

Henry County Mental Health Services Management Plan  
Annual Report for FY 2008  
July 1, 2007 through June 30, 2008

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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 FY 2008

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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.

This annual report has been developed to report Henry County Mental Health-Developmental Disability service delivery information for fiscal year 2008 which was from July 1, 2007 through June 30, 2008.

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, what we do to involve stakeholders in the decisions Henry County implements for mental health funding, provide data on how county dollars were spent, provide data on funding by diagnosis and show an unduplicated count of how many consumers Henry County funded.

## SECTION II Strategic Plan Goal Analysis

### A) *Progress Towards Goals and Objectives*

#### **Goal 1:**

**To address the need for residential services for individuals requiring 24 hour supervision.**

This goal is the result of Southeast Iowa seeing a reduction of residential care facility beds. The Henry County Care Facility continues to operate at maximum capacity. This means individuals needing residential services may have to be placed further from their homes and family. By developing supervised residential settings in the community we can allow consumers to continue to reside in their home community near family and friends.

Our community based waiver sights continue to grow and currently we have 5 community based wavier homes. The Henry County Care Facility implemented a transitional apartment setting at the facility and currently two consumers are being served in that setting.

#### **Goal 2:**

**To update the Henry County Management Plan.**

This goal is the result of operating under a management plan that was implemented in April of 2000. The plan needs to be thoroughly reviewed and updated to reflect changes that have occurred in the last six years.

Henry County achieved the goal of updating the Henry County Management Plan. The plan was approved by the Department of Human Services in December 2006 and went into effect January 1, 2007.

A copy of the current management plan may be requested by contacting the Henry County CPC. Contact information is on the first page of this report.

#### **Goal 3:**

**To address improving attendance at stakeholders' meetings to include more representation by consumers, their guardians and family.**

This goal is the result of low attendance at stakeholder's meetings by consumers and their family or guardians.

During fiscal year 2008 Henry County did have higher consumer attendance at the stakeholder meetings. For fiscal year 2009 the Henry County CPC is going to look at hosting CPC meetings at our local recovery center, community integration program, at the residential care facility and at the vocational/day program center here in Henry County. This way the meeting will be held at a location where consumers are already present. This should improve consumer attendance and bring important information to the citizens we are funding at a location where they feel comfortable. The CPC Administrator will continue to hold public stakeholder meetings twice a year so that providers, family members and interested citizens can attend and provide input for Henry County mental health funding.

Efforts to improve stakeholder meeting attendance by consumers and their family will remain a priority, but it will not remain a formal strategic plan goal.

#### **Goal 4:**

**This goal will address the implementation of Functional/Diagnostic Eligibility Standards.**

The MHDD System Redesign includes moving to using statewide standardized functional assessment tools to establish funding eligibility and the level of services and supports that an individual needs. Clinical criteria would be used to establish level of care. The use of these assessment tools will likely be legislatively mandated so Henry County must be ready for timely implementation.

Pilot testing has not begun and the implementation date remains undetermined. This goal will be discontinued when the new strategic plan is written.

#### ***B) Appeals***

Henry County had two appeals filed in fiscal year 2008.

The first appeal was filed by email on May 6, 2008. The consumer made an initial application requesting funding for outpatient mental health services and was denied for having income above 200% of current federal poverty guidelines. According to the management plan Henry County does not provide funding for applicants with income above 200% of current federal poverty and for example at that time a household of one could not have monthly income over \$1,702.00. The consumer appealed sighting numerous reasons that should be considered. The CPC Administrator scheduled a reconsideration meeting and provided the consumer with a copy of the consumer eligibility section out of the management plan and the current income guidelines we applied to the application at that time. One day prior to the reconsideration meeting the consumer contacted the CPC Administrator by telephone and verbally withdrew her appeal and cancelled the meeting.

In October 2006 the State of Iowa transitioned the responsibility of determining eligibility for consumers with no legal settlement in an Iowa County to the county where the person was residing. Now Henry County determines eligibility for state case status consumers based on the county management plan, pays for the services authorized and is reimbursed by the State of Iowa through the State Payment Program.

