

JEFFERSON COUNTY

THREE-YEAR STRATEGIC PLAN

APRIL 1, 2006 – APRIL 1, 2009

A. VISION

Jefferson County intends to meet the optimal needs of adults with mental disabilities on a community based, integrated concept. Jefferson County intends to continue to develop and maintain a cost-effective approach to providing a local, community based, integrated system of services and supports that will be guided by and enhance the individual's (formerly referred to as consumers) principles of choice, empowerment and community integration, with individual "needs" being served and not individual "wants". (It is the responsibility of the Case Managers and the Providers to ensure that only requests for needs are presented to the CPC.)

1. DEFINITIONS:

"Choice" is the ability of individuals, their families and authorized representatives to exercise informed choices about the amounts and types of services and supports received based upon a shown "need" and not a desired "want".

"Empowerment" means that the service system reinforce the rights, dignity and ability of individuals and their families to exercise the choices (based upon need), take risks, provide valuable input and accept responsibility.

"Community" means that the system supports the rights and abilities of all individuals to live, learn and work in a natural setting in the community of their choice.

B. NEEDS ASSESSMENT

The CPC Administrator took the Strategic Plan information out to providers and individuals in the community for "Stakeholder Involvement." This was an effort to gain as much input from as many people as possible. This type of involvement allows for greater participation from more individuals as many people are unable to attend during the day due to their personal work constraints, and many individuals are unable to participate in the evening from transportation issues. In looking at the list of stakeholders who had the opportunity to provide and offer input into the Jefferson County Strategic Plan, it appears this approach accomplished what it intended to accomplish. Also, most stakeholders indicated they appreciated the one on one attention and felt more comfortable with being able to discuss mental health strategies on a more personal level. There was a total of 40 individuals, family members and/or providers who offered input and participated in the planning process. (Please see the following list)

List of Participants, including dates and names, in the Management Plan Development Process:

Feb 1 / 8 – Judy Alexander, SICM
Feb. 1 / 8, Mar 1 – Terri Mercer, SICM
Feb. 1 / 8, Mar 1 – Tabatha Watters , SICM
Feb. 1 / 8, Mar 1 – Erin Carroll, SICM
Feb. 1 / 8, Mar 1 – Cathy Miller, SICM
Feb. 8 – Matt Smith - SICM
Feb. 9 – John Kuster, ResCare
Feb. 9 – Rod Hotek, ResCare
Feb. 13 – Jesse Hornback, Keokuk County CPC
Feb. 16 – Judge Waggoner, Magistrate
Feb. 16 - Kaye O’Mara, Clerk of Court
Feb. 16 – Pat McAvan, County Attorney’s Office
Feb. 16 – Tim Dille, County Attorney’s Office
Feb. 16 – Mike Pech, BOS
Feb. 16 – Ron Berg, MECCA and SIEDA
Feb. 16 – Bob Rohret, MECCA and SIEDA
Feb. 16 – Ralph Paulding, Jefferson County Hospital
Feb. 16 – Dr. Mike Eisner, Jefferson County Hospital
Feb. 17 – Steve Burgmeier, BOS
Feb. 17 – David Wilson, First Resources Corp.
Feb. 17 - Joan Summers, First Resources Corp.
Feb. 17 - Tim Bedford, First Resources Corp.
Feb. 17 - Lori Ledger – First Resources Corp.
Feb. 17 – Margie Gerber, Jefferson County Mental Health Center
Feb. 17 – Janet Phelps, Van Buren Job Opportunities
Feb. 17 - Jen Robertson – ResCare
Feb. 21 – Sharon C. – Parent of Individual
Feb. 21 – Dottie Moxom – First Resources
Feb. 21 – Mary Coffin – The Arc of Jefferson and Nearby Counties
Feb. 21 – Darlene Vorhies – The Arc of Jefferson and Nearby Counties
Feb. 21 – Richard Reed – Board of Supervisor
Feb. 22 – Ken Williams, Tenco
Feb. 22 - Bev Fulton - Tenco
Feb. 23 – Joliene Kirby, Cedar Creek RCF
Feb. 23 - Gloria Brown – Cedar Creek RCF
Feb. 23 – Alan M. – individual
Feb. 27 – Vicki A. – Parent of Individual
Feb. 27 – Nick P. - Individual
Feb. 27 – Sheriff Jerry Droz, Sheriff’s Office
Feb. 27 – Chief Deputy Joe Smutz, Sheriff’s Office

A public hearing was held on Monday March 27, 2006 at 9:00 a.m. in the Board of Supervisors Room in the Courthouse.

