

LEE COUNTY

MENTAL HEALTH SERVICES

STRATEGIC PLAN

2009-2012

NEEDS ASSESSMENT

The following is a summary of priority issues determined by stakeholders:

1. Accessibility to quality individualized, less restrictive options for care.
2. Decent and affordable housing for persons with disabilities.
3. Transportation to provide support for community living.
4. Institutional placements should be limited to those individuals in need of specialized services not available within the community.
5. Increased public awareness of the needs and abilities of consumers with mental illness, mental retardation and other disabilities.
6. Continuing access to services with limited financial resources and growing demand.
6. A lack of local day activities for persons with disabilities living in our community.
7. Transitioning individual's from the adolescent/juvenile system to the Adult MHDD system.

The Lee County Board of Supervisors has created a stakeholder committee which meets at least quarterly to provide direction to the CPC process and to act in an advisory capacity to the Lee County Board of Supervisors.

Lee County currently encourages consumers and their families to participate fully in need assessment, treatment planning, choice of service and choice of provider. Choice will be enhanced by the development of a wider variety of services, and the means to access those needed services.

B GOALS AND OBJECTIVES

- Goal # I: Provide a strengths-based, person-centered partnership of community service providers to assure choice, access to, and continuity of care in services and supports for service participants in a high quality and cost effective manner.
- Goal # II: Create a streamlined system of care for assisting consumers in meeting their transitional needs based on their indicated MHDS level of care.
- Goal # III: Increase knowledge and awareness of the general public, regarding the needs and abilities of persons with mental illness, mental retardation, and developmental disabilities as well as services available to them.

DETAIL OF GOALS, MEASURABLE OBJECTIVES AND ACTION STEPS

- Goal I: Provide a strengths-based, person-centered partnership of community service providers to assure choice, access to, and continuity of care in services and supports for service participants in a high quality and cost effective manner.
- Objective 1: Improve the communication, coordination, and collaboration between the network of mental health service providers, law enforcement, courts, and Lee County CPC office.
- Objective 2: Increase the awareness and utilization of the existing transportation systems in order to promote and sustain independence and self sufficiency within the community.
- Objective 3: Provide systematic reinforcements for individuals to seek out and maintain employment opportunities that promote each individuals optimum level of functioning.
- Objective 4: Implement strategic steps to increase and maintain the utilization of the Lee County community housing initiative.
- Objective 5: Assist individuals in meeting their recreation/socialization needs in sustainable and cost effective ways that will minimize isolation and promote community integration.

Action Steps:

1. Convene bi-monthly meetings of the Lee County Inter Agency group, which will include existing services and supports and invitations to interested parties throughout the county.
2. Maintain an annually updated listing of services and supports available in the county.
3. Design and implement a Lee County Mental Health Services brochure and web pages for mental health services on the Lee County website (www.leecounty.org) including provider network contact information, applications for service, Notice of Decision request forms, and the latest versions of the Lee County Management and Strategic Plans.
4. Maintain a community center work group including members of the provider network to identify and develop local resources to prevent loneliness and isolation in Lee County
5. Establish a work group including members of the provider network and council to explore

and identify existing services/resources and gaps in services/resources to meet the needs of Consumer's with dual diagnosis.

6. The CPC office will initiate a platform to discuss and resolve issues related to the commitment process among the various professional disciplines involved; including, but not limited to; judges, lawyers, clerks of court, mental health advocate, Keokuk Area Hospital, and law enforcement.

7. Develop and establish a process that routinely evaluates the fiscal impact and trends associated with specified service programs as well as with specified service providers in Lee County.

Person(s) accountable: CPC Administrator and office in conjunction with Lee County Stakeholders

Resources needed: Committed individuals and provider agencies to serve the MHDD population.

Measures of Progress:

1. Established, at a minimum, quarterly contact between the CPC office and other established systems involved with the MHDD population (i.e. Department of Human Services, Lee County Courts, Law enforcement agencies, Court Advocate, MHDD Service Providers, 10-15 Transit, Iowa Vocational Rehabilitation Services, local education institutions, and other community resources)
2. Increased number of consumers utilizing public transportation.
3. Increased number of consumers either accessing employment services or progressing into sustainable community based employment.
4. Maintain a minimum of 80% capacity in Lee County Community Housing Initiative residences.
4. Increased utilization of Community Center along with consumer reports of needs being met through resources in the community.

Goal II: Create a streamlined system of care for assisting consumers in meeting their transitional needs based on their indicated MHDS level of care.

Objective 1: Efficiently and effectively transition individuals moving from the Juvenile services system array into the adult MHDD service system.

Objective 2: Efficiently and effectively transition adult consumers with mental health diagnosis and behavioral problems into sustainable living environments that will reduce the frequency of more restrictive placements such as court committed hospitalization and jail.