The second appeal was filed by mail June 24, 2008 by a consumer with state case status. The consumer had previously been determined eligible for funding with a co-payment. When the CPC office reviewed funding eligibility the consumer had a change in income and the household reported income above 200% of the federal poverty guidelines at that time. Funding was terminated and notice sent to the consumer. The consumer appealed sighting numerous reasons that should be considered. A letter was sent scheduling a reconsideration meeting. The letter outlined the information the consumer provided which was used to determine eligibility and what the management plan required in determining eligibility. A few days prior to the reconsideration meeting the consumer called and verbally withdrew the request to appeal the funding decision.

### **C) *Quality Assurance***

Current measures of quality assurance include using providers who have established contracts with Henry County or who are contracted by host counties. Direct provider contacts, CPC staff attendance at consumer's team meetings, file reviews with providers, satisfaction and needs surveys sent to consumers and bi yearly consumer reviews are also utilized to monitor quality assurance.

A Consumer Satisfaction Survey will continue to be sent to eligible consumers annually. Needs surveys will continue to be sent every three years to eligible consumers. This information will continue to be used for policy making and improving efforts to efficiently and effectively meet consumers needs in the least restrictive setting available.

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

In FY2008 the Henry County CPC office completed provider quality assurance reviews with our providers for payee services and vocational services.

Henry County contracts with representative payees who are approved by the Social Security Administration to provide representative payee services. We monitor the service provided by requesting quarterly financial reports for each consumer receiving payee services funded by the county.

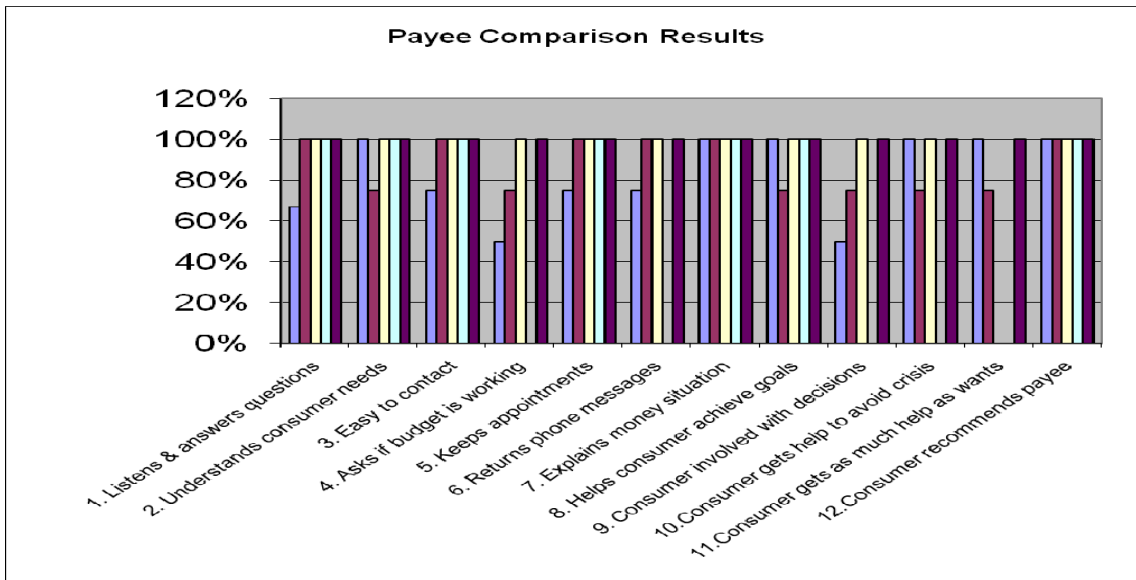
When Henry County completed payee quality assurance reviews we determined that consumers are for the most part satisfied with the payee services provided.

