

Henry County Mental Health Services Management Plan
Annual Report for Fiscal Year 2011
July 1, 2010 through June 30, 2011

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Mission Statement

Henry County strives to provide citizens with disabilities the opportunity to receive individualized services, coordinated by qualified team members, that emphasize quality of life, informed choices, and cost effectiveness in the least restrictive environment possible while promoting increased independence and positive involvement with the community.

Henry County Annual Report of Mental Health Services Fiscal Year 2011

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■ SECTION I

Introduction

Sarah Kaufman is the Central Point of Coordination Administrator for Henry County. The Central Point of Coordination office is located at 106 N Jackson Street, Mt Pleasant, Iowa 52641. Business hours are 8:00 a.m. to Noon and 1:00 p.m. to 4:30 p.m., Monday through Friday. The office telephone number is 319-385-4050, fax machine telephone number is 319-385-1948 and e-mail can be sent to: skaufman@henrycountyiowa.us. The Central Point of Coordination has a page on the official Henry County web page at www.henrycountyiowa.us the page can be found under office info.

The goal of this report is to explain how the Central Point of Coordination Administrator implemented the Henry County MH DD Management Plan and state requirements in the provision of funding for mental health services for eligible consumers, identify the types of services Henry County funded, identify the providers serving consumers, what is done to insure we are funding quality services and what we do to involve stakeholders in the decisions Henry County implements for mental health funding.

During the last half of fiscal year 2011 the Iowa Legislature began their 2011 session in January and early in session undertook the issue of how the state of Iowa funds services for citizens with mental illness and intellectual disabilities.

In April 2011 Senate File 209 (SF 209) enacted legislation providing for the reform of the publicly funded adult mental health and intellectual and other developmental disability services system and to implement a new service system structure by July 1, 2013. SF 209 repeals, effective July 1, 2013, the county ability to levy property taxes for county mental health, mental retardation and developmental disabilities service fund. SF 209 repeals, effective July 1, 2013, the central point of coordination process. SF 209 repeals, effective July 1 2013, the state payment to counties for the property tax relief and allowable growth. SF 209 does not repeal county responsibility to fund mandated adult mental health and intellectual and other developmental disability services.

When some legislators were asked why a system would be dismantled before a new system was developed they gave a simple answer saying the old system needed to be sunset (a definite end date) to ensure a new system design had the momentum to be developed. Given that it takes complex government systems time to implement change this was a good answer to the question.

Passing legislation to establish the foundation for redesign proved to be a more difficult undertaking. The House and Senate despite many attempts were unable to pass legislation during session. Senate File 525 (SF 525) which established legislative intent to redesign adult disability services in Iowa was passed through a conference committee. A simple description of a conference committee is when the House and Senate send equal numbers of Republicans and Democrats from each chamber to work out a compromise; once the compromise is reached the legislation goes to the Governor to sign.

The overall plan for redesign in Senate File 525 would be for the state to assume all funding responsibility for the nonfederal share of adult disability services paid by the

Medicaid program, reorganize non-Medicaid services to a regional administration and replace legal settlement as the basis for determining financial responsibility for services. A legislative interim committee was to establish a plan for revising disability services for adults and that would be accomplished by the establishment of workgroups. The workgroups would be in the areas of brain injury services, mental health services, intellectual disability services, regional administration and services for children.

Henry County will host stakeholder meetings during fiscal year 2012 to provide information on the progress of redesign. This will allow interested citizens the opportunity to understand anticipated service system improvements and provide feedback on how they would like system to better meet consumer needs.

■ SECTION II Strategic Plan Goal Analysis

A) Progress Towards Goals and Objectives

Goal 1:

Review the involuntary commitment protocol in Henry County and implement a prescreening process

A report was completed on December 1, 2009 and a possible protocol was developed which would include the Central Point of Coordination Administrator meeting with individuals filing the commitment to explain the process and gather initial information on the mental health funding application. Next would be a mental health assessment at the mental health center; the respondent would be transported by the sheriff. If the mental health assessment determined a need for inpatient psychiatric treatment the respondent would be taken to the emergency department at the local hospital and a medical screen would be completed.

This goal, though not achieved, has been completed.

Goal 2:

Promote consumer advocacy and involvement with the legislative process

Henry County held a stakeholders meeting in December 2010 at the Role Recovery Center, Community Integration Program, FLEX Services and Insight Human Services residential care facility. A topic for this meeting was voting and talking with Legislators on issues consumers find important to them. Consumers were provided information about the legislative issues county government was going to focus on during the 2011 Legislative session, a current newsletter & the web site for Disability Rights Iowa was provided, the ID Action web site was provided and information on how to contact Legislators was discussed.

I invited consumers to attend a local Legislative Forum with me which was held on February 26, 2011. I did not have any consumers attend this Forum with me.

The Legislative Session of 2012 will again take up the issue of redesign. Meetings will be held to provide stakeholders an opportunity to learn about progress towards redesign, what the foundation of redesign is beginning to look like and offer them an opportunity to learn how to let Legislators know how redesign can best help them access funding for services they need.

This goal will continue to be worked on in fiscal year 2012 and the action steps include:

- Continue to present information at the Recovery Center, Community Integration Program and Henry County Care Facility sharing information about advocacy and legislative involvement and invite consumers to become involved in making a legislative impact.
- Send out a list of current legislators for our area to consumers, their family members and provider network.
- Send out a letter asking consumers to become involved and how they want to be informed about legislative issues that need their attention and input.
- During the legislative sessions conduct meetings to inform consumers of the issues.
- Provide all consumers with a list of helpful advocacy tools.
- Invite consumers to attend mini-workshops on advocacy basics to get them prepared for the legislative session in 2012.
- Arrange for consumers to attend legislative Saturday forums in our community.
- Host a legislative meet and greet with our local legislators and consumers.
- Host a trip to Des Moines on the Advocating Change Day in 2012.

Goal 3:

Implementation of functional/diagnostic eligibility standards

Statewide progress on this goal has not yet happened. The Department of Human Services has drafted the Olmstead Plan for Mental Health and Disability Service which is a comprehensive report outlining the direction the State of Iowa will take to ensure people are not forced to live in institutional settings to access services. The plan includes exploring the use of standardized functional assessment tool to determine service and support needs for people with intellectual disabilities, mental illness and brain injury. A standard assessment tool is also part of the discussion for the mental health and disability services system redesign.

Henry County agrees a standard assessment tool should be used statewide and will be a ready partner when this process can begin. At this time an implementation plan for Henry County remains undetermined.

B) *Appeals*

Henry County had no appeals filed in fiscal year 2011.