Objective 3: Reduce admissions to the Mental Health Institutes by educating involved parties on community based/least restrictive options for individuals as well as the admission criteria for Adult Psychiatric/ Dual Diagnosis/IRTC programs.

Objective 4: Explore and implement if feasible and cost-effective the possibility of pooling resources with other counties, providers, other agencies for such areas as trainings, collaboration, service sharing, 28E agreements between government

entities, standardizing of paperwork, etc. that will allow the Lee County MHDD system to be as efficient as possible while providing quality needed services to Lee County individuals.

Action Steps:

1. On a quarterly basis, identify and review potential transition cases with various juvenile system professionals with knowledge of existing cases (i.e. DHS social workers, case managers, School personnel, AEA, juvenile court officers, etc.).
2. Work with the Department of Human Services, providers, and community partners to develop implementation plans for individuals struggling with mental health and behavioral problems.
3. Host an annual Round table discussion to promote communication and effective decision making between the various parties involved in voluntary and involuntary hospitalizations/institutional placements.
4. Access and utilize existing knowledge base from professionals involved with individuals in need of transition services so to provide some continuity of care between various institutions and systems.
4. Complete an annual statistical analysis of individuals that are identified as having transitional needs and the data indicating reoccurring needs/patterns.

Person(s) accountable: County CPC administrator/office, Justice System, Human Services spectrum.

Resources needed:

Facilities to gather professionals to identify and plan systematic management of individual treatment need. Time commitment of professional participants to develop a functional system in addressing individual need. A collective approach/philosophy of professional participants to promote a service system that will take consideration of least restrictive service array as the initial intervention if possible. More restrictive placement will be considered only after a determination has been made that an individual can not be maintained in the least restrictive setting.

Measures of Progress:

1. Completion and annual reporting of Action Steps.
2. Reduction in self reported anxiety during transition phases.
5. Increase of community based/least restrictive service array for individuals.
4. Decrease in expenditures for high end/expensive services that are acquired unnecessarily due to insufficient resources in the community.

Goal # III: Increase knowledge and awareness of the general public, regarding the needs and abilities of persons with mental illness, mental retardation, and developmental disabilities as well as services available to them.

Objective 1: Maintain positive relationship with media in promoting services and events related to persons and disabilities.

Objective 2: Make available training and learning opportunities for interested parties on various topics pertinent to mental health related issues.

Action Steps:

1. Contract with two local agencies to provide monthly community education/consultation services.
2. Engage local media to publicize events and happenings associated with Mental Health and Disabilities Services.
3. Create more opportunity for professionals of various disciplines to come together and discuss effective and innovative ways to best serve the MHDD population.

Person(s) accountable: Contracted Providers, CPC Administrator/office

Resources needed:

The willingness of individuals to become engaged in the educational process. The administrative cost of facilitating additional venues for communication. Materials required to make presentations memorable and useful.

Measures of Progress:

1. The number of community education presentations provided annually.
2. Visibility of information regarding services and events related to consumers with Mental Illness, Mental Retardation and Developmental Disabilities.
3. Conferences, trainings, round table discussions, etc. that are made available to local professionals regarding issues relating to Mental Illness, Mental Retardation and Developmental Disabilities.

C. SERVICES AND SUPPORTS

**MATRIX OF SERVICE ELIGIBILITY AND UTILIZATION MANAGEMENT CRITERIA
FOR SERVICES PAID BY LEE COUNTY:**

SERVICE TYPE	DIAGNOSTIC ELIGIBILITY STANDARD	FINANCIAL ELIGIBILITY STANDARD	SPECIAL CRITERIA	UTILIZATION REVIEW PROCESS
ICF/MR	Mental Retardation or Developmental Disability	Medicaid Eligible	Medicaid ICF/MR as applied by the Iowa Foundation Approval by CPC	Annual Case Management ITP Review With CPC Approval
Outpatient Clinical Services	Mental Illness or Chronic Mental Illness	Indigent or Uninsured with sliding Fee: not Medicaid MHAP	DSM IV Diagnosis and can benefit from outpatient	CPC review over 6 sessions
RCF RCF/MR	Mental Retardation or Developmental Disability	Must be T-XIX / SSA Eligible	Unable to live in Community without Constant Supervision	Semi-annual Case management ITP Review with CPC Approval
Supported Employment	Mental Retardation, Developmental Disability, or Chronic Mental Illness	No resources over \$2000, income below 150% poverty level	Benefit from Pre-vocational Skill Dev.	Semi-annual Case Management ITP Review With CPC Approval
Targeted Case Management (Title XIX)	Mental Retardation, Dev. Disability, or Chronic Mental Illness	Must be T-XIX Eligible, not living in institutional setting (per T-XIX rules)	Must be necessary per T-XIX review standards	No CPC Approval required
Case Management (County funded)	Mental Retardation, Dev. Disability, or Chronic Mental Illness	Eligible for any other county funded service.	Not appropriate for T-XIX targeted case management Limited slots	With CPC Approval
Sheltered Workshop / Work Activity * Other vocational programs	Mental Retardation, Developmental Disability, or Chronic Mental Illness	No resources over \$2000, income below 150% poverty level	Benefit from Pre-vocational Skill Dev. Not Ready for Community Employment	Semi-annual Case Management ITP Review With CPC Approval
County owned apartments	Mental Retardation, Developmental Disability, or Chronic Mental Illness	Must be able to pay rent per schedule. Exceptions possible.	Require support services, meet criterion for appropriate tenancy	Approval by property manager
Involuntary Hospitalization	Mental Illness or Chronic Mental Illness	No resources over \$2000, income below 150% poverty level. Private insurance billed first	DSM IV diagnosis and requires inpatient care. MHI per Iowa Code.	Review staffing required within first week. Involve patient advocate.
Voluntary Hospitalization	Mental Illness or Chronic Mental Illness	No resources over \$2000, income below 150% poverty level. Private insurance billed first	DSM IV diagnosis and requires inpatient care MHI prescreen by Outpatient service provider	Review staffing required within first week.