I would like to note that REM provides payee services in a waiver sight setting. ResCare provides payee services as part of supported community living services. In these settings consumers are more involved with their finances because they usually have a money management goal.

Representative payees do not provide payee services a part of a goal. These payees perform the financial management function as the service. The Social Security Administration has required the consumer to have a payee and the consumer may not agree with this restriction; they feel they can manage their own finances. In this type of setting there tends to be more disputes between the payee and consumer.

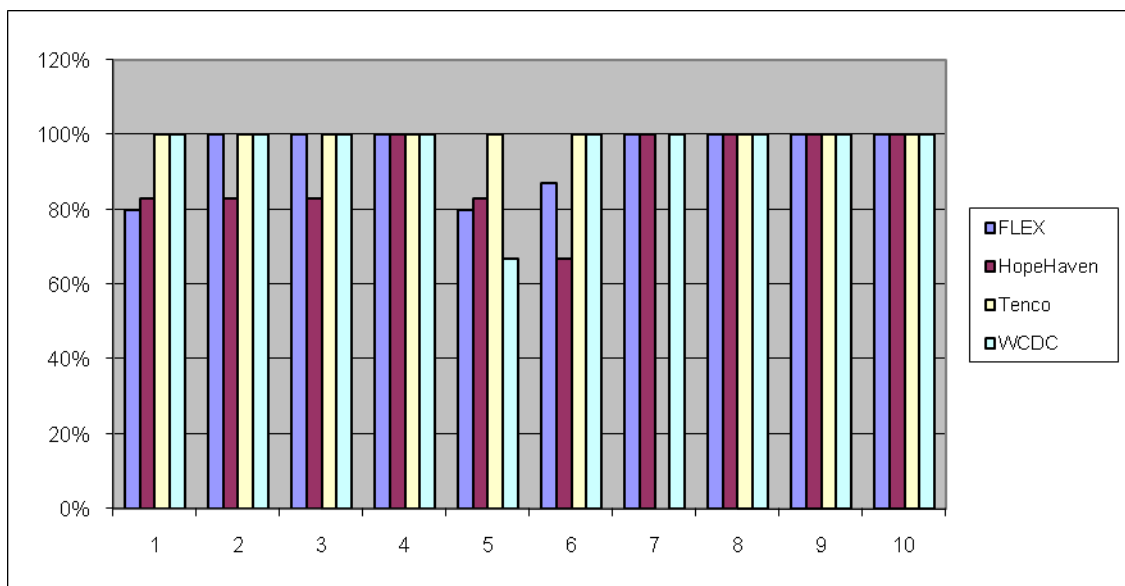
**Consumer Satisfaction  
Payee Comparison Results**

	<b>Barb R.</b>	<b>Chris S.</b>	<b>REM</b>	<b>Sheila C</b>	<b>ResCare</b>
	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>
	<b>Positive</b>	<b>Positive</b>	<b>Positive</b>	<b>Positive</b>	<b>Positive</b>
1. Listens & answers questions	67%	100%	100%	100%	100%
2. Understands consumer needs	100%	75%	100%	100%	100%
3. Easy to contact	75%	100%	100%	100%	100%
4. Asks if budget is working	50%	75%	100%	0%	100%
5. Keeps appointments	75%	100%	100%	100%	100%
6. Returns phone messages	75%	100%	100%	0%	100%
7. Explains money situation	100%	100%	100%	100%	100%
8. Helps consumer achieve goals	100%	75%	100%	100%	100%
9. Consumer involved with decisions	50%	75%	100%	0%	100%
10. Consumer gets help to avoid crisis	100%	75%	100%	0%	100%
11. Consumer gets as much help as wants	100%	75%	0%	0%	100%
12. Consumer recommends payee	100%	100%	100%	100%	100%