C) Quality Assurance

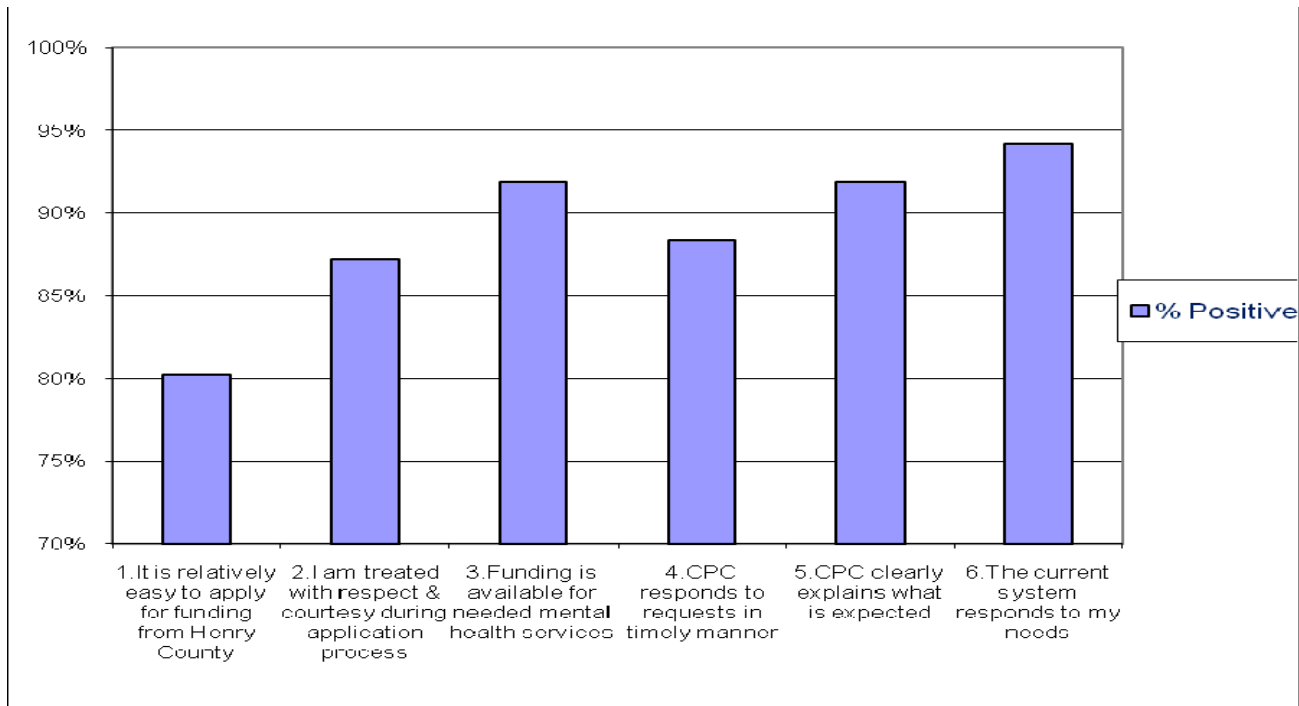
During this fiscal year the Henry County Central Point of Coordination (CPC) administrator surveyed the process with which people can access funding through our office. We sent surveys to consumers and providers and have displayed the results in graph format.

Survey results show overall access to funding through the Henry County CPC office is user friendly. In both the consumer and provider surveys we got results showing room for improvement. We review our current process on the areas of improvement indicated and implement changes when it is practical to do so.

For example we had providers indicate they were unsure or disagreed that the agency understands the MH/DD Management Plan. A copy of the Henry County Management Plan was sent to all local providers and included a letter offering to provide a staff in-service to go over our management plan. We did not have any providers request a staff in-service.

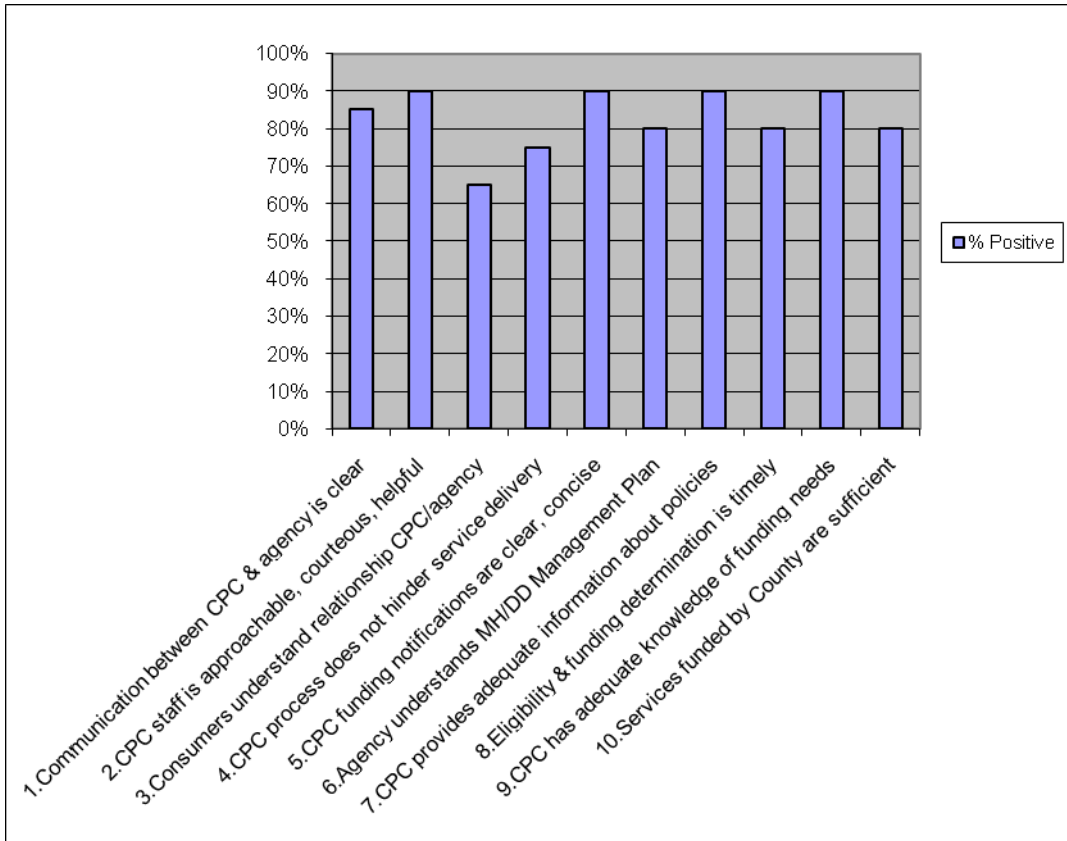
CPC/Consumer Quality Assurance Results 2011