C. GOALS AND OBJECTIVES

1. INDIVIDUAL (Individual) GOALS

Goal #1: Continue to fund existing individuals and allow new individuals into the system with less revenues.

Objective A: Ongoing evaluation of services of individuals for appropriateness and cost effectiveness.

Objective B: Ongoing education regarding alternate funding streams available to individuals.

Action Steps for Objectives A and B:

1. Evaluation of individual services for appropriateness of needs and not wants.
2. Utilize some kind of functional assessment tool to determine appropriate service needs. After functional assessment, determine appropriate level of staff support, i.e. number of hours for SCL, utilizing SICM to use the assessment tool.
3. Explore various levels of care needed by individuals.
4. Promote the “Recovery Model” for individuals, rather than continuation of services for individuals on an ongoing basis that would be seen as status quo.
5. Encourage providers and individuals to access natural resources and supports.
6. Provide only those services necessary!
7. Implement cost reduction measures if budget constraints occur, i.e.: “Survival” Needs of services through evaluation and implementing waiting lists for the remaining program areas.
8. CPC will communicate to case management and then within a “team” meeting setting regarding budget constraints if they were to occur.

Goal #2: Continue to improve the transition process.

Objective A: Increase communication and collaboration between school systems, county, AEA, Tenco and Providers, and coordinate efforts between the school, AEA and families for appropriate referrals for students.

Objective B: Increase awareness in communication of children ages 16-18 transitioning out of school and potentially in need of services, i.e.: public education.

Action Steps for Objectives A, and B:

1. Continue with our mini-tab board for Jefferson County with AEA, vocational rehabilitation, Tenco, Southeast Iowa Case Management and the CPC.
2. Case Management will contact the schools and AEA bi-yearly for children turning 16 for potential referrals. Case Management will advise the CPC of children who will be transitioning.
3. Assist in determining eligibility and services needed of those transitioning.
4. Attend Regional Transitional Advisory Board meetings as CPC at least one time yearly.
5. Work on legislation for juveniles to automatically transfer to adult court and the adult court services.

Goal #3: Maintain a collaborative effort to prevent hospitalization through crisis intervention.

Objective A: Continue communication with the local Mental Health Center, court, legal professionals, Sheriff's Office and providers.

Objective B: Continue to work with providers on the mental health needs in order to reduce hospitalizations and / or a higher level of care.

Objective C: Ensure individuals who also have a dual diagnosis that includes both mental illness and substance abuse are accessing resources for both areas of need.

Action Steps for Objectives A, B, and C:

1. Determine eligibility and services needed for individuals to try to prevent ongoing hospitalizations.
2. Assist the court with identifying options and alternatives for individuals who have been hospitalized.
3. Make referrals for mental health treatment and for substance abuse treatment as identified.
4. Continue to partner with providers to develop additional resources for mental health and substance abuse needs.
5. Continue to work with the Mental Health Center and the Sheriff's Office for appropriate mental health needs while addressing security and safety issues.

Goal #4: Create community based supported/independent living opportunities for MH/DD individuals.

Objective A: Foster independence while enhancing opportunities for individuals to interact with their peers.

Objective B: Increase communication with all providers to enhance services.

Objective C: Work with providers to try to develop a local transportation system conducive for our individuals.

Action Steps for Objectives A, and B:

1. Review current services and service delivery system at case management staff meetings. This will no doubt automatically occur each time the CPC is in attendance at the case management staff meetings as service delivery is typically one of the topics.
2. Maintain communication of providers through stakeholder involvement at one on one personal meetings and with the mental health coalition. Other ways to communicate can occur as needed.
3. Continue to develop a funding stream as a loan for non-funded county services with the Southeast Iowa Case Management Administrator, and with our Mental Health Coalition.
4. Work with the local Mental Health Coalition to develop options and protocol for transportation.