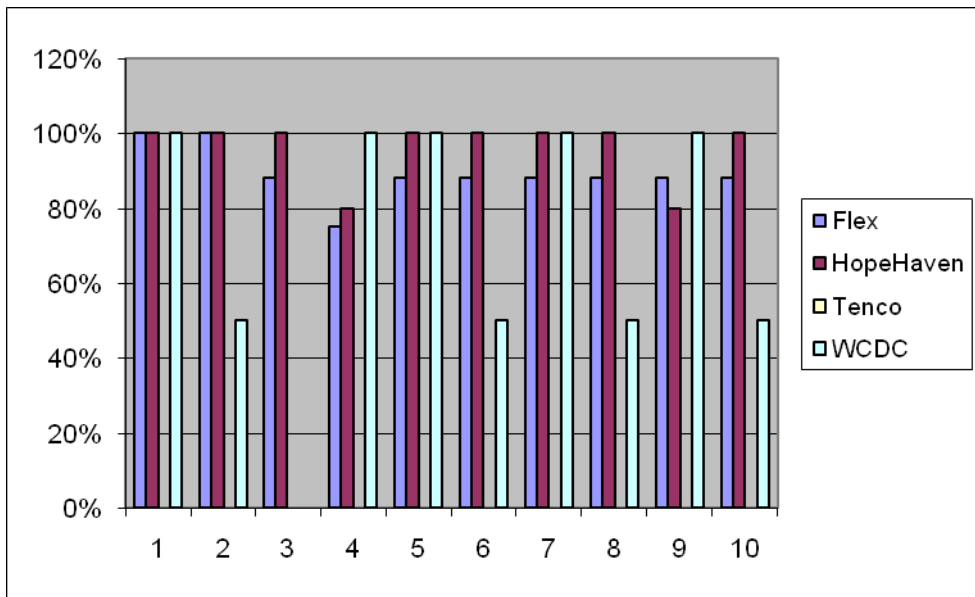
**Vocational Services Review  
Provider Comparisons--2007**

	<b>FLEX</b>	<b>Hope Haven</b>	<b>Tenco</b>	<b>WCDC</b>
1. Current IPP	80%	83%	100%	100%
2. Goal meets pre-vocational criteria	100%	83%	100%	100%
3. Current CCSP	100%	83%	100%	100%
4. Current Notice of Decision	100%	100%	100%	100%
5. Current Release of Information to CPC	80%	83%	100%	67%
6. Diagnosis completed by QMHP	87%	67%	100%	100%
7. Rights & Responsibilities in file	100%	100%	0%	100%
8. Rights & Responsibilities posted	100%	100%	100%	100%
9. State Labor Law posted	100%	100%	100%	100%
10. Documentation adequate & goal-related	100%	100%	100%	100%



**Consumer Satisfaction Comparison  
Results for Vocational Services**

	<b>Flex</b>	<b>Hope Haven</b>	<b>Tenco</b>	<b>WCDC</b>
1. Staff are easy to talk to	100%	100%		100%
2. They listen to me	100%	100%		50%
3. They understand my needs	88%	100%		0%
4. They explain my rights	75%	80%		100%
5. Services help me achieve my goals	88%	100%		100%
6. I am involved in decisions	88%	100%		50%
7. I receive enough help	88%	100%		100%
8. Services meet my expectations	88%	100%		50%
9. Staff work well with my team	88%	80%		100%
10. I would recommend agency	88%	100%		50%



*\*\*Tenco consumer did not respond.*

When the file reviews were completed with the vocational services providers and the data was compiled it showed that providers are doing an overall good job maintaining complete files. We were very pleased to see that the documentation relates to goals 100% of the time with all the providers.

Henry County actually funds 3 consumers at WCDC. One consumer returned the satisfaction survey with a note that said they were not able to answer the questions. As for the data that shows a 50% satisfaction rate this is from a consumer who stated they would like to work somewhere else. This

consumer is very sure of their needs and would like to enter community based employment. The 50% satisfaction rating is a reflection more of the consumers desire to progress more quickly towards community based employment versus negative feelings of the overall services received at the vocational program.

**D) *Waiting List***

Henry County did not have a waiting list for service funding in fiscal year 2008.