	% Positive	Total	Agree	Not Sure	Disagree
54% completed and returned QA Survey					
1.It is relatively easy to apply for funding from Henry County	80%	86	69	12	5
2.I am treated with respect & courtesy during application process	87%	86	75	10	1
3.Funding is available for needed mental health services	92%	86	79	6	1
4.CPC responds to requests in timely manner	88%	86	76	10	
5.CPC clearly explains what is expected	92%	86	79	7	
6.The current system responds to my needs	94%	86	81	3	2



CPC/Provider Quality Assurance 2011

	% Positive	Total	Agree	Not Sure	Disagree
28 Sent; 20 Completed and Returned (71%)					
1.Communication between CPC & agency is clear	85%	20	17	2	1
2.CPC staff is approachable, courteous, helpful	90%	20	18	1	1
3.Consumers understand relationship CPC/agency	65%	20	13	7	
4.CPC process does not hinder service delivery	75%	20	15	3	2
5.CPC funding notifications are clear, concise	90%	20	18		2
6.Agency understands MH/DD Management Plan	80%	20	16	3	1
7.CPC provides adequate information about policies	90%	20	18	2	
8.Eligibility & funding determination is timely	80%	20	16	1	3
9.CPC has adequate knowledge of funding needs	90%	20	18	1	1
10.Services funded by County are sufficient	80%	20	16	4	



The Henry County CPC administrator and assistant administrator attend multiple continuing education conferences, trainings, and professional affiliate meetings to ensure that Henry County and CPC staff are following best practices and implementing compliance with all applicable state and federal laws.

The consumer needs survey will be sent to consumers in November 2011. The results are shared with the Henry County Board of Supervisors and stakeholders for policy making. This allows Henry County to efficiently & effectively meet consumer needs in the least restrictive and most cost effective setting available.

Henry County has been working with Des Moines, Lee, Louisa, Keokuk, Muscatine, Van Buren and Washington Counties to develop a joint MH/DD services management plan. This plan will implement consistent eligibility standards and operating practices across the 8 counties. This approach allows for peer review of county operating practices and provides quality assurance for the central point of coordination function. Quality assurance expectations of providers will also be consistent across the 8 counties when the joint plan is implemented.

D) *Waiting List*

Henry County did not have a waiting list for service funding in fiscal year 2011.

SECTION III
Service Matrix of Services Funded

SERVICE DESCRIPTION	MI	CMI	MR	DD
Administrative Expense	X	X	X	X
Information and Referral	X	X	X	X
Consultation	X	X		
Public Education Services	X	X		
Advocate	X	X	X	
Legal Representation for Commitment	X	X		
Law Enforcement Transportation for Commitment	X	X	X	
Inpatient State Mental Health Institution	X	X	X	
Inpatient Community Hospital	X	X		
Inpatient State Hospital Schools			X	
Outpatient Services	X	X	X	
Medication Management	X	X		
Psychotropic Medication Only	X	X		
Evaluation	X	X		
Emergency Services	X	X		
Community Support Programs Recovery Center	X	X	X	X
Residential Care Facility for the Mentally Ill (RCF/PMI License) 6 & over Beds		X		
Case Management Medicaid Match		X	X	X
Case Management 100% County Funded		X	X	X
Representative Payee		X	X	X
Transportation (Non-Sheriff)		X	X	X
Respite			X	
Home/Vehicle Modification			X	
Residential Care Facility for the Mentally Retarded(RCF/MR License) 6 & over Beds			X	
Intermediate Care Facility for the Mentally Retarded (ICF/MR License) 6 & over Beds			X	
Residential Care Facility (RCF License) 6 & Over Beds		X	X	
Supported Community Living		X	X	X
Sheltered Workshop Services		X	X	
Work Activity Services		X	X	
Supported Employment Services		X	X	X
Adult Day Care	X	X	X	X

Provider Network of Services Funded

Service	Providers
Administration	Henry County
Outpatient Services including, therapy, medication management, evaluation & testing, group therapy and emergency services.	Abbe Center for Community Mental Health Black Hawk Grundy Mental Health Center Bridgeway Inc. Broadlawns Medical Center

	Life Solutions Behavioral Health Services Great River Behavioral Health Henry County Public Health Hillcrest Family Services Mental Health Center Midwest Iowa Community Mental Health Center University of Iowa Hospitals and Clinics
Hospitalization	Great River Medical Center Keokuk Area Hospital Mercy Medical Center Satayn Kantamneni MD St. Luke's Hospital Mental Health Institute Mt Pleasant & Independence University of Iowa Hospital
Advocate Services	8B Patient Advocate
Legal Representation	Local Attorney's
Transportation	City of Cedar Rapids Genesis Development Corp Southeast Iowa Bus (SEIBUS) Washington County Mini Bus 10-15 Transit Henry County Sheriff Sheriff Departments in other counties SIACC Juvenile Project (Crime Commission)
Case Management	Warren County DHS Case Management Southeast Iowa Case Management WHW Social Services
Service Coordination	Henry County Central Point of Coordination
Representative Payee Services	Insight Human Services
Adult Day Program	City of Cedar Rapids- Time Check Chatham Oaks Christian Opportunity Center Genesis Development Corp Hope Haven Insight Human Services Iowa Home Based Services Lending Hands Adult Daycare Optimae Life Services Taylor Ridge Estates Inc. Tenco Inc.
Psychotropic Mediations	Local Pharmacy's
Supported Employment	Goodwill Industries Hope Haven Opportunity Village Systems Unlimited Van Buren Job Opportunities
Work Activity	Hope Haven Christian Opportunity Center
Sheltered Workshop Services	Goodwill Industries Hope Haven Opportunity Village Tenco Inc.
Supported Community Living	Center Village RCF Chatham Oaks Christian Opportunity Center Consumer Choices Option-Veridian Credit Union Country Haven RCF Crest Services/American Baptist Homes Goodwill Industries Inc.

	Hillcrest Family Services/Highland Place Home Caring Services Hope Haven Insight Human Services Iowa Home Based Services Mayor's Youth Empowerment Optimae Life Services Opportunity Village REM Iowa Community Services Successful Living Systems Unlimited Taylor Ridge Estates Inc, WCDC Inc.
Respite	Insight Human Services Optimae Life Services
Residential Care Facility Services (includes RCF, RCF/MR, RCF/PMI, and ICF/PMI)	Abbe Center for Community Mental Health Cedar Valley Ranch Hillcrest Family Services Highland Place Insight Human Services Mediapolis Care Facility Taylor Ridge Estates Inc.
ICF/MR	Harmony House Hope Haven Glenwood and Woodward Resource Centers

■ SECTION IV *Stakeholder Involvement*

Working directly with consumers is important to the Henry County CPC Administrator. Attending consumer team meetings allows the CPC the opportunity to meet with consumers and their team members. This fiscal year the CPC Administrator attended 67 consumer team meetings.