Goal #5: Improve management of county community services and MH/DD services.

Objective A: Pool resources with other counties.

Objective B: Utilize satisfaction surveys for individuals and providers.

Objective C: Develop an ongoing needs assessment for individuals.

Action Steps for Objectives A, B and C:

1. Explore and implement, if feasible, any cost-effective pooling of resources with other counties.
2. Utilize 28E Agreements between government entities and county CPC offices for the standardizing of paperwork, etc. that will allow the Jefferson County Mental Health system to be as efficient as possible while providing quality needed services to Jefferson County individuals.
3. Send out satisfaction surveys prior to the completion of the annual report. Utilize the Mental Health Coalition to develop the survey.
4. Identify and implement ways to distribute and collect the needs assessment.
5. Review survey results and include in the annual report.
6. Share the annual report with stakeholders.

C. GOALS AND OBJECTIVES

2. ADMINISTRATIVE GOALS

Goal #1: Format the CPC, General Relief and Veteran's Affairs Office into a Community Service Office.

Objective A: Utilize the CPC time in a more cost effective and efficient manner, changing the CPC Administrator into the Community Services Director.

Objective B: Designate the General Relief and Veteran's Affairs Office to be under the supervision of the CPC.

Objective C: Utilize the General Relief and Veteran's Affairs staff to assist with the heavy workload of the CPC for office related work as determined by the CPC, i.e. the addition of state cases which will be assumed by the CPC for oversight and supervision of services provided to state cases increasing the workload. The workload would focus on general office duties, administrative needs, etc.

Action Steps for Objectives A:

1. Investigate how other Community Service offices of similar size operate and share results with stakeholders.
2. Identify the job description and duties for a full-time assistant that would be incorporate the General Relief and Veteran's Affairs duties, as well as some functions currently being completed by the CPC.
3. Identify how the CPC efforts would be able to focus on provider communications, relationships, and issues relevant to both the CPC and providers for the benefit of individuals.
4. Identify how an individual who is in the office on a full-time basis would be able to be available on an emergency basis to individuals in need or crisis.
5. Present findings to Jefferson County Board of Supervisors.

Goal #2: Continue communication with Case Management and other providers.

Objective A: Continue to have a working relationship with case management and providers.

Action Steps for Objectives A:

1. Meet with Southeast Iowa Case Management bi-monthly at their regular staff meetings, and more often if needed to keep appraised of changes, needs and any other important issues relating to the case management needs for Jefferson County CPC.
2. Communicate with other providers as needed.
3. Participate in meetings with specific, identified providers and / or SICM to prioritize the service needs of individuals and only fund the service wants based upon a goal towards a service need.
4. Continue the Mental Health Coalition with a focus of utilizing this April 1, 2006 – April 1, 2009 Strategic Plan as the entity to work on many of the identified goals.

Goal #3: Improve the Mental Health system of delivery through implementing publications.

Objective A: Increase the knowledge of our Mental Health system, providers and resources.

Objective B: Increase the knowledge of what a CPC is.

Action Steps for Objectives A and B:

1. Assist with the development of a Mental Health Booklet.
2. Update the CPC brochure as needed.
3. Present publications at various community events i.e. the Jefferson County health fair, at provider offices, etc.

D. SERVICES AND SUPPORTS

County: Jefferson

	MI	CMI	MR	DD	BI
Service					
4x03 Information and Referral	X	X	X	X	X
4x04 Consultation.	X	X	X	X	
4x05 Public Education Services	X	X	X	X	
4x06 Academic Services.					
4x11 Direct Administrative.	X	X	X	X	X
4x12 Purchased Administrative					
4x21- 374 Case Management- Medicaid Match.		X	X	X	X
4x21- 375 Case Management -100% County Funded	X				
4x21- 399 Other.					
4x22 Services Management.	X	X	X	X	X
4x31 Transportation (Non-Sheriff).	X	X	X	X	
4x32- 320 Homemaker/Home Health Aides.			X		
4x32- 321 Chore Services					
4x32- 322 Home Management Services					
4x32- 325 Respite.			X	X	
4x32- 326 Guardian/Conservator.					
4x32- 327 Representative Payee					
4x32- 328 Home/Vehicle Modification			X		
4x32- 329 Supported Community Living (In the community)	X	X	X		