 **SECTION III**  
*Service Matrix of Services Funded*

<b>SERVICE DESCRIPTION</b>	<b>MI</b>	<b>CMI</b>	<b>MR</b>	<b>DD</b>
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	X	
Law Enforcement Transportation for Commitment	X	X	X	
Diagnostic Evaluation Related to a Commitment				
Inpatient State Mental Health Institution	X	X		
Inpatient Community Hospital	X	X		
Inpatient State Hospital Schools			X	
Outpatient Services	X	X	X	X
Outpatient Lab Services Only				
Medication Management	X	X		X
Psychotropic Medication Only	X	X		
Evaluation	X	X	X	X
Emergency Services	X	X		
Psychiatric Rehabilitation				
Partial Hospitalization				
Day Treatment Services				
Community Support Programs Recovery Center		X	X	X
Residential Care Facility for the Mentally Ill (RCF/PMI License) 1-5 Beds				
Residential Care Facility for the Mentally Ill (RCF/PMI License) 6 & over Beds		X		
Nursing Facility (ICF,SNF, or ICF/PMI License) 1-5 Beds				
Nursing Facility (ICF,SNF, or ICF/PMI License) 6 & over Beds				
Case Management Medicaid Match		X	X	X
Case Management 100% County Funded				X
Other				
Service Coordination/Management		X		X
Representative Payee		X	X	X
Transportation (Non-Sheriff)		X	X	X
Homemaker/Home Health Aides				
Chore Services				
Home Management Services				
Respite			X	
Home/Vehicle Modification			X	
In-Home Nursing				
Residential Care Facility for the Mentally Retarded(RCF/MR License) 1-5 Beds				
Residential Care Facility for the Mentally Retarded(RCF/MR License) 6 & over Beds			X	
Intermediate Care Facility for the Mentally Retarded				

(ICF/MR License) 1-5 Beds				
Intermediate Care Facility for the Mentally Retarded (ICF/MR License) 6 & over Beds			X	
Residential Care Facility (RCF License) 1-5 Beds				
Residential Care Facility (RCF License) 6 & Over Beds		X	X	
Community Supervised Apartment Living Arrangement (CSALA) 1-5 Beds				
Community Supervised Apartment Living Arrangement (CSALA) 6 & Over Beds				
Supported Community Living		X	X	X
Sheltered Workshop Services		X	X	
Work Activity Services			X	
Supported Employment Services		X	X	X
Adult Day Care		X	X	X

***Provider Network***

Service	Providers
Administration	Henry County
Outpatient Services including, therapy, medication management, evaluation & testing, group therapy and emergency services.	Life Solutions Behavioral Health Services Des Moines County Public Health Great River Behavioral Health Jefferson County Hospital Hillcrest Family Services Mental Health Center Mideast Iowa Community Mental Health Center New Directions Mental Health Center
Hospitalization	Great River Medical Center Keokuk Area Hospital Satayn Kantamneni MD St. Luke's Hospital Cogent Healthcare of Iowa State Mental Health Institute's University of Iowa Hospital
Advocate Services	8B Patient Advocate
Legal Representation	Local Attorney's
Transportation	Area 14 Agency on Aging Trolley Century Cab Co City of Cedar Rapids Henry County Sheriff SIACC Juvenile Project (Crime Commission) Southeast Iowa Bus (SEIBUS) Washington County Mini Bus 10-15 Transit Sheriff Departments in other counties
Case Management	Decatur County Community Services Polk County DHS Case Management Henry County Case Management Southeast Iowa Case Management WHW Social Services
Service Coordination	Henry County Central Point of Coordination
Representative Payee Services	Barb Riley Chris Scherer Linn County MH-DD Services Sheila Church
Adult Day Program	City of Cedar Rapids- Time Check Genesis Development Center Hope Haven Tenco Inc ResCare

