Administration					
	\$ 1,051	\$ 525	\$ 1,422	\$ 93	\$ 3,091
Coordination Services					
Case Management - Medicaid Match	\$ -	\$ 5,636	\$ 25,257	\$ 75	\$ 30,968
Case Management - 100% County Other - Case Management Program	\$ 770	\$ 1,906	\$ 6,288	\$ 1,530	\$ 10,494
	\$ -	\$ 44,672	\$ 170,529	\$ 6,640	\$ 221,841
Personal & Environmental Support					
Transportation					
NE Iowa Transit	\$ -	\$ 1,261	\$ 27,260	\$ -	\$ 28,522
Various providers	\$ -	\$ 140	\$ 1,826	\$ -	\$ 1,966
Homemaker/Home Health					
Other Providers	\$ -	\$ -	\$ 4,743	\$ -	\$ 4,743
Respite					
Other Providers	\$ -	\$ -	\$ 3,520	\$ -	\$ 3,520
Home & Vehicle Modification					
Other Providers	\$ -	\$ -	\$ 277	\$ -	\$ 277
Supported Community Living					
TASC, Inc.	\$ -	\$ 15,069	\$ 48,026	\$ 357	\$ 63,452
Makee Manor	\$ -	\$ 11,347	\$ -	\$ -	\$ 11,347
Other Providers	\$ -	\$ 12,535	\$ 19,680	\$ -	\$ 32,215
Treatment Services					
Prescription Medicine					
Various providers	\$ 2,504	\$ -	\$ -	\$ -	\$ 2,504
Outpatient					
NE Iowa Behavioral Health	\$ 25,552	\$ 3,076	\$ -	\$ -	\$ 28,628
Various providers	\$ 5,100	\$ 904	\$ -	\$ -	\$ 6,004
Emergency Services Grant					
NE Iowa Behavioral Health	\$ 2,292	\$ 2,708	\$ -	\$ -	\$ 5,000
Community Support Program					
NE Iowa Behavioral Health	\$ 3,150	\$ -	\$ -	\$ -	\$ 3,150
Vocational & Day Services					
TASC, Inc.	\$ -	\$ 5,010	\$ 267,992	\$ -	\$ 273,001
Makee Manor	\$ -	\$ 20,796	\$ -	\$ -	\$ 20,796
Various providers	\$ -	\$ 1,246	\$ 45,247	\$ 1,728	\$ 48,221
Living Arrangements					
TASC, Inc.	\$ -	\$ -	\$ 196,867	\$ -	\$ 196,867
Mosaic	\$ -	\$ -	\$ 231,944	\$ -	\$ 231,944
Makee Manor	\$ -	\$ 24,877	\$ 76,995	\$ 20,820	\$ 122,692
Various providers	\$ -	\$ 34,153	\$ 221,097	\$ -	\$ 255,251
Institutional Services					
State Hospital - Woodward	\$ -	\$ -	\$ 42,619	\$ -	\$ 42,619
Other Hospitals	\$ 20,925	\$ 3,704	\$ -	\$ -	\$ 24,629
Commitments					
Evaluations					
Other Providers	\$ 160	\$ 559	\$ -	\$ -	\$ 719
Sheriff Transportation	\$ 3,420	\$ 1,542	\$ 756	\$ -	\$ 5,719
Legal Representation	\$ 1,501	\$ 1,053	\$ 398	\$ -	\$ 2,952
Judicial Advocate	\$ 3,425	\$ 11,645	\$ 917	\$ -	\$ 15,986
Total Expenditures	\$ 91,966	\$ 215,791	\$ 1,424,140	\$ 33,372	\$ 1,765,270
					86%
Budgeted Expenditures	\$ 103,403	\$ 232,440	\$ 1,681,749	\$ 36,354	\$ 2,053,946

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 2009 accrual fund balance is \$621,026 or 36% of the FY 2009 expenditures of \$1,711,706. Please note that the following table shows cash figures from which the county develops budgets.