	MI	CMI	MR	DD	BI
4x32- 399 Other. (ARO at Drop-In Center; CDAC)	X	X	X		
4x33- 345 Ongoing Rent Subsidy.					
4x33- 399 Other					
4x41- 305 Outpatient	X	X			
4x41- 306 Prescription Medication.					
4x41- 307 In-Home Nursing					
4x41- 399 Other					
4x42- 305 Outpatient	X	X			
4x42- 309 Partial Hospitalization.		X			
4x42- 399 Other.					
4x43- Evaluation.	X	X			
4x44- 363 Day Treatment Services		X			
4x44- 396 Community Support Programs					
4x44- 397 Psychiatric Rehabilitation					
4x44- 399 Other					
4x50- 360 Sheltered Workshop Services.	X	X	X	X	
4x50- 362 Work Activity Services	X	X	X	X	
4x50- 364 Job Placement Services.	X	X	X	X	
4x50- 367 Adult Day Care. (and Day Hab.)			X		
4x50- 368 Supported Employment Services	X	X	X	X	
4x50- 369 Enclave					
4x50- 399 Other.					
4x63- 310 Community Supervised Apartment Living Arrangement (CSALA) 1-5 Beds	X	X	X	X	
4x63- 314 Residential Care Facility (RCF License) 1-5 Beds	X	X	X	X	
4x63- 315 Residential Care Facility For The Mentally Retarded (RCF/MR License) 1-5 Beds			X	X	
4x63- 316 Residential Care Facility For The Mentally Ill (RCF/PMI License) 1-5 Beds		X			
4x63- 317 Nursing Facility (ICF, SNF or ICF/PMI License) 1-5 Beds	X	X	X	X	
4x63- 318 Intermediate Care Facility For The Mentally Retarded (ICF/MR License) 1-5 Beds			X	X	
4x63- 329 Supported Community Living (Waiver in sites and ARO daily in sites)	X	X	X		
4x63- 399 Other 1-5 Beds.					
4x6x- 310 Community Supervised Apartment Living Arrangement (CSALA) 6 & over Beds					
4x6x- 314 Residential Care Facility (RCF License) 6 & over Beds	X	X	X		
4x6x- 315 Residential Care Facility For The Mentally Retarded (RCF/MR License) 6 & over Beds			X		
4x6x- 316 Residential Care Facility For The Mentally Ill (RCF/PMI License) 6 & over Beds		X			
4x6x- 317 Nursing Facility (ICF, SNF or ICF/PMI License) 6 & over Beds		X	X		
4x6x- 318 Intermediate Care Facility For The Mentally Retarded (ICF/MR License) 6 & over Beds			X	X	
4x6x- 399 Other 6 & over Beds..					
4x71- 319 Inpatient/State Mental Health Institutes	X	X			
4x71- 399 Other					
4x72- 319 Inpatient/State Hospital Schools			X	X	
4x72- 399 Other.					
4x73- 319 Inpatient/Community Hospital	X	X			
4x73- 399 Other					
4x74- 300 Diagnostic Evaluations Related To Commitment.	X	X	X	X	
4x74- 353 Sheriff Transportation	X	X	X	X	
4x74- 393 Legal Representation for Commitment	X	X	X	X	
4x74- 395 Mental Health Advocates	X	X	X	X	
4x74- 399 Other					