Psychotropic Mediations	Local Pharmacy's
Supported Employment	Hope Haven STEP-ResCare Systems Unlimited Van Buren Job Opportunities WCDC Inc.
Work Activity	Hope Haven WCDC Inc.
Sheltered Workshop Services	Goodwill Industries Hope Haven Innovative Industries Tenco Inc. Opportunity Village WCDC Inc
Supported Community Living	Cedar Valley Community Services Center Village RCF Consumer Choices Option Crest Services/American Baptist Homes First Resources Goodwill Industries Inc. Henry County Care Facility Hillcrest Family Services/Highland Place Home Caring Services Hope Haven Mainstream Living New Choices Opportunity Village REM Iowa Community Services ResCare Inc. Systems Unlimited Taylor Ridge Estates WCDC Inc.
Respite	REM Iowa Community Services ResCare Inc.
Home Vehicle Modification	REM Iowa Community Services
Residential Care Facility Services (includes RCF, RCF/MR, RCF/PMI, and ICF/PMI)	Chariton Group Home Henry County Care Facility Hillcrest Highland Place Hope Haven Mediapolis Care Facility Taylor Ridge Estates
ICF/MR	Hope Haven Park Place Glenwood and Woodward Resource Centers

**SECTION IV**  
***Stakeholder Involvement***

The purpose of stakeholder meetings continues to be to prioritize services which will be funded given budget limitations, review annual budgets, discuss the quality assurance reviews to ensure quality standards are being met, develop long range planning goals that benefit the citizens of Henry County and assist the CPC Administrator with public education efforts regarding the CPC process.

The stakeholder meeting date is published in all newspapers published in Henry County to encourage citizen involvement. Providers, family members and consumers are mailed meeting notices to encourage their participation.

The stakeholder meeting held October 3, 2007 discussed the fiscal year 2007 ending budget balance, the budget for fiscal year 2008, funding authorizations for state cases and county of residence funding.

The stakeholder meeting held October 30, 2007 was with an administrator at our local hospital and the topic of the meeting was how to better serve people who presented to the emergency department with psychiatric treatment needs.

The stakeholder meeting held February 20, 2008 discussed the addition of adult day care services at our local residential care facility, the budget for fiscal year 2008, the proposed budget for fiscal year 2009 and quality assurance reviews of local vocational work service providers.

The stakeholder meeting held June 10, 2008 discussed the budget for fiscal year 2008, the budget for fiscal year 2009, funding by diagnosis and settlement status (state case, resident of Henry County or legal settlement in Henry County), description of the HCBS Consumer Choices Option and quality assurance review of our payee providers.

Attendance at the meetings follows:

<b>FY08</b>	<b>Attendance at the stakeholder meetings</b>
<b>Providers</b>	<b>32</b>
<b>Family Members</b>	<b>3</b>
<b>Consumers</b>	<b>6</b>
<b>Citizens/Other</b>	<b>4</b>