RCF RCF/PMI	Mental Illness or Chronic Mental Illness	Must be T-XIX / SSA Eligible	Unable to live in community without Constant Support	Semi-annual Management ITP Review With CPC Approval
Representative Payee	Chronic mental illness, Mental retardation, or Developmental disability	Must have income to be managed	Must have demonstrated inability to manage funds	Social Security determination, CPC approval
Adult Rehabilitation Option	Chronic Mental Illness	Must be T-XIX / SSA Eligible	Unable to live in Community without supervision or supports	Semi-annual CaseManagement ITP Review With CPC Approval
HCBS	Mental Retardation	Medicaid Eligible	Meet ICF/MR standards as applied by the Iowa Foundation Approval by CPC and county board	Semi-annual Case Management ITP Review With CPC Approval
Court ordered attorneys and transportation	Mental Illness or Chronic Mental Illness	Indigent as determined by court	Must be ordered by court as part of commitment process	None
Community support services	Chronic Mental Illness or developmental disability	Indigent /Uninsured with sliding Fee; or Medicaid non- MHAP	DSM IV diagnosis Unable to live in Community without supports	Semi-annual Management ITP Review With CPC Approval

- Includes Lee County works programs

D. PROVIDER NETWORK

Bridgeway

Sheltered work, work activity, HCBS
Waiver, outpatient

Counseling Associates

Outpatient therapy, evaluation, MHI
prescreen, emergency services,
consultation and education

Davis Acres

RCF (geriatric)

Dianne DeKeyser, M.D.

Psychiatry, Therapy

Patrick Ewing M.S

Outpatient therapy (individual and group), evaluation

Great River Regional Waste Authority

On the Job Training

Henry County Care Facility

RCF

Hope Haven Area Developmental Center:

ICF/MR, RCF/MR, Sheltered work,
Work activity, Supported employment,

HCBS, Evaluations,

S. Kantamneni, M.D.	Psychiatry, Therapy, MHI prescreen
Keokuk Area Group Home	RCF/MR
Keokuk Area Hospital:	Inpatient services, Emergency, Detox.
Lee County General Assistance	Payee services
OPPORTUNITY VILLAGE	RCF, ICF/MR, WORK ACTIVITY
ResCare, Inc.	Day treatment, community support services, Psychiatric rehabilitation, Habilitation
REM- IOWA	ICF/MR, HCBS, RCF
Saint Luke’s Hospital	Inpatient Services
Susan Moon	Outpatient Therapy, evaluation
Van Buren Job Opportunities	Supported Employment, Community Assessment

E. ACCESS POINTS

Matrix of CPC and Access Point Functions

Agency	Intake	Service Authorization	Services Authorized	Utilization Mgmt	Wait List Mgmt
CPC: Administrator	YES	YES	Levels one thru four	YES	YES
Lee County Board of Supervisors	NO	YES	ALL	YES	NO
Access Point: Keokuk Area Hospital	YES	YES	Level two	See Plan Text For Detail	NO
Access Point: Mental Health Institutes	YES	YES	Level two Subject To Pre-Screen	See Plan Text For Detail	NO
Access Point : Outpatient service providers *	YES	YES	Level one	Level one	Level one only
Access Point: Case Management	YES	YES	Levels one and three	YES	NO

All other Access Points	YES	NO	NO	NO	NO
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- Outpatient Service Providers includes: The office of S. Kantamneni, M.D. Diane DeKeyser, M.D.,
- Counseling Associates Inc., Bridgeway, Inc., ResCare, Inc., Susan Moon.

OTHER ACCESS POINTS INCLUDE:

- LOCAL DHS OFFICES**
- KEOKUK AREA HOSPITAL**
- HOPE HAVEN**
- KEOKUK AREA GROUP HOME**
- VOCATIONAL REHABILITATION**
- PUBLIC HEALTH NURSING**