Working directly with our providers is important to the Henry County CPC Administrator. During the course of this fiscal year the CPC Administrator attended meetings with providers to share system information, county budget information, assist with development of new services and to work together collaboratively to meet consumer service needs with the most efficiency possible.

The Henry County CPC is also on the Healthy Henry County Communities Board, Community Partnerships for Protecting Children Board and Foster Care Review Board. Involvement in these organizations enables the CPC to learn about community needs, community resources and to be a resource as well. These Boards meet monthly or every other month.

The CPC attends quarterly meetings with Southeast Iowa Regional Transit, the transportation provider serving Henry County and Citizen Advisory Board meetings at the Mt Pleasant Mental Health Institute. The purpose of the meetings is to bring catchment counties together to improve service delivery.

The CPC was on a committee that worked with Henry County Public Health to complete a community health needs assessment looking at community health needs and healthy behavior support programs.

The Henry County CPC office has also partnered with Indian Hills Community College to allow nursing students to spend one or two days at the CPC office learning about the mental health system at the county level. A presentation was made in October 2010 to Iowa Wesleyan students who are pursuing an education degree and we discussed the interface into the adult disability service system.

During the month of December 2010 the CPC office hosted stakeholder meetings at Hope Haven FLEX Services, the Role Recovery Program, the Community Integration Program, at Insight Human Services residential care facility and a public meeting. These meetings were held where consumers receive services in group settings to engage the consumers in a stakeholder meeting. During these December meetings we went over the fiscal year 2010 annual report, the fiscal year 2011 budget, the fiscal year 2012 proposed budget and voting & talking with Legislators about issues that are important to our consumers.

In June 2011 Henry County hosted a joint stakeholders meeting with counties of Des Moines, Lee, Louisa, Keokuk, Van Buren and Washington. At this meeting information about the 2011 Legislative session and mental health intellectual disability system redesign was shared. Attendees were given a MHDD System Survey to complete to gather their input on system redesign. The results of the survey are included at the end of this report.

Attendance at the various meetings follows:

FY11	Attendance at the meetings
Providers	113
Family Members	21
Consumers	62
Citizens/Other	27

SECTION V

Fiscal Year 2011 Expenditure Data

County Dollars Spent by COA Code and Disability Type

For Henry County FY: 2011

Account	Code	Mental Illness	Chronic Mental Illness	Mental Retardation	Developmental Disability	Admin	Total
11100	Direct Admin - Salary Regular Employees	\$59,450.55				\$43,597.07	\$103,047.62
11110	Direct Admin - FICA - County Contribution	\$4,413.19				\$3,238.13	\$7,651.32
11111	Direct Admin - IPERS- County Contribution	\$4,131.75				\$3,029.95	\$7,161.70
11113	Direct Admin - Employee Group Hlth Insurance - County Contribution	\$20,276.90				\$13,904.16	\$34,181.06
11260	Direct Admin - Stationary/Forms/General Office Supplies	\$638.17				\$546.29	\$1,184.46
11412	Direct Admin - Postage & Mailing	\$660.00					\$660.00
11413	Direct Admin - Mileage & Other Travel Expenses	\$786.88				\$124.44	\$911.32
11414	Direct Admin - Telecommunications Services	\$474.18	\$23.65			\$413.62	\$911.45
11422	Direct Admin - Educational & Training Services	\$372.00				\$50.00	\$422.00
11447	Direct Admin - Miscellaneous (Repair & Maintenance)	\$5,024.74				\$148.35	\$5,173.09
11480	Direct Admin - Dues & Memberships Services	\$50.00					\$50.00
11632	Direct Admin - Information Technology Hardware (Machinery & Equipment)					\$71.00	\$71.00
11636	Direct Admin - Office Equipment & Furniture					\$399.00	\$399.00
21374	Case Management - T19 Match		\$5,649.70	\$26,656.57			\$32,306.27
21375	Case Management - 100% County		\$7,270.02		\$9,090.97		\$16,360.99
31351	Transportation – Bus		\$2,425.89		\$322.83		\$2,748.72
31354	Transportation – General		\$5,787.20	\$16,771.43	\$848.22		\$23,406.85
32322	Support Services - Home Management Services (include PERS)			\$18.89			\$18.89
32325	Support Services – Respite			\$1,569.70			\$1,569.70
32327	Support Services - Representative Payee		\$2,532.60	\$1,401.20	\$542.40		\$4,476.20

32328	Support Services - Home/Vehicle Modification			\$955.08			\$955.08
32329	Support Services - Supported Community Living		\$3,618.77	\$503.80	\$7,913.80		\$12,036.37
32399	Support Services – Other		\$70,440.85	\$36,151.80			\$106,592.65
41306	Physiological Treatment - Prescription Medicine/Vaccines	\$566.72	\$19,611.16				\$20,177.88
42305	Psychotherapeutic Treatment – Outpatient	\$93,841.39	\$51,460.79	\$105.00			\$145,407.18
42363	Psychotherapeutic Treatment - Day Treatment Services		\$78.32				\$78.32
43301	Evaluations (Diagnostic) NOT related to Commitments	\$375.00					\$375.00
44399	Rehab Treatment – Other		\$361.76	\$500.65	\$3,796.39		\$4,658.80
50360	Voc/Day - Sheltered Workshop Services		\$6,784.87	\$23,974.74			\$30,759.61
50362	Voc/Day - Work Activity Services		\$73.45	\$5,800.22			\$5,873.67
50367	Voc/Day - Adult Day Care	\$947.36	\$10,029.93	\$61,648.69	\$2,207.27		\$74,833.25
50368	Voc/Day - Supported Employment Services		\$37.90	\$9,933.87	\$766.67		\$10,738.44
63329	Comm Based Settings (1-5 Bed) - Supported Community Living		\$5,279.73	\$455,046.29			\$460,326.02
64314	Comm Based Settings (6+ Beds) – RCF		\$82,799.31	\$17,321.70			\$100,121.01
64316	Comm Based Settings (6+ Beds) - RCF/PMI		\$2,609.72				\$2,609.72
64318	Comm Based Settings (6+ Beds) - ICF/MR			\$50,792.02			\$50,792.02
65314	Comm Based Settings (16+ Beds) – RCF		\$112,048.73	\$2,201.10			\$114,249.83
65316	Comm Based Settings (16+ Beds) - RCF/PMI		\$20,459.41				\$20,459.41
71319	State MHI Inpatient - Per diem charges	\$2,195.01	\$20,501.42				\$22,696.43
72319	State Hospital Schools - Inpatient per diem charges			\$196,906.58			\$196,906.58
73319	Other Priv./Public Hospitals - Inpatient per diem charges	\$34,407.16	\$14,782.92				\$49,190.08
74353	Commitment - Sheriff Transportation	\$5,911.46	\$7,233.09	\$77.06			\$13,221.61
74393	Commitment - Legal Representation	\$3,506.34	\$2,071.10				\$5,577.44
74395	Commitment - Mental Health Advocates	\$2,225.00	\$67,262.22	\$72.90			\$69,560.12
75395	Mental Health Advocate – General		\$-191.75				\$-191.75
Total	County	\$244,275.30	\$517,021.26	\$908,409.29	\$25,488.55	\$65,522.01	\$1,760,716.41