MH/DD Fund—Historical Perspective

<u>Cash</u>	<u>Source</u>	<u>FY02</u>	<u>FY03</u>	<u>FY04</u>	<u>FY05</u>	<u>FY06</u>	<u>FY07</u>	<u>FY08</u>	<u>FY09</u>
Beginning Fund Balance		\$ 781,453	\$ 654,586	\$ 521,492	\$ 517,455	\$ 847,269	\$ 582,418	\$ 456,971	\$ 405,255
Revenues		\$1,543,366	\$1,555,353	\$1,594,086	\$1,856,084	\$1,356,311	\$1,643,720	\$1,893,086	\$2,168,366
Expenditures		\$(1,670,233)	\$(1,688,447)	\$(1,598,123)	\$(1,526,270)	\$(1,621,162)	\$(1,769,167)	\$(1,944,802)	\$(1,765,270)
Ending Fund Balance		\$ 654,586	\$ 521,492	\$ 517,455	\$ 847,269	\$ 582,418	\$ 456,971	\$ 405,255	\$ 808,351
% of budgeted exp		88%	97%	92%	85%	93%	91%	97%	86%
Levy Rate		\$ 1.41643	\$1.38802	\$ 1.36352	\$ 1.40539	\$ 1.17692	\$ 1.38291	\$ 1.37965	\$ 1.31016
		100% levy	100% levy	100% levy	100% levy	86% levy	100% levy	100% levy	100% levy

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

<u>Accrual</u>	<u>Source</u>	<u>FY02</u>	<u>FY03</u>	<u>FY04</u>	<u>FY05</u>	<u>FY06</u>	<u>FY07</u>	<u>FY08</u>	<u>FY09</u>
Beginning Fund Balance		\$ 615,056	\$ 502,000	\$ 377,397	\$ 367,686	\$ 664,216	\$ 351,774	\$ 226,723	\$ 157,687
Revenues		\$ 1,542,378	\$ 1,562,861	\$ 1,597,226	\$ 1,849,590	\$ 1,346,289	\$ 1,681,207	\$ 1,872,080	\$ 2,175,045
Expenditures		\$(1,655,434)	\$(1,687,464)	\$(1,606,937)	\$(1,553,060)	\$(1,658,731)	\$(1,806,258)	\$(1,941,116)	\$(1,711,706)
Ending Fund Balance		\$ 502,000	\$ 377,397	\$ 367,686	\$ 664,216	\$ 351,774	\$ 226,723	\$ 157,687	\$ 621,026
% of expenditures		30%	22%	22.9%	42.8%	21.2%	12.6%	8.12%	36.3%

Appendix A—Advisory Board Membership

January 2007 – December 2009 Term

Judy Herman
601 3rd Ave. SE
Waukon, IA 52172

January 2008-December 2010 Term

Rita Erickson
196 16th Ave. NW
Waukon, IA 52172

Maureen Radloff
877 Hwy. 9
Waukon, IA 52172

January 2009-December 2011 Term

Barb Winters
2222 Main St.
Lansing, IA 52162

Zachary Rethwisch
105 6th Ave. SW #202
Waukon, IA 52172

Appendix B Allamakee County Consumer/Guardian Survey Data

CPC Office of Allamakee County May 2009

On April 15, 2009, 200 surveys were sent out to the consumers and guardians of the CPC Office of Allamakee County. The survey included ten short questions about aspects of consumers' lives that are outlined in the county's "Vision Statement". Consumers were informed that participation was completely voluntary (Attachment A). 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.

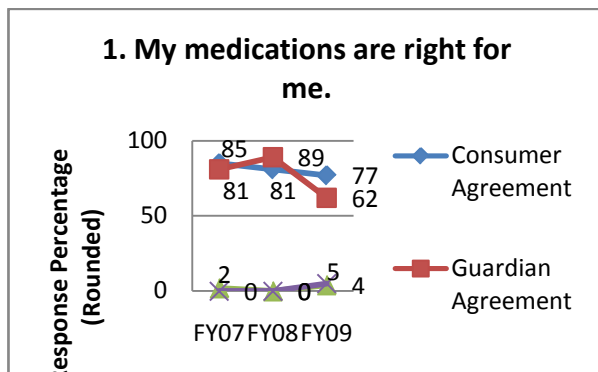
76 (38% response rate) were returned by May 4, 2009. Almost 37% were filled out by the consumer's legal parent or guardian, and about 72% were filled out by the consumer, either by themselves or with assistance from a friend, relative, case manager, or employee of an agency where the consumer accesses services. This year's response rate increased 17% from FY08 and is higher than the 28% response rate in neighboring Winneshiek County.