**SECTION V**

***FY 2008 Expenditure Data***

**County Dollars Spent by COA Code and Disability Type**

*Date Prepared 11/12/2008*

*For Henry County FY: 2008*

<b>Account Code</b>	<b>Mental Illness</b>	<b>Chronic Mental Illness</b>	<b>Mental Retardation</b>	<b>Developmental Disability</b>	<b>Other</b>	<b>Service Total</b>
<b>21374</b> Case Management - T19 Match		\$3,099.63	\$25,869.40			<b>\$28,969.03</b>
<b>21375</b> Case Management - 100% County		\$3,445.35		\$19,862.64		<b>\$23,307.99</b>
<b>31000</b> Transportation (non-Sheriff)		\$12,806.08	\$17,852.67	\$1,208.62		<b>\$31,867.37</b>
<b>32325</b> Respite			\$7,163.81			<b>\$7,163.81</b>
<b>32327</b> Representative Payee		\$2,469.60	\$3,781.30	\$1,543.50		<b>\$7,794.40</b>
<b>32328</b> Home/Vehicle Modification			\$1,078.23			<b>\$1,078.23</b>
<b>32329</b> Supported Community Living		\$4,088.53		\$15,260.59		<b>\$19,349.12</b>
<b>32399</b> Other		\$47,341.24	\$1,633.76			<b>\$48,975.00</b>
<b>33399</b> Other Basic Needs Service	\$700.00					<b>\$700.00</b>
<b>41306</b> Physiological Tmt. Prescription Medicine	\$7,647.06	\$5,785.80				<b>\$13,432.86</b>
<b>42305</b> Psychotherapeutic Tmt. Outpatient	\$101,462.22	\$69,698.71	\$300.00	\$600.00		<b>\$172,060.93</b>
<b>44363</b> Day Treatment Services		\$415.46				<b>\$415.46</b>
<b>44399</b> Other		\$9,818.42	\$13,045.08	\$7,261.76		<b>\$30,125.26</b>
<b>50360</b> Sheltered Workshop Services		\$10,967.09	\$32,832.40			<b>\$43,799.49</b>
<b>50362</b> Work Activity Services			\$14,552.91			<b>\$14,552.91</b>
<b>50367</b> Adult Day Care		\$6,069.75	\$79,009.78	\$143.93		<b>\$85,223.46</b>

<b>Account Code</b>	<b>Mental Illness</b>	<b>Chronic Mental Illness</b>	<b>Mental Retardation</b>	<b>Developmental Disability</b>	<b>Other</b>	<b>Service Total</b>
<b>50368</b> Supported Employment Services		\$626.71	\$12,603.35	\$1,314.08		<b>\$14,544.14</b>
<b>63329</b> Supported Community Living (Comm. 1-5 Bed)			\$423,228.48			<b>\$423,228.48</b>
<b>64314</b> RCF (Comm. 6-15 Bed)		\$107,627.22	\$75,363.27			<b>\$182,990.49</b>
<b>64315</b> RCF/MR (Comm. 6-15 Bed)			\$12,776.45			<b>\$12,776.45</b>
<b>65314</b> RCF (Comm. 16+ Beds)		\$41,378.82				<b>\$41,378.82</b>
<b>65315</b> RCF/MR (Comm. 16+ Beds)			\$2,555.29			<b>\$2,555.29</b>
<b>65316</b> RCF/PMI (Comm. 16+ Beds)		\$13,778.71				<b>\$13,778.71</b>
<b>65318</b> ICF/MR (Comm. 16+ Beds)			\$64,476.66			<b>\$64,476.66</b>
<b>71319</b> Inpatient (State MHI)		\$9,802.30				<b>\$9,802.30</b>
<b>72319</b> Inpatient (State Hosp. School)			\$172,679.98			<b>\$172,679.98</b>
<b>73319</b> Inpatient (Other Priv./Public Hospitals)	\$13,405.54	\$18,213.50				<b>\$31,619.04</b>
<b>74353</b> Sheriff Transportation	\$1,990.29	\$3,132.22	\$494.88			<b>\$5,617.39</b>
<b>74393</b> Legal Representation (cmtmt court costs/legal fees)	\$1,135.80	\$1,933.91	\$180.00			<b>\$3,249.71</b>
<b>74395</b> Mental Health Advocates	\$669.53	\$5,033.15	\$926.96			<b>\$6,629.64</b>
<b>Total County \$:</b>	<b>\$127,010.44</b>	<b>\$377,532.20</b>	<b>\$962,404.66</b>	<b>\$47,195.12</b>		<b>\$1,514,142.42</b>