Unduplicated Number of Persons Served by COA code and Disability Type

For Henry County FY: 2011

Age	Account	Code	Mental Illness	Chronic Mental Illness	Mental Retardation	Developmental Disability	Total
Adult	21374	Case Management - T19 Match		9	63	1	73
Adult	21375	Case Management - 100% County		6		4	10
Adult	31351	Transportation – Bus		9		3	12
Adult	31354	Transportation – General		13	37	3	53
Adult	32322	Support Services - Home Management Services (include PERS)			1		1
Adult	32325	Support Services – Respite			2		2
Adult	32327	Support Services - Representative Payee		7	3	1	11
Adult	32328	Support Services - Home/Vehicle Modification			1		1
Adult	32329	Support Services - Supported Community Living		8	6	3	17
Adult	32399	Support Services – Other		24	12		36
Adult	41306	Physiological Treatment - Prescription Medicine/Vaccines	6	43			49
Adult	42305	Psychotherapeutic Treatment – Outpatient	57	29	1		87
Adult	42363	Psychotherapeutic Treatment - Day Treatment Services		1			1
Adult	43301	Evaluations (Diagnostic) NOT related to Commitments	1				1
Adult	44399	Rehab Treatment – Other		6	1	4	11
Adult	50360	Voc/Day - Sheltered Workshop Services		4	18		22
Adult	50362	Voc/Day - Work Activity Services		1	6		7
Adult	50367	Voc/Day - Adult Day Care	1	11	39	4	55
Adult	50368	Voc/Day - Supported Employment Services		1	16	1	18
Adult	63329	Comm Based Settings (1-5 Bed) - Supported Community Living		2	46		48
Adult	64314	Comm Based Settings (6+ Beds) – RCF		8	1		9
Adult	64316	Comm Based Settings (6+ Beds) - RCF/PMI		1			1
Adult	64318	Comm Based Settings (6+ Beds) - ICF/MR			2		2
Adult	65314	Comm Based Settings (16+ Beds) – RCF		4	1		5
Adult	65316	Comm Based Settings (16+ Beds) - RCF/PMI		1			1
Adult	71319	State MHI Inpatient - Per diem charges	2	2			4
Adult	72319	State Hospital Schools - Inpatient per diem charges			6		6

Adult	73319	Other Priv./Public Hospitals - Inpatient per diem charges	8	7			15
Adult	74353	Commitment - Sheriff Transportation	19	15	1		35
Adult	74393	Commitment - Legal Representation	18	16			34
Adult	74395	Commitment - Mental Health Advocates	11	30	1		42
Child	74353	Commitment - Sheriff Transportation	1	1			2
Child	74393	Commitment - Legal Representation	5	1			6

**Persons Served - Age Group by Primary Diagnostic Category
For Henry County FY: 2011**

Disability Group	Children	Adult
Chronic Mental Illness	1	116
Mental Illness	5	83
Mental Retardation	0	74
Other Developmental Disabilities	0	8
Total	6	281

Mental Health System Growth / Loss Report

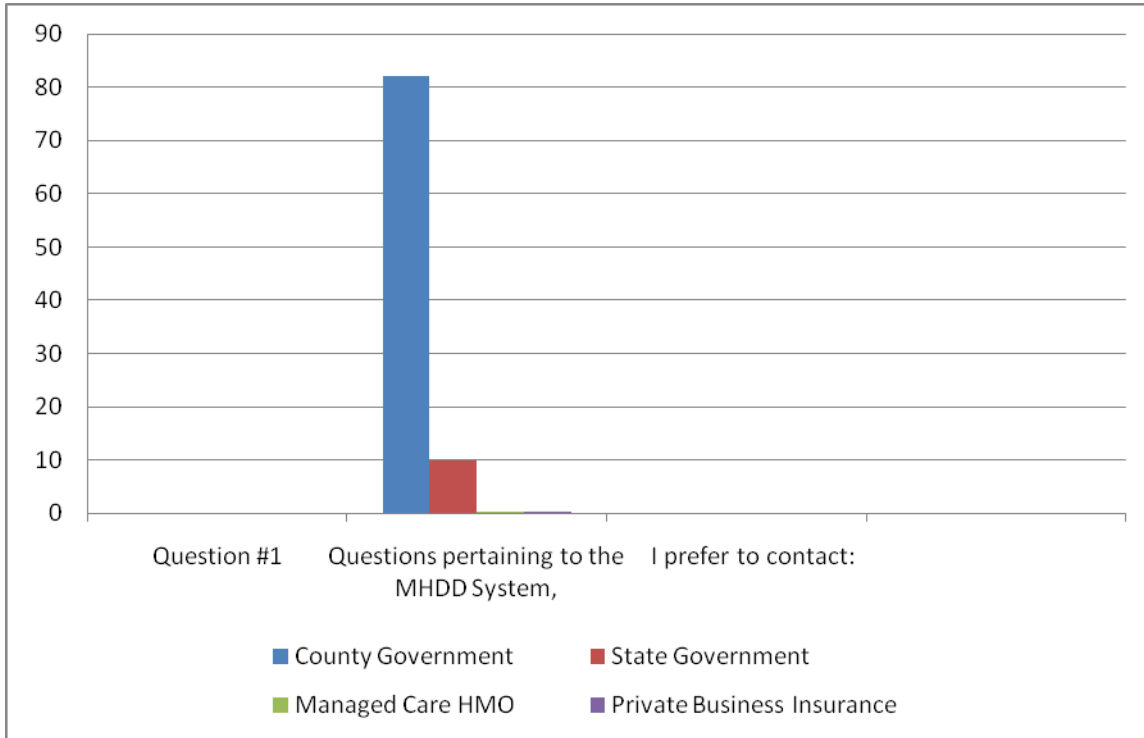
For Henry County FY: 2011

Disability Group	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Net Change
Chronic Mental Illness	72	79	79	81	9
Mental Illness	50	42	42	48	-2
Mental Retardation	66	68	65	65	-1
Other Developmental Disabilities	6	6	6	7	1
Total	194	195	192	201	7