Ten statements were used in conjunction with a Likert scale (Strongly Agree, Agree, Neutral, Disagree, and Strongly Disagree) to measure the consumer or guardians' level of satisfaction with services provided through the CPC Office. A line graph was composed to show the trends of consumer and guardian satisfaction (agreement/disagreement) from FY07 to FY09 (Attachment A).

The first three statements address health and safety issues:

Statement 1: My medications are right for me.

On the statement, "My medications are right for me," 77% of consumers responded by strongly agreeing or agreeing. 62% of guardians responded by strongly agreeing or agreeing.

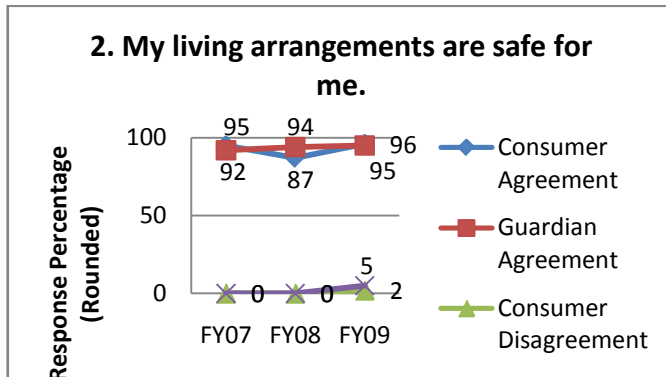


The line graph above demonstrates the trend over the past three years for the statement, "My medications are right for me." There has been a gradual decrease from FY07 to FY09 of consumer satisfaction with their medications (8%). From FY08 to FY09, there was a 3%

decrease in consumer satisfaction with medications. Guardian trends; however, have drastically decreased from FY08 to FY09 (27%).

Statement 2: My living arrangements are safe for me.

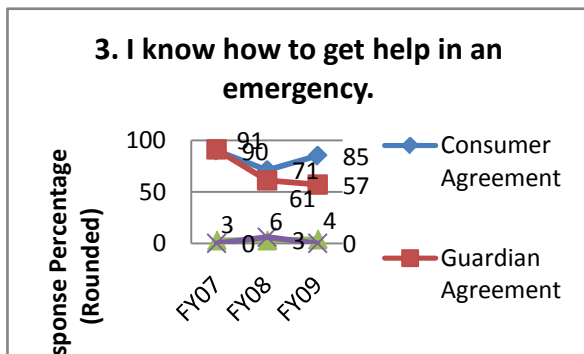
95% of consumers agreed or strongly agreed that they resided in safe living arrangements, while 96% of guardians responded similarly. Yet, 2% of consumers and 5% of guardians responded in disagreement to “I have safe living arrangements.”



Trends from FY07 to FY09 show that both consumer and guardian agreement responses on safe living arrangements have increased from FY08 to FY09 (8% consumer, 2% guardian). However, both consumer and guardian disagreement responses have also increase from FY07 to FY09 (2% consumer, 5% guardian).

Statement 3: I know how to get help in an emergency.

In regards to knowing how to get help in an emergency, 85% of consumers either agreed or strongly agreed. 57% of guardians had a similar responses. Of biggest concern in this area is the 4% of consumers who noted that they disagreed with the statement, “I know how to get help in an emergency.” While this is a small number, all consumers should know how to access help in an emergency situation.



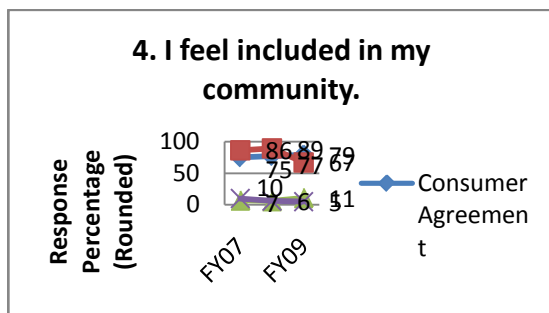
From FY08 to FY09, there was a 14% increase in consumers agreement toward the statement, “I know how to get help in an emergency.” Again, there are 4% of consumers that are in

disagreement to this statement, and all consumers should know how to access emergency services. Based on the three year trend, there had been a drastic decrease in guardian agreement response on how to get emergency help from FY07 to FY09 (34%). One philosophy that surrounds the discrepancy in the response rates between guardian and consumer responses is the definition individuals used for “emergency,” which could be looked at in future surveys.