E. PROVIDER NETWORK

PROVIDER NAME	PROVIDER ADDRESS	CITY	ST	ZIP
ABBE CENTER FOR COMMUNITY MENTAL HEALTH	800 1ST STREET NW	CEDAR RAPIDS	IA	52405-
ASSOCIATES FOR BEHAVIORAL HEALTH	3100 E AVENUE NW; SUITE 101	CEDAR RAPIDS	IA	52405-
CAMP COURAGEOUS	1200 109 TH STREET	MONTICELLO	IA	52310-
CAMP SUNNYSIDE	P. O. BOX 4002	DES MOINES	IA	52801-
CEDAR CREEK RCF	1930 250 TH STREET	FAIRFIELD,	IA	52556-
CENTER VILLAGE	19248 MAPLE AVE	KEOSAUQUA	IA	52565-
CHAE KEIPER	1848 LIBERTYVILLE RD	LIBERTVILLE	IA	52567-
CHATHAM OAKS, INC	4515 MELROSE AVENUE	IOWA CITY	IA	52246-
CHAUTAUQUA CLINIC	204B W. BURLINGTON	FAIRFIELD	IA	52556-
CITY OF MARSHALLTOWN	24 NORTH CENTER ST	MARSHALLTOWN	IA	50158-
COCHRAN, SARAH ATT	P. O. BOX 30	FAIRFIELD	IA	52556-
COMMUNITY CARE, INC	1611 330TH AVE	CHARLOTTE	IA	52731-
DHS - ICF/MR; MR WAIVER; ARO; ENHANCED SERVICE	1305 E WALNUT ST; HOOVER BLDG, 1 ST FL	DES MOINES	IA	50319-
FAIRFIELD SENIOR CITIZEN CENTER	209 SOUTH COURT	FAIRFIELD	IA	52556-
FIRST RESOURCES CORP.	200 W. LOWE	FAIRFIELD	IA	52556-
GLASS, WILLIAM (ATT.)	P. O. BOX 309	KEOSAUQUA	IA	52565-
GLENWOOD ST. HOSPITAL	711 SOUTH VINE	GLENWOOD	IA	51534-
GREAT RIVER MEDICAL CENTER	1221 S. GEAR AVE	WEST BURLINGTON	IA	52655-
HENRY COUNTY CARE FACILITY	915 SOUTH IRIS STREET	MT. PLEASANT	IA	52641-
HILLCREST / HIGHLAND PLACE	13011 120 TH AVE.	OTTUMWA	IA	52501-
HILLSIDE ESTATE, INC	2227 225TH STREET	WILLIAMSBURG	IA	52361-
HOPE HAVEN AREA DEVELOPMENT CENTER	1819 DOUGLAS	BURLINGTON	IA	52601-
IVCCD - ATTN MARGE GOOD	CAREER DEVELOPMENT CENTER; 21 SO. 2ND	MARSHALLTOWN	IA	50158-
JEFFERSON CO HOSPITAL	BOX 588	FAIRFIELD	IA	52556-
JEFFERSON COUNTY MENTAL HEALTH CENTER	2201 W. JEFFERSON	FAIRFIELD	IA	52556-
JOHNSON CO MH/DD SERV.	911 N. GOVERNOR ST.	IOWA CITY	IA	52245-
KEOKUK AREA HOSPITAL	1600 MORGAN STREET	KEOKUK	IA	52632-
MECCA	430 SOUTHGATE AVE.	IOWA CITY	IA	52240-
MENTAL HEALTH ADVOCATE	101 W 4TH STREET	OTTUMWA	IA	52501-
MHI - CLARINDA	1800 NORTH 16 TH STREET	CLARINDA	IA	51632-
MHI - CHEROKEE	1200 WEST CEDAR	CHEROKEE	IA	51012-
MHI - INDEPENDENCE	BOX 11	INDEPENDENCE	IA	50644-