MHDD SYSTEM SURVEY

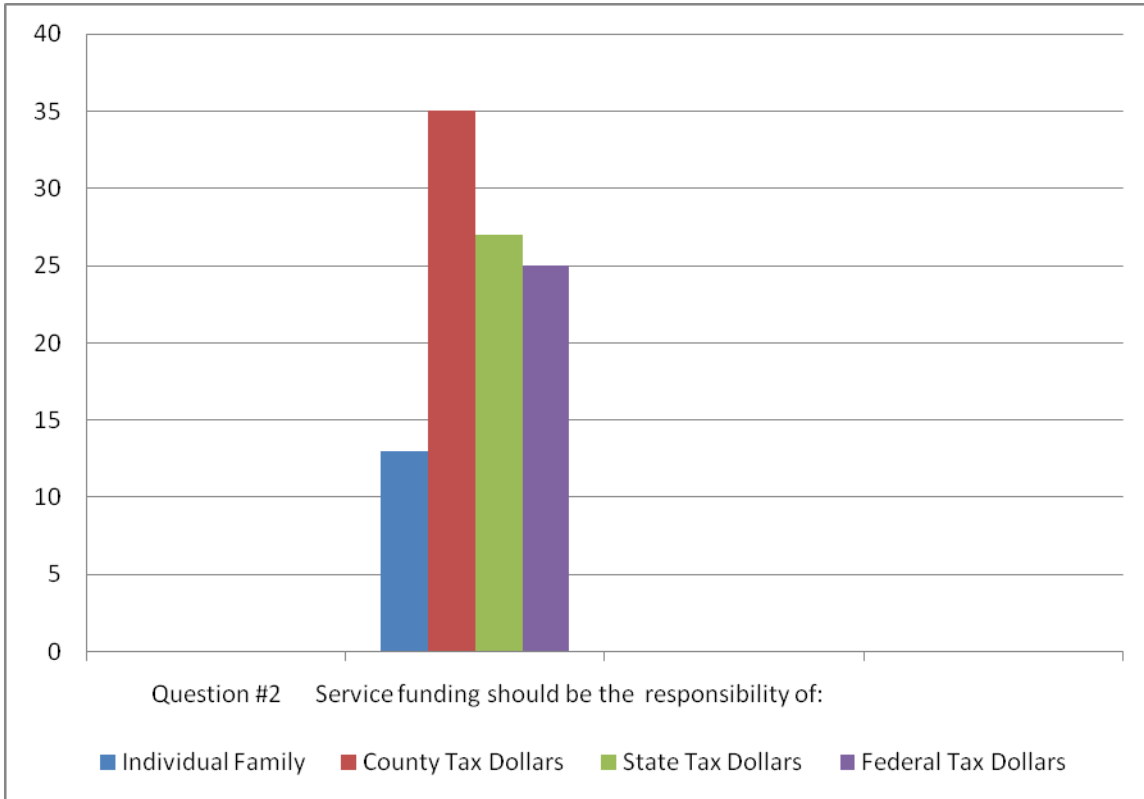
Question #1

Questions pertaining to the MHDD System,
I prefer to contact:



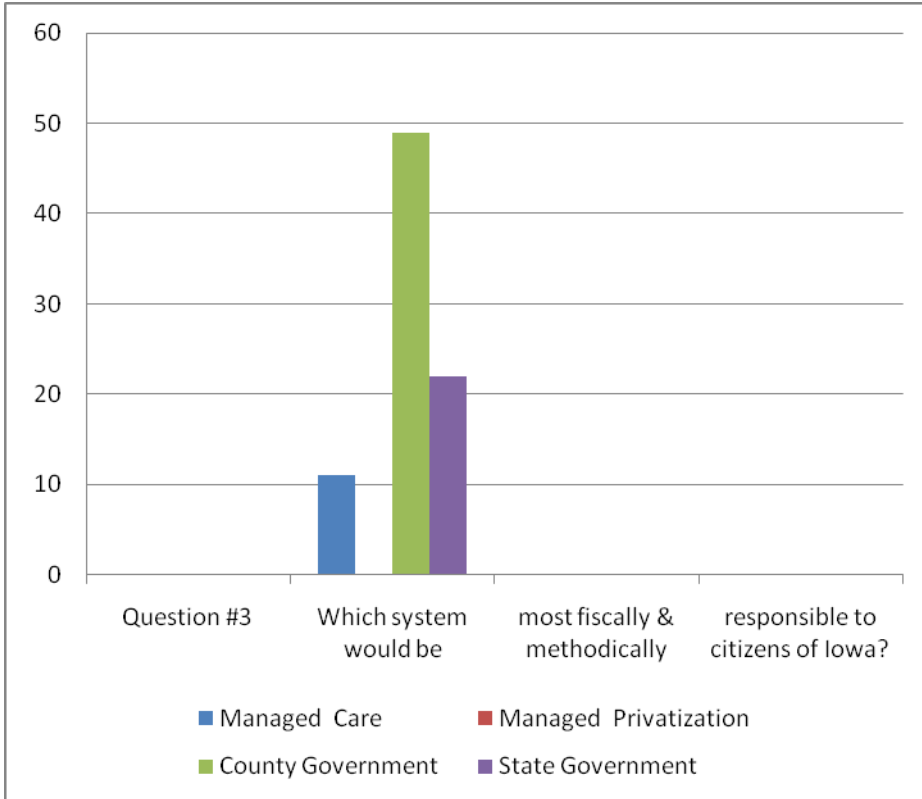
MHDD SYSTEM SURVEY

	Individual Family %	County Tax Dollars %	State Tax Dollars %	Federal Tax Dollars %
Question #2 Service funding should be the responsibility of:	13	35	27	25