Statements 4 through 7 address the issue of inclusion within the community.

Statement 4: I feel included in my community.

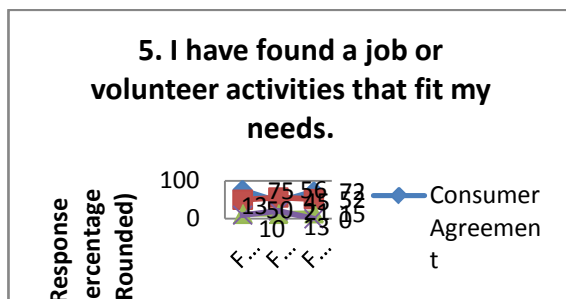
On the statement, “I feel included in my community,” 79% of consumers either strongly agreed or agreed. 67% of guardians also felt this way. However, 11% of consumers responded that they do not feel included in their community, and 5% of guardians responded similarly.



Consumer agreement of the statement, “I feel included in my community,” has gradually increased over the past three years. From FY08 to FY09, the agreement response increased 2%. Yet, the guardian response has drastically decreased by 22% from FY08 to FY09. On a similar note, the consumer disagreement rate is at its highest rate of 11% in FY09, which is a 5% increase from FY08.

Statement 5: I have found a job or volunteer activities that fit my needs.

72% of consumers either strongly agreed or agreed that they had a job or volunteer activity that fit their needs. 52% of guardians had responded similarly. 15% of consumers disagreed with this statement.

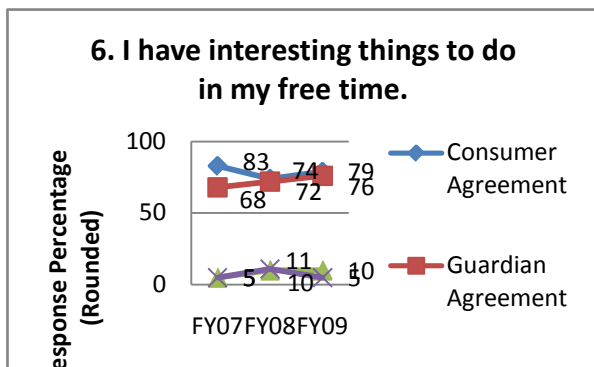


From FY08 to FY09, there was a 27% increase in consumer response agreement to the statement, “I have found a job or volunteer activity that fits my needs.” Guardian agreement

response decreased in the same time span by 4%. The three year trend from FY07 to FY08 remained somewhat consent on disagreeing responses, whereas no guardians responded disagreed with this statement in FY09 (21% decrease from FY08).

Statement 6: I have interesting things to do in my free time.

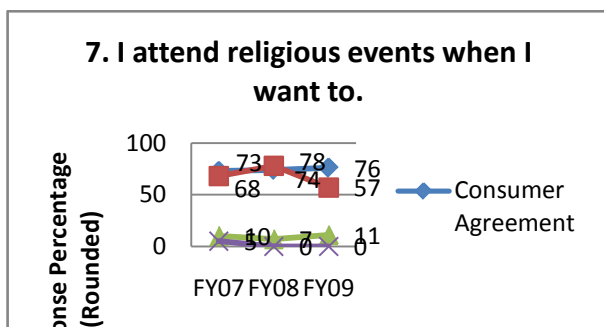
79% of consumers responded that they had interesting things to do during free time, as well as 76% of guardians. 10% of consumers responded negatively to this statement, as well as 5% of guardians.



Based on the three year trend, both consumer and guardian agreement responses have increased from FY08 to FY09 (5% consumers, 4% guardians) about having interesting things to do during free time. The disagreement responses of consumers remained consent (decreased 1%), while guardians decreased 5% from FY08 to FY09. Thus, it can be assumed that consumers and guardians are satisfied with things they have to do in their free time.

Statement 7: I attend religious events when I want to.

76% of consumers attend religious events when they want, while 57% of guardians also responded positively. Yet, 11% of consumers responded negatively to attending religious events.