## Unduplicated Number of Persons Served by COA code and Disability Type

*Date Prepared 11/12/2008*

*For Henry County FY: 2008*

Service Account Code	Mental Illness	Chronic Mental Illness	Mental Retardation	Developmental Disability	Other	Total
Adult						
<b>21374</b> Case Management - T19 Match		6	52			<b>58</b>
<b>21375</b> Case Management - 100% County		3		10		<b>13</b>
<b>31000</b> Transportation (non-Sheriff)		14	36	5		<b>55</b>
<b>32325</b> Respite			5			<b>5</b>
<b>32327</b> Representative Payee		9	11	5		<b>25</b>
<b>32328</b> Home/Vehicle Modification			2			<b>2</b>
<b>32329</b> Supported Community Living		12		5		<b>17</b>
<b>32399</b> Other		16	4			<b>20</b>
<b>33399</b> Other Basic Needs Service	1					<b>1</b>
<b>41306</b> Physiological Tmt. Prescription Medicine	26	19				<b>45</b>
<b>42305</b> Psychotherapeutic Tmt. Outpatient	62	30	1	1		<b>94</b>
<b>44363</b> Day Treatment Services		1				<b>1</b>
<b>44399</b> Other		10	8	4		<b>22</b>

<b>Service Account Code</b>	<b>Mental Illness</b>	<b>Chronic Mental Illness</b>	<b>Mental Retardation</b>	<b>Developmental Disability</b>	<b>Other</b>	<b>Total</b>
<b>50360</b> Sheltered Workshop Services		5	11			<b>16</b>
<b>50362</b> Work Activity Services			4			<b>4</b>
<b>50367</b> Adult Day Care		1	21	1		<b>23</b>
<b>50368</b> Supported Employment Services		2	16	2		<b>20</b>
<b>63329</b> Supported Community Living (Comm. 1-5 Bed)			50			<b>50</b>
<b>64314</b> RCF (Comm. 6-15 Bed)		5	7			<b>12</b>
<b>64315</b> RCF/MR (Comm. 6-15 Bed)			1			<b>1</b>
<b>65314</b> RCF (Comm. 16+ Beds)		4				<b>4</b>
<b>65315</b> RCF/MR (Comm. 16+ Beds)			1			<b>1</b>
<b>65316</b> RCF/PMI (Comm. 16+ Beds)		1				<b>1</b>
<b>65318</b> ICF/MR (Comm. 16+ Beds)			2			<b>2</b>
<b>71319</b> Inpatient (State MHI)		4				<b>4</b>
<b>72319</b> Inpatient (State Hosp. School)			5			<b>5</b>
<b>73319</b> Inpatient (Other Priv./Public Hospitals)	4	4				<b>8</b>
<b>74353</b> Sheriff Transportation	15	15	1			<b>31</b>
<b>74393</b> Legal Representation (cmtmt court costs/legal fees)	10	14	1			<b>25</b>

<b>Mental Account Code</b>	<b>Chronic</b>	<b>Mental Illness</b>	<b>Developmental Mental Illness</b>	<b>Retardation</b>	<b>Service Disability</b>	<b>Other</b>	<b>Total</b>
<b>74395</b> Mental Health Advocates		5	31	4			<b>40</b>
Child							
<b>50367</b> Adult Day Care				1			<b>1</b>
<b>74353</b> Sheriff Transportation		1					<b>1</b>
<b>74393</b> Legal Representation (cmtmt court costs/legal fees)		1					<b>1</b>

**Persons Served - Age Group by Primary Diagnostic Category  
For Henry County FY 2008**

*Date Prepared 11/12/2008*

<b>DISABILITY GROUP</b>	<b>Children</b>	<b>Adults</b>	<b>Unduplicated Total</b>
Mental Illness	1	81	82
Chronic Mental Illness	0	79	79
Mental Retardation	1	72	72
Other Developmental Disabilities	0	12	12
	<b>2</b>	<b>244</b>	<b>245</b>

## Mental Health System Growth / Loss Report

*Date Prepared*                      *11/12/2008*                      *For Henry County FY: 2008*

DISABILITY GROUP	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Net Change
Chronic Mental Illness	55	56	52	58	3
Mental Illness	38	41	41	41	3
Mental Retardation	66	65	64	66	0
Other Developmental Disabilities	7	10	10	10	3
	<b>166</b>	<b>172</b>	<b>167</b>	<b>175</b>	<b>9</b>