MHI – MT. PLEASANT	1200 EAST WASHINGTON	MT. PLEASANT	IA	52641-
MID-EASTERN IOWA COMMUNITY MHC	507 EAST COLLEGE ST	IOWA CITY,	IA	52240-
OTTUMWA PSYCHIATRIC CLINIC, PC	1112 N VAN BUREN	OTTUMWA	IA	52501-
PSYCHIATRIC MEDICINE	312 ALTA VISA	OTTUMWA	IA	52501-
RAGTIME INDUSTRIES	116 NORTH SECOND	ALBIA	IA	52531-
REACH FOR YOUR POTENTI	1705 SOUTH 1ST AVE	IOWA CITY	IA	52240-
REM	402 WESTCOR DR;UNIT A	CORALVILLE	IA	52241
RES CARE	301 WEST BURLINGTON	FAIRFIELD	IA	52556-
SE IA CASE MANAGEMENT	BOX 1103	FAIRFIELD	IA	52556-
SHERIFF, JEFFERSON CO	1200 WEST GRIMES	FAIRFIELD	IA	52556-
SIEDA	201 SOUTH 23 RD	FAIRFIELD	IA	52556-
SMALL, STEPHEN, ATT	P. O. BOX 422	FAIRFIELD	IA	52556-
SOUTHERN IOWA MENTAL HEALTH CENTER	110 E MAIN STREET	OTTUMWA	IA	52501-
ST LUKE'S HOSPITAL	1026 A AVENUE	CEDAR RAPIDS	IA	52402-
SUCCESSFUL LIVING	409 HWY 1 WEST	IOWA CITY	IA	52240-
SUNNYBROOK ASSISTED LIVING INC.	3000 WEST MADISON	FAIRFIELD	IA	52556-
SUNRISE SERVICES	1405 NORTH BROADWAY	MT PLEASANT	IA	52641-
SYSTEMS UNLIMITED, INC	1556 FIRST AVE SOUTH	IOWA CITY	IA	52240-
TEN FIFTEEN TRANSIT	2417 S. EMMA STREET	OTTUMWA	IA	52501-
TENCO INDUSTRIES, INC.	3001 WEST GRIMES	FAIRFIELD	IA	52556-
UNIVERSITY OF IOWA HOSPITALS AND CLINICS	200 HAWKINS DRIVE	IOWA CITY	IA	52240-
VAN BUREN JOB OPPOR.	304 FRANKLIN STREET	KEOSAUQUA	IA	52565-
WASHINGTON COUNTY MINI BUS	1010 WEST 5TH ST	WASHINGTON	IA	52353-
WCDC, INC.	P. O. BOX 61	WASHINGTON	IA	52353-
WEST CENTRAL IOWA SHELTERED WORKSHOP	415 S 11TH ST	DENISON	IA	51442-
WOODWARD ST HOSPITAL	1251 334 TH STREET	WOODWARD	IA	50276-

F. ACCESS POINTS

All access points are a part of the Jefferson County service network and have agreed to be access points and will be given standard intake forms and instructions as to their responsibility. These forms will be forwarded to the CPC within 24 hours, or one working day. The CPC will complete the intake process. If the individual meets the eligibility criteria, the Individualized Case Planning and authorization process will be initiated by the CPC. If this is for mental health needs for individuals who would qualify for case management services, the information would be reviewed with the individual to determine if their preference on a referral to Southeast Iowa Case Management. If the individual is seeking treatment at the

Jefferson County Mental Health Center operated by ResCare, the notice of decision will be sent to both the individual and the Mental Health Center. Access points receives referrals from all sources, and provides intake and information and referral services for all applicants.

MATRIX OF ACCESS POINT FUNCTIONS FOR JEFFERSON COUNTY

Agency	Intake	Enrollment	Service Planning	Funding Authorization	Utilization	Wait List Management
CPC Administrator	Yes	Yes	Yes	Yes	No	Yes
Mental Health Center	Yes	Yes	Yes	No	Yes	Yes
Southeast Iowa Case Management	Yes	No	Yes	No ***	Yes	No
Tenco	Yes	No	Yes	No	Yes	No
First Resources	Yes	No	Yes	No	Yes	No
ResCare	Yes	No	Yes	No	Yes	No
ARC of Jefferson and Nearby Counties	Yes	No	No	No	No	No
MHI	Yes	Yes	Yes	No	Yes	No
Jefferson County Hospital	Yes	No	No	No	No	No
Department of Human Services	Yes	No	Yes (after CPC approval)	No	No	No

*** - Per federal regulations, ARO is approved through Case Management and authorized by the CPC.