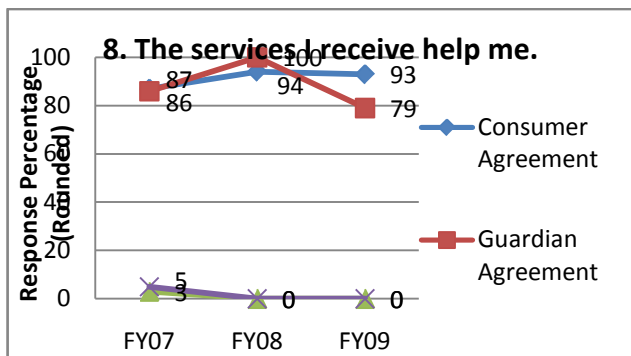
While the consumer agreement response to the statement, “I attend religious events when I want to,” increased by 2% in the past year, the guardian agreement response decreased 21% from FY08 to FY09. Even though the consumer agreement response has stayed relatively consent,

there was still a 4% increase in dissatisfaction about attending religious events from FY08 to FY09.

The last three questions address the overall consumer satisfaction in regards to service provisions.

Statement 8: The services I receive help me.

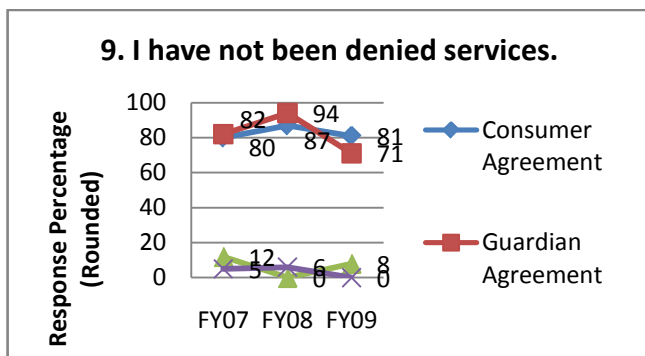
93% of consumers either strongly agreed or agreed that services have been helpful. 79% of guardians either strongly agreed or agreed. No consumers or guardians denied that services they received did not help them.



Even though there have been no responses that services received are not helpful from consumers or guardians in the past two years, there has been a decrease in satisfaction from FY08 to FY09. There has been a small decrease in consumer response that services they receive are helpful, while the guardian response drastically decreased by 15%.

Statement 9: I have not been denied services.

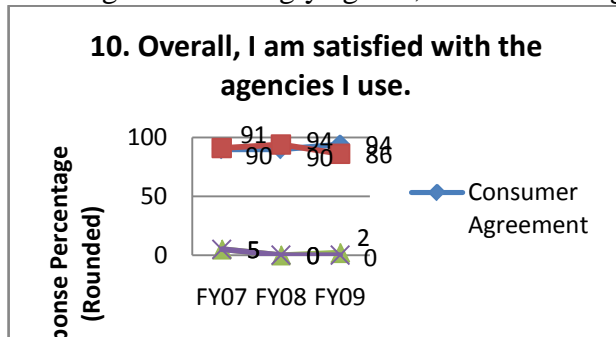
8% of consumers reported that they have been denied services, but no guardians reported that services were denied. The survey does not address what the circumstances of these denials, but the issue could be further explored.



The three year trend shows that 8% of consumers have been denied services, which is an 8% increase from FY08. There has also been a decrease in reported agreement of the statement, “I have not been denied service,” from FY08 to FY09. A decrease of almost 6% in consumer agreement rates occurred from FY08 to FY09, while a decrease of almost 23% in guardian agreement rates in the same time span.

Statement 10: Overall, I am satisfied with the agencies I use.

Finally, on the statement “Overall, I am satisfied with the agencies I use,” 94% of consumers either agreed or strongly agreed, while 86% of guardians agreed or strongly agreed.



For consumers, the satisfaction with agencies overall increased 4% from FY08 to FY09. However, guardian satisfaction decreased almost 8% in the same time span. It is a bit surprising that overall consumer satisfaction with services has improved, since the more specific details of community life indicated a lower level of satisfaction than in the previous years.

According to data gathered from the surveys, consumers in Allamakee County are accessing a variety of services from several agencies. These organizations include DHS Case Management, Employment for Everyone, Northeast Iowa Behavioral Health, Quality Choices, Backbone Area Counseling, Full Circle, Mosaic, Allamakee County Case Management Services, Cedar Valley Community Support Services, Comprehensive Systems, Thunder Rode, HCBS House, Community Action/Transit, and TASC. Other providers include Prairie View RCF, Successful Living, Belmont-Klemme Schools, Krysilis, Davis Center – Res Care, REM, Community Care, Clarion Work Center, Harmony House, and G&G Living Centers. A variety of other supports such as Medicaid, doctors, hospitals, therapists, and public health were noted as services received. The corresponding statement in the survey would suggest that consumers are overall satisfied with the services they receive at these agencies.