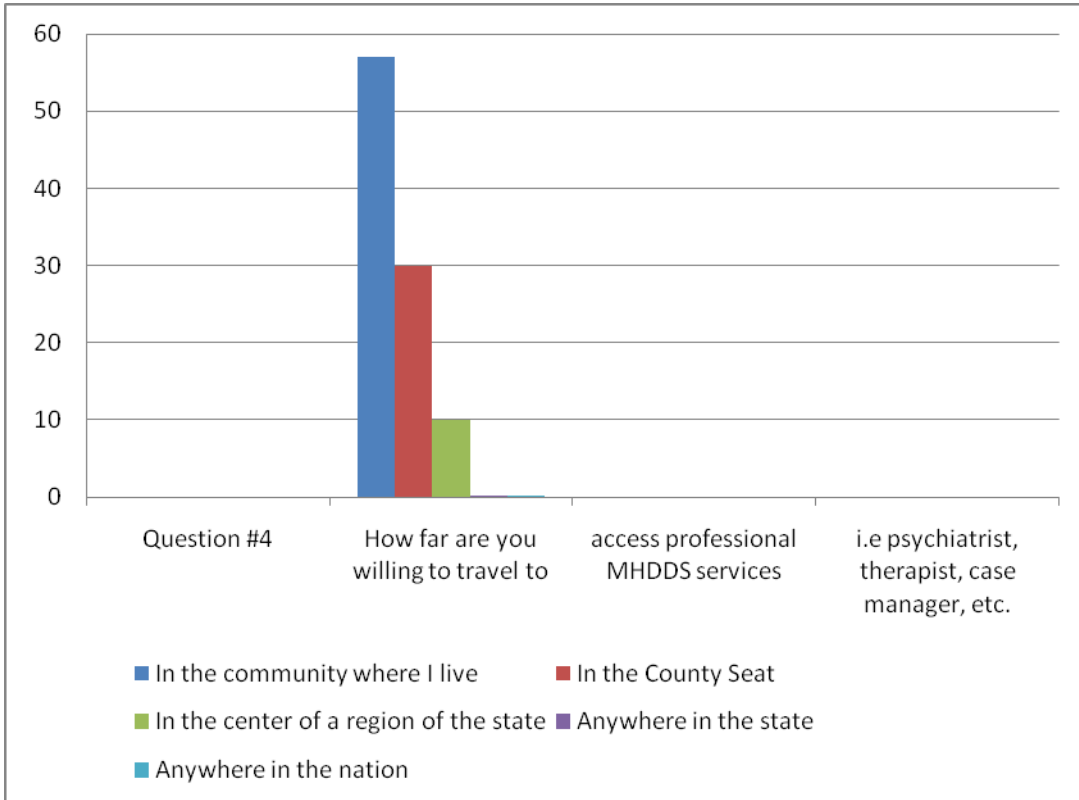
MHDD SYSTEM SURVEY

	Managed Care %	Privatization %	County Government %	State Government %	Federal Government	Other
Question #3 Which system would be most fiscally & methodically responsible to citizens of Iowa?	11	0.07	49	22	0.08	0.03



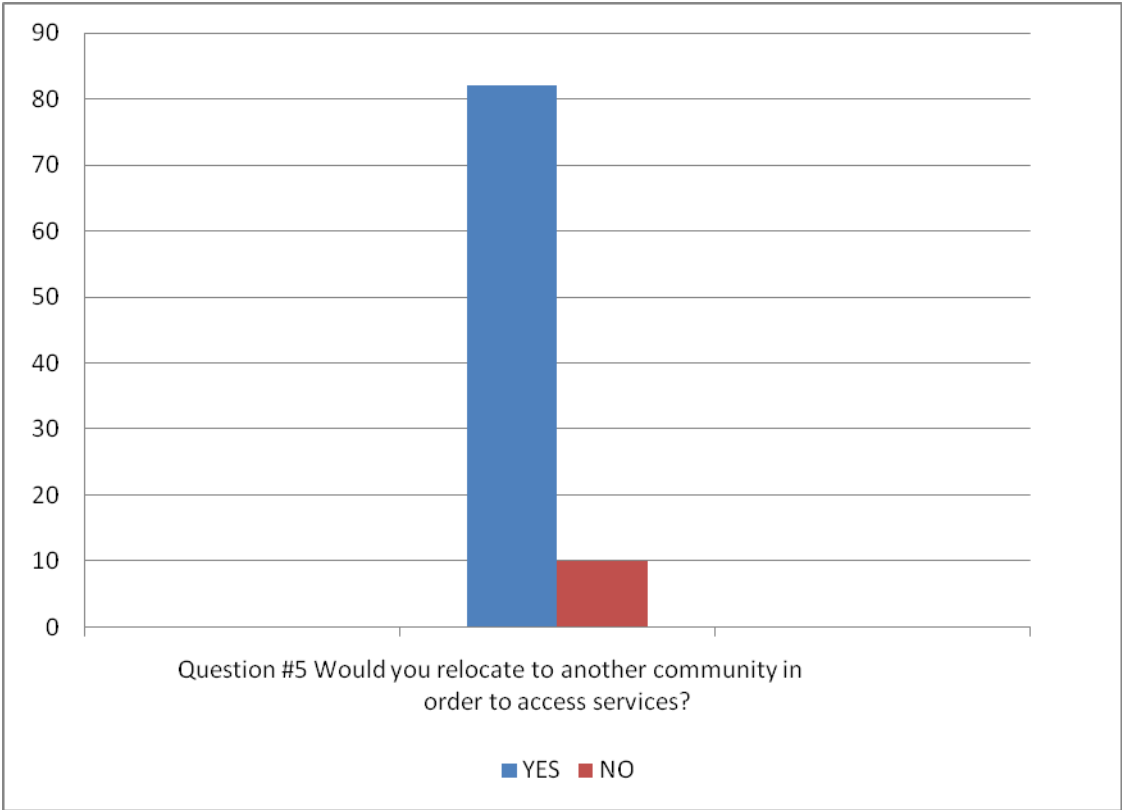
MHDD SYSTEM SURVEY

	In the community where I live %	In the County Seat %	In the center of a region of the state %	Anywhere in the state %	Anywhere in the nation %
Question #4 How far are you willing to travel to access professional MHDDS services i.e psychiatrist, therapist, case manager, etc.	57	30	10	0.023	0.008