Perhaps the most significant dimension of this research is the three year trend of data from FY07 to FY09. Results show a comprehensive incline in consumer satisfaction. Consumers answered five of the ten statements more positively from FY07 to FY09, as well as seven of the ten statements were answered more positively in FY09 than in FY08. According to the data, being denied services appears to be the most significant declination going from 87% in FY08 to 81% in FY09 based on agreement responses. Medication correctness has also been gradually declining since FY07 (FY07: 85%, FY08: 81%, FY09: 77%), thus it would be appropriate to look further into the reasoning behind this decline. Yet, it is important to realize that several statements have improved over the past year, and even the past three years; however, these

statements have also increased in disagreement responses. For instance, 79% of consumers feel included in their community, but 11% do not, which is a 5% increase from FY07 to FY09 (Statement 4). Statements 2, 3, 5, and 7 follow a similar pattern. The most significant improvement from FY08 to FY09 is seen in the statement, “I have found a job or volunteer activities that fit my needs”, which increased by 37% (FY08: 45%, FY09: 72%). In FY08, this statement appeared to have the most significant declination in comparison to FY07.

Differing from the consumer data, guardians answered two of the ten statements more positively in FY09 than in FY08. Statements 1, 4, 7, 8, and 9 drastically decreased from FY08. For instance, 62% of guardians that medications were right, which decreased 27% from FY08 in agreement.

There are several contradictions between consumer and guardian responses, such as 85% of consumers were in agreement that they knew how to get help in an emergency, while 57% of guardians were in agreement. Due to the possible confusion with having consumers and guardians completing the same survey, it has been proposed to mail a survey specifically for guardians next year.

Special thanks to Christa Person, social work intern from Luther College, for her development, implementation, and initial analysis of the data for this project.

Attachment A

**ALLAMAKEE COUNTY
MENTAL HEALTH & DEVELOPMENTAL DISABILITIES SERVICES
CENTRAL POINT OF COORDINATION OFFICE
110 Allamakee Street
Waukon, IA 52172
563.568.6227
jheikes@co.winneshek.ia.us**

April 15, 2009

Dear Consumer or 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 22, 2009**. 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 2009.

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--Consumer or Guardian Survey

Instructions: Please fill in the circle that best reflects your opinion about each question. This survey is voluntary, and there will be no penalty if you choose not to participate. Your answers are confidential. Please return the completed survey in the enclosed envelope by **Wednesday, April 22nd**. Thank you for your time and input. Check here if you are the consumer's legal guardian:

	Strongly Agree	Agree	Neutral	Disagree	Strongly disagree
	1	2	3	4	5
1. My medications are right for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I have safe living arrangements.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I know how to get help in an emergency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I feel included in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I have found a job or volunteer activities that fit my needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I have interesting things to do in my free time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I attend religious events when I want to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. The services I receive help me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I have not been denied services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Overall, I am satisfied with the agencies I use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please write in the agencies you use:

- 1 _____
- 2 _____
- 3 _____
- 4 _____

Did someone help you complete this survey?

- Yes, a friend or relative
- Yes, my case manager
- Yes, an employee of an agency where I receive services
- No, I completed it myself

Other Comments or Suggestions?

**Name (Optional)
Number:**

Phone

Appendix C Allamakee County Provider Survey Data

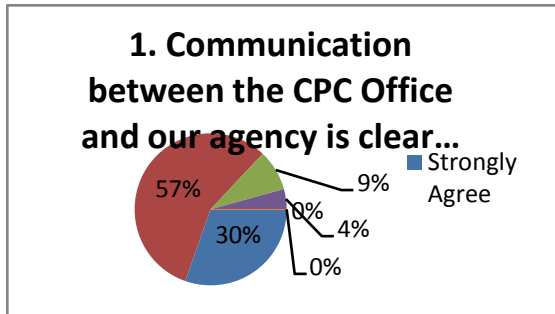
CPC Office of Allamakee County May 2009

On April 16, 2009, 44 surveys were sent out to the providers of the CPC Office of Allamakee County. The survey included nine 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. 23 surveys (52% response rate) were returned by May 4th.

The nine 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).

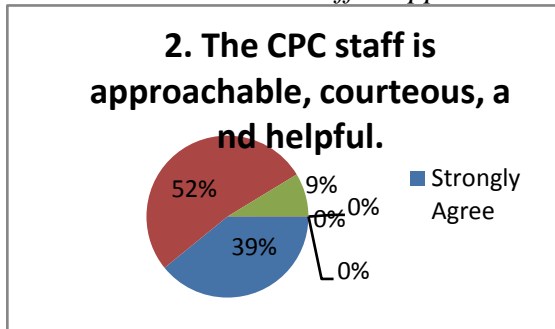
Statements 1, 2, 5, 7, and 8 addressed matters of CPC administrative clarity and timeliness.

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



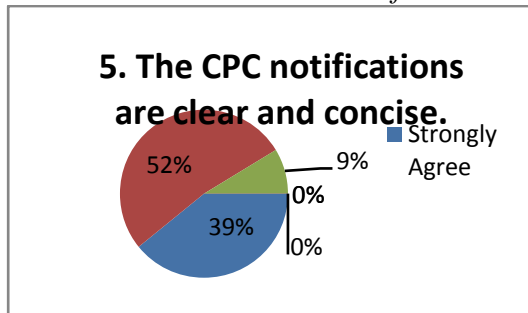
87% of providers strongly agreed or agreed that communication with the CPC Office is clear and timely. 4% of providers disagreed with this statement. The agreement response increase 4% from FY08.

Statement 2: The CPC staff is approachable, courteous, and helpful.



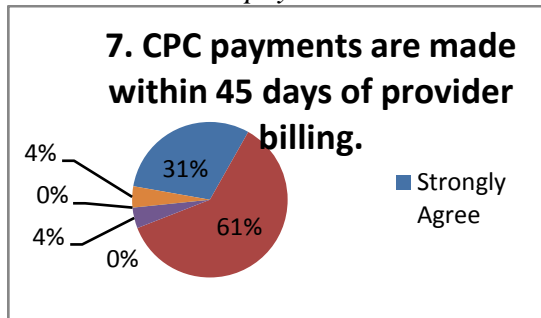
91% of providers either strongly agreed or agreed that “CPC staff is approachable, courteous, and helpful” in Allamakee County. There were no providers that responded negatively to this statement. These statistics are identical to FY08.

Statement 5: CPC service notifications are clear and concise.



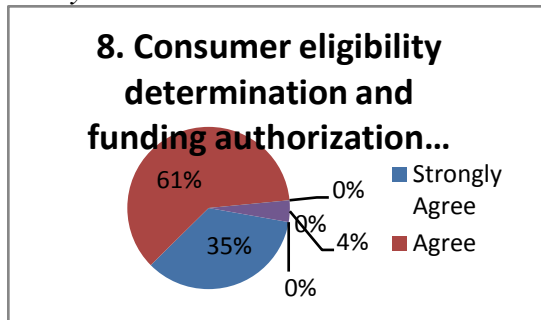
91% of providers also responded in agreement with the statement, “the CPC notifications are clear and concise.” The agreement response increased 16% from FY08 to FY09. No providers responded in disagreement to the statement.

Statement 7: CPC payments are made within 45 days of providing billing.



92% of providers responded positively to the statement, “CPC payments are made within 45 days of provider billing.” This response has stayed the same since FY08. Yet, 4% of providers negatively responded to the statement regarding provider billing, which is a 4% increase in comparison to FY08.

Statement 8: Consumer eligibility determination and funding authorization are processed in a timely manner.

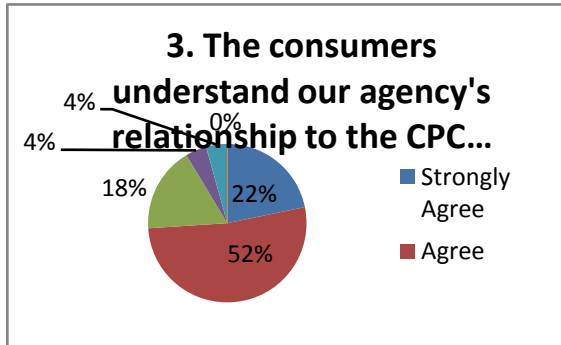


96% of providers reported that they strongly agreed or agreed with the statement, “consumer eligibility determination and funding authorization are processed in a timely manner.” This is a

4% increase from FY08. However, 4% of providers disagreed with this response, which was 0% in FY08.