MHDD SYSTEM SURVEY

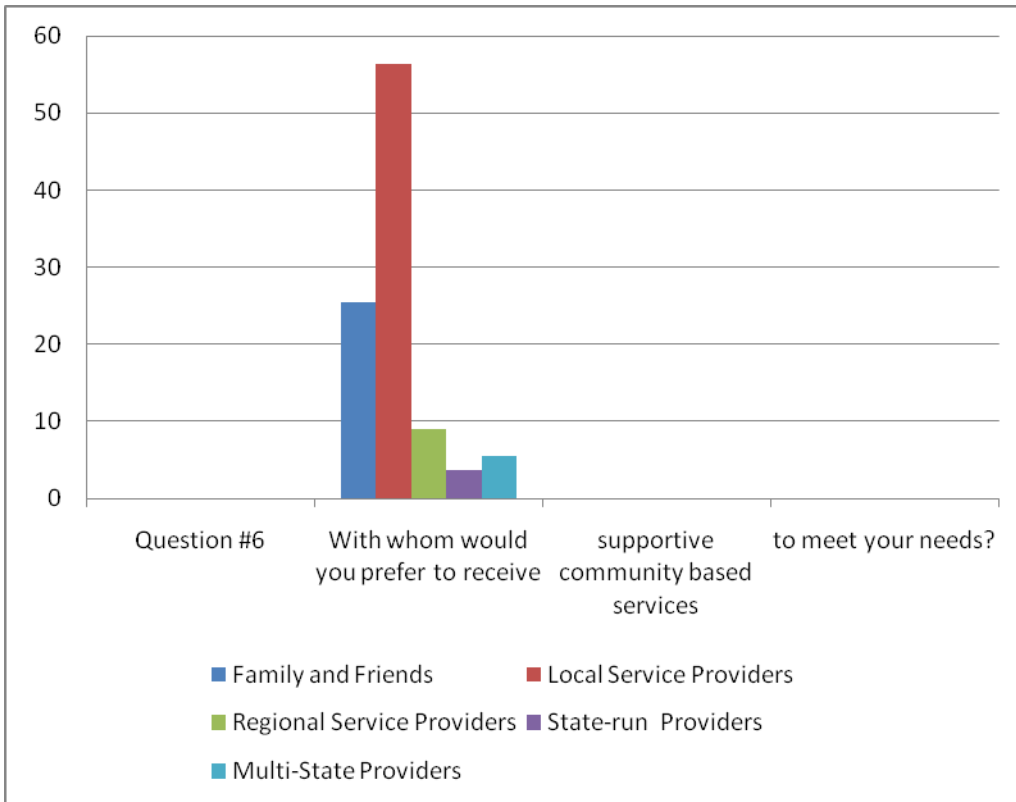
Question #5	YES	NO
Would you relocate to another community in order to access services?	82	10



MHDD System Survey

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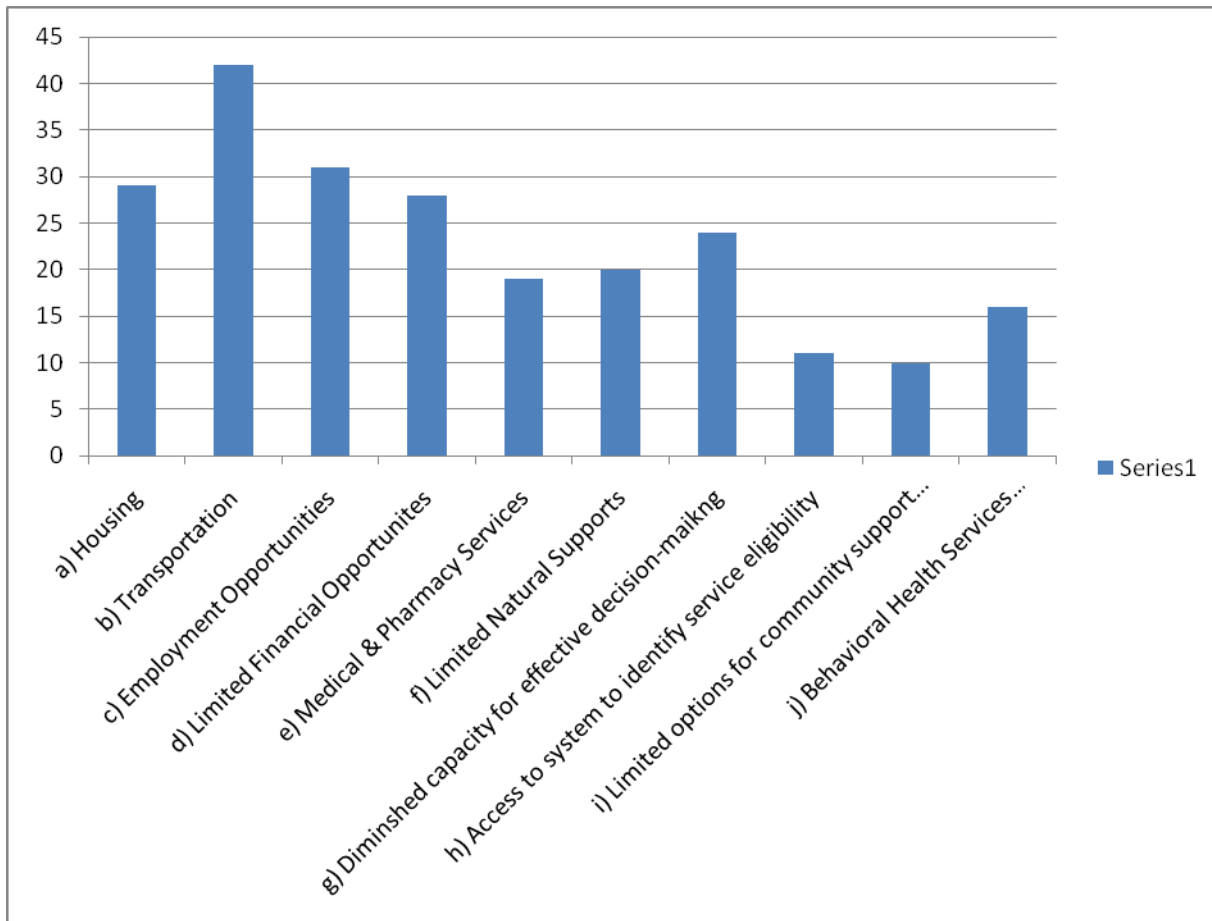
	Family and Friends %	Local Service Providers %	Regional Service Providers %	State-run Providers %	Multi-State Providers %
Question #6 With whom would you prefer to receive supportive community based services to meet your needs?	25.5	56.4	9	3.6	5.5



Question #7:

What are the top three challenges to people with disabilities in securing and maintaining independence in the living environment of their choice?

	# Responses
a) Housing	29
b) Transportation	42
c) Employment Opportunities	31
d) Limited Financial Opportunitess	28
e) Medical & Pharmacy Services	19
f) Limited Natural Supports	20
g) Diminished capacity for effective decision-making	24
h) Access to system to identify service eligibility	11
i) Limited options for community support services/life skills facilitation	10
j) Behavioral Health Services (therapy/counseling/skill development/intervention	16



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Question #8:

What are the key elements for developing a system of care to meet individual needs?

	# Responses
a) User Friendly system access	63
b) Service Coordination	54
c) Local input/decision making	39
d) Availability of professional services	48
e) Development of natural supports	22
f) Quantity of services available	38
g) Quality of services available	52
h) Expanded array of service and supports	52
i) Increased funding	37
j) Reduced bureaucracy	34
k) Multi-system coordination/transition	25
l) Expanded disability criteria/populations	14
m) Goals specific	23
n) Time limited	10
o) Measurable outcomes	20
p) Other	4