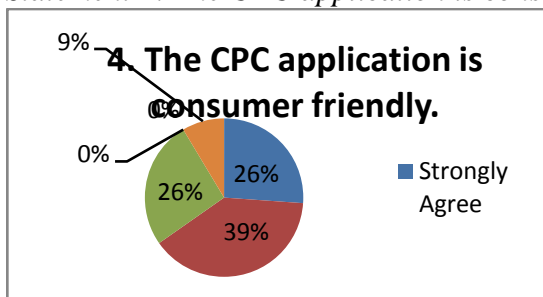
Statements 3, 4, 6, and 9 addressed matters of consumers' connection to the larger system.

Statement 3: The consumers understand our agency's relationship to the CPC Office.



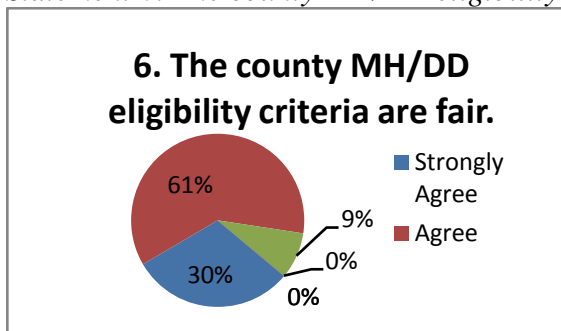
74% of providers responded positively to consumers understanding of the relationship between their agency and the CPC Office. However, 8% of providers responded negatively toward this statement. In FY08, 75% of providers agreement with this statement, which is a 1% response increase. The disagreement response from FY08 to FY09 remained the same.

Statement 4: The CPC application is consumer friendly.



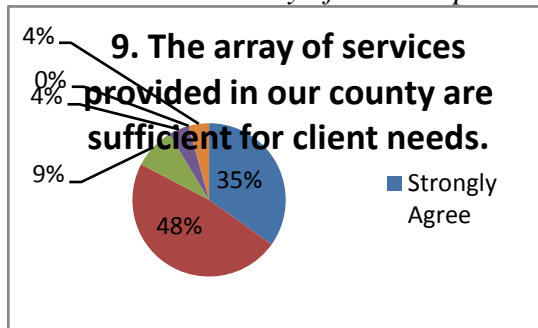
On the statement, “the CPC application is consumer friendly,” 65% of providers agreed or strongly agreed. This is a 8% increase from FY08.

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



In regards to county MH/DD eligibility being fair, 91% of providers agreed or strongly agreed. This is almost an 8% increase from FY08. There were no providers that responded negatively toward this statement either year.

Statement 9: The array of services provided in our county are sufficient for clients needs.



82% of providers answered positively to the concluding statement, “the array of services provided in our county are sufficient for client needs.” This is a 7% increase from FY08 regarding the same statement. 4% of providers disagreed or strongly disagreed with the sufficiency of provided services; however, this is almost a 13% decrease from FY08.

According to data gathered from the surveys, providers in Allamakee County feel best about CPC approachability, clarity, timeliness, and eligibility. Statements 2, 5, 7, and 8 have provider agreement above 90%. Provider disagreement was linked to application friendliness and consumers understanding of agency’s relationship to the CPC Office. Statements 3 and 4 have less than a 75% agreement response rate.

In FY08, statement 5 regarding clarity and consistency and statement 9 regarding sufficiency of services had the lowest agreement response rate (under 70%). Statement 9 increased to 83% provider agreement. Statement 5 increased to 91% agreement, which is now one of the highest positive responses about the CPC Office.

The following comments were included in the survey responses:

“Please let agencies know if denying a bill and why.”

“The consumers do not understand case management’s role vs. CPC role – providers also have difficulty with this.”

Special thanks to Christa Person, social work intern from Luther College, for her development, implementation, and initial analysis of the data for this project.

Attachment A

**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**

April 16, 2009

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, 2009**. 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 2009.

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.

	Strongly Agree	Agree	Neutral	Disagree	Strongly disagree
	1	2	3	4	5